The 'change of life': women going through the menopause



This leaflet will help women understand what happens when they go through the menopause.

What is the menopause?

The menopause is sometimes called 'the change' or the 'change of life'. These words all mean that when women are about 45–50, their bodies change. Women stop having periods and this means they can no longer get pregnant and have a baby.

It happens to all women.

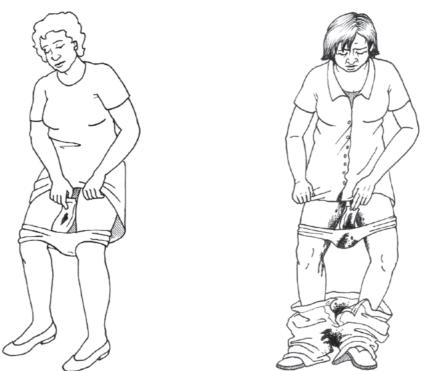


Does the menopause happen to men too?

No. Because men don't have periods, they don't have a menopause. Men's bodies and their feelings do change as they grow older, but it is not the same as it is for women.

How will I know when it happens to me?

Your periods will change. You might get them less often or more often than before. There might be less blood or more blood.



You might get hot flushes. Hot flushes are when you suddenly get very hot and sweaty. They usually last for a few minutes, then you will cool down again.



You might get mood swings. This means you feel happy one minute and sad the next and you don't really know why.



You might get headaches.



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You might find that your hair starts to get thinner.

There are other things that can happen to women. You can find out more about them:

- by watching a video
- asking other women
- asking your doctor.

What should I do if I am going through the menopause?

It's a good idea to talk to someone you trust. Ask questions about anything you don't understand.



You should see your doctor. The doctor can check that you are OK and tell you about looking after yourself.

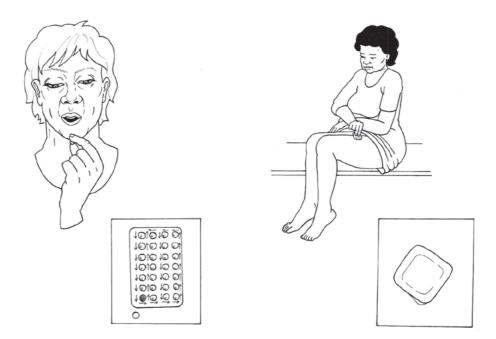
Women have to take extra care of their bones after the menopause. To keep your bones strong, you should eat foods with calcium in. Calcium is in milk, yoghurts, cheese, baked beans, broccoli and other green vegetables. You can also take calcium tablets.



If you are having problems, for example with your periods or with hot flushes, then the doctor might want to give you something called HRT.

What is HRT?

HRT is a medicine from the doctor to help women with the menopause. It can help with your periods, hot flushes and moods. It can also help look after your bones. You might have to take it for a long time (years) if it is going to help you.



HRT comes as tablets, or as a cream to rub in, or as a patch (this is like a plaster). Some women like taking HRT because it makes them feel very well. But some women don't like taking it because it makes them feel bad. If you do take it, you must tell your doctor how you feel.

HRT is not right for all women and could be bad for their health. Before giving you HRT, your doctor should ask you questions about your health. This will help the doctor know if it is OK for you.

If you can't take HRT or you don't want to, there are other things you can do to keep healthy. There are natural, or alternative treatments like herbal remedies, aromatherapy, or relaxation. You can also try to help yourself by eating a good diet and taking regular exercise, if you can. Ask for advice about what is right for you.

What does the menopause mean for my life?

As well as the changes to your body, the menopause means that you will not be able to have a baby. Some women won't mind this, because they never wanted a baby. But some women might feel sad and angry about this. If you have these feelings, then you might find it helps to talk to people you trust.

What other kinds of support can I get?

- You could talk to a relative, friend, or partner, if you have one.
- You could talk to your key worker, community nurse or other staff members.
- You could talk to your doctor. Remember that if your doctor is a man, you can always ask to see a woman doctor if you prefer.
- You might want to see if you can join a women's group for older women, so you can share your experiences and learn all about it together.



