Seven reasons why women need a menopause doctor

Your GP isn't always best placed to deliver the specific advice you need, says Dr Louise Newson

The menopause is a natural process that all women will go through, if they live long enough, but it comes with a range of potential side effects: hot flushes, night sweats, anxiety, low mood, memory problems, migraines, reduced energy, urinary symptoms and reduced libido. Menopausal women also have an increased risk of heart disease, osteoporosis, type-2 diabetes, obesity, osteoarthritis and dementia, as hormonal change can affect so many different organs in our bodies.

It is therefore essential that women receive correct advice and treatment for their menopause and perimenopause (the time when symptoms often start). However, menopause clinics are closing across the UK, and there is little provision to work as a menopause doctor in the NHS. While GPs manage to offer menopause care in their practices, many will have had little or no training in it. Here, then, are the key advantages to seeing a private menopause doctor...

1. You will be given time
   It can be difficult to give menopausal women adequate information in a 10-minute GP appointment. In dedicated menopause clinics, both NHS and private, doctors usually have longer consultation times, so we have the opportunity to explore individual concerns and symptoms. This means adequate time can also be given to discuss treatment options. If you’re going to be taking hormone-replacement therapy (HRT) for many years, spending time with an expert can help you make a clear, informed choice.

2. You will see the same doctor
   Many women tell me that they find it really hard to see the same doctor for follow-up appointments,

3. Your treatment will be based on official guidelines
   In 2018, the National Institute for Health and Care Excellence (Nice) published its first guidelines on menopause, clearly stating that, for the majority of women, the benefits of taking HRT outweigh any risks. Frustratingly, many GPs I lecture tell me that they have never read them, and this means many women are not receiving optimal menopause care. All menopause doctors refer to these guidelines to ensure their patients receive the best evidence-based care.

4. You will not be told that you ‘just have to put up with’ hot flushes
   Vasomotor symptoms affect around 75 per cent of women, and they are not just embarrassing and inconvenient; they disrupt the blood supply to the brain momentarily. Research has shown that those women who suffer these symptoms are more likely to develop heart disease, osteoporosis and diabetes in the future.

5. You will be offered holistic advice
   The management of the menopause is not just about prescribing HRT; also many women choose not to take HRT, or cannot for medical reasons. It is essential that we optimise our nutrition, exercise, sleep and wellbeing during this important time of our lives. Personally, I practice Ashtanga yoga regularly. Yoga can also improve some of the symptoms of the menopause, including sleep disturbance, fatigue, low mood and anxiety. Our muscle tone and bone density reduce during the perimenopause and menopause so doing regular yoga practice can also be beneficial for these. Some women find it helps reduce hot flushes, too.

6. If you need HRT, you will not be given antidepressants instead
   Studies show that up to half of women suffer menopause-related anxiety, and almost a third will suffer depression for the first time. It is no coincidence that there is a peak in suicide rates in women in their early 50s.

But a recent survey I undertook of nearly 3,000 women showed that two thirds of women had been given antidepressants rather than HRT by their doctors. The Nice guidelines are clear that HRT should be given as first-line treatment for women with low mood in the perimenopause who do not have clinical depression.

7. If appropriate, you will be offered testosterone
   Men don’t have a monopoly on testosterone; the ovaries produce it as well as oestrogen. But the amount women can produce reduces with age, and low levels can lead to reduced libido, contribute to osteoporosis and reduced muscle strength, as well as have a negative effect on mood, energy and concentration. While many women find that taking testosterone helps all these, many GPs have not had training on its use in women. Also, there are currently no licensed preparations for women in the UK, so many doctors prescribe lower doses of the men’s preparations, usually gel, or AndroFeme, a cream imported from Australia.

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