HARLEY STREET EMPORIUM

MENOPAUSE
A GUIDE

WELCOME

Menopause can be confronting for many women - the hot flushes, the mood swings, depression and a host of issues including one that isn't spoken about much - female sexual dysfunction.

Here we've collated a set of articles that cover some of the major issues women face during this transition period ranging from menopause symptoms and the various options for coping with them to a look at how menopause affects your skin and body and what you can do about it.

The content in this guide aims to be as informative, up-to-date and educational as possible so you can make informed decisions about how you want to handle your menopause.

Please remember - it's a huge topic and this is a short guide. While the content is broad it does not, unfortunately, cover everything - so if you have questions please see your doctor. The guide is not a replacement for your GP's advice and is meant as information only.

At the end of the guide are some links to organisations that offer support and advice on menopause and related issues.

We hope this guide is helpful for you. Enjoy!

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MENOPAUSE - A GUIDE

HEATHER STEPHEN

What is menopause?

Heather Stephen explains what causes menopause and what it does to you.

Menopause is the time in life when your oestrogen levels drop and your periods stop. For most women this occurs in the early 50's – the average age in the UK is 51.

But in the years leading up to it there are various signs and symptoms – many of which may continue for years after your periods stop as well.

The period leading up to menopause is known as perimenopause.

How do I know if I'm perimenopausal (approaching menopause)?

Most women – around 8/10 in fact, will experience some symptoms in the lead up to menopause, but how long they last and how severe they are varies from woman to woman.

Symptoms can start a few years before your periods stop or in some case, just a few months before they stop, and they can persist for more than a decade afterwards. The average is around four years.

Menopause can also have a sudden onset – if you've had to have your ovaries removed as the result of cancer or an accident, for example.

In this case, there is a chance that the symptoms may be worse

What are the symptoms and what can help?

- **Changes to your periods:** They may become irregular and may also be heavier or lighter than usual. They may become more frequent or further apart - sometimes months apart. Eventually they'll stop.

- **Hot flushes:** These are short, sudden feelings of heat, usually in the face, neck and chest, which can make your skin red and sweaty. They can feel like they're going through your whole body in a wave like motion or be localised in the upper body.

Tip: Keeping a fan handy can help.

- **Night sweats:** These are hot flushes that occur at night which can be slightly annoying in that it's difficult to regulate your body temperature and you feel like you have to keep taking your covers off and on. In more severe

cases you can end up in a pool of sweat.
Tip: Sleeping in a well ventilated, cool room with lighter bedding can help.

Difficulty sleeping: Waking up at 3 am and staring at the ceiling for a couple of hours is not uncommon.

This may make you feel tired and irritable the following day.

Tip: If you can't sleep, lying there fretting won't help - get up and read for a while. Try to avoid screens like your phone, laptop or TV as they can make it harder to fall sleep.

- **Decreased sex drive (libido):** a lack of interest in sex and in many cases a dry or itchy vagina can make sex a less appealing option than before and can have flow on effects on relationships. Pain during sex is also common. (See Article 7)

- **Concentration and memory loss:** you may feel like you're not getting through things as efficiently as before and may start to forget things more easily.

- **Headaches:** many woman report an increase in headaches and migraines.

Tip: Getting plenty of rest, drinking lots of water and taking over-the-counter painkillers may help.

- **Mood swings:** are a common complaint as are low mood, depression and anxiety. If you experience these it is important to speak to your GP.

- **Joint and bones problems:** You may become less flexible, have aches and pains and lose muscle mass and bone strength.

Tip: Keeping active is vital – especially if you want to avoid brittle bones, or osteoporosis.

- **Urinary tract infections (UTIs):** you may get these more often.

- **Palpitations:** you may notice irregular heart beats. If these symptoms are bothering you there are treatments available – so see your GP.

- **Stress incontinence: (**Peeing when you sneeze or cough.) Menopause causes changes to the thickness of the vaginal wall and this can result in less support for the urethra and the result is a bit of leakage.

Tip: Pelvic floor exercises and having sex can help, but when that's not enough there are other treatments at hand. (See Article 7)

DR HARAN SIVAPALAN

HRT myths

Everyone has an opinion on HRT but there are a lot of ill-informed ones. Dr Haran Sivapalan runs through some of the common myths surrounding hormone replacement therapy.

1."HRT will give me cancer"

While HRT does increase the risk of certain types of cancer - breast, ovarian and endometrial cancer, the overall risk of developing cancer on HRT still remains low. In general, many clinicians believe that the benefits of HRT tend to outweigh the risks.

The exact increase in cancer risk depends both on the type of cancer, as well as the type of HRT being used.