Important things to remember

- The menopause is a normal and natural thing that happens to all women. You don't need to feel embarrassed about it.
- You can still do the things you have always liked to do.
- You can still enjoy new activities.
- Think of the older women you know and all the things they do, even though they have been through the menopause.



- Ask for help and support if you need it.
- Ask for information if you don't understand something.
- Make sure you see your doctor and get help to stay healthy.

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Going through the 'change of life'

A guide for parents and other carers of women with learning disabilities.



This leaflet will give you some information and advice on the ways you can support your relative as she goes through the menopause.

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Parents/carers leaflet

General information about the menopause ('change of life', 'the change')

As you may know, the menopause is a natural process, something which happens to all women in mid-life.



It is caused by a decrease in the female hormones (oestrogen and progesterone). It means a woman will eventually stop having periods and won't be able to get pregnant.

Special considerations for women with learning disabilities

On average, women with learning disabilities tend to have a somewhat earlier menopause than most other women. And if your relative has Down's syndrome, you could start seeing some changes in her early 40s and almost definitely by her mid to late 40s. MM

If your relative has had a hysterectomy,

she may still go through the menopause in her late 40s/early 50s. This will be the case if her ovaries were left intact. If her ovaries were also removed, then she will in effect have already been through the menopause just after the operation. If you are not sure if her ovaries were removed or not, then ask your GP to check the medical records.

How do women with learning disabilities get to know about the menopause?

Most women who haven't got a disability learn about the menopause by talking about it to family and friends, talking to their doctor and reading about it in books and magazines. For women with learning disabilities it's much harder to learn about it in these ways, so they will know far less about the way their bodies work than other women. This means they will probably need to have the menopause explained to them in straightforward terms so they understand what is happening and what it means.



How you can help to support your relative

Reassure her that changes to her periods are normal and talk to her about what she might experience. Be observant. Are her periods becoming irregular? Has the pattern of bleeding changed (lighter or heavier than usual)? There are also other symptoms that you might notice, such as changes to her skin (may become drier and itchier) and hair (increase in growth of facial hair or the hair on her head becoming thinner). You and your relative may find it useful to keep some of kind of record of the changes, so if she needs to see a doctor, you can describe what has been happening.

Parents/carers leaflet

If she is experiencing hot flushes, explain that these are normal and will come and go. Help her to stay calm and keep as cool as possible (for example, to use a fan, open a window, wear layers of clothes so some can be removed).



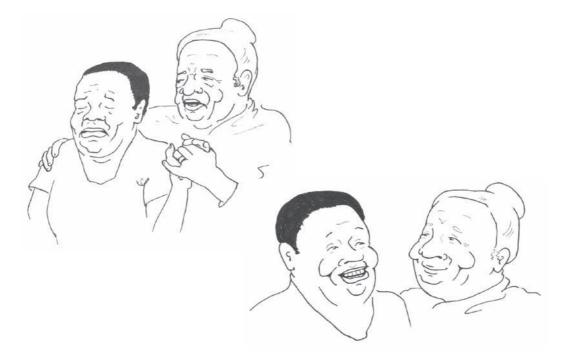
Make sure that from now on, she tries to eat a calcium-rich diet. This is to keep her bones as strong as possible.



If regular exercise (such as walking) is an option, this should also help.

Parents/carers leaflet

Many women experience some emotional changes at this time of life. So, if your relative is experiencing mood swings, tearfulness, forgetfulness, depression etc., again reassure her that this is common and will eventually get better.



If you have been through the menopause yourself, or know other women who have, tell her what that was like. However, you can't assume that she will have the same experience as yourself. All women experience it differently, even mothers and daughters.

At this time of life, it is advisable for all women to have a medical check to ensure good overall health. In addition to this, if your relative seems uncomfortable, in distress or pain due to menopausal changes, then seek medical help. A GP is the usually the first person to ask for help in coping with difficult symptoms. HRT (hormone replacement therapy) may be suggested. This will probably help, but some women prefer not to take it.

