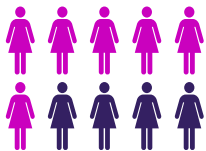


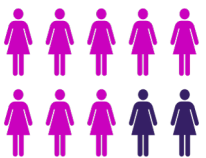
Menopause



Almost 6 in 10 menopausal women experience symptoms that interfere with their daily lives¹



Of Australian women who seek medical advice for menopause, 6 in 10 feel their symptoms are undertreated.¹



80% of Australian women believe employers will use menstrual and menopause leave as a reason to discriminate against women.²

What is Menopause?

Menopause is marked by the end of monthly menstruation (also known as a menstrual period). Menopause, for most people who menstruate, is a natural part of the ageing process. Some people may experience menopause for reasons such as surgery to remove the ovaries or uterus, cancer treatments like chemotherapy, or a genetic reason.

Menopause as a milestone marks the end of a woman's menstrual cycle after 12 consecutive months without a period. As a life stage, menopause more broadly encompasses the transition and subsequent changes that women experience for over half of their lives.

When menopause is oversimplified as the 'end of a woman's menstrual cycle', it ignores the complex hormonal, physical and emotional changes that accompany this important life stage. Imagine if we applied the same simplicity to puberty – explaining to young girls 'it's just the start of your menstrual cycle' and omitting all the other details on how puberty may impact your day-to-day functioning. We encourage education on the bodily changes that accompany puberty, yet we often avoid discussing the details of what to expect throughout menopause.

3 Stages of Menopause

Perimenopause

The stage leading up to menopause, lasting up to 10 years and characterised by fluctuating hormone levels, menopausal symptoms and/or irregular periods.

Menopause

This milestone is defined as the point in time when menstrual periods have stopped for 12 consecutive months.

Post-menopause

The stage following menopause and lasting for the rest of a woman's life. For most women, menopausal symptoms subside within a few years, for others these symptoms persist for decades.

In Australia, the average age of menopause is 51 with most women reaching menopause between 45 and 55.

Early & Premature Menopause

Early Menopause: reaching the menopause milestone before the age of 45.

Premature Menopause: reaching the menopause milestone before the age of 40.

Women may experience early or premature menopause due to genetics, surgery, or treatment for other conditions such as cancer. Other women may experience early or premature menopause for no identifiable reason at all. Women who reach menopause before the age of 40 should be offered further testing to rule out any underlying causes and confirm the diagnosis.

1 in 100

women will experience menopause before the age of 40.³

1 in 1000

women will experience menopause before the age of 30.³

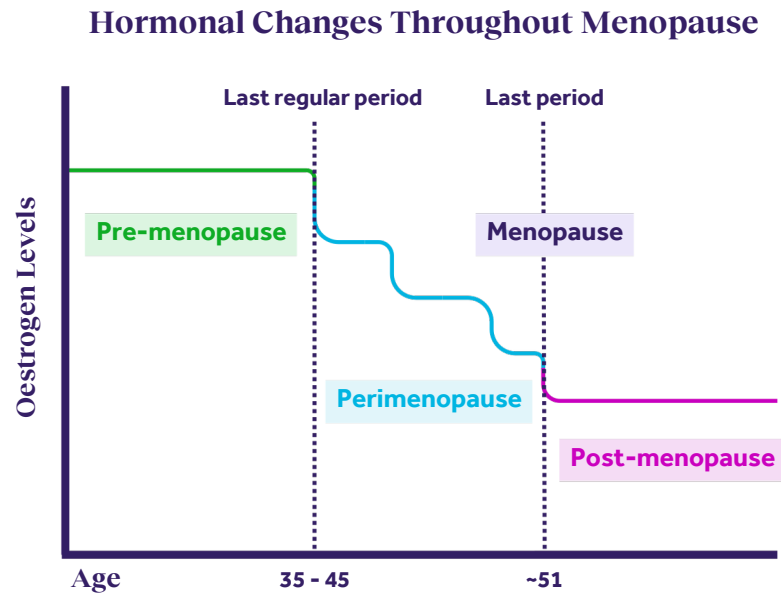
What 'Causes' Menopause?

