

# Are you Menopausal?

Hot flushes, mood changes, night sweats or painful intercourse?



# Contents

page

Menopause	1
Hot flushes	1
Osteoporosis	1 - 2
Breast examination	2 - 4
Mood	5
Sex	5 - 6
Incontinence	6 - 7
Contraception	7
Lifestyle choices	7 - 8
Breast cancer and Hormone Therapy	8 - 10
Natural hormones	10 - 11
Adcock Ingram's Hormone Therapy tablet	12 - 15
Adcock Ingram's Hormone Therapy patch	16 - 18
Menopause checklist	21

# What is menopause?

Menopause defines the time when a woman's reproductive life comes to an end and is marked by the end of her menstrual periods. This is also known as the change of life. The symptoms which many suffer at menopause are primarily a result of estrogen deficiency. They may be short term (like hot flushes and night sweats) or long term (like the bone thinning disease, osteoporosis); physical or psychological, general or more localised. Whatever their nature, doctors now seem to agree that menopausal symptoms justify treatment.

## Hot flushes

Hot flushes are the most widespread and upsetting symptom of menopause. It can make daily life a misery or condemn women to endless broken nights' sleep. Like most symptoms after menopause, hot flushes and night sweats occur when the ovaries stop producing estrogen.

Because hot flushes are related to changing hormone levels, hormone therapy, which 'replaces' the body's lost estrogen, often brings great relief. Women taking HT to control hot flushes often find that symptoms return when the HT is stopped.

## Osteoporosis

Doctors have called it the 'silent epidemic' because a fracture is often the first sign that osteoporosis is present. Some women lose height, others develop a curved spine. As people age, their bones lose density and strength. Postmenopausal women no longer produce the hormone estrogen and lose bone mass at an accelerated rate. Rapid postmenopausal bone loss is the main reason why women are more likely to develop osteoporosis than men.

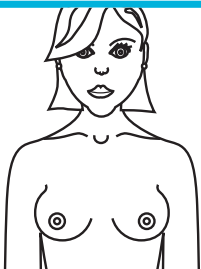
Which women are at risk? Sedentary postmenopausal women with poor diets are at risk because lack of

exercise and inadequate nutrition have been linked to osteoporosis. There are other causes too e.g. smoking. Hi-tech bone screening is now available to measure bone density and the rate of bone loss and provide the most reliable guide to fracture risk.

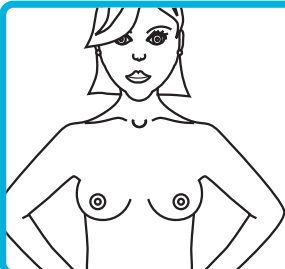
Fractures of the hip and wrist usually occur after falls and are more likely in women with osteoporosis. One in seven women will suffer a hip fracture or a fracture of the wrist. Overall, one in three women will experience a fracture of some kind. Hip fractures are the most serious as one in four victims will never walk again without help.

## Breast examination

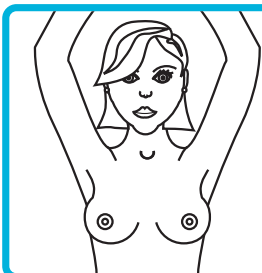
Breast awareness is important for all women, particularly those of postmenopausal age and those on HT. Know what is normal for you. Your breasts feel and look different at different times and you should become familiar by examining your breasts in the bath or when you are dressing so that you will know if any changes occur.



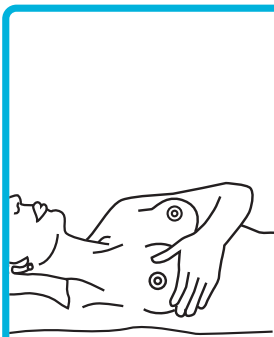
First stand in front of a mirror with your hands by your side and look closely at your breasts. What you are looking for are any changes in their appearances.



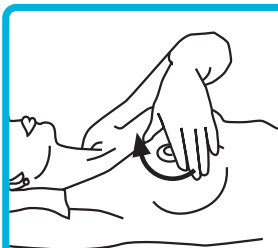
Now, with your hands on your hips, press down and tense your chest muscles, this will make any changes easier to see.



