



THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

Menopause Matters

Equity Office – Staff Seminar

14 November 2018

- What to expect at menopause
- How to manage symptoms
- Support at work
- Questions

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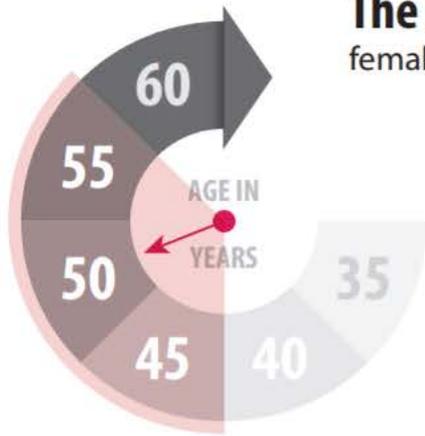
- Staff Equity Manager

What to expect at the menopause

Dr Janice Brown

Medical lead, The University of Auckland
NZ representative, Board of Directors, Australasian
Menopause Society

Health and Work **Menopause Focus**



The menopause is a natural part of female ageing when menstruation stops

It usually occurs between **45 and 55 years of age**, although it can occur anytime up to mid-60s. Symptoms which might affect work include tiredness, poor concentration and memory, and low confidence

Symptoms of the menopause usually last **between 4 and 8 years**



Evidence indicates that approximately **20-25% of women** will have hot flashes which adversely affect their perceived quality of personal and working lives

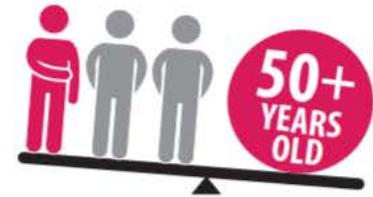
The average age for women to reach menopause in the UK is **51 years**



Around **75-80% of women** of menopausal age are in work



By 2020 it is estimated that **1 in 3 British workers** will be over the age of 50



Consequently, at any one time a significant proportion of older female workers will experience symptoms which might feasibly **impact on working life**



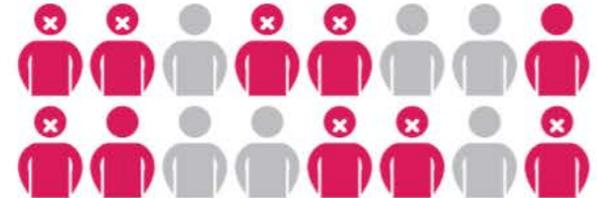
Health and Work **Menopause Focus**

Menopausal symptoms can pose major and embarrassing problems for **some women**, leaving them



feeling less confident and at odds with their desired professional image

The majority of women are **unwilling to disclose** menopause-related health problems to line managers, most of whom were men or younger than them



It has been noted that **in the workplace**, the management of gender-specific health issues other than pregnancy are **rarely discussed**



In addition to managing potential menopausal symptoms, **a quarter of women aged 50 to 64 have informal caring responsibilities**

for a sick, disabled or elderly person

People in late middle-age are often caught between generations of **family members requiring care:**

parents and in-laws, spouses or partners, children or grandchildren



Defining Menopause

Menopause

- The final menstrual period
- Defined after 12 months of amenorrhoea(no periods)

Peri-menopause

- The transition time to the end of a woman's reproductive life

Post-menopause

- from 12 months after the final menstrual period

Premature menopause

- menopause less than 40 years

Surgical or chemical menopause

- after ovaries are surgically removed or for example with cancer treatment in some women

Some special cases

- 1) Menopausal symptoms following **breast cancer treatment**, either surgical removal of the ovaries or medications such as tamoxifen
- 2) Treatment of the menopausal **transition in transgender persons** (men and women)

All these people should seek advice from a health professional who understands their specific concerns

What are menopausal symptoms?

- Vasomotor symptoms (VMS)
 - hot flushes, night sweats - often reported as the “most disabling/embarrassing at work”
- Vulvovaginal dryness
- Sleep disturbance
- Mood disturbance
- Weight gain- midline!
Exercise helps



Symptoms continued

- Muscle aches and pains, stiffness – this is relatively common and not often talked about, but can be very disabling for some.
- Hair and skin changes, can lead to dryness, itching and sensitivity. (important to rule out thyroid problems)
- Skin crawling
- Headaches
- Menstrual disturbance in the perimenopause, irregular periods, heavy periods with flooding, caution around this, always seek medical advice to rule out other causes, and it's treatable!