When women are born, their ovaries contain roughly 1 to 2 million ovarian follicles – these are tiny fluid-filled sacs, each containing one unfertilised egg.

The total number of follicles in each ovary declines over time, with roughly 500,000 remaining by the time a woman reaches puberty and under 1,000 by the time a woman approaches menopause.

During the reproductive years, these follicles are growing and maturing at different rates in the ovaries. During each menstrual cycle, a mature follicle (or 'egg') is released from one of the ovaries, available for fertilisation by a male sperm – this process is known as ovulation. If the egg is not fertilised, it is passed during a period.

Not only are these ovarian follicles necessary for reproduction, but they also play a central role in the hormonal signaling that controls the entire menstrual cycle.



Women are born with over 1 million oestrogen-producing ovarian follicles, and by menopause this number declines to under 1,000.⁴

By the time a woman reaches menopause, the number of remaining ovarian follicles is very low. With fewer follicles to produce oestrogen, the overall oestrogen levels drop, setting off a cascade of hormonal changes. These fluctuating hormone levels contribute to hot flushes, mood changes, sexual dysfunction, and all the other physical and psychological symptoms that occur throughout menopause. As oestrogen levels continue to fall, eventually menstrual periods stop due to the lack of oestrogen normally needed to drive a regular menstrual cycle.⁵

It can take the body years to adjust to these changing hormonal levels, and for most women the symptoms of perimenopause begin six to eight years prior to periods stopping.





Symptoms

Every menopause experience is unique, but approximately 20% of Australian women will experience severe symptoms that significantly impact their daily functioning, while others are completely symptom-free.³

Vasomotor symptoms

Vasomotor symptoms are sudden wave-like sensations of heat, such as hot flushes and night sweats. Up to 75% of women experience these symptoms with 20% of women reporting severe hot flushes with a significant impact on their daily life.⁷

There is a common misconception that hot flushes subside once a woman reaches menopause, but most women will experience these symptoms for three to five years after menopause. In some women, symptoms persist for 15 years or more.

Urinary tract changes

A collection of symptoms associated with changes to the urinary tract such as burning or irritation, painful urination, bladder control difficulties and recurrent urinary tract infections (UTIs).

Changes to skin, hair and nails

Low oestrogen causes the skin to thin and have difficulty retaining moisture. Many women will experience dryness and itchy skin. Hair loss can also be influenced by low oestrogen with some menopausal women noticing increased hair thinning, dryness and slower growth.

Irregular periods

Irregular periods are a common experience for menopausal women. Up to 90% of women will experience irregular periods at some point during menopause.³

Mood changes & memory loss

Approximately 15% to 50% of perimenopausal and postmenopausal women may experience a range of psychological and emotional symptoms such as anxiety, depression, low self-esteem, and problems with memory or concentration.⁷

Pain

Headaches, migraines, joint pain and body aches are all lesser-known symptoms of menopause.



Sleep difficulty

This may include either challenges falling asleep or frequent waking.

Sexual Disfunction

Lower libido, vaginal dryness and irritation, or painful intercourse.



Diagnosis

Menopause can be diagnosed based on symptoms alone. If a woman over 45 has not had a period for at least 12 months, a healthcare provider can confidently make a diagnosis. If a woman is using hormonal contraception, they cannot know if they have reached menopause. This is because the hormones in the contraception affect periods.

For women who are taking the combined contraceptive pill containing oestrogen and progesterone, they will continue to have period-type bleeds monthly. The combined pill can also mask or control menopausal symptoms such as hot flushes and night sweats. For women who are using a progesterone-only pill, hormonal intrauterine device (IUD), contraceptive implant or contraceptive injection, the period-type bleeds may be irregular or stop completely for as long as they use this contraception.

Is There a Test for Menopause?

Testing for menopause is only recommended in very specific cases, particularly in women under 45 in order to confirm a diagnosis of early or premature menopause. In these cases, confirmation of menopause may help guide treatment, as Menopausal Hormone Therapy (MHT) is often recommended to younger women given the protective effect of oestrogen supplementation (see the [MHT fact sheet](#)).

