

ENDOMETRIOSIS^{UK}

ENDOMETRIOSIS AND MENOPAUSE

www.endometriosis-uk.org



ABOUT THIS BOOKLET

This booklet gives information on the different ways those with endometriosis can fall into menopause. It covers natural menopause, medical menopause, and surgical menopause. It also covers hormone replacement therapy (HRT), non-hormonal treatments and how to look after yourself while navigating endometriosis and the menopause.

CONTENTS

- 3 Menopause and endometriosis**
- 4 Natural menopause**
- 4 Medical menopause**
- 6 Surgical menopause**
- 8 Hormone replacement therapy (HRT)**
- 8 HRT considerations for each type of menopause**
- 12 Non-medical treatment for menopause**
- 15 Looking after yourself during menopause**
- 18 Useful Resources**

MENOPAUSE AND ENDOMETRIOSIS

What is menopause?

The menopause is a life stage in which levels of the hormones oestrogen and progesterone produced by the ovaries fluctuate and gradually decline until the amount produced is virtually nothing. This eventually leads to your periods stopping altogether.

The decline in oestrogen is responsible for menopausal symptoms. The most common include:

- Hot flushes
- Night sweats
- Sleep difficulties
- Brain fog
- Low mood
- Anxiety
- Vaginal dryness
- Aching joints
- Reduced libido

There are around 34 menopause symptoms, and they can significantly impact on your quality of life.

For an A to Z of symptom visit: themenopausecharity.org

Will menopause cure my endometriosis?

There is no cure for endometriosis, but symptoms may improve or disappear as oestrogen levels fall during menopause. However, some people continue to experience symptoms because endometriosis tissue can remain active, small amounts of oestrogen are still produced by the body, and existing scar tissue and nerve related pain may continue to cause problems.



NATURAL MENOPAUSE

This stage will usually begin at around age 45 but it can be much earlier or later. The time when you're having symptoms of menopause, but your periods haven't stopped is called the perimenopause.

When you haven't had a period for 12 months, you have reached menopause. The average age for this is 51.

During perimenopause your hormone levels change. This can cause endometriosis symptoms to worsen and become less predictable. In some cases, people notice an improvement of symptoms during perimenopause. It can be difficult to recognise perimenopause because symptoms such as fatigue, brain fog and mood changes can overlap with endometriosis. Hormonal treatments that stop your periods can also make menopause harder to recognise. New symptoms, including hot flushes, night sweats or vaginal dryness, may be signs of perimenopause.

For those who've had repeated surgeries to the ovaries this can cause an earlier menopause. Those who've had hysterectomy can also experience an earlier menopause. However, many who have had ovarian surgery and hysterectomy may still reach menopause at the average age.

If you are unsure whether you are experiencing perimenopause, speak to your healthcare practitioner.

MEDICAL MENOPAUSE

Medical menopause happens when medication is used to temporarily stop the ovaries producing oestrogen. This can help reduce endometriosis symptoms by stopping periods and lowering oestrogen levels. The effects are usually reversible when treatment stops.

When might this treatment be used?

This treatment may be offered:

- If other treatments have not helped your symptoms
- While waiting for endometriosis surgery
- To help you understand how surgical menopause might affect you
- If symptoms return after surgery

What should I expect?

There are two main types of medication:

- **GnRH agonists:** Usually given as injections. Symptoms may temporarily worsen during the first few weeks before improving.
- **GnRH antagonists:** Taken as tablets. These work more quickly and do not cause an initial flare-up of symptoms.

Both treatments lower oestrogen levels, which can cause menopausal symptoms such as hot flushes, mood changes and vaginal dryness. Hormone replacement therapy (HRT) may be given alongside treatment to reduce menopausal symptoms and protect bone health. Some tablets already contain HRT.

How long can I take treatment?

- **Injections without HRT:** Usually limited to six months
- **Injections with HRT:** May be used for longer, you will be monitored closely
- **Tablets:** Some can be used long term, depending on the medication and your health

Longer-term treatment may require bone density scans to check for osteoporosis (thinning of the bones).

Can I get pregnant during treatment?

Most of these treatments are not contraceptives, so you may still need contraception. Your healthcare practitioner can advise you on suitable options.

Periods and fertility usually return after treatment stops, unless you have reached natural menopause.

Who might not be able to have this treatment?

These treatments are not suitable during pregnancy or breastfeeding, or if you are trying to conceive.

