manage my menopause

NHS

Menopause Matters

www.managemymenopause.co.uk

Your Advice

Manage My Menopause Advice For You

The transition through the menopause into the post-reproductive phase of your life can be a difficult time when both physical symptoms and psychological adjustment can be a cause for concern.

It is also a point in your life where the risk of certain medical conditions changes. The aim of this advice document is to provide you with up to date information about your post-reproductive health.

Thank you for taking the time to complete the risk assessment questionnaire. The information you have provided has been used to tailor this advice document specifically to you. It contains information about the menopause, your risk of developing diseases in the future, lifestyle modification advice and guidance on the use of medicines to help with any symptoms or risk factors you may have. We hope you find the following advice constructive and useful. You may choose to use this advice to make alterations to your lifestyle yourself or you may wish to use this document to help guide a discussion with your General Practitioner (GP).

Caution:

If any of the information you read in this document is unclear or you find it worrying please do discuss it with your GP so that they can explain things in more detail and offer further advice about your healthcare and risk of disease.

When we discuss risk, either increased or decreased risk, we are saying that the chance or likelihood of that condition has either increased or decreased. It does not mean that you will develop that condition but that it is more or less likely.

How specific the advice document is to you is dependent on how many questions you were able to answer. If there were things you did not know or chose not answer this will impact on how specific the advice we have provided is to you. To make this advice document as specific to you as possible please try to answer as many questions as possible. If you would like to answer the questionnaire again please return to the ‘Manage My Menopause Questionnaire’.

Date questionnaire completed: 21/8/2021

Menopausal symptoms that affect Quality of Life

The symptoms of the menopause can be quite varied and effect different women in different ways.

The classic symptoms of hot flushes, night sweats, vaginal dryness and reduced libido do not affect everyone but if they are affecting you there are things you can try to improve things.

The following advice will cover using hormone replacement, lifestyle modification and non-hormonal alternatives. You should use this advice and the general advice in the handbook to understand what options you have available to you.

You have indicated that you are menopausal (your last period was more than 12 months ago) and are experiencing the following symptoms:

Vasomotor symptoms
- Hot flushes
- Night sweats

Sexual dysfunction
- Pain with intercourse
- Loss of libido

Psychological symptoms
- Depressed mood
- Anxiety
- Irritability
- Mood swings
- Lethargy
- Lack of energy

Sleep disturbance
- Tiredness
- Insomnia

Genital symptoms
- Itching
- Leaking
  - stress

Other menopausal symptoms
- Joint pains

The symptoms you were asked about in the questionnaire do not include all the symptoms women experience during the menopause and also includes some symptoms that can affect pre-menopausal women so it is important to visit your general practitioner (GP) for a further assessment of what you are experiencing. However we would like you to consider the following:

Vasomotor symptoms

These are the commonest menopausal symptoms, consisting of **hot flushes** and **night sweats**. At least 75% of women will experience these symptoms to some degree during the menopausal transition. The falling levels of oestrogen and fluctuations in hormone levels during the perimenopause are thought to be the cause but the exact mechanism is unknown.

The management options are:

Lifestyle modification may help to minimise symptoms and should be the first thing to try:

- control your temperature: wear lighter clothing, sleep in a cooler room, change to cooler bedding

- avoid triggers: hot drinks, alcohol, spicy foods
- take regular exercise to reduce the frequency and severity of the flushes

Hormone Replacement Therapy (HRT)

- there is lots of evidence to support the use of HRT to help smooth the transition into the menopause and provide relief from both hot flushes and night sweats. (Please see 'MmM Advice: Hormone replacement and alternative therapy' for specific risks and benefits for you and section 2 of the 'MmM Handbook' for general advice about HRT)
- this treatment is the most effective medical therapy to control symptoms
- it typically relives symptoms within 4 week but can take 3 months to be maximally effective
- the duration of treatment is dependent on the severity of your symptoms, how they progress with time and your risk factors but it is typically needed for 2-3 years

Non-hormonal medical treatment

- there is only limited evidence to support the use of these medications but they can be useful if you are not able to or do not wish to take HRT
- a two week trial of an antidepressant medication (SSRI (selective serotonin reuptake inhibitor) or SNRI (serotonin and noradrenaline reuptake inhibitor) can be used to help relieve symptoms
- a drug called Clonidine (a migraine medication that influences your blood vessels) can be trialled for 2-4 weeks
- Gabapentin is used to treat chronic pain symptoms but can be effective for some women with hot flushes but is only available in specialist centres
- how useful these types of medications are in the long-term is not clear from the evidence we have available at this time

Alternative therapies

- there is no clear evidence that complementary or herbal therapies are effective and so these approaches to management are not supported by clinical guidelines on the subject of managing the menopause.
- however, these types of medications are used by about 30% of women who experience menopausal symptoms.
- this is discussed in more detail in the 'MmM Handbook'

Sleep disturbance

The symptoms of **tiredness, insomnia, short term memory problems** and **difficulty concentrating** are often reported at the time of the menopause and are commonly associated with vasomotor symptoms.

