MENOPAUSAL SYMPTOMS

Understanding, recognising, and managing your symptoms

Dr Claire Phipps

GP and Menopause Specialist

Introduction

What we'll cover today

01
What is menopause?

02
Your journey – how did you get here?

03
Menopause symptoms

04
How to manage menopausal symptoms

05
Genitourinary Syndrome of Menopause (GSM) treatments

06
Resources

What Is Menopause?

Perimenopause

Time leading up to menopause – symptoms occur while periods continue

Menopause

The point in time with no period for 12 consecutive months

Post-menopause

The rest of a woman's life after menopause

Early menopause

Menopause occurring under age 45

Premature Ovarian Insufficiency (POI)

Menopause occurring under age 40

Surgical / iatrogenic menopause

Abrupt menopause caused by surgery or medical treatment

How Cancer Treatments Trigger Menopause



Surgery (Oophorectomy)

- Removal of one or both ovaries
- Causes a sudden drop in oestrogen and progesterone
- Leads to immediate menopause
- Often results in intense menopausal symptoms



Chemotherapy

- Can damage ovarian follicles, reducing hormone production
- May cause temporary or permanent menopause
- Symptom severity varies with drug type and dose

How Cancer Treatments Trigger Menopause



Radiation Therapy

- Pelvic radiation may harm ovaries directly
- Reduces ovarian reserve and hormone output
- Menopause risk depends on dose and treatment location
- Can cause GSM symptoms



Hormone Therapy

- Used in hormone-sensitive cancers, e.g. tamoxifen or aromatase inhibitors
- Blocks oestrogen activity, causing menopause-like symptoms
- Includes hot flushes, vaginal dryness and mood changes

Symptoms

Menopausal symptoms fall into three broad categories



Psychological



Physical



Genitourinary

Psychological Symptoms

- Anxiety
- Low mood – loss of joy, colour gone out of life
- Worsening premenstrual tension (PMT)
- Irritability
- Low confidence
- Suicidal thoughts

- Poor memory and brain fog
- Poor concentration
- Inability to multi-task
- Lack of interest and motivation

Physical Symptoms

- Hot flushes and night sweats
- Irregular periods / menorrhagia
- Joint and muscle pains
- Headaches and migraines
- Poor sleep

- Hair and skin changes
- Tinnitus
- Weight gain
- Itchy skin / formication

Genitourinary Symptoms

Genitourinary Syndrome of Menopause (GSM)

- Urinary symptoms – recurrent infections, thrush
- Vaginal dryness
- Loss of libido

- Painful sexual intercourse
- Burning and itching
- Bleeding after sex

The menopause transition is most accurately described as a complex process of multidirectional interplay between physiology, psychology and behaviour that shapes health and quality of life.

Thurston, R.C., Thomas, H.N., Castle, A.J. et al. Menopause as a biological and psychological transition. Nat Rev Psychol 4, 530–543 (2025).

How Best to Deal With Symptoms



Use a symptom tracker

Note which symptoms you're experiencing – what are you ticking on the tracker?



Review your medication

Consider whether a medication holiday or medication change may help



Non-hormonal alternatives

Explore non-hormonal options where hormonal treatment isn't suitable



Lifestyle

Diet, exercise, sleep and wellbeing all play a role



GSM treatments

Targeted options for genitourinary symptoms



Hormonal options

Discuss suitability of hormonal treatment with your specialist

Non-Hormonal Options

Venlafaxine *37.5mg XL – 75mg XL*	Flushes, low mood, anxiety
Escitalopram *5mg – 20mg*	Flushes, low mood, anxiety (s/e: low libido, weight gain, irritability)
Oxybutynin *2.5mg at night*	Flushes and bladder symptoms (s/e: dry mouth/eyes; avoid long-term due to cognitive impairment risk)
Gabapentin *100mg tds – 300mg tds*	Flushes, anxiety, joint pains (s/e: weight gain, fluid retention, low libido; Schedule 2 controlled drug)
Fezolinetant (Veoza) *Non-hormonal option*	For VMS; not studied in women with a history of breast cancer
Elinzanetant (Lynkuet) *Non-hormonal option*	For VMS and has been approved for those with a history of breast cancer – a dual receptor antagonist