Some medical conditions, including osteoporosis, certain cancers, blood clots or migraines with aura, may affect which treatments are suitable.

Your healthcare practitioner will review your medical history and discuss the benefits and risks with you.

SURGICAL MENOPAUSE

Surgical menopause happens when both ovaries are removed, causing an immediate drop in oestrogen levels. This may happen alongside a hysterectomy (removal of the womb) or as a separate procedure.

If you have a hysterectomy but keep your ovaries, you will not experience immediate menopause, although menopause may happen earlier.

Repeated surgery on the ovaries for endometriosis can also sometimes lead to earlier menopause.

What are the symptoms?

The sudden drop in oestrogen can cause menopausal symptoms, including hot flushes, sleep difficulties, mood changes and vaginal dryness.

If your ovaries are removed before natural menopause, you may also have an increased risk of osteoporosis (thinning of the bones) and heart disease.

Hormone replacement therapy (HRT) is usually recommended until at least the average age of natural menopause (51) to help manage symptoms and protect your long-term health.

Will surgery cure my endometriosis?

There is no cure for endometriosis. Although removing the ovaries may improve symptoms, some people continue to experience pain or find that symptoms return.

This can happen if endometriosis tissue returns after surgery or because of existing scar tissue or nerve related pain.

How will surgery affect my fertility?

Removing both ovaries means you will no longer produce eggs, affecting your ability to have biological children. If your womb is also removed (hysterectomy), you will no longer be able to carry a pregnancy. If having children is something you may want in the future, speak to your healthcare practitioner about your fertility and the options available before surgery.

Can I find out whether surgery will help?

Your healthcare practitioner may suggest trying gonadotrophin-releasing hormone analogue (GnRHa) treatment before surgery.

This temporarily stops the ovaries producing oestrogen, creating a reversible menopause-like state. It may help indicate whether reducing oestrogen will improve your symptoms, although it cannot guarantee how you will respond to surgery.

“IF HAVING CHILDREN IS SOMETHING YOU MAY WANT IN THE FUTURE, SPEAK TO YOUR HEALTHCARE PRACTITIONER ABOUT YOUR FERTILITY AND THE OPTIONS AVAILABLE BEFORE SURGERY.”

HORMONE REPLACEMENT THERAPY (HRT)

What is HRT?

This is the most common treatment for relieving menopausal symptoms. It is designed to replace the falling levels of the oestrogen and progesterone hormones during menopause.

How do you take HRT?

Several versions of oestrogen and progesterone can be taken, including:

- Tablets
- Patches
- Gel
- Sprays
- Vaginal rings
- Pessaries
- Creams

You take either a combined HRT which is both oestrogen and progesterone or oestrogen on its own. What you take depends on factors such as what stage of menopause, you're at or whether you've had a hysterectomy.

Testosterone is also sometimes prescribed by specialist doctors. Vaginal oestrogen is used locally to treat vaginal dryness and can help prevent urinary tract infections. It is low dose and can be safely given alongside HRT. It has very little absorption into the rest of the body and comes as a tablet, pessary, cream, gel or ring.

What are the benefits?

HRT can help to relieve the symptoms of menopause, such as hot flushes, anxiety and insomnia, and therefore improve quality of life. It also helps to protect against a bone-thinning disease called osteoporosis. It can also help to maintain muscle strength as you age when combined with exercise.

Replacing oestrogen may also have a protective effect on the heart and help to prevent cardiovascular disease in the future, especially if it's started before the age of 60 and within 10 years of reaching menopause.

Is it safe?

For most women under 60, including those with endometriosis, the benefits of HRT generally outweigh the risks.

HRT carries some small risks, which depend on your age, general health, the type of HRT and how long you take it.

Blood clots

Oral HRT tablets can increase the risk of blood clots. HRT which is absorbed by the skin such as patches and gels, do not increase blood clot risk.

Cancer

Some types of HRT slightly increase the risk of breast and ovarian cancer. The risk of breast cancer increases the longer you take HRT and reduces after stopping. Vaginal oestrogen is not linked to an increased cancer risk. Your healthcare practitioner can help you understand the benefits and risks and choose the most suitable HRT for you.

Who can't have HRT?

It's not usually recommended for people who have had breast, womb or ovarian cancer. Or a history of other health conditions such as blood clots or arterial disease. Various health conditions such as high blood pressure mean that it should be used with caution. Your doctor can discuss whether you are eligible.