If a test for menopause is required, it is usually carried out, including a blood test for follicle stimulating hormone (FSH). This hormone is released from the brain and works closely with oestrogen and progesterone to regulate the menstrual cycle and encourage the growth of ovarian follicles in preparation for ovulation. As oestrogen levels fall during menopause, FSH increases in response. A high FSH level on two repeated blood tests confirms a diagnosis of early or premature menopause in women under 45.

Treatment

Treatment is available to help reduce the impact of menopausal symptoms. Lifestyle changes, hormonal therapies and non-hormonal therapies are available for different symptoms.

Hormonal Therapies

Current Australian guidelines state that MHT is safe to use for the treatment of menopausal symptoms in perimenopausal women and women who are less than 10 years into post-menopause. For more details on MHT, see the [MHT fact sheet](#). Vaginal creams, rings or suppositories containing oestrogen can help with pelvic floor symptoms such as vaginal dryness or sexual discomfort.⁵

Non-hormonal Therapies

While MHT is usually the first and most effective choice, it's not always the right choice for everyone. Other treatment options exist for women who are advised against MHT or feel that MHT does not align with their personal preferences. Cognitive Behavioural Therapy (CBT) and medications including selective serotonin reuptake inhibitors (SSRIs) can help with mood symptoms, including anxiety and persistent low mood. Some non-hormonal medications can help with hot flushes and night sweats, such as clonidine and gabapentin. Non-hormonal vaginal moisturisers and lubricants can be helpful before sexual intercourse or for daily maintenance to relieve vaginal dryness.

Natural Therapies

Many women opt to explore complementary and alternative medicine, including natural health products, dietary adjustments, massage, acupuncture, and stress management therapies. However, it's important to consult your doctor before starting any herbal or complementary treatments, as some natural therapies may interact with prescription medications. ⁵

Lifestyle Adjustments to Support Menopause

Whether you decide hormonal, non-hormonal or natural treatment options are right for you, all women can benefit from making small adjustments to their lifestyle in order to further support their body throughout menopause.

Stress Reduction

According to recent research, stress reduction techniques, such as yoga and mindfulness, have all demonstrated a positive impact on the psychological menopausal symptoms. Some research suggests that these techniques may also help improve other symptoms such as hot flushes and sleep disturbance, but the results are inconsistent and further studies are required. For more information on mental health, see the Menopause & Mental Health fact sheet.

Women going through the menopausal transition are at a higher risk of mood changes and symptoms of depression and anxiety⁶

Diet

A menopause-friendly diet not only helps relieve vasomotor symptoms like hot flushes and night sweats but also helps protect your bones and promotes healthy heart and brain functioning. The oestrogen loss that occurs during menopause puts women at an increased risk of osteoporosis and heart disease. Dietary modifications can help ensure you are providing your body with the appropriate nutrients to help maintain overall health, prevent chronic disease, and protect your post-menopausal body from the impacts of low oestrogen.

Consume more...

Fruit and Vegetables – Fruits and vegetables are rich in fibre and antioxidants, and regular consumption of these foods has been shown to help reduce hot flashes in some individuals.⁸

Omega-3 Fats – Omega-3 fats can help alleviate some menopausal symptoms. Women should aim to include fish or other sources of these healthy fats in their diet at least three times a week.⁸

Low Glycaemic Index (GI) Foods – Low GI foods are known to help lower blood sugar levels, potentially reducing the severity of hot flushes. Consider switching from white and refined options to wholegrain and wholemeal breads, pasta and rice.⁸

Phytoestrogens – Phytoestrogens, or plant estrogens, are naturally found in certain plants and soy-based foods. Current research, despite some early controversy, indicates that they are a healthy option, especially for women, as they can modestly mimic some of the body's own oestrogen functions. This may be beneficial, as oestrogen levels naturally decline at around the time of menopause.⁸

Consume less...

