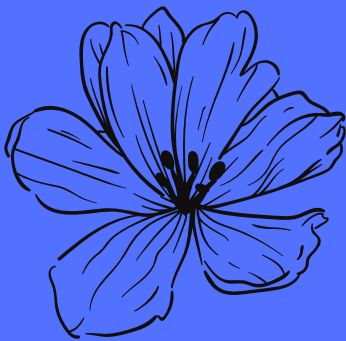


**Let's Talk
About...**



• **The
Menopause**

and Women's Health

Compiled by the Sexual Health Promotion Team, Health Promotion and Improvement Department, Cork Kerry
Community Healthcare

Introduction

This booklet is a follow-up to the “Let’s Talk About the Menopause” Webinar run by the Health Promotion and Improvement Department, Health and Wellbeing Section of Cork Kerry Community Healthcare.

In Health Promotion and Improvement we take a holistic approach to sexual health. We address the individual factors that affect our sexual health and also the environmental factors, that can better support and influence health outcomes.

The aim of this booklet is:

- To support women through sharing of knowledge and information
- To increase people’s knowledge and awareness about the menopause
- To direct people to resources, information and support

We have summarised and reproduced information from the “Let’s Talk About the Menopause” Webinar here in this booklet and we hope you find it useful and supportive.



Click [here](#) for workshop

- *Physical Activity and the Menopause* by Shirley O' Shea, Senior Health Promotion Officer, Physical Activity
- *Eat Well to Be Well during the Menopause* by Fiona Rush, Senior Community Dietician
- *Managing the Psychological Impact of Menopause* by Dr. Coleen Cormack, Senior Clinical Psychologist
- *The Pelvic Floor during Menopause...* by Orla McCarthy, Senior Physiotherapist in Women's Health, CUMH
- *Understanding Hormone Replacement Therapy (HRT)* by Dr. Brenda Moran, GP & Menopause Specialist

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What is the Menopause?

Menopause is the permanent cessation of periods for which there is no other medical cause. The term **menopause** is derived from the Greek word men/menos (month) and pausis (pause/stop)

Natural menopause is when no period has occurred for 12 months or more for which there is no other medical cause. Menopause in Ireland generally occurs between the ages of 45 and 55 years of age, with 51 being the average age.

Early menopause is when someone commences menopause between the age of 40 and 45.

Premature ovarian insufficiency (*previously known as premature menopause*) is menopause that occurs before the age of 40.

Late menopause is when menopause occurs after the age of 55.

Induced menopause follows interventions such as surgical removal of the ovaries which is immediate and permanent, and other medical interventions such as chemotherapy, radiotherapy, or medication induced with GnRH analogues. These routes can be either temporary or permanent.



Click [here](#) for workshop

What is the Perimenopause?

Perimenopause is the reproductive phase/stage prior to menopause. It can last for several years and is experienced differently by all women. Perimenopause ends 12 months after the last menstrual period.

Perimenopause is defined by:

1. Change in the menstrual cycle (*heavier/lighter periods but this change can be subtle*)
OR
2. Advent of the *first* menopausal symptom

Understanding Menopausal Symptoms

Menopausal symptoms vary from woman to woman and no two women experience the same symptoms.

- It is estimated that 75-80% of women experience at least one or more symptom of menopause.
- Symptoms last 7 years on average – but 1/3 women will experience ongoing symptoms longer than this
- 25% of women will experience a difficult menopause transition with multiple symptoms

So what causes menstrual symptoms?

It varies from person to person but generally it's fluctuating hormones levels of progesterone and oestrogen as they both decline until the ovaries no longer produce oestrogen and progesterone or release an egg.

Fluctuating hormones and the decline in oestrogen can lead to a variety of symptoms affecting different parts of the body as we have oestrogen receptors in the brain, gastro intestinal tract, cardiovascular system, mucous membranes (eyes and mouth), joints, bones, vagina, bladder and skin.

The Good News

It is not all bad news. Many women find the menopause a time of positivity, creativity, and an opportunity for change. For some women no longer having periods or worries about contraception is an advantage. The menopause is seen as a life transition. In China the menopause is known as the “2nd Spring” where women are admired for their wisdom and menopause is looked upon as a time of opportunity; a positive life event.



