

References and abstracts

This menopause group handbook is not a medical or academic textbook and is not referenced as such.

I will include references and abstracts for research mentioned in the text - and include a list of medical websites and professional organisations which group leaders can contact to check if there has been any recent change in advice about treatment for menopause or develop their knowledge of menopause further.

Disclaimer

This toolkit in no way can be used to diagnose or suggest specific treatment for any medical or psychological problem associated with the menopause, perimenopause or PMS.

It is essential that those running these groups refer people to their doctor if they have questions or problems that are of a medical nature.

To the best of my knowledge all the information in the toolkit is accurate as it goes to press - and I have given details of professional organisations for leaders of new groups to contact before running the groups - to ensure there is no change in advice on the use of HRT or other medical treatments for menopause in the future.

See 'Helpful Resources and Websites' p205

I cannot take responsibility for any group leader giving any detailed advice of a medical nature to a group member.

The advice is clear throughout the toolkit - the group member must go and see their GP if they have any concerns about medical or psychological problems in the menopause years.

References are in order of the section in which they first appear in the text

Introduction

• **The common sense representation of illness danger** Looks at how people need health information presented to make the best use of it.

Leventhal H Meyer D. Nerenz D In: Rachman S (ed) Contributions to Medical Psychology. New York, NY: Pergamon Press 1980: 7-30

• **Female Responses to Stress: Tend and Befriend, Not Fight or Flight.**

Taylor SE et al 2000 Psychological review, 107(3),41-429.

Abstract In a woman the hormone oxytocin is released as well as adrenalin under stress. This buffers the fight or flight response and encourages her to tend children and gather with other women instead. When she engages in this befriending studies suggest that more oxytocin is released, which further counters stress and produces a calming effect.

The Health Study from Harvard Medical School found that the more friends women had, the less likely they were to develop physical impairments as they aged, and the more likely they were to be leading a joyful life.

• **Best friends : The Pleasures and Perils of Girl's and Women's Friendships**

Ruthellen Josselson Ph.D Three Rivers Press 1998 - This looks at why it is so hard to find time to be with women friends.

Abstract Every Time we get overly busy with work and family, the first thing we do is let go of friendships with other women. We push them right to the back burner.

That's really a mistake because women are such a source of strength to each other. We nurture one another - and we need to have unpressured space in which we can do the special kind of talk that women do when they are with other women. It's a very healing experience.

• **How menopause affects the lives of women in suburban Chandigarh, India.**

[Kaur S](#), [Walia I](#), [Singh A](#). *Climacteric*. 2004 Jun;7(2):175-80.

Abstract Most women (94%) welcomed menopause. Use of hormone replacement therapy was not reported by anyone. **CONCLUSION:** Although north Indian women experienced various symptoms at menopause, they largely ignored these, while welcoming the freedom from menstruation-related worries.

1) Experiencing the “Change of Life”

• **“There's more to life than just walking”: older women's ways of staying healthy and happy.**

J Aging Phys Act. 2006 Oct;14(4):380-91. [Adamson L](#), [Parker G](#).

Abstract This study assessed a range of activities reported by older women in Australia.activities that were subsequently classified into four major themes: **physical activities, creative pursuits, lifestyle, and social interaction**. The data show that these older women (aged 75-81) are taking part in a wide range of activities.

• **Healthy and happy in Europe? On the association between happiness and life expectancy over time.** [Bjørnskov C](#). *Soc Sci Med*. 2008 Apr;66(8):1750-9. Epub 2008 Mar 3.

Abstract This paper revisits the standard finding in individual-level studies that happiness leads to longevity.national happiness is negatively associated with public health expenditures. The paper concludes by discussing the implications of the results for public policy and future research.