The change in body temperature causing night sweats can be enough to wake you from sleep or it may just prevent you from getting adequate restful/REM (rapid eye movement) sleep.

REM sleep is required for your body to repair itself and to process the events of the day so sleep disturbance can contribute to memory problems and concentration difficulties.

The management options are:

Lifestyle modification may help to minimise symptoms and should be the first thing to try:

- maintain good sleep hygiene

- avoid exercise late in the day
- identify other things that are interfering with your sleep, i.e. caffeine intake late in the day or alcohol intake
- take regular exercise to reduce the frequency and severity of the flushes

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Sexual dysfunction

Having difficulties with your sex life is quite common during the time of the menopause. The symptoms of **vaginal dryness, pain with intercourse, loss of libido and difficulty reaching orgasm** are all associated with the menopause and are influenced to a greater or lesser extent by hormonal changes.

However, sexual enjoyment is also influenced by physical, psychological and emotional factors that may need to be addressed to ensure a fulfilling sex life.

The management options are:

- Lifestyle modification may help to minimise symptoms and should be the first thing to try;
    - avoid perfumed soaps, avoid excess washing and use moisturising cream to alleviate dryness
    - try to discuss things with your partner and take more time with sexual intercourse to maximise the

amount of natural lubrication you produce before having sex

- Hormone Replacement Therapy:
  - oral or systemic preparations of HRT (that is absorbed into the whole body) or local preparations (that are only absorbed into the vagina) are effective to treat the symptoms of dryness, burning, itching and pain with intercourse
  - if you are only experiencing sexual and genital symptoms you may only need to use a local preparation and so can avoid some of the risks associated with systemic HRT
  - loss of libido and problems of sexual fulfilment will often improve with the replacement of oestrogen but if this is ineffective, testosterone replacement maybe useful but should be discussed with your GP and will probably require an appointment with a menopause specialist
  - (Please see 'MmM Advice: Hormone replacement and alternative therapy' for specific risks and benefits for you and section 2 of the 'MmM Handbook' for general advice about HRT)
- Vaginal lubricants used with each episode of intercourse or longer acting vaginal moisturisers can help to alleviate dryness and poor lubrication that can lead to pain during sex (Please see the 'MmM Handbook' for more information)

Genital symptoms

The falling levels of oestrogen at the time of the menopause influences the anatomy of the vulva (external genitals) and vagina and this can influence the quality and elasticity of the tissues and also interfere with the way the bladder functions.

Symptoms of a **bulge or dragging sensation, itching & soreness or leaking of urine** maybe related to the menopause but are also influenced by many other factors. This topic will be dealt with in more detail in 'MmM Advice: Urinary problems and prolapse' below and the MmM Handbook.

You have indicated that you are experiencing genital **itching & soreness**, which may be related to low oestrogen levels. This can be a very unpleasant symptom and often responds very well to localised replacement of oestrogen. This can be in the form of pessaries (small tablets that are placed in the vagina) or a cream. The hormone only really effects the genital tissues as very little is absorbed into your body. As such it can be an excellent alternative if you want to avoid systemic HRT, it is longer then 10 years since your menopause or you have been advised to avoid HRT for other health reasons.

Other menopausal symptoms

At the time of the menopause you may experience other psychological, mental and physical symptoms; **depressed mood, anxiety, irritability, mood swings, memory problems, lethargy, tiredness or joint pains**. These maybe related to the physical or biochemical changes associated with the menopause or as a result of your adjustment to this new phase of your life.

It is important to recognise that these symptoms maybe related to the menopause and take them into consideration when deciding how to manage your menopause.