HRT

Some possible advantages:

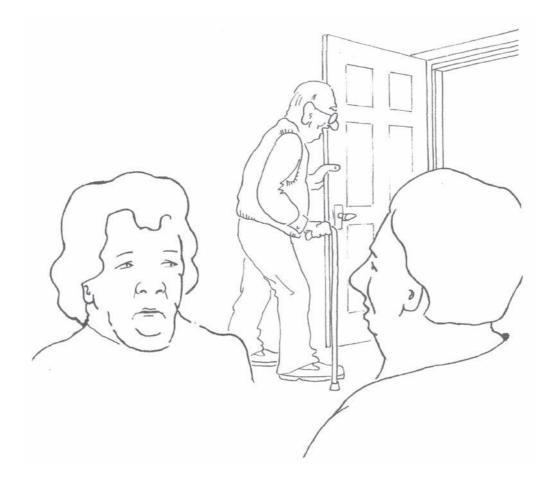
- Helps with hot flushes.
- May help protect against heart disease if the woman is under 60.
- Helps protect against osteoporosis (weaker bones).

Some possible disadvantages

- Women may still have some menstrual bleeding, but not necessarily every month.
- May cause breast swelling or pain.

Make sure that your relative and yourself are informed about the pros and cons and try to help her make an informed decision. This may mean more than one visit to the doctor. You could ask if there is a 'menopause clinic' at the surgery and talk to the person who runs that.

Most women, whether they have learning disabilities or not, prefer to talk to other women about periods and the menopause. If you are a father or other male relative, ask if it's OK to discuss these things or whether she would prefer you to find a woman for her to talk to. Relatives, friends, community nurses, or other staff in learning disability services might be able to help.



Parents/carers leaflet

Your relative could also ask to see a female doctor, if she prefers.

If your relative has a very severe disability and cannot understand and discuss the subject, you will probably need to be more observant than other carers and take action on your relative's behalf. If caring for your relative as she goes through the menopause becomes more stressful for you, make sure you don't neglect your own health. Seek help and advice from your doctor and your local community learning disability team.

Useful resources

- Ask your GP or community learning disability team about the leaflet and DVD especially for women with learning disabilities that come with the pack: Supporting Women with Learning Disabilities Through the Menopause: A resource pack by Michelle McCarthy and Lorraine Millard, published by Pavilion Publishing & Media Ltd.
- Ask your GP for advice on all aspects of the menopause.
- Ask for advice about calcium and keeping bones as strong as possible.

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Going through the menopause

Supporting women through the change of life: a guide for staff in learning disability services.



This leaflet will help you to support women with learning disabilities in ways they can understand.

General information about the menopause ('change of life', 'the change')

As you may know, the menopause is a natural process, something which happens to all women in mid-life. It is caused by a decrease in the female hormones (oestrogen and progesterone). It means a woman will eventually stop having periods and won't be able to get pregnant.

Special considerations for women with learning disabilities

On average, women with learning disabilities tend to have a somewhat earlier menopause than most other women. If she has Down's syndrome, you could start seeing some changes in her early 40s and almost definitely by her mid to late 40s.

If she has had a hysterectomy, she may still go through the menopause in her late 40s/early 50s. This will be the case if her ovaries were left intact. If her ovaries were also removed, then she will have effectively already been through the menopause just after the operation. If you are not sure if her ovaries were removed or not, then her GP may need to check her medical records.

How do women with learning disabilities get to know about the menopause?

Most women who haven't got a disability learn about the menopause by talking about it to family and friends, talking to their doctor, reading about it in books and magazines. But for women with learning disabilities it's much harder to learn about it in these ways, so they will usually know far less about the way their bodies work than other women. This means they will probably need to have the menopause explained to them in straightforward terms, so they understand what is happening and what it means.



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What can learning disability services do to help?