• **Female Responses to Stress: Tend and Befriend, Not Fight or Flight.** Taylor SE et al 2000 *Psychological review*, 107(3),41-429. See abstract in Introduction above

2) Menopause Symptoms and Self help solutions

• **FFPRHC Guidance (January 2005) Contraception for women aged over 40 years**

Journal of Family Planning and Reproductive Health Care 2005; 31(1): 51–64

Reviews all methods suitable for women around the menopause and how to know when it's safe to stop contraception

• **Contraception for the older woman: an update.**

Climacteric. 2006 Aug;9(4):264-76. [Bhathena RK](#), [Guillebaud J](#)

Abstract Although fertility declines with advancing age as the woman approaches the menopause, some risk of pregnancy persists, and effective contraception needs to be offered to avoid an unintended pregnancy. An older woman may have menstrual dysfunction or climacteric symptoms and these factors would need consideration when making the choice of contraception. Low-estrogen dose combined oral contraceptives may be prescribed to healthy non-smoking women up to about 50 years of age. The progestogen-only pill may be an appropriate option in an older woman with declining fertility. The copper intrauterine device is an optimal method for parous women free of pre-existing menstrual problems. The levonorgestrel-releasing intrauterine system is considered the contraceptive method of choice for perimenopausal women with menstrual dysfunction. The woman should be provided with individualized advice so that she has a choice between the newer, effective, largely safe, reversible methods and sterilization.

- **Exercise and time-dependent benefits to learning and memory.**

Neuroscience. 2010 Feb 26. [Epub ahead of print] [Berchtold NC](#), [Castello N](#), [Cotman CW](#).

Abstract.....it is well established that exercise can improve cognitive performance.(This research) reveals that beneficial effects of exercise on brain plasticity (function) continue to evolve even after exercise has ended. Published by Elsevier Ltd.

- **Women maintaining physical activity at midlife: contextual complexities.**

[Yarwood J](#), [Carryer J](#), [Gagan MJ](#). Nurs Prax N Z. 2005 Nov;21(3):24-37.

Abstract Health benefits associated with being active are well recognised and yet for many, particularly women at midlife, how this activity is maintained is both complex and poorly understood. This paper describes a qualitative feminist study in which 10 midlife women participated in two semi-structured interviews to explore factors influencing their ability to maintain physical activity over time. A thematic analysis uncovered participants' beliefs and behaviours regarding their experience of, and strategies used to maintain, regular activity. Four core themes emerged; 'exercise is part of me, part of my life', 'the importance of being fit and healthy', 'exercise interweaves and changes with life situations', and 'constraints and conflicts'. Encompassed within these four was a desire for life long good health and physical fitness. Maintaining regular physical activity was intrinsically connected to family, relationships and work. Findings from this study indicate how important it is for nurses to consider contextual realities when encouraging and supporting midlife women to maintain physical activity.

- **Lifestyle and diet in postmenopausal women.**

[Pines A](#). Climacteric. 2009;12 Suppl 1:62-5.

Abstract Diet and nutritional habits have a pivotal role in maintaining human health. Unhealthy eating, obesity and nutritional deficiencies may lead to various diseases. However, a most important component of lifestyle relates to physical activity. Sedentary people fare less well than those who exercise regularly. The benefits of exercise can be demonstrated in many bodily organs. The most frequently studied effect of exercise is reduction in cardiovascular morbidity and mortality, but positive effects on the musculoskeletal system, breast cancer risk, mood and cognition, and quality of life have been recorded as well. In many cases, a dose-response was evident, and even a mild to moderate degree of activity, performed only a few times weekly, may carry significant merits. The following article reviews this topic and brings updated information on dietary advice and the benefits of exercise in postmenopausal women.

- **Irritable bowel syndrome: role of food in pathogenesis and management.(Food intolerance)**

[Morcos A](#), [Dinan T](#), [Quigley EM](#). J Dig Dis. 2009 Nov;10(4):237-46.

Patients with the irritable bowel syndrome (IBS) commonly report the precipitation of symptoms on food ingestion. Though the role of dietary constituents in IBS has not been extensively studied, food could contribute to symptom onset or even the causation of IBS through a number of mechanisms. First, the physiological response of the intestine to food ingestion could precipitate symptoms in predisposed individuals; second, there is some evidence that allergy or intolerance to a particular food can produce IBS-like symptoms, third, certain foods may alter the composition of the luminal milieu, either directly or indirectly through effects on bacterial metabolism, and thus induce symptoms and, finally, IBS may develop following exposure to food-borne pathogens. Not surprisingly, there is considerable interest in the potential roles of diet and food supplements in the therapy of IBS; for the most

part, the evidence base for such recommendations remains slim though certain probiotics show considerable promise.

