

Menopause and Body Changes

- Women often experience a number of symptoms and body changes at mid-life, some of which may be due to lower levels of oestrogen.
- The North American Menopause Society (NAMS) Recommendations for Clinical Care of Midlife Women published in 2014 ⁽¹⁾ provides evidence based guidelines for the management of health and quality of life of all women during midlife and beyond. This NAMS guideline is comprehensive, encompassing all aspects of care, including body changes, disease risk, clinical evaluation and both pharmacological and non-pharmacological management of the changes associated with the menopause.
- This information sheet covers some of the most common concerns for women, together with treatment options.

Skin

- Features noted as a result of oestrogen deficiency following menopause may include dryness, loss of elasticity and vascularity, thinning of the skin and increased wrinkling ⁽²⁾. These changes result in poor wound healing, hair loss and pigmentary changes, all of which may be delayed with oestrogen administration ^(2, 3). Acne and unwanted hair growth may also occur ⁽⁴⁾. Wrinkling is aggravated by smoking ⁽⁵⁾ and sun exposure ⁽⁶⁾. Smoking and sun exposure should be avoided.
- These visible symptoms may cause considerable distress ⁽⁷⁾.
- Some studies suggest oestrogen may potentially have a beneficial effect on skin healing ⁽⁸⁾.

Hair

- Changes include hirsutism (which includes unwanted facial hair ⁽⁴⁾) or alopecia ⁽⁷⁾. Most commonly noted is a loss of scalp hair ⁽⁹⁾. Lower leg, pubic and axillary hair loss is also reported ⁽⁹⁾. Hirsutism is most commonly noted on the face ⁽⁹⁾.
- Oral Hormone Replacement Therapy (HRT) may help to control facial hair in some women ⁽³⁾.
- Treatments for increased facial hair include use of depilatory creams, gentle methods of hair removal, laser therapy and anti-testosterone medication.
- Scalp alopecia may be treated with locally applied minoxidil.

Teeth

- Menopause has been blamed for numerous dental/oral issues, including dry mouth and desquamative gingivitis. However, it is often ageing itself which is the cause ⁽¹⁰⁾.
- HRT may be of benefit as a result of the role it plays in affecting oral bone, preventing the loss of teeth and obviating the need for dentures. The effects of HRT appear to include lessening of gingival bleeding and alveolar resorption of bone as well as improving buffering ability and improving the flow of saliva. ⁽¹⁰⁾

Vulva and vagina

- The genital tract is highly oestrogen-dependent and body changes during the menopausal transition and post-menopause may include vaginal and vulval dryness ^(11, 12), dyspareunia ^(11, 12), post-coital bleeding or spotting and thinning of the labia ⁽¹³⁾. These changes are included within the Genitourinary syndrome of menopause (GSM) ⁽¹⁴⁾.
- Vulval dryness may worsen other vulval skin conditions (e.g. eczema) causing itch and irritation.
- Avoiding soap and body washes on the vulva can help relieve irritation and dryness. Alternatives to soap include sorbolene with glycerine or low-irritant cleansing lotions.



- Some GSM-related symptoms respond well to locally applied vaginal oestrogen pessaries or creams (Please refer to AMS Information sheet [Vaginal Atrophy - a Change with Menopause](#)), which can be used in addition to low dose systemic HRT ⁽¹¹⁾. (Please refer to AMS Information Sheets [Menopause – Combined Hormone Replacement Therapy](#) and [Oestrogen Only Therapy](#)).
- Any post-menopausal bleeding occurring after 12 months since the last menstrual period must be appropriately investigated.

Bladder

- Urinary frequency, cystitis and incontinence are more common around the time of menopause ^(11, 12).
- Local oestrogen pessaries or creams may improve incontinence in the short term, but do not appear to do so after treatment is discontinued. Systemic HRT may worsen incontinence ⁽¹⁵⁾.
- Other management options for incontinence include other medications, physiotherapy and if necessary, surgery. (Please refer to AMS Information Sheet [Stress and Urge Urinary Incontinence in Women](#))

Joints and muscles

- Joint and muscle pain are common symptoms during menopause ⁽¹⁶⁾.
- Conditions such as osteoarthritis are also common at this time ⁽¹⁷⁾.
- Exercise is an important part of management of these symptoms. (Refer to AMS information sheet [Lifestyle advice for healthy ageing](#)).
- Joint and muscle pain may improve with the use of HRT ⁽¹⁸⁾

Weight changes

- Between ages 45 and 55, women will gain on average half a kilo a year. This weight gain cannot be attributed to menopause. However, the changes in hormonal status are associated with increased body and abdominal fat. This weight gain is associated with increased cardiovascular and metabolic risk, and changes in quality of life and sexual function. In some women, HRT may prevent the development of abdominal fat ⁽¹⁹⁾.
- Lifestyle measures (including exercise and diet) should be instituted to maintain a healthy body weight and to promote good health. (Refer to AMS information sheet [Lifestyle advice for healthy ageing](#)).