The management options are:

- Lifestyle modification may help to minimise symptoms and should be the first thing to try;
  - get adequate and quality sleep to help with mood, anxiety, memory and general wellbeing

    - take regular exercise as this can help with mood and anxiety
- Mental health review by your GP
    - Changes in your mental health may coincide with the menopause- we know that depression is more likely in middle age so it is important to review these symptoms with a health care professional as they may not be directly related to the menopause.
    - Low mood, irritability and anxiety may require treatment with either psychotherapy or antidepressant medication, which your GP can advise you on.
    - If psychotherapy or antidepressant medication is ineffective guidelines suggest hormone replacement (HRT) can be trialled to alleviate symptoms.

Cardiovascular Disease

The oestrogen that your ovaries produce has a protective effect on your blood vessels and heart. As your oestrogen levels drop at this time of your life, this protective effect is reduced and so your risk of cardiovascular disease increases.

The following advice helps to explain some of these changes and gives suggestions of how you might reduce this risk. For more information and explanation of these risks please read the 'Cardiovascular Disease' section of the MmM Handbook. If you have any concerns about what you have read or would like more advice about reducing your risk you should discuss this with your GP.

What is my cardiovascular risk?

Your risk is calculated by making an assessment of all the known risk factors that influence the chance of getting cardiovascular disease. Some of these factors, such as your age, gender and family history, you cannot change. However, the following advice is about those factors which you can change, such as your BMI, how much exercise you do and your blood pressure.

As you were unable to provide your QRISK2 score we cannot provide you with information about whether you are at high, low or minimal risk of cardiovascular disease. However, the information you have provided in the questionnaire does give us important information about your cardiovascular disease risk factors. This allows us to tailor the following risk reduction advice specifically to you.

What should I do about my cardiovascular risk?

Please consider the general advice about cardiovascular disease in the 'MmM Handbook'. There are some risk factors that are described as modifiable risk factors. These tend to be lifestyle factors and are often things that you can potentially change to influence your risk of cardiovascular disease. Please consider the following advice.

Weight control

Obesity (BMI >30 kg/m2) is a strong risk factor for cardiovascular disease and it is very important that you try to reduce your weight. This becomes increasingly important now that you have reached the menopause and even a small reduction in weight will have a positive effect and may make you feel much healthier.

- Please use the MmM Handbook to evaluate your diet and consider whether you are eating healthily.
    - All people who have cardiovascular disease or are at increased risk of cardiovascular disease benefit from a diet in which fat makes up less than 30% of the total energy consumed.
    - As the NHS recommendation is for 2000 calories a day, no more than 600 calories should come from fat.
- Please use the MmM Handbook to evaluate how active you are and your level of exercise.
  Do you do at least:

    - 150 minutes of moderate intensity aerobic activity per week or
    - 75 minutes of vigorous intensity aerobic activity per week or

- an equivalent mixture of moderate and vigorous aerobic activity per week

  Do you do:
- muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms)

Hormone replacement and alternative therapy

Your experience of the menopause indicates that you might find hormone replacement therapy (HRT) useful. The majority of menopausal symptoms are related to hormone changes and HRT is an effective way of replacing some hormones to minimise those symptoms. The aim is not to replace your hormones to the level of a pre-menopausal woman but rather to give just enough to alleviate symptoms and minimise any associated risks. The way hormone replacement works is explained in the MmM handbook but here we will give some details of what type of hormone replacement you should consider and the potential side-effects and risks you should be aware of.

The most appropriate type of HRT is dependent on when you had your last period and whether you still have your uterus. From the MmM Questionnaire you have indicated that you have the following contra-indications, which means it may not be safe to take HRT:

- A history of blood clots (a DVT or a PE)

Hormone Replacement Therapy

Hormone Replacement Therapy may be appropriate for you but a review of your risk factors must be undertaken before you consider it. You should discuss your symptoms with a healthcare provider, as you may need to be referred to a Menopause specialist for further advice.

Venous thromboembolism (VTE) or blood clots

The development of a venous thromboembolism (VTE) or blood clot can be very serious but it is thankfully an uncommon event. If a clot does occur the most common location is the deep veins of the legs (a condition called deep vein thrombosis (DVT)). Once a clot has formed a portion of the clot can break off and travel to other parts of the circulation. If a clot travels to the blood vessels in the lungs it is called a pulmonary embolism (PE).

The overall risk of this occurring after the menopause is 2 in 1000 but this risk is influenced by a number of different risk factors, which are discussed in more detail in the MmM Handbook. The advice in the Hormone replacement and alternative therapy section highlights the risks associated with hormone replacement therapy (HRT), in particular the increased this risk of venous thromboembolism to 7 in 1000 (a relative risk of 4.3). As such it is important to consider all the relevant risk factors you have before deciding on whether you wish to accept the risks associated with taking HRT.

