The

MENOPAUSE Booklet

*e*Book

AUSTRALIAN MENOPAUSE CENTRE

To book your free consultation contact us

1300 883 405

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www.menopausecentre.com.au

Welcome to the Australian Menopause Centre (AMC)

Our aim is to provide you with a treatment program of Bio-identical Hormone Replacement Therapy (BHRT), also called body identical, designed to help your menopausal symptoms subside as quickly as possible. Every woman is physiologically different and will also be at a different stage of menopause. This is why we individualise our approach on a person by person basis.

We will recommend a starting point for your treatment based on your medical history as well as your current symptoms. We may use pathology testing of your hormones as a helpful diagnostic tool. We encourage your regular feedback so that we can understand how best to address your symptoms over time.

When you start your treatment program, we will stay in regular contact throughout your time with us. Based on your feedback, relevant medical history and any investigation results, we will counsel you and if necessary, adjust your medication dosage to ensure that you gain the best symptom relief with the lowest required treatment dose.

Our skilled staff are delighted to have the opportunity to assist you and we assure you that we will endeavour to provide you with our prompt, personal and professional attention.

Kind regards,

Dr Gary Aaron
MEDICAL DIRECTOR
Australian Menopause Centre

Introduction

What Is Menopause?

Menopause is a natural change that occurs in a woman, marking the end of her monthly menstrual periods, sometimes referred to as “cessation of the menses”, “the climacteric” or “change of life”. Menopause is the last stage of a gradual biological process in which the ovaries reduce their production of sex hormones. Most of the symptoms of menopause come from decreased production of the hormone oestrogen. This process progresses gradually over a period of time. It is rare for a woman to be menstruating after the age of 55.

When Will It Occur?

The average age of menopause is 51 however some women can experience symptoms from age 35 or earlier. It is most common for menopausal symptoms to occur between the mid forties and early fifties. Sometimes a woman will follow the same course as her mother.

Menopause can be induced by surgically removing the ovaries. Early onset of menopause may also occur from cancer therapy, certain illnesses or diseases and smoking.

What Are The Symptoms?

Menopause is an individual experience, therefore symptoms and intensity of symptoms will vary from person to person. Typical symptoms are night sweats, hot flushes, mood swings, anxiety, depression, insomnia, vaginal dryness (painful intercourse) and loss of libido (low sex drive).

Phases of Menopause

The phases of menopause can be characterised as follows:

1 | Pre Menopause

can occur from age 35 onwards and women may have regular periods but be experiencing menopausal symptoms.

2 | Peri Menopause

can occur in the middle to late 40s and women may experience irregular menstrual periods and symptoms such as hot flushes, night sweats, mood swings or depression. Peri-menopause is perhaps the most difficult to treat and can require multiple changes in hormonal supplementation. Many women simply do not cope well with this erratic time in their life.

3 | Menopause

is marked by the end of monthly bleeding and signals a major decline in oestrogen production. It could be said to have commenced when a woman in her 40s or 50s has not had a period for six months or more. If it has been 12 months since her last period, then menopause is almost certain.

4 | Post Menopause

represents the first five or so years after menopause. The lack of oestrogen released from the ovaries leads to several changes. These may include decrease in bone density, rising levels of cholesterol and other lipids in the blood, and other physical changes. Hot flushes, night sweats and mood swings may occur during this phase, although these generally decrease within one to two years.

Despite a commonly held belief, menopause is not an end ~ it is a beginning. Most women will live at least one-third of their lives after menopause. Menopause can be described as the beginning of a new phase in a woman's life that will bring different expectations, opportunities and experiences.

Getting started

This section outlines the steps involved as well as what to expect when you first commence the treatment program. Also included is some general information and some useful health and lifestyle tips that may help you minimise your symptoms and improve your quality of life.

Our Goal

Our goal is to provide you with a BHRT treatment program designed to adequately control your menopausal symptoms, and to provide a low dose treatment to accommodate your body's requirements. We will assist you in reaching that goal by us first arriving at a starting point for your treatment and then monitoring your situation until such time as you are ready to be weaned off the treatment.

STEPS IN BRIEF

1. In order for us to arrive at that starting point we will require:
   - A detailed medical history, where we will ask you relevant questions pertaining to your health.
   - A description of your current menopausal symptoms
   - Results from pathology and or other investigations if required
   - Current GP contact

   Our staff will assist you in organising this in advance of your first consultation

2. An initial consultation will then be booked for you with one of our doctors. Based on the information and the outcome of your first consultation, our doctors will suggest an appropriate course of action.

3. Frequent follow up with you by our patient care and clinical team during the initial phase of your treatment.

4. Continuing regular follow up, providing you with our counsel and assistance along the way.

5. Finally assisting you to wean off the treatment.

What to Expect in the First Four Months

It's important to understand that it may have taken years for your body to become hormonally imbalanced - it's not possible to correct this instantly.

Every woman will respond differently. Response will also be dependent on the particular stage of the menopause a woman is at. Your response will be in accordance with your body's natural sensitivity and absorption rate of the various hormones. You may experience rapid symptom relief or, as is more usually the case, this may take a number of weeks.