Breast cancer

For every 1000 menopausal women, about 22 go on to develop breast cancer. Taking HRT slightly increases the risk and the level of risk depends on the type of HRT you are taking. Combined HRT (which contains both oestrogen and progestogen) slightly increases the risk of developing breast cancer. This means that for every 1000 women over the age of 50 taking HRT for 5 years, an extra five women will get breast cancer.

This increase in risk is similar in scale to that caused by drinking 2-3 units of alcohol every day, or from being overweight or obese.

Oestrogen-only HRT does not significantly alter the risk of developing breast cancer with approximately 2 extra cases after 5 years.

Ovarian cancer

Both oestrogen-only and combined HRT slightly increase the risk of ovarian cancer. For every 1000 women over the age of 50 taking HRT for 5 years, one extra person will get ovarian cancer.

Endometrial (womb) cancer

Oestrogen-only HRT increases the risk of developing cancer of the womb (endometrial cancer) by two to threefold.

Due to this increased risk of endometrial cancer, oestrogen-only HRT is typically reserved for women without a womb (e.g. women with a previous hysterectomy).

Combined HRT (particularly continuous HRT where you take progestogen for 10 continuous days in a 28 day cycle) can counteract the risk of endometrial cancer.

Putting these figures into perspective, if every woman were to avoid taking HRT, about 1,700 cases of cancer would be prevented. By comparison, keeping a healthy body weight would prevent 18,100 cases of cancer. Not smoking prevents 64,500.

Moreover after stopping HRT, a woman's risk of these cancers gradually goes back to baseline

(i.e. the same risk as if she had not taken HRT in the first place).

2. "HRT will give me blood clots and may even cause a stroke"

It's true that oral HRT (both oestrogen only and combined) increases the risk of developing a blood clot by about two-to-threefold. The risk of developing a blood clot, however, is very small, regardless of whether or not you're on HRT.

For every 1000 women taking HRT over a period of 7.5 years, only two will develop a blood clot.

People at higher risk of blood clots (e.g. those with a clotting disorder/thrombophilia) can be given transdermal HRT (e.g. skin patches), which does not increase the risk of blood clots.

For women under 60, HRT has very little effect on the risk of stroke.

For women over the age of 60, HRT does slightly increase the risk of stroke. Studies show that for every 1000 women (over the age of 60) taking HRT, an extra six will suffer from a stroke.

3. "HRT will make me fat"

There is no evidence to suggest that HRT causes weight gain. People tend to gain weight in middle age and this may be falsely attributed to HRT. As in all stages of life, a healthy diet and exercise can help people maintain a normal body weight.

4. "I can't get pregnant if I'm on HRT"

You can still get pregnant when taking HRT – it is not a contraceptive.

Fertility doesn't immediately drop off duringF menopause. As such, women are advised to continue using contraception until two years after your last period (or one year after your period if you're aged 50 and over).

5. "You can only take HRT for a certain number of years"

HRT is taken for as long as is necessary. Of course, this varies from individual to individual. When it is taken solely to ease menopausal symptoms, it is typically taken between 2 and 3 years. When HRT is used to help prevent osteoporosis, it is often taken for a minimum of 5 years.

6. "Alternative medicines and therapies are better than HRT"

There are various alternative and complementary medicines purporting to ease menopausal symptoms. Unfortunately, the evidence base for these therapies is mixed, whereas the evidence supporting HRT is fairly robust. Alternative and complementary medicines also have side effects and risks. For example, St. John's Wort can interfere with other medications. Women are advised to discuss any alternative or complementary medicines with their GP or physician.

HEATHER STEPHEN

Menopause: what does it do to our skin and how can we fight back?

Hot flushes, drenched in sweat, sheets on and sheets off all night long – sound familiar? No wonder mood swings are a common symptom of menopause – and all of this can go on for years. And if that weren't bad enough, your skin seems to go south almost as fast as the rest of you. But there are things that can help.

What does it do to our skin?

"Oestrogen is one of the main hormones in our body and when it diminishes it has a massive effect on our body." Says GP Dr Louise Newson who runs a private menopause clinic at Spire Parkway Hospital in Solihull.

"Up to 80% of women have symptoms of menopause and a quarter of women have severe symptoms that often have a negative impact on their lives."

And she adds: "Menopause affects skin as low oestrogen levels reduce collagen and elastin and blood flow to the epidermis leading to thinning and less hydration."

And there are multiple issues that flow from that, so let's tackle them one-by-one.

1. Sagging skin and wrinkles

Dr Christine Or from Dr Christine Medical Aesthetics in Tunbridge Wells says these classic signs of ageing go hand in hand with the start of menopause. "With the loss of collagen women often notice they are looking tired and sad and their face is feeling saggy and more wrinkled."

