DIVERSITY PROJECT

BUILDING INCLUSION IN INVESTMENTS & SAVINGS

TYPES OF MENOPAUSE

Covering menopause in all types of people, not just women of a certain age.

CONTENT WARNINGS

TALK OF CANCER, IVF AND TRYING TO GET PREGNANT, LOSS OF FERTILITY, LOSS OF OVARIES AND INTERSEX DSD SURGERIES.

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#MenopauseAtWork #TypesOfMenopause #InclusiveMenopause #Reset4Inclusion

Changing the language we use around menopause and all conditions that have been traditionally seen as women's or feminine issues is really important for making people feel welcome and making access to care and education around these issues important...

INTRODUCTION

In this guide we cover menopause in all types of people, not just women of a certain age.

- Typical or "Natural" menopause including perimenopause and postmenopause
- Premature and early menopause
- Medical menopause including surgical menopause and chemical menopause for, Endometriosis, PMDD and Cancer
- Menopause like symptoms in IVF and PCOS
- Gender Affirmation Menopause
- Andropause

TYPICAL OR “NATURAL” MENOPAUSE

What is menopause?

- **Menopause is a stage in a person’s life when menstruation (your periods) ends, but people will stop getting their periods gradually.**
- **Menopause is where your ovaries stop ovulating and reduce oestrogen production slowly themselves at any age including perimenopause. However, “typical” menopause typically happens when a person is in their early 50s.**
- **This is a normal part of the aging process and means that a person can no longer become pregnant.**

There are three stages to typical menopause:

1/ Perimenopause

This is the lead up to menopause, a transition phase where the ovaries start to make less hormones, causing fluctuating levels of oestrogen and progesterone, as well as less testosterone. The number of eggs left in your ovaries decreases. Menopausal symptoms tend to begin during this time and can often be the worst. The symptoms are created by changes in the levels of these hormones, which usually happen over months or years as you approach menopause. This stage stops when menopause begins.

2/ Menopause

In this stage, a person’s period stops. The ovaries no longer release eggs and oestrogen levels become very low. Once a person has not had periods for 12 straight months, they have gone through menopause.

However, it is important to ensure that the lack of periods is not due to another reason (like abnormal thyroid function or the use of birth control pills).

3/ Postmenopause

This is the time after a person has gone through menopause, when they have had no periods for 12 months or more.

The symptoms that happen during menopause, such as hot flushes, may start to fade away but can continue for a decade or longer in many people.

PREMATURE AND EARLY MENOPAUSE

What are premature menopause, early menopause and primary ovarian insufficiency?

Premature menopause and early menopause are conditions where a person goes through menopause at an earlier age than is typically expected. The difference between premature menopause and early menopause is when it happens. If you go into menopause before age 40, it’s called premature menopause. Early menopause is when a person undergoes menopause between the age of 40 – 45.

Both conditions can result in people being unable to become pregnant. If there is no obvious medical or surgical cause for the premature or early menopause, this is called primary or premature ovarian insufficiency (POI). The name premature ovarian failure (POF) is no longer used because people who are told they have early menopause can have intermittent ovulation, menstrual bleeding or even pregnancy after being told they have ovarian “failure.”

What causes premature or early menopause?

- **Having a family history of menopause at an early age.**
- **Having certain medical conditions, including autoimmune diseases, for example rheumatoid arthritis or inflammatory bowel disease.**

Health risks

- **Early menopause can increase your risk of long-term health problems like cardiovascular disease (CVD), osteoporosis, depression or anxiety, and cognitive dysfunction or memory loss.**
- **You may need regular DEXA scans to check your bone density. You can be prescribed medication to help protect your bone strength.**

MEDICAL MENOPAUSE

Surgical Menopause - Oophorectomy

If a person hasn't already undergone menopause, they will immediately go into menopause if both ovaries are removed.

