

Menopause Pre-appointment Information

Leaflet

Victoria Practice

This information has been compiled for you to read prior to your menopause consultation with the GP. Please read this so that we can answer any questions you may have and so that you are aware of the treatment options available to you.

Please also have to hand a recent blood pressure reading, weight and height and ensure cervical and breast screenings are up to date. We also ask that you book a blood test through reception if you have not had blood tests checked in the last 6 months. This is to check for other conditions that can sometimes present in a similar way to menopause e.g. anaemia or thyroid problems. Failure to do this may lead to a delay in treatment.

There is a checklist on the back page of this leaflet to make sure everything is in place prior to your GP appointment.

Symptoms vary and can include hot flushes, mood changes and vaginal dryness. There are lifestyle changes that can help manage symptoms.

Lifestyle changes to help menopause and perimenopause

Eating well and exercising are extremely important as is maintaining a healthy weight. It can also help you keep as well as possible in the future.

Do:

- get plenty of rest, including keeping to regular sleep routines
- maintain a healthy weight
- eat a healthy diet
- have calcium-rich food like milk, yoghurt and kale to keep bones healthy

- exercise regularly, try including weight-bearing activities where your feet and legs support your weight like walking, running or dancing
- do relaxing things like yoga, tai chi or meditation
- talk to other people going through the same thing, like family, friends or colleagues
- get some sunlight on your skin to help vitamin D levels or take over the counter vitamin D supplements
- cognitive behavioural therapy can help with hot flushes and mood problems

Do not:

- do not smoke
- do not drink more than the recommended alcohol limit

How to ease hot flushes and night sweats

You can:

- wear light clothing
- keep your bedroom cool at night
- take a cool shower, use a fan or have a cold drink
- try to [reduce your stress level](#)
- avoid or reduce potential triggers, such as spicy food, caffeine, hot drinks, smoking and alcohol
- [exercise](#) regularly
- [lose weight](#) if you're overweight

How to ease vaginal dryness

There are vaginal moisturisers or lubricants you can get without a prescription at a pharmacy.

You can talk to a pharmacist in private if you'd like help to decide which moisturiser is right for you.

If you're having sex and using condoms, do not use oil-based lubricant as this can damage condoms. You can use a water-based lubricant. There are other treatments for vaginal dryness that a Doctor can prescribe, such as HRT (hormone replacement therapy) or hormonal treatment (creams, pessaries, gel or vaginal rings). These vaginal oestrogen treatments do not get into your bloodstream and only work on the bit of the body where you put them. You can use them for the rest of your life. Symptoms usually come back when you stop using them.

It's safe to use vaginal oestrogen with HRT. Read more about [vaginal dryness](#).

Find out about [treatment for menopause](#).

Treatment for menopause and perimenopause

The main medicine treatment for menopause and perimenopause symptoms is hormone replacement therapy (HRT), which replaces the hormones that are at low levels.

There are other treatments if you cannot, or choose not to, have HRT.

Hormone replacement therapy (HRT)

HRT is a safe and effective treatment for most going through menopause and perimenopause. Your GP will discuss any risks with you.

HRT involves using oestrogen to replace your body's own levels around the time of the menopause.

There are different types and doses of HRT. Using the right dose and type usually means your symptoms improve.

Oestrogen comes as:

- skin patches
- a gel or spray to put on the skin
- tablets

If you have a womb (uterus) you also need to take progesterone to protect your womb lining from the effects of oestrogen. Taking oestrogen and progesterone is called combined HRT.

Progesterone comes as:

- patches, as part of a combined patch with oestrogen
- IUS (intrauterine system, or coil)
- tablets

Risks and benefits of HRT

When deciding whether to have hormone replacement therapy (HRT), it's important to understand the benefits and risks.

Many studies on HRT published over the past 15 years highlight the potential risks. As a result, some women and doctors have been reluctant to use HRT.

But recent evidence says that the risks of HRT are small and are usually outweighed by the benefits. To learn more about HRT read here [hormone replacement therapy \(HRT\)](#). The risks depend on the type of HRT you take, how long you take it for and your own health risks.

Benefits of HRT

The main benefit of HRT is that it can help relieve most menopause and perimenopause symptoms, including hot flushes, brain fog, joint pains, mood swings and vaginal dryness.

Hot flushes or night sweats often improve within a few weeks. Other symptoms like mood changes and vaginal dryness can take a few months to improve.

Taking HRT can also reduce your risk of hormone-related health problems including osteoporosis and heart disease.

Risks of HRT

Breast cancer

There is little or no change in the risk of breast cancer if you take oestrogen-only HRT.

Combined HRT can be associated with a small increase in the risk of breast cancer.

The increased risk is related to how long you take HRT, and it falls after you stop taking it.

Because of the risk of breast cancer, it's especially important to attend all your [breast cancer screening](#) appointments if you're taking HRT.

Blood clots

The evidence shows that:

- there's no increased risk of blood clots from HRT patches or gels
- taking HRT tablets can increase your risk of blood clots - but this risk is still small

Heart disease and strokes

HRT does not significantly increase the risk of [cardiovascular disease](#) (including [heart disease](#) and [strokes](#)) when started before 60 years of age, and may reduce your risk.

Taking HRT tablets is associated with a small increase in the risk of stroke, but the risk of stroke for women under age 60 is generally very low, so the overall risk is still small.

Non-hormone medicines

If you are unable to take hormonal treatment there are other medicines that may help with your symptoms- please discuss with your Doctor.

Cognitive behavioural therapy can also help with mood disturbance of the menopause.

Follow-up appointments

After commencing HRT you should book a GP appointment for review after 3 months. Prior to this appointment please make sure you have an up to date weight and blood pressure reading. When you and your doctor or nurse agree your treatment is working well for you, you'll need to see them once a year. Please book an appointment prior to your last prescription running out to ensure a good supply of medication

You may need treatment for a few years, until most of your menopause and perimenopause symptoms have passed.

You can choose to continue taking HRT. The doctor or nurse prescribing your HRT can discuss with you the benefits and risks, so you can decide what's right for you.

You can take HRT for as long as you need it. You can discuss this with your doctor or nurse at your yearly review.

Complementary and alternative therapies

There is little evidence for complimentary and alternative therapies and they can interact with other medicines and cause side effects.

Charities offering information and support include:

- [Women's Health Concern](#)
- [Menopause Matters](#)
- [Daisy Network](#) - for premature menopause
- [Menopause Café](#)
- [Queermenopause](#) - for people who identify as LGBT+

Check list prior to first GP consultation

BP

Weight

Height

Bloods done

Cervical /breast screening up to date

History

Family or personal history of breast cancer

Need for contraception

Previous gynaecological surgery such as hysterectomy

Date of last period