Some women, especially in the first 14 days after starting BHRT, may experience an increase in hot flushes and night sweats. These may actually increase in intensity and frequency before they start to reduce. This may be due to what we refer to as an "oestrogen dip" - this is when your body reduces production of its own oestrogen in response to the BHRT supplementation.

When you begin your treatment program, you may experience symptoms that reflect insufficient supplementation or over-sensitivity to the hormones. These symptoms may include uncomfortable reactions such as:

- Insufficient response to the medication ~ your symptoms haven't completely subsided
- Break-through bleeding
- Breast tenderness
- Bloating
- Headaches

Your response to the medication should stabilise over a period of time.

Adjusting Your Initial Dosage

If you are experiencing any unwanted symptoms including any of those set out above, it is important that you contact the AMC helpline on 1300 883 405 and book an appointment as soon as possible.

Regular Follow Up

One of our goals is to provide you symptom relief using the lowest required dose of BHRT for as short a duration as is required.

In order to fine tune your treatment and reach this goal, your treatment dosage will, from time to time, require a review.

If after your initial consultation with one of our doctors, you decide to join our program, we will contact you as follows:
After the date your first medication is dispensed, you will receive a Welcome Call from us where we will go over the details of your treatment program and confirm that you have received what is needed to start your treatment program. We will also schedule follow up clinical reviews with our clinical team. We will then contact you regularly during this time.

You will also be able to contact us for advice.

At all times it is vital that you take the medication according to the instructions supplied with the medication and the advice given by our clinical team.

Understanding Your Menopause

Menopause is literally the cessation of your menses, and the end of your menstrual cycles.

Understanding your Menopause

Prior to this occurring many women experience “menopause like” symptoms well before the actual “last period” as the body undergoes various hormonal changes and fluctuations. This is often referred to as the “climacteric” or “change of life”.

We are born with approximately 2 million egg follicles. By the time we reach puberty there are about 750,000 and by the age of around 45, only 10,000 may be left. The rest may have disintegrated over the years. Menopause occurs when your store of eggs run dry.

During the transition to menopause most women will experience at least one of the following phases.

Read on to identify where you may be at this very moment.

- Pre-Menopause
- Peri-Menopause
- Menopause
- Post Menopause
- Early Menopause
- Surgical Menopause

PRE-MENOPAUSE

The pre-menopause can be characterised when a woman begins to experience menopausal symptoms whilst still having a regular monthly cycle. This indicates the hormones are beginning to change.

Pre-menopausal symptoms can occur for a woman as early as the age of 30 but tend to occur more commonly around the mid to late 40’s. They may include hot flushes, sweats and emotional swings.

PERI-MENOPAUSE

The peri-menopause is the next stage following the pre-menopause. During peri-menopause the ovaries begin to decline in the production of hormones and the menstrual periods become irregular. The changes in the cycle may be subtle or very dramatic. Women may notice a slightly lighter flow, or slightly heavier flow. The duration of the cycle may differ too, going from a 28 day cycle to a 33 day cycle, followed by a 31 day cycle.

Alternatively, the changes may be more dramatic. It is not uncommon to skip a period completely, or cease having periods for a few months at a time then recommence two weekly or monthly. Women often say they experience the heaviest periods of their entire reproductive life or alternately their menstrual flow may be significantly lighter. Regardless, this is a time when changes are noticed within the cycle whether they be subtle or dramatic.

Generally speaking, the symptoms during the Peri-menopause will be more severe than those experienced during the pre-menopause and normally occur around the mid 40s but can occur as early as the late 30s early 40s and for other women as late as the early 50s.

Most women experience what is termed a “natural” menopause, which occurs gradually. Many women begin noticing changes in their menstrual cycle and/or mood, years before they actually have their final period. It is not uncommon for a woman to experience irregular cycles with associated symptoms sometimes up to 5-10 years prior to complete cessation of the menses. For other women their periods suddenly stop one month and they never menstruate again.

Progesterone is generally the primary female hormone to decline during the pre/peri-menopausal stage whilst oestrogen can remain stable or even increase. This ultimately creates an ‘imbalance’ between the two hormones. This state of low progesterone to oestrogen ratio is commonly referred to as “oestrogen dominance”. Testosterone levels may also start to decline well before the last menstrual cycle.

Oestrogen production during the peri-menopausal stage may become erratic with surges of inappropriately high levels alternating with irregular low levels. This helps to explain periods of hot flushes and night sweats coupled with oestrogen dominant symptoms (high ratio of oestrogen to progesterone) such as breast tenderness, headaches, fluid retention and cravings. In many cases, women can successfully manage these symptoms effectively with the support and balancing effects of micronised progesterone alone. Ideally both hormones work best when they are in balance and harmony with each other.

As progesterone is an important hormone involved with building bone, bone loss is accelerated during the first 5 years after a woman enters her menopause.

Therefore, it is important to adopt healthy lifestyle factors to further prevent the risk of osteoporosis. These include regular weight-bearing exercise such as walking or jogging, enjoying a healthy diet with an adequate supply of calcium, avoiding foods and substances that compromise bone health, such as smoking or drinking soft drink that contain substances known to strip calcium from the bones.

- Symptoms of Peri-menopause

  Symptoms of Peri-menopause will generally be the result of low levels of progesterone, potentially coupled with oestrogen dominant symptoms and symptoms associated with low levels of testosterone. Oestrogen levels during this stage can be quite erratic hence your symptoms may reflect this.

