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MARS
MENOPAUSE ACCESS, ASSESSMENT AND REVIEW SERVICE

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PATIENT INFORMATION BOOKLET

This booklet is intended for patients to provide support, information and practical advice.

This booklet is not a substitute for advice from your Health Care Professional (HCP). This can be your General Practitioner (GP)/Pharmacist/Practice Nurse/Community Pharmacist.

Reporting of side effects If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store.

By reporting side effects, you can help provide more information on the safety of this medicine.

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Contents

1. Why understanding menopause matters?

Every female patient's menopause journey is different, and your experience will be unique to you. However, as you move through this important stage of your life it is important to know you are not alone.

This booklet has been developed so you know what to expect and to help address some of the most frequently asked questions many women have about the menopause.

It includes an explanation of the different stages of menopause, advice on how to manage common menopausal symptoms, lifestyle changes you can make to improve your general health as well as practical guidance on treatments and where to get additional support if needed.

We hope you find this information useful. If you wish to learn more about the menopause several additional websites are listed at the back of this booklet. You should contact your healthcare professional, if you have any specific concerns.

2. What is the menopause?

The **menopause** is a natural process which affects women and refers to the time in your life when you stop having your periods.[1,2] The word menopause literally means stopping periods; 'meno' refers to **menstruation** and 'pause' means to stop.

Why does the menopause happen?

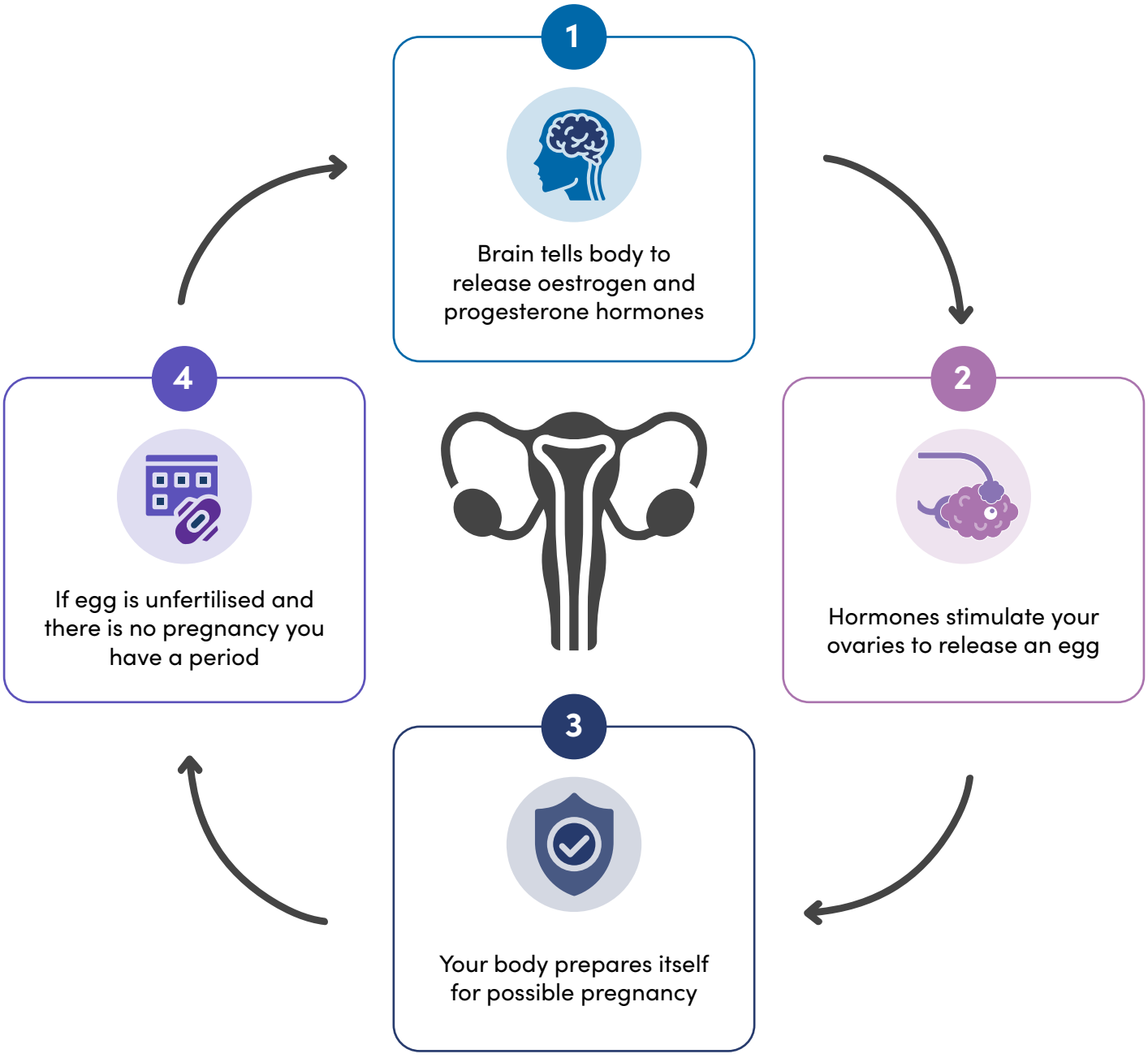
To understand why women go through the menopause it helps to know how the monthly **menstrual cycle** works.