• **Depression and the menopause: why antidepressants are not enough?**

[Graziottin A, Serafini A.](#) Menopause Int. 2009 Jun;15(2):76-81.

Abstract BACKGROUND: Gender differences, related to varying sexual hormone levels and hormone secretion patterns across the lifespan, contribute to women's vulnerability to mood disorders and major depression. Women are more prone than men to depression, from puberty onwards, with a specific exposure across the menopausal transition. RESULTS: Depression across the menopause has a multifactorial aetiology. Predictive factors include: previous depressive episodes such as premenstrual syndrome and/or postpartum depression; co-morbidity with major menopausal symptoms, especially hot flashes, nocturnal sweating, insomnia; menopause not treated with HT; major existential stress; elevated body mass index; low socioeconomic level and ethnicity. Postmenopausal depression is more severe, has a more insidious course, is more resistant to conventional antidepressants in comparison with premenopausal women and has better outcomes when antidepressants are combined with HRT. CONCLUSION: The current evidence contributes to a re-reading of the relationship between menopause and depression. The combination of the antidepressant with HRT seems to offer the best therapeutic potential in terms of efficacy, rapidity of improvement and consistency of remission in the follow-up.

3) Medical treatments for Menopause and osteoporosis

Good news for HRT - now lets go forwards!

Dr Nick Panay 11th October 2012

The new data from the Danish and KEEPS trials below reaffirms the belief of many of our members, from their experience of prescribing for many decades, that HRT is not only safe and efficacious but also confers primary prevention benefits to long term users. However, the data from these new studies are only of use if these messages are conveyed effectively to menopausal women and their primary carers.

A Danish study reported this week in the British Medical Journal has concluded that after 10 years of follow-up, women receiving HRT early after menopause had a significantly reduced risk of mortality, heart failure, or myocardial infarction, with no apparent increase in risk of cancer, stroke, or blood clot.

Reference:

Effect of hormone replacement therapy on cardiovascular events in recently postmenopausal women: randomized trial. Schierbeck L L, Rejnmark L, Tofteng C L, et al. BMJ 2012;345:e6409

In the Press:

<http://www.bbc.co.uk/news/health-19886932>

<http://www.dailymail.co.uk/health/article-2215345>

Commenting on behalf of Women's Health Concern and the British Menopause Society, Dr John Stevenson:

*"Its main importance is the **absolute safety** of HRT with long term use. Because of the young age of the women, the numbers of events are very small, but the trends are clear - a reduction in Coronary Heart Disease and in all-cause death, a significant reduction when these endpoints are combined (which was the planned primary endpoint of the study), no increase in stroke, VTE or any cancer, and a non-significant reduction in breast cancer (i.e. no increase). The strength of this*

study is the long duration of use. The safety concerns generated 10 years ago by biased reporting and mis-interpretation of HRT studies have been steadily assuaged by further analyses and reappraisals of those studies. This latest study totally reinforces this.

The mantra “use HRT at the lowest dose for the shortest time” was never evidence-based, and this is now evidence against it. The other mantra that HRT must be stopped on safety grounds after 5 years duration should be blown out of the water!”

Surely now both women and healthcare professionals can again take and prescribe HRT when required for control of menopausal symptoms, or for treatment or prevention of osteoporosis without undue concern about risk and with reassurance about heart benefit when started early.

KEEPS trial results

Results of the Kronos Early Estrogen Prevention Study (KEEPS), presented at the North American Menopause Society annual conference last week, has shown that HRT started soon after the menopause appears safe and relieves many menopausal symptoms, as well as improving mood and cardiovascular risk markers.

KEEPS was a 4 year randomized, placebo controlled trial of low dose oral or estrogen patch and cyclical progesterone in women aged 42 to 58 who were within 3 years after the menopause at randomization.

Many beneficial effects of HRT were found with improvements in hot flushes, night sweats, mood, sexual function and bone density, with no differences in adverse events such as breast cancer, endometrial cancer, myocardial infarction, stroke or blood clot. Regarding cardiovascular effect, some measures showed slight evidence that HRT may be cardioprotective in this age group.

