

PATIENT INFORMATION

Menopause

Physiotherapy advice

The menopause is defined in terms of a woman's periods and is said to have occurred when they have stopped for 12 months. The average age for this in the UK is 51. It can be harder to tell when this has happened for women who do not have periods due to the contraception they are using or because they have had a hysterectomy. The years leading up to the menopause are called the perimenopause and many women will experience symptoms during this time - sometimes for several years - along with or in the absence of menstrual irregularities.

What happens to our body?

During the perimenopause the hormone produced by our ovaries start to fluctuate and fall. These hormones are oestrogen, progesterone, and testosterone. There are receptors all over our body which receive these hormones for example in the urinary tract, eye, brain, heart, blood vessels, muscles, bones, and joints. Unfortunately, once these hormone levels drop, they will not top back up again to where they were unless you are taking something like HRT (Hormone replacement therapy).

For some women, a reduction in oestrogen levels can cause an increase in cortisol hormone, which in turn can have an impact on levels of blood sugar and elevate blood pressure. Cortisol is a steroid hormone that your adrenal glands produce and release, and it can affect several different aspects of your body. However, its main function is to help regulate your body's response to stress.

What do these hormones do?

Oestrogen – helps to protect the blood vessels in our heart, keeps our bones strong, boosts our memory and brain power, regulates our mood, and keeps areas which require moisture well lubricated, for example our joints, eyes, and vagina.

Progesterone – helps to regulate our periods and plays an important role during pregnancy.

Testosterone – helps to build muscle, improve memory and concentrate, increase your energy levels, and boost your sex drive. Before the menopause women produce three times as much testosterone in their ovaries than oestrogen.

Symptoms of the menopause

Some women may not experience any symptoms / very few symptoms, while other women may experience several symptoms. These symptoms can be split into three categories: physical, psychological, and vasomotor.

Physical	Psychological	Vasomotor (heat regulation)
<ul style="list-style-type: none"> • Heart palpitations • Difficulty sleeping • Feeling tired / lacking in energy • Feeling dizzy / faint • Headaches • Tinnitus • Dry mouth and eyes • Sore gums • Muscle and joint aches • Difficulty breathing • Needing to pass urine more frequently • Leaking of urine • Vaginal dryness • Thrush / cystitis • Dry or itchy skin • Thinning hair • Poor sleep 	<ul style="list-style-type: none"> • Low mood • Anxiety • Feeling tense or nervous • Memory problems • Attacks of anxiety or panic • Difficulty concentrating • Loss of interest in most things • Feeling unhappy or depressed • Crying spells • Irritability • Mood swings • Loss of confidence • Reduced self-esteem • Brain fog • Loss of interest in sex and/or level of arousal 	<ul style="list-style-type: none"> • Hot flushes • Night sweats

Menopause and genitourinary syndrome

Genitourinary syndrome of menopause (vaginal atrophy / atrophic vaginitis) is often described as a feeling of vaginal dryness. Genitourinary syndrome is caused by a decrease in oestrogen production. A drop in your oestrogen production can cause your vulval tissues to become thinner, less elastic, or flexible. It can cause a rise in the pH level in the vaginal area (making it less acidic), change in balance between good and bad bacteria.

The changes in your vulval tissue can sometimes cause small tears to occur during penetration in sexual intercourse and you may experience bleeding after sexual intercourse.

A drop in oestrogen can cause vaginal dryness, as the lining of the vagina produces less mucus. The urethra (where your urine comes out) also develops a similar change. This dryness can increase your risk of developing a urinary tract infection, and because of the increased likelihood of normal bowel bacteria moving into the urethra.

Other signs and symptoms of genitourinary syndrome:

- Vaginal dryness
- Vaginal burning or burning with urination
- Vaginal discharge
- Genital itching or pain
- Nerve pain in the vulva
- Bladder frequency and urgency
- Recent urinary tract infections
- Urinary incontinence
- Decreased vaginal lubrications during sexual intercourse
- Light bleeding after intercourse
- Vaginal heaviness and symptoms of prolapse
- Physical changes of the clitoris, labia, vagina, urethra, bladder
- Shortening and tightening of the vaginal canal

Self help

Here are a few things worth trying if you have noticed a change in your vulval tissues during the menopause:

- Washing – try and avoid washing your vulval tissues directly as this will upset the natural bacteria and pH levels of the tissues
- Vaginal moisturisers – these can be used daily, which can be purchased of the counter
- Lubricants for sexual intercourse – several different ones are available to be purchased over the counter (consider using one which is not scented)
- Do regular pelvic floor muscle exercises
- Reduce irritation
 - ✓ Avoid removing pubic hair
 - ✓ Avoid using intimate wipes
 - ✓ Ensure your toilet paper / sanitary products are not perfumed
 - ✓ If you are using pads for incontinence, use an incontinence pad not a sanitary pad
 - ✓ Make sure your washing detergent are non-irritating
 - ✓ Avoid wearing tight clothing, consider wearing cotton based clothes next to the skin

Menopause and your bladder

As women age the bladder becomes less elastic and has more difficulty stretching. As the bladder fills with urine, this loss of stretch may irritate the bladder causing it to become overactive / sensitive.

A programme of bladder retraining, and pelvic floor muscle strengthening can help to regain bladder control. Vaginal oestrogen cream, pessary, or antimuscarinic / anticholinergic medication can also be considered after a discussion with health professional / GP.

As our hormone levels start to drop with the perimenopause / menopausal changes in our body we can lose strength in our pelvic floor muscles. These muscles are very important to help stop any leaking of urine, faeces, and flatulence, they also help to support our pelvic organs. If our pelvic floor muscles get weaker, we are more likely to develop bladder / bowel incontinence, bladder overactivity, pelvic organ prolapse.

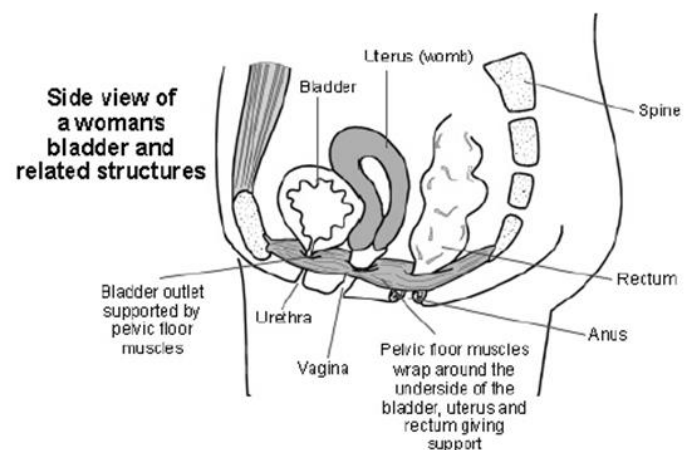
Menopause and pelvic organ prolapse

As your hormone levels drop during the menopause you may be more likely to develop a pelvic organ prolapse due to a reduction in strength and support from your pelvic floor muscles and ligaments (ligaments attach muscles to bone).

Pelvic floor muscle exercises

Sit down on a firm but comfortable seat. Imagine trying to close your back passage as if you were trying to hold in wind. At the same time try and imagine stopping yourself from passing urine. This involves tightening and lifting the muscles around your back passage, vagina, and front passage. You should feel a sensation of “squeeze and lift”. There are two exercises you need to do to strengthen the pelvic floor muscle.

- i. Exercise one (Endurance) Slowly tighten and lift the pelvic floor muscle and hold for as many seconds as comfort allows (your goal is to aim for 10 seconds, we do not expect you do this initially) repeat this endurance hold up to 10 times
- ii. Exercise two (Fast) Tighten and relax the pelvic floor muscle as quickly as you can (holding for approximately one second). Make sure you relax completely in-between each squeeze (your goal is to aim to repeat this up to 10 times)



Menopause and your bowels

There are many different forms of digestive problems which can occur during the perimenopause / menopause due to the reduction in progesterone and oestrogen. These may include constipation, diarrhoea, bloating, heartburn, irritable bowel syndrome (IBS), vomiting and lactose intolerance.

If your bowel habits have changed from what is normal for you for four to six weeks, then please contact your GP.

When you are opening your bowels ensure you are relaxing your pelvic floor and sphincter and not inadvertently tightening it. Gently bulge your tummy forward and breathe out with pursed lips (some people find making a 'shhhhhh' sound helpful).

Several people find that applying pressure to the perineum (or in females; any bulging area of the vaginal walls) with their fingers/thumb/hand can help to initiate and/or empty the bowels more effectively.



