

Managing the menopause without hormones

Information for patients





The benefits of hormone replacement therapy (HRT) are well known in the control of menopausal symptoms, as well as protecting the bones and heart. See leaflet on HRT for more information.

However, many women do not take HRT because they:

- · are medically advised not to;
- have tried HRT and not tolerated it;
- prefer not to take HRT and instead take a more natural approach.

If you are one of these women, alternative approaches and treatments are available that may help control your symptoms. This leaflet aims to give an overview of what is available to you, along with advice about how diet and lifestyle can help ease your symptoms.

For women taking HRT, there are lifestyle changes that may be beneficial in addition, to help manage the long term health risks of the menopause transition.

Diet and excercise

Changes to your body during the menopause mean that there is a tendency to weight gain, and redistribution of fat round your middle. A combination of a healthy diet and regular exercise can help control these changes.

Diet

Good nutrition is important for all women around the time of the menopause. Eating a well balanced diet can help you maintain a healthy body weight and reduce menopausal symptoms. There is no single perfect diet for the menopause, but a 'Mediterranean style' diet based on fresh fish, vegetables and vegetable based fats such as olive oil is good for general health and has been shown to decrease the risk of heart disease. A diet with sufficient calcium and vitamin D may help reduce the risk of osteoporosis (thinning of the bones). Spicy foods, caffeine (in tea, coffee, cola etc.) and alcohol may trigger hot flushes, so avoiding them may help control your symptoms. See below for more information on bones in section - 'Keeping bones healthy'

Exercise

There is evidence that women who are more active tend to suffer less from the symptoms of the menopause. Exercise is important not only for the relief of short term symptoms, such as flushes and sweats, but also to protect your body from heart disease and osteoporosis. Exercise can also improve your mood and general well-being.

Any exercise is better than none at all, with weight bearing exercise being best in the prevention and treatment of osteoporosis e.g. brisk walking, jogging, dancing and aerobics. Swimming and cycling, although not weight bearing exercises, are good for maintaining joint flexibility and may also help to improve symptoms of the menopause.

Keeping bones healthy

Osteoporosis, or thinning of the bones, becomes more common as we gain years and after the menopause bone density decreases more rapidly. There are other factors that affect the likelihood of getting osteoporosis. They include being underweight, smoking, having a family history of osteoporosis or fractures. Some medication and medical conditions can also affect risk. Talk to your doctor if you are uncertain.

Oestrogen is a hormone made by the ovaries and is important for bone health. Oestrogen is found in HRT. Women who have had an earlier menopause are at greater risk of osteoporosis (and is a reason for women who have a menopause under the age of 40 to discuss HRT with their doctor). HRT is not the only factor important in maintaining



bone health though. Calcium in the diet is important, and vitamin D is needed to absorb calcium. Diet, exercise and lifestyle should also be considered.

See Osteoporosis - Prevention - NHS (www.nhs.uk) and Royal Osteoporosis Society - Osteoporosis Charity UK (theros.org.uk)

1. Have enough calcium and vitamin D in your diet (and get outside!).

Vitamin D is made by the body in response to sunlight on the skin. It is also found in certain foods such as fish, eggs and fortified food such as bread and cereal. Vitamin D is needed for absorption of calcium in the gut and helps regulate the amount of calcium and phosphate in the body. Calcium is found in dairy products, tofu, nuts and leafy green vegetables. The recommended daily intake of calcium for women is 700mg, which is the equivalent of a pint of semi-skimmed milk.

2. Consider taking calcium and vitamin D supplements.

During the spring and summer (late March/early April to the end of September) the sunlight is sufficient to help our bodies make enough vitamin D. There is a recommendation to take a vitamin D supplement containing at least 10 micrograms (400 international units IU) of vitamin D during the autumn and winter. If you are at risk of having low vitamin D, it is recommended that you take a daily supplement containing 10 micrograms of vitamin D throughout the year. More information can be found at www.nhs.uk.

3. Exercising regularly can help protect bones.

The most useful exercises are weight bearing and resistance. Weight bearing exercises are where the weight goes through your feet and legs – for example brisk walking, running and aerobics. Resistance type exercises are where you move your body, a weight or some other form of resistance against gravity.

4. Stop smoking.

5. Decrease alcohol intake.

If you are at risk of osteoporosis, your doctor may request a bone scan – a DEXA scan – to measure the bone density. If you bones are thin, treatment depends on a number of factors. You will be assessed and the best treatment for you will be discussed with you. Treatment for osteoporosis is usually in tablet form.

Smoking

Smoking can lower levels of oestrogen in the body and is linked to an early menopause. It increases the risk of osteoporosis and heart disease and can worsen symptoms like hot flushes and sweats. If you smoke you should try to give up smoking altogether. It is never too late to stop! You can speak to your GP, local pharmacist or local 'stop smoking service', for help and advice (more information at the back of this leaflet).

Rest and Relaxation

There are many emotional symptoms associated with the hormonal changes of the menopause. These can include anxiety, feeling down, irritability, mood swings, tiredness and lack of energy.

