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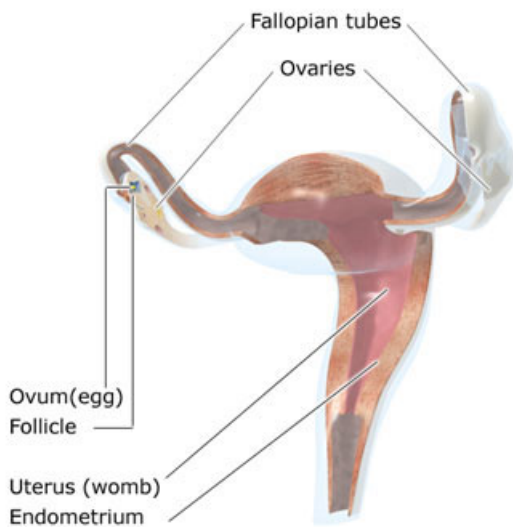
Fact Sheet: Menopause

## What is the menopause?

Every woman experiences the menopause differently, with different impressions and feelings. Menopause is the ending of the monthly cycle and fertility. The menopause has happened when the woman has had her last period. This does not happen suddenly. It usually starts with the periods getting irregular. This means you can only tell with hindsight when it has definitely happened. It is not until a woman has not had a period for 12 months that she can know for sure the menopause is over.

On average, women experience the menopause sometime around 51 years of age, although it is often a few years earlier or later.

The menopause happens because the ovaries stop releasing eggs. The ovaries also produce hormones, so a change in the ovaries affects the balance of hormones in the body. This can cause a variety of symptoms, and it can take the body a while to adjust to the changing hormones.



## What symptoms can the menopause cause?

Somewhere between a half and two-thirds of women will have hot flashes and sweats when they go through the menopause. They are the most common symptoms women have. If they happen at night, they can disturb sleep. But for most women, the hot flashes and sweats are so mild that they do not cause a lot of problems. But in some women they are very severe.

A hot flash is a wave of heat that hits the whole body very suddenly. It lasts on average about three minutes. For most women, hot flashes will stop by themselves within a year or two. But for one in three women, these could continue for as long as five years. For some women, they will go longer.

About three out of every 10 women experience vaginal dryness during or after the menopause. This can cause discomfort with sexual intercourse, and it can also make vaginal infections more frequent.

As women get older, their risk for osteoporosis increases. This causes bones to break more easily. Around the same time as the menopause, women usually also gain a bit of weight. But every change in the body that happens at this time of a woman's life is not because of the menopause. The menopause does not directly cause other symptoms such as mood changes, problems with sexual arousal or orgasm, urinary problems or problems such as back pain.

## What can help women manage?

Exercise probably does not reduce symptoms, but it might be able to help reduce overweight. It might also improve heart and circulation health, as well as strength and flexibility. Many women try relaxation or breathing training, meditation, yoga or tai chi. These have not been tested to see if they can relieve menopausal symptoms.

There are no particular changes to the diet that have been shown to either worsen, or improve, menopausal symptoms. The results of trials of soy-based foods and soya dietary supplements are contradictory, so we do not yet know if they can help or not.

If women have discomfort during sexual intercourse, lubricants and vaginal moisturisers are available to try.

## Do any alternative therapies work for menopausal symptoms?

There are many preparations and products offered for menopausal symptoms. None have yet been proven to work, but more research needs to be done before we will know for sure whether some alternatives are effective.

Out of the herbal and dietary products on the market, the ones which have been tested the most are the so-called plant oestrogens, or phyto-oestrogens. This includes the products based on soy. Phyto-oestrogens are sold as

dietary supplements in pharmacies or drugstores, and over the internet. More research is needed to be sure whether or not they could help some women. There is not enough evidence on whether or not red clover and black cohosh (*cimicifuga racemosa*) can reduce menopausal symptoms. Some people have experienced serious liver damage after using black cohosh.

## What about hormone therapy?

Hormone therapy (HT) is often called hormone replacement therapy (HRT). It is usually based on the hormone oestrogen (estrogen). For women who have not had a hysterectomy, the oestrogen is usually combined with another type of hormone called progesterone to protect the uterus from cancer. When it is used alone, it is called unopposed oestrogen.

HT is available in several forms, including tablets, patches, nose sprays, implants and injections. It is not known whether any is more effective or safer than others. There are also vaginal creams, suppositories (vaginal tablets) and soft rings containing hormones to insert in the vagina. There is not yet enough research to be sure of how these compare to tablets and patches.

HT with oestrogen, with or without a progesterone, is the most effective treatment known to help relieve hot flashes and the sweats that come with them. Most women who take hormone therapy will either have no more hot flashes (8 out of 10 women), or their hot flashes will be less severe. However, for about 5 out of these 8 women, the hot flashes would have stopped on their own. That means that HT prevents hot flashes in about 3 out of every 10 women who use it.

HT might cause menstrual-like bleeding or spotting, breast tenderness and/or nausea in many women in the first months of using it. The lowest possible effective dose is not known.

There are other forms of HT such as testosterone and tibolone. These have not been as well-studied as oestrogen-based therapy. Both might be able to help reduce some symptoms, but they also have adverse effects. Tibolone is not used often in Germany. Testosterone is not approved for use for the menopause in Germany, although it is used in some other countries.

There are also some other drugs that are sometimes used to try to relieve menopausal symptoms, but none of them has

been proven to be as effective as oestrogen-based therapy. All have adverse effects, and none of these other drugs are approved for use in Germany.

## What are the risks of hormone therapy?

Progesterone is added to oestrogen to help reduce the chances of the oestrogen causing cancer in the uterus. But women who have had their uterus removed (a hysterectomy) can use oestrogen alone. If women stop using hormone therapy after a few months of daily use, they might not be at greater risk of serious health problems. However, their hot flashes might come back.

### Combined oestrogen therapy:

Taking combined HT for a year or longer increases a woman's risk of some very serious health problems. These include heart attacks and thromboembolism (caused by blood clots). Over the longterm, the risk of stroke and breast cancer also increases. It also increases the risk of gall bladder problems that need surgery.

After about five years, daily use of HT can lower the risk of bowel cancer and broken bones from osteoporosis. However, in total, hormone therapy causes more serious health problems than it prevents.

### Oestrogen alone:

If a woman takes oestrogen alone (without a progesterone) longterm, within about seven years her risk of stroke and gallstones also increases. At the same time, her risk of osteoporosis will reduce. As with combined therapy though, overall it causes more health problems than it prevents.

## How do women adjust to the menopause?

Some women like to talk about what is happening to their bodies and their feelings with other women, their partners or professional advisors. Others prefer not to. For many women, the menopause is a start of a new phase of life. Many women find new freedom and possibilities in life.

## Would you like more information?

If you would like more information, we have more detailed information on the menopause and options, including a decision aid on hormone therapy and a short

'film' on our website. You can also read about other women's experiences.

## **Sources**

"Menopause". Cologne: Institute for Quality and Efficiency in Health Care (IQWiG), 2006. (Full text (URL: <http://www.informedhealthonline.org/index.202.161.en.html>) ) (Informed Health Online Summary (URL: <http://www.informedhealthonline.org/index.202.158.en.html>) )

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Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at [\*\*www.informedhealthonline.org\*\*](http://www.informedhealthonline.org)

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