Now raise your hands above your head and concentrate on the upper part of the breast that leads to the armpit.



Finally, feel each breast in turn, using the opposite hand spread flat. Press gently, but firmly, in a circular motion with the pads of your fingers. Check your breast area starting deep in the armpit, moving over the top of the breast, then around and underneath it, finally circling around and over the nipple.



Think of the procedure as a spiral moving inwards to the centre of the breast. The best way of doing this part of the check is to lie flat on your bed or with soapy hands while taking a shower or having a bath.

# What to look out for

## Appearance

Any changes in the outline or shape of the breast, especially those caused by arm movements or by lifting the breasts. Any puckering or dimpling of the skin.

## Feelings

Discomfort or pain in one breast that is different from normal, particularly if new and persistent.

## Lumps

Any lumps, thickening or bumpy areas in one breast or armpit which seem to be different from the same part of the other breast or armpit. This is very important if new.

## Nipple change

Nipple discharge, not seen before and not milky. Bleeding or moist reddish areas which don't heal easily. Any change in nipple position: pulled in or pointing differently. A nipple rash on or around the nipple.

# What to do if you find a change

There can be many reasons for changes in the breast. Most of them are harmless but all of them need to be checked as there is a small chance they could be the first sign of cancer. If you are aware of any change in your breast, tell your doctor without delay. If there is a cancer present, the sooner it is reported, the simpler the treatment and the better the outcome is likely to be. Breast cancer is very rare in women under the age of 40. The likelihood of developing cancer increases with age.

## Mood

Irritability, depression and bad temper are all mood changes which many women complain of when they reach menopause. The truth is that while emotional changes certainly do take place at this time, doctors are still unsure if menopause itself is the actual cause. Children leave home, there might be dissatisfaction with domestic life or career, or health might be declining in other ways. All these factors can cause depression, sleeplessness, forgetfulness, loss of concentration and mood swings. Women suffering from irritability and depression at menopause need no convincing.

Researchers questioned all middle-aged women in a small Dutch town about the symptoms they experienced after menopause. They found that 72 % mentioned fatigue, 56 % forgetfulness, 49 % anxiety, and 45 % insomnia. Other symptoms commonly mentioned were irritability, sadness, dizziness, loss of libido, nausea and headaches.

## What to do?

Speak to your doctor about any emotional problems. Talking them over with anyone, a doctor or not, can often bring much relief.

In some cases your doctor might believe that medication might help and many doctors have found that hormone therapy (HT) can bring improvement. Once the hot flushes and night sweats go away, both sleep and mood are likely to improve.

## Sex

Not so many years ago sex life changes after menopause were taken for granted but today, relationships and sexual enjoyment as well as career and personal interests can be pursued with the same vigour as before.

## Painful intercourse

One of the consequences of menopause is that skin all over the body becomes thinner, drier and more wrinkled. The soft tissues of the vagina and surrounding areas also become dry and much thinner.

Under such circumstances, the vagina remains stubbornly dry, often unable to respond to the kind of stimulation which previously led to arousal and vaginal lubrication. The result is that intercourse is now a painful (and thus unwelcome) experience.

## Lack of sex drive

Many of the women suffering from a dry vagina (and painful intercourse) complain that they have lost interest in sex. This is not always a genuine loss of libido and most find that treatment restores thickness and moisture to the cells of the vaginal wall, so their interest in sex returns. There are, however, some instances where loss of libido is a psychological problem unconnected to changes in the vagina.

## Incontinence

Urinary incontinence is a widespread problem, with urinary tract infections and vaginal discomfort also common. It may significantly impact a woman's lifestyle.

## Bladder function

The bladder's supporting structures rely on estrogen to maintain their strength. After menopause these tissues weaken. This may, along with loss of muscle tone due to ageing, lead to urine leaking or 'incontinence' problems.

Estrogen replacement therapy will help to reduce these changes and may be used in combination with pelvic floor exercises. These exercises require professional teaching to ensure the correct pelvic muscles are trained and strengthened.