Genitourinary Syndrome of Menopause (GSM)

First-line, non-hormonal options

- **Yes® vaginal moisturiser**
- **Hyalofemme®**
- **Sutil® lubricant**
- **Yes® lubricant**
- **Organic coconut oil**
- **Pelvic floor exercises**
- **Women's health physiotherapy via the NHS**

Vaginal Oestrogen

- When non-hormonal treatments aren't enough, local vaginal oestrogen is often an option – though not always.
- Most women can safely use vaginal oestrogen after treatment for breast or gynaecological cancers.
- Start with low-dose options (e.g. Blissel®, Imvaggis®), which contain Estriol (E3) – this does not convert to oestradiol (E2).
- Aromatase inhibitor use (e.g. in breast cancer) requires specialist discussion – not an automatic "no," but a risks-and-benefits conversation.
- Oestriol has a higher affinity for urogenital oestrogen receptors than for breast receptors.

Serum E3 at 3 months

Post-menopause baseline: < 5 pg/ml

Imvaggis®	0 pg/ml
Blissel®	< 0.5 pg/ml
Ovestin®	4.1 – 6.2 pg/ml

How to Take Care of Your Bones

Bone health during menopause



Medications

- Bisphosphonates (e.g. alendronate)
- Denosumab



Lifestyle

- Weight-bearing exercise



Supplements

- Calcium
- Vitamin D

Lifestyle



Balanced diet

Plant-rich, Mediterranean-style eating



Regular exercise

Movement supports mood, sleep and bone health



Reduce alcohol

Lower intake can ease symptoms



Avoid smoking

Supports long-term health



Vitamin D & calcium

Support bone health



Quality sleep routine

Consistent, restful sleep



Mental wellbeing

Maintain connection and support



Relaxation & self-care

Make space to rest and recharge



Life After Breast Cancer

Emotional Wellbeing After Cancer



The Emotional Impact

- Feelings of loss, grief, anxiety and trauma are common
- Adjusting to a new sense of self
- Experiencing depression or mood changes
- Coming to terms with loss of fertility



Support & Holistic Wellbeing

- Counselling helps navigate emotional changes
- Support groups offer connection
- Combine mental health support with physical symptom care
- Helps regain control, confidence and quality of life

The Importance of Personalised Treatment

Menopause care: one size doesn't fit all



Every Woman Is Different

- Every woman's experience of menopause is unique
- Symptoms, severity and response to treatment can vary widely
- What works for one person may not work for another



Why Personalised Care Matters

- Tailored support helps find the most effective, safe treatment
- Open communication with your doctor is key
- Alternatives to HRT should be explored together, especially if HRT isn't suitable
- Goal: a healthy, fulfilling life through menopause – your way

HRT After Breast Cancer: Pros & Cons

Potential Benefits

- Improves quality of life: relief from hot flushes, night sweats, sleep issues, vaginal dryness and mood swings
- Protects bone and heart health in younger women with early menopause
- May suit certain women with non-hormone-sensitive cancers or severe symptoms, after specialist review

Potential Risks

- Not routinely recommended for hormone-receptor-positive breast cancer due to recurrence risk
- Limited data on long-term safety in cancer survivors
- Requires close specialist input – usually oncology or menopause specialist

Key Takeaway

- Shared decision-making is essential
- HRT may be considered in select cases when symptoms are severe and other treatments have failed

Peer Support After Breast Cancer

Acknowledging the emotional and psychological benefits of shared experiences

Women often gain strength and resilience through open conversations

Peer support groups offer a safe space to connect, share and heal

Encourages empowerment, reduces isolation and fosters hope

Resources

- Breast care nurse
- Breast Cancer Now
- Macmillan – Fear of Recurrence course
- Maggie’s, Trekstock, Future Dreams
- The Daisy Network
- Menopause Matters, Rock My Menopause, Women’s Health Concern, BMS
- Dani Binnington – “Healthy Whole Me”: Menopause After Cancer podcast
- www.menopauseandcancer.org
- Jo Divine