THE 7 MENOPAUSAL DWARFS



ITCHY



BITCHY



SWEATY



BLOATY



SLEEPY



FORGETFUL



PSYCHO danc

How common are symptoms?

- Hot flushes and night sweats affect up to 75%
- Urogenital symptoms affect 40%
- Arthralgia, more common than we know!
- Sexual dysfunction in up to 68%

How long do the symptoms last?

- If we look at hot flushes: the mean duration is 8 to 10 years
- Symptoms are generally most troublesome around the time of the last menstrual period.

Symptoms vary across the transition

Perimenopause symptoms

Mood changes
Sore breasts
Bloating
Headaches/migraines
Periods: irregular in flow & pattern & symptoms

Hot flushes
Night sweats
Sleep disturbances
Formication
Joint pains
Irritability
Fatigue

Later post menopause symptoms

Vaginal dryness
Urogenital symptoms

Genitourinary Symptoms

- Affects 50% of women
- Vaginal Dryness- “that uncomfortable feeling”
- Can cause discomfort during sexual activity
- Can cause increased urinary frequency and more chance of urinary tract infections

IT ALL CAN BE HELPED!

Vaginal symptoms

- Only 1/4 of women seek help
- Symptoms -
irritation, itchy, discharge, dyspareunia
- Bleeding with SI or speculum exam
- Complaining of vaginal dryness is not necessarily associated with sexual activity
- c/o dryness - "like sandpaper between my legs"

Climacteric 2010;13:505

Vaginal Health

- Vaginal atrophy -apparent 4-5 years after menopause
- Also decreased cervical gland secretion

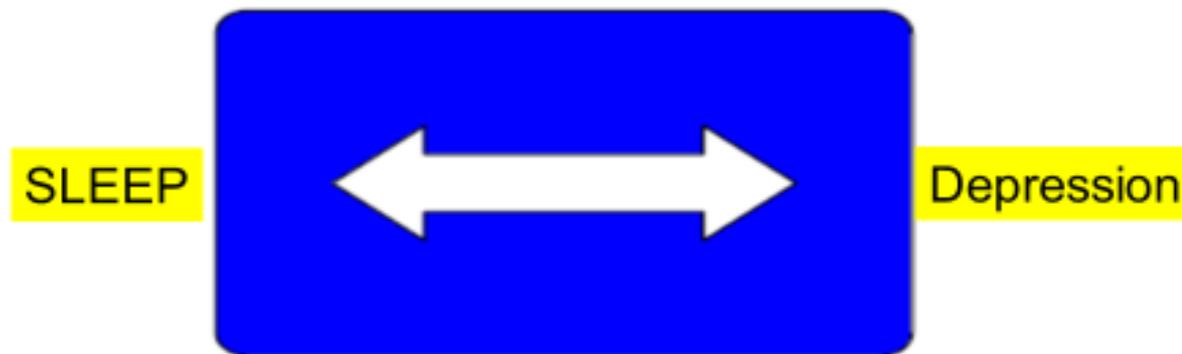
NAMS position statement 2007 14:357

Sleep Disturbance

- New onset sleep disturbance affects around 30% at menopause
 - Difficulty falling asleep
 - Frequent awakenings
 - Difficulty getting back to sleep.
-
- Mechanism of sleep disturbance is poorly understood
 - Only 1/3 of time awake is due to Hot flushes

Sleep and depression

There is growing evidence that sleep disturbance may cause depression at the menopause



Treating insomnia may help prevent and treat menopause-associated depression

Depression and Anxiety

- This can be multifactorial around this time
- There can be pre-existing depression which can re-emerge
- Juggling children who haven't flown the nest with aging parents, work demands.....
- A feeling of loss... fertility, youth
- A hormonal component
- Just unexplained....

The main message is that if your mood is low or anxiety is disabling **seek help** from your health professional.

Diagnosing the menopause

- The history makes the diagnosis at the normal age of the menopause! Usually we don't need to do a blood test to show it's the menopause.
- However other causes of symptoms may need to be ruled out.
- This is also a good opportunity to see your GP for a general health check. Check for risk factors of heart disease(still the biggest cause of death in women), diabetes, time for breast screening, bowel screening.....

Before seeing your doctor



- 1) Think about the symptoms that are most troublesome for you and list them down
- 2) Be prepared that it may take more than one consultation to do everything that needs to be done, perhaps consider making a double appointment the first time
- 3) Be prepared that the symptom on top of your list may not be the most medically urgent to address.

