**Menopause Question and Answer Session**

**During the World Menopause Day Conference on 18th October 2022**

Disclaimer: Colleagues have done their best to answer the questions posted on World Menopause Day. However these are not a replacement for talking to a health professional whether this be your GP, Counsellor, pelvic health Physiotherapist or other.

Answers written on Friday 22nd December 2022

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| **Question** | **Answer** | **Author** |
| **Re CBT - I feel like a fizzy bottle of cola that has been shaken up - I'm scared that if I start to examine or share my feelings, my bottle of pop will explode and spray everywhere...and I will embarrass myself. How can you let air out of the bottle safely a bit of a time without it feeling scary?** | CBT as a talking therapy looks at the link/interaction between our thoughts, feelings and behaviours. It focuses on current or 'here and now' issues, therefore it is not an exploratory therapy and does not consider the past in detail. It does however look at how our beliefs about ourselves, others and the World around us influence how we respond to situations; specifically how negative or unhelpful beliefs, thoughts and feelings lead to negative (or unhelpful) patterns of behaviour. CBT looks to reframe and challenge such beliefs into more positive ones, which then impacts on our mood or symptoms. One aspect of CBT is to break problems into smaller, more manageable chunks to resolve, as well as identifying practical ways to improve mood or symptoms. With regards to the menopause, CBT has been found to be useful in addressing issues related to stress, anxiety, depression, sleep difficulties, hot flushes etc. CBT does involve looking at emotions and if this is something which has been avoided, eg, pushing away how you feel, then it may be a little upsetting to begin with. As with all talking therapies though, an assessment would help to decide if CBT is the best treatment approach for you. It might be helpful to remember that therapists do know how scary it can be to share how you feel and they will do their best to make this as safe and comfortable an experience for you as possible.Worry about embarrassment is really normal and ok. Services area really experienced and see a range of people every week. The Nottinghamshire Staff Support Hub is available to all colleagues 24/, 365 days a year [Home (nottinghamshirestaffsupport.nhs.uk)](https://nottinghamshirestaffsupport.nhs.uk/) or call 0808 196 8886 |  Dr Sarah Toft, Clinical Psychologist and Amy Gouldstone, People Wellbeing Lead |
| **What can I do if I’m on HRT and my body still hurts. Joint pain stopping me exercise, fatigue is horrendous** |  It may not be the menopause, I suggest you see your GP and/or self-referral to Physiotherapy for some support.  |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **I appear to be on sequential HRT but I don't have periods in the breaks on progesterone - is this an issue?** |  It is not an issue and having no periods is really lucky. However you might as well change to the no period preparation, it provides better protection of the lining of the womb. |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **How do you know when your menopause officially starts if you have an old Mirena coil? I take HRT (oestrogen and Progesterone) and also have a Mirena (6 years plus but nobody seems concerned).** |  Answering this without knowing your age is a bit tricky. If your Mirena was fitted after your 45th birthday it can be left until you are 55 years for contraception. We will never know your “final menstrual period”, but that does not matter. If you are experiencing symptoms of the menopause that are bothersome absolutely talk to your GP. |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **Can the menopause make you feel like you have Asperger's type symptoms? I feel I want to sit on my bed, put headphones on and shut out the world - everything is too noisy, too stimulating and "in my face". Even "simple" conversations feel too much... I am on HRT but it isn't helping with this. Is this normal?** |  It is hard to diagnose anything specific in this scenario but it is really important that you talk to someone about how you are feeling. Particularly if this is new to you. Please see your GP or talk to someone in the Nottinghamshire Staff Support Hub on 0808 196 8886. It can seem overwhelming but there is hel out there whether that be adjusting mediation or accessing some counselling.  |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **My friend still suffers with awful hot flushes, she is 62 now and went through her menopause over 10 years ago, what is causing these?** |  The average time for symptoms is 7 years, but yes it can last a lot longer. It would be sensible to see the GP to rule out an other causes not related to the Menopause. |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **Could using on Mirena coil for long years predispose you to early menopause symptoms?** |  No there is no evidence that this would be the case. |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **I started menopause at the age of 58 (a year ago) and have been on a combined HRT treatment since then. How much benefit will I receive from the treatment?