The Women's Health Research Program

Health Bulletin
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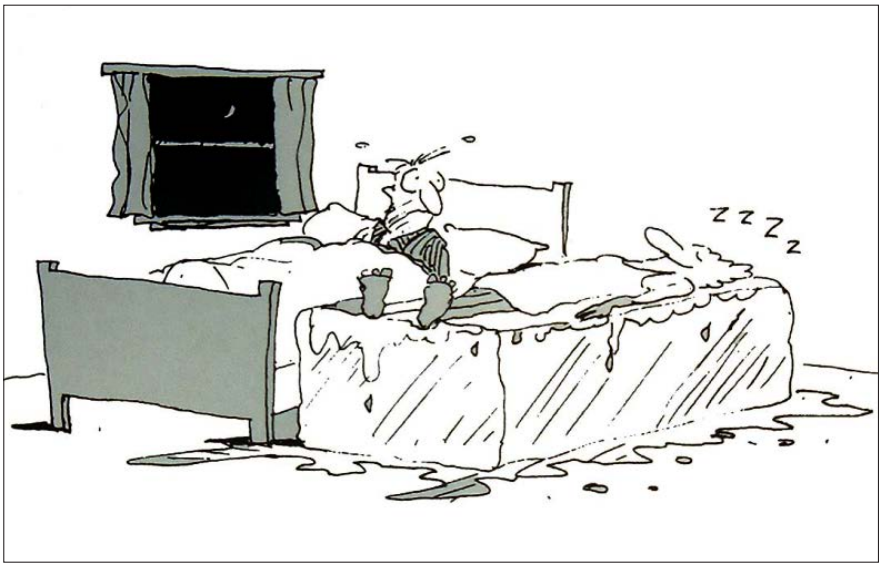
Menopause: we assume everyone knows about it, but what is it and how are women affected?

For many of the three million women aged 40 to 60 years in Australia, accounting for 14 per cent of the population, the menopause can present a major health challenge. It is a time when women are increasingly vulnerable to physical and psychosocial ill health. However, many women do not understand what happens at menopause and there is considerable confusion in the community regarding the use of hormone therapy.



What is the menopause?

The menopause is defined as the last menstrual period experienced by a woman who has not had a hysterectomy. It occurs because the ovaries have reached the point where they no longer produce hormones in a monthly cycle, and as a result the monthly bleed no longer occurs. This happens because the ovaries have effectively 'run out of eggs'. Menopause is diagnosed by bleeding patterns, not by blood tests.

The menopause transition, also known as the perimenopause, is said to start when a woman experiences a change in the length of her menstrual cycle/ missed periods.

By definition the perimenopause ends after 12 months without bleeding. The average age at which menopause occurs in Australia is 51.5 years, with most women experiencing menopause between 45 and 55 years of age.

A woman is said to have experienced surgical menopause if both of her ovaries have been surgically removed before she went into menopause naturally.

Sometimes it is difficult to determine when menopause has occurred. This applies to women who do not have regular menstrual bleeds: women who have had a hysterectomy or an endometrial ablation (surgical removal of the lining of the uterus) or women with a progestin coated IUD (Mirena®). In these circumstances, a blood hormone test might be useful to diagnose menopause. Blood hormones tests are completely useless for women taking the combined oral contraceptive pill. The only way a woman on the pill can work out if she has gone through menopause is to stop the pill and then see what happens.

The greatest predictor of the age at which a woman will experience

menopause is the age at which her mother went through menopause. Factors associated with the likelihood of an earlier menopause include smoking cigarettes, hysterectomy and a family history of early menopause.

Menopausal symptoms

The loss of ovarian oestrogen production at menopause causes symptoms, notably flushes and sweats, which may be debilitating, as well as fragmented sleep, vaginal dryness, menopause-specific depression and anxiety. Menopausal symptoms may commence as soon as menstrual cycle irregularity first occurs. A UK study suggests that severe menopausal symptoms affect 1 in 2 women:

25 per cent of women experience severe hot flushes and night sweats, 30 per cent of women experience severe psychological symptoms (depression and anxiety), 50 per cent of women have moderate to severe sleep disturbance, joint pain or headache, and, at least 25 per cent of women have sexual problems after menopause.

Oestrogen is important for a healthy urinary tract and genital tissues. The loss of oestrogen at menopause leads to vaginal dryness and irritation in the majority of women, with infection, sexual pain, sexual arousal difficulties also being common. Other effects include recurrent urinary tract infections and urinary incontinence. Consistently studies show that the regular use of vaginal oestrogen after menopause will protect against these problems.

During the perimenopause hormone levels fluctuate from day to day. As a result symptoms may come and go seemingly at random. Women may experience hot flushes and night sweats due to low hormone levels one day and then breast tenderness and swelling, and heavy or irregular bleeding due to high hormone levels a few days later.

Severe menopausal symptoms are rarely a brief experience. Women who experience severe symptoms, either from early in the menopause transition or from their final menstrual period, generally suffer severe symptoms for several years.

Menopausal symptoms affect the woman who is experiencing them and those close to her. Women should discuss their symptoms with their partner to help their partner understand that they are not simply being difficult, but that they are experiencing symptoms due to hormonal changes beyond their control.

Furthermore, menopausal symptoms have been reported to account for as much as 36 per cent of the variability in how well a woman is able to perform in the work place. This has far reaching effects as about 80 per cent of women aged 45–55 are in the workforce.

Other consequences of the menopause

The change in hormones at menopause causes a shift in body fat stores to the abdomen. Many women complain of weight gain at menopause, but the main effects of the hormonal change are increased total body fat and abdominal fat – not an overall gain in body weight.

- The increase in fat in the abdomen plus the fall in oestrogen leads to metabolic changes that increase the risk of cardiovascular disease and diabetes.

Women also lose bone at menopause. Bone loss starts to increase in the two years leading up to the menopause (the last menstrual bleed) and then accelerates. Women lose bone most rapidly in the first two years after their menopause. Women who are overweight are less likely to lose bone, but are more likely to have menopausal symptoms.

For information about managing menopausal symptoms and preventing bone loss go to the Monash Women's Health Research Program website and look out for updates in our future bulletins.

Women's Health Research Program

http://womenshealth.med.monash.edu

Get involved in research

A New Approach to Treating Women Who Do Not Experience Orgasm

Most recently a novel approach has been developed to potentially treat women who fail to reach orgasm (anorgasmia). Researchers recognised that testosterone therapy not only improved sexual desire, but also resulted in increased vaginal blood flow and increased orgasm frequency. As a result the approach of using testosterone on an "as needs" basis is being studied in centres across Australia and North America, including the Women's Health Research Program.

Our new study will assess whether the self-administration of a single dose of testosterone as an intra-nasal gel will result in ability to reach orgasm for women who have previously experienced orgasm but no longer do so.

To participate in this study women need to be over 18 years of age and premenopausal, be experiencing inability to reach orgasm, but have experienced orgasm in the past and be in a stable sexual relationship of at least 6 months duration.

The study is being conducted at our centre at the Alfred Centre in Melbourne as well as in Sydney, Perth and Adelaide. Women interested in participating in the trial should call 1800 998 055.