



# Women need unbiased information regarding their menopause

GPs are often best placed to provide information on the menopause – even if they're not the primary source of information, says Women's Health Consultant Editor, Dr Louise Newson

As a female GP in my mid 40s, I increasingly see women with menopausal symptoms whose lives have been detrimentally affected by their symptoms. Many of my friends are also experiencing menopausal symptoms and are confused and often worried about the prospect of taking hormone replacement therapy (HRT).

I feel I have a very important role in my job of educating women about the menopause and HRT. It has been estimated that approximately only one in four women who would benefit from HRT actually take it. A recent survey showed that 63% of the women obtain their information on health issues regarding the menopause from newspapers, magazines, books, radio or TV, although nearly 75% would prefer to get information from their GPs.

The negative press related to hormone replacement therapy when the flawed Million Women's study and Women's Health Initiative (WHI) study were published is still remembered by many health care professionals. I am often surprised by the negativity many GPs still have regarding HRT. I have worked with GPs who simply refuse to prescribe it (even to women in their 40s who clearly need it) and with GPs who will only prescribe it for a maximum length of time of five years, regardless of the woman's individual history.

Although many women in the UK are desperate to improve their symptoms, many are defiantly opposed to taking HRT. They often spend small fortunes on

alternative treatments which are either ineffective, have no proven benefit or even potentially associated with risks. Even in my personal experience, I have found that a large proportion of women who seek alternatives do so because they do not know the potential benefits taking HRT may give them and they are also unaware of how small any risks of HRT are. Explaining risks, especially the difference between relative risk and absolute risk, is often very confusing for patients (and even some health care professionals!).

When I spend time talking to women about which menopausal symptoms they have, or expect to have, they all mention hot flushes and night sweats. However, very few realise that fatigue, low mood, urinary symptoms, reduced libido and even joint pains can be related to their menopause. They also think that their symptoms will only last for a few months or maybe a year and then will improve when they have "gone through their menopause". However, symptoms can often last far longer than this. In fact, a recent large American study published in JAMA Internal Medicine demonstrated that frequent menopausal vasomotor symptoms, including night sweats and hot flushes, persist in over half of women for more than seven years. As health care professionals we clearly need to be more realistic about the potential duration of symptoms when talking to our perimenopausal women. As the duration of symptoms cannot be

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predicted, it is not possible to predict the duration for which treatment is needed.

There are a few simple but important facts about HRT that I think need to be made clearer to women and also health care professionals. These include: the risks of HRT and breast cancer are similar to the risks of drinking two or three glasses of wine each night and are less than being obese; taking oestrogen as a patch or gel does not increase the risk of thromboembolic events and finally that the benefits of HRT usually outweigh the risks for women who are experiencing menopausal symptoms up to the age of 60 years.

It will be very interesting to read the NICE guidelines when they are produced later this year. It would be wonderful if these really do help to improve

the information provided regarding HRT and also facilitate women to make informed choices regarding their menopause.

Obviously, HRT is not the only answer to women reaching 50 years; regular exercise, reduction in caffeine and alcohol and improved diet (especially reducing refined carbohydrates) are beneficial and should be implemented. Many experts recommend that all women should ask for a perimenopausal health check on or around their 50th birthday to discuss any symptoms they have and even their views and knowledge regarding HRT. If women are provided with accurate information about lifestyle changes they can make decisions at the earliest available opportunity, as well as possible hormonal adjustments through forms of HRT, they can reduce the severity of either perimenopausal or menopausal symptoms, as well as making an early start towards protecting their health in later life.

I strongly feel that as GPs we should give our patients the time they need and the information they require to make informed choices regarding their menopause and its management. Many women still feel helpless and despondent when they discuss their menopausal symptoms with their GP, which really is no longer acceptable.

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