- Make sure female staff are available to talk to women about the menopause (they may not feel able to ask for this, but it is important to offer it).
- Provide women with education, information and support about the menopause. Where possible ensure women are informed in advance of it happening, but not too far in advance as they may forget. This information can be given to women individually or in groups.



■ Some men with learning disabilities may also benefit from some general information, especially if they have close relationships or friendships with women of menopausal age. There is a leaflet in this pack designed for men.



- Make sure that women are offered and encouraged to eat a well-balanced, calcium-rich diet before, during and after their menopause. This is to keep their bones as strong as possible. Most women will need to be educated about the importance of this, as they are unlikely to know about the risks of osteoporosis. Calcium rich foods include milk, cheese, bread, broccoli, baked beans and tinned fish e.g. sardines, mackerel.
- Weight-bearing exercise is also important to keep bones strong, so this should be encouraged.



Services need to offer training to staff in appropriate ways of supporting women though the change of life. In particular, staff must be aware that their attitudes can easily influence the way women feel about going through the menopause.



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Services need to encourage staff and others not to make assumptions about the way any individual woman might be feeling during the menopause. Each woman will experience it in a different way. However, here is a list of commonly experienced symptoms, with some basic suggestions as to how staff might help.

Symptoms to be aware of... and what you can do to help

Changes in menstrual pattern e.g. heavier, lighter or less frequent Reassure the woman that it is OK and ensure that she has adequate sanitary protection.

Hot flushes, night sweats

Reassure her that it is normal. Make sure she dresses in layers, has appropriate clothing etc. Try to teach her ways of cooling down e.g. using a fan, opening windows etc.

Mood swings, anxiety, depression, forgetfulness Be available for her to talk about how she is feeling and refer on when necessary.

Itchy or drier skin, dry eyes

Make sure she has access to commercial remedies, such as skin creams, eye drops etc.

Drier, thinner hair, possible growth of some facial hair

Reassure her that this is normal and help her to consider what, if any, cosmetic changes she wishes to make e.g. a new hairstyle, removing facial hair.

Tiredness

Try to make sure she gets sufficient opportunities for rest during the night and day where necessary.

Many more symptoms can occur, such as a dry or itchy vagina, urinary problems or headaches. In moderation, these types of symptoms are common. But if the symptoms cause a woman discomfort or are severe, it is always best to consult a doctor. A general health check is also important because of the increased risks that women of this age group face with regard to osteoporosis, heart disease and other conditions. When a woman consults a GP about menopausal symptoms, HRT (hormone replacement therapy) may be suggested. This will probably help, but some women prefer not to take it.

HRT

Some possible advantages:

- Helps with hot flushes.
- May help protect against heart disease if the woman is under 60.
- Helps protect against osteoporosis (weaker bones).

Some possible disadvantages:

- Women may still have some menstrual bleeding, but not necessarily every month.
- May cause breast swelling or pain.

Make sure that you are informed about the pros and cons of HRT and try to help a woman with learning disabilities make an informed decision. This may mean more than one visit to the doctor. You could ask if there is a 'menopause clinic' at the surgery and talk to the person who runs that. As many doctors and other primary healthcare staff are not used to working with people with learning disabilities, you should offer them a copy of the doctors' leaflet from this pack.

Natural/alternative therapies

Some women prefer to use alternative/complementary therapies to alleviate specific symptoms. There is no reason why these should not also be available to women with learning disabilities, although some therapies are costly. Women are likely to need help in learning what is available, for example:

- Yoga/relaxation for general health and psychological well-being.
- Vitamin E for itchy skin and hot flushes.
- Herbalism for many symptoms.

Most towns and cities have a complementary health clinic or health food shop which will have information on alternative healthcare.

Women with severe learning disabilities

If any of your clients has a very severe disability and cannot understand and discuss the subject, you will probably need to be more observant than you would be for more able people and take action on their behalf. If supporting your clients as they go through the menopause becomes more stressful for you, make sure you don't neglect your own health and well-being. Seek help and advice from your manager and where necessary, specialist help might have to be called in for advice. Your local community learning disability team may be able to help.