For those experiencing symptoms the good news is that there is a range of treatment options available including:

- Lifestyle Modification
- Psychological therapies
- Complementary therapies
- Non-hormonal oral therapies
- HRT

Treatment Options

Lifestyle Modification

- **Dietary changes:** eat a healthy balanced diet to support weight management, bone health & heart health. Limit your intake of refined carbohydrates (added sugars in biscuits, cakes, minerals etc,) which may exacerbate menopausal symptoms. *See page 7*
- **Stop smoking:** smoking is associated with the vasomotor symptoms (*check out quit.ie for support*)
- **Physical activity:** improves our fitness, promotes weight loss, and keeps our hearts healthy. It also releases endorphins and serotonin which enhances our mood. *See page 5*
- **Reduce caffeine:** caffeine is linked to insomnia, anxiety and palpitations. Aim for no more than 2 cups per day and not after 2pm.
- **Reduce alcohol:** Limit alcohol no more than 11 standard drinks per week (1 small wine glass, 1 glass beer, 1 measure of spirits) and ensure at least 2 to 3 alcohol free days . Check out [Ask about Alcohol](#) for more information.
- **Stress reduction:** Check out [Minding your Wellbeing](#) a free online HSE mental health and wellbeing programme.
- **Sleep Hygiene:** Try using layers of blankets rather than a duvet for breathability, winding down for an hour at night, no digital devices in the room

Hormone Replacement Therapy (HRT)

- Menopausal hormone replacement therapy remains the most effective treatment for menopausal symptoms.
- For more information on HRT see page 14

Psychological Therapies

- Mindfulness
 - Cognitive Behaviour Therapy
- See page 9 for further details on both.*

Complementary Therapies

- **Acupuncture** (*there is some evidence that it works for some people but not others*)
- **Phytoestrogens** *there is some evidence of their effectiveness. See page 8 for further details*
- **Herbal Medicines** *Do not take these if you are taking other prescribed medications.*
 - Black cohosh
 - St. John's Wort
 - Maca
- **Menopause supplements:** These may be effective for mild to moderate symptoms but not against severe symptoms. Usually have a combination of B vitamins, Vitamin D, soya isoflavones (*effective for mild to moderate symptoms, not effective against severe symptoms*)
 - *Vitamin B12 and folic acid if deficient*
 - *Vitamin B complex*
 - *Iron supplement if ferritin <50*
 - *Calcium 1000 mg if not obtained via dietary means*
 - *Vitamin D 1000iu maintenance . Treatment dose if deficient. No requirement for maintenance dosing if levels in high sufficient range*

Non Hormonal Oral Therapies

Should **NOT** to be used as a 1st-line for mood symptoms (Nice Guidelines 2015)

Useful when HRT is contraindicated/not desired

Examples include:

- SSRIs, SNRIs, Clonidine, Melatonin, Amitriptyline, Beta blockers, Oxybutynin

Physical Activity and the Menopause

Physical activity is beneficial at every stage of our lives. It improves our fitness, promotes weight loss, and keeps our hearts healthy. Physical activity during menopause can help women manage and cope better with their symptoms.

Regular physical activity during and after menopause offers a range of benefits; it can:

- Prevent weight gain, as menopausal women tend to lose muscle mass and gain abdominal fat
- Strengthen bones and slow down bone loss, reducing the risk of fractures or osteoporosis
- Reduce the risk of diseases such as type 2 diabetes and certain cancers (breast, colon and endometrial) which are associated with excessive weight gain
- Boost mood and reduce feelings of stress, anxiety and depression

Ideally we want to remain active throughout our life course, but we know this changes through different stages of life. By the time we reach menopause, less of us are involved in organised sport and other activity, but being active is still very beneficial. Below we discuss specific types of activities and how they can help.

What is the first step?

We can start by protecting leisure time for physical activity. Research tells us that men are perhaps better at protecting their leisure time than women. We need to think about prioritising time to be active as a way to deal with symptoms of menopause

How much activity should I be doing?

The World Health Organization Physical Activity Guidelines recommends that:

- All adults should do at least 150–300 minutes of moderate-intensity or at least 75–150 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination throughout the week.
- Muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on two or more days a week.

Physical Activity and the Menopause

What Kind of Activities Can We Do and What Are The Benefits?



Aerobic – this is the kind of activity most of us get daily through walking and it's relatively easy to incorporate this into our daily routine. It is great for cardiovascular health and can include activities like running, swimming and cycling (as well as walking).



Weight bearing – It is very important to maintain strong bones, especially as we get older. Even 1-2 minutes a day of weight bearing exercise has shown to benefit women. Examples include skipping, jumping, even running upstairs.




Strength - strength training will help build lean muscle, and lean muscle uses up calories really efficiently. From about age 30, both men and women start losing muscle mass, about 5% per decade, so 'use it or lose it!' Light weights can be used but aren't necessary, as you can use your own body weight for resistance exercises. Examples include the plank, lunges, squats and push-ups.



Mobility and flexibility - training will help you move better which can help you feel better, perform daily tasks with more ease and reduce your chance of injury. Examples include pilates, yoga and stretching.

HSE Physical Activity Video Based Programmes

A series of 30 minute beginners Pilates/Yoga and chair Yoga developed by HSE Health and Wellbeing and are now available free online.

