

Menopausal Myths –BUSTED!

Make sure you're in the know and help debunk some of the misconceptions that many women and others still seem to cling to. Please help spread the word and ensure we are all wiser and well!

A blood test to measure hormone levels is usually NOT required to diagnose the menopause.

Levels of hormones in saliva do NOT determine which level of hormones should be taken.

Contraception should not be stopped just because you are having early signs of the menopause--pregnancy is still possible until 2 years after the last period if under age 50 and for 1 year after last period if over 50.

Symptoms of cystitis are not always just due to infection. Estrogen deficiency of the menopause can cause similar symptoms and increase the risk of bladder infections so that as well as antibiotics, vaginal estrogen should be considered.

Vaginal estrogen for treatment of menopausal vaginal dryness does not work immediately and should not be looked on as a single course of treatment. It may take 3 to 6 months to get the full benefit and should be continued long term; symptoms frequently return when treatment is stopped.

Taking HRT does not just delay the inevitable menopausal symptoms. When HRT is stopped, symptoms do not necessarily return, or if they do, may not be so bad and be more manageable. In women who experience troublesome symptoms on stopping HRT, it is very likely that they would have continued having symptoms all the time had the HRT not been taken.

High blood pressure is not a reason for HRT to be avoided, though if high blood pressure is found, it should be controlled before starting HRT.

The combined contraceptive pill does not always have to be stopped after the age of 35. If you are a non-smoker and generally healthy, it can be continued up to the age of 50 and provides both effective contraception and non-contraceptive benefits such as control of bleeding and of menopausal symptoms.

Antidepressants are not recommended for first-line treatment of menopausal symptoms such as flushes and low mood, yet are often offered by some GPs. Some antidepressants can be used if HRT is unable to be taken for medical reasons, but only after full discussion and after ruling out the use of HRT.

Periods often become heavier and more frequent in the few years leading up to the menopause but do not have to be tolerated! Many effective treatments are available which can reduce and even stop periods - there is nothing good about periods!