## Infections

During reproductive life, estrogen helps to provide the correct environment in the vagina for bacteria and yeasts which form a natural barrier to infection. When estrogen levels fall after menopause, it results in a change in bacterial types and reduction in a woman's natural resistance. This leads to symptoms such as vaginal dryness, burning, itching and pain and increased susceptibility to urinary and vaginal infections.

## Contraception<sup>1,2</sup>

Women around the time of menopause whose periods are coming to an end may still ovulate occasionally. Therefore, they might become pregnant if no contraceptive precautions are taken. Once natural periods have stopped altogether, pregnancy cannot occur because the ovaries are no longer working. Until a doctor confirms menopause, a woman must continue to use a contraceptive if she is sexually active and not sterilised.

## Life style choices<sup>3</sup>

Positive lifestyle changes can have an enormous impact on health in the menopausal years and beyond.

- Smoking is the single most preventable cause of illness and premature death. Smoking increases the risk of heart and lung disease, osteoporosis and several cancers.
- Adequate exercise such as brisk walking, jogging, aerobics, dancing, swimming, tennis and weight training for at least 30 minutes every day improves overall health, balance, body weight, mood and well-being.

- A balanced diet low in saturated fat and high in whole grains, fruits and vegetables, with adequate water, vitamins and minerals (particularly calcium) contributes to good health.
- Being overweight increases the risk for heart disease, diabetes and arthritis, while small-framed or underweight women may have an increased risk of osteoporosis. It is important, therefore, to reach a balance between a healthy diet and regular exercise that maintains a healthy weight.
- Women in menopause may face many stressors and it is beneficial to take time to relax each day. Exercise, deep, slow, abdominal breathing, meditation, yoga, massage or just a leisurely bath can increase relaxation and reduce stress.

## Breast cancer and Hormone Therapy (HT)

One of the biggest concerns of women considering hormone therapy is the potential increased risk of breast cancer. Women produce estrogen from puberty to menopause and this hormone is important for many female characteristics. However, it is thought that this long-term exposure to estrogen may be a factor in the risk of developing breast cancer.

By taking HT, particularly after menopause, you are increasing your exposure to estrogen. Long-term clinical studies have suggested an increased risk of breast cancer while on HT. However, the absolute risks are relatively small and only became apparent after 5 years or more of HT use. The increased risk of being diagnosed with breast cancer whilst on HT returns to normal 3-5 years after stopping HT. In addition, breast cancers which are diagnosed whilst on HT tend to be less aggressive and are more easily treated.

Some women may experience breast pain whilst on HT which can raise concerns over breast safety, and may cause them to stop taking their therapy. Breast pain on HT may be reduced or even avoided altogether by trying different types of HT or those with a lower dose of estrogen.

#### Breast cancer risk in women taking hormone therapy<sup>4</sup>

	Increased risk of breast cancer associated with hormone therapy	
	Up to 5 years	7 years
Estrogen only HT	No increase in risk	No increase in risk
Combined Estrogen/ progestogen HT	4 extra cases per 10 000 women*	8 extra cases per 10 000 women**

\* Absolute increased risk of 4 per 10 000 women years

\*\* Absolute increased risk of 8 per 10 000 women years

## Hormone Therapy (HT)

HT can only be prescribed by gynaecologists, doctors at well-woman clinics and GP's. Your medical history and a few checks will indicate if you are suitable for HT and determine if this is the right solution for you.

All kinds of HT (tablets, skin patches and implants) are available. Women who have had a hysterectomy normally need no other hormone but estrogen. However, women who still have a uterus (womb) must also take a short course of progestogen each month. This will cause a return of monthly periods. Alternatively, there are forms of HT that combine the effects of estrogen and progestogen in a single tablet or patch without the need for monthly periods.

Taking HT for six months to two years will keep hot flushes at bay, but will not provide protection against long-term conditions like osteoporosis.

Prevention of osteoporosis is of great importance because there are no guaranteed methods of successful treatment. This can be helped by lifestyle measures like exercise and following a diet with adequate calcium and/or by various therapies designed to prevent bone loss. HT has become the most accepted preventative treatment.