HRT CONSIDERATIONS FOR EACH TYPE OF MENOPAUSE

HRT replaces some of the oestrogen lost during menopause, helping to relieve symptoms and protect bone health. Although endometriosis is affected by oestrogen, HRT can still be suitable for people with the condition.

Natural menopause

HRT can help manage menopausal symptoms, but in for some it may cause endometriosis symptoms to return or worsen.

Combined HRT, which contains oestrogen and progestogen, is often recommended for people with endometriosis. Taking both hormones continuously, rather than having a monthly bleed, may help reduce the risk of returning symptoms. This is because progestogen helps prevent oestrogen from causing endometriosis to grow.

You can start HRT during perimenopause or after menopause. If menopause happens before age 45, HRT is particularly important to help protect long-term bone health.

Medical menopause

HRT is often given alongside medication that temporarily stops the ovaries producing oestrogen.

Although this may seem contradictory, HRT provides enough oestrogen to help protect your bones and manage menopausal symptoms without reversing the intended effects of treatment.

Some medications already contain HRT, while others require it to be prescribed separately. Continuous combined HRT is often recommended to help prevent bleeding and endometriosis symptoms returning.

Surgical menopause

If both ovaries are removed before natural menopause, HRT is usually recommended to manage symptoms and protect bone health. Even after a hysterectomy (removal of the womb), combined HRT is generally recommended for people with a history of endometriosis, particularly if they have had deep endometriosis. This may help reduce the risk of endometriosis returning.

If symptoms return or worsen while taking HRT, your healthcare practitioner can review the type or dose.

Choosing the right HRT

HRT is available as tablets, patches, gels and sprays, with vaginal treatments also available for certain symptoms.

Your healthcare practitioner will discuss the benefits and risks, considering your age, medical history, endometriosis symptoms and type of menopause.



NON-HORMONAL TREATMENTS FOR MENOPAUSE

Alternatives to HRT

If you cannot or prefer not to take HRT, there are other treatments that can help manage menopausal symptoms. Some target specific symptoms, so you may benefit from more than one treatment. All medications have possible side effects and may not be suitable for everyone. Some are prescribed off-label, meaning they are not specifically licensed for menopause symptoms.

Your healthcare practitioner can help you choose suitable treatments. Always tell them about any other medications or supplements you take.

Hot flushes and night sweats

If hot flushes and night sweats are affecting your daily life, there are several non-hormonal prescription treatments that may help.

Other medications

Some antidepressants and medications normally used for nerve pain or bladder problems can also help reduce hot flushes and night sweats.

Newer menopause treatments

Fezolinetant and elinzanetant are non-hormonal medications developed specifically to reduce hot flushes and night sweats. Availability on the NHS may be limited.

These medications can have side effects and are not suitable for everyone. Some require additional monitoring, such as liver function tests.

Your healthcare practitioner can discuss which treatments may be suitable for you.

Protecting bone health

Lower oestrogen levels can increase the risk of osteoporosis (thinning of the bones), particularly if menopause happens early.

- Calcium and vitamin D - Important for maintaining healthy bones. Supplements may be recommended if you are not getting enough.
- Osteoporosis medications - Treatments such as bisphosphonates may be prescribed if you have osteoporosis or a high risk of fractures.

Your healthcare practitioner can advise whether you need supplements, medication or bone health checks.

Vaginal dryness and discomfort

Menopause can cause vaginal dryness, itching, discomfort and urinary symptoms. Treatments include:

- Vaginal moisturisers used regularly to relieve dryness.
- Lubricants used during sex to reduce friction and discomfort.

Ospemifene, a prescription medication that acts like oestrogen in certain tissues and can help with vaginal dryness and discomfort.

Vaginal oestrogen is another effective option. Although it contains a hormone, it acts mainly in the vaginal area and very little is absorbed into the bloodstream. It can also help prevent recurring urinary tract infections.

Avoid perfumed soaps and products that may cause irritation.



Herbal and alternative remedies

There is limited reliable evidence that herbal remedies, such as black cohosh, red clover and soy isoflavones, are effective or safe for menopausal symptoms.

Some can interact with medications or may not be suitable for people with certain health conditions.

Products displaying the Traditional Herbal Registration (THR) mark meet quality and safety standards for traditional use, but this does not prove they are effective.