 <p>Pilates for Beginners: Click here</p>	 <p>Yoga for Beginners: Click here</p>	 <p>Chair Yoga for Beginners: Click here</p>
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Below are a number of physical activity videos from the Minding Yourself Series developed by the Health Promotion and Improvement Department, Cork Kerry Community Healthcare



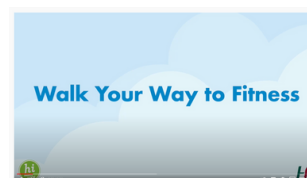
Energising stretch break: a fun easy set of exercises that can be done by taking 10 minutes at lunch break, between meetings or on a call. Click [here](#).



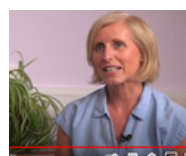
Strengthening exercises for the whole body: demonstrates how to incorporate a simple strength routine into daily life. Click [here](#).



Desk stretches: some quick and easy stretches which staff can do at their desk, whether at work or at home. Click [here](#).



Walking your Way to Fitness: highlights the benefits of walking and how to easily incorporate it into daily life. Click [here](#).



How to Stay Motivated: some helpful tips on how to stay motivated and how to start and sustain an exercise habit. Click [here](#).

Eat Well to be Well during the Menopause

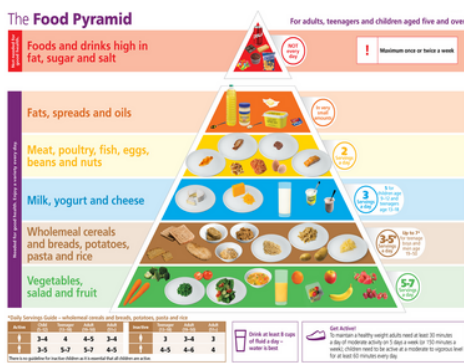
Before menopause, women are protected against a number of diseases by oestrogen such as heart disease and osteoporosis. The changes that occur during the menopause due to the loss of oestrogen can increase the risk of heart disease and bone weakness. Eating well can help decrease this risk and help manage some of the menopausal symptoms caused by reduced oestrogen levels:

- ↑ abdominal fat/ insulin resistance
- ↓ bone density,
- ↑ joint pain
- ↑ cholesterol, ↑ blood pressure
- ↑ sluggish digestion
- ↓ vasomotor' symptoms (hot flashes, night sweats)
- ↓ mood swings,
- ↑ urinary tract infections

In addition general aging affects:

- ↓ lean muscle mass
- ↓ metabolism,
- ↑ weight
- ↑ constipation

There are lots of confusing messages out there on what foods can help during this period but the truth is there is no 'superfood' for menopause! ...just a 'balanced diet'! See the food pyramid for recommended food groups and portion size advice. The aim is to eat more of the foods on the bottom shelves and lesser amounts from the upper shelves to get the right balance of energy and nutrients.



Click [here](#) to view the Food Pyramid video:

Food pyramid guide, meal plans etc. are available on www.healthyireland.ie

We do know that good nutrition can have an impact on 3 key areas during the menopause: weight gain, heart health and bone health. There is most evidence for potential dietary benefit in these areas so any lifestyle changes should consider these points.

- Watch your weight (inc. portion size info)
- Feed Your Bones
- Love Your Heart
- What about phytoestrogens & supplements?



Watch your Weight

Weight gain during the menopause can increase the risk of heart disease, type 2 diabetes and various types of cancers, including colorectal cancer and breast cancer. The best way to manage your weight at this stage in life is to eat a healthy balanced diet. Try to eat a variety of nutrients across all shelves of the food pyramid. Weight gain at this stage of life is normal as our bodies metabolism slows down and hormonal changes shift where we store fat. Exercise and sleep also play a significant role in managing weight.



Think about your portions

Think about it as planning your lunch or dinner plate. The representations from each food group should be as follows

- ½ vegetables
- ¼ protein (meat, fish, chicken, eggs)
- ¼ carbohydrate (potatoes, rice, pasta)



Love Your Heart!

There is an increased risk of heart disease after menopause due to lower oestrogen, increasing blood pressure and cholesterol. Research shows that a Mediterranean style diet can help. This is essentially a heart healthy diet.

- Fill up with fibre from grains, fruit and vegetables, peas, lentils and beans
- Cut down on fat in particular saturated fats (animal fats such as full fat dairy, butter, fat on meat etc.)
- Include Omega 3 fats from oily fish (trout, salmon, mackerel and herring)
- Watch carbohydrate portions in particular added sugars
- Have regular eating pattern – don't skip meals!
- Limit alcohol no more than 11 standard drinks per week (1 small wine glass, 1 glass beer, 1 measure of spirits) and ensure at least 2 to 3 alcohol free days

What about phytoestrogens & supplements?

