

A photograph of wooden letter blocks arranged on a light pink background. The word 'menopause' is spelled out in a horizontal line across the center. Other letter blocks are scattered around, some showing letters like 'f', 'v', 'w', 'z', 'h', 'i', 'u', 'n', 'r', 'a', 'm', 'k', and 'y'.

menopause

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- Menopause is a condition that affects half the population.
 - It is poorly understood by women, men and many healthcare professionals.
 - The consequence of this is that many women struggle to access the support they need.
 - **THIS NEEDS TO CHANGE!**

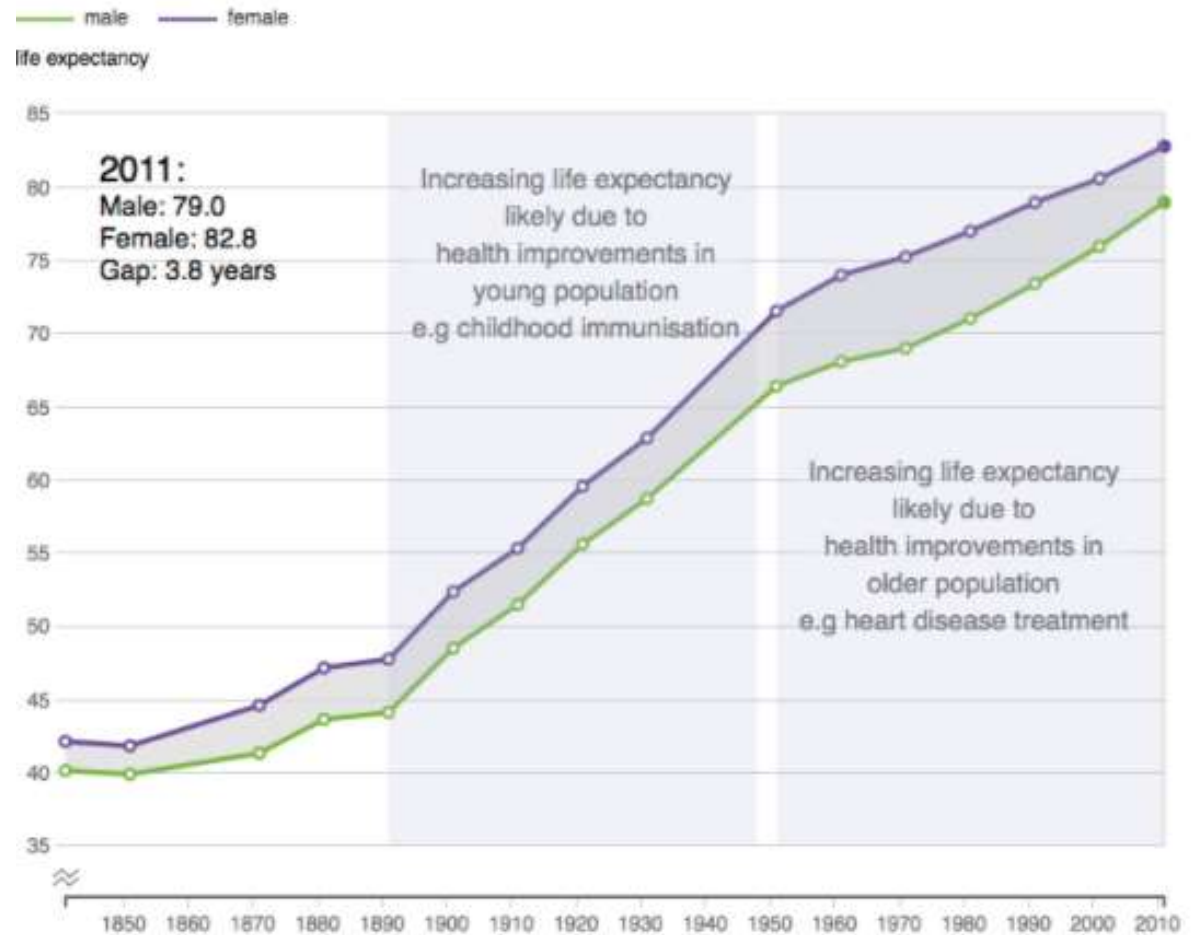


In 2011 life expectancy at birth is almost double what it was in 1841

Life Expectancy for Women in 1850 was 41 and for men 39!

