

What are the most common symptoms of menopause? And which can hormone therapy treat?

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Despite decades of research, navigating menopause seems to have become harder—with conflicting information on the internet, in the media, and from health care providers and researchers.

Adding to the uncertainty, a recent [series in *The Lancet* medical journal](#) challenged some beliefs about the symptoms of menopause and which ones [menopausal hormone therapy](#) (also known as hormone replacement therapy) can realistically alleviate.

So what symptoms reliably indicate the start of perimenopause or menopause? And which symptoms can menopause hormone therapy help with? Here's what the evidence says.

Remind me, what exactly is menopause?

Menopause, simply put, is complete loss of female fertility.

Menopause is traditionally defined as the final menstrual period of a woman (or person female at birth) who previously menstruated. Menopause is diagnosed after 12 months of no further bleeding (unless you've had your ovaries removed, which is surgically induced menopause).

Perimenopause starts when menstrual cycles first vary in length by seven or more days, and ends when there has been no bleeding for 12 months.

Both perimenopause and menopause are hard to identify if a person has had a hysterectomy but their ovaries remain, or if natural menstruation is suppressed by a treatment (such as hormonal contraception) or a health condition (such as an eating disorder).

What are the most common symptoms of menopause?

[Our study](#) of the highest quality menopause-care guidelines found the internationally recognized symptoms of the perimenopause and menopause are:

- [hot flushes](#) and night sweats (known as vasomotor symptoms)
- disturbed sleep
- musculoskeletal pain
- decreased sexual function or desire
- vaginal dryness and irritation
- mood disturbance (low mood, mood changes or [depressive symptoms](#)) but not clinical depression.

However, none of these symptoms are menopause-specific, meaning they could have other causes.

In [our study of Australian women](#), 38% of pre-menopausal women, 67% of perimenopausal women and 74% of post-menopausal women aged under 55 experienced hot flushes and/or night sweats.

But the severity of these symptoms [varies greatly](#). Only 2.8% of pre-menopausal women reported moderate to severely bothersome hot flushes and night sweats symptoms, compared with 17.1% of perimenopausal women and 28.5% of post-menopausal women aged under 55.

So bothersome hot flushes and night sweats appear a reliable indicator of perimenopause and menopause—but they're not the only symptoms. Nor are hot flushes and night sweats a western society phenomenon, as has been suggested. Women in Asian countries are [similarly affected](#).

Depressive symptoms and anxiety are also often linked to menopause but they're less menopause-specific than hot flushes and night sweats, as they're common across the entire adult life span.

The [most robust guidelines](#) do not stipulate women must have hot flushes or night sweats to be considered as having perimenopausal or post-menopausal symptoms. They acknowledge that new mood disturbances

may be a primary manifestation of [menopausal hormonal changes](#).

The extent to which menopausal hormone changes impact memory, concentration and problem solving (frequently talked about as "brain fog") is uncertain. [Some studies](#) suggest perimenopause may impair verbal memory and resolve as women transition through menopause. But [strategic thinking](#) and planning (executive brain function) [have not been shown to change](#).

Who might benefit from hormone therapy?

The Lancet papers [suggest](#) menopause hormone therapy [alleviates](#) hot flashes and night sweats, but the likelihood of it improving sleep, mood or "brain fog" is limited to those bothered by vasomotor symptoms (hot flashes and night sweats).

In contrast, the highest quality [clinical guidelines](#) consistently identify both vasomotor symptoms and mood disturbances associated with menopause as reasons for menopause hormone therapy. In other words, you don't need to have hot flashes or night sweats to be prescribed menopause hormone therapy.

Often, menopause hormone therapy is prescribed alongside a topical vaginal estrogen to treat vaginal symptoms (dryness, irritation or urinary frequency).

However, none of these guidelines recommend menopause hormone therapy for cognitive symptoms often talked about as "brain fog."

Despite musculoskeletal pain being the most common menopausal symptom in [some populations](#), the effectiveness of menopause hormone therapy for this specific symptoms still needs to be studied.

Some guidelines, such as an [Australian endorsed guideline](#), support menopause hormone therapy for the prevention of osteoporosis and fracture, but not for the prevention of any other disease.

What are the risks?

The greatest concerns about menopause hormone therapy have been about breast cancer and an increased risk of a deep vein clot which might cause a lung clot.

Estrogen-only menopause hormone therapy is [consistently considered](#) to cause little or no change in breast cancer risk.

Estrogen taken with a progestogen, which is required for [women](#) who have not had a hysterectomy, [has been associated with a small increase](#) in the risk of [breast cancer](#), although any [risk appears to vary](#) according to the type of therapy used, the dose and duration of use.

Estrogen taken orally has also been associated with an increased risk of a deep vein clot, although the risk varies according to the formulation used. This risk is avoided by using estrogen patches or gels [prescribed at standard doses](#)

What if I don't want hormone therapy?

If you can't or don't want to take menopause hormone therapy, there are also effective non-hormonal prescription therapies available for troublesome hot flushes and night sweats.

In Australia, most of these options are "off-label," although the new medication [fezolinetant](#) has just been [approved](#) in Australia for postmenopausal hot flushes and [night sweats](#), and is expected to be

available by mid-year. Fezolinetant, taken as a tablet, acts in the brain to stop the chemical neurokinin 3 triggering an inappropriate body heat response (flush and/or sweat).

Unfortunately, most over-the-counter treatments promoted for menopause are either [ineffective or unproven](#). However, cognitive behavior therapy and hypnosis [may provide symptom relief](#).

The Australasian Menopause Society has useful [menopause fact sheets](#) and a [find-a-doctor](#) page. The [Practitioner Toolkit for Managing Menopause](#) is also freely available.

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