Some women choose to eat foods or take **supplements containing plant oestrogens** to help relieve symptoms. Plant oestrogens are a group of substances found in plant foods such as soya, linseeds, sprouting seeds like cress/red clover. They are similar, but much weaker than human oestrogen. It is thought that if they are eaten regularly they may have positive health benefits including reducing hot flushes and reducing blood cholesterol levels. Research suggests they may need to be eaten regularly (3 times per day) and it may take 2-3 months to see any benefit but it's unclear on the exact amounts needed (likely a lot higher than typically in the western diet). However it may be helpful to include more plant oestrogen-rich foods in your diet as these tend to be low in fat and high in protective antioxidants. These include linseeds added to meals, calcium-enriched soya products like milk, yoghurts and soya/linseed breads.

Some women find **herbal remedies** helpful in managing menopausal symptoms but there is a lack of evidence for their role. Remember that herbal remedies are not all 'safe' just because they are 'natural' – many are unregulated and both quality and ingredients vary a lot. Some may interact with other medications you may be taking. If you wish to try one, discuss with your health care provider and look for the TR code ('traditional use registration') on the product which shows it is regulated and confirms if the product is safe for consumption. St. Johns Wort (a flower) and black cohosh (herbal root) may decrease hot flushes but beware interactions with other medications you may be on e.g. some anti-depressants. There is no evidence for the role of ginseng, Chinese herbs, or evening primrose oil in helping menopausal symptoms (but some women report benefit).

There are many **multivitamin/mineral supplements** on the market claiming to help manage the symptoms of menopause. These usually include calcium, vitamin D, omega 3, B vitamins, folic acid, phytoestrogens and others. Ideally you are best to get these nutrients through a balanced diet and should only need to take a certain supplement if you are deficient in that nutrient (from a blood test) e.g. calcium, iron and vitamin D. A vitamin D supplement of 15micrograms per day is however recommended for all those over 65years.



Feed Your Bones

Calcium: 1 in 4 Irish women by the age of 60 have had a fracture due to osteoporosis. From the age of 30 onwards we begin to lose calcium from our bones. We need to replace this lost calcium. The recommendation is 3 servings of dairy (low fat) or 800mg per day in supplement form.

Vitamin D: Comes from the sun but is also found in oily fish, eggs, red meat and fortified milk. In the northern hemisphere we do not get sufficient vitamin naturally so a supplement of 10mcg vit. D /day is recommended especially in the winter months. This is increased to 15mcg for those older than 65yrs.

Don't forget regular weight-bearing physical activity such as walking, dancing etc. as this also helps your bones to hold on to the minerals that keep them dense and strong and decreases the risk of osteoporosis.

Referral to your Registered Community Dietitian

If you would like support from a Dietitian to help manage weight gain, heart health, bone health and gut health, ask your GP or Practice Nurse to refer to the local HSE primary care dietitian which is a free service.

For further information on diet and the menopause see the food factsheet '[Nutrition and Menopause](#)' on www.indi.ie

Managing the Psychological Impact of Menopause

Menopause is a natural transition that all women go through in their lives and yet despite being natural and normal, it can be a challenging time due to various symptoms that we experience. These changes and associated symptoms can impact quality of life and daily functioning. In this section we will help you to understand what happens from a psychological point of view and introduce you to some tips that will help you manage your mental wellbeing and help alleviate some of the symptoms at this time of change.

Common symptoms and psychological distress

- **Vasomotor symptoms** of hot flushes and night sweats occur when oestrogen levels are changing and adjusting to lower levels during the menopause transition. Hot flushes can lead to anxiety but stress can also increase the likelihood of hot flushes so this can create a vicious circle.
- **The Emotional changes** we experience can be varied. Low mood, irritability and anxiety are the more common emotional reactions. This can be as a response to changes we are experiencing in menopause or due to other life challenges such as job stress, family stress, parents' ill health, bereavement, looking after children and teenagers, children leaving home (or not) or due to our response to ageing.
- **Sleep Disturbance** - can be as a result of waking in the middle of the night due to night sweats, or due to other factors such as anxiety, hormonal fluctuations or poor sleep hygiene. If the amount and quality of your sleep is disrupted it can have a knock on effect on your functioning the following day.

All symptoms are not experienced by all women and each woman may react or respond differently to these symptoms.