These results should provide reassurance for the many women who are considering taking HRT, or are already taking HRT, for control of menopausal symptoms in the early menopausal years, and for the healthcare professionals who may be unsure about prescribing HRT.

HRT

As research may change advice over time, for a comprehensive review of up to date thinking on HRT, risks and benefits please look at the fact sheets on the following websites

Women’s Health Concern	Wide range of info on women’s health and menopause www.womens-health-concern.org tel 01628 478473
The British Menopause Society	Mainly for medical professionals but free consensus statements re HRT www.thebms.org.uk
Menopause Matters	Information, magazine, books, leaflets etc. www.menopausematters.co.uk No phone
National Osteoporosis Society	www.nos.org.uk Helpline 0845 450 0203

• Testosterone therapy for sexual dysfunction in postmenopausal women.

[Hubayter Z](#), [Simon JA](#). Climacteric. 2008 Jun;11(3):181-91.

Abstract CONCLUSION: Exogenous testosterone treatment provides a rational therapeutic alternative to consider in women whose hypoactive sexual desire disorder negatively affects their quality of life and **who have no biologic or psychosocial causes not** related to decreased androgen levels for their sexual disorder. Women receiving testosterone should be monitored for clinical improvement and for adverse reactions. Transdermal patches and topical gels avoid

the hepatic first-pass metabolism and are the preferred formulations. Testosterone therapy is usually administered concomitantly with estrogen therapy due to a lack of adequate safety and efficacy data on testosterone alone.

- **Depression and the menopause: why antidepressants are not enough?**

[Graziottin A, Serafini A](#). Menopause Int. 2009 Jun;15(2):76-81. See Session 2 above

Osteoporosis

As medical treatment options for osteoporosis are changing over time please contact the National Osteoporosis Society for current recommendations.

- **Addition of aerobic exercise to a weight loss program increases BMD, with an associated reduction in inflammation in overweight postmenopausal women.**(BMD = Bone Mineral Density)[Silverman NE, Nicklas BJ, Ryan AS](#). Calcif Tissue Int. 2009 Apr;84(4):257-65. Epub 2009 Mar 11. [Related citations](#)

- **Strength training preserves the bone mineral density of postmenopausal women without hormone replacement therapy.**

[Bocalini DS, Serra AJ, dos Santos L, Murad N, Levy RF](#).

J Aging Health. 2009 Jun;21(3):519-27. Epub 2009 Feb 27. [Related citations](#)

- A Chinese study reported in the December 2004 "Physician and Sportsmedicine" found that **T'ai chi could retard bone loss among postmenopausal women significantly**. Bone mineral density was measured before and after the study period. Both groups experienced general bone loss, but the rate of bone loss for the Tai Chi group was less than in the control group. In fact, the Tai Chi practicing group of women slowed bone loss by 2.6 to 3.6 times more. The study reported, "Bone loss was 2.6 to 3.6 times slower ($p < .01$) in the distal tibia in the [Tai Chi] exercise group compared with bone loss in the control group."

4) Introduction to Complementary Therapies

- **Acupuncture for the treatment of hot flashes in breast cancer patients, a randomized, controlled trial.**

[Hervik J, Mjåland O](#). Breast Cancer Res Treat. 2009 Jul;116(2):311-6. Epub 2008 Oct 7. Pain Clinic,

Abstract Acupuncture has been used to treat the problem of hot flashes in healthy postmenopausal women. The object of this study was to investigate the efficacy of acupuncture in women with breast cancer suffering from hot flashes as a result of anti-oestrogen medication. Acupuncture seems to provide effective relief from hot flashes both day and night in women operated for breast cancer, treated with Tamoxifen and was largely maintained 12 weeks after treatment ended. This treatment effect seems to coincide with a general health improvement measured with the validated Kupperman index.

- **A review of acupuncture for menopausal problems.**

[Borud E, White A](#). Maturitas. 2010 Jan 7. [Epub ahead of print]

Abstract Acupuncture is one of the complementary therapies that are increasingly used by women with menopausal hot flushes. For natural menopause, one large study has shown acupuncture to be superior to self-care alone in reducing the number of hot flushes and improving the quality of life.