Always speak to your healthcare practitioner before trying herbal remedies.

Cognitive behavioural therapy (CBT)

Menopause-specific CBT is a talking therapy that can help you manage hot flushes, night sweats, low mood and sleep difficulties.

It can be used alongside HRT or as an alternative and may be available through the NHS.

LOOKING AFTER YOURSELF DURING MENOPAUSE

Making small changes to your lifestyle can help manage menopausal symptoms and support your long-term health, whether or not you take HRT.

You don't need to change everything at once. Start with manageable changes that fit your daily life and build on them over time.

Eat well

A balanced diet can help maintain energy levels, support bone health and reduce the risk of heart disease.

- Eat a variety of foods: Include plenty of fruit, vegetables, wholegrains, protein and healthy fats. A Mediterranean-style diet is a good option.
- Look after your bones: Calcium and vitamin D are particularly important during menopause. Good sources of calcium include dairy products, fortified alternatives and leafy green vegetables.
- Consider vitamin D supplements: In the UK, a daily 10 microgram supplement is recommended during autumn and winter. Some people may need supplements throughout the year.
- Maintain a healthy weight: Eating balanced meals, watching portion sizes and limiting alcohol can help with weight management.

Be active

Regular physical activity can improve mood, sleep and energy levels while supporting your heart, muscles and bones.

Try to include a mixture of activities you enjoy:

- Heart health - brisk walking, swimming, cycling or dancing can improve cardiovascular fitness.
- Bone and muscle strength - walking, dancing and resistance exercises, such as lifting weights, help maintain bone density and muscle strength.
- Balance and flexibility - yoga and Pilates can improve mobility, balance and relaxation.

Choose activities that suit your abilities and build up gradually. If you have osteoporosis or another health condition, ask your healthcare practitioner which exercises are suitable.



Cut down on alcohol

Alcohol can worsen hot flushes, affect mood and disrupt sleep. Reducing how much you drink may help improve symptoms. UK guidance recommends drinking no more than 14 units a week, spread across several days.

For support, **visit alcoholchange.org.uk**.

Stop smoking

Smoking is linked to earlier menopause and may make hot flushes and night sweats worse. Stopping smoking also benefits your heart, lungs and bone health.

For help quitting, visit **nhs.uk/better-health/quit-smoking**.

Look after your mental wellbeing

Menopause can affect your mood, confidence and emotional wellbeing. Stress may also make some symptoms harder to manage. Taking time to relax, staying connected with others and doing activities you enjoy can help.

Mindfulness, meditation and menopause-specific cognitive behavioural therapy (CBT) may also help with mood, sleep difficulties and hot flushes.

If low mood or anxiety is affecting your daily life, speak to your GP.



**“TAKING TIME TO RELAX,
STAYING CONNECTED WITH
OTHERS AND DOING ACTIVITIES
YOU ENJOY CAN HELP.”**

USEFUL RESOURCES

This booklet is designed to give you an overview of menopause, HRT and endometriosis. If you have more questions on any of the topics covered, there are excellent resources online.

Endometriosis UK

Find webinars on menopause and HRT, plus information pages on these topics: [endometriosis-uk.org](https://www.endometriosis-uk.org)

Women's Health Concern

Find a range of detailed factsheets on all aspects of menopause: [womens-health-concern.org](https://www.womens-health-concern.org)

The Menopause Charity

Find information and support on the menopause, including for employers: [themenopausecharity.org](https://www.themenopausecharity.org)

Royal Osteoporosis Society

Find information and support on bone health: [theros.org.uk](https://www.theros.org.uk)

National Institute for Health and Care Excellence

Find the latest guidance on treatments: [nice.org.uk](https://www.nice.org.uk)

European Society of Human Reproduction and Embryology

Find information on endometriosis treatment and menopause under its Guidelines and Patient Information sections: www.eshre.eu





 Visit www.endometriosis-uk.org

FURTHER SUPPORT

NURSE-LED SUPPORT LINE:

Our experienced nurse support team is ready to provide expert information and guidance on endometriosis.

Book a call: endometriosis-uk.org/nurse-support
or email: nurses@endometriosis-uk.org

VOLUNTEER PEER SUPPORT SERVICE

Our peer support service is operated by trained volunteers who have a personal experience of endometriosis.

Find out more about our support services:

endometriosis-uk.org/talk-someone