Emotional symptoms may be related to the changing hormone levels and because moods usually improve when other symptoms go away, HT often brings great relief. Indeed, many women have said how much better they feel on HT and this is often sufficient reason for prescribing it.

All kinds of HT are useful but in cases where vaginal dryness is the only symptom, a natural estrogen cream applied to the vagina twice a week usually provides adequate relief. Localised estrogen creams, however, will have little effect on other menopausal symptoms. In these cases, other forms of HT (tablets, skin patches and implants) would be prescribed. Vaginal lubricant creams might be useful for those who cannot take HT.

Generally, regular exercise and a healthy diet and lifestyle will keep the body in good shape, and make any menopausal symptoms easier to cope with.

## 'Natural' Hormones<sup>5,6,7</sup>

'Natural' or bioidentical estrogens are often promoted as 'safe' or 'risk-free' alternatives to conventional HT. However, there is no reliable data to support these claims and natural hormones may carry the same risks as conventional HT regimens. According to the Food and Drug Administration (FDA) in the USA, current evidence does not support the safety claims made in much of the promotion for these 'natural' products.

Soy and other phytoestrogens and isoflavone supplements derived from clover or soy, other less effective in treating menopausal symptoms and in limiting bone mineral loss. Furthermore, long-term safety data on these herbal remedies is not available. The North American Menopause Society has issued a statement on the use of alternative therapies for menopause relief, cautioning that, while short-term use is unlikely to do harm, there is insufficient evidence from clinical studies to either support or refute the effectiveness of these herbal products.

## Hormone Therapy choices

Hormone therapy treatment can only be prescribed by your doctor. Complete the section at the back of this booklet to find out if you may be in your menopause.

Adcock Ingram offers both choice and flexibility, with equally effective hormone therapy treatments in tablet form and the world's smallest patches.



Adcock Ingram's Tablet (oral) Hormone Therapy

The World's  
**smallest**   
Hormone Therapy Patches  
from Adcock Ingram

Adcock Ingram's Patch Hormone Therapy

# Adcock Ingram's Tablet (oral) Hormone Therapy (HT)

# Live

Feel alive during  
menopause





## What is this oral Hormone Therapy Treatment?

This tablet contains the active ingredient tibolone, a steroidal compound that mimics the effect of sex hormones.<sup>8</sup> It is a comprehensive therapy for the relief of symptoms associated with menopause and the prevention of menopausal osteoporosis (loss of bone density).<sup>8</sup> It does not contain any estrogen or progestogen.<sup>8</sup>



## How does Adcock Ingram's HT tablet work?

It has a unique way of working in your body.<sup>9</sup> It has specific beneficial effects on key areas in the body, but without some of the unpleasant side-effects often associated with estrogen.<sup>9,10</sup> When taken, it is quickly absorbed and broken down into three key metabolites.<sup>9</sup> These metabolites are responsible for the positive effects of this treatment on menopausal symptoms.

It mimics the activities of three sex hormones namely estrogen, progestogen and androgen. Each of these activities have beneficial effects on different aspects of menopause as discussed below:<sup>10</sup>



## Effect of this treatment on: Hot flushes and sweating:

It has been shown to successfully lessen hot flushes, sweating and sleep disturbances associated with menopause.<sup>9,10</sup> Studies have shown a significant reduction in the frequency and severity of hot flushes and sweating.<sup>11</sup> In addition, more than 80 % of women had no or only mild hot flushes and sweats after 12 weeks of therapy.<sup>11</sup>



## Vaginal and bladder symptoms:

It markedly relieves bothersome symptoms such as vaginal dryness, painful intercourse, frequent urination or urinating at night or incontinence (leaking of the bladder).<sup>12</sup> Furthermore, much fewer women complained of irregular vaginal bleeding or spotting with this treatment than with conventional estrogen/progestogen hormone tablets.<sup>13</sup>



## Sexual well-being:

It has a profound effect on sexual well-being in postmenopausal women with sexual dysfunction. It also has a markedly positive effect on mood.<sup>14</sup>