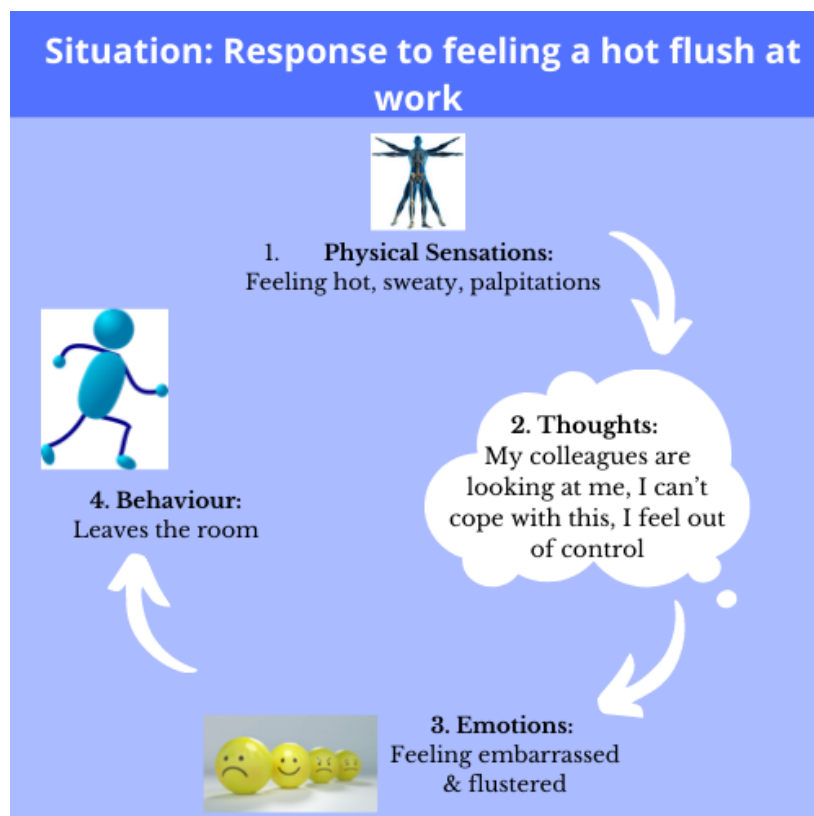
Both **Cognitive Behaviour Therapy** and **Mindfulness** have been shown to help manage the psychological impact of the Menopause

Cognitive Behaviour Therapy

Cognitive Behaviour Therapy is based on the idea that our responses to situations in our lives are made up of a number of different factors that interact together.

Our **Thoughts** or beliefs; **Emotions** or feelings that we experience such as feeling angry, sad, happy or afraid; the **Physical Sensations** that we notice in the body and our behaviour or what we do, are all interconnected. Changes that we make in one area can have a knock on effect on the other areas.

This diagram helps to illustrate a possible response to experiencing hot flushes. We can examine how CBT would work to interrupt on this cycle.



How can CBT Help?

Although you can't prevent the physical sensations occurring, it is possible to manage your response to the situation.

1. Physical Sensations: in the body are generally what we notice first so let's start there. One of the best ways to calm the body is by breathing rhythmically, when we breathe consciously and rhythmically we send a message to the frontal cortex of the brain to let it know that all is ok. This restores the mind and body to a state of calm and allows us to think more freely.

2. Emotions: It is helpful to acknowledge and validate the feelings. Notice and name how you feel rather than questioning it. It is ok to feel embarrassed and flustered. I am flustered but that's ok.

3. Thoughts: Challenge your thoughts

- Do I have evidence that this is true? Were my colleagues really looking at me?
- What would I say to a friend?
- What would a friend say to me?
- Thoughts are NOT facts – we can have alternative and more supportive views
- This too will pass, I'm doing ok, I have good coping skills and supportive colleagues

4. Behaviour: Change the behaviour. Watch out for avoidance and do something different e.g.

- Stay in the room and let it pass
- Seek support from colleagues
- Manage temperature – open a window, turn on a fan, drink from a cold bottle of water and or take off a layer of clothing



What is Mindfulness?

'Paying attention on purpose in the present moment, non-judgementally to what is going on in your body and your mind and the world around you' (Jon Kabat-Zinn),

'Being aware of what you are doing while you are doing it.....breathing, walking, making a phone call, cooking a meal' (Padraig O'Morain)

Rather than worrying about what has happened in the past or what might happen in the future, mindfulness trains us to respond skillfully to whatever is happening right now, be that good or bad

Everyday Mindfulness

We can be mindful both formally and informally in day to day activities. In mindfulness of everyday activities we bring awareness and attention to the things we are doing in the moment such as eating or drinking, having a shower or washing our hands. For example next time you are washing your hands try to do it mindfully by using the senses – the smell of the soap, the sensations of rubbing your hands together, the sound and feel of the water as you rinse your hands....really bring your attention to the task of washing your hands and see if it is different from when you do it on automatic pilot.