Fight back:

Dr Or recommends wrinkle relaxing injections for frown marks, crow's feet and forehead lines, coupled with a good skincare regime including night cream with vitamin A and daily SPF 30-50 sunscreen all year round.

If your concerned about the sagging she prescribes the 8-point non-surgical facelift where small amounts of filler are placed to create a "naturally rejuvenated and gently lifted appearance."

2. Dry skin

"Oestrogen is an important hormone which helps to keep your skin healthy and plumped up so when it starts to decline this causes the skin to dry and wrinkle," says Brighton-based consultant dermatologist, Dr Claudia DeGiovanni.

Fight back:

Dr DeGiovanni recommends "heavier creams designed for mature skin, to concentrate on the thinner skin around the eyes and to use a

good body moisturiser within five minutes of showering."

Dr Newson adds HRT can improve skin hydration by replacing oestrogen levels in the body.

3. Spots and oily skin

And just when you thought you'd never see another spot on your face again, you may suddenly find that you are covered in them. Generally, this is more of a problem during the perimenopause – the period leading up to menopause. It is most common in women who had spots in their teen years but a minority develop acne for the first time.

Fight back:

"In most cases this is a manageable condition which can be treated with over-the-counter creams containing benzoyl peroxide," says Dr DeGiovanni. "Topical antibiotics and retinoids are usually effective," she adds. Cleanser that contain Salicylic Acid are also useful as they help control sebum production, clear the pores and reduce inflammation.

4. More sun damage

"Menopausal skin is more susceptible to UV damage causing deeper wrinkling and sun damage like age spots and lentigo – small brown spots on the skin," says Dr DeGiovanni.

Fight back:

To avoid further damage the British Skin Foundation advises using sunscreen with a minimum SPF 30 to protect against UVB rays which can cause skin cancer and which has a four or five star UVA rating to combat signs of ageing.And Dr DeGiovanni adds: "Make sure you reapply your sunscreen every few hours, wear a wide brimmed hat and check your skin periodically for changing moles."

That's skin done – but what about the body?

1. Hot flushes

This is the best known and most common sign of menopause – affecting three out of four women. They feel like a sudden rush of heat to the skin and can be joined by sweating, palpitations and a flushed complexion. Some women only have them occasionally but others can have around 20 hot flushes a day.

Fight back:

"Hormone Replacement Therapy (HRT) is the best treatment," says Newson. "Some studies over a decade ago suggested a possible link between some types of HRT and breast cancer.

"But more recently studies have shown that when HRT is started in women under 60, there is a lower risk of heart disease, osteoporosis and diabetes.

"Some types of HRT can slightly raise your risk of breast cancer – less than the risk from drinking a couple of glasses of wine a night – but now the evidence clearly shows that the benefits of taking HRT outweigh any risks for the majority of women."

2. Vaginal dryness

"Vaginal dryness is not only an issue during sex but can cause irritation and soreness generally which can really affect quality of life," says Dr Newson."Around 70% of people experience vaginal dryness during menopause. However, very few of these women ask their doctor for help. Many women believe that vaginal dryness is just a part of the ageing process and nothing can be done when this is just not the case."

Fight back:

Don't be embarrassed to talk to your doctor who can prescribe vaginal oestrogen tablets, creams or an oestrogen ring which can all be used long term.You can also try over-the-counter vaginal moisturisers or lubricants and Dr Newson recommends opting for natural products to avoid irritation.

Take home message

Many women fear menopause but with a little know-how you can tackle the effects and, surely, no more periods or PMS is something to celebrate?

Harley Street Emporium recommendation:

BEAUTE PACIFIQUE

Super Booster 3
Night Cream

Helps repair sun damage, improves skin texture and reduces wrinkles and fine lines.

NEOSTRATA

Skin Active
Cellular Restoration

A potent anti-aging night cream that firms and lifts and repairs aging and sun-damaged skin.

NEOSTRATA

Sheer Physical
Protection

A Mineral based moisturiser with antioxidants to help fight against further skin damage and repair.

ACCLENZ

Purify & Renew
Foaming Cleanser

Gently removes all traces of make-up and impurities while reducing excess oiliness to reduce blemishes.

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DR HARAN SIVAPALAN

Do you need to take supplements for menopause?

Dr Haran Sivapalan takes a look at some of the more common supplements and what you can do you help yourself without forking out unnecessarily for things you don't really need.

The market is awash with products for menopausal women and it can be hard to work out what you really need through all the hype. Let's start with the ones you may need.

Do I need calcium and vitamin D supplements?

In short, a daily supplement of 10 micrograms of Vitamin D is recommended for women during menopause.

Oestrogen also plays a major role in keeping bones strong. Among other things, it prevents the breakdown or "resorption" of bone. A fall in oestrogen levels during menopause can therefore lead to a loss of bone density. In fact, bone density may decline by as much as 20% in the 5-7 years after menopause. As a result of these changes, women in menopause are more likely to develop osteoporosis – a condition which produces fragile bones that are at risk of fracture.

