

## HOW LONG DO SYMPTOMS LAST?

The duration of 'early' symptoms is very variable from a few months to many years and the severity varies between individuals. On average, 'early' symptoms last between 2 and 5 years.

*My friend sailed through the menopause without any flushes but I'm still having them after 6 years. Am I doing something wrong?*

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Although the flush is the classic menopausal symptom that we've known about for many years, there is still much uncertainty about why they happen and the role of other non-hormonal factors. There are probably many other chemicals and hormones that interact to control how our internal thermostat works, and the balance will be different in every woman. The persistence of symptoms does not mean that it is your fault, but often diet and lifestyle factors can be adjusted to help.

*My periods stopped 7 years ago. I did have some flushes then but only for a few months. Why have they come back now?*

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When flushes return after a gap, it is worth having blood tests to check for thyroid function and sugar level, since disorders of the thyroid gland and poor sugar control can cause similar symptoms to those of the menopause, and correction of these problems can treat the flushes. Menopausal flushes returning after a gap is unusual but possible and, if troublesome, the same treatment options used at an earlier stage can be considered.

## LATER SYMPTOMS IN THE MENOPAUSE

Some later symptoms are due to the effects of oestrogen deficiency on the bladder and vagina and include:

- passing urine more often by day and/or by night
- discomfort on passing urine
- urine infection
- leakage of urine
- vaginal dryness, discomfort, burning and itching
- vaginal discharge
- discomfort during intercourse.

Other possible symptoms may also include:

- skin problems
- hair thinning or extra hair
- memory loss
- depression.

*I have had lots of courses of antibiotics for cystitis but I've now been given some oestrogen pessaries – how can these help?*

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Often oestrogen deficiency causes cystitis-like symptoms, which don't respond to antibiotics. Oestrogen receptors are present in the base of the bladder, bladder muscle and the sphincter at the bladder opening so that, at the menopause, with less oestrogen around, these tissues very commonly weaken or become thin (*atrophy*). Symptoms may mimic cystitis and are often treated inappropriately with antibiotics. For bladder and vaginal symptoms, local vaginal oestrogen (tablets, cream, pessaries or ring) can be very helpful. Low

dose, vaginal oestrogen can be used when systemic oestrogen (such as tablets or patches) is inappropriate, and can be continued in the long term with minimal risk of adverse effects. We talk more about this in Chapter 8.

*Since the menopause, I've noticed a horrible discharge from my vagina. I feel dirty and embarrassed. I haven't done anything differently recently or changed my soap, so why is it happening?*

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With the lack of oestrogen the acidity of the vagina changes allowing bacteria that aren't usually present to thrive. A course of antibiotics often helps but, to prevent the problem recurring, vaginal oestrogen can restore the correct acidity, allowing the correct balance of bacteria to be restored. Again, this is discussed more fully in Chapter 8.

*I don't have very good bladder control anymore. Often, if I cough or sneeze, or don't get to the loo in time, I leak – it is so embarrassing. I have to wear pads, when I thought I wouldn't need to buy pads any more after my periods stopped! Can anything help?*

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Loss of bladder control is a very common problem, yet is hugely underreported and undertreated, often because of embarrassment. Treatments include physiotherapy with specific exercises to improve the tone of your pelvic floor, retraining of your bladder, vaginal oestrogen and drugs, which can reduce bladder activity or improve the strength of your bladder support muscles. Chapter 7 discusses exercises that can help you, but see your doctor for a full assessment to plan the best treatment for you.

*My husband and I can't have sex anymore – it's too painful. I know we're getting older but I don't think we are too old yet! Although he's very understanding, I feel so bad about it and want be able to enjoy sex again. What should we do?*

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As with the bladder problems, this is also a very common problem and effective treatments are available. The discomfort is often due to the vaginal tissues becoming dry, thin and fragile because of the lack of oestrogen. This can be helped by vaginal moisturisers, lubricating gel or vaginal oestrogen in the form of a small tablet, pessary, cream or ring. Even if you don't want to, or have been advised not to take HRT, vaginal oestrogen can often be used since the hormone is concentrated into the vagina and is unlikely to get into your system. This is discussed further in Chapter 8.

