

Busting menopause myths

We 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.

Blood tests are not usually needed to assess your response to HRT; more important is how you feel and whether or not you are experiencing side effects.

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 the 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.

The dose of HRT should not be increased rapidly; any type of HRT should be tried for at least 3 months before deciding whether or not the type, route or dose should be changed. Similarly, a trial off HRT should be for at least 3 months to be able to assess whether or not menopausal symptoms are still present and if restarting treatment is required.

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 sometimes 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!

A history of migraine can be a concern for using the combined hormonal contraceptive pill, but does not mean that you can't take HRT. However care needs to be taken in choosing the type and dose of HRT so as not to trigger migraine.

There is no correlation between testosterone levels and sex drive, and testosterone levels do not drop significantly during the menopause transition, unless ovaries have been removed, which leads to a 50% drop in testosterone levels. Testosterone should only be replaced as a trial for persistent, troublesome low libido after all other contributory factors have been addressed, including optimum circulating and vaginal estrogen, relationship issues, life stresses and other medications. Female sexual function is complex and testosterone is not usually the magic answer. There is not enough evidence of benefit to use testosterone for other symptoms such as low energy, fatigue, brain fog or low mood.

HRT can be taken for as long as each woman feels that the benefits outweigh the risks to her. There is no arbitrary limit to duration and it does not need to be stopped after taking it for a certain number of years such as the "5 year limit". It may only be needed for a few years when symptoms are at their worst and are affecting quality of life, or it may be needed for many years if symptoms persist into 60s, 70s or even later. It is always an individual decision. [MM](#)