Calcium:

To keep your bones strong and reduce the risk of osteoporosis, it is important to get enough calcium and vitamin D in your diet. It is recommended that adults get at least 700mg of calcium per day. For post-menopausal women, the British Dietetic Association recommend an intake of 1200 mg of calcium per day.

Calcium can easily be obtained from diet alone. Foods which are good sources of calcium include:

- dairy products – e.g. milk, yoghurt and cheese.
- foodstuffs fortified with calcium – e.g. most breads, certain cereals, certain soya products.
- fish that is eaten with bones – e.g. sardines certain green, leafy vegetables – e.g. broccoli, cress and kale.

Taking excessive amount of calcium in supplements can have its drawbacks so it's

important for your GP to do a blood test to determine if you are at risk of osteoporosis. If you already have or are at greater risk of osteoporosis, you may be prescribed calcium supplements by your doctor.

Vitamin D:

Vitamin D is also required to maintain healthy and strong bones. Our bodies make vitamin D using sunlight and this is the largest source of our intake. Unfortunately, adequate exposure to sunlight can be difficult, especially in the Northern hemisphere and for people with darker skin.

Vitamin D can also be obtained from foods such as:

- oily fish
- eggs
- red meat and fortified foods such as spreads and cereals.

It is difficult to get enough Vitamin D from diet alone. As such, most adults (including women during menopause) are recommended to take a daily supplement of 10 micrograms of Vitamin D.

But, once again, excessive amounts of Vitamin D in supplements can damage your health – so stick to the recommended guidelines. More is not always better!

Is there any evidence they may be of benefit?

There are various other dietary supplements that are said to help with symptoms of menopause.

The most popular of these include:

- Black cohosh
- Soy/Isoflavones
- Red clover
- Agnus castus.

Black cohosh (cimifuga racemosa) is a plant extract from a member of the buttercup family. It is used to treat hot flushes and depressive symptoms during menopause.

There are some clinical trials demonstrating that it is effective in this regard, but many of these studies may have been poorly conducted, and it has been associated with liver damage.

Nevertheless, the German health system has approved a 40 mg daily supplement of black cohosh (under the trade name of Remifemin) for the treatment of menopausal symptoms.

The supplement is normally taken for up to 6 months. If you are thinking of taking Black cohosh, it is advised to speak to your GP beforehand.

Soy supplements contain phytoestrogens – plant-based substances which act similarly to oestrogen in the human body. It is thought that phytoestrogens within these supplements can counteract the body's fall in oestrogen production that occurs in menopause.

Soy supplements and foodstuffs are rich in a specific class of phytoestrogen called 'isoflavones'. Unfortunately, there isn't much evidence to suggest that soy consumption can help with hot flushes or other menopausal

symptoms. That said, studies do show that eating 25 grams of soy per day can help reduce cholesterol in your bloodstream.

Red Clover (trifolium pretense) supplements also contain isoflavone phytoestrogens. Although shown to be safe and well tolerated, there is not much evidence to suggest that red clover supplements can improve menopausal symptoms.

Vitex agnus-castus, also known as Chasteberry is primarily used to alleviate the symptoms of premenstrual syndrome but some studies have shown it to be effective at reducing hot flashes, irritability and sleep disturbances.

It has a hormone regulating effect and it may be useful in the peri-menopausal phase to help settle the hormone fluctuations.

It has been used in Germany and Greece widely where herbal medicines are often used alongside traditional medicines but more research is needed to establish its effectiveness when it comes to specific menopausal symptoms.

Other herbal supplements such as **ginseng, valerian root, dong quai, evening primrose** and **gingko** have very little evidence to support their use in treating menopause symptoms.

So what supplements should I take?

Aside from a healthy diet and lifestyle, 10 microgram Vitamin D supplements are recommended for all adults (including women during menopause).
There are no other specific dietary requirements for menopause, although a doctor or nutritionist may recommend other supplements (e.g. calcium, magnesium) depending on your individual health needs.

There is a small amount of evidence suggesting that soya and black cohosh supplements can help with high cholesterol and hot flushes respectively.

If you decide you want to take these supplements, it is best to discuss this with your doctor beforehand.

Why is a healthy, balanced diet important in menopause?

Levels of the hormone oestrogen fall in menopause. Oestrogen normally has a 'cardioprotective' effect – this means it reduces the risk of having a cardiovascular disease such as a heart attack or stroke.

Conversely, a fall in oestrogen levels

during menopause can increase the risk of cardiovascular disease.

To counteract this, a balanced diet can help maintain a healthy heart and cardiovascular system and reduce your risk of heart attack and stroke.