There are some specialist resources available, which may help you to explain the menopause to women with understanding and literacy problems. Ask your local learning disability service or health promotion unit for the pack this leaflet came from. It is called *Supporting Women with Learning Disabilities through the Menopause: A resource pack* by Michelle McCarthy and Lorraine Millard. It contains an easy-to-read leaflet and a DVD specially designed for women with learning disabilities.

This leaflet is officially endorsed by the Royal College of General Practitioners

Doctors' leaflet

The menopause and women with learning disabilities

A guide for GPs and other primary healthcare professionals



This leaflet will help you to support your patients with learning disabilities in ways they can understand.

The context

Having a learning disability usually means that a person will have reduced ability to understand new and complex information, have difficulty in learning skills and may be reliant on support from others. Learning disabilities may be mild, moderate, severe or profound, but these labels tend to only give a general idea of the level of disability. Only a minority will have severe difficulties in communicating their needs and preferences, but most will struggle with abstract concepts.

Most GPs and other primary healthcare professionals have relatively little experience of treating people with learning disabilities. Treating patients with learning disabilities is also not covered extensively in medical training. Many GP practices therefore welcome advice in meeting the ordinary and special needs of their patients with learning disabilities.

Doctors' leaflet

Background information on women with learning disabilities and the menopause

Women with learning disabilities generally, and those with Down's syndrome specifically, tend to have an earlier menopause than other women.

Although there is obviously individual variation, women with learning disabilities tend to have much less understanding about the way their body works than other women. For instance, they may not understand that there is any link between menstruation and fertility, they may have little concept of internal organs, hormones etc.

Research evidence suggests that the menopause is likely to affect most women with learning disabilities on a predominantly physical level, and has relatively little psychological or social impact. However, as with all your other patients, it is important not to make assumptions about this.

General principles of good practice in treating menopausal women with learning disabilities

Offer routine health checks

Research evidence suggests that many people with learning disabilities live with undiagnosed chronic conditions. The NHS recommends annual health checks for all people with learning disabilities over the age of 14. As women with learning disabilities approach middle age, these provide a good opportunity for GPs to offer advice and support about the menopause.

Be proactive

Some doctors assume that they will be able to pick up on any menopauserelated problems when women with learning disabilities attend for cervical and breast screening. In fact, research evidence shows that attendance at these screening services is far less likely for women with learning disabilities compared to other women. Therefore you may need to consider reaching out in a proactive way to these women.

Most women with learning disabilities report that they would much prefer to discuss menstruation and the menopause with a female doctor. But they may be afraid to ask for this, or not realise it is an option. Therefore male doctors may consider proactively offering this as a possibility.

Be flexible

Wherever possible offer longer appointment times. When patients have difficulties with understanding and communicating, they are likely to need extra time in their consultations with you.

Doctors' leaflet

If your practice runs a menopause clinic or any form of specialist service for menopausal women, consider how it could be adapted to include women with learning disabilities. The local community learning disability team (CLDT) may be able to help.

Be sensitive to special needs

Patients are likely to have literacy and understanding problems, which will vary depending on the severity of the learning disability. Therefore recommending that they read a leaflet may not be helpful. Also, assuming that they will understand basic terms and concepts (e.g. hormones) may be a mistake. Try to check that the patient has really understood what you have explained. If possible, ask them to repeat it back to you in their own words.

Many people with learning disabilities will be used to coming to medical appointments with their carers. Where adults still live in the family home, these will often be their parents. However, when women reach menopausal age, their parents are likely to be elderly or have passed away, so they may miss out on the support they have been used to. You could consult with the local CLDT if you feel a patient with learning disabilities needs support during medical consultations.

Make sure you talk directly to the patient

Many adults with learning disabilities understand the positive benefits of bringing someone with them to a medical appointment. However, a common complaint is that the doctor often talks to their carer and not to them. This leads to the person with learning disabilities feeling patronised and devalued and puts an unnecessary barrier between them and their doctor.