This deprives the body of the hormones, such as oestrogen and progesterone, produced in the ovaries, leading to an induced, early, menopause. It's also called surgical menopause.

Surgery that removes both of your ovaries is called a bilateral oophorectomy, When your ovaries are removed, your periods will also stop.

People may have more intense menopause symptoms like hot flushes after surgery. The change can feel drastic for some people. Others have fewer, milder, or no symptoms.

Oophorectomy may or may not be done along with hysterectomy, or removal of the uterus.

It is used to treat:

- **Ovarian or other gynaecological cancers**
- **Benign (noncancerous) fibroid tumours**
- **A twisted ovary or ovaries**

It can also be performed as a preventative measure for people at higher risk for ovarian or breast cancer to reduce cancer risks.

It is also used to manage:

- **Endometriosis, although this is a lot rarer nowadays**
- **In very rare cases PMDD**

Surgical Menopause and Endometriosis

In someone with endometriosis, tissue similar to the uterine lining grows outside of the uterus. It typically grows on the ovaries, the bowel and throughout the pelvis. However, it can also grow anywhere that the endometriosis tissue can travel in the body and has been known to grow in the lungs and nose. A person's natural hormonal changes can inflame this tissue, thickening it and making it painful.

Endometriosis is usually diagnosed by laparoscopy, a surgical procedure in which a fibre-optic instrument is inserted through the abdominal wall to view the organs in the abdomen. If endometriosis is found during the exploratory laparoscopy, surgeons will often perform ablation or excision (covered below) to start to manage the condition straight away.
Some people with endometriosis will have their ovaries removed, an oophorectomy, during an exploratory laparoscopy, if the endometriosis is found to have overcome the ovaries, either through scarring or by cysts being found on the ovaries. Ovarian endometriomas, commonly referred to as "chocolate cysts", are a subgroup of endometriosis. They're often associated with more severe forms of the disorder. As a result of oophorectomy, the person will enter premature or early menopause.

Traditionally endometriosis has been managed by hysterectomy. This is a surgical procedure to remove the endometrial tissue and the uterus and sometimes cervix, with or without the ovaries. Again, if the ovaries are removed then this will cause premature or early menopause.

A hysterectomy to manage endometriosis is controversial. Although a hysterectomy can help manage symptoms and stop periods and the associated pain, a hysterectomy is a major surgery with permanent effects including infertility and premature or early menopause if the ovaries are removed.

A hysterectomy doesn't always cure endometriosis and the related symptoms and pain can return. All of the endometrial tissue needs to be removed, along with the uterus. As endometriosis tissue produces its own hormones if any small part of endometriosis is left it can still cause pain and grow and spread again.

Other ways of managing endometriosis

While there's no cure for endometriosis, the condition can be managed by a combination of:

- **Pain medication**
- **Hormone therapy**
- **Hormonal contraceptives**
- **Chemical menopause using types of sex hormone blockers called Gonadotropin Releasing Hormone Analogues (GnRHa) as described later on in their use for PMDD. Chemical menopause can also be used to manage endometriosis, or to reduce the size of endometriosis tissue before excision or ablation**
- **Danazol (Danocrine), a synthetic hormone**
- **Ablation. A laser, electric current, gas, or other method is used to destroy excess endometrial tissue and scars to help relieve symptoms, including pain. This is usually performed laparoscopically**
- **Excising, or cutting away, endometrial tissue and scars. This can be done surgically or laparoscopically**

Some cancer treatments can affect the way the ovaries work. This can cause a premature/early menopause for some people. It can also affect fertility.

PMDD and Chemical Menopause (GnRHa Treatment)

Premenstrual dysphoric disorder (PMDD) is a severe, often disabling extension of premenstrual syndrome (PMS). Although PMS and PMDD both have physical and emotional symptoms, PMDD causes much more extreme symptoms than PMS that include severe breast pain, brain fog and mood shifts that can disrupt daily life and damage relationships.

