

# Menopause Symptom Management in the United Kingdom

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## KEYWORDS

- Menopause • Hormone replacement therapy (HRT)
- Premature ovarian insufficiency (POI) • Alternative therapies

## KEY POINTS

- Menopause happens to all women as a midlife event with symptoms that vary.
- The views and research on hormone replacement therapy change, and nurses need to stay up to date because currently there may be fewer risks and more benefits.
- Hormone replacement treats most menopausal symptoms.
- Women with premature ovarian failure and hormone-dependent cancer need additional specialist care.
- Women with vaginal symptoms should be encouraged to use vaginal estrogens.

Menopause comes to all women. The timing and the severity of symptoms, however, are different in each woman. Linked to the type and severity of symptoms is the contact or lack thereof a woman may have with her health care provider. The world of menopause is confusing for women and for health care professionals alike. Often, published information contradicts a previous study, and it seems that only the negative findings get published within the popular press or women's magazines. It is hard for both women and health care professionals to stay current and be able to give balanced research-based advice.

The role of hormone replacement therapy (HRT) in the United Kingdom has changed completely over the past 10 to 20 years. In the 1980s, after menopause, most women were on HRT regimens. Subsequently, the publication of studies, such as the Women's Health Initiative<sup>1</sup> and Million Women Study<sup>2</sup> led to a decrease in HRT use by 70%.<sup>3</sup> Later reanalysis and the publication of the National Institute for Health and Care Excellence (NICE) guidelines<sup>4</sup> for the management of menopause established newer quality standards.<sup>5</sup> Currently, there is an increased interest in HRT and its role in the management of menopausal symptoms and in optimizing health at menopause and beyond.

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The average age of menopause in the United Kingdom is 51 years old and has remained at this age for a long time. The range for a normal menopause is ages 45 to 55. Menopause is described as the cessation of the menstrual periods and is a retrospective event, confirmed when no menstruation has been noted for at least 1 year, unless there has been medically intervention to remove the ovaries.<sup>4</sup> This article discusses information related to women with a natural menopause. Women with special needs, such as premature ovarian insufficiency (POI), and women with induced menopause after cancer are discussed separately.

The period of time that leads up to the final menses is called perimenopause. It is characterized by fluctuations in hormone levels (luteinizing hormone [LH], follicle-stimulating hormone [FSH], and estradiol). Typically, the fluctuation of hormones produce irregular menstrual periods or changes in bleeding patterns as well as the classic menopausal symptoms of hot flushes/flushes (HFs), night sweats, mood changes, and poor sleeping.<sup>4</sup>

Globally, the age at which women have menopause has not changed over the past 100 years but the life expectancy has, and women now live 30 to 40 years or one-third of their life span in postmenopausal status.<sup>6</sup> Menopause should be a midlife event and is an excellent time to assess health needs in women to optimize their future health.

## **PATHOPHYSIOLOGY**

Women are born with a finite number of oocytes, and these start to diminish in number as soon as a baby girl is born. When all the oocytes have been used, the ovaries are no longer responsive to FSH and LH. Those hormones are produced in a pulsatile pattern to stimulate the ovum to grow, develop, and be released. When the ovary does not respond to the feedback cycle, levels of FSH and LH rise and the production of estrogen by the ovary decreases.<sup>6</sup> The hormonal response of the ovary becomes erratic, leading to infrequent or more frequent periods before finally ending with amenorrhea. These changes also bring on symptoms in women that are classically believed complaints of menopause.<sup>6</sup> Until recently it was believed that HFs were related to low estrogen, but it has been shown that there is a more complex process that involves serotonin and noradrenaline.<sup>6</sup> That discussion is beyond the scope of this article. Research is under way, however, to look at genetics related to the ovary.<sup>7</sup> If a gene can switch off this process, it would give hope to many women who experience POI with no known cause.

## **SIGNS AND SYMPTOMS**

A diagnosis of menopause does not require tests or investigations. In most women it is a diagnosis made related to symptoms and age.<sup>4</sup> Signs and symptoms vary among women. Some have none, others mild symptoms, and some severe cases, which leads to seeking help from medical professionals, alternative practitioners, or over-the-counter medication.

- Vasomotor—the most common and well-known symptoms are vasomotor symptoms (VMSs), HFs, and night sweats. These occur around perimenopause and into menopause. The amount, intensity, severity, and duration are unique to each woman. It was believed that HFs were short term, but in some cases they can be present for up to 20 years.<sup>6</sup> Although HFs are generally considered harmless, recent publications have shown a link with cardiovascular disease (CVD) and decreased bone density in women with persistent HFs.<sup>8</sup>
- Impaired sleep—linked with HFs, although sometimes a stand-alone complaint, is poor sleeping. Without a decent night's sleep, memory may become poor,

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