According to The Eatwell Guide, a balanced diet includes:

- eating at least 5 portions of fruit and vegetables a day.
- cutting down on salt and saturated fat.
- increasing fibre and wholegrain intake.
- eating two portions of oily fish per week.

And then there's exercise.

Keeping active – with weight bearing or resistance exercises is also vital for bone health. A brisk 30 minute walk at least 3-4 times a week will go a long way to keeping your bones in order.

Yoga and pilates are great for core strength and balance which helps decrease the risk of falls. Some resistance training is also recommended these days for keeping up bone and muscle strength.

Exercise can also helps with anxiety, depression and mood swings – and, all that extra blood flow is good for the skin.

DRS HANNAH SWEILAM, HARAN SIVAPALAN & A BOLIN

Bioidentical hormones: a better, safer alternative to HRT?

Women are turning to bioidentical hormones because they think they're a safer and 'natural' alternative to conventional hormone replacement therapy (HRT), but is it?

Menopause isn't fun. Hot flushes, mood swings, bathed in a pool of sweat and unable to sleep at night – it's no wonder women seek relief. And these days it seems more and more women are seeking 'natural' alternatives in the form of bioidentical hormones.

It's hard to get exact figures on how many women are using bioidentical hormones as they can be bought online or over-the-counter in compounding pharmacies and aren't regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA) here or by the US Food and Drug Administration (FDA) in the US, but according to the North American Menopause Society it's anywhere between 28-68% of women.

But do they really know what they're taking? One survey of 3000 women in America asked: "Do you believe that bioidentical hormone therapies compounded at a specialty pharmacy are FDA-approved?" A staggering 90% of respondents either didn't know or thought they were government approved treatments.

So what are bioidentical hormones?

Regular HRT works by replacing a woman's two main sex hormones, oestrogen and progesterone. The versions in HRT may not be exactly the same as those produced by our own body; they have a slightly different chemical structure.

Bioidentical hormones, on the other hand, are sometimes defined as substances that are chemically identical to those produced by the body. They are sometimes called "body-identical hormones" (medications containing chemically identical progesterones or oestrogens (estradiol, estrone and estriol). Examples include plant-based phytoestrogens such as soy and yam. Some forms of HRT available on the NHS use bioidentical hormones.

Then there's a third and increasingly popular form known as Bioidentical Hormone Replacement Therapy (BHRT) - this is a customised ('compounded') formulation intended to provide a tailor-made mixture of bioidentical hormones, doses, and delivery systems to meet an individual's needs. It is often used as a treatment for menopause. This service is not available through the NHS.

Are bioidentical hormones safer and better?

Bioidentical/body identical hormones can be effective in treating menopausal symptoms and

indeed, as mentioned above, some are licensed in the UK and even available through the NHS. However, so far they have not had the beneficial scrutiny of long term studies like traditional HRT.

Without data that shows whether damaging effects will show up in the long term, bioidentical hormones are still considered controversial by many.

The claim that bioidentical/body identical hormones are safer because they have the same chemical structure as those produced by our own body is attractive. Yet, there is no reliable evidence at present to support this theory, because there have been no long term studies like there has been with HRT.

When it comes to treatment for the symptoms of menopause, however, the term bioidentical hormones often refers to something very specific: bioidentical hormone replacement therapy (BHRT).

Bioidentical Hormone Replacement Therapy (BHRT)

The hormonal compounds used in BHRT are frequently derived from plants such as soy and yam, and are sometimes seen as a more 'natural' alternative to HRT. The fact that they are made from plant sources does not make them more natural though, as these substances undergo a great deal of alterations in a lab. It's also difficult to define what "natural" means - as mentioned before, some regular HRT is derived from plant sources too.

In BHRT, a saliva test is used to measure the woman's hormone levels and a mixture of hormones is prescribed accordingly. Saliva tests have been found to be unreliable in some circumstances and the idea that salivary hormone levels are related to menopausal symptoms has no scientific foundation.
Even with conventional HRT, measurement of blood hormone levels is believed to be inexact as hormone levels fluctuate, and levels don't always correlate with the symptoms experienced. Instead, patients are started on a low dose of HRT, which can be increased according to how well their symptoms respond. Put another way, HRT dosing is governed by symptoms, not testing.

What's the problem with HRT?

HRT is effective at alleviating menopausal symptoms like hot flushes, fatigue, trouble sleeping and vaginal dryness. It's also helps reduce the risk of bone thinning or osteoporosis. But this may come at a price for some people. Large studies confirmed that HRT increases the risk of breast cancer, stroke and blood clots in legs and lungs.

