

MENOPAUSE & HORMONE THERAPY

CLIMACTERIC / PREMENOPAUSE

Climacteric or premenopause is the period where the production of female sex hormones (oestrogen and progesterone) becomes irregular and finally stops all together.

MENOPAUSE

Menopause marks a woman's last period. The average age of menopause in Denmark is 51.5 years of age though, depending on genetics, but it can vary. It is not a disease but a completely natural physiological process. Throughout her life a woman uses up the thousands of eggs she is born with and menstruation stops when there are no eggs left. When the ovaries cease to mature anymore eggs the production of female sex hormones stops as a result. The first signs of menopause are generally irregular and heavy periods.

SYMPTOMS & INCONVENIENCES

20% of women do not experience any inconveniences related to menopause whilst 60% have moderate discomfort and for another 20% it is intolerable. You can experience symptoms almost anywhere in the body as there are estrogen receptors in most tissues, including the brain, blood vessels, muscles, connective and fatty tissue, the skin, mucous membranes, the vagina, the urinary tract, etc.

Irregular Bleedings

Pre-menopause, hormone secretion varies a lot which tends to cause irregular bleeding.

When a woman is fertile the two female sex hormones are secreted with almost clockwork precision: oestrogen is secreted during the first 14 days, whereafter progesterone is

secreted during the last 14 days after ovulation and until the next period.

The bleedings are therefore primarily affected by the lack of progesterone though the deregulation of oestrogen secretion does not help. The bleeding disorders are in no way dangerous but can be inconvenient both in terms of duration and quantity bled. The frequent absence of ovulation during menopause causes these irregular bleedings.

Hot Flushes

Another common symptom of menopause is hot flushes. Hot flushes are a sudden sensation of heat, sweat and redness, which comes from nowhere and spreads all over the body, especially the face, neck, breast, and back. A flush only lasts a few minutes and generally isn't too inconvenient, but those who experience them multiple times a day can find them uncomfortable and embarrassing, and a night significantly reduces their sleep quality. Around 70% of women experience inconvenient hot flushes. The symptom can last for a few months up to 10 years, though only 20% of women experience them for more than 5 years.

Osteoporosis

Osteoporosis can be a symptom of menopause because of the effect oestrogen loss can have on bone mass. Bone mass decays of 1-3% yearly after menopause, and 40% of all women over 70 experience bone fractures due to osteoporosis - especially in the wrist and hip.

Urinary or "Urge" Incontinence

The urinary tract is also affected by falling estrogen levels. "When I have to pee, it has to be now, right now!" The mucous

membranes of the urethra and bladder and vagina become thinner and more delicate when the amount of oestrogen decreases.

Mood & Psych

Hormonal imbalance causes physical and psychological changes in the body, which can be difficult to come to terms with.

Mucous Membranes

The vaginal mucous membranes get thinner, less flexible, and dryer (sandpaper-like sensation) which can lead to stinging and pains during intercourse and cause sexual problems. The loss of collagen decreases skin elasticity and makes hair thinner and less shiny.

HORMONAL TREATMENT

It is possible to receive hormonal treatment if the inconveniences of menopause significantly reduce life quality. The hormonal treatment mainly consists of oestrogen to replace that previously secreted naturally by the ovaries.

Oestrogen can come either as gel, plasters, spray, or tablets. The most efficient treatments are those in contact with skin (gel, plasters, and spray), which are particularly recommended for women with a higher risk of blood clots. Since the oestrogen medication causes the mucous membrane to grow temporarily it is necessary to add progestogen in order to avoid bleeding disruptions and endometrial cancer.

A new large-scale study with >100 000 women shows that progestogen has to be given in a very small amount because it can slightly increase the risk of breast cancer. Although the increase is small, the longer the treatment the higher the chances so it is recommended to take as little of it as possible. For every 100 women treated for 5 years there is an estimated increase of 1-2 women with breast cancer. The equivalent in Denmark is a risk of breast cancer of 11-12% among women following a hormonal

treatment, compared to 10% among women who are not.

The treatments with as little progestogen effects as possible are either sequential therapy, which consists of inducing a period with a progestogen supplement every third month, or with a hormonal IUD, which avoids bleeding all together. Another possibility is tablets with daily doses of both female sex hormones, but they provoke slightly higher progestogen effects than the two previous treatments. An example is the Livial® tablets which function as both oestrogen and progestogen hormones, as well as a slight male sex hormone effect which can increase your sex drive and affect your mood and energy levels.

If the only problem is vaginal dryness, then oestrogen pills or a ring can be placed in the vagina to relieve discomfort.

Overall, though hormonal treatments slightly increase the risk of blood clots and breast cancer, they reduce the risk of bowel cancer and osteoporosis. Treatment with estrogen through the skin, and for up to five years after the cessation of menstruation, is associated with very little risk.

WHO SHOULD AVOID HORMONES ALL TOGETHER?

For the time being, the Ministry of Health recommends that women who have previously had blood clots or breast cancer should avoid hormonal treatments in the form of tablets, plasters, and gel. Localised oestrogen treatment in the vagina, however, can be prescribed either as pill or ring.

BEST CHOICE

Only you can choose which treatment is best for you, together with the advice from the doctor or gynaecologist. It is important that you are aware of both the advantages and disadvantages of hormonal therapy. Given that symptom relief can take some

time, it's a good idea to have a check-up with your doctor about 3 months later. Thereafter it should be sufficient to check-up on the treatment only once a year and possibly envisage phasing out. If the treatment is done by gradually increasing the amount of oestrogen it should be possible to complete it within a few months.

WHAT YOU CAN DO

Physical Exercise

Given that physical activity rises body temperature, by doing so you train your body to get rid of the heat. Exercise has also got a healthy effect on hormones which can in

turn limit certain menopausal symptoms. It is a good idea to be active for wellbeing at all stages of life.

Alternative Medicine

A lot of alternative medicine contains oestrogen or variations of it. Alternative medicine works for some people and not for others, and there is no official documentation on the effects it might have. That being said, if you find something which relieves your symptoms there's no counter indication for you not to take it. Some studies suggest that fermented red clover can suppress the genes throughout menopause

Risk of breast cancer with hormone therapy

	Den absolutte øgede risiko ved hormonbehandling:			
	Meta-analyse	WHI *)	MWS **)	livstidsrisiko i værste fald
Ingen hormonbehandling	+0	+0	+0	9,7%
5 års østrogenbehandling	+ 0,2%	+ 0,0%	+ 0,2%	+0,2% = 9,9%
10 års østrogenbehandling	+ 0,6%	-	+ 0,5%	+0,5% = 10,2%
5 års østrogen + gestagenbehandling	+ 0,3%	+ 0,4%	+ 0,6%	+0,6% = 10,3%
10 års østrogen + gestagenbehandling	+ 0,8%	-	+ 1,9%	+1,9% = 11,6%

*) Womens Health Initiative study

***) Million Women Study

READ MORE AT:

(danish) Patienthåndbogen: [Overgangsalder og Hormonbehandling](#)

MORE IN DANISH

The Unified Danish eHealth (in Danish): <https://www.sundhed.dk/borger/patienthaandbogen/kvindesygdomme/sygdomme/hormonbehandling/overgangsalderen-hormonbehandlingen/>

Danish Medicines Agency: www.laegemiddelstyrelsen.dk

WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklínikken during telephone hours on 36 46 71 40.

Revised September 2022. To be revised on an ongoing basis and certainly no later than September 2025, before in case of any significant changes.

