

CATCH UP & A CUPPA WITH... Diane Danzebrink

Founder of Menopause Support and the #MakeMenopauseMatter campaign and Menopause psychotherapist



Questions about Surgical Menopause

Join us as we chat with the wisest of owls, Diane.

If somebody in surgical menopause is struggling to receive support from their GP, what would your advice be?

If somebody in surgical menopause is struggling to get the right help and support from their GP I would suggest seeing a GP or nurse in the practice who has a special interest in menopause, if there is one. If that is not an option request a referral to a menopause specialist clinic for expert advice and support. There is the option to seek a consultation with a private menopause specialist but nobody should have to feel that they have no option but to have to pay for private care.

Can they request a referral to a Menopause Specialist?

If a woman feels that she is not getting the help and support that she needs from her GP then she can request a referral to an NHS menopause clinic, the details of these can be found on the British Menopause Society website.

Are all gynaecologists trained in menopause care?

Sadly not, although you might expect gynaecologists to be trained in menopause care only some have completed specialist training in menopause but most have not.

Over the years HRT has been subject to countless scaremongering headlines and reports. What's your take on it?

HRT was widely prescribed until 2002 when the results of a study called the Women's Health Initiative or WHI were published and a press release that the WHI issued resulted in lots of scary headlines which

understandably prompted women to stop taking their HRT and doctors to stop prescribing. Despite the fact that the study has been shown to be flawed by many experts around the world many women and doctors are still influenced by those headlines which means that many women have been denied the option of the protection that HRT can offer for long term bone, heart, brain and pelvic health.

HRT is the most effective treatment for menopause and for the vast majority the benefits significantly outweigh any risks. I would recommend everyone to read Oestrogen Matters by Dr Avrum Bluming to enable them to really understand the history of the WHI study and to allow them to read factual, up to date, evidence based information and make informed choices about their long term health.

What is the difference between bio and body identical HRT?

Body identical HRT refers to the licensed regulated products prescribed by the NHS and some private menopause specialists. Bio identical is essentially a marketing term for costly, unregulated, unlicensed products prescribed by private doctors who are not necessarily BMS accredited menopause specialists.

If a woman is in surgical menopause due to cancer, can she have HRT?

The short answer to this is that it is not a straight forward yes or no. All women should be offered the opportunity to make informed choices about her own health. This should be a discussion between the patient and a menopause specialist taking into account the type of cancer and any ongoing treatment plan. Ultimately the decision should be one taken by the patient with the support of her doctor. Quality of life must always be the focus of these conversations.

It's often said that women gain weight in menopause. Is there any truth in this?

Yes, some women do gain weight during menopause but it can be for many reasons. The slowing of our metabolism, the reduction of oestradiol and a combination of symptoms can all play a part in that. If we are tired, sleep deprived, fatigued, experiencing painful aching joints etc we are less

likely to want to exercise and take care of our general health and well-being. This combined with the sharp loss of oestrogen when the ovaries are removed in surgical menopause can have an effect on weight and is another reason why replacing hormones for those in surgical menopause is so important.

[Is it normal for irritability to sky rocket in surgical menopause? Can you recommend anything to help?](#)

Irritability can certainly be an issue for some in surgical menopause, this can be as a result of the sharp drop in hormone levels or as a result of some of the possible symptoms. We all know how several broken nights sleep can increase our irritability. The first step is getting the right help to replace your hormones but it can take time so it's useful to have some self help tools too.

1. Remove yourself from the situation
2. Breathe, a simple breathing exercise of breathing in for a count of one and out for a count of three for a few minutes can make you feel a little calmer
3. Write down how you feel, writing should not be underestimated as a therapeutic tool and it can be a great way to release your frustrations.
- 4 Do some exercise, if you are feeling really irritable and just need to be on your own going for a run (not too soon after surgery of course) or similar can be a great way to take control of the situation. For those unable to do that a very gentle session of guided yoga stretches can also be helpful.
5. Talk about it, once you feel calmer try to explain to those closest to you how you feel, it's so important that they understand so that they can try to support you.

[Is it common to experience a vast range of symptoms in surgical menopause?](#)

It has to be remembered that surgical menopause results in the abrupt loss of hormones and that can result in a wide range of symptoms if HRT is not prescribed straight after surgery. Even if HRT is prescribed it can

take some time to optimise treatment for women in surgical menopause as each woman is different.

We've both found that surgical menopause has impacted our careers. How do you recommend instigating menopause conversations at work?

Firstly it's important to remember that menopause awareness in the workplace is still relatively new and whilst it's very encouraging to see employers starting to recognise the importance of menopause support in the workplace there is still a long way to go. If you are about to have surgery or have had surgery speak to your employer at your earliest opportunity but remember that you may be the first person who has spoken openly about this and your employer may need to go away and do some homework or speak with a colleague.

I always recommend that women have a plan to share with their employer of what simple adjustments would help them in the short and medium term. If you can share some solutions to the challenges that you face in the workplace this could help your employer help you by offering the right help and support. There are now some excellent online resources that can be shared with employers which include the information from the CIPD

Women often report that their skin feels as though it's crawling since menopause. Why is that?

This is a condition known as Formication which many say feels like insects crawling on their skin and can be really upsetting and irritating. Again this is related to the loss of oestrogen which can result in skin changes which can include drying and itching.

Noise sensitivity can arise in surgical menopause. Do you know why that could be?

This appears to be due to the sudden loss of oestrogen which is so important in so many areas of brain function, including sound. Many women also report buzzing and ringing known as Tinnitus but we desperately need more research on the sharp reduction of oestrogen and the changes to hearing.

At times both of our relationships have felt the strain of surgical menopause, especially as we're a lot more irritable and noise sensitive. Do you have any tips to share on helping partners understand?

The most important thing is to keep the lines of communication open, those of us in surgical menopause have no idea how it will affect us and neither do our partners so we are navigating new territory together without a guidebook. As a result this can lead to confusion, misunderstandings and frustration. I have written an understanding menopause guide for partners available on the Menopause Support website which I hope will be a useful resource.

In your opinion do you think it should be mandatory for all women undergoing a hysterectomy to be offered the option of counselling? Absolutely, I think every woman should have the opportunity to speak to somebody prior to surgery to allow her to prepare by being able to ask all her questions and talk through any concerns and I think the option of counselling support should be available for everyone post surgery. Surgical menopause is so much more than the surgery and therapeutic support can be so important.

Surgical menopause can be really challenging to navigate. What would your message be to anyone reading this that feels alone/unsupported? Please reach out, I know what it's like to feel lost and alone post surgery but thankfully there are now lots more support groups and resources available online where you can connect with people who can help and signpost you.



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Menopause Support



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