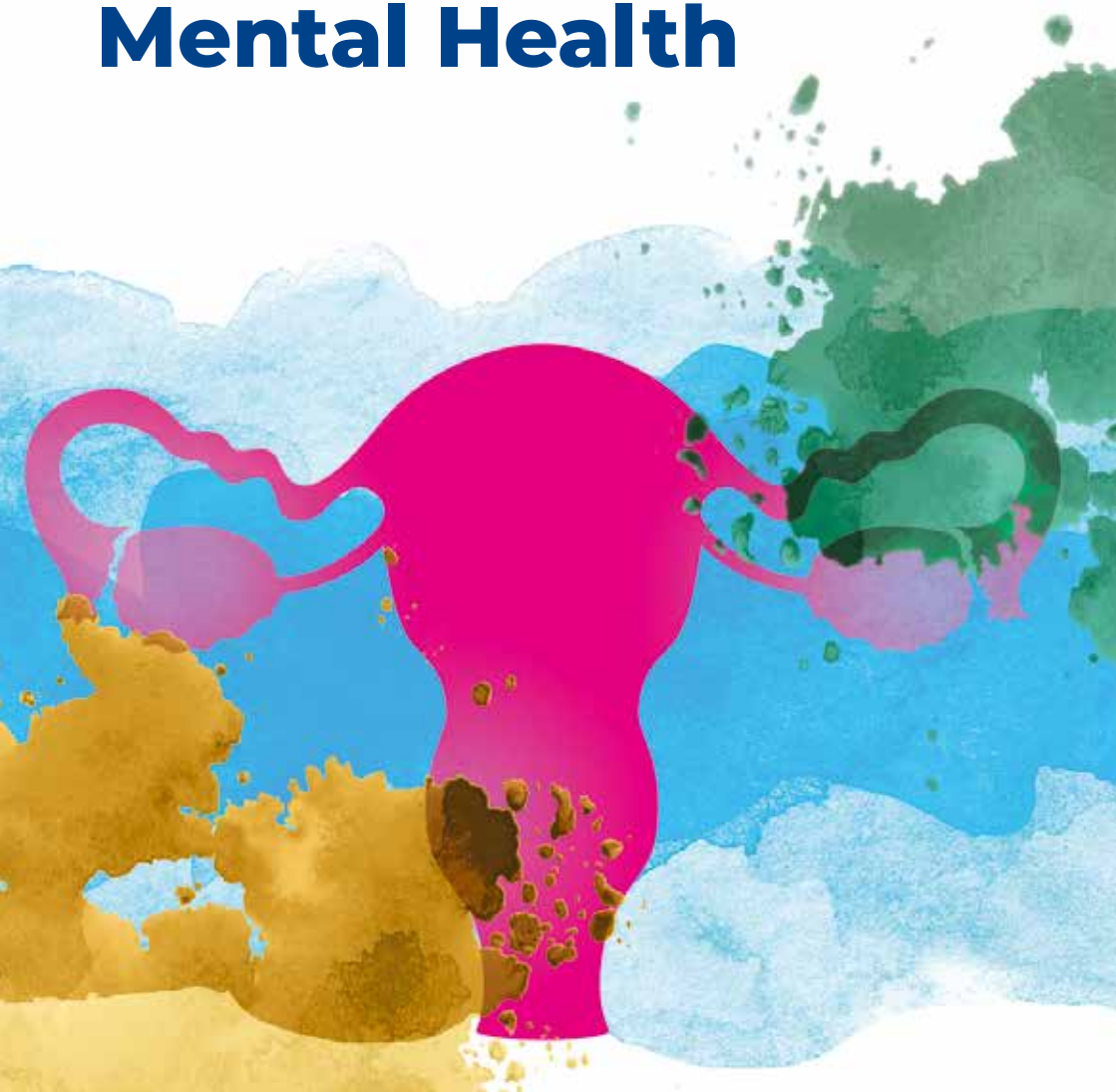
Royal College of Nursing

Menopause and Mental Health



Acknowledgements

The RCN would like to thank everyone involved for their valuable contributions to the update of this resource.

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact **corporate.communications@rcn.org.uk**

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Contents

Note: the term women is used throughout this text, noting that as a gender diverse society the guidance can, and should, be used by and/or applied to people who identify as non-binary, transgender or gender fluid.