- A Chinese study reported in the December 2004 found that **T'ai chi could retard bone loss among postmenopausal women significantly.** See above

- **The effect of red clover isoflavones on menopausal symptoms, lipids and vaginal cytology in menopausal women: a randomized, double-blind, placebo-controlled study**

[Hidalgo LA, Chedraui PA, Morocho N, Ross S, San Miguel G.](#) *Gynecol Endocrinol.* 2005 Nov; 21(5):257-64.

Abstract CONCLUSIONS: Compared with placebo, red clover isoflavone supplementation in postmenopausal women significantly decreased menopausal symptoms and had a positive effect on vaginal cytology and triglyceride levels.

- **Soy and red clover for mid-life and aging.**

[Geller SE, Studee L.](#) *Climacteric.* 2006 Aug;9(4):245-63.

Abstract INTRODUCTION: Menopause is associated with mid-life, a time when many women begin to experience the signs and symptoms of aging, such as increases in blood pressure, changes in lipid profiles, loss of bone mass density, and diminished memory and cognition. CONCLUSIONS: Research suggests that isoflavones found in soy foods and red clover appear to have a small but positive health effect on plasma lipid concentrations, bone mass density, and cognitive abilities. Given the lack of serious safety concerns in the short term, it would appear that including soy and red clover in the diet of postmenopausal women, notwithstanding a soy allergy, might be beneficial.

5) Living with Hormone Swings - 1 PMS

- **Treatment for the premenstrual syndrome with agnus castus fruit extract: prospective, randomised, placebo controlled study.**

[Schellenberg R.](#) Institute for Health Care and Science, 35625 Hüttenberg, Germany **Abstract**

CONCLUSIONS: Dry extract of agnus castus fruit is an effective and well tolerated treatmentin women's self assessment of irritability, mood alteration, anger, headache, breast fullness and other menstrual symptoms including bloating.

- **Suppression of cyclical ovarian function in the treatment of severe premenstrual syndrome.**

[Studd J.](#) *Menopause Int.* 2007 Dec;13(4): 182-4. The Lister Hospital, London, UK. No abstract available - but see other papers by John Studd on the use of **HRT in severe PMS**

6) Living with Hormone Swings - 2 Perimenopause

See **PMS and Menopause sessions** above for range of articles that may be relevant

- **Treatment for the premenstrual syndrome with agnus castus fruit extract: prospective, randomised, placebo controlled study.** See above. Does not work after periods have stopped

- **Contraception for the older woman: an update.**

Climacteric. 2006 Aug;9(4):264-76. [Bhathena RK](#), [Guillebaud J](#).

Abstract Although fertility declines with advancing age as the woman approaches the menopause, some risk of pregnancy persists, and effective contraception needs to be offered to avoid an unintended pregnancy. An older woman may have menstrual dysfunction or climacteric symptoms and these factors would need consideration when making the choice of contraception. Low-estrogen dose combined oral contraceptives may be prescribed to healthy non-smoking women up to about 50 years of age. The progestogen-only pill may be an appropriate option in an older woman with declining fertility. The copper intrauterine device is an optimal method for parous women free of pre-existing menstrual problems. The levonorgestrel-releasing intrauterine system is considered the contraceptive method of choice for perimenopausal women with menstrual dysfunction. The woman should be provided with individualized advice so that she has a choice between the newer, effective, largely safe, reversible methods and sterilization.

- **FFPRHC Guidance (January 2005) Contraception for women aged over 40 years**

7) Managing stress in our lives

- **Female Responses to Stress: Tend and Befriend, Not Fight or Flight.**

Taylor SE et al 2000 Psychological review, 107(3),41-429. See above

- **Best friends : The Pleasures and Perils of Girl's and Women's Friendships**

Ruthellen Josselson Ph.D Three Rivers Press 1998 See above Introduction

No More Panic – for help with anxiety and panic - www.nomorepanic.co.uk

Cruse – bereavement issues - www.crusebereavementcare.co.uk

Parenting issues with teenagers - www.gotateenager.org.uk

8) Women growing older with fun and meaning in their lives

- **"There's more to life than just walking": older women's ways of staying healthy and happy.**
- **Women maintaining physical activity at midlife: contextual complexities.**
- **Healthy and happy in Europe? On the association between happiness and life expectancy over time.**

See above for full details