How to manage symptoms

Helen Roberts

Hon Assoc. Prof Women's Health, University of
Auckland

Consultant at menopause clinic ADHB

What will I talk about?

- Vasomotor symptoms (VMS) - hot flushes, night sweats
- Hormone therapy
 - pros and cons, who can use, length of treatment
- Other alternatives
- Management of:
 - Vaginal and urinary symptoms
 - Sleep, anxiety and depression

How well do hormones help VMS?

- Placebo response for flushes up to 50%
- HRT – 75% improvement (2-3 less per day)
- SSRI/SNRI -1.13 flushes less/day than placebo
 - Clonidine -1.63 less
 - Gabapentin-2.05 less

Who should not use HT?

- Previous breast cancer
- Previous deep vein thrombosis (DVT)
- Previous pulmonary embolus
- Previous heart attack
- Previous stroke
- High risk of cardiovascular disease
- Previous endometrial/ovarian cancer-refer for discussion

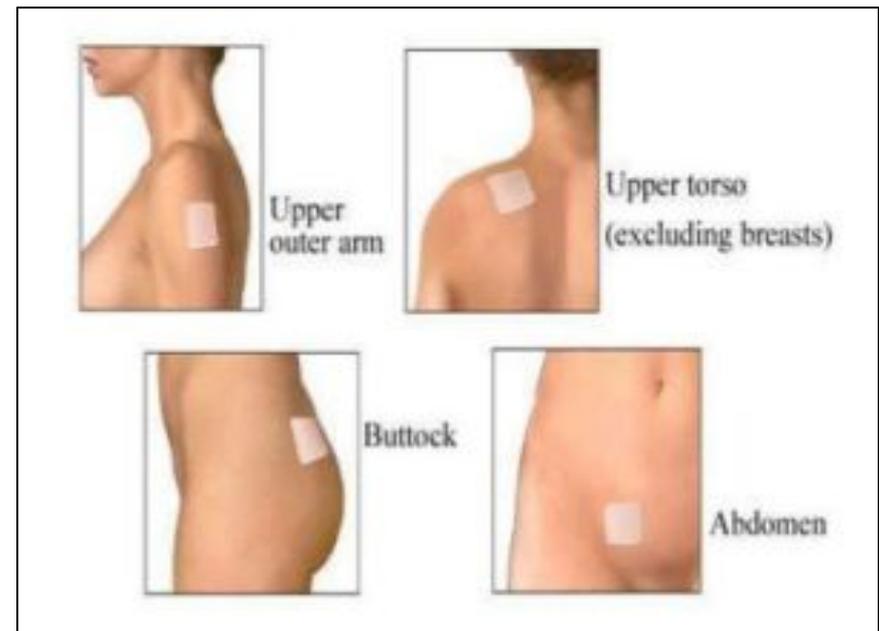
Types of hormones

Estrogen - different from E in contraception

or

Progestogen - often same as P in contraception

- Tablets or patches
- Some fully funded



Premarin (CEE) 0.3mg	\$53.30
Premarin (CEE) 0.625mg	\$46.90
Estrofem (estradiol) 1mg and 2 mg	\$41.60
Climara (transdermal estradiol) 50µg	\$56.60
Climara (transdermal estradiol) 100µg	\$56.80
Premia 2.5 (combined continuous)	\$105
Kliovance (combined continuous)	\$77.30
Utrogestan (progesterone) 100mg	\$82.10
Microlut (LNG)	\$23.80 (6 months) (O)
Progesterone cream(\$45.50 pot)	\$91
Biest cream (\$76.50 pot)	\$ 153

Absolute risks attributable to HT

per 10,000 women /yr aged 50-79 and **aged 50-59**

outcome	E+P	E+P	E	E
Breast cancer	+8	+5		
Stroke	+8	+2	+12	+3
VTE (DVT + PE)	+18	+11	+7	+4
Alzheimers (>65yrs)	+23			
Colorectal Ca	-6			
Hip fracture	-5		-6	

WHO classification for risk

Rare=1-10/10,000 cases exposed per year

Risk and stopping HT

- **Breast risk** with combined HT-declined but did **NOT disappear** “likely due to the regression of preclinical cancers following withdrawal of hormones”
- **Cardiovascular risks – stroke ,VTE** had **disappeared at 2.4 years of follow up**
- **Hip fracture** benefit-also **disappeared at 2.4 years**

Best way to stop HT?