In 1900 only 5% of women lived beyond 50 years old.

Life expectancy at birth, England and Wales, 1841 to 2011



Queen Elizabeth II

Birth 1926 (Life expectancy 64)



Death 2022 (Life expectancy 84)





Health concerns for women who are post-menopausal or in the peri-menopause

Vasomotor symptoms – hot flushes and night sweats

Psychological symptoms – mood changes, depressed mood, irritability, mood swings, fatigue

Urogenital symptoms – vaginal dryness, painful sex, urinary symptoms

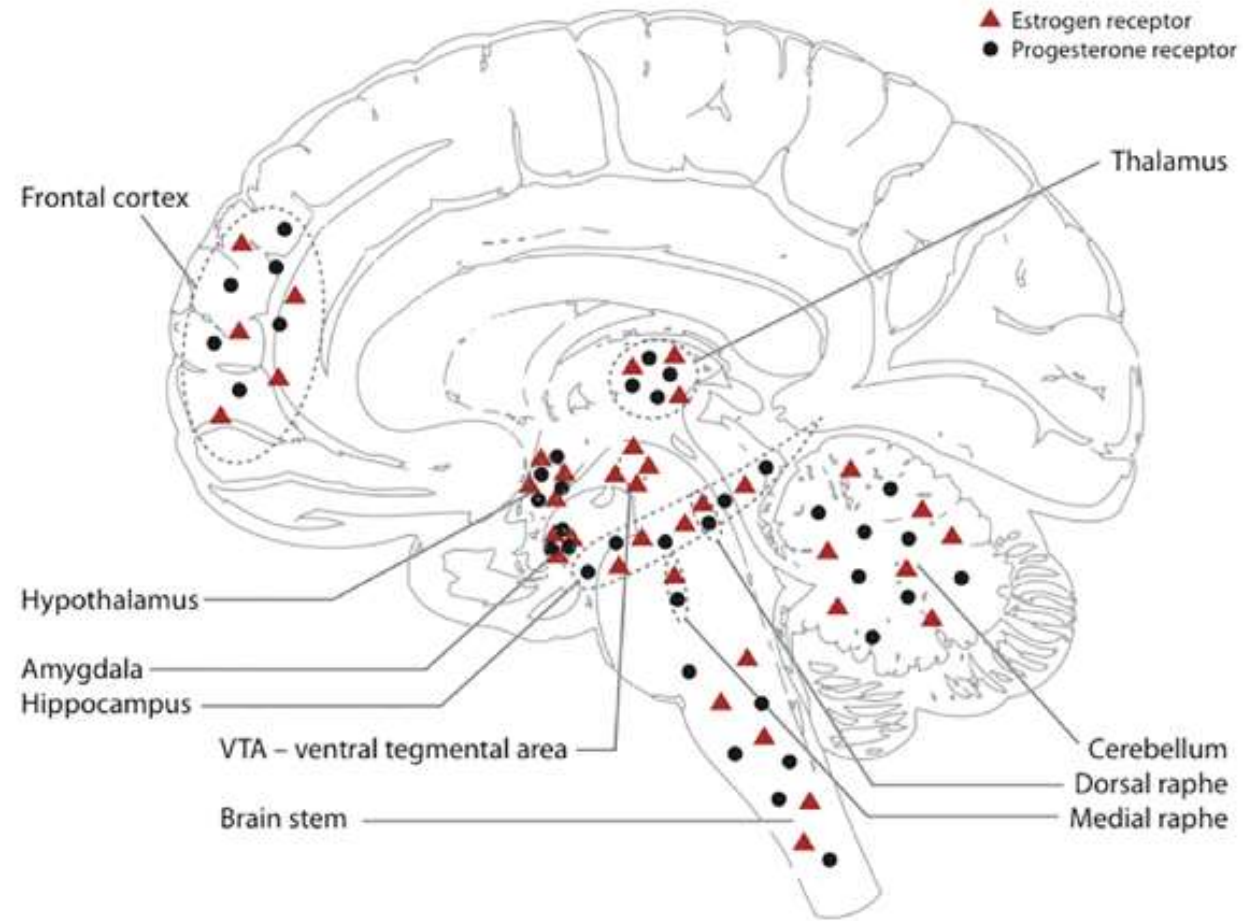
General – joint pains, dry skin, thinning hair, fatigue, headaches, palpitations

