
Understanding Menopause

KAREN BALLARD



Understanding Menopause

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About the author

KAREN BALLARD is a medical sociologist with a particular interest in women's health issues. She has carried out extensive research into women's experiences of the menopause and their use of hormone replacement therapy, and has recently had a series of papers in this area of work accepted for publication. She is an academic at King's College London, where she works in the department of General Practice and Primary Care.

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Introduction



The word 'menopause' originates from the Greek words *menos* (month) and *pausos* (ending), and simply means the cessation of monthly menstruation, although the term menopause was not used by doctors until 1821. Today, on average, the menopause occurs naturally at the age of 51 years, although many women cease to menstruate a few years before or after this age. Eighty per cent of women will have reached the menopause by the age of 54 years.

There are two other terms, the 'climacteric' and the 'change of life', which are also frequently used to describe changes associated with the menopause. Climacteric is also from the Greek language and represents the steps of a ladder, which, it has been suggested, reflects the passage to a different stage in a woman's life. The climacteric refers to the period of time during which changes to the ovary occur. These changes result in a diminishing reproductive function, which is finally lost around the time of the menopause. Changes in the ovary start around 10–15 years before the menopause and continue for around five years after the cessation of menstruation.

In addition to these biological changes, there are a number of social and emotional changes that may also arise at the time of the menopause. Changes in employment, becoming a carer for elderly relatives, changes in relationships with children, and also in body image, may all contribute to an altered outlook on life. The term, 'change of life' represents all of these biological, emotional and social changes. In this way the menopause occurs as part of the wider experience of the change of life. Within this book, the biological, emotional and social changes will be discussed.

The menopause is not a new phenomenon. Indeed, doctors in the ancient world, such as Hippocrates (*circa* 460–377 BC) described the cessation of menstruation as something that happened to all women around the age of 40 years. There has

been, however, a significant change in medical explanations about the cause of the menopause, and the symptoms that are likely to be experienced. For example, prior to the nineteenth century, it was generally believed that the menopause was caused by blood becoming trapped within the body.

Like women of today, in the past women experienced symptoms to varying degrees, with some reporting hardly any changes, or none at all, and others reporting quite severe symptoms. Since menstruation was thought to be the body's natural way of cleansing itself, symptoms such as hot flushes were thought to be due to the toxic effects of having blood trapped in the body. Treatments at that time, therefore, focused almost entirely on getting this 'trapped' blood out of the body. Women often had to endure treatments such as having leeches placed on the cervix to draw out the blood directly from the womb.

Once knowledge about the ovaries increased, however, scientists were able to show that the menopause followed a decrease in the production of female hormones. Initially, female hormones were replaced by using desiccated animal ovaries. Once the female hormone oestrogen was identified, however, it became possible to develop more effective and acceptable treatments. The first synthetic preparations of hormone replacement therapy (HRT) became available in the 1930s and, since this time, there has been a huge growth in the number of different preparations available. Today, there are over fifty different types of HRT.

As more and more women use HRT, research has been carried out to try and determine the pros and cons of the therapy. Not all the results, however, have been consistent. For example, some studies report that HRT protects women against heart disease, whilst others have shown that it increases the risk of heart problems. In addition, early studies indicated that HRT did not increase the risk of breast cancer, whereas recent studies have reported a slight increased risk when the therapy is taken for over 4 years.

These apparently contradictory results have largely arisen because of differences, and often inadequacies, in the study design. In addition, many studies have counted all users of HRT as one group, despite variations in the dose or duration of use, or in the type of HRT being used. Thus, it is possible that certain types of HRT, when taken at a specific dose, may be more protective (or harmful) than other types and doses of HRT.

When interpreting research results, it is particularly important to recognise that some HRT preparations only contain the female hormone, oestrogen, whilst others contain both oestrogen plus another female hormone, progesterone. Women who have not had a hysterectomy need to take progesterone in order to protect them against the risk of endometrial cancer (cancer of the lining of the womb). In addition to these differences, some HRT preparations provide progesterone continuously, while others require it to be taken at the end of the cycle only.

Although in recent years there have been moves to encourage women to be involved in decisions about hormone replacement therapy, the conflicting messages arising from much of the research can leave women uncertain about what to do. It is probably not surprising, therefore, that there has been a re-emergence in the use of alternative treatments for the menopause. Women have taken herbal remedies in order to help relieve menopausal symptoms for many centuries. The effectiveness of these treatments, however, is largely unknown. This does not mean that they are not effective, but rather that they have not been subjected to rigorous research in the same way that HRT has. Research into the effectiveness of any treatment is costly and, while the pharmaceutical industry has funded much of the research into HRT, few organisations have been willing to fund large-scale studies into alternative treatments. This situation, however, is changing and recent research has shown that certain alternative treatments are effective for use during the menopause.

The aims of this book are twofold. Firstly, it aims to provide up-to-date information about the biological changes that occur during the menopause and, where appropriate, to discuss the treatment options available to women. There are clearly a number of mixed messages being reported about many of the treatments used during the menopause, and a key aim of this book is to try and clarify the research results. In addition to biological changes, the menopause can also be a time of many social changes, with alterations in work and home circumstances occurring alongside possible changes in body image and self-identity. The second aim of this book is, therefore, to explore women's experiences of the biological and social changes associated with the menopause. To do this, the book draws on the *Women's Health Study*.

The Women's Health Study

The *Women's Health Study* was carried out during the years 1999 and 2000, in two stages. The first stage consisted of a postal survey sent to 650 women aged 51 to 57 years, and the second stage involved in-depth interviews with 32 of these women, who were asked to discuss their experiences of the menopause and their use of treatments. The women varied in terms of their experiences of menopausal symptoms, whether they had had a hysterectomy, had taken HRT or alternative therapies, and social class.

Within the book, you will see quotes from women's discussions during the interview, which should bring the experiences of the women to life and add meaning to the information that is being given. All names and any identifying details, however, have been changed. I have tried to weave women's accounts of their experiences in between medical information and advice about the menopause. The purpose of doing this is to make the book more personal. One of the things