Understanding your menstrual cycle

Females are born with two **ovaries** which store eggs for a possible future pregnancy.[3] When a female reaches puberty oestrogen is responsible for the development of sexual characteristics. **Oestrogen** and **progesterone** both play a role in the menstrual cycle.[4]

From the time you start your first period your brain and ovaries work together which causes your monthly bleed as part of your menstrual cycle.[5] Every month your brain tells your body to produce oestrogen and progesterone. This stimulates your ovaries to release an egg and your body prepares for possible pregnancy. This is known as **ovulation**.[3,5] If your egg is not fertilised, and you do not become pregnant, you have a period. Your 'monthly menstrual cycle' then starts all over again and continues throughout your reproductive years.[3]

Monthly menstrual cycle



Transitioning to natural menopause

As you get older the number and quality of your eggs in your ovaries naturally starts to decline over time.[6] From around the late thirties onwards your body can begin your transition towards menopause.[2] Gradually your body will start to run out of eggs, and you will produce less oestrogen and progesterone.[1] Natural menopause takes place once your ovaries no longer produce oestrogen and progesterone and eventually your periods will stop all together.[4,7]

At what age does natural menopause occur?

The menopausal transition most often begins between ages

45 and 55[2]

The average time span for menopause symptoms is between

four and eight years[1]

The average age of natural menopause in the UK is

51[1]

but everyone is different, and it may occur much earlier or later and can be impacted by cultural heritage.[2]

A longitudinal multi-racial/ethnic cohort study of women in the US showed that black women started menopause 8.5 months earlier than white women in the study.[8]

Menopause before the age of 45 is called **early menopause** and before the age of 40 is called **premature ovarian insufficiency (POI)**.[1] This is not dangerous but may require investigation and assessment by your GP as women who go through early menopause also have an increased risk of osteoporosis and cardiovascular disease due to lowered oestrogen hormone levels.[9] Late-onset menopause may also occur, however by the age of 54, 80% of women have stopped having periods.[7]

What is surgical menopause?

For some women, your periods may stop earlier than expected or suddenly due to medical or health reasons. This may happen for example if your ovaries are affected by treatments such as chemotherapy or radiotherapy, or if you have your ovaries removed during a surgical operation.[1,2,7]

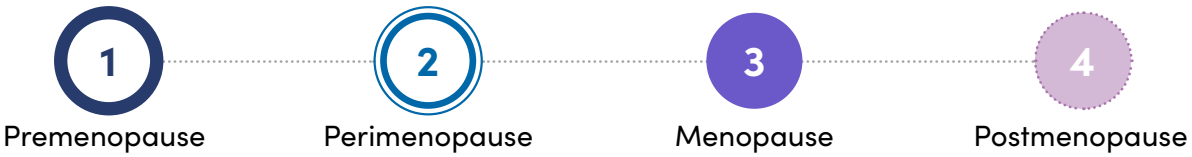
Surgical menopause is the removal of both ovaries and is called a bilateral oophorectomy.[10]

Some women may also have their ovaries removed if they have a surgical procedure to remove the womb (uterus). This type of operation is called a **hysterectomy**.[9] If your ovaries have been removed you will experience menopause immediately and you will no longer have periods, regardless of your age.[10]

3. What are the stages of menopause?

What are the stages of menopause?