According to Cancer Research UK the risk from HRT after 5 years of use is relatively low and depends on the type of HRT you are taking. It says if 1000 women starts taking HRT at 50 for five years there will be 2 extra cases of breast cancer and one extra case of ovarian cancer. The risk is much lower than being overweight or smoking.

To put it another way, not taking HRT would prevent 1700 cancer cases a year, but not being overweight would prevent 18,100 while not smoking would prevent 64,500 cancers a year.

Some believe that the unwanted effects of HRT are a result of its different chemical structure

and that this disrupts the natural balance of immune, inflammatory and blood clotting factors in our bodies. This has not been proven but it's understandable that some women may look for an alternative to HRT; one that's perceived to be safer.

Bioidentical Hormone Replacement Therapy versus regular HRT?

The main concern regarding bioidentical hormone replacement therapy (BHRT) is the lack of regulation. The custom-mixed formulations made by compounding pharmacists or bought online may contain different quality and quantity of hormones. These formulations are unregulated products that haven't been tested for safety or effectiveness.

They can include a wide variety of ingredients and the regulatory authorities can't check that these ingredients are used together in an effective way or that they will be absorbed properly. Claims that custom-mixed bioidentical hormone replacement therapy is safer in terms of long-term health risks and more effective are not supported by clear evidence. In March 2017, the British Menopause Society issued the following statement expressing concern about the safety of unregulated bioidentical hormone treatments:

"It should be noted that such products are not regulated, licensed nor monitored by the MHRA, which is the regulatory body in the UK with responsibility to ensure that medicines meet applicable standards of safety, quality and efficacy.

The term 'bioidentical hormones' is misleading; when Hormone Replacement Therapy (HRT) is indicated, women should be advised to only take those hormone therapies that are regulated and approved by the MHRA, which include hormones which are natural and identical to those produced in the body."

The take home message from the British Menopause Society is that it endorses bioidentical hormones that are licensed and regulated, but does not endorse unlicensed bioidentical hormones or tailor-made mixtures (i.e. bioidentical hormone replacement therapy). In short, bioidentical hormone replacement therapy means more unknowns than HRT, and claims stating that bioidentical hormones are safer than HRT have not been validated. Bear in mind that there are licensed biomedical hormones to choose from and that custom-made mixtures are untested. And there's also a question mark over whether or not you're actually getting what you pay for.

According to Harvard Health the FDA randomly tested 37 products from 12 compounding pharmacies in 2001 and found that nine (24%) were less potent than they claimed to be. By contrast, random samples from FDA approved products found that only 2% failed the potency test.

The upshot?

In the end this will be an individual decision, but it's always wise to consult your doctor, especially if you have a family history of breast cancer or cardiovascular disease. Even if you've been given the all clear, you may decide to steer clear of HRT in any form altogether, but if you do decide to try, it may be a case of trial and error to get the symptom relief you're looking for.

06

DR HARAN SIVAPALAN

DHEA, Menopause & the skin

DHEA is a popular treatment for menopause symptoms, and while some women swear by it, it isn't always smooth sailing. Dr Haran Sivapalan explains.

What is DHEA?

DHEA stands for dehydroepiandosterone. It is sometimes known as 'prasterone'. It is a hormone naturally produced by the body's adrenal glands. More accurately, it is classified as a 'precursor hormone' - DHEA is converted by the body's tissues (including the ovary, skeleton and breast tissue) into other hormones – oestrogens and testosterone.

Your body's natural production of DHEA reaches a peak at around age 25. It then declines gradually – reaching 30% of the peak level at menopause.

Synthetically produced DHEA is sometimes used as a treatment for symptoms of menopause, which include hot flushes, night sweats, vaginal dryness and decreased libido.

DHEA is not currently licensed for use in the UK, where the current first line treatment for menopausal symptoms is conventional HRT (Hormone Replacement Therapy). However, doctors may sometimes prescribe DHEA "off-label" as an alternative to HRT for loss of libido.

In the USA, DHEA may be purchased without a prescription. It is licensed for the treatment of vaginal atrophy and painful intercourse that result from menopause.

DHEA may be taken orally, via skin patches, or vaginally as a cream or pessary.

Why might it be useful in menopause?

Symptoms of menopause arise from reduced production of progesterone and oestrogen hormones by the ovaries. Lower levels of oestrogens (which include estrone, estriol and estradiol) may cause thinning and dryness of the vagina and pain during sexual intercourse (dyspareunia).

Once in the body, DHEA gets converted into oestrogen (estrone and estradiol). DHEA may therefore help to increase levels of circulating oestrogen and thereby help symptoms of vaginal dryness and painful intercourse.

Women in menopause may also experience reduced libido. This may be due to reduced levels of the hormone testosterone. DHEA also gets converted into testosterone and therefore may restore sexual desire by increasing levels of testosterone in the body.

What does the evidence say?