5 more ways over 5 days
to help cope with COVID-19



For a deeper mindfulness practice by Dr. Coleen Cormack (Senior Clinical Psychologist) click [here](#)

The Pelvic Floor during Menopause

What are the Main Hormonal and Musculoskeletal Changes that Happen just Before and During Menopause?

During this time there is a reduction in oestrogen levels in the woman's body. This coincides with a reduction in muscle tone, which is a natural part of the ageing process and one which occurs throughout the body. Such changes can lead to:

- Weaker Pelvic Floor muscles
- Thinning, drying and inflammation of the vaginal walls (vaginal atrophy)
- Decreased libido
- Overactive pelvic floor muscles
- Poor quality sleep due to night sweats

For some Women this means that they can experience:

- Painful sex
- Pelvic Organ Prolapse
- Urinary/faecal incontinence
- Bladder urgency

Vaginal Dryness

This can be a very common issue for women during the menopause. There are many things which can be done to ease this. There are a wide range of lubricants available from pharmacists. You may want to choose a long lasting vaginal moisturiser, or oil based organic lubricant. You can get hormone free alternatives if you cannot use oestrogen based creams and these are available in most pharmacies.

Remember if you choose to use a lubricant and are still relying on condoms to prevent pregnancy or STIs, you need to ensure that the lubricant that you use has a water based formula, as oil based lubricants will degrade a condom. You may wish to discuss the issue with your General Practitioner who may prescribe an oestrogen based cream/pessary. Alternatively, you can use a long lasting vaginal moisturiser (hormone free) or a vaginal oil based, organic lubricant. These are available over the counter in most pharmacies or health shops.

Such lubricant options may help with vaginal dryness and improve skin quality while also making sex more comfortable.

More Tips if Experiencing Painful Sex

Communication with your partner is key around this issue, as it's something that has an impact on you both. While it can be a difficult subject to address, talking together and having open and honest discussions can really help. Trying different positions when having sex may also help, as can spending a greater time on foreplay to ensure arousal. Introducing these changes may not only bring a positive in terms of the physical comfort around sex, but it might also lead to a closer emotional bond built through communication. A change in sexual positions may also be invigorating and lead to different experiences for you both, which can be mutually beneficial.

As previously mentioned, try using lubricant to help with any vaginal dryness. Using lubricant can also be seen as a fun part of foreplay, rather than a chore. If you have tried some of these and you feel they are not working for you, then perhaps you may want to see a Women's Health Physiotherapist. Referrals can be made through your GP

What is a Women's Health Physiotherapist?

A Women's Health Physiotherapist is a qualified Physiotherapist who has undertaken postgraduate specialist training in the area of obstetrics and gynaecology.

What is the Role of a Women's Health Physiotherapist?

Such a Physiotherapist assesses and treats women who have symptoms of bladder or bowel dysfunction, chronic pelvic pain, pelvic organ prolapse, dyspareunia (pain during sex) and pelvic girdle pain in pregnancy.



Stress Urinary Incontinence (SUI) - What is it and What Can be Done to Help?

Stress Urinary Incontinence can be defined as “The complaint of involuntary leakage on effort or exertion or on sneezing or coughing” (International Continence Society 2018)

So what can we do to help with this?

Doing pelvic floor exercises daily has shown that 72% of women with SUI will be cured or significantly improved by doing PFM exercises (under supervision by a Physiotherapist) - Cochrane Systematic Review 2018, Dumoulin C et al

How to do Pelvic Floor Exercises at Home

To Begin:

- Choose a comfortable position, such as lying on your side, on your back, or supported sitting.
- Keep the muscles of your thighs, bottom and stomach relaxed.
- Breathe normally, do not hold your breath when squeezing your pelvic floor muscles

Slow pelvic floor muscle squeeze

- As you breathe out, squeeze/close the muscles around your back passage as if you are trying to stop passing wind and around the front as if trying to stop urine. Aim to hold x 10 seconds.
- Allow the muscles to relax and rest.
- Repeat x 10 reps x 3 times per day

Fast pelvic floor muscle squeeze

As you breathe out quickly pull up/squeeze closed both the front and back passage for 1 second. Let go and feel the muscles relax for 3 seconds. Repeat x 10 reps x 3 per day

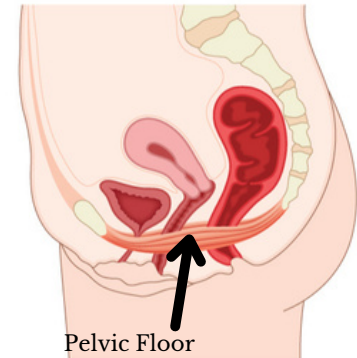
The Knack

Squeeze your pelvic floor when you are sneezing or coughing. This can help improve the timing of the pelvic floor muscles and stop you leaking urine.