Natural menopause consists of four stages[1]



1 STAGE 1 – Reproductive[11]

Premenopause means ***"before menopause"***[12] and refers to the time when you still have regular periods.[13] During premenopause your body produces high levels of oestrogen, and you are considered to be in your main reproductive years.[1,13]

2 STAGE 2 – Perimenopause

Perimenopause means ***"around menopause."***[12] Many women are not aware or familiar with the perimenopause stage and it can be incorrectly mistaken, or used interchangeably, with the term premenopause. However, these stages are very different.[12]

Perimenopause often begins some years before you completely stop having your periods. During this stage, your ovaries start to gradually produce less oestrogen and your body will begin to make the natural transition towards menopause, marking the end of your reproductive years. Some women may experience physical and emotional symptoms as their body changes due to lower and changing levels of oestrogen during perimenopause.[12,13]

Everyone is different and your perimenopause stage will start when your body is ready. Most women may begin to experience menopause-like symptoms, or notice changes in their menstrual cycle, sometime during their 40s. The perimenopause stage lasts up until your menopause when your periods completely stop. This stage may take several months or many years and will be an individual experience for you.[1]

3 STAGE 3 - Menopause

Menopause means your periods have completely stopped. Healthcare professionals define menopause as the point when you have not had a period for 12 consecutive months.[1,2,4]

NB: if you are under 50 years old you should continue contraception until you have not had a period for two years.[2]

Care should be taken when diagnosing menopause in women taking progesterone-only contraception as they may have altered or absent bleeding patterns. In women over 50 using progesterone-only contraception, serum FSH measurements can be undertaken to check menopausal status.[14]

Once you officially reach menopause your perimenopause stage is over.

4 STAGE 4 – Post menopause

You are considered to be post-menopausal once you have not had a period for an entire year or 12 consecutive months. At this point your body has stopped ovulating and the post menopause stage lasts for the rest of your life. During post menopause, many women find some of the symptoms they experienced before menopause gradually decrease. However, for some women, some symptoms may remain.[1,4,12]

Stages of the menopause transition

Reproductive	Perimenopause	Menopause	Postmenopause
Continuing periods[15]	The time before menopause is characterised by irregular cycles of ovulation and menstruation[16]	When menstruation stops permanently due to the loss of ovarian follicular activity. It occurs with the final menstrual period and is usually diagnosed clinically after 12 months of amenorrhoea[16]	Is the time after menopause when periods have not occurred for 12 consecutive months[16]
Subdivided in to 'early', 'peak', and 'late' stages, each with variable duration[11]	Ends 12 months after the last menstrual period[16]	Mean age of natural menopause is 51 years in the UK and can vary between ethnicities[16]	

Please note that ages included here are approximate and do not reflect all individual experiences. Please consult with your healthcare professional if you have any concerns.

Menopause transition

Typical **female life expectancy** in the UK = 83 years[17]

Menopause[1]
~51 years*

*Mean age in the UK.

Perimenopause[1]

Postmenopause[1]

4. What are the signs and symptoms of menopause?

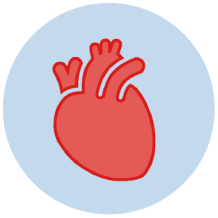
Fluctuating and falling oestrogen and progesterone hormone levels can cause a range of symptoms associated with perimenopause and menopause. Some women may notice minimal changes while for others the symptoms associated with menopause can be debilitating and have a huge impact on their quality of life.[1,2,4,18]

Your experience will be unique to you, but it is useful to be aware of the wide range of symptoms associated with the perimenopause and menopause, so you know what to look out for. You may already be aware of the more common symptoms, but some may be unexpected.

Symptoms associated with perimenopause and menopause[9,16,19]

NB: This list is not exhaustive.