PMDD is caused by a sensitivity in the brain to the hormone fluctuations that occur as part of ovulation and the luteal phase of the menstrual cycle. Symptoms can be managed by chemical menopause.

Chemical menopause is a term used to describe a temporary (and reversible) menopausal state created with the use of a medication called Gonadotropin Releasing Hormone Analogues (GnRHa).

GnRHa's act on the pituitary gland in the brain to suppress ovulation and production of ovarian hormones. By fully suppressing the menstrual cycle by shutting down the ovaries, it eliminates the fluctuations which lead to PMDD symptoms. By 'flattening out' the fluctuations that happen during a menstrual cycle you can 'test' if you have PMDD and not another condition. No hormonal fluctuations should mean no PMDD symptoms.

GnRHa options include injections such as Zoladex administered 4 or 12 weekly, a nasal spray called Synarel (Nafarelin) which is self administered daily and there is also a new oral version of GnRHa called Orillisa.

Chemical menopause can also be used to manage endometriosis, or to reduce the size of endometriosis tissue before excision or ablation.

HRT In Chemical Menopause

Because all bodies need sex hormones to stay healthy after around 5 weeks on GnRHa's to confirm they are working a person will usually be prescribed a stable continuous dose of oestrogen (for bone and heart health) and progesterone, as unless you no longer have a womb, progesterone is needed as part of your HRT to help protect against endometrial cancer. Studies of GnRHa treatment in PMDD have shown that symptoms that feel like PMDD often return during the first month of hormone addback (using HRT) but usually go away after hormones have remained stable for about one month, but not in all cases.

Why add hormones back?

PMDD is caused by a sensitivity in the brain to the hormone fluctuations that occur as part of ovulation and the luteal phase of the menstrual cycle. It is actually the fluctuations we are trying to avoid, rather than the hormones themselves. By 'flattening' out those fluctuations and 'adding back' a steady dose of hormones we avoid the fluctuations and protect against hot flushes, night sweats, and bone density loss, and preserve heart and brain health. Many patients with PMDD are intolerant to progesterone-based treatments so when using transdermal oestrogen, the lowest possible dose of progesterone or progestogen is recommended to minimise the negative effects.

Cancer Treatments Causing Medical and Surgical Premature Menopause

Some cancer treatments can affect the way the ovaries work. This can cause a premature/early menopause for some people. It can also affect fertility.

Different cancer treatments that can cause an premature/early menopause include:

- **Chemotherapy**
- **Radiotherapy and brachytherapy to the pelvis**
- **Surgery to remove one or both ovaries**

Chemotherapy

Some chemotherapy drugs used to treat ovarian cancer and other cancers can cause early menopause. You may stop having your period and notice menopause symptoms like hot flushes or sweats. In some people, this early menopause is temporary.

Some chemo drugs are toxic to your ovaries. A person's ovaries may stop functioning normally, leading to premature/early menopause. People may be able to take gonadotropin-releasing hormone agonists (GnRHa) along with their chemo to help protect your ovaries. Some people start having periods again after chemo when they use this treatment, but it's not clear if you can regain fertility.

Radiotherapy or Brachytherapy

Radiotherapy or Brachytherapy cancer treatments aimed at or near the ovaries can cause early menopause. A person's age, radiation dose, and the distance from the ovaries all affect the risk of premature or early menopause with this cancer therapy.

Radiation aimed at the whole pelvic area can affect the uterus and lead to fertility loss. Radiation to the brain can also affect glands that regulate a person's periods or ovarian function, causing premature or early menopause.

MENOPAUSE LIKE SYMPTOMS

Polycystic Ovary Syndrome - PCOS

PCOS is a common condition that affects how a person's ovaries work. Some symptoms of PCOS are similar to those experienced during the perimenopause.