- Symptoms of a lack of progesterone

  Mood swings, depression, anxiety, feeling emotional or more vulnerable, sore breasts, bloating, hot flushes/sweats, tiredness, insomnia, weight gain, forgetfulness, lack of concentration, reduced capacity to deal with stress, aching in the muscles and joints, irritability, reduced sex drive, lack of energy, fibrocystic breast, period problems and fibroids, endometriosis, low metabolism, cravings (particularly for sweet things), sluggishness in the mornings.

- Oestrogen Dominant Symptoms

  Headaches/migraines, recurrent vaginal yeast infections, breast swelling and tenderness, depression, nausea, vomiting, bloating, leg cramps, yellow tinged skin, excessive vaginal bleeding, possible weight gain, irritability, cravings particularly for sweet things, fatigue.

- Low Testosterone Symptoms

  Loss of sex drive, decreased sexual response, decreased sensitivity in your erogenous zones, decreased sense of well-being, energy and ambition, depression, loss of or thinning of pubic hair.

MENOPAUSE

Menopause is your very last period and officially classified as such once your periods have completely ceased for a full 12 months. The average age of menopause is 51 years, give or take 5 years.

For some women the full symptoms of menopause do not kick in until after this 12 month period, indicating a dramatic drop in circulating oestrogen leading to the more common symptoms associated with menopause such as hot flushes, night sweats, dryness of the skin and dry vaginal tissue.

Symptoms of menopause can last on average between 4-6 years. In saying this, some women breeze through menopause with few or no symptoms at all, where as others, when you include the pre and peri-menopausal stages, may experience symptoms for up to 20 years.

- Symptoms of Menopause

  Symptoms of menopause include many of the symptoms associated with peri-menopause, coupled with the symptoms of a lack of oestrogen.

- Lack of Oestrogen Symptoms

  Increase in hot flushes, night sweats, vaginal dryness, vaginal wall thinning, decreased sexual response, dry skin, crawling or itching sensations under the skin, dry hair and possible hair loss, ageing skin, mental fuzziness, urinary frequency, vaginal and/or bladder infections, infection, incontinence, recurrent urinary tract infections, difficulty sleeping, lack of esteem, osteoporosis.

POST MENOPAUSE

The post menopause follows on from the menopause. Oestrogen and progesterone levels are still low but the body has learned to cope with these lower levels and most of the symptoms disappear. Although a significant number of women still experience ongoing symptoms and may require continual hormone supplementation. There is still an ongoing concern about osteoporosis so weight bearing exercises and good dietary habits need to be maintained. Vaginal dryness and low libido are symptoms that often require ongoing attention.

Menopause affects each woman differently and every woman may be experiencing different symptoms at different stages of menopause. We are all unique and while the symptoms of menopause may be similar to that of other women, everyone will travel their own journey.

Other considerations that may affect the severity of your symptoms include lifestyle factors such as diet, nutrition, exercise, other prescription medications, other health concerns, stress levels and relationship issues.

EARLY MENOPAUSE

Menopause before the age of 40 is called an early or premature menopause. It may occur naturally when the ovaries have stopped working, surgically when a woman has her ovaries removed or chemically from chemotherapy/radiotherapy.

Smokers tend to have an earlier menopause by about 2 years on average because smoking can diminish the secretion of oestrogen in the ovaries.

A hysterectomy, even without the removal of the ovaries can lead to the earlier onset of menopause by about five years. It is believed this happens due to the change in blood supply to the ovaries after surgery. A tubal ligation may also bring on an earlier menopause for some women.

SURGICAL MENOPAUSE

Surgical menopause is when the ovaries are removed prior to a natural menopause (known as an oophorectomy). This causes a sudden and permanent drop of the ovarian hormones, oestrogen, progesterone and testosterone.