A Cochrane Review, widely considered to be the gold standard for assessing the effectiveness of a treatment, found that DHEA slightly improved sexual function, libido and sexual satisfaction

compared to placebo. DHEA was not found to be better than conventional HRT in this regard.

Despite collating and analysing results for 1,273 menopausal women across 28 clinical trials, there was insufficient data to conclude whether or not DHEA could relieve other symptoms of menopause (such as flushing, night sweats and vaginal dryness).

The Cochrane Review found that using DHEA did not significantly improve measures of quality of life/wellbeing in menopausal women.

Currently, the evidence suggests that HRT is the best first-line treatment for menopausal symptoms. Anti-depressants are also sometimes prescribed for hot flushes and night sweats. More studies are required to fully assess the benefits of DHEA.

DHEA and the skin

The 2015 Cochrane Review revealed that about 15% of women taking DHEA developed acne. Acne is likely due to the increased levels of testosterone brought about by DHEA.

More positvely, there is early research suggesting topically-applied DHEA may help with the rejuvenation of aged skin. These results, however, are preliminary and more rigorous research is needed.

DHEA and side effects

According to the Mayo Clinic, DHEA should be taken under the supervision of a medical practitioner as too much of it has been linked to strokes and heart attacks.

A range of side effects have been recorded in women taking it. While the Mayo Clinic says DHEA is possibly safe when applied to the skin of postmenopausal women for up to one year, it may cause decreased breast size, the voice to deepen, increased genital size, irregular periods, oily skin, and unnatural hair growth – usually on the face.

Some women have reported mood swings and an increase in aggressive behaviour.
It can interfere with a number of medications and may lower blood pressure.
It may also increase the risk of liver, breast, and ovarian cancer as well as strokes and heart attacks.

See your doctor if you are thinking about taking DHEA.

07

DIJA AYODELE

Talking Facts about Female Sexual Dysfunction

The biggest unspoken issue affecting female health and wellbeing. Dija Ayodele investigates what it is and what you can do about it.

Are you less interested in sex? Taking longer to get in the mood? Perhaps sex is great but you find yourself sore and in pain afterwards? Do you feel an itchy burning sensation in your vagina or the skin around it (which may be flaky or looking less than a vibrant pink)?

If you're nodding yes to any or all of these questions, then you may have what's known as Female Sexual Dysfunction or FSD. FSD is a catch all term for a number of symptoms that affect female sexual health ranging from low libido, difficulty getting aroused, inability to achieve orgasm (even after lengthy stimulation) and pain during sexual intercourse. Women often experience more than one of these complaints together.

Uncovering FSD

Dr Shirin Lakhani, a GP and also the owner of Elite Aesthetics, confirms "Female sexual dysfunction is a huge problem in the UK, that is not really acknowledged. It's not a condition recognised by the NHS. Even though there are many physical symptoms, it is treated as a psychological issue."

It is very difficult to get an exact number, however, anecdotally FSD affects 40-60% of the female population at some stage in life. It is a very isolating and frustrating condition that has been swept under the carpet for many years.

"There is a large body of evidence that shows FSD tends to occur mainly during periods of hormonal upheaval," meaning that it could strike at various key life stages – predominantly around childbirth and menopause.

Dr Shirin Lakhani GP

During and post pregnancy as well as breastfeeding are common junctures at which some women experience FSD.

In varying degrees FSD affects both perimenopausal and menopausal women. Menopause lowers oestrogen levels in the body. The face is often the focus of attention when

women hit menopause and the lack of oestrogen seemingly speeds up the aging process. However, other parts of the body also suffer from lower oestrogen levels.

Your breasts, vagina and labia all have oestrogen receptors and the lower oestrogen levels results in thinner vaginal walls, lack of lubrication and loss of skin elasticity.

Dr Louise Newson

Dr Louise Newson, GP and Menopause expert says "7 out of 10 women going through menopause can experience symptoms including vaginal dryness, irritation and pain.

Some women even find sitting down uncomfortable." And she says they often suffer in silence. "Many women are not receiving treatment and are not talking about their symptoms."

Psychological issues, if left untreated, also play a role in FSD. Anxiety, depression, emotional conflicts, stress, previous or current sexual abuse are all contributory factors that reduce sexual responsiveness and performance.

Likewise, major illnesses can also throw the body and hormones into disarray. Cancer (as well as chemotherapy), diabetes and heart problems all play a role when considering the causes of FSD.

Routinely prescribed medications can also bring on the symptoms of Female Sexual Dysfunction at any age. For example, some prescribed antidepressants, antihistamines and blood pressure medications can lower libido and also your ability to achieve orgasm.

Available Treatments

Like the causes, treatments for FSD are broad but can be split into two main camps – medical and non medical.