Muscle and joint pain and reduced muscle mass[16]



Palpitations[16]

Dry and itchy skin[9]

Poor Concentration/ impaired memory[16]

Sleep problems[16]

Weight gain and slowed metabolism[19]

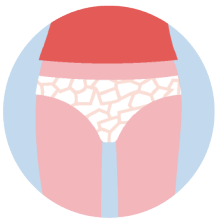
Fatigue[16]

Headaches[16]

Low mood, anxiety, mood swings, and low self-esteem[16]

Hot flushes and night sweats[16]

Recurrent urinary tract infections[16]



Changes in menstrual cycle and vaginal dryness pain/discomfort[16]

5. How is menopause diagnosed?

Menopause is usually diagnosed without laboratory tests.[18] Healthcare professionals define menopause as the following:[1,2,4]

The point when you have not had a period for 12 consecutive months

In younger women, there are other reasons (apart from early menopause) why periods might stop, so it is important to discuss any changes to your usual menstrual cycle with your healthcare professional if you are concerned.[20]

NICE guidelines recommend diagnosis based on the following:[18]

- Perimenopause based on vasomotor symptoms and irregular periods
- Menopause in women who have not had a period for at least 12 months and are not using hormonal contraception
- Menopause based on symptoms in women without a uterus

Consider that it can be difficult to diagnose menopause in women who are taking hormonal treatments, for example for the treatment of heavy periods.[18]

If you are taking any form of hormonal medication such as **hormonal contraception** or if you have started **Hormone Replacement Therapy (HRT)** for the relief of menopausal symptoms identifying the exact time of your actual menopause will not be as straightforward as hormonal medications impact your natural menstrual cycle.[21]

There is a blood test to measure levels of **follicle stimulating hormone (FSH)** that can indicate if a woman is becoming menopausal. However, this is not a useful test and usually not recommended in women over 45 as FSH levels naturally go up and down at this time. The FSH test is also not a reliable indicator that ovulation has stopped if you are taking the **combined contraceptive pill.**[16,18,22] However, it can be a helpful guide for women who are over 50 and are taking the progestogen-only pill. Please speak to your healthcare professional if you wish to learn more.[14]

6. How can I manage common menopausal symptoms?

Sometimes, just knowing what to expect and being able to manage specific menopausal symptoms can be helpful.

Irregular bleeding

The first sign of the perimenopause for many women is a change in the normal pattern of your periods. You may start to have either unusually light or heavy periods. The frequency of your periods may also be affected, and you may have a period every two or three weeks or not have one for months at a time. Eventually, you will stop having periods altogether.[23]

Here are some common questions many women have concerning irregular bleeding:

Can I still become pregnant if my periods are irregular?[2,4]

Yes. As long as you are still having periods you are still ovulating and releasing eggs so you can still become pregnant. However, as you get older the quality and number of your eggs will naturally decline so your chances of conceiving may become less or take longer. If you are trying or considering starting a family and notice irregular bleeding it is important to discuss your options with your healthcare professional.

How will I know I have reached the menopause if I am taking the pill?

Many people use hormonal birth control, including those in perimenopause. However, birth control can mask some menopause symptoms, making it difficult to tell if a person has reached it.[24]

At what age can I stop using contraception?

Healthcare professionals may advise menopausal women under 50 to continue with contraception for two years after their last period and for one year if they are over 50.[2] However, all women can stop using contraception by the age of 55. This is because it is very rare to become pregnant naturally after this time.[14]

If you are taking the combined contraceptive pill it is important to discuss alternative options with your healthcare professional such as a progestogen-only pill or other methods of contraception as these are more appropriate after the age of 50. ***Even after menopause, it is sensible to use a barrier method of contraception, such as condoms, to avoid getting a sexually transmitted infection.***[14]

Tips & advice

- Keep a diary or use an app to record the dates of your periods to help understand any changes to your menstrual cycle
- Speak to your healthcare professional if you have any fertility concerns and want to discuss your options
- Take contraceptive precautions throughout this time if you are sexually active and do not wish to become pregnant

Mental wellbeing

Many women experience symptoms relating to their mental health during perimenopause and menopause. These psychological symptoms are a result of the changes happening to your body and can have a big impact on your life. Sometimes mental health symptoms are not recognised as menopause symptoms, but if you know what to expect, it can help you decide on what to do to manage any change in feelings you may experience.