Abrupt or phased out?

- No difference in severity or number of flushes when followed for a year
- 50% of women restarted HT by 1 year

How long do VMS last for?



Flushes

- 80% women they last up to 5 years-10% even longer
- So stop Rx every 1-2 years and see if flushes gone

Other therapies for flushes

Mindfulness, cognitive behavioural and behaviour-based therapy for natural and treatment induced menopausal symptoms:

- A small to moderate **reduction** of short- and medium-term **hot flush bother** psychological interventions (i.e. CBT, BT and MBT) was found in the meta-analysis.
- **Hot flush frequency** however, was **not** statistically significantly reduced by psychological interventions

Other therapies for flushes

- Phytoestrogens
- Black cohosh
- Chinese herbal medicine
- Exercise
- Relaxation
- Acupuncture

Insufficient or no conclusive evidence to support their use for hot flushes (VMS)

Other therapies for flushes

Dehydroepiandrosterone (DHEA)

- No evidence for decrease in menopausal symptoms
- Some evidence that it is associated with more androgenic side effects (predominantly acne).
- May slightly improve sexual function compared with placebo.

Sexual function

- Systemic and vaginal E improves sexual problems by increasing lubrication, blood flow, and sensation in vaginal tissues
- No effect on sexual interest, arousal or orgasmic response
- Low libido transdermal E better than oral as increase SHBG and reduced free testosterone with oral

Vaginal Health

- Cream or, pessary or E-string (Vaginal ring)
- Lower doses of vaginal estrogen and less frequent administration often yield satisfactory results

NAMS Menopause 2007;3:357-69
Notelovitz Obstet Gynecol 2002;99:556-62

Management of Urinary symptoms

- **Local oestrogen treatment or combined with PPA** may improve or cure incontinence
- **Pelvic floor muscle training** was more effective in the control of stress incontinence than local oestrogen
- **Systemic use of HT-oral/transdermal appears not to improve** incontinence and may in fact make incontinence worse.

Muscle aches

- Remaining active
- Stretching
- yoga
- See your doctor to rule out other causes



Sleep and depression

- It needs a multidisciplinary approach
 - Sleep hygiene
 - Cognitive Behaviour Therapy (CBT) is the most effective first line approach
 - If vasomotor symptoms are contributing these need treating