And Remember

Contrary to what you might have heard in the past – do not practice your pelvic floor exercises when sitting on the toilet as this can really interrupt and confuse your bladder.

Check out the [Squeezy App](#) (developed by Women's Health Physiotherapists supporting people with their pelvic floor muscle exercise programmes)



Overactive Bladder (OAB)

This can be defined as a frequent and sudden urge to urinate (go to the toilet) and something which you may not be able to control. If you have an overactive bladder you might experience some or all of the following:

- An urgent need to go to the toilet
- An increase in frequency or the amount of times that you need to go to the toilet
- You might start going to the toilet “just in case” you can’t control it
- You might start leaking before you make the toilet

The Good News

The good news is that there are things that you can do to help your symptoms

- Drink 1.5 litres fluid per day
- Reduce caffeine intake
- Switch to decaf tea/coffee/avoid green tea/coca cola
- Avoid sparkling water/fizzy drinks/alcohol
- Avoid citrus fruits/juices
- Stop going to the loo ‘just in case’.



[Bladder and Bowel Community](#)

Retrain your Bladder to go Every 3-4 hours - This Takes Time.

- Cross your legs
- Sit on an armrest (pressure on perineum)
- Squeeze your pelvic floor to stop the urge
- Distraction – try doing something to take your mind off going to the toilet
- Standing and rocking on tip toes

Remember it takes time to gradually retrain your bladder, do it slowly.

It is important to sit on the loo to ensure you empty your bladder fully.

Prolapse

A prolapse can be defined as when the bladder, uterus (womb) vaginal or anal walls start to slip out of place and bulge forward into the vagina. Women who experience this often describe a heaviness/pressure/dragging ache in their vagina. Sometimes it can be difficult to empty your bowels fully as a result of a prolapse. The symptoms can also worsen with prolonged standing, lifting or after a busy day.

Tips to Help Prevent or Manage Pelvic Organ Prolapse (POP)

- Avoid heavy lifting- if you need to lift heavy items then ask for help or try to change the task
- Avoid unnecessary, prolonged standing if you can
- Avoid constipation or straining to empty your bowels
- Try to eat enough fibre. Foods like oats, wholegrain breads, vegetables and fruit with skin on can all help maintain a healthy bowel
- Remember to breathe out as you push down towards your back passage to empty bowels
- Aim to drink 1.5 litres of water per day
- Manage your weight - being overweight puts extra strain on your pelvic floor which may in time lead to an increased risk of pelvic organ prolapse.
- Remember to practice your pelvic floor muscle strengthening exercises



Bladder and Bowel Community

Leaking urine and painful sex are common but they shouldn't be accepted as normal...

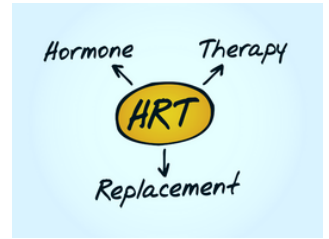
Do Not Suffer In Silence

If symptoms are not improving despite following the advice and exercises

Discuss your problem with your General Practitioner and ask for a referral to a Women's Health Physiotherapist.

Understanding Hormone Replacement Therapy (HRT)

Hormone Replacement Therapy (HRT) remains the most effective treatment for menopausal symptoms. Yet similar to most medications, it has side effects and contraindications to its use. Newer HRT has a significantly better safety profile. There is still however a legacy issue of mistrust around HRT based on earlier versions of the medication.



For most women if prescribed HRT within a 10 year window of starting Menopause, or under the age of 60, the benefits generally outweigh the risks. In comparison the evidence for newer HRT which is "**body-identical**" (same molecular structure as a woman's hormones i.e. oestradiol and progesterone) and "**transdermal**" (given through the skin by a patch, gel or spray) shows that:

- It is not associated with increased risk of clotting
- Standard doses do not appear to be associated with an increased risk of stroke
- Safest from a cardiac, blood clotting and breast perspective

Types of Body Identical HRT

- Transdermal oestradiol consisting of patches, gel and spray
- Micronised progesterone (trade name Utrogestan) consisting of oral capsules and vaginal tablets

Types of HRT

HRT comes in various formats including pills, patches, gels or sprays. When beginning a HRT regimen, talk to your menopause practitioner about which may suit you best given your medical history and lifestyle. There are a number of variations and combinations of HRT regimens available including:

- Sequential combined HRT (Daily oestrogen with intermittent progesterone)
- Continuous combined HRT (Daily oestrogen with daily progesterone)
- Oestrogen only HRT
- Vaginal oestrogen therapy
- Testosterone therapy
- Tibolone (synthetic steroid with weak oestrogen, progesterone and androgenic activity).
- SERMs (Selective Estrogen Receptor Modulators). Mimic or block the effect of oestrogen on different parts of the body.