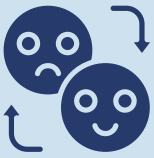
Types of menopausal mental health symptoms may include:[9]

Feeling anxious or stressed

Forgetfulness or poor concentration – often described as 'brain fog'

Loss of self-esteem and/or confidence

Mood changes such as feeling low and low threshold for becoming angry, irritable, or upset



It is important to know that the mental health symptoms associated with the menopause are as real as the physical ones, and you should not wait to seek help if you are struggling. Speak to your healthcare professional so they can provide you with the right support and help.[9]

Tips to help boost your mental health[21]

- Ask your healthcare professional to recommend suitable resources or online mental health self-help guides
- Ensure you eat well and try to get plenty of sleep
- Exercise regularly and stay active
- Try activities such as yoga, pilates, tai chi, and mindfulness
- Talk to your partner about how you feel and what makes the way you feel better or worse. The more they understand, the more they can help you
- Consider counselling or cognitive behavioural therapy (CBT) - a type of talking therapy which can help with low mood and anxiety
- Join a menopause support group
- Reach out to family and friends for support
- Speak to your healthcare professional about treatments and options to help relieve your symptoms

Disturbed sleep

Many women experience problems with sleeping during perimenopause and menopause. Lack of sleep and tiredness can also make mental health type symptoms such as irritability, ability to concentrate or anxiety worse during the day. Addressing problems with sleep may help you manage some of the other symptoms you can experience due to menopause and can help improve your wellbeing during this time.

Tips to help optimise your sleep

- Avoid eating and drinking, especially caffeine or alcohol, close to bedtime[25]
- Try to keep consistent sleep and waking times, exercise regularly, and practice relaxation techniques[25]
- If you cannot sleep, get up and do something relaxing, then try again[26]
- Try mind games to distract your mind from thoughts keeping you awake[26]

Hot flushes and night sweats[27]

Hot flushes are short, sudden feelings of heat, usually in the face, neck, and chest. Your skin may appear flushed or red and you may feel sweaty. Night sweats occur while you sleep and often wake you up and you may then struggle to get back to sleep.

If your hot flushes or night sweats become frequent or severe, or you feel like you need more help, speak to your healthcare professional as there are many options which may help.

Tips that may help[21,27]

- Keep your bedroom cool at night
- Wear lightweight clothing
- Find ways to reduce stress levels
- Avoid or reduce potential triggers (spicy food, caffeine, smoking, alcohol, etc)
- Take a cool shower, use a fan, or have a cold drink
- Exercise, keep a healthy weight, speak to your healthcare professional about treatments and options which may help you

Vaginal dryness and discomfort

Some women may find their vagina become dry, painful, or uncomfortable as a result of the menopause. If you are feeling discomfort while exercising, weeing or while having sex please discuss this with your healthcare professional as there are treatments available which may help.[28] Medicines containing vaginal oestrogen work by replacing or acting like natural oestrogen in your body.[21,28] They may be placed directly into your vagina as a pessary, cream, gel, or vaginal ring and some can be used alongside HRT or on their own. Please consult each individual products SmPC for further information. There are also non-prescription medicines available (including vaginal moisturizers and lubricants which you can purchase over the counter with assistance from community pharmacists.[21,28]

Tips that may help[21,28]

- Try over-the-counter vaginal lubricants
- Speak to your healthcare professional about treatments and options which may help

Reduced sexual desire[9]

Most women continue to enjoy having sex as they go through the menopause, however some may experience changes which impact 'libido' or sexual desire. **There are lots of reasons why you might not want to have sex during menopause which may include:**

Vaginal dryness and discomfort which can make sex uncomfortable or painful	Reduced sex drive	Emotional changes that can make you feel too stressed or upset for sex

Like all menopausal symptoms it is important to seek advice as there are treatments that can help improve your symptoms and get you back on track.