Key facts

- The average age in the UK to reach the menopause is 51-52.
- Emotions related to this stage of life are different to clinical symptoms of depression but can easily be mistaken for each other.
- It is important that women maintain a healthy weight, diet and undertake regular exercise pre, peri and post-menopausal to minimise health problems and promote self-esteem and wellbeing.
- Symptoms (type and severity) and the age of menopause will guide the need for any treatment.
- No blood tests are needed to diagnose menopause in women over the age of 45.
- There are many symptoms of the menopause including flushes, mood changes, brain fog, vaginal symptoms, bloating and joint pains. Often women may not relate them to the menopause.

The nurse specialist in menopause

Did you know that there are medical and nurse specialists in menopause?

The British Menopause Society (BMS) has further information on menopause specialist at: **thebms.org.uk**

What is the menopause?

NICE (2015) defines menopause as when a woman stops having periods as she reaches the end of her natural reproductive life.

This is not usually abrupt but a gradual process during which women experience peri-menopause changes before reaching post-menopause when periods become irregular and then stop with the end of fertility. A woman is post-menopausal when she has not had a period for 12 months.

If the ovaries are removed this will bring on sudden symptoms.

The average age of menopause is 51 in the UK (range 45-57). **Premature ovarian insufficiency** (POI) is a menopause in women under 40, it occurs early for genetic, auto-immune or unknown reasons, or due to surgery or chemotherapy or radiotherapy.

For further information on the menopause visit the RCN's clinical topics at:
rcn.org.uk/clinical-topics/womens-health/menopause

What causes the menopause?

- It is a natural event that all women experience, however the timing and symptoms are individual.
- Decreased oocytes leads to increase in (follicle stimulating hormone/luteinizing hormone) (FSH/LH) and decrease in oestrogen (negative feedback system).
- Induced menopause - medication, surgery, chemotherapy, radiotherapy.
- POI - unknown, genetic, infections, autoimmune.

Loss of periods < 40 should be investigated - blood tests for FSH/LH/Oestradiol and prolactin, to check for a side effect of medication or menopause.

Loss of periods could cause: confusion, fear of menopause, feelings of loss of femininity, lack of the use of contraception and a fear of aging.

Any time without having periods should lead to a review of bone and cardiac health.

Signs and symptoms are individual and impact in different ways. Some will experience minimal symptoms for a short time while others will have most of the symptoms and they can go on for 20 or more years.

What are the signs and symptoms?

The type of symptoms and the woman's age will direct the need for treatments. Some of the symptoms are listed below.

Signs and symptoms

- Irregular periods, absent periods, heavy bleeding.
- Hot flushes.
- Night sweats leading to poor sleep.
- Tiredness.
- Mood changes/low mood/anxiety/irritability.
- Poor self esteem.
- Vaginal dryness.
- Decreased sex drive.
- Poor sleeping.
- Bladder issues.
- Vaginal problems including increase in infections.
- Changes in skin and hair.
- Joint pains.
- Bloating.
- Longer-term problems such as osteoporosis and increase in cardiovascular disease (CVD).
- As fertility declines women can stop using contraceptives after one year without periods if over 50, and after two years without periods in under 50.

What are the signs and symptoms?

Symptoms may overlap with depression: sleep issues, sexual problems, appetite changes, low energy and poor concentration.

Medication side effects can impact: SSRI – insomnia, tiredness and sexual dysfunction.

Diagnostic overshadowing: can occur if symptoms of menopause are mis-identified as part of mental illness.

Jane is 51 and has been having increasingly irregular periods. In addition, she has hot flushes and night sweats, poor sleeping and is not feeling herself. She has difficulty concentrating, remembering things, feels flat and has no interest in her usual activities.

She went to discuss this with her practice nurse and looked at her lifestyle choices and ways to deal with some of the symptoms. After finding alcohol and caffeine triggers her flushes she has cut them down but her mood has not changed.

She started HRT, a patch of sequential hormones, and found all of her symptoms were reduced. She felt back to her normal self in relation to mood, sleeping and being able to cope with life changes again.

Myths about the menopause

- **Symptoms are just physical:** there are many psychological symptoms such as low mood, irritability, anxiety and panic attacks, poor concentration and memory and low energy.
- **Contraception is not needed:** women should continue to use contraception for two years after their last period if under 50 and for one year after their last period over the age of 50.
- **HRT causes cancer:** there is a slight increased risk of breast cancer with some forms of HRT.
- **Young women cannot have the menopause:** about 1% of women under 40 are pre-menopausal.
- **A blood test can diagnose menopause:** this is not true as the levels will fluctuate.
- **Most women do not need any help:** around eight in 10 women in the UK experience symptoms. Of those 45% find their symptoms difficult to deal with.
- **HRT is a last resort:** HRT is the gold standard treatment for symptoms and the most effective treatment to relieve symptoms.
- **Weight gain is inevitable during the menopause:** metabolism and weight can be affected however, there is no evidence to show HRT causes weight gain. Fat storage can shift from hips and thighs to the abdomen meaning body shape can change.