Processed foods and refined carbohydrates – Aim to eat mostly whole natural foods with a focus on wholegrains, brown rice and sweet potato over white rice, pasta and potatoes. These foods help avoid spikes in blood sugar, which can worsen the severity of hot flushes.

Alcohol – Alcohol can exacerbate hot flushes, sleep disturbances and mood swings. Menopausal women are advised to consume one drink or less per day.

Spicy foods – While spicy foods are not necessarily bad for your health, some women find that they can bring on hot flushes, so it's worth cutting back to see if symptoms improve.

Additional Resources

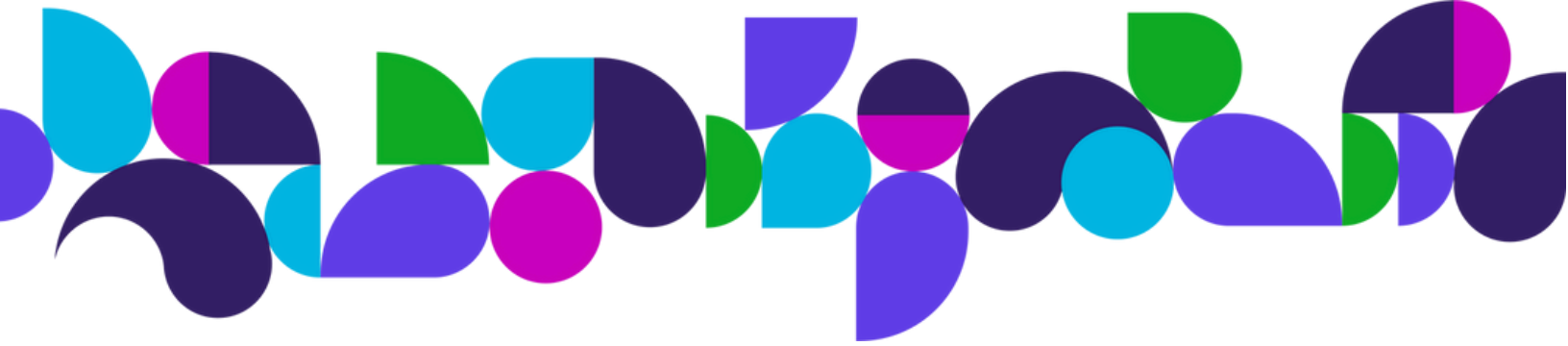
Menopause is a unique journey for every woman, with experiences ranging widely from person to person. While some women may experience very few symptoms, others might face more. It's important to remember that support and resources are available to help you manage these changes. Here are some links to additional resources for common menopause symptoms and potential remedies to help alleviate symptoms.

- [Sleep, Hot Flushes & Night Sweats](#)
- [Menopause & Mental Health](#)
- [Metabolic Changes \(Nutrition & Exercise\)](#)
- [Fitness Focus](#)
- [Bone Health](#)
- [Breast Cancer](#)
- [Support for Partners & Family](#)
- [Menopausal Hormone Therapy \(MHT\)](#)
- [Managing Fatigue & Energy](#)
- [Complementary/Natural Therapies](#)
- [Heart Disease](#)
- [Surgical Menopause](#)
- [Pelvic Floor](#)
- [Ovarian Cancer](#)

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How can Teladoc Health help?

If you feel you have started to experience symptoms of perimenopause and are looking for more information on a specific question, our [Ask-a-GP service](#) can help answer basic questions within 1 business day.

If you are looking for a second opinion to further discuss treatment options, particularly HRT, our [Expert Medical Opinion](#) service can offer an evaluation of your diagnosis and treatment plan, which are reviewed by carefully selected medical experts.

If you would like further resources on fitness and nutrition or supportive life-style changes, our [Wellbeing Services](#) will help put together a personalised action plan based on your concerns.

If you are having difficulty with menopause-related mental health changes, our [Mental Health Assist](#) service can provide support in assessing and diagnosing a mental health concern, or reviewing an existing diagnosis or treatment plan that may not be working or improving your condition.

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