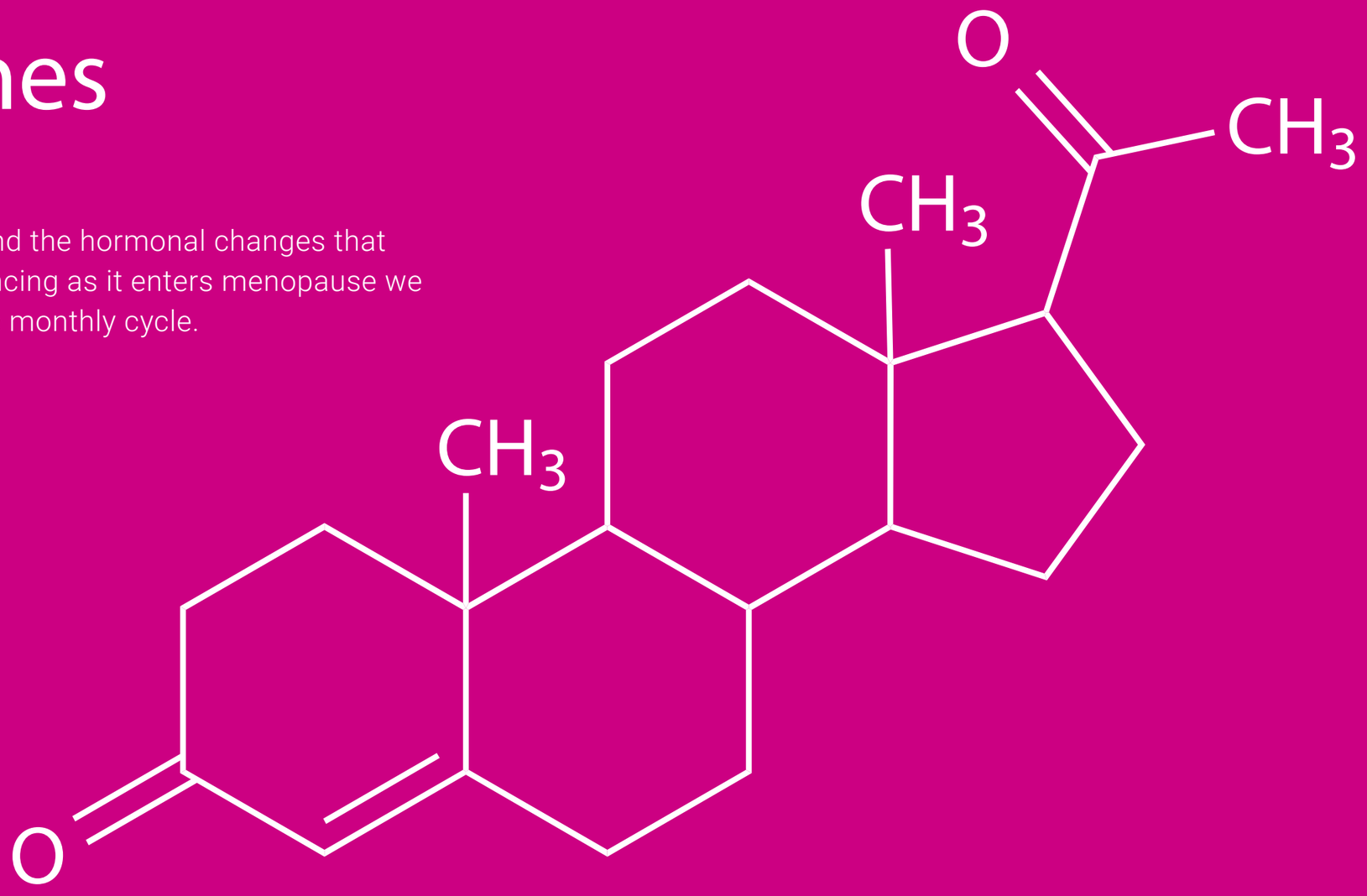
The surgical procedure may include the removal of the uterus - when both are removed, this is termed a total hysterectomy.

An oophorectomy or total hysterectomy will lead to an instant menopause and often the symptoms are intense unless treatment is initiated immediately.

We are more than just our hormones hence this is why an integrated and individualised approach to managing your symptoms can offer the best possible outcomes.

Understanding Your Hormones

In order to fully understand the hormonal changes that the body may be experiencing as it enters menopause we must first understand the monthly cycle.



Understanding your Hormones

During the reproductive years women produce a number of hormones. These include oestrogen, progesterone, follicle-stimulating hormone (FSH) and luteinising hormone (LH). Each of these hormones has a specific role to play during the various stages of your monthly menstrual cycle.

On the first day of the menstrual period, FSH is released from the pituitary gland. FSH stimulates the growth of a group of follicles on the surface of the ovary. These follicles will eventually produce eggs. Over the next two weeks (the follicular phase) the eggs will develop and mature. At the same time, your levels of oestrogen (the primary female hormone) will increase.

As your oestrogen levels increase, the pituitary gland decreases its production of FSH. At this stage another hormone comes into play, known as luteinising hormone, LH surges at mid cycle and triggers the release of an egg (ovulation). The egg enters the fallopian tube and is carried into the uterus.

The empty follicle (corpus luteum) begins to produce progesterone, as the second half of the cycle commences - this is termed the luteal phase. If fertilization does not occur the lining of the uterus (endometrium) is shed, resulting in a menstrual period. At the same time there is a dramatic fall in both oestrogen and progesterone levels, which in turn triggers FSH and the cycle starts all over again.

A sign that menopause is approaching is a surge of FSH. In the lead up to menopause, the number of cycles in which eggs are NOT released increase. Oestrogen rather than increasing begins to decline during the first two weeks and ovulation is less likely to occur, although women can still experience a period. The chance of falling pregnant diminishes, though it is still possible.

Without the rising levels of oestrogen to send back a message to the pituitary to produce smaller amounts of FSH, the levels of FSH in the blood stream keep rising as the body registers that ovulation is not happening.

Increases in FSH can be measured via a blood test to help detect the onset of menopause. Women begin to notice a “difference” internally; signs and the symptoms normally experienced with ovulation may now be absent. This may be replaced by the onset of experiencing menopausal symptoms, such as mood swings, hot flushes, night sweats, bloating, fluid retention, to name a few.

Your adrenal glands and other hormone producing sites such as the fatty tissues now take on a more significant role to minimise symptoms and support a woman throughout the transition of menopause.