Myths about the menopause

- **If you start your periods early you will have an early menopause:** this really isn't the case.
- **All women get terrible symptoms during the menopause:** most women have minor symptoms and some do not have any symptoms apart from their periods stopping.
- **It doesn't take very long:** symptoms of the peri-menopause and menopause can last for many years; the average is four years.
- **Periods stop suddenly:** it does happen to some women, but it is more likely that periods will become more irregular and spaced out before they stop all together.

How to positively manage the menopause

- **Diet and lifestyle:** reduce both caffeine and alcohol, and stop smoking and keep a food diary for flush triggers. Simple measures can help such as wearing layers so when a flush occurs they can be taken off. To manage night sweats, keep a glass of cool water nearby and keep the room slightly cool if able. Ensure there is enough calcium and vitamin D in the diet and eat a diet rich in fibre and wholegrain foods, and try and maintain a healthy bodyweight.

  Avoid hot drinks before bedtime and keep alcohol to a minimum as it can trigger flushes.
- **Exercise can be beneficial:** yoga has been proven to improve sleep and weight-bearing exercise, such as walking and running, is essential to maintain bone health.
- **Holistic management:** can include diet, lifestyle, meditation, cognitive behavioural therapy, counselling and support groups.

Herbal and alternative therapies

NICE (2015) states that herbal remedies are not regulated by a medicine authority and there can be a wide variety in their potency and effectiveness.

- Black cohosh can help hot flushes but does not help with anxiety or low mood.

How to positively manage the menopause

It can interact with other medicines so caution is needed.

- Red clover is a weak plant oestrogen that has some research for the vasomotor symptoms.
- Soya is another weak plant oestrogen that may help vasomotor symptoms in some women.
- St John's Wort helps relieve vasomotor symptoms of flushes and sweats and can be beneficial to women who have had breast cancer. It does however make tamoxifen ineffective.

It can prolong the effect of some sleeping tablets and anaesthetics and trigger high mood and should not be taken at the same time as other anti-depressants as it can lead to serotonin syndrome.

Patients should check with their health care professional prior to starting any supplements.

Prescribed alternatives

These are:

- clonidine
- SSRI (selective serotonin reuptake inhibitors)
- gabapentin (off licence) and mainly for women who cannot take HRT, for example those with a history of some cancers.

Prescribed alternatives only work on vasomotor symptoms and on mood but do not have an impact on other symptoms or protect bones or the heart.

These are not first line treatments and should only be used in women who cannot take HRT.

- Some SSRIs and SNRIs can improve hot flushes for some women. Paroxetine seems to be the most effective, but may interact with tamoxifen so venlafaxine is generally used. These may give some women side effects such as GI disturbances and can decrease libido.
- Gabapentin may help flushes and sweats – can also help with sleep but can cause daytime sleepiness and may help with joint pains.
- Clonidine is licenced for the treatment of hot flushes however only a few women will get a significant benefit from it.

Prescribed alternatives

Hormone replacement therapy (HRT): oestrogen and progestogen if the women has a uterus and oestrogen if not. Replacing oestrogen with HRT is the most effective treatment for menopausal symptoms.

HRT taken as sequential (with a bleed) for peri-menopause and continuously (without a bleed) for post-menopausal women.

It is available as tablets, patches, gel, transdermal spray, intrauterine progestogen or vaginal oestrogen for local treatments.

Benefits and risks of HRT

- Symptom management.
- Side effects - breast tenderness, headaches, bleeding, mood changes.
- Slight increase risk in breast cancer (with combined HRT) (NICE, 2015).
- Strokes, blood clots (less with transdermal).
- HRT within specialist care only if previous thrombosis, hormone-dependant cancer, undiagnosed vaginal bleeding, liver disease.

Cognitive behaviour therapy (CBT): can help alleviate the symptoms of low mood, anxiety, hot flushes and sweats.

Sex and the menopause

The onset of the menopause does not mean that sexual activity has to cease. Many couples enjoy a fulfilling sex life during and after the menopause. Some women find that no longer having the fear of an unintended pregnancy quite liberating.