Cognitive Symptoms – memory, concentration, executive function

Increasing risk of cardiovascular disease, osteoporosis, dementia after menopause

Estrogen, brain structure, and cognition in postmenopausal women

(Hedges, Ebner, Meisel, & Mermelstein, [2012](#); Osterlund & Hurd, [2001](#)). Adapted with permission from Dr. Julia Sacher (Barth et al., [2015](#))





MENOPAUSE AND THE WORKPLACE

[Research & Policy](#) > [Reports & publications](#)

MENOPAUSE AND THE WORKPLACE

Workplaces are failing menopausal women, change is urgently needed.

Our report, **Menopause and the Workplace**, sponsored by construction firm Wates Group, delves into women's experiences at work and is the largest representative survey of menopausal women conducted in the UK.

Our key findings show:

- ▶ One in ten women who worked during the menopause have left a job due to their symptoms.
- ▶ Eight out of ten women say their employer hasn't shared information, trained staff, or put in place a menopause absence policy.
- ▶ Almost half of women haven't approached their GPs and three in ten have seen delays in diagnosis.
- ▶ Only four in ten women were offered HRT in a timely fashion.



News > Health News

PAUSE IT HRT treatment for menopause

£40 **£299** **£349** **£319**

Now experts say hormone therapy can **Clif** heart attack danger

U-TURN ON THE RISKS OF HRT

Should

Daily Mail
FRIDAY, AUGUST 8, 2002
NEWSPAPER OF THE YEAR 40p

ARE YOU TAKING THE PIZZA, NANCY?

Presenting the Lily Savage of chic who says British women have no style

PRICES 14-20

HRT CAN DOUBLE RISK OF BREAST CANCER



BBC NEWS WORLD EDITION
You are in: Health
Wednesday, 10 July, 2002, 11:29 GMT 12:29 UK

HRT linked to breast cancer

News Front Page
Africa
American
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Europe
Middle East
South Asia
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FINANCIAL REVIEW

Menopause drug scare hits women

Hormone alert for cancer

600,000 women warned to stop combined HRT medication

True degree of therapy risk lost in the clamour of commentaries

Expert panel backs HRT cancer warning

HRT linked to cancer and stroke: doctors demand drug restrictions

There can be risks with stopping medication suddenly without supervision

HORMONE THERAPY

THE RISKS
41% increase in stroke; 20% increase in heart attack; doubling of venous blood clots; 24% increase in breast cancer.

THE BENEFITS
37% cut in colorectal cancer; 24% reduction in all fractures.

HRT pill triples risk of cancer

Chances of breast cancer to double for longer patients who take hormone a lifetime



2002

That study!!!

WHI

This was an American RCT trial. It cost a lot of money!

Observational data was suggesting a role for HRT in the prevention of CHD. This trial was a large RCT and the primary outcome was cardiovascular deaths.

Invasive breast cancer increased? The value of 26% increase in invasive cancer has been cited in scientific and non-scientific media. The authors of the study stated it almost reached statistical significance – almost..... but not quite

The women in the trial were average age of 63. many were many years past menopause at the start of the trial

An exclusion criteria was hot flushes and night sweats.