Conventional HRT (Hormone Replacement Therapy) and the Women’s Health Initiative (WHI)

Hormone replacement took hold in the 1960’s with the introduction of unopposed oestrogen in the form of pregnant horse’s urine (Premarin) to manage the “disease” of menopause.

It soon became “fashionable” to take as women were sold and marketed the promise of remaining young forever. With the release of the book “Feminine Forever” by Dr Robert Wilson, Premarin soon became the standard treatment for women going through “The Menopause” and quickly became the number one selling drug in the United States.

By the 1970’s it was discovered that oestrogen alone increased the risk of uterine endometrial cancer, so a synthetic progestin was added to stop this danger. However, in avoiding HRT induced uterine cancer, we then induced even more dangers namely an increased risk of breast cancer, cardiovascular disease and blood clots.

Well before the WHI study confirmed the above risks, a number of short term clinical studies indicated the carcinogenic (cancer causing) properties and risk of blood clots of these synthetic hormones.

Potential Risks of Taking Conventional HRT as Revealed by the WHI Study

The most comprehensive evidence about the risks and benefits of taking hormones after menopause to prevent disease comes from the Women's Health Initiative research program. This research program examined the benefits of menopausal hormones on women's health.

The WHI research program involved two studies - the use of conjugated oestrogens plus progestin for women with a uterus and the use of conjugated oestrogens alone for women without a uterus. In both hormone therapy studies, women were randomly assigned to receive either the hormone medication being studied or the placebo.

The WHI conjugated oestrogens plus progestin study was stopped in July 2002, when investigators reported that the overall risks of conjugated oestrogens plus progestin outweighed the benefits. The news made headlines around the world. Ultimately, the study showed an increased risk of breast cancer, heart disease, stroke and blood clots. However, the risk of colorectal cancer and hip fractures was lower on HRT than those on placebo.

A subgroup of women in the WHI research program participated in the WHI Memory study. This showed that conjugated oestrogens plus progestin doubled the risk for developing dementia in postmenopausal women age 65 and older. The risk increased for all types of dementia, including Alzheimer's disease.

The WHI conjugated oestrogens alone study, was stopped in February 2004, when the researchers concluded that conjugated oestrogens alone increase the risk of stroke and blood clots.

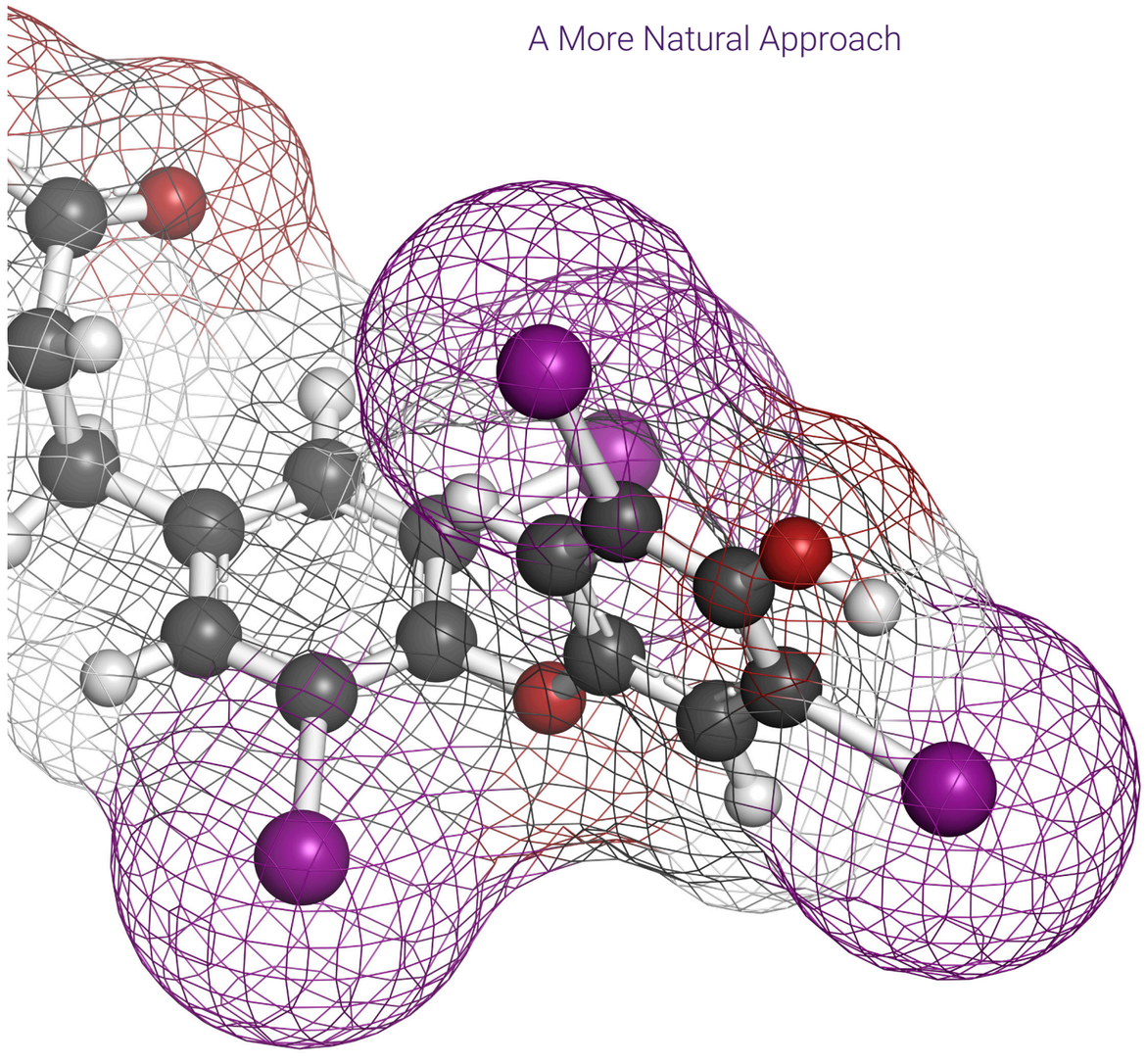
The risk of breast cancer on oestrogen decreased in comparison to women on placebo. Similar to the results of oestrogen plus progestin, oestrogen alone decreased the risk of urinary incontinence and showed a decreased risk of hip fractures.