Excess stress is linked to an increased risk of heart disease and can worsen all symptoms. sweats.

It is important that you make time for rest and relaxation. This will help to relieve stress and anxiety, improve your mood and help your general well-being. When life is busy, make sure that you remember to make time for yourself.

Sleeping

Many women going through the menopause experience insomnia where they find it difficult to fall asleep or stay asleep at night. This can be caused by problems such as hot flushes and/or night sweats, but may also be caused by stress, anxiety and depression.

Here are some tips to help improve your sleep:

- Wear loose clothing to bed. Clothes made of natural fibres like cotton are usually best.
- Keep your bedroom cool and well ventilated to aid sleep and reduce night sweats. A fan by the bed can help.
- Avoid foods that may cause hot flushes/sweating (such as spicy foods) especially before bed.
- Have a warm bath or shower at bedtime.
- Follow the same bedtime routine at night and get up at the same time every morning
- Exercise daily but not late in the day
- Reduce or avoid caffeine, smoking and alcohol throughout the entire day.
- Avoid naps during the day as these may prevent you from sleeping well at night.

Talk to your doctor about medications that may help your individual needs. These can be medicines that treat hot flushes, anxiety or depression.

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) is a non medical approach to managing menopausal symptoms and a range of health problems including anxiety and stress, low mood, poor sleep, hot flushes and night sweats and fatigue. CBT teaches useful coping strategies and there is good evidence that this technique can benefit women with menopausal symptoms. More information can be found on the Women's Health Concern website - www.womens-health-concern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbt-menopausal-symptoms/.

Phytoestrogens

Phytoestrogens are substances found in certain plants, most notably soy, which can produce a weak oestrogen-like effect on the body. There is evidence to suggest that women in countries where diets are traditionally rich in phytoestrogens (such as Asia) experience fewer menopausal symptoms and have a lower incidence of diseases such as heart disease and osteoporosis. Further research is needed to find out potential benefits for women in Western countries.

Phytoestrogens can be taken as a supplement (such as Red Clover) or by increasing dietary intake; however quite radical changes to diet may be required to have any effect.

Please note, however, that women who have had breast cancer or other hormone dependent tumours may be advised not to take phytoestrogens supplements as it is unclear whether even small amounts of oestrogen could have an adverse effect on their health. More research is required.

Foods which are good sources of Phytoestrogens include:

- Soya, linseed oils (flax) and red clover: are the richest sources of phytoestrogens.
- Cereals: oats, barley, rye, brown rice, couscous and bulgar wheat.
- Seeds: sunflower, sesame, pumpkin, poppy, flax and linseeds.
- Pulses/Beans: soya beans and all soya based products, chickpeas, kidney beans, haricot beans, broad beans and green split peas.
- Vegetables: red onions, green beans, celery, sweet peppers, garlic, broccoli, tomatoes and bean sprouts.

Complementary Therapies

Complementary therapies aim to treat the whole person rather than specific symptoms and include reflexology, acupuncture, massage and aromatherapy. Although no data exists to show that any therapies control menopausal symptoms, some women may find that, along with other lifestyle changes, they may feel an improvement in symptoms such as hot flushes/sweats and in overall mood and well-being.

Complementary therapies include reflexology, acupuncture, massage and aromatherapy.

Over the counter treatments (no prescription needed)

Over the counter treatments (no prescription needed) There are many treatments and herbal remedies that you can buy in shops or online without needing a prescription from your doctor. Do not assume that because they are labelled as natural, that they are completely safe. They are often marketed as food supplements and so are not subject to the same regulations as conventional drugs. Doses can vary widely and certain herbal remedies can interact with other medications and so should be used with caution. Recently, the regulatory authorities have developed a system called the Traditional Herbal Medicines Scheme (THR).

The THR stamp validates strength and quality and you are advised to only select products that have the THR logo on their packs or seek advice from qualified healthcare professionals. There is generally a lack of studies confirming how effective herbal supplements are and how safe they are.

Herbal remedies which may be useful include:

St John's Wort - studies have shown that this may be beneficial in treating mild/moderate anxiety and depression.

Caution - has many drug interactions and can make some medicines less effective. These include 11 cyclosporine, amitriptyline and other anti-depressants, digoxin, warfarin, theophylline, anti-asthma drugs, oral contraceptives, migraine drugs, some cancer drugs, HIV drugs and others – please note that this list is not exhaustive – please check with a pharmacist or doctor if you are going to take St Johns Wort while taking other medication.

There are many other herbal remedies that are commonly used for menopause symptoms. They include:

- agnus castus,
- black cohosh,
- evening primrose oil,
- gingko biloba and
- sage.

Always check to make sure that they do not interact with any prescription medication you are taking, and make sure there are so other health risks that are relevant to you.

Prescription medications that are not HRT

There are some medicines that can be prescribed by doctors that are not HRT but can help menopause symptoms. With the exception for clonidine, the medicines on the list are not licensed for the treatment of menopause symptoms. This means that the drug has not been tested specifically for this purpose, but the drug is used as experience from clinicians has shown some benefit.