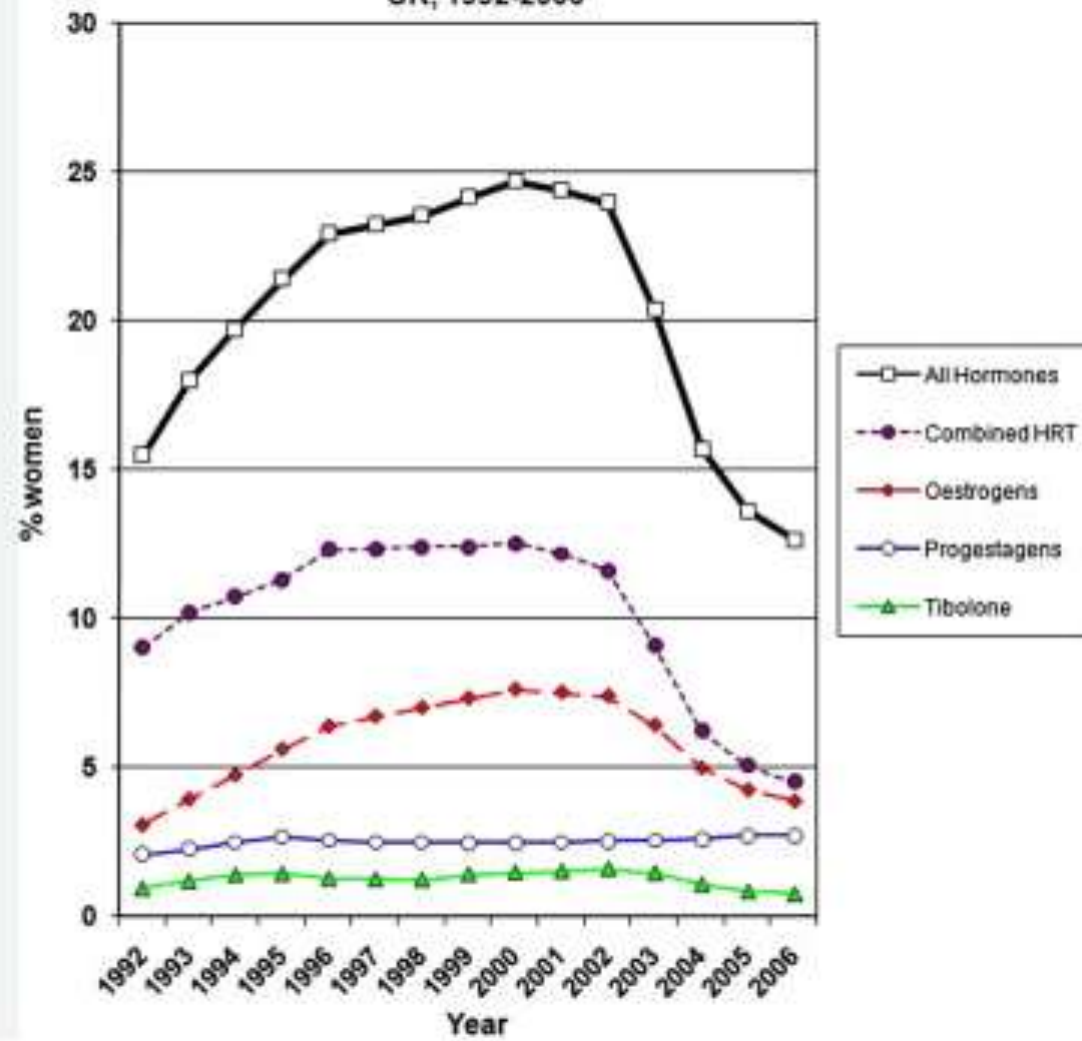
Average BMI was 28

The HRT used was a Premarin (derived from urine of pregnant mares) and a synthetic progestogen (MPA)

The interpretation and publication of the data was problematic.

The external validity was questionable – This group of women were very different to women prescribed HRT in the UK

Use of hormonal preparations in women aged 45-69
UK, 1992-2006



Breast Cancer Risk – it's all anyone seems to want to talk about!

- Breast cancer risk needs to be discussed in the context of other modifiable risk factors
- Breast cancer risk needs to be discussed in the context of benefits of HRT (reduced osteoporosis, reduced cardiovascular disease, quality of life, possibly reduced dementia)
- Breast cancer risk needs to be distinguished from death from breast cancer. Women on HRT are not more likely to die from breast cancer than women who choose not to take it – in fact some studies suggest they are less likely to die from breast cancer

Difference in breast cancer incidence per 1,000 women aged 50-59.

Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause:
Diagnosis and management
November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week





Females (% of all female deaths)	
Dementia and Alzheimer's disease	15.3%
Heart disease	8.8%
Stroke	7.5%
Influenza and pneumonia	6.0%
Chronic lower respiratory diseases	6.0%
Lung cancer	5.1%
Breast cancer	3.7%
Colorectal cancer	2.4%
Kidney disease and other diseases of the urinary system	1.9%
Leukaemia and lymphomas	1.9%



A recent Danish study suggested a link between the use of Hormone Replacement Therapy and an increased risk of dementia.

News headline June 2023

HRT use for menopause linked to increase risk of **dementia and** Alzheimer's



HRT use for menopause linked to increase risk of dementia a...

Taking hormone replacement therapy (HRT) to relieve menopause symptoms may increase the risk of **dementia**, a study has concluded



Women on HRT more likely to have dementia, study suggests

HRT may increase risk of dementia, study suggests

Those taking tablets more likely to be diagnosed with the illness, data show, but others are 'dismissive' of the findings.

By Joe Pickstone, science correspondent
16 June 2023 - 10:22pm



Women on HRT are more likely to get dementia, study suggests

29 June 2023

Professor Gill Livingston (UCL Psychiatry), Dr Sarah-Naomi James (MRC Unit for Lifelong Health and Ageing at UCL) and Honorary Professor David Curtis (UCL Genetics Institute) comment on strengths and limitations of a new study.
Read: Times (E), Mail, Mail Online, Telegraph (E)

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HEALTH

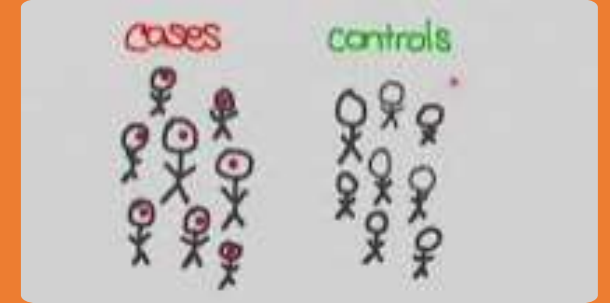
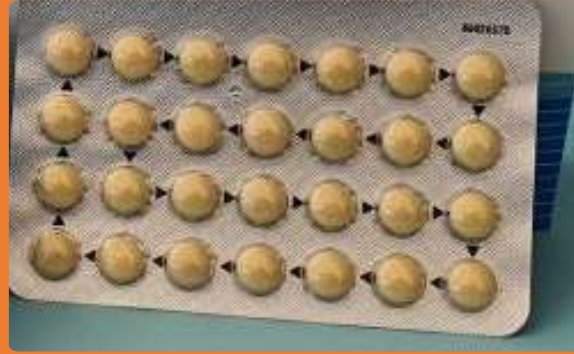
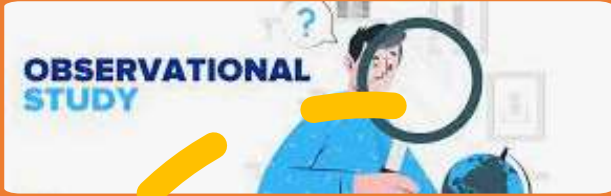
Women on HRT more likely to have dementia, study suggests

A million women in Britain take drugs to relieve debilitating menopause symptoms



The truth about HRT and dementia

A recent Danish study that suggested a link between the use of HRT and an increased risk of dementia - we weigh the evidence.



That study BMJ 2023!



Women need to know about heart disease so they can take steps to modify their risks

- Women in the UK are twice as likely to die from coronary heart disease than of breast cancer – yet is still thought of as a male disease.
- It causes more deaths than all forms of cancer combined
- A woman diagnosed with breast cancer today is still more likely to die from cardiovascular disease than her breast cancer
- The rate of cardiovascular disease increases in women after menopause and this is thought to be directly related to losing the protective effects of oestrogen.