With the latter, one of the most simple solutions is Talking Therapy (i.e. Cognitive Behavioral Therapy), especially if the origin is psychological.

According to Dr. Lakhani,"the NHS tends to refer women for psychosexual treatment."

There are therapists who specialize in sex and relationship problems and can provide education on processing and enhancing your body's sexual responses.

Another inexpensive solution is the use of lubricants e.g. KY Jelly to make sexual intercourse more comfortable and help with vaginal dryness. If you couple this with a device like a vibrator for clitoral stimulation you also stimulate arousal that may lead to improvements in your sexual lifestyle.

The medical approach to treating FSD will first address any underlying medical conditions or hormonal imbalance. If there is a hormonal basis, doctors will recommend hormonal therapy first to redress the balance.

Dr Daniel Sister, hormone specialist and creator of the Dracula Therapy, recommends ruling out any underlying medical issues before local vaginal treatments are administered.

"Hormonal testing is a must, as most of the time there is a hormonal deficiency, especially in the older patient."

Although primarily a male hormone, a small

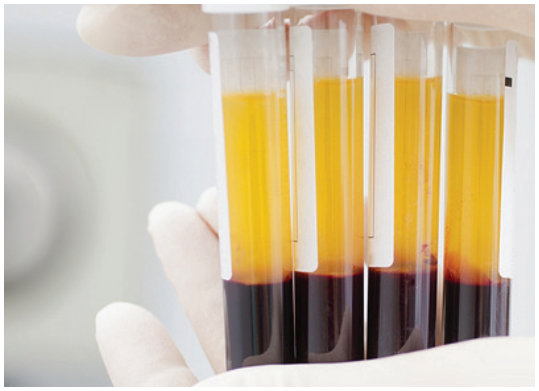
amount of testosterone is necessary for female sexual health.

Dr. Newson is an advocate for low doses of testosterone, "When women's levels of testosterone decreases, women may find that they desire sex less often and when they do have sex, it is not as pleasurable as it used to be. Testosterone is really beneficial at improving general well-being, mood, energy, concentration and also sex drive (or libido)."

Applying localized oestrogen through a vaginal ring, cream, pessary or tablet is a common prescription that improves vaginal tone and delivers improved vascular function through increased blood flow.

At Dr Sister's practice, addressing hormonal issues often brings about an improvement in symptoms. However, sometimes a more invasive treatment is required. Hence, alongside clinical nurse specialist Claudia M., Dr. Sister developed the Revulva technique – a form of treatment with PRP (Platelet Rich Plasma) that involves drawing blood, spinning it down to get the platelet rich plasma and re-injecting an enhanced version to rejuvenate vaginal tissue.

"Revulva uses your entire blood plasma that has been enhanced with other beneficial ingredients such as hyaluronic acid which is injected into vaginal tissue to stimulate the area's own natural sensations and enhance sexual wellbeing."
Dr Sister advocates tailoring treatments to the individual when addressing FSD.



He says "second level solutions also need to be considered as sometimes plasma injections wouldn't be enough, and a combination treatment would be required combining hormones, plasma and technological devices."

Newer Treatments

Another relatively new treatment gaining popularity is the O Shot, which Dr. Lakhani also administers.

It involves injecting plasma into vaginal tissue and also the clitoris. (As painful as that sounds the area is numbed first!) Since she started the treatments in 2015, Dr Lakhani has seen steady interest and has administered over 200 O Shot injections.

"It's starting to become a popular treatment as awareness increases and women recognize that there are treatments for sexual dysfunction available. Radio Frequency (to address vaginal laxity) and the O Shot together give phenomenal results," she says.

Interestingly the O Shot and PRP treatments are also popular and successful treatments for stress incontinence.

Dr Lakhani says the majority of people who come for the procedure are there to improve their sex lives, but emphasizes that relieving stress incontinence "is one of the main reasons people seek out the O Shot."

Although relatively new, and in spite of the need for a larger body of practical evidence for plasma based FSD treatments, its results to date appear to be very promising for the symptoms of FSD and stress incontinence.

Another new treatment that is gaining popularity on the market these days is radio frequency vaginal rejuvenation.

This involves using a handheld radio frequency device which cools and heats vaginal tissue and tightens it. It also promotes new collagen production which helps to fortify the vaginal walls.

Whilst it is difficult to say exactly how effective these treatments are, findings from two clinical studies conducted by one device manufacturer, Geneveve, indicated that 90% of women on the trial still had increased and sustained tightening and sensation 12 months post treatment.

It can also be useful for treating stress/urinary incontinence.

Conclusion

If you think you might have Female Sexual Dysfunction, there are more options than ever for treatment and to improve the quality of your health. Speak with your healthcare provider about which treatments might be the best match for your needs.

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