Bio-identical

(Also known as Body-identical)

Hormones

A More Natural Approach



Meet the Bio-identical Hormones

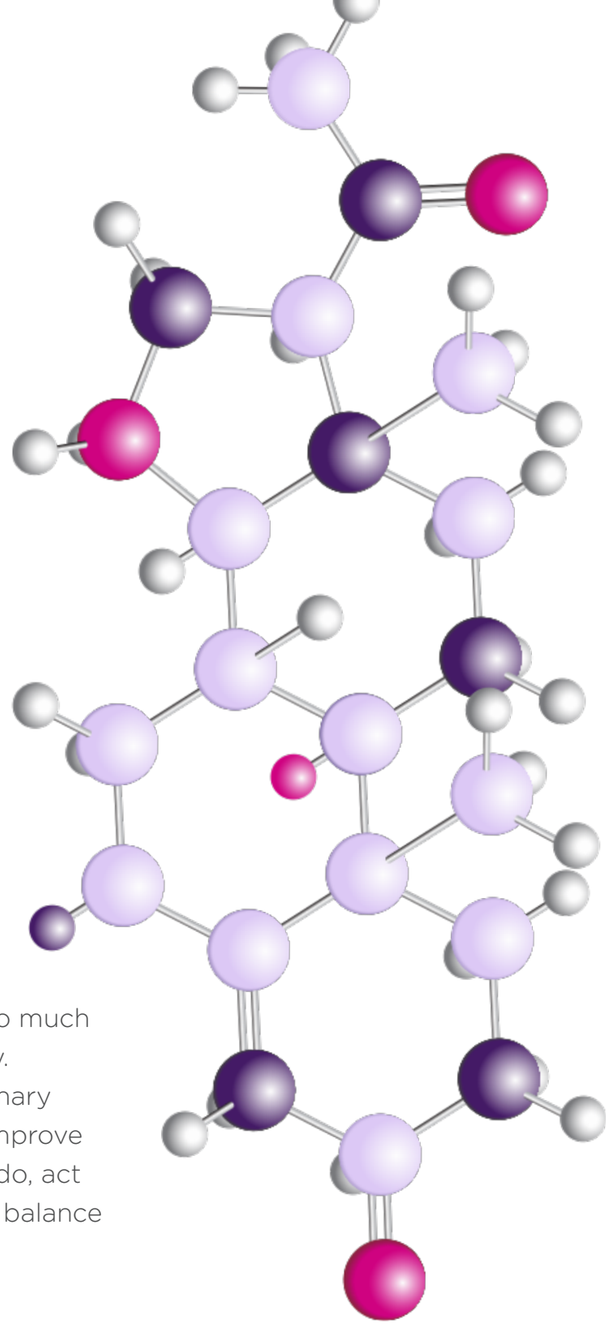
OESTROGENS

Bi-oestrogen (Bi-Est), is a combination of oestriol and oestradiol. 80% of Bi-Est is oestriol, which has been shown to protect against breast cancer in animal studies. Oestriol causes little or no stimulation to the uterine lining and is clinically effective for the treatment of symptoms caused by oestrogen deficiency, such as vaginal dryness and atrophy, painful intercourse, and urinary tract disorders (incontinence, frequent urinary tract infections). Oestradiol relieves symptoms such as vaginal thinning and dryness. It decreases hot flushes and night sweats; improves mood, energy level, sleep patterns, memory, cognitive function; and reduces bone loss. It may also help to lower blood pressure. Tri-oestrogen (Tri-Est), is a combination of 80% oestriol, and 10% oestradiol, and 10% oestrone. Oestrone is the primary oestrogen produced after menopause. It is produced from hormone precursors in peripheral fat tissue.

PROGESTERONE

Progesterone is a hormone commonly prescribed for women with too much oestrogen relative to the level of progesterone produced by the body. Progesterone minimises the stimulating effects of oestrogen on coronary arteries, and when given alone or combined with oestrogen, it may improve bone mineral density. Progesterone improves sleep, may increase libido, act as a diuretic, lowers blood pressure and improves the insulin-glucose balance to facilitate blood glucose control.