Menopause and your muscle and joints

There are oestrogen receptors within your joints which are affected by the drop of oestrogen in menopause. This can cause joint swelling and pain which can affect a woman's ability to exercise, leading to muscle loss and weight gain.

A decrease in your oestrogen can affect tendons due to a reduction in collagen, making tendons stiffer and more prone to developing a tendinopathy. These commonly affect the gluteal, hamstring, achillies and rotator cuff tendons, resulting in aching around the hips, bottom, heels and shoulders. These conditions can be managed and treated by a physiotherapist.

Menopause and osteoporosis

The oestrogen hormone is very important in maintaining healthy bone density. Therefore, because of the oestrogen hormone reducing during the perimenopause / menopause this can increase the risk of developing osteoporosis / osteopenia.

Living well with your Menopause

Try and prioritise exercise and leisure time, we understand that your energy levels, mood, and motivation can be low at times, however, there are multiple benefits of regular exercise:

- Improves your bone health - bones get stronger as you use them and give them work to do. Aim for a combination of weight-bearing exercise with impact, and muscle strengthening exercise
- Maintains muscle mass – You lose muscle mass as you get older, regular exercise can slow this down, lowering the risk of falls and fractures
- Helps heart health – the menopause increases your risk of developing heart and blood vessel disease. Regular exercise can help to maintain healthy cholesterol and reduce the risk of high blood pressure and heart disease
- Helps your mood – regular exercise can help you you're feeling, by lifting your mood, help your de-stress, increase your energy and motivation levels

Here are some other things worth thinking about to help with how you are feeling and coping with the perimenopause / menopause

- Maintain a healthy well-balanced diet – the right food can help to reduce fatigue and boost your energy levels
- Reduce your alcohol intake and stop smoking
- Mindfulness, meditation, and deep breathing
 - ✓ Taking a little bit of time out of your day to concentrate on your breath can help to reduce your stress levels
 - ✓ You may not realise you are holding tension in your muscles but you may be surprised how much more relaxed you feel after a short period of mindful breathing
 - ✓ First – sit or lay in a comfortable position, relax your shoulders and belly, and rest one hand on your belly and the other on your chest
 - ✓ Second – breathe in slowly through your nose (you should feel your belly moving outwards and your chest should stay relatively still)
 - ✓ Third – slowly let the breath out either through your mouth or nose. Repeat this cycle for a minute or two until you feel more comfortable and relaxed
- Ensure you are getting plenty of sleep
 - ✓ Try and create a calming bedtime routine, you may find doing the mindful deep breathing above will help to relax you
 - ✓ Try not to eat a big meal, use electronic screens or work at least one hour before bedtime
 - ✓ Try and stick to a regular bedtime and wake up time as our bodies like a routine
 - ✓ Regular movement during the day will help to improve your sleep quality
 - ✓ When you are up during the night, try and keep the lights dim and try to refrain from checking in on electronic devices
 - ✓ Consider having a note pad beside your bed to write down any thoughts on you are mind or how your feeling
- Thoughts, feeling and beliefs
 - ✓ Lots of change is happening to you during the perimenopause and menopause not only to your physical self but also your mental self.

Make sure to talk to someone you trust about how you are feeling, this may be a health professional, family member, or your partner – this can help to lighten the mental load you are feeling

- ✓ Ask for help or support from health professionals
- ✓ Consider writing a journal about how you are feeling, your thoughts and feelings
- ✓ Unfollow anyone or pages on social media that do not make you feel good
- Speak to a health professional about how you are feeling and coping along with the different options available to you regarding HRT, vaginal oestrogen cream, exercise on prescription, healthy lifestyles, talkworks

References

- The Royal Osteoporosis society – www.theros.org.uk/blog/2021-03-22-what-s-the-menopause-got-to-do-with-bone-health/
- The Menopause Charity - www.themenopausecharity.org/menopause/
- British Menopause Society – www.thebms.org.uk/wp-content/uploads/2023/08/17-BMS-TfC-What-is-the-menopause-AUGUST2023-A.pdf
- Continence foundation of Australia - www.continence.org.au/incontinence/who-it-affects/women/menopause
- Australian Menopause Centre - www.menopausecentre.com.au/digestive-problems/
- Royal College of obstetricians and gynaecologists - www.rcog.org.uk/for-the-public/menopause-and-later-life/
- Pelvic, obstetrician and gynaecological physiotherapy – www.thepogp.co.uk/patient_information/womens_health/menopause.aspx

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.