Behçet's Factsheet 18
Menopause

What is the Menopause?

Menopause can be diagnosed 12 months after the last menstrual period. However, people often use the term to describe symptoms experienced around this time, including hot flushes or irregular periods. This time is called the "peri-menopause", when the ovaries produce varying levels of oestrogen. Menopause can also occur after the ovaries are removed surgically, or with some medical treatments such as chemotherapy.

The menopause affects women in different ways and an individualised approach to all stages of diagnosis, investigation and management of menopause is recommended. HRT can help, both with short term symptoms, and some of the longer-term effects of a lack of oestrogen. GP's and hospital doctors can often prescribe this, but some women may need to be referred to a specialist menopause clinic for further assessment and advice. HRT type, dose and duration of treatment should be individualised and assessed initially after 12 weeks and then annually with a review of potential risks and benefits. For most women, starting HRT before the age of 60, has a more benefits than risks and there is no set duration of use or age at which HRT should be stopped if symptoms persist.

Lifestyle changes, such as regular exercise, a balanced diet, smoking cessation, if relevant, and reducing alcohol intake, can also help overall health and reduce the impact of the menopause.

Updated NICE guidance, currently in draft format, recommends offering women cognitive behavioural therapy, in addition to other recognised treatments for menopausal symptoms.

Short term symptoms

The most common symptoms are "vasomotor symptoms" including hot flushes, night sweats, and also insomnia. These symptoms can occur several years before the final menstrual period and can be very distressing for some women. Other symptoms include mood changes, anxiety, irritability and loss of concentration. Short term memory loss can affect both men and women, starting in midlife, and is not solely related to the menopause.

Vaginal dryness and bladder problems

When oestrogen levels fall, vaginal dryness can occur, having sex and gynaecological examinations more painful and can also cause bladder problems. The medical term for this is "urogenital atrophy" or "genitourinary syndrome of menopause"

Bladder problems include:

- *Stress incontinence:* which is leaking of urine when pressure in the abdomen is increased, such as when coughing, sneezing or during exercise.
- *Overactive bladder*: the sudden urge to pass urine, passing urine frequently, or the inability to make it to the toilet to pass urine.
- *Urinary tract infections* can occur more frequently.

Vaginal dryness can be improved with vaginal moisturisers, delivered vaginally twice weekly, such as Replens and YES Vaginal Moisturiser (VM)

Lubricants are also important, particularly to improve comfort during sexual intercourse. Recommend lubricants include "pjurmed" (silicone based), "sylk" (kiwi extract) or "yes" (organic plant based). They can be purchased online or in some chemists and some lubricants and moisturisers are available on prescription.

The most effective way to improve tissue quality in the vulva, vagina, urethra and bladder is to replace oestrogen with a pessary, tablets, cream or a ring, that are delivered directly to the vagina and vulva. Dehydroepiandrosterone (DHEA) is a second line treatment delivered vaginally and there is also an oral medication called "Ospemifene", which can be prescribed for urogenital atrophy, generally as a second line option Vaginal treatments may be needed in addition to systemic HRT.

Osteoporosis

A lack of oestrogen can cause thinning of the bones (known as reduced bone mineral density or osteopenia or osteoporosis depending on how severe the thinning is), causing them to break or fracture more easily. Women lose approximately 1% of their bone mass annually after the menopause. There are a variety of factors that can increase a person's risk of osteoporosis, including family history, excess alcohol use, smoking, being underweight, a lack of exercise and long-term steroid therapy. Many Behçet's patients will have been on long term steroids and may have received treatment to protect their bone density and assessments with bone mineral density scans (DEXA scans). However, t could be that many will still be at increased risk of osteoporosis, for the reasons above.

HRT prevents bone loss, and you can also reduce your risk of developing osteoporosis by some simple lifestyle changes including:

- Eating a balanced diet with enough calcium, contained in certain foods such as cheese, milk and yogurt to name a few. It is also important to make sure you get enough vitamin D, produced in the skin following sun exposure, and found in small amounts in some foods. Supplements are recommended as a simple option to ensure adequate Vitamin D intake.
- Reducing alcohol intake.
- Stopping smoking.
- Weight-bearing exercise and resistance (strength) training.

Venous Thromboembolism (VTE)

Due to inflammation and vasculitis, patients with Behçet's are at increased risk of VTE which includes deep vein thrombosis (a blood clot in a leg) and pulmonary embolus (a blood clot in a lung). The risk of VTE is highest during a flare up. Oral HRT increases the risk of VTE, but the evidence supports use of standard dose HRT given through the skin (transdermal HRT) as this delivery route, known as transdermal, does not further impact on risk of VTE, even in patients with an increased background risk. If the standard dose of HRT fails to control menopausal symptoms effectively, referral to a specialist menopause clinic is recommended.

Stroke

Patients with Behçet's are at increased risk of stroke, due to inflammation of the blood vessels in the brain. Oral HRT is associated with a small increase in the risk of stroke. Transdermal HRT does not increase the risk of stroke and is therefore a safer option.

Breast Cancer

Most women have a low lifetime risk of breast cancer, but the risk increases with age. In women at low risk of breast cancer (around 90% of the population), the benefits of HRT for up to 5 years' use, will exceed potential harm. The risk of breast cancer in association with use of HRT is small and may be lower than the risks associated with other lifestyle factors such as obesity and excess alcohol consumption.

In summary:

- Transdermal oestrogen therapy, delivered as a patch, gel or spray is recommended for women who want HRT but who have an increased risk of venous thromboembolism or stroke and is therefore the recommended route of delivery for patients with Behçet's.

Women with a womb will require the addition of a progestogen to protect the lining of the womb. Progestogens are either taken for around 14 days a month or continuously depending on when HRT is started in relation to a women's last period.

- Low-dose vaginal oestrogen therapy may be used to treat genitourinary symptoms. This can be in the form of a vaginal tablet, pessary, cream or a ring. There are other second line treatment options including dehydroepiandrosterone, delivered as a pessary and ospemifene, a medication taken by mouth.

- There are also several non- hormonal alternative treatment option that can help with some of the symptoms of the menopause.

- Lifestyle changes are important to improve overall health and can also alleviate some of the short-term symptoms women may experience.

- There are several reputable websites for people who want more information. These include:

  https://www.womens-health-concern.org/

  https://www.menopausematters.co.uk/

  https://www.nice.org.uk/guidance/ng23

  For information on alternative treatment options for menopausal symptoms
  https://www.rcog.org.uk/globalassets/documents/guidelines/scientific-impact-papers/sip_6.pdf

Version	Last Review Date	Author
3.0	24 September 2025	Dr John Kirwin
2.0	31 January 2018	Dr John Kirwin