Tips that may help[9]

- Talk to your partner about your concerns - good communication may improve your intimate relationship
- Think about the kind of sex life that you want – it doesn't have to look a certain way
- Speak to your healthcare professional about treatments and options which may help improve your symptoms

7. Are any treatments available to help?

Hormone replacement therapy (HRT)

Hormone replacement therapy (HRT) is a treatment used to help menopause symptoms. It replaces the hormones oestrogen and progesterone, which fall to low levels as you approach the menopause. Oestrogen and progesterone are an essential part of period cycles, ovulation and pregnancy. They also keep your bones healthy. As you get older, the loss of these hormones can have a big effect on your body. To replace these hormones, you'll usually take a combination of oestrogen and progestogen. If you've had a hysterectomy to remove your womb you can take oestrogen on its own.[29]

You can usually take HRT if you're having menopause symptoms, however there are some situations where HRT is not suitable. You should have a consultation with your healthcare professional to discuss your symptoms and decide which type of HRT will be most suitable for you.[29]

There are many types of HRT, including different hormones and different ways to take or use it, such as tablets, patches or gel. Finding the right one for you can take some time. A GP can help you choose what type, method and treatment cycle is best for you.[29]

The main benefit of HRT is that it can help with most menopause symptoms, such as hot flushes, mood swings and vaginal dryness. It can also help prevent weakening of the bones (osteoporosis). Like any medicine, HRT can cause side effects, but not everyone gets them. If you do get side effects, they're usually mild and pass within 3 months of starting treatment.[29] Please ensure that you read the package leaflet that comes with your prescribed HRT medicine(s) and ask your prescriber to explain all the risks and benefits to you. If you are not able to take HRT for medical reasons or prefer to explore other options, please discuss this with your healthcare professional.

The side effect reporting information is available on the front cover of this document for your reference.

Herbal medicines

Health shops sell a variety of products to treat menopause symptoms. But they're not tested and regulated in the same way as medicines such as hormone replacement therapy (HRT), so it's not known how safe and effective they are. It's a good idea to ask a GP or pharmacist for advice if you're thinking about using a complementary therapy. Herbal remedies that are sometimes taken for menopause symptoms include evening primrose oil, black cohosh, angelica, ginseng, St John's Wort, and red clover.[29]

Herbal remedies such as red clover contain plant hormones that can act in a similar way to oestrogen, while black cohosh is believed to balance oestrogen and progestogen levels. These may help with some menopause symptoms but this is not supported by scientific evidence. Even when there is some supporting evidence, there's uncertainty about the right doses to use and whether the health benefits last.[29]

Some of these remedies (especially St John's wort) may also cause serious side effects if they're taken with other medicines. These products are often marketed as "natural", but this does not necessarily mean they're safe. The quality, purity and ingredients cannot always be guaranteed, and they may cause unpleasant side effects.[29]

Complementary therapies

Some women find therapies such as massage, acupuncture or aromatherapy can help to relieve menopausal symptoms. However there's little scientific evidence to support their use, but these therapies are likely to help you relax so are worth considering if you are interested.[30,31]

Other prescription medicines

If you have specific menopausal symptoms which are causing discomfort or concern you doctor may recommend a particular prescription medicine to help. Examples of targeted prescription medicines may include certain types of antidepressants, the high blood pressure medication clonidine, and the epilepsy medication gabapentin, may help with symptoms like hot flushes, night sweats, low mood, anxiety and vaginal dryness.[31] Although these can work for some women they might not be suitable for you, and they can have some side effects so it is important to discuss your needs and concerns with your pharmacist or other healthcare professional.

Cognitive behavioural therapy (CBT)

Cognitive behaviour therapy (CBT) is a brief, non-medical approach that can be helpful for a range of health problems, including anxiety and stress, depressed mood, hot flushes and night sweats, sleep problems and fatigue. CBT helps people to develop practical ways of managing problems and provides new coping skills and useful strategies. For this reason, it can be a helpful approach to try because the skills can be applied to different problems and can improve wellbeing in general. It can be used as a strategy on its own or alongside hormone replacement therapy.[32]

8. How can I take care of my general health?

Lifestyle factors, such as a balanced diet, stopping smoking, moderating alcohol intake and getting regular exercise, can help to reduce the health impacts of menopause as well as improve your quality of life as you age.