Specialists have defined PCOS as a syndrome characterised by having at least two of the following three signs:

1. **Menstrual cycle disturbances (irregular or absent periods) – which means your ovaries do not regularly release eggs (ovulation) and indicates unreliable or absent ovulation (anovulation)**
2. **Raised testosterone levels or signs indicating raised androgen levels, high levels of "male" hormones in your body, which may cause physical signs such as excess facial or body hair, male pattern hair loss and acne**
3. **Polycystic ovaries, enlarged ovaries which contain fluid-filled sacs (follicles) that surround the outside of the ovary. These would be seen on an ultrasound scan**

Requiring at least two of the three means that despite being named polycystic ovary syndrome, you do not actually have to have cysts to be diagnosed with PCOS

If left undiagnosed or untreated, PCOS can lead to a range of complications in later life which, as mentioned above, may overlap with symptoms of the menopause.

How is PCOS impacted by menopause?

The menopause causes a drop in the production of oestrogen and progesterone, which eventually causes you to stop ovulating.

People with PCOS may already have low levels of progesterone before the menopause takes place. This means that while both PCOS and the menopause have an impact on the levels of progesterone in your blood, they affect it in different ways and can exacerbate the existing hormonal imbalance in your body. People with PCOS tend to reach the menopause an average of two years later than people without PCOS.

Can IVF/fertility drugs cause early menopause?

The idea that IVF medication can cause the onset of early menopause is false, although IVF can stop periods and cause menopause like symptoms. Many of the hormones needed for IVF mean people report brain fog and mood swings and these are similar to many menopausal symptoms. One IVF step involves a treatment called 'down regulation', which shuts down your natural menstrual cycle, stopping the periods, but this is temporary and is done in order to allow for the stimulation of the ovaries.

The persistent rumour that undergoing IVF or other fertility treatments can bring on an early menopause is based around the general theory is that because the fertility drugs stimulate the ovaries to mature and release 10 to 15 eggs (instead of the one egg released during the body's natural ovulation) they may lead to "running out of eggs" earlier. This is false.

In a normal cycle, your body produces 10 to 20 egg follicles each month. As the cycle progresses, one of these follicles will become dominant and fully mature to produce the egg that will be released that month. The rest of the immature eggs will be lost. Fertility drugs work by stimulating the follicles that your body has already produced, so that more of them come to maturity. This ovarian stimulation simply utilises more of the eggs that would normally have been lost in that menstrual cycle. It does not in any way deplete your natural egg supply.

GENDER AFFIRMATION / LGBTQIA+ MENOPAUSE

Despite menopause usually being talked about as something that only affects women, it happens to people of all genders. Transgender (or trans) people, whose gender identity and expression don't match the gender they were assigned at birth, as well as non binary (people who identify as neither male nor female) and gender non confirming people, often use gender-affirming options such as HRT to help align their bodies with their gender identity.

This can include:

Transgender and gender non-conforming menopause due to starting testosterone.

Both trans men and non-binary people who were assigned female at birth (AFAB) will have menopause like symptoms when they start to take testosterone as part of gender affirming care. Because menopause is triggered by the body's drop in oestrogen production, trans men and non binary people will experience menopause symptoms like hot flushes when they start hormones, or when they pause hormones and their hormone levels change.

As well as taking testosterone many trans and non binary people receive injections to block natural oestrogen production and for these people if their testosterone supply were to be paused they wouldn't have any sex hormones and would begin experiencing menopause symptoms like hot flushes.

Menopause due to hysterectomy for gender affirmation

This is surgical menopause, as the majority of hysterectomy's for gender affirmation include removal of the ovaries (oophorectomy).

Transgender and gender non-conforming menopause due to starting oestrogen

For both trans women and non-binary people who were assigned male at birth (AMAB) gender affirmation can include taking oestrogen and progesterone to feel more at home in their bodies. Because menopause is triggered by the body's drop in oestrogen production, trans women and non binary people will experience similar menopause symptoms like hot flashes when they start hormones, or when they pause hormones and their hormone levels change.