Key points

- Some body changes and accompanying symptoms that occur during the menopausal transition and beyond menopause may be related to lower levels of oestrogen while others result from the ageing process.
- Body changes and symptoms may be many and varied and can be mitigated by adoption of a healthy lifestyle.
- HRT may be useful for some women with body changes; however it should not be regarded as an anti-ageing therapy.

November 2014



References

1. Shifren JL, Gass ML. The North American Menopause Society recommendations for clinical care of midlife women. *Menopause (New York, NY)*. 2014;21(10):1038-62.
2. Thornton MJ. Estrogens and aging skin. *Dermato-endocrinology*. 2013;5(2):264-70.
3. Hall G, Phillips TJ. Estrogen and skin: the effects of estrogen, menopause, and hormone replacement therapy on the skin. *Journal of the American Academy of Dermatology*. 2005;53(4):555-68; quiz 69-72.
4. Kligman AM. Postmenopausal acne. *Cutis* 1991;47(6):425 - 6.
5. Ernster VL, Grady D, Miike R, Black D, Selby J, Kerlikowske K. Facial wrinkling in men and women, by smoking status. *American journal of public health*. 1995;85(1):78-82.
6. Pandel R, Poljsak B, Godic A, Dahmane R. Skin photoaging and the role of antioxidants in its prevention. *ISRN dermatology*. 2013;2013:930164.
7. Blume-Peytavi U, Atkin S, Gieler U, Grimalt R. Skin academy: hair, skin, hormones and menopause - current status/knowledge on the management of hair disorders in menopausal women. *European journal of dermatology : EJD*. 2012;22(3):310-8.
8. Brincat MP, Baron YM, Galea R. Estrogens and the skin. *Climacteric*. 2005;8(2):110-23.
9. Ali I, Wojnarowska F. Physiological changes in scalp, facial and body hair after the menopause: a cross-sectional population-based study of subjective changes. *Br J Dermatol*. 2011;164(3):508-13.
10. Scully C, Cawson RA. *Medical problems in dentistry: Wright•PSG*; 1982.
11. Foran T. Managing menopausal symptoms. *Australian Prescriber*. 2010;33:171 – 5.
12. Iosif CS, Bekassy Z. Prevalence of Genitourinary Symptoms in the Late Menopause. *Acta Obstetrica et Gynecologica Scandinavica*. 1984;63(3):257 - 60.
13. Bianco V, Penna A, Rebora P. Correlations between trophism of the external genitalia and hormone levels during menopausal age. *Annali di Ostetricia, Ginecologia, Medicina Perinatale* 1991;112(1):41 - 53.
14. Portman DJ, Gass ML. Genitourinary Syndrome of Menopause: New Terminology for Vulvovaginal Atrophy from the International Society for the Study of Women's Sexual Health and The North American Menopause Society. *Journal of The Sexual Medicine*. 2014.
15. Cody JD, Jacobs ML, Richardson K, Moehrer B, Hextall A. Oestrogen therapy for urinary incontinence in post-menopausal women. *Cochrane Database Syst Rev*. 2012;10:Cd001405.
16. Freeman EW, Sammel MD, Lin H, Gracia CR, Pien GW, Nelson DB, et al. Symptoms associated with menopausal transition and reproductive hormones in midlife women. *Obstetrics and gynecology*. 2007;110(2 Pt 1):230-40.
17. Nevitt MC, Felson DT. Sex hormones and the risk of osteoarthritis in women: epidemiological evidence. *Ann Rheum Dis*. 1996;55(9):673-6.
18. Welton AJ, Vickers MR, Kim J, Ford D, Lawton BA, MacLennan AH, et al. Health related quality of life after combined hormone replacement therapy: randomised controlled trial. *British Medical Journal*. 2008;337:a1190.
19. Davis SR, Castelo-Branco C, Chedraui P, Lumsden MA, Nappi RE, Shah D, et al. Understanding weight gain at menopause. *Climacteric*. 2012;15(5):419-29.