Managing symptoms at work

Cathie Walsh

Staff Equity Manager

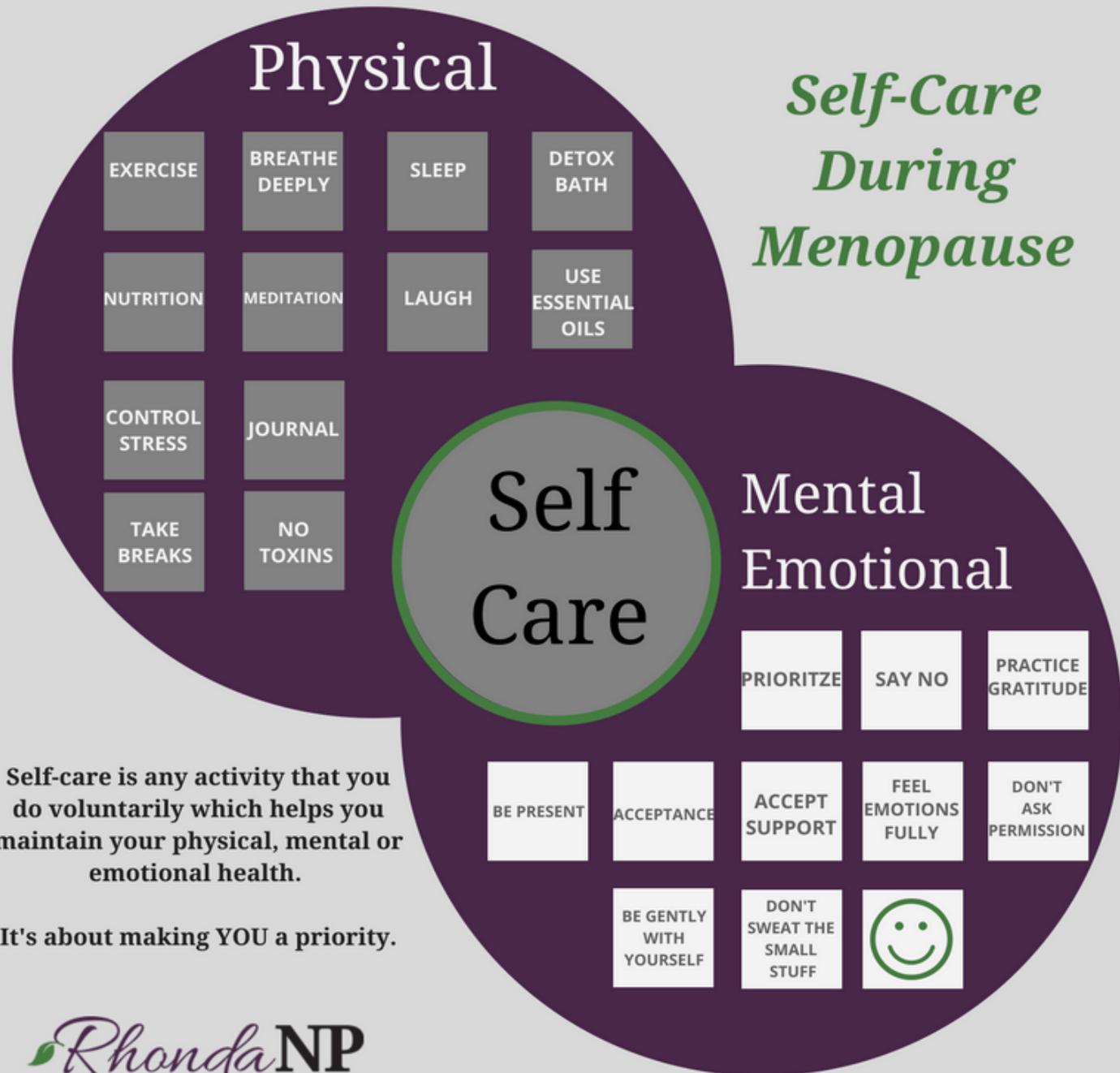
Support at work

- Adjustments to workplace temperature control and ventilation, eg personal fans
- Flexible working hours
- Easy access to cold drinking water
- Easy access to washroom facilities and toilets
- Access to a quiet place for work or short breaks
- Ability to sit down – not stand for long periods
- Noise-cancelling headphones

Be proactive in seeking support

- Health professionals
- Manager
- HR Manager
- Equity Office

Self-Care During Menopause



Physical

- EXERCISE
- BREATHE DEEPLY
- SLEEP
- DETOX BATH
- NUTRITION
- MEDITATION
- LAUGH
- USE ESSENTIAL OILS
- CONTROL STRESS
- JOURNAL
- TAKE BREAKS
- NO TOXINS

Self Care

Mental Emotional

- PRIORITIZE
- SAY NO
- PRACTICE GRATITUDE
- BE PRESENT
- ACCEPTANCE
- ACCEPT SUPPORT
- FEEL EMOTIONS FULLY
- DON'T ASK PERMISSION
- BE GENTLY WITH YOURSELF
- DON'T SWEAT THE SMALL STUFF
- 

Self-care is any activity that you do voluntarily which helps you maintain your physical, mental or emotional health.

It's about making YOU a priority.

*Rhonda*NP

Where to go for information and help

- Talk to your GP about symptoms you are having and what your options are.
- The Australasian Menopause Society has some good information leaflets and podcasts

www.menopause.org.au

<https://jeanhailes.org.au/health-a-z/menopause>

www.familyplanning.org.nz/advice/menopause



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Menopause and the workplace

In a recent US survey, nearly half the working women aged 45 to 60 found that managing menopausal symptoms in their work life was extremely or somewhat difficult.

Menopause usually occurs in women between the ages of 45 and 55 and may result in a variety of symptoms lasting from four to eight years. 16% of female staff at the University are aged between 51 - 65 years old.

Read more at [Information for Managers: Menopause](#)

Support at work

Increase your understanding of menopause; see the resources below, discuss with your GP; share coping strategies with friends and colleagues.



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How to support menopausal experience

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Organisations are increasingly showing concern for the health and wellbeing of employees. However, it has been reported that specific and comprehensive knowledge that can guide employers on how best to support the menopausal experience is lacking and HR staff and managers are underprepared, even unskilled, in supporting mature women.

A study of female employees at three Australian universities found the more frequently women experienced menopause-related symptoms, the less engaged they felt at work, less satisfied with their job, less committed to the organisation they work for, and with a