Coronary heart disease kills twice as many women as breast cancer

in the UK



Cochrane analysis suggests that HRT started before the age of 60 or within 10 years of menopause is associated with a reduction in atherosclerosis progression. Coronary heart disease and death from cardiovascular disease as well as all cause mortality



Decades of research have transformed the likely outcome for someone suffering a heart attack. Yet if you are a woman, the odds are stacked differently.

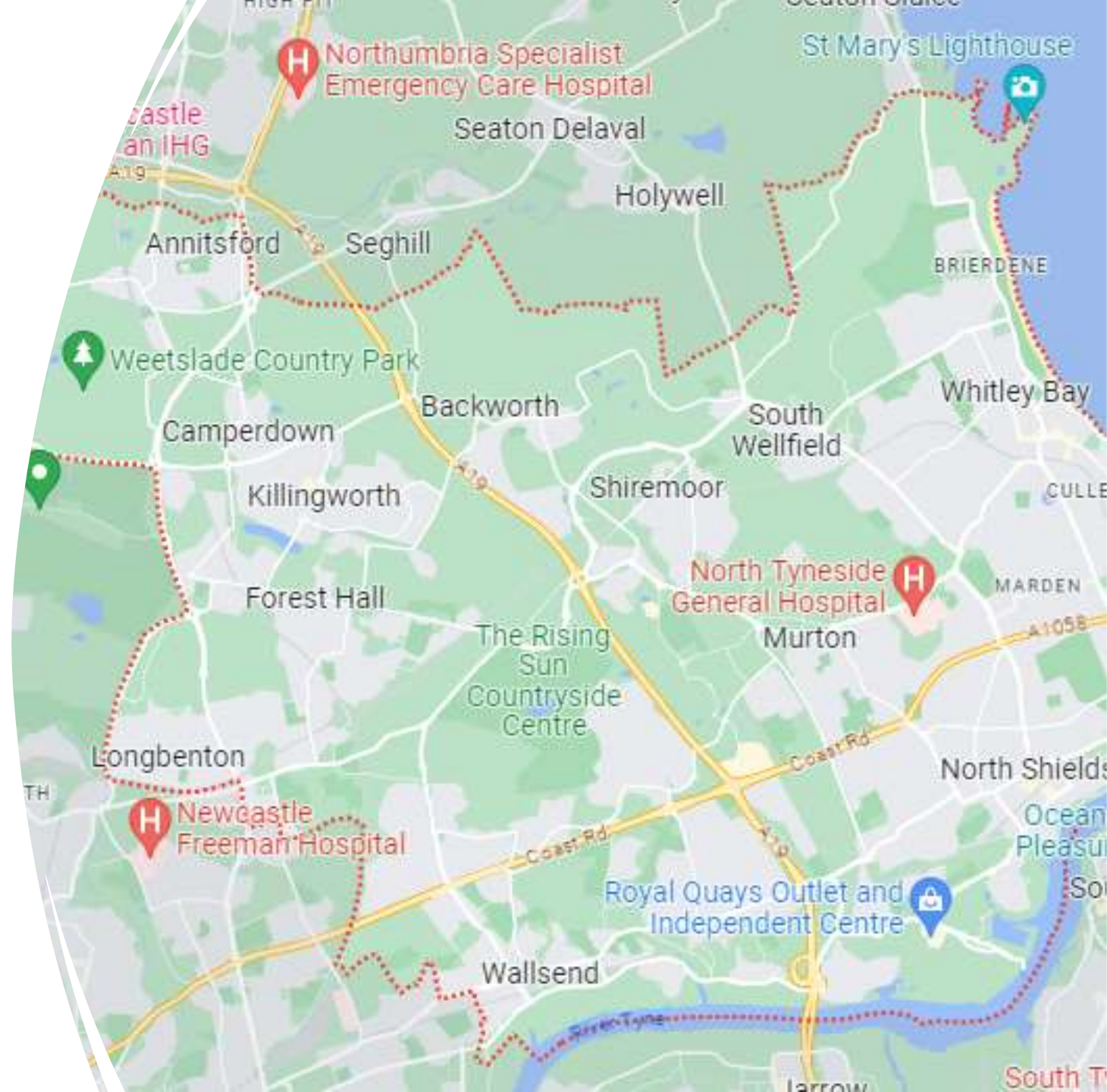
Dr Sonya Babu-Narayan, Associate Medical Director, British Heart Foundation