However, the loss of oestrogen and testosterone following menopause can lead to physiological and emotional changes in a woman's body that can impact on their sex life, including:

- painful or uncomfortable sex due to reduced vaginal secretions and thinning of the vagina
- loss of libido (lower sex drive)
- mood swings and hot flushes
- urogenital ageing symptoms resulting in continence problems
- vulval irritation and itching
- higher incidence of candida albicans (thrush) and bacterial vaginosis
- body changes that lower self esteem such as thinning hair and breast changes.

Sex and the menopause

Not all women experience problems but for those who do they should be encouraged to discuss their worries with their partners and work together on finding the right treatment options, including:

- lubricants and moisturisers obtainable from pharmacies and supermarkets
- vaginal oestrogen creams can be prescribed and used in conjunction with lubricants
- hormone replacement therapy (HRT)
- avoid precipitants that exacerbate vaginal dryness and increase the incidence of BV and thrush such as vaginal deodorants or tight, restrictive clothing
- promote continence by encouraging pelvic floor exercises or referral to continence services
- take time with love making to become more aroused and explore new ways to enjoy sexual pleasure with their partner
- some women may need to be prescribed testosterone (off license for libido).

Keeping healthy at the menopause and living well

Menopause marks a transition to the next phase of life and it offers the possibility to refocus on growth and reconsider priorities.

Some women experience minimal symptoms and medical intervention is not needed. It is important to optimise health with good diet, weight management and increasing exercise, especially weight bearing, to help with CVD, bones and minimise symptoms.

The experience can vary across cultures and there are suggestions that the cultural differences can shape the experiences. Some cultures celebrate the menopause as an achievement of wisdom and ageing while western culture often portrays it as negative, with a stigma around menopause and women's experience.

A series for loss:

- less feminine
- less beautiful
- less sexual
- less worth.

Keeping healthy at the menopause and living well

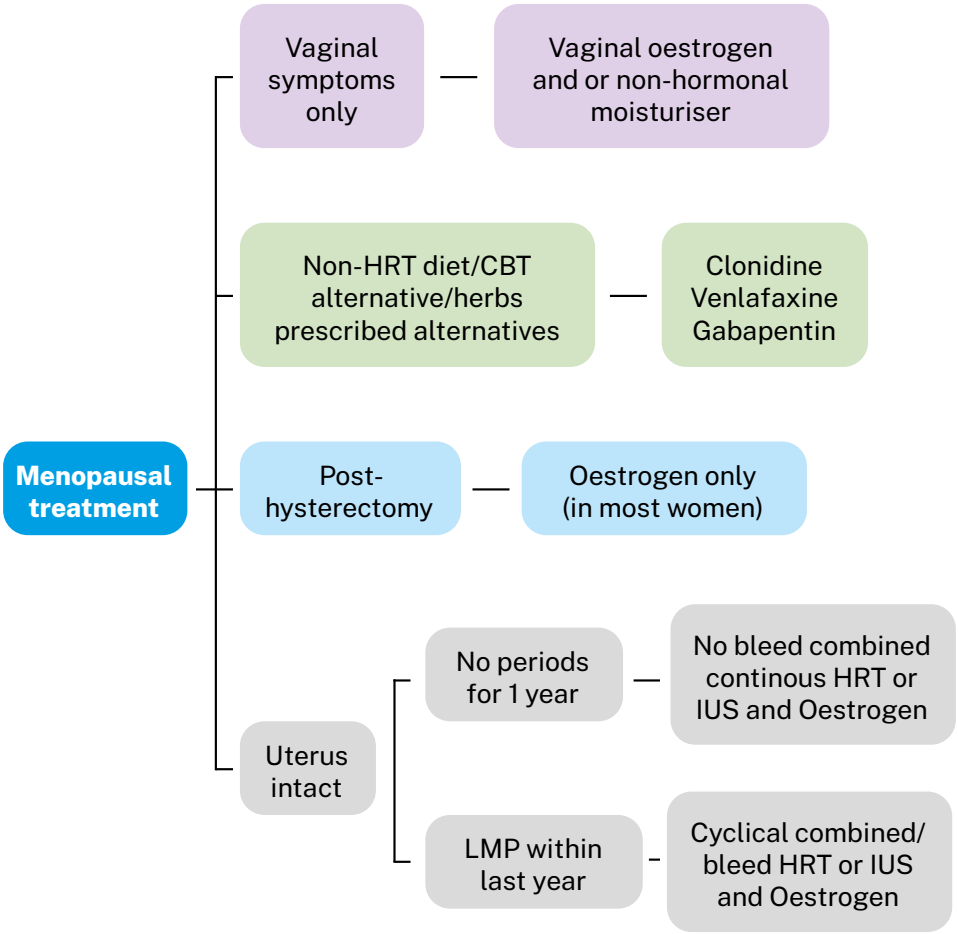
This can have a negative impact and stop women asking for help, clarifying needs, sharing experiences and receiving health care. It is often hidden, and attitudes are not challenged. Women may avoid interactions due to flushes and feel this ages them. Women should be encouraged to:

celebrate: keep a diary of the positives and challenge the negative thoughts. Make time to laugh as humour can help with tension, stimulate immune systems, help with coping and enhance memory, learning and help women to feel connected.

connect: support of others who have been through similar experiences, such as women in a support group or menopause café.

challenge: the normal and the way menopause women are treated in society and in the workplace.

Treatment of menopause



Multicultural dimension to menopause

The menopause can impact women differently. This can be due to timing, symptoms and general feelings and life experiences around this time. In addition, culture can play a part. Societies who value older women find that there is less negative stigma around menopause and women may have less symptoms. In some societies there may not be any words to describe menopause. The SWAN studies have looked at this in detail. However, as in some societies women's health and especially discussions around periods and menopause are not encouraged and stigmatised. It may be that women are not used to talking about issues and they remain hidden.

Risk and protective factors

There are recognised risk and protective factors that can hinder or help mental wellbeing, including one's ability to cope with life issues.

Low income, unemployment, restricted education, discrimination and violence are risk factors while being in a relationship, economic security, and personal resilience are protective against poor mental health.

Protective factors are characteristics that reduce the likelihood of poor mental health either on their own or when risk factors are present.

Mental health and menopause

Mid-life is a time of transition and stressful life events from divorce to a second career, combined with physical changes can result in feeling overwhelmed. A number of studies have identified that menopause significantly impacts mood and mental health, including higher stress levels and depression.

Anxiety and panic attacks are also reported during menopause with hormonal changes and physical symptoms such as sleeplessness, affecting biological functioning - especially for women with Bipolar illness. Women with schizophrenia may be at increased risk of an episode as their production of oestrogen decreases, and some antipsychotic medications like Sulpiride and Risperidone may cause periods to stop which can be mis-diagnosed as menopause.

It is important to encourage women to talk about mental wellbeing and encourage them to seek the right support and help.

Some women with previous hormonal related issues such as postnatal depression and/ or premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) may be at higher risk of developing issues around the menopause.

Medication and its impact on menopause

Some medications can have an impact on the menopause or can mimic the symptoms making a diagnosis difficult or confusing. Some studies suggest that pre-menopausal women have a better response to some medications than post-menopausal women. Medications given from gynaecology such as GNrH analogues induce a medical menopause. Many medications (SSRNI) can have a negative impact on sexual function.

Medications given in mental health that have an impact are:

- **Moclobemide:** hot flushes, but improved anxiety and sleep
- **Toloxatone:** increase in anxiety
- **Sulpiride:** amenorrhoea and galactorrhoea
- **Risperidone:** amenorrhea and galactorrhoea
- **Antipsychotic medications:** amenorrhea and prolactinaemia
- **Imipramine:** hot flushes
- **Sertraline:** night sweats.

Cognitive behavioural interventions and relaxation can reduce hot flushes and night sweats and HRT may protect against low mood.

Medication and its impact on menopause

Anxiety, depression and sleep

Anxiety, depression and sleep are interlinked as anxiety and depression can trigger sleep problems and sleeplessness can make anxiety and depression worse.

Lack of sleep can affect mental wellbeing, cognitive function and cardiac health. Sleep disturbances are common throughout the peri-menopause, menopause and post-menopause. Theses can include: difficulty getting to sleep; difficulty staying asleep; poor quality sleep; waking early; and fatigue during the day. Night sweats can make sleep uncomfortable and can cause regular waking.

Sleep disturbances can be caused by lack of oestrogen, causing hot flushes and sweats. Mood can also be affected and anxiety can lead to difficulty getting to sleep and early morning wakening. Other consequences of oestrogen decline such as bladder problems and joint aches and pains can also cause sleep disturbance. Progesterone decline at menopause may also contribute to sleep disturbances as it can be sleep inducing and can have calming relaxing effects – the lack of this can contribute to anxiety and restless agitation. Melatonin is another important hormone for sleep and this decreases with age. It is also influenced by oestrogen and progesterone levels.