The importance of regular exercise

Exercise is an integral part of a comprehensive health program in menopause. The benefits are many, most important being maintenance of muscle mass and thereby the bone mass and strength. The exercise program for postmenopausal women should include the endurance exercise (aerobic), strength exercise and balance exercise; it should aim for two hours and 30 minutes of moderate aerobic activity each week. Every woman should be aware of her target heart rate range and should track the intensity of exercise employing the talk test. Other deep breathing, yoga and stretching exercises can help to manage the stress of life and menopause-related symptoms. Exercises for women with osteoporosis should not include high impact aerobics or activities in which a fall is likely. The women and the treating medical practitioner should also be aware of the warning symptoms and contraindications regarding exercise prescription in women beyond menopause. The role of exercise in hot flashes, however, remains inconclusive. Overall, exercising beyond menopause is the only noncontroversial and beneficial aspect of lifestyle modification and must be opted by all.[33]

It is never too late to start exercising. The key is to start slowly and do things one enjoys such as walking, cycling, vigorous yard work, swimming, cardio machines or attending group fitness classes. Regular exercising can help in improving the overall wellbeing. Even moderate physical activity like simply moving the body enough to get the heart pumping brings great health benefits including more energy.[33]

Tips & advice

- Aim for two hours and 30 minutes of moderate aerobic activity each week[33]
- Use a stepwise approach starting with stretching and warm up, then aerobic exercise, followed by resistance, and flexibility such as yoga and Pilates, and finish with a cool-down[33]
- Pelvic floor muscle exercises can help improve sexual function and bladder symptoms[34]

Adopting a healthy diet

Menopause is linked to changes in metabolism, reduced bone density, and increased risk of heart disease. Additionally, many women going through menopause experience unpleasant symptoms such as hot flushes and sleep problems. A whole-food diet high in fruits, vegetables, whole grains, high quality protein, and dairy products may reduce menopause symptoms. Consuming phytoestrogens and healthy fats, such as omega-3 fatty acids from fish, may also help.[35]

You may also want to limit your consumption of added sugars, processed high carb foods, alcohol, caffeine, and high sodium foods as well. These dietary changes might help make this important transition in your life easier.[35]

Tips & advice[35]

- Dairy products, such as milk, yogurt, and cheese, contain calcium, phosphorus, potassium, magnesium, and vitamins D and K — all of which are essential for bone health, and tryptophan which may also help improve sleep.
- Limit highly processed foods sugars and carbohydrates, salt, alcohol and caffeine
- Choose foods with healthy fats (omega-3 fatty acids), whole grains, fruit and vegetables, phytoestrogens, quality proteins (e.g. eggs, fish, legumes, and dairy)
- Eating small portions, but frequently

9. How can menopause impact my long-term health?

In postmenopause, symptoms of menopause may have eased or stopped entirely, but some women continue to have symptoms for longer. The change in your body's hormones however is a sign to keep looking after your health and wellbeing, and be mindful to listen to your body.[9]

There can be an increased risk of some health conditions postmenopause, such as cardiovascular (heart) disease, osteoporosis (weak bones) and urinary tract infections (UTIs). So, it is important to have a healthy diet and lifestyle, and to go for regular cancer screenings such as cervical (smear test) and breast.[9]

Tips & advice[9]

- Exercise regularly, eat a balanced diet, and maintain a healthy weight
- Maintain sufficient levels of calcium and vitamin D to help keep your bones healthy
- Drink plenty of water and go to the toilet regularly to empty the bladder
- Attend all your healthcare check-ups regularly, and keep up to date with your smear tests (cervical cancer) and mammogram checks (breast cancer)

10. Why it's good to talk?

If you feel you need help to manage your menopausal symptoms, please make an appointment with your healthcare professional or access support through your GP practice. They will be able to explain what medical and non-medical options are available and help you decide whether a particular treatment may be suitable for you.

Tips & advice

- Write down any menopausal symptoms that you have been experiencing[9,36]
- Make a note of how or when your symptoms affect you[9,36]
- Keep a record of your last period and note any changes in frequency and if they become very heavy[36]
- Ask your healthcare professional about your therapy options and discuss the risks and benefits before deciding on any form of treatment[9]

Remember every person's experience of menopause is different. Some breeze through with no symptoms, while others find them very disturbing.[2] If you feel that you are struggling, advice and support is widely available. The important thing is to be aware of any changes in your own body and to consult your healthcare professional for advice if needed. Whatever your symptoms, help is available in a range of ways.