As well as taking oestrogen and progesterone many trans and non binary people receive injections to block the natural testosterone production and for these people if their oestrogen or progesterone supply were to be paused (something that's become a real threat due to Brexit import changes) they wouldn't have any sex hormones and would begin experiencing menopause symptoms like hot flushes.

Cisgender (cis) women are often instructed to cease HRT after roughly 10 years to avoid potential health complications but this isn't necessarily true for people using HRT for gender affirmation. However, as transgender women and AMAB gender non conforming people age, some choose to lower their oestrogen dose or possibly stop HRT completely. This can trigger reactions similar to menopause symptoms.

When people don't use inclusive language, it can have a damaging impact including making dysphoria worse...

Intersex and Diverse/ Differential Sexual Development (DSD) Menopause

A huge topic, but DSD people do need to be mentioned. If children are given "corrective" cosmetic surgery at birth or at a very young age to make them fit into a sex chosen by the surgeon or the parents, this can impact sex hormones and cause issues with needing HRT and menopause symptoms throughout their lives.

The importance of inclusive language

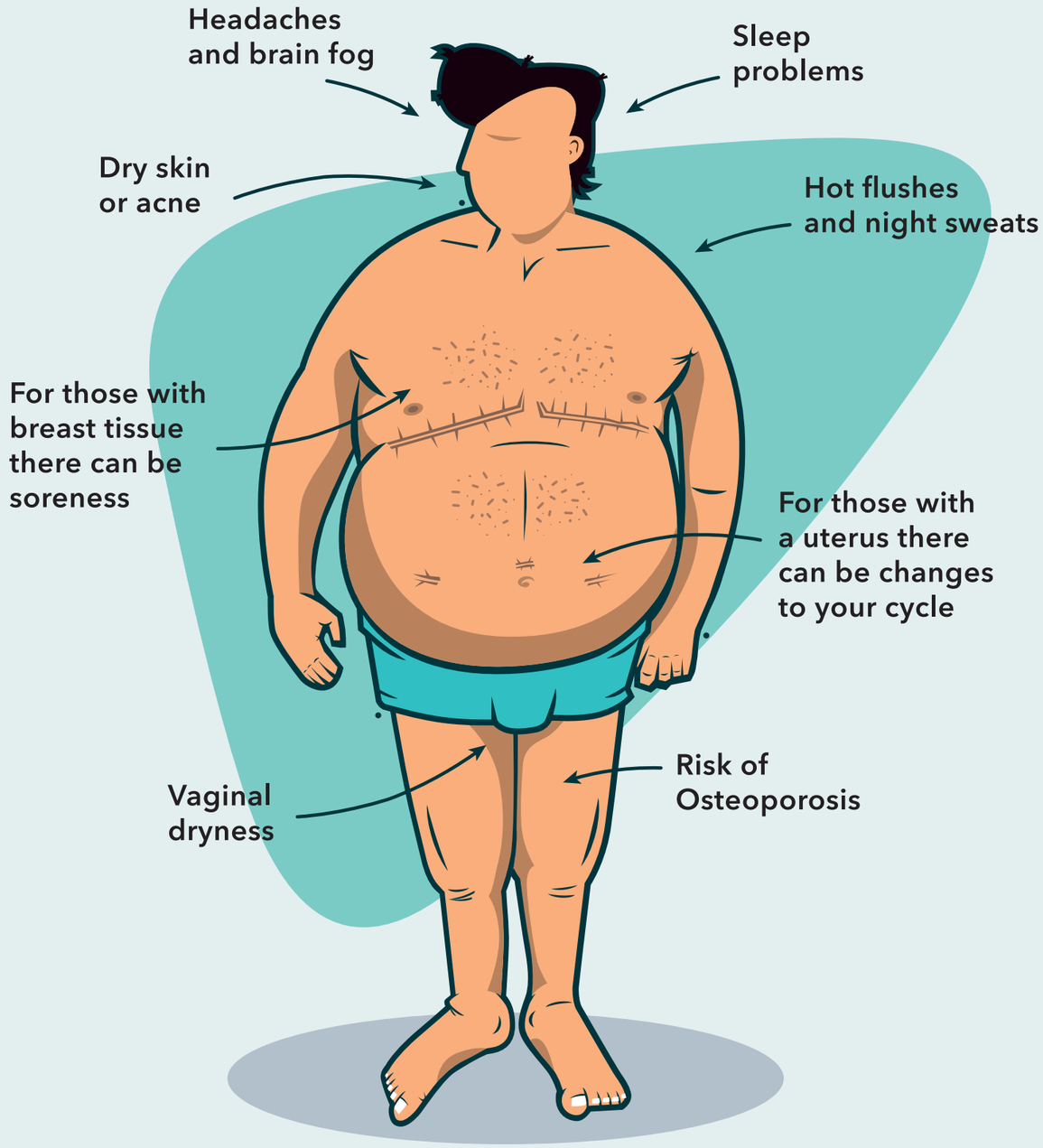
When people don't use inclusive language, it can have a damaging impact including making a persons dysphoria worse. Dysphoria is the psychological distress that results from an incongruence between a persons sex assigned at birth and their gender identity. As an example, in the case of people taking testosterone, dysphoria can be triggered when they are forced to confront the fact that their body doesn't naturally produce testosterone, but it does produce oestrogen.