## Bone strength:

It prevents further loss of bone in postmenopausal women whilst at the same time increasing the density of bone, making it less prone to break.<sup>9</sup>



## Breast tissue:

It has been proven to cause less breast tenderness and enlargement than estrogen-containing hormone therapies. In fact, women with breast-tenderness due to estrogen-containing hormone therapies seem to benefit when switched to this treatment.<sup>9</sup>

It does not increase breast tissue density, a condition which may hide a growth when a mammogram is done.<sup>10</sup>



## The endometrium (lining of the womb) and your period:

In women who still have a womb, this treatment eliminates the need for any additional progestogen to be taken. It does not cause any thickening of the womb lining and is associated with less bleeding, than regular estrogen-progestogen containing hormone therapies.<sup>9</sup>



## How should I take this oral Hormone Therapy Tablet?

One tablet should be taken daily or as your doctor prescribed.<sup>8</sup>

Improvement of symptoms generally occur within a few weeks but optimal results are obtained when therapy is continued for at least 3 months.<sup>8</sup>

Speak to your doctor about Adcock Ingram's oral treatment for menopause.



Adcock Ingram's Tablet (oral) Hormone Therapy

# Adcock Ingram's Patch Hormone Therapy



The World's  
**smallest**   
Hormone Therapy Patches  
from Adcock Ingram



## ● The world's smallest Hormone Therapy patches available

Not all women are suited to or want to take hormone therapy tablets. With this in mind, Adcock Ingram also offers the world's smallest hormone therapy patches. There are two types of patches available. One will be prescribed by your doctor if you still have a womb. The other one will be prescribed by your doctor if you have had your womb removed.

## ■ How can such a small patch effectively relieve symptoms of menopause?

A novel DOT MATRIX™ technology allows for a high concentration of active ingredient, imbedded in microscopic pockets, to move to the skin surface in a continuous manner, resulting in sustained delivery of the active ingredients to the body.<sup>15,16</sup>

## ● Why use Adcock Ingram's Hormone Therapy Patches?

It works just as well as other available patches to relieve the troublesome symptoms of menopause and prevent osteoporosis, yet it delivers more:<sup>15</sup>

### ■ Discreet:

- At less than half the size of other patches, it sticks better with significantly fewer patches lost<sup>16</sup>
- Thinner and more cosmetically acceptable than other available patches<sup>15</sup>

### ■ Comfortable:

- Proven to cause less redness of the skin and skin irritation than some of the bigger patches. It does not cause an unsightly black ring upon removal<sup>16</sup>



- Recommended as the preferred hormone therapy option over tablets in certain high risk patients, as it is not broken down in the liver.<sup>17</sup>
- **Lower risk of blood clot formation**<sup>18</sup>
- Less breast tenderness and less increase in breast tissue density, a condition which may hide a growth when a mammogram is done.<sup>19</sup>
- Preferred option in patients with:<sup>17</sup>
  - Hypertriglyceridaemia (a bad kind of cholesterol)
  - Liver disease
  - Migraine
  - Glucose intolerance

## ■ Convenient:

- Apply every 3-4 days or as your doctor prescribed<sup>20,21</sup>
- Broad dosage range to suit individual needs<sup>20,21</sup>

Speak to your doctor about the world's smallest hormone therapy patches.

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Adcock Ingram's Patch Hormone Therapy

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Further information available on request.

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## Are you in your menopause?<sup>22</sup>

Tick the following boxes in the checklist below to determine whether you are in your menopause.

1. Are you in your 40's or early 50's?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have irregular periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you not had a period for a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had your ovaries removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been exposed to chemotherapy or radiotherapy in your pelvic area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have trouble with 'hot flushes'?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you perspire a lot, also at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you experience disturbed sleep, often due to night sweats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have difficulty concentrating and poor memory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you feel depressed and/or anxious?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you tired and irritable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have trouble with a dry vagina and irritation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is intercourse painful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have trouble with burning urine or incontinence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ticked most of the boxes as 'yes', you may be menopausal. Take this checklist with you when you visit your doctor to discuss possible treatment options suited to your individual profile.

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Adcock Ingram's Tablet (oral) Hormone Therapy

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