Special Note: “Progestins” are sometimes erroneously referred to as “progesterone.” A Progestin is very different and is not a bio-identical hormone. It is a synthetic hormone made to mimic the effects of progesterone. Some practitioners do not make the distinction between progestin and progesterone, which has caused much confusion. For example progestins are given to women to prevent pregnancy, whereas progesterone is used to assist fertility. The two could not be more different. Since progestins are foreign to a woman’s body, sometimes they create adverse effects on a woman’s body and sometimes they create adverse effects on a woman’s brain, blood vessels, skin, heart and breasts.



DHEA

DHEA is prescribed for women whose hormone profile as determined by blood testing, indicates a low level of DHEA. DHEA enhances libido, helps to build bone mass, lowers the levels of cholesterol and triglycerides, improves the sense of well-being and increases alertness. Please note in Australia, DHEA is not registered with the TGA. Overseas DHEA is approved and is commonly purchased as an “over the counter” nutritional supplement.

TESTOSTERONE

Testosterone is present in women too, not just males. Testosterone is prescribed for women whose pathology suggests a deficiency in the hormone. It can help to improve libido, help to build bone mass, improve mood and the sense of well-being, increase muscle mass and strength, lower levels of cholesterol and triglycerides, normalise blood glucose levels, and decrease body fat.

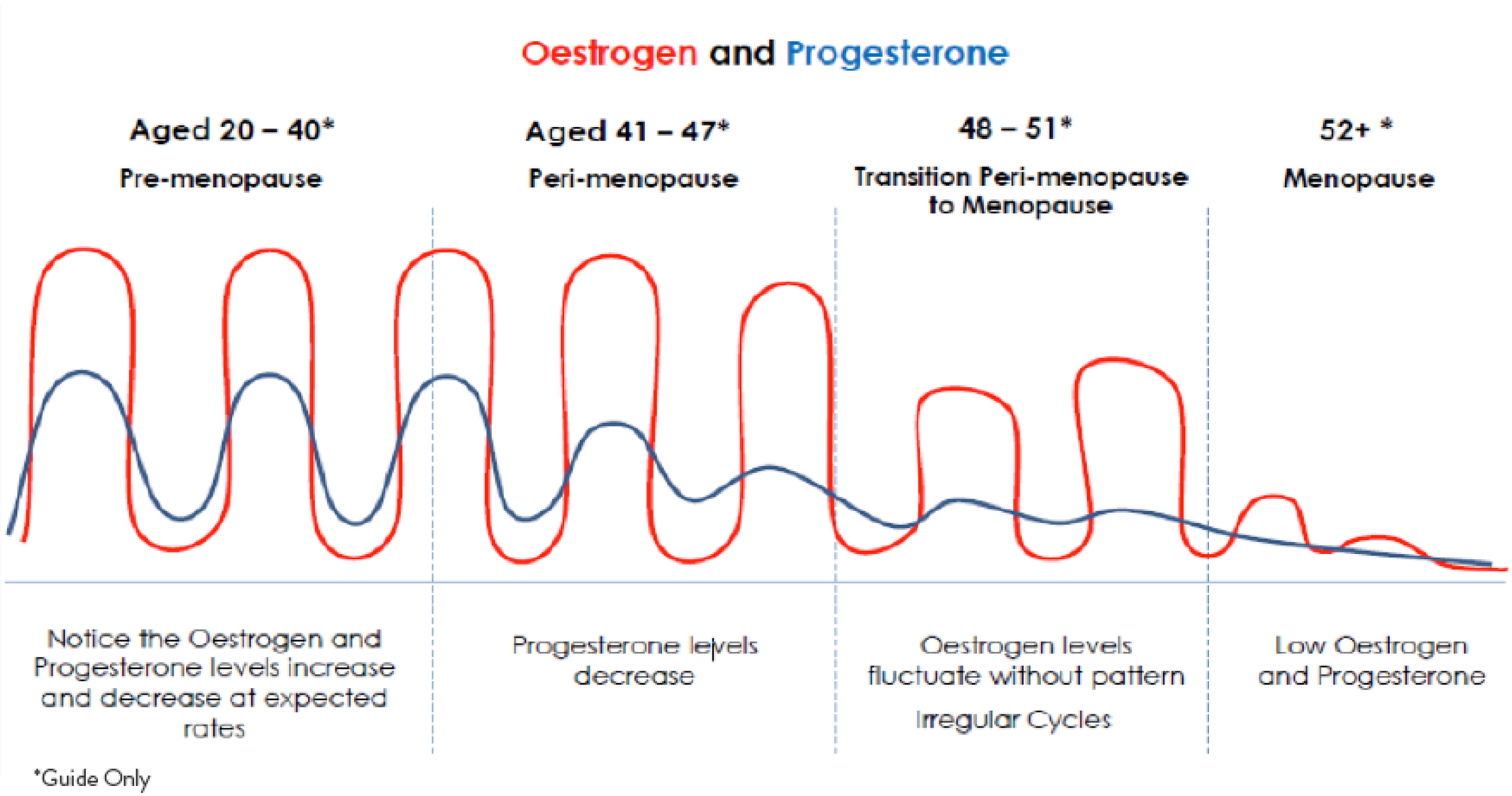
MELATONIN

Melatonin is a naturally occurring compound found in humans, animals, plants and microbes. In humans, circulating levels of melatonin vary in a daily cycle, thereby regulating the circadian rhythms of several biological functions. It also has a role as a pervasive and powerful antioxidant with a particular role in the protection of nuclear and mitochondrial DNA. Melatonin signals the part of the body system that regulates the sleep wake cycle by chemically causing drowsiness. It is used to help improve sleep and get back into a regular routine of sleep.