Medication and its impact on menopause

Treatments for poor sleep include: adequate exercise (not before bed), healthy diet and managing stress. Maintaining a regular bedtime and trying not to nap in the day can also help. Cognitive behavioural therapy can reduce menopausal symptoms such as low mood, anxiety and sleep disturbance. HRT can improve sleep particularly for women who are having hot flushes and sweats, and these are affecting sleep.

Menopause is not a high risk for new onset of mental health conditions such as bipolar; it is a time of psychological stress. For example, depression is more common in women than men resulting from hormonal changes such as:

- pre-menstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD)
- post-natal depression
- around the menopause. It seems to be worse in the few years before periods stop.

Women who have a history of reproductive depression are more susceptible around the menopause and it is important to note that oestrogens are good for treating these women. Sadness, low mood and mood swings can also occur during the menopause but are distinct from depression, which is a diagnosable condition.

Medication and its impact on menopause

It is normal to feel emotional about physical changes like getting older, the impact of poor sleep and the loss of fertility, role changes like children leaving home, looking after ageing parents or other relatives, or facing the loss of parents. Menopause can signal a time to take stock of life and focus on the next stage.

Emotions related to life course are different to clinical symptoms of depression, which may include:

- low mood lasting two weeks or more
- feeling hopeless or flat
- feeling tired
- changes in appetite (comfort eating or losing appetite)
- feeling worthless
- changed or troubles sleep patterns
- feelings of dread, unease or agitation
- trouble concentrating or making decisions.

Women should be encouraged to seek help and if a woman has thoughts of harming herself seek help straight away.

Many menopausal women will have the above, how do you distinguish between the causes?

As a nurse...

- think about menopause or hormone-related issues in women you see
- when you meet a woman with menopause symptoms suggest they see their GP, practice nurse or specialist - use the BMS specialist finder
- be skilled and confident to ask questions relating to wellbeing, mood, symptoms, vaginal dryness, sexual issues in a compassionate and supportive way
- think about how menopause could have an impact on existing expression or mental health and understand the differences in hormonal low mood and depression and the different treatment pathways
- assess whether a presentation is related to menopause and holistic support - do not assume it is depression
- be aware of the common menopausal treatments and any interactions with medication
- be aware of evidence in side effects and myths around HRT
- make a diagnosis from history and not blood tests
- think menopause and its treatment not depression and anti-depressants
- women with a strong history of reproductive depression respond well to oestrogens

As a nurse...

- think not only about symptoms but long-term health, think bones and cardiovascular disease and what can you do to optimise health
- be aware of diagnostic overshadowing for women with menopause
- be aware of the common treatments and interactions
- challenge myths around HRT
- be positive - menopause is natural.

Further information, support and referrals

- If you see a woman who has menopause symptoms suggest that she sees her general practice team or a specialist.
- Get to know the common symptoms of menopause and its effect on mood and wellbeing.
- Find a local specialist - use the BMS specialist finder.
- Look at RCN publications.
- Ask questions related to mood changes, symptoms, vaginal dryness and libido.
- Read publications and be a positive advocate for women's health.

Ayers B, Forshaw M & Hunter MS (2010) The impact of attitudes towards the menopause on women's symptom experience: A systematic review January 2010 Maturitas – European Journal Menopause Volume 65, Issue 1, Pages 28–36.
Available at: **pubmed.ncbi.nlm.nih.gov/19954900**

The British Menopause Society (BMS)
- thebms.org.uk

RCN Women's health publications
- rcn.org.uk/clinical-topics/womens-health

RCN Womens Health Menopause (2022)
- rcn.org.uk/clinical-topics/Womens-health/Menopause

Further information, support and referrals

- rcn.org.uk/get-involved/forums/womens-health-forum
- rcog.org.uk/en/patients/menopause
- womens-health-concern.org/help-and-advice/factsheets

Daisy network
- daisynetwork.org.uk

Menopause matters
- menopausematters.co.uk

NICE guideline [NG23] November 2015 NICE Menopause: diagnosis and management
- nice.org.uk/guidance/ng23?unlid=46651615820163246111

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Publication
This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Publication description
The menopause is a key milestone in women's lives. This updated resource aims to help nurses provide women with information on living well and how to positively manage the menopause.

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Evaluation
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