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11. Glossary

Bilateral oophorectomy:
Surgical removal of both ovaries

Combined contraceptive pill:
Often shortened to the "the Pill", type of medication which contains artificial versions of the female hormones, oestrogen, and progesterone, which are produced naturally in the ovaries

Early menopause:
When menstrual periods stop before the age of 45

FSH (follicle-stimulating hormone):
A key hormone in the menstrual cycle that triggers the maturation of an egg

Hormones:
The body's chemical messengers, which send signals into the bloodstream and tissues

Hormonal contraception:
Birth control which contains artificial versions of the female hormones' oestrogen and progesterone

HRT (Hormone Replacement Therapy):
Medication containing oestrogen, either alone or with a progestogen that is used to relieve symptoms during the menopause transition and protect against the long-term effects of the menopause

Hysterectomy:
Surgical removal of the uterus (womb)

Late-onset menopause:
If a woman is 55 or older and still has not begun menopause

Libido:
Sex drive or desire for sexual activity

Menopause:
Your last menstrual period

Menopause transition:
The gradual change as oestrogen levels decreases and periods stop

Menstruation:
The regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina

Menstrual cycle:
Begins when you get your period or menstruate. This is when you shed the lining of your uterus. A typical cycle last between 24 and 38 days

Oestrogen:
A key hormone that occurs naturally in the body, involved in pregnancy that is produced mainly in the ovaries

Osteoporosis:
Thinning of the bone (which can occur when oestrogen levels are low after the menopause)

Ovaries:
One of a pair of female glands in which the eggs form and the female hormones oestrogen and progesterone are made

Ovulation:
The process in which a mature egg is released from the ovary

Premature menopause:
Menopause that happens before the age of 40

Premenopause:
The time between a woman's first period and the onset of perimenopause

Perimenopause:
The stage from the beginning of menopausal symptoms when oestrogen levels are decreasing

Post menopause:
The time following the last menstrual period- defined as more than 12 months with no periods in someone with intact ovaries, or immediately following surgery if the ovaries have been removed

Progesterone:
A key hormone that occurs naturally in the body, involved in pregnancy that is produced mainly in the ovaries

Progestogen-only pill:
Progestogen-only pills or progestin-only pills are contraceptive pills that contain only synthetic progestogens and do not contain oestrogen

Puberty:
When a child's body begins to develop and change as they become an adult

Salpingo-Oophorectomy:
The surgical removal of ovaries and fallopian tubes together

Surgical menopause:
The removal of both ovaries and is called a bilateral oophorectomy

Vaginal dryness:
When the tissues of the vagina become dry and less stretchy because of loss of oestrogen

12. Where can I find out more?

Please note that Besins Healthcare (UK) Ltd. Is not responsible for the content of the below sites and their inclusion does not necessarily imply a recommendation or endorse the views expressed within them. This does not replace the advice given by the healthcare professional.

NHS
Advice and information on symptoms, treatment, help and support
Website: https://www.nhs.uk/conditions/menopause-and-perimenopause/

Women's Health Concern (the patient arm of the British Menopause Society)
A range of fact sheets and an email advice service
Website: https://www.womens-health-concern.org/

Menopause Matters
Independent website providing up-to-date, accurate information about the menopause, menopausal symptoms, and treatment options
Website: https://www.menopausematters.co.uk

Royal Osteoporosis Society
The UK's only national charity dedicated to bone health and osteoporosis
Website: https://www.theros.org.uk

Royal College of Obstetricians and Gynaecologists (RCOG)
Resources to enhance knowledge, encourage selfcare and improve support including hysterectomy information
Website: https://www.rcog.org.uk/for-the-public/menopause-and-later-life/

The Menopause Charity
Working with individuals experiencing menopause and supporting healthcare professionals diagnosing and treating menopause
Website: https://www.themenopausecharity.org/

Balance
Inclusive and accessible menopause support for all women, and trans and non-binary people
Website: https://balance-app.com/

Rock My Menopause
Factsheets and podcasts on various aspects of menopause
Website: https://www.rockmymenopause.com

British Menopause Society
Website: https://www.thebms.org.uk/

Wellbeing of Women
Website: https://www.wellbeingofwomen.org.uk/

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