Hospitals and services often call menopause centres "Women's Health" centres and code everything pink with pictures of only women.

There's lots to be done to improve menopause care, including making it accessible for people of all genders and sexualities. It's vitally important as the number of people who identify as LGBTQIA+ is increasing. This includes using correct pronouns for individuals (e.g. he and him; they and them) and the word 'people' rather than 'women' when talking about the overarching group who can experience menopause. By using the word 'people', we are inviting in, rather than excluding.

The government estimates there are currently 200,000 to 500,000 trans people in the UK. In 2016, The Guardian found the number of people undertaking gender affirmation treatment had risen dramatically in recent years with some clinics experiencing case increases of several hundred per cent. More people are also identifying as lesbian, gay or bisexual, rising from 1.6% in 2014 to 2.2% in 2018. These figures suggest that in the future, there will be more people who identify as LGBTQIA+ experiencing menopause.

Menopause conversations are often had in a way that's heteronormative – assuming that being straight is default. When symptoms can directly impact relationships and intimacy, this can exclude those in same-sex relationships from receiving support that's right for them. A lot of menopause advice covers loss of libido or ability to have penetrative sex, which LGBTQIA+ people and particularly AFAB people who identify as lesbians or who date other AFAB people can find that heteronormative and upsetting.



ANDROPAUSE

Cisgender men and AMAB people can also experience a type of menopause called andropause. However, unlike the more dramatic reproductive hormone plunge that occurs in people with ovaries during menopause, sex hormone changes in people without ovaries occur more gradually.