** | Feeling better, protecting heart and circulation, preventing osteoporosis, keeping brain faculties… For further information go to “women’s health concern”, the patient arm of the British Menopause Association Sorry, don’t understand the question. What was mentioned on a slide? |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **It was mentioned on a slide ( for women reaching menopause naturally and not on oral contraception)   Does it not apply to any hormonal contraception ie Depo IUS?** |  If it is painful because of a dry vagina due to lack of oestrogen, the long term topical Oestrogen (Vagifem, Ovestin cream) will improve the situation. Personal lubricants (“Sylk”, “yes” are suitable brands, contact the company for samples) If it is something else, please see you doctor. |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **Why is sex so incredibly painful 5+ years after first experiencing symptoms? Is there anything else that might help as the creams form GP have not helped. Would the Physiotherapy team be able help?** |  It may not be the menopause, I suggest you see your GP and they can refer your to Gynaecology services and/or Pelvic Health Physiotherapist if there is no other.It is also worth thinking about whether this may be an infection – this can easily be checked by simple painless test at a sexual health clinic or your GP. Speaking to your local Sexual Health Team via:* [My Sexual Health](https://www.sfh-tr.nhs.uk/our-services/sexual-health/)
* telephone: 01623 672260
 |  Dr Sonja Rees, Speciality Doctor in Obstetrics and GynaecologyAnd Dr Elizabeth Carlin, Consultant in Sexual Health |
| **My HRT is out of stock, what are the alternatives that will be suitable?** | Use the following website to identify the alternatives:<https://thebms.org.uk/news/british-menopause-society-update-on-hrt-supply/>GP practice  |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **Does HRT increase risk of Breast cancer** | See Menopause and HRT vide/presentation: [Menopause and HRT video (40 mins)](https://www.youtube.com/watch?v=iKlw7KkqBPY) See from 16 minutes in.[11-WHC-FACTSHEET-HRT-BenefitsRisks-NOV2022-B.pdf (womens-health-concern.org)](https://www.womens-health-concern.org/wp-content/uploads/2022/12/11-WHC-FACTSHEET-HRT-BenefitsRisks-NOV2022-B.pdf) |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **Are there any risks to taking HRT?** | HRT has the best effect of all treatment options for menopausal symptoms, however risks may include increasing risk of breast cancer, stroke, clots in legs or chest and in some cases cardiovascular disease. There are also other cancer's that depend on oestrogen and this may increase the risk of their occurrence or reoccurrence. This is why an individual assessment is necessary to advise. |  Dr Sonja Rees, Speciality Doctor in Obstetrics and Gynaecology |
| **I have had cancer so cannot have HRT, What are the alternative options?** | There are non-hormonal options for symptoms, in particular hot flushes. These treatments don't work in all women but some may find them beneficial, especially if there are pre-existing risk factors for HRT.In addition you might find Cognitive Behavioural Therapy really helps you: [01-BMS-TfC-CBT-NOV2022-A.pdf (thebms.org.uk)](https://thebms.org.uk/wp-content/uploads/2022/12/01-BMS-TfC-CBT-NOV2022-A.pdf)See [HRT preparations and equivalent alternatives - British Menopause Society (thebms.org.uk)](https://thebms.org.uk/2022/01/hrt-preparations-and-equivalent-alternatives/)And [What are the alternative treatment options to HRT? - British Menopause Society (thebms.org.uk)](https://thebms.org.uk/education/principles-practice-of-menopause-care/bms-ppmc-resources-toolkit/what-are-the-alternative-treatment-options-to-hrt/) |   |
| **I have high blood pressure so have been advised that I cannot have HRT, What are the alternative options?** | There are non-hormonal options for symptoms, in particular hot flushes. These treatments don't work in all women but some may find them beneficial, especially if there are pre-existing risk factors for HRT. |   |
| **Is HRT Safe?** | As with all medicines there are risks and benefits. For most women HRT is generally considered safe. However it is important to discuss with your doctor about your specific risk factors and how they may impact you as an individual. I am always keen on taking a holistic approach and considering treatment tailored to the individual. For example, if hot flushes dominate with no other symptoms, a trial of non-hormonal treatment and Cognitive behavioural therapy may suit best. If the predominant symptom, however, is vaginal discomfort and itching, then a discussion around vaginal HRT +/- lubricants and other vaginal treatments should be explored. | Dr Maddock-Khan |
| **How long can HRT be taken for?** | This is entirely dependant on the individual and what they need from HRT. There isn't a set 'limit', however longer duration of use will increase the risk of breast cancer for example.  |   |
| **What is the Thrive app access code?** | SFHFT | Amy Gouldstone |