PREGNENOLONE

Pregnenolone is a pre hormone involved in the production of progesterone, mineralocorticoids, androgens and oestrogens. Pregnenolone may be considered a good brain enhancer in those who are deficient. In some people pregnenolone improves energy, memory, clarity of thinking, wellbeing, and often sexual enjoyment or libido.

Hormone Fluctuations from Pre-menopause to Menopause

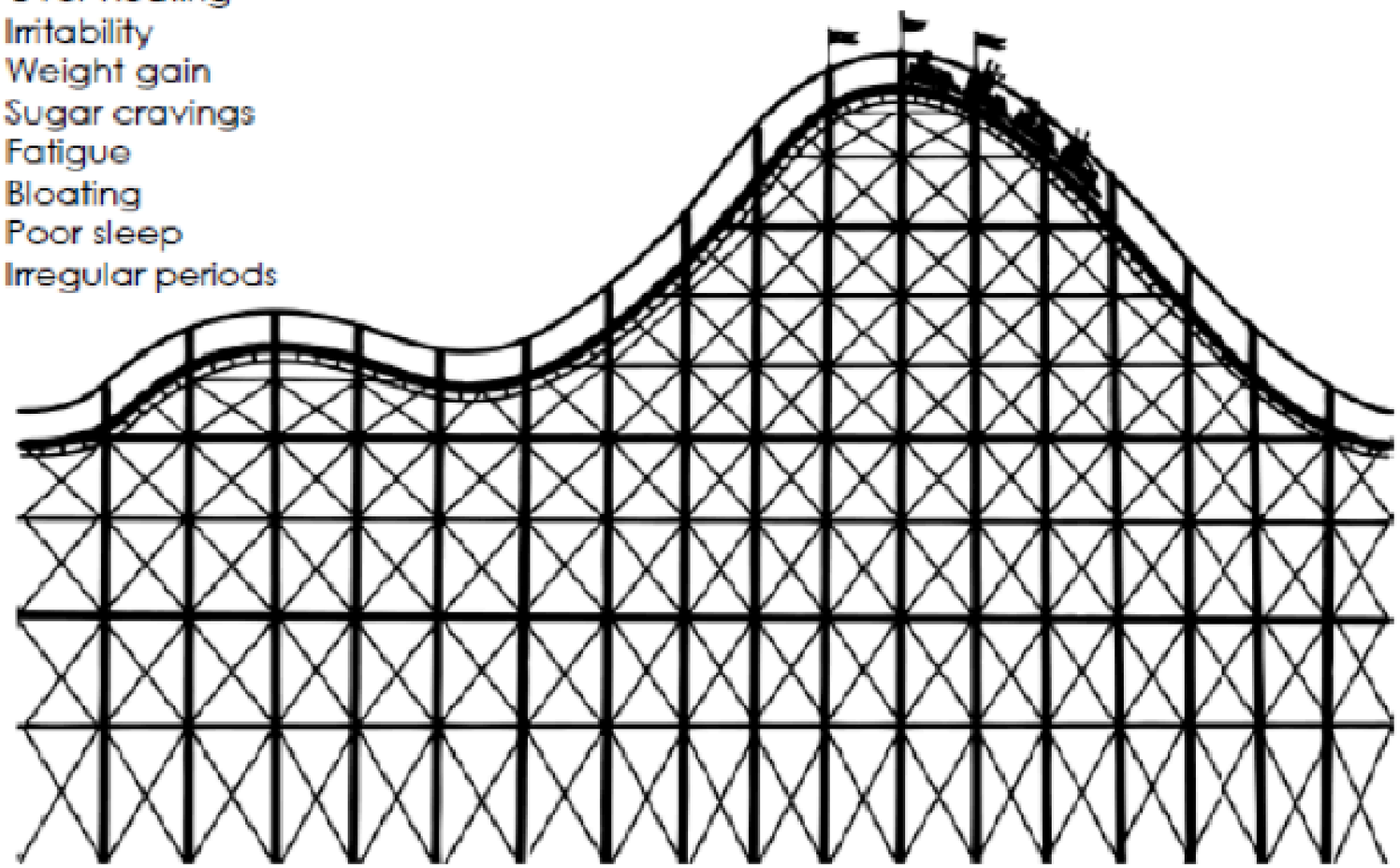


The Oestrogen Rollercoaster

Oestrogen production during the peri-menopausal stage may become erratic with surges of inappropriately high levels alternating with irregular low levels

High Oestrogen:

Breakthrough bleeds
Breast tenderness
Over-heating
Irritability
Weight gain
Sugar cravings
Fatigue
Bloating
Poor sleep
Irregular periods



Low Oestrogen:

Low moods
Hot flushes
Night Sweats
Headaches
Anxiety
Insomnia
Vaginal Dryness
Foggy Head
Teary
Low energy
Light or no periods

Note: Symptoms may vary in severity

Monthly-Cycle
Possible Symptoms