*I've noticed that my hair is becoming thinner and I don't need to cut my nails as often – is this menopause related?*

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Other later menopausal symptoms include effects from changes in collagen production, a protein found in skin, hair, nails and tendons. Hair thinning, dryness and the growth of unwanted hair can be explained by the lack of oestrogen and the relative excess of androgens (male type hormones) in the menopause (the ovaries continue to produce some androgens, including testosterone, after the menopause – their effect is no longer overridden by oestrogen). However, hair loss may be more related to age rather than hormone related, and response to HRT in this situation is unclear. Iron deficiency and thyroid disease can also cause hair loss and your doctor may feel it is appropriate to test the levels of iron and thyroid hormone, particularly if there are other signs of these. Hair loss can also be caused by stress.

*My pubic hair has become so thin since the menopause. I feel old and less feminine. Why has this happened?*

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The fall in hormone levels, which occurs at the menopause and is also age related, can cause both head and pubic hair thinning. Unfortunately, very little information is available about the effects of oestrogen and testosterone levels on pubic hair changes, nor on the effects of treatment. Changes such as these are a sign of the body changing, but should not herald old age! If you think you are less feminine because of it, discuss your concerns with your partner and be reassured that your relationship need not be affected by this change.

*Will I grow a beard when I become menopausal?*

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An increase in facial hair can occur as the hormone balance changes with a relative excess of androgens, but this is also an age-related feature. Most women have very few problems with hair growth so it is by no means an inevitable consequence of the menopause!

*Will HRT rebalance the hormones and prevent facial hair?*

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Little, if any, research has examined the effect of HRT and facial hair. If this is a particular problem, it would seem logical to discuss with your doctor the possibility of using a type of HRT in which the progestogen part has minimal male hormone effect; there are different types of progestogens available as part of HRT preparations – some are related to androgens but others less so. If you have had the womb removed (hysterectomy), then usually progestogen is not required, so this would not be an issue and the oestrogen-only HRT may help.

*My skin seems quite dry and I've developed wrinkles. Is it the menopause or is it just the fact that I'm getting older?*

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Collagen production (see an earlier question) is affected by falling Oestrogen levels: the skin may become drier, thinner, less elastic, more prone to bruising and skin itching can occur. Occasionally, a 'crawling' sensation might be experienced, but it is unclear whether this is due to skin changes or changes in the peripheral nerves. Age and environmental factors also can cause problems.

It has been calculated that approximately 30% of skin collagen is lost during the first 5 years after the menopause, and then the decline slows to 2% per year after that. For many years it has been claimed that one of the benefits of HRT is to delay the effects of ageing on skin and many women have noticed an improvement in skin appearance and texture when taking HRT. This is discussed further in Chapter 8.

Other helpful measures include drinking plenty of water to keep the skin hydrated, not smoking, using a moisturising cream regularly and avoiding too much sun exposure; as we age, our skin is more susceptible to harmful rays, and we should use a sunscreen of factor 15 or more if we are exposed to the sun for more than 20 minutes.

*I had lots of acne when I was a teenager. I can't believe it but the spots seem to be coming back with my menopause. I wouldn't mind if I also had the energy I had when I was a teenager! What on earth is going on?*

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Women can suffer from adult acne at the menopause because of the change in ratio of hormones: as oestrogen levels decrease, we still produce some testosterone and the balance changes, allowing testosterone to have an effect such as causing facial spots in a few women. It does not seem to be a common problem, nor to be long lasting.

*Does the menopause cause memory loss? I am having terrible problems – I have to write numerous lists to help me. I can even forget what I was going to say in the middle of a sentence – it's awful!*

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Difficulty with concentration and memory loss have often been linked with the menopause, but is not clear whether there is a direct association with the hormone changes or whether the problems are due to a 'knock-on' effect from difficulty in sleeping, or, again, whether age-related changes are more important. Several studies that have looked at the effect of HRT on concentration and memory have often given inconclusive results, although many women do report an improvement. It is not clear if beneficial effects are a direct result of treatment with HRT or as a result of its improvement of symptoms such as night sweats and sleep patterns. Using simple aids such as lists can be very helpful and many people rely on such help increasingly.

*I've just been diagnosed with depression and been prescribed some tablets. I haven't started them yet because I wonder if it's really the menopause that's causing it.*

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Although depressive moods and anxiety may be symptoms of the menopause, depressive illness is not necessarily caused by the menopause and can happen at any time. If you have been found to have clinical depression, then it should be treated as discussed with your doctor, but if the problems are more likely to be mood changes, especially if associated with other menopausal symptoms, then specific menopause treatment may be more appropriate. If you are worried about taking antidepressants, why not go back to your doctor and discuss it again?