Clonidine (Dixarit) is a blood pressure medication which is also licensed to reduce the intensity of hot flushes. Care must be taken if you are taking other blood pressure medication. Common side effects include a dry mouth, sleep disturbance, nausea and fatigue. Clonidine should not be stopped suddenly if you decide you do not want to take it. It should be stopped gradually. Please speak to your doctor who will be able to advise.

SSRI/SNRI (Selective Serotonin/Noradrenaline Reuptake Inhibitors) are types of anti-depressant drugs which can help to reduce flushes and sweats by working on the "thermostat" in the brain.

They are useful in controlling mood issues and anxiety. These drugs are usually prescribed in low doses (off license) as higher doses may actually increase sweating. Side effects include dry mouth, Side-effects include nausea, constipation, appetite issues and dry mouth. Some experience reduction of libido also. Fluoxetine, paroxetine, sertraline should not be taken by women who take tamoxifen.

Gabapentin - this is a drug that is used to treat epilepsy, nerve type pain and migraine. Off license, it can help hot flushes, improve quality of sleep and help with aches and pains. Possible side-effects include dizziness, fatigue, tremor and weight gain. It is usually prescribed in a low dose then increased gradually. Gabapentin should be stopped gradually and this should be discussed with your doctor.

Pregabalin is a medication used to treat anxiety, nerve type pain and epilepsy. Off license, it may improve quality of life for women with menopausal symptoms. The side effects are similar to gabapentin.

Medications for vaginal atrophy

Lack of oestrogen in the perimenopause and menopause can cause the tissues of the vagina to become dry and more fragile (atrophic). This can cause discomfort and pain, especially during sexual intercourse.

Vaginal moisturisers can also be useful daily, or when needed, in relieving vaginal dryness and discomfort. These are non-hormonal preparations and are available to buy in pharmacies over the counter (without a prescription). Examples include Replens, Regelle, Sylk, Yes and Hyalofemme. Some may be available on prescription.

Lubricants can also be bought over the counter and used to make intercourse more comfortable when dryness is a problem. Water-based lubricants can be helpful but do tend to dry up quickly. Longer lasting or oil-based products, such as Yes, are available over the counter or online. Oil-based lubricants can interfere with condoms and make them less effective.

Vaginal oestrogens can be prescribed for some women who cannot otherwise take oestrogen. This is because they act purely on the vaginal area with very little absorption into the rest of the body. Vaginal oestrogens come in pessaries, creams, gels and also a ring. They can all be prescribed by your GP. If you have had breast cancer, it may be possible to use vaginal oestrogens if non-hormonal options are not helping and if your symptoms are severe, affecting the quality of your life. The long-term risks of using vaginal products containing oestrogen after breast cancer are unknown. Because so little is absorbed, they may be prescribed for short periods of time. There should be a careful discussion with your doctor before deciding whether vaginal oestrogens are right for you to use. Please note that vaginal oestrogens should not be used by women taking aromatase inhibitors, such as anastrazole, letrozole and exemestane.

Support

Sharing experiences and information with other women can help you realise that you are not alone and that others understand how you are feeling. There is far more written about the menopause now in the media and many workplaces are providing menopause support if you are struggling.

You could try talking to your family and friends or chatting in online forums.

There are many groups on social media. Information and support is also available from health care professionals, support groups, national organisations and telephone helplines (see below).

Useful addresses and contact numbers

Menopause Matters

Website that provides up-to-date, accurate information about the menopause, menopausal symptoms and treatment options. You can chat to other women, experiencing the same problems as yourself, in an online forum.

www.menopausematters.co.uk

The British Menopause Society

4-6, Eton Place, Marlow, Bucks SL7 2QA

Multi-disciplinary professional organisation for health professionals working in the menopause field. Patients can also access the website www.thebms.org.uk

The Womens Health Concern

Women's Health Concern (WHC) is the patient arm of the British Menopause Society

The Daisy Network

PO Box 183, Rossendale, BB4 6WZ

Nationwide charity and support group for women suffering from a premature menopause.

www.daisynetwork.org.uk

National Osteoporosis Society

Camerton, Bath, BA2 0PJ

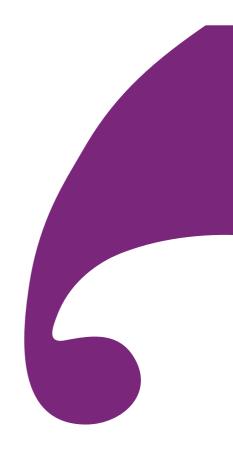
Nationwide charity dedicated to improving the diagnosis, prevention and treatment of osteoporosis and fragility fractures. www.nos.org.uk Helpline: 0845 450 0230

Stopping Smoking

You can contact your local stop smoking service which provides free, friendly support. Studies show that you're four times more likely to quit with help. Use the website below to find your nearest stop smoking service. www.nhs.uk/smokefree has more information on services available.

Faculty of Occupational Medicine

www.fom.ac.uk Has information for women experiencing menopause symptoms in the workplace



What did you think of your care? Scan the QR code or visit bit.ly/nhsleedsfft Your views matter



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