Benefits of HRT

- Controls the symptoms of Menopause. Allows women to live symptom free
- Heart, bone, brain protection
- Reduces/resolves/improves genitourinary syndrome of the menopause
- Some types of HRT reduce the risk of colorectal cancer
- Some types of HRT reduce the risk of endometrial cancer

Why is this Important?

Cardiovascular disease is the leading cause of death in postmenopausal women

The International Osteoporosis Foundation report that worldwide, 1 in 3 women over the age of 50 will develop an osteoporotic fracture

HRT Points to Consider

Side Effects

Common side effects include spotting, irregular or heavy vaginal bleeding. Tends to settle with time or with changes/ adjustments to regimens

Individual hormonal side-effects:

Oestrogen related...

- Breast tenderness
- Headaches
- Dyspepsia
- Leg cramps
- Anxiety

Progesterone related...

- Bloating
- GI side-effects
- Mood symptoms
- Breast Tenderness



Contraindications for Use

- Recent heart attack or poorly controlled angina
- Recent VTE event
- Suspected, or active, breast cancer or endometrial cancer
- Severe or active liver disease
- Irregular, non-investigated vaginal bleeding

Risks Associated with HRT

- A small increased risk of breast cancer with increasing duration of use which reduces on stopping. This risk is small in real numbers and varies with the type of HRT used. Lowest risk seen with oestrogen-only HRT and the use of micronised progesterone or dydrogesterone.
- Possible very small increased risk of ovarian cancer
- Small increased risk of endometrial cancer with sequential HRT
- Irregular vaginal bleeding which may require gynaecological investigations if persistent
- Small increased risk of blood clots with oral products
- Deterioration in liver function tests

HRT & Contraception

HRT can also be started in the perimenopause but it is not a contraceptive, so additional contraception will be necessary. However, the Mirena Coil can be a good option in this scenario, as it is an excellent method of contraception. It acts as the progesterone component of HRT, and it lightens periods for the majority. HRT can be taken alongside other forms of contraception such as the POP, Implanon and copper coil.



Supports and Resources

Below is a list of some supports and resources to support your menopause journey.

General Menopause Supports

- The Irish Menopause Society www.irishmenopausesociety.com
- The Women's Health Council www.nwci.ie
- The British Menopause Society <https://thebms.org.uk/>
- The Womens Health Concern <https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/>
- NICE Guideline (NG23) Menopause Diagnosis and Management. Published: 12 Nov. 2015 last updates) 5 Dec. 2019 <https://www.nice.org.uk/guidance/ng23>

Bone Health and Osteoporosis

- Irish Osteoporosis Society <https://www.irishosteoporosis.ie/>
- The Royal Osteoporosis Society (UK) <https://theros.org.uk/>

Musculoskeletal

- Irish society of chartered physiotherapists <https://www.iscp.ie/>
- Pelvic Floor Exercise App <https://www.squeezyapp.com/>
- NICE Guideline <https://pathways.nice.org.uk/pathways/urinary-incontinence-and-pelvic-organ-prolapse-in-women#content=view-index>

Heart Health

- The Irish Heart Foundation <https://irishheart.ie/>

Breast Health

- National Breast Screening Programme <https://www.breastcheck.ie>

Cervical Check

- Irish Cervical Screening Programme <https://www2.hse.ie/cervical-screening>
- <https://www.screeningservice.ie>

Menopause and Nutrition

- Irish Nutrition and Dietetic Institute www.indi.ie

Menopause and Physical Activity

·<https://www.womeninsport.org/wp-content/uploads/2018/06/Menopause-report-PDF-final-1-2.pdf>

Menopause and Mental Health

- Minding Your Wellbeing Programme <https://www2.hse.ie/healthy-you/minding-your-wellbeing-programme.html>
- Stress Control www.stresscontrol.ie free online 6 week course on stress management
- Hand-out on CBT & Menopause: <https://www.womens-health-concern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbt-menopausal-symptoms/>
- HSE Mental Health Resources www.hse.ie/eng/services/list/2/primarycare/yourgoodself/ Lists of resources on a variety of mental health topics for all ages. Reviewed and recommended by HSE psychologists.
- Cork Kerry Community Healthcare YouTube Channel https://www.youtube.com/channel/UC_4rJJzH-T9mixFgzj6qT8A

Mindfulness Practices

- [Five Ways over Five Days Mindfulness click here](#)
- [Five More Ways over Five days. Advancing our Mindfulness Practice click here](#)
- “Minding Yourself” Series of videos including desk stretches & mindfulness: [click her e](#)

Other Useful Websites

- www.healthpromotion.ie
- www.healthyireland.ie
- www.sexualwellbeing.ie
- www.mysexualhealth.ie

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