Unfortunately you have indicated one or more risk factors for VTE that mean we are not able to offer you tailored advice on your risk of blood clots with respect to the menopause. These factors are:

- You have had a blood clot previously
- You have a blood clotting disorder

You have the following additional risk factors for VTE:

- Family history of VTE

These risk factors should be assessed by a healthcare professional to decide whether further investigation is needed and whether you can safely consider taking hormone replacement to manage any menopausal symptoms you may have. Please do read Section 4 of the MmM handbook for general advice on reducing VTE risk and consult your GP for further advice.

Urinary problems and prolapse

Female Incontinence

Incontinence is the involuntary loss of either urine (urinary incontinence) or faeces (faecal incontinence). A large proportion of adult women have urinary incontinence. There are two main types of urinary incontinence – Stress Incontinence and Urge Incontinence. Urinary incontinence can be very distressing and is sometimes difficult to discuss with healthcare professionals but there are treatments available. Please consider the following advice and discuss your symptoms with your GP.

Stress incontinence

You have indicated that you have leaking of urine with 'Stress' when coughing, sneezing, laughing or exercising.

Stress incontinence is often caused by damage to the hammock of ligaments that support the bladder neck or as a result of reduced elasticity within the connective tissue that make up these ligaments. The symptoms may not be too noticeable at first, but may worsen after the menopause as lack of oestrogen causes the hammock tissue to weaken. Other factors that may contribute to this condition are obesity; chronic diseases which induce persistent coughing, like bronchitis, and smoking-induced coughing.

Treatment of Stress Incontinence involves strengthening the muscles that support the bladder neck to raise the hammock upwards:

- **pelvic floor exercises** are helpful for many women and should be started early in life,
- they are more effective if a **physiotherapist** is involved in providing instruction and support
- as you grow older, the benefit gained from these may reduce as the tissues weaken further with age.

Many women will find the above measures useful, but for those that don't and for those whose symptoms worsen, there are various minor surgical procedures that can be performed:

- you are likely to need a bladder function test called **urodynamics** before any decision on surgery- this involves the use of pressure catheters in the bladder and rectum to measure the changes that happen when your bladder is filling up and when you are passing urine,
- surgery involves elevating or strengthening the neck of the bladder to make it more difficult for urine to leak out- this is called a **colposuspension**
- however it is much more common to perform a simpler procedure that involves introducing a tape underneath the bladder neck, which recreates the hammock- a procedure called a **TVT (tension-free vaginal tape)**

Osteoporosis

Osteoporosis is defined as a systemic skeletal disease characterised by low bone mass and deterioration of bone tissue leading to an increase in bone fragility. This fragility pre-disposes people with osteoporosis to sustain fractures or breaks of their bones. The most common places are the hip, wrist, shoulder or spine.

Peak bone density in an adult is usually achieved around the age of 30 and is genetically pre-determined. After the age of 30 there is an age related reduction in bone density at a rate of about 1% per year. The rate of loss then accelerates after the menopause as result of reduced oestrogen levels. The rate of bone loss throughout your life is also influenced by other factors, which can make the risk of osteoporosis higher.

As you were unable to provide your 'QFracture' risk of having any osteoporotic (i.e. hip, wrist, shoulder or spine) fracture or hip fracture alone within the next 10 years we can not provide you with tailored information on the significance of your osteoporosis risk.

Your bone health advice

Healthy diet

It is important that you maintain a healthy and balanced diet as this helps to reduce the risk of a number of important health problems. Osteoporosis is one of these and there are a number of things you should consider about your diet:

- Ensure an adequate intake of food containing calcium, as this is important for young growing bones and to maintain bone health in adulthood. These foods are:
  - milk
  - cheese
  - yoghurt
  - green leafy vegetables
  - baked beans
  - fish
  - dried fruit.
- You should have an adequate intake of vitamin D to allow your body to use the calcium and phosphorous in you diet to build strong bones.
  - If you absorb sunlight for 20 minutes each day from May to October this provides you with sufficient amounts of vitamin D for your needs.
  - When there is less sunlight, for example in winter, a vitamin D supplement is advised.
  - Vitamin D can also be obtained from foods such as milk, diary products, fish liver oils, sardines, herring, salmon and tuna.
- Calcium supplements may be beneficial and are recommended for older women and for the frail elderly.
- Minimise your intake of caffeine from tea, coffee or soft drinks as this can inhibit your absorption of dietary Calcium.