Informed consent to treatment

Whether you are considering prescribing hormone replacement therapy (HRT) or any other form of treatment to women with learning disabilities, the usual considerations on consent to treatment apply. The document *A Step by Step Guide for GP Practices* (available from the Royal College of General Practitioners www.rcgp.org.uk) offers clear guidance to GPs in assessing a patient's capacity to consent. The 'best interests' principle applies where people are unable to give consent. However, good practice dictates that an investment in time and communication is necessary from the clinician to the patient. Information should be given in broad terms, using clear and simple language. Always use lay rather than medical terms. Visual aids such as pictures and symbols often help.

There are some specialist resources available, which may help you to explain the menopause to women with understanding and literacy problems. Ask your local learning disability nurse for the pack this leaflet came from. It is called *Supporting Women with Learning Disabilities through the Menopause: A resource pack* by Michelle McCarthy and Lorraine Millard, available from Pavilion Publishing. It contains an easy-to-read leaflet and a DVD specially designed for women with learning disabilities.

When women go through the menopause: a guide for men



This leaflet will help men understand the changes women go through in middle age.

What is the menopause?

The menopause is sometimes called 'the change' or 'the change of life'. These words all mean that when women are about 45-50, their bodies change. Women stop having periods and this means that they can no longer get pregnant and have a baby. It happens to all women.



Does the menopause happen to men too?

No. Men don't have periods, so they don't have a menopause. But men's bodies do change as they get older. And men may feel different about their lives as they get older.

If it doesn't happen to men, why do I need to know about it?

Because it might happen to women you know, like relatives, friends or a girlfriend or wife. It can help you to understand what they are going through. The women might want to talk to you about it. But lots of women don't like talking to men about their periods. So they might just want you to know, so you can understand and give them support if they need it.

How long does the menopause take to happen?

It happens slowly and the changes a woman feels in her body might last for some years.

Does it hurt women when they go through the menopause?

It doesn't usually hurt, but some of the things that happen to women can make them feel unhappy, uncomfortable or embarrassed. These are the most common things they might feel...

- Their periods will change. They might have fewer periods and there will usually be less blood. But sometimes, for a while, there could be more blood.
- They might suddenly get very hot. This is called a hot flush.



■ They might get a bit depressed or moody. They might be happy one minute and upset the next.



What can I do to help?

If it is a relative or friend who is going through the menopause, then you could offer to support them. Ask them if there is anything you can do. But remember that many women don't like talking to men about periods, so don't be pushy – you will just need to be understanding.

If it is a girlfriend or wife then you are likely to be more involved. You could ask your partner how she wants you to support her. For instance, if she is worried about her health, she might want you to go to the doctor with her.

Sex

When a woman goes through the menopause, her vagina can get dry. If you have sex with your girlfriend or wife, you will need to be especially gentle. You will probably need to get something like KY Jelly from a chemist (they keep this on the same counter as the condoms). This will make sex more comfortable and enjoyable. You could talk to your doctor or support worker about this. You might feel embarrassed, but remember this happens to lots of people and you need to make sure you are not hurting your partner.

Health

Women who go through the menopause need to look after their bodies, especially their bones and their heart. You could encourage her to be healthy and eat the right foods. The right foods for strong bones are the ones with calcium in:



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Exercise is also important and you might want to do some exercise together.

If your partner is feeling depressed and upset, this can be normal during the menopause. If you can, try and talk to her about it. But you can also offer to find her another woman to talk to. This could be a relative, friend or member of staff.



If your partner never had a baby or if she did and it was taken away, then she might be upset at the menopause, as this means she cannot have any more. She might need comfort and support from you about this.

What about support for me?

You might also have sad feelings about not having a baby. Or you might just find it hard to be with your partner or women friends when they go through the menopause. If you do, then you might need to ask for support yourself. You could talk to other friends, to family or to staff. They might be able to support or advise you.

An important thing to remember is that the menopause does not last forever – eventually, all the changes your women friends and partners are going through will finish.