The briefing shows that:

- women having a heart attack delay seeking medical help longer than men because they don't recognise the symptoms
- a woman is 50% more likely than a man to receive the wrong initial diagnosis for a heart attack
- women are less likely than men to receive a number of potentially life saving treatments in a timely way
- following a heart attack women are less likely to be prescribed medications to help prevent a second heart attack.

North Tyneside Survey

- Women aged between 45 and 55 registered with a North Tyneside GP
- 8047 texts were sent out. Survey was open for 4 weeks and we received 1697 responses giving us a response rate of 21%



65%

- 71% of respondents had needed to seek advice from Primary Care for a women's health problem in the last year.

- This number was remarkably consistent across all practices.

- Of those 67% needed advice about peri-menopause or menopause issues.

- 65% of those women who had needed help experienced difficulties in accessing it.



Barriers – Themes
Difficulty in getting an appointment of any kind
Difficulty getting an appointment that would fit in around work commitments
Getting through to the practice on the phone, having to phone at 8.30 for an appointment or being told to phone back later.
Perception that the clinician they saw had insufficient knowledge to help them
Not being able to book ahead.
Offered telephone appointment but preferred a <u>face to face</u> appointment.
Unable to get an appointment with preferred professional.

Listening to North Tyneside Women

"I made an appointment regarding menopause and saw a male GP who completely dismissed why I was there. I had to make a further 2 appointments to be seen by a GP who understood about menopause"

"I had a blood test to find out if I may be menopausal as I had no periods for a long time. When I rang to get the results I was told it was normal so nothing has been explained or followed up"

"My initial consultation resulted in the GP prescribing me an antidepressant even though I requested an appointment to discuss HRT. Consequently I ended up waiting a further 3 months"

"The GP who dealt with my enquiry admitted he did not usually deal with menopause issues"

"A very abrupt male doctor who did not want to listen and had a very bad bedside manner!"

"I was having problems, I now realise this was menopause but my GP didn't put the link together"

"Some clinicians understanding of HRT is not up to date. I was refused it by one GP. Had I not tried an alternative GP it would not have been prescribed"

"I didn't feel heard. They didn't have enough time to see me despite booking a longer appointment. Told me to rebook but has taken a year to pluck up the courage this time"

"Was initially told I was unable to get HRT as had no hot flushes then spoke to another doctor who said I could but each time I had an appointment it was with a different doctor so the whole thing was discussed from scratch again. I eventually got HRT but it was a long and frustrating process"

"It is very important to get the right clinician – one that has up to date information, but it is a gamble who you get. I was lucky because I had read and listened to info about menopause and knew what I wanted. Lots of wrong information is given and they try to put you on antidepressants"

"There was no issue with getting an appointment, the GP was very approachable. However, I asked questions regarding menopause as I believe I'm menopausal. I had blood tests but no real confirmation"

"I needed advice on whether I could have HRT or not. I had to speak to several different people"

Barriers To Accessing Support

We need informed and empowered patients – many women do not recognise that their distressing symptoms are related to menopause transition.

Misinformation and Scare Stories – so those women who do recognise menopausal symptoms may be too frightened to access help

Accessing appointments – Primary Care is under pressure and important problems like difficulties around menopause which are not urgent may not be high priority

Seeing the right health care professional. Misinformation affects HCP too. Menopause is not a priority in medical and allied professionals educational programmes



UK menopause law change rejected as it 'could discriminate against men'

Ministers block proposal to make menopause a 'protected characteristic' under Equality Act

Jamie Grierson

🐦 @JamieGrierson

Tue 24 Jan 2023 08.35 GMT