You can obtain more information on Diet and Bone Health on the National Osteoporosis Society website.

Exercise

Regular exercise is essential for your overall health. It is recommended that adults aged 19 to 64 should do at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity, such as cycling or fast walking, every week.

Weight-bearing exercise and resistance exercise are particularly important for improving bone density and helping to prevent osteoporosis:

- Weight-bearing exercises are exercises where your feet and legs support your weight. High-impact weight-bearing exercises, such as running, skipping, dancing, aerobics, and even jumping up and down on the spot, are all useful ways to strengthen your muscles, ligaments and joints.
- Resistance exercises use muscle strength, where the action of the tendons pulling on the bones boosts bone strength. Examples include press-ups, weightlifting or using weight equipment at a gym.

Hormone replacement therapy (HRT)

Hormone replacement therapy (HRT) can be an effective treatment for common menopausal symptoms by replacing oestrogen, which naturally begins to drop at the time of the menopause. However, replacing oestrogen can also help maintain bone density and reduce the risk of osteoporosis.

This is particularly true in the ‘window of opportunity’ between 50 and 60 years of age. As a consequence the current British Menopause Society recommendations on the prevention and treatment of osteoporosis are that HRT be used as the first line choice before any other treatments.

You may want to consider this and the information provided in the MmM Handbook when discussing your bone health with your GP and deciding on whether HRT is right for you.

Cancer

Unfortunately, as you get older your risk of cancer increases. This is true for everyone but there are certain risk factors you should be aware of that influence your risk of certain female cancers. The following advice concentrates on breast cancer, endometrial (womb) cancer and ovarian cancer. This tailored advice relates to your risk factors but if you would like to know more information about these types of cancer this can be found in the MmM Handbook.

Breast Cancer

At present, knowledge of all the factors that result in the development and growth of breast cancer is incomplete. The factors that have been associated with an increased breast cancer risk include:

- Age
- Family history
- Benign breast disease
- Endogenous sex hormone exposure (i.e. exposure to sex hormones produced within the body)
- Exogenous hormone exposure (i.e. exposure to hormones taken in the form of medication or diet)
- Smoking
- Alcohol
- Diet
- Reproductive History

A more detailed explanation of these factors can be found in the MmM Handbook. It is important to be aware that although some of these factors may affect you it does not indicate that you will definitely develop breast cancer. However, it does increase the risk and so you may want to consider the following advice.

The risk of breast cancer is a concern for most women and it is often this risk that influences decisions about the use of HRT (Hormone Replacement Therapy). This is discussed in more detail in the section on HRT but a summary of the impact of HRT on breast cancer risk is shown below:

The following risk factors may need further evaluation or could be modified to make your risk of cancer less.

As that relative was less than 50 years old when they were diagnosed it has a greater impact on you and you should discuss this with your GP to determine your individual risk. You may need a referral to a breast unit for assessment and counselling.

Female Sex Hormones & BMI

Female sex hormones, in particular those produced by the ovary (e.g. oestrogen, progesterone) play an important role in the development of most breast cancers. In women who have undergone the menopause, the ovary no longer produces oestrogen and progesterone hormones. Instead small amounts of oestrogen are produced in fat cells by the action of an enzyme called aromatase.

Postmenopausal women who are overweight or obese are at an increased risk of breast cancer and this has been attributed to the fact that there is more fat tissue in which this synthesis of oestrogen can take place.

As your BMI is greater than 25 this increases your risk of breast cancer. As such you should consider losing weight to help minimise your risk.

In addition to considering these risk factors, you should examine your breasts for changes or lumps on a regular basis and discuss any concerns with your GP. It is also important that you take part in the UK breast screening programme when you are invited for this. For more information about this visit http://www.cancerscreening.nhs.uk/breastscreen.

Endometrial cancer

Cancer of the womb (or uterus) is a common cancer that affects the female reproductive system. Most cases of womb cancer come from the lining (the endometrium) and are called endometrial cancers but cancer can also arise in the muscle layer of the womb; a condition called a sarcoma.

These are the factors that are known to alter the risk of developing endometrial cancer:

The most common presentation of endometrial cancer is abnormal vaginal bleeding. This is either irregular or heavy bleeding in the perimenopause or episodes of unexpected bleeding after the menopause. If you have either of these symptoms or persistent vaginal discharge after the menopause you should discuss this with your GP. You may not have something serious like endometrial cancer but you should have further tests and investigations to ensure the lining of the womb is healthy. This will involve an ultrasound scan to look at the lining of the womb and may also require a small biopsy to be taken.

