balance
the menopause support app

Oral health and the menopause

Dr Louise Newson BSc(Hons) MBChB(Hons) MRCP FRCGP & **Dr Uchenna Okoye** Msc(Hons) BDS(Lond)

Did you know?

Your mouth reflects what is going on elsewhere in your body.

The menopause can affect many areas of a woman's body and the mouth is no exception. This information sheet will explain what is happening when your hormones start changing, how this might affect you, and what changes can occur in your mouth around this time. Oral discomfort and dental problems are not inevitable during the menopause; there is plenty you can do to minimise the impact of the menopause on your mouth – and everywhere else!

What is the menopause?

The menopause naturally occurs when your ovaries stop producing eggs and you make less of the hormones oestrogen and testosterone. This is usually a result of aging and is a normal process. The average age of the menopause in the UK is 51 years, but it is not unusual for women to enter menopause in their 40s, or even have a premature menopause in their 20s or 30s. Some women have surgery that affects their ovaries or medical treatment that interferes with their hormones; these women will have a surgical or induced menopause earlier than it would happen naturally.

The menopause is defined as one year after your last period and then it continues forever. The term 'perimenopause' describes the time when you have menopausal symptoms, but you have still had a period within the last 12 months. Signs and symptoms can occur for many years before your menopause and usually begin in your early to mid-40s.

Effects of menopause

You have hormone receptors all over your body. When your levels of oestrogen and testosterone start to fall, most systems in your body, from your brain to your bones, are affected by this change. Symptoms can be grouped into physical, psychological and vasomotor (how your blood vessels dilate and constrict). Physical symptoms can be tiredness, problems sleeping, muscle and joint pains, headaches, vaginal dryness, urinary function changes and infections, and of course, changes in the mouth which will be covered in more detail.

Psychological symptoms range from low mood, anxiety, irritability, mood swings, brain fog, poor memory, reduced libido and a loss of self-esteem and confidence. It is often the psychological symptoms of peri/menopause that women find the most upsetting. The 'vasomotor' symptoms are the most well-known, such as hot flushes and night sweats.

You may be aware of some of these effects of the menopause, but do you know that there are also long-term consequences to your health when you live without these hormones? After the menopause, if no treatment is taken, women live the rest of their lives with low levels of oestrogen and this causes an increased risk of diseases such as heart disease, osteoporosis (bone-thinning), type 2 diabetes, depression and dementia.

How will I know if I am in perimenopause or menopause?

If you are over 45 years old and have not had a period for more than 12 months (and you do not take contraception or medication that affects your periods), it is likely that you are in the menopause.

If your periods have started to change within the last year or so (becoming more irregular, which could mean further apart or closer together, or heavier or lighter in flow) and you're experiencing one or more of the symptoms listed, it is likely that you are in the perimenopause, especially if you are in your late 30s or 40s. You can understand more about your hormones by tracking your periods and symptoms using the free balance app at www.balance-menopause.com and you will also find a wealth of evidence-based information about the perimenopause and menopause here.

How might the menopause affect my mouth?

Dryness

A lack of oestrogen and progesterone can reduce production of saliva from your salivary glands. As well as being uncomfortable, dryness can make your mouth more vulnerable to infection. Dryness can also happen elsewhere such as to your eyes, skin, hair and genital area. As a result of the dryness, you may be more prone to tooth decay especially if you use sugary drinks to alleviate the dryness.

Burning mouth syndrome

A feeling of a burning mouth that may affect the tongue, gums, lips, inside of your cheeks, roof of your mouth or your whole mouth. The burning sensation can be severe, like when you've burnt your tongue or palate on hot liquid or food.

Effects on the gums

This can be a significant change. Pain and inflammation in the gums, known as gingivitis, can be a common occurrence when oestrogen is in short supply. Chronic gum problems can lead to destruction of the bone supporting your teeth, known as periodontitis. Gums can change in colour becoming paler or more often, a deeper red colour. You may notice your gums bleeding, especially when you brush your teeth, or that your gums are shrinking around the teeth, known as gum recession. Other problems might be bad breath, pain on chewing, or bite problems.

Your gums are more important than many people realise, and the health of your gums can influence your health elsewhere in the body. Gum disease is more common in women after the menopause and there is evidence it is linked to certain cancers, heart disease, stroke and diabetes.

Altered taste

Some women notice an alteration in their taste, especially with salty, peppery or sour foods.

Bone thinning

As with bones elsewhere in the body, the upper and lower jaw bone lose their bone mineral density (strength) and decrease in size. This bone shrinkage increases the risk of teeth becoming loose or, on occasions, falling out.

