The Women's Natural Health Clinic
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Managing the Menopause

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Key facts

- The average age of menopause in the UK is 51, and most women reach it between 45 and 55.
- Perimenopause, the years leading up to the last period, often brings the most noticeable symptoms.
- NICE recommends that women are offered information on HRT, its benefits and risks, and non-hormonal options including CBT.
- Bone and heart health become more important after the menopause, and lifestyle makes a real difference.
- We provide integrative menopause support alongside your GP or menopause specialist.

What is the menopause?

The menopause is when periods stop for good because the ovaries no longer release eggs and oestrogen levels fall. It is confirmed once you have gone 12 months without a period. The years leading up to it, called perimenopause, can bring irregular periods and a wide range of symptoms. Menopause before the age of 40 is called premature ovarian insufficiency and should always be assessed by a doctor.

What are the symptoms of the menopause?

- Changes in periods: shorter or longer cycles, heavier or lighter bleeding, then periods stopping
- Hot flushes and night sweats
- Poor sleep, tiredness and difficulty concentrating
- Low mood, anxiety, irritability and mood swings
- Vaginal dryness, discomfort during sex and urinary symptoms
- Reduced sex drive
- Joint aches, headaches and changes in weight or body shape

Symptoms vary widely. Some women have very few, while others find them disabling. On average, hot flushes and night sweats last several years, and for some women much longer.

Hormone levels change markedly after the menopause. Typical serum concentrations are:

Hormone	Premenopausal (normal range)	Postmenopausal
Testosterone (ng/dl)	325 (200 to 600)	230
Androstenedione (ng/dl)	1,500 (500 to 3,000)	800 to 900
Oestrone (pg/ml)	30 to 200	25 to 30
Oestradiol (pg/ml)	35 to 500	10 to 15

How does the menopause affect long-term health?

Lower oestrogen levels speed up bone loss, raising the risk of osteoporosis, and change cholesterol levels, raising the risk of heart disease. Regular weight-bearing exercise, not

smoking, limiting alcohol, a diet rich in calcium and enough vitamin D all help protect bones and heart.

What are the conventional treatment options?

- **Hormone replacement therapy (HRT):** the most effective treatment for hot flushes and night sweats, and it also protects bones. Women who still have a womb need progestogen as well as oestrogen. NICE advises discussing the individual benefits and risks, including a small increase in breast cancer risk with some types of HRT.
- **Vaginal oestrogen:** treats vaginal dryness and urinary symptoms with very low absorption into the body. It can be used by most women, including many who cannot take HRT.
- **Cognitive behavioural therapy (CBT):** NICE now recommends menopause-specific CBT for hot flushes, night sweats, low mood and sleep problems, alongside HRT or instead of it.
- **Non-hormonal medicines:** some prescription medicines can reduce hot flushes for women who cannot or prefer not to take HRT.

How do we support women through the menopause at the Women's Natural Health Clinic?

We take an integrative approach, working alongside your GP or menopause specialist whether or not you choose HRT. Your plan may include:

- **Chinese herbal medicine**, tailored to your pattern of symptoms. Herbs such as Dang Gui and Ren Shen are traditionally used for hot flushes, fatigue and poor sleep. We always check herbs against any medicines you take. Kelp tablets have been used to support thyroid function, which helps women through the changes of menopause.
- **Acupuncture**, which some women find helpful for hot flushes, sleep and wellbeing.
- **Nutrition and lifestyle guidance**: a varied diet rich in vegetables, whole grains, pulses and calcium sources, adequate protein, limiting sugar, alcohol and caffeine, regular weight-bearing exercise, and stress management.
- **Bone health**: advice on calcium and a daily 10 microgram vitamin D supplement, and we can arrange a bone density scan where appropriate.
- **Ultrasound** to investigate unexpected bleeding or other gynaecological concerns.

Evidence for herbal medicine and acupuncture in the menopause is mixed, so we will discuss what is known for your symptoms and review your progress regularly.

Frequently asked questions

What is the difference between perimenopause and menopause?

Perimenopause is the time leading up to your last period, when hormone levels fluctuate and symptoms often start. Menopause is the point when you have not had a period for 12 months.

Is HRT safe?

For most women under 60, the benefits of HRT outweigh the risks. The risks depend on your age, health and the type of HRT, so it is worth discussing your own situation with your GP or a menopause specialist.

Can I use herbal medicine with HRT?

Often, yes, but some herbs interact with medicines, so always tell us about any HRT or other medication you take and tell your doctor about any herbs.

Do I still need contraception during perimenopause?

Yes. You can still get pregnant during perimenopause. Contraception is usually advised until two years after your last period if you are under 50, or one year if you are over 50.

Book a consultation

To book, visit womensnaturalhealthclinic.com/book or call 020 3811 8778. Initial consultations last up to one hour at our clinic at 16 Bridle Lane, St Margaret's, Twickenham TW1 3EE.

Sources

- NICE NG23: Menopause identification and management (updated 2024) (nice.org.uk/guidance/ng23)
- NHS: Menopause (nhs.uk/conditions/menopause)