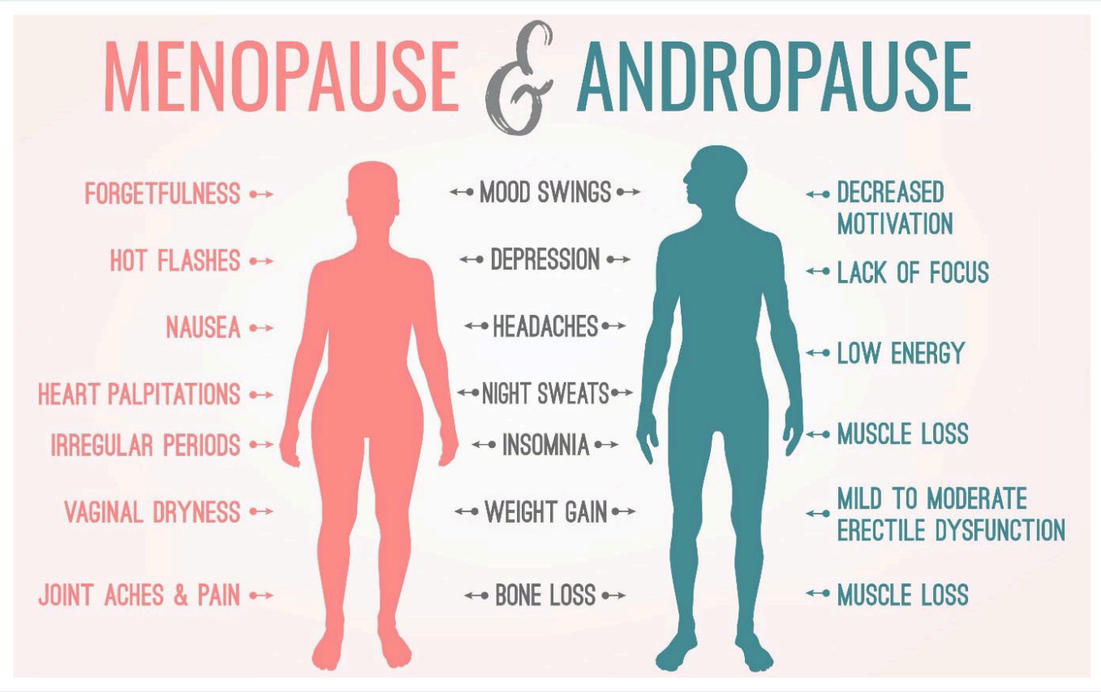
- **The term "male menopause" has been used to describe decreasing testosterone levels related to aging.**
- **But aging-related hormone changes in people with ovaries and people without ovaries are different.**
- **In people with ovaries the menopause is when ovulation ends and hormone production decreases during a relatively short period of time.**
- **In people with testes the production of testosterone and other hormones declines over a period of many years and the consequences aren't necessarily clear.**
- **This gradual decline of testosterone levels is called age-related low testosterone.**
- **A person with testes' testosterone levels decline on average about 1% a year after age 40. But most older people with testes still have testosterone levels within the normal range, with only an estimated 10% to 25% having levels considered to be low.**
- **Low testosterone levels in older people with testes often go unnoticed. Testosterone levels can be checked by a blood test, but tests aren't routinely done.**
- **Many people with testes who have low testosterone levels experience no symptoms.**

The gradual decline of testosterone levels is called age-related low testosterone...

A person with testes' testosterone levels decline on average about 1% a year after age 40...

Signs and symptoms suggestive of low testosterone include:

- **Reduced libido**
- **Erectile dysfunction**
- **Infertility**
- **Height loss, low trauma fracture or low bone density**
- **Hot flushes or sweats**
- **Insomnia**
- **Headaches**
- **Mood swings**
- **Increase in stored body fat and a decrease in lean muscle tissue**
- **Decreased energy, motivation and confidence, depressed mood and poor concentration**



Introducing the Author

RAE DURRANT (HE/THEY)

Rae Durrant has put together this handout based on lived experience and through work in the community. They are a trans masculine non binary person who has endometriosis and experience of chemical menopause for PMDD, as well as testosterone related menopause like symptoms.

They cared for their mother growing up and inherited her passion for equalities and disability rights in the face of her lifelong Rheumatoid Arthritis and associated early menopause.

This type of inclusive training around menopause is so important as menopause is still overwhelmingly seen as a women's issue. Menopause is treated like periods or PMS and not really taken seriously. But it is not only a women's issue, and menopause and menopause like symptoms affect women and people of all ages and in all stages of life. Changing the language we use around menopause and all conditions that have been traditionally seen as women's or feminine issues is really important for making people feel welcome and making access to care and education around these issues important.

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