Other effects of menopause that can impact your mouth

Changes to your habits often prompted by the menopause can have an adverse effect on your teeth and oral health. It is common to crave more sugary foods, and increase your alcohol intake or smoking due to stress, anxiety or feeling low. These habits can cause dental problems like cavities, or infections. If you have anxiety, you may start grinding your teeth at night too.

Ways to minimise oral changes due to menopause

Taking care of your mouth and teeth is even more important around the time of the menopause. This is the best way to prevent many oral health problems developing.

Reducing the amount of plaque bacteria in your mouth is the key to protecting your oral health during this time. The role of your oral home care is of paramount importance to prevent gingivitis and periodontitis, but it requires training and instruction from your dental team. Effective, daily removal of plaque by patients themselves can be considered more important than removal of plaque by the dental team during scaling and polishing.

Consider using rechargeable powered brushes over manual ones as evidence suggests plaque is removed more effectively with electric toothbrushes. Daily interdental cleaning using brushes or floss helps control the plaque that causes gingivitis and periodontitis.

Minimising the amount of sugary food and drink you consume will reduce your risk of dental decay. It is advised that you visit your dentist and hygienist as often as the team deem necessary. Work with your dentist to design a plan that fits your situation with regards to frequency of dental visits and the products you use with your oral care.

Treating the peri/menopause itself may help reduce oral symptoms occurring as a result of hormonal changes. Medical consultation and support may address your other menopausal symptoms and help protect your future health.

Treatments for menopause

The most effective treatment for the menopause is hormone replacement therapy (HRT) which simply replaces – or tops up – the hormones your body is no longer producing in enough quantities.

Hormone replacement therapy (HRT)

Oestrogen

There are different ways you can take HRT. The main hormone women take is oestrogen and the safest way to take this is through the skin as a patch, gel or spray. (It also comes in tablet form but this carries a very small risk of a blood clot).

Progesterone

If you still have your womb and take replacement oestrogen, you will most likely need to take progesterone too, to protect your womb lining and this is available in a tablet or can be taken combined with the oestrogen in a skin patch. The safest type of progesterone is called micronised progesterone (known as Utrogestan in the UK) because it has the same chemical structure as the natural progesterone produced in your body and it comes in a capsule that you swallow (or some women use it vaginally).

Testosterone

Most women take the hormones oestrogen and progesterone as their HRT. Testosterone is another hormone that women produce and lose around the time of menopause. Testosterone can help with energy, mental clarity, muscle strength and mass, and your sex drive. Testosterone is being increasingly used by menopause specialists and some GPs as part of HRT.

Vaginal Oestrogen

Another way to take oestrogen (that is not considered part of systemic HRT), is to apply oestrogen directly into your vagina to relieve symptoms of vaginal dryness, soreness, thinning of tissue, and urinary symptoms. It is available in a cream, gel or silicon ring and it does not get absorbed into your whole body. It is not associated with any risks and can be taken long-term and alongside HRT.

Benefits of HRT

For the vast majority of women, the benefits from taking HRT outweigh any risks. Most women find replacing their 'lost' hormones significantly improves their symptoms and quality of life and helps them to feel like their old self again.

HRT has been shown in studies to reduce the risk of heart disease, osteoporosis, type 2 diabetes, bowel cancer, depression, and dementia. Therefore, there are many benefits to your future health as well as helping your symptoms on a daily basis.

Risks associated with HRT

HRT is more often associated with perceived risks instead of the numerous benefits, often by healthcare professionals and women alike. The risk of breast cancer and blood clot have been misrepresented by inaccurate reports in the media. Most types of HRT do not actually increase the risk of breast cancer. Oestrogen-only HRT has been shown to lower the future risk of breast cancer compared to women who don't take HRT. And the most-widely used type of oestrogen – that which is given through the skin – holds no risk of clot.

Some studies have shown that women taking combined HRT (containing oestrogen and a progestogen – a synthetic progesterone) may be associated with a very small increased risk of breast cancer. The risk is related to the type of progestogen in the HRT, not the oestrogen. However, this risk is small. The risk of breast cancer for women who are overweight or who drink moderate amounts of alcohol are at far greater risk than this. Taking micronised progesterone has not been shown to be associated with a statistically significantly increased risk of breast cancer.

Transdermal (through the skin) oestrogen and micronised progesterone – known as 'body identical' HRT – is the 'gold standard' type of HRT and is also safe for women who have migraine, have a history of a clot or stroke, and for most women who have had cancer or have a family history of cancer.

Further information

For more information about the perimenopause and menopause visit www.balance-menopause.com
To support and campaign for better access to menopause care for all, and menopause education for healthcare professionals visit www.themenopausecharity.org