Obesity

Being overweight and carrying excess body fat increases your risk of endometrial cancer. You should try to reduce your weight with an aim to reduce your BMI to less than 25.

Exercise

As you can see from the table above the amount of exercise and your diet influence your risk of endometrial cancer. You have indicated that you do not take much exercise. Our advice would be to try taking more regular exercise as this will influence your risk of endometrial cancer but will also improve other aspects of your health and lower your risk of conditions like cardiovascular disease.

Ovarian Cancer

Although the exact causes of ovarian cancer are not known, there are risk factors, which may increase the chances of developing ovarian cancer. The following are some of them:

The risk of ovarian cancer is related to your age. Your age-specific incidence of ovarian cancer starts to increase from 35-39 to reach a peak at age 80-84. If you have any concerns about your risk please discuss them with your GP but also consider the following advice.

The symptoms of ovarian cancer can be difficult to recognise because they are not specific to ovarian cancer and can be caused by other, less worrying conditions. If you have any of the following symptoms you should discuss them with your GP to see if any further investigations are necessary:

- Increased abdominal size
- Persistent abdominal bloating
- Persistent abdominal or pelvic pain

- Getting full quickly
- Loss of appetite
- Sudden, unplanned weight loss

Obesity

Being overweight and carrying excess body fat increases your risk of ovarian cancer. You should try to reduce your weight with an aim to reduce your BMI to less than 25.

For more information about ovarian cancer and symptoms to be aware of, please see the MmM handbook.

HRT

A study published in The Lancet (February 2015), looks at short-term use of hormone replacement therapy (HRT) and the possible increased risk of ovarian cancer. The study looked at 52 epidemiological studies, involving a total of 21488 women with ovarian cancer, and concluded that taking HRT for the menopause, even for just a few years, is associated with an increased risk of developing the two most common types of ovarian cancer.

Studies like this can easily be influenced by other contributing risk factors causing incorrect conclusions to be reached. This is called bias. As a consequence there is uncertainty about how important this recent study is. Two experts in the field of women's health have commented on this study:

Dr Clare McKenzie, RCOG Vice President or Education said:

> "The RCOG welcomes the further information that this study provides. However, there are concerns about the effect that this isolated information will have on women.
>
> This study does not provide evidence that HRT is the cause of ovarian cancer. Millions of women who are currently taking or are considering HRT, to treat significant menopausal symptoms that cause serious distress to their quality of life, will be confused or anxious by this information.
>
> HRT, like any medication or treatment, has risks and benefits. The very small risk that this study highlights must be put in context – in that for 1,000 women who use HRT for 5 years from around the age of 50, there will only be one extra case of ovarian cancer.
>
> Women should consider this factor in determining whether to continue to take HRT and balance it against the proven benefits in managing their individual symptoms. For the majority, this will mean that they will continue with treatment."

Dr Heather Currie, Chairman Elect for the British Menopause Society (BMS) said:

> "While ovarian cancer is a serious disease, this study does not prove causation, particularly when it is stated that the incidence of ovarian cancer decreases with time after stopping HRT.
>
> Additionally, the data are observational with significant risk of bias from other contributing risk factors. It is important to emphasise that the absolute risk is extremely small.
>
> Women who are currently taking HRT should not be concerned by this report. HRT is the most effective treatment for symptoms of the menopause and when HRT is individually tailored, it

> provides more benefits than risks for the majority of women under the age of 60, and for many beyond that age.”

Glossary

Bone Mineral Density (BMD)

Bone density (or bone mineral density) is a medical term normally referring to the amount of mineral matter per square centimeter of bones. Bone density (or BMD) is used in clinical medicine as an indirect indicator of osteoporosis and fracture risk.

HRT

Hormone Replacement Therapy (HRT) can be an effective treatment for common menopausal symptoms by replacing oestrogen, which naturally begins to drop at the time of the menopause

Incontinence

Incontinence is the involuntary loss of either urine (urinary incontinence) or faeces (faecal incontinence)

Menopause

The menopause is defined as the point in a woman’s life when the ovaries stop producing follicles, which are the fluid filled cysts in the ovary that contain eggs and burst during ovulation

Osteoporosis

A systemic skeletal disease characterised by low bone mass and deterioration of bone tissue leading to an increase in bone fragility

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