



MENOPAUSE

MZ-MEDICAL

science with humanity

Menopause, including the hormonal changes before and after menopause, can affect women's health and consequently their personal and professional life. However, it represents an overlooked unique opportunity to implement preventable actions and intervene through innovative therapies in the field of ageing and ageing-associated diseases.

The changes in hormone levels that occur when approaching menopause can cause acute menopausal symptoms such as hot flushes, night sweats, sleep disturbances as well as physical changes like dry skin, dry hair and joint pain. Psychological symptoms such as depressed mood, mood swings, anxiety and symptoms of urogenital atrophy like vaginal dryness, painful intercourse or urinary incontinence are also often reported in this natural part of life.

Long-term and often unforeseeable consequences of hormone deficiency following menopause can have a major impact on women's health later in life.

Cardiovascular disease (e.g., stroke), migraines, low bone mass and osteoporosis, urinary incontinence and prolapse, arthralgia and arthritis can all be delayed or prevented by early and proactive interventions.

Preventing and/or reversing age-related diseases requires a comprehensive approach, where management of menopause is only a part of this goal. To successfully face age-related conditions, we should tackle menopause and other risk factors in tandem.

Here, the focus is on menopause. Other interventions with a potential to benefit middle-aged women are included in our other programmes.

We would be pleased to hear from you.



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MZ-Medical
Founder and Medical Director

CONTENT

Definitions	P. 4
Natural menopause. Perimenopause. Post-Menopause. Induced menopause. Premature ovarian insufficiency. Early menopause.	
Menopausal symptoms	P. 5
General symptoms. Emotional symptoms. Cognitive concerns. Bladder symptoms. Sexual concerns. Period problems.	
Long-term health conditions affecting post-menopausal stages	P. 6
Cardiovascular disease. Osteoporosis. Memory, mood and migraines. Urinary incontinence and prolapse. Arthralgia and arthritis.	
Our services	P. 7
Individual Appointment. Exclusive Menopause programmes.	
Contact	P. 8

Healthy ageing is a continuous process of optimising opportunities to maintain and improve mental, emotional and physical health.



MENOPAUSE

Definitions

The age of menopause can be determined by environmental and genetic factors. For example, smoking is a modifiable risk factor which can increase the risk of early menopause.

- ▶ **Natural or spontaneous menopause** implies permanent cessation of ovarian activity. It is recognised after 12 months of the last menstrual period in the absence of another causal factor.
- ▶ **Menopause transition or perimenopause** appears with the first sign of approaching menopause (like anxiety or menstrual irregularity) and ends 12 months after the last menstrual period.
- ▶ **Post-menopause** is the time following the final period, regardless of the cause of menopause.
- ▶ **Early menopause** refers to a menopause occurring between 40 and 45 years of age.
- ▶ **Induced menopause** is the cessation of menstruation that follows the removal of the ovarian function by either a non-surgical or a surgical therapeutic measure. Surgical removal of both ovaries results in an abrupt loss of ovarian hormones including not only oestrogen but progesterone and testosterone as well and leads to permanent menopause.
- ▶ **Premature ovarian insufficiency (POI)** is a condition in which menopause occurs before the age of 40. Women with POI should be offered hormone replacement therapy unless contraindicated (for instance, because of hormone-sensitive cancer). Without treatment, these women can have a reduced quality of life and an increased risk of developing osteoporosis and cardiovascular disease, which can lead to early mortality.

MENOPAUSAL Symptoms



Hot flushes and night sweats are the most common symptoms for which women seek treatment

Bladder and sexual symptoms occur because of oestrogen deficiency on the lower urinary and genital tract

The decline in ovarian hormone levels, for instance before menstrual periods, during the menopause transition or post-menopause, can cause other acute symptoms as well, some of which are:

Emotional symptoms

- Tearfulness
- Depressive mood
- Feeling of unworthiness (a subtle example being the avoidance of salary negotiations)
- Irritability
- Anger and/or aggression
- Panic attacks
- Anxiety (for example driving can become stressful)

Cognitive concerns

- Loss of memory
- Loss of concentration
- Inability to cope

General symptoms

- Hot flushes and night sweats
- Sleep disturbances
- Headaches
- Tiredness
- Loss of energy
- General aches and joint pain
- General itchiness

Bladder symptoms

- Leakage when laughing, coughing or sneezing
- Leakage when in urgent need of the toilet
- Night-time frequency (more than two times)
- Urinary tract infection
- Prolapse

Period problems

- Periods much lighter or heavier
- Irregular bleeding between periods

Sexual concerns

- Loss of sexual drive
- Vaginal dryness and soreness
- Vaginal itching
- Pain with intercourse
- Difficulty achieving orgasm

LONG-TERM HEALTH CONDITIONS affecting post-menopausal stages

The chronic and progressive consequences of oestrogen deficiency include, inter alia, negative effects on bone, cognition, mood, cardiovascular and the genitourinary system.

Cardiovascular disease and its risk factors

Commencing HRT (Hormone Replacement Therapy) early in the perimenopause may maintain the beneficial effects of oestrogen on the cardiovascular system.

Cardiovascular disease increases after the menopause, and it is thought to be related to the decline of oestrogen levels. Smoking, abnormal lipids, hypertension, abdominal obesity, diabetes, lack of consumption of fruits and vegetables, lack of regular physical activity are all risk factors for cardiovascular disease.

HRT has shown to reduce some of these risks' factors; for instance, HRT can reduce LDL (bad cholesterol) and increase HDL (good cholesterol).

Osteoporosis

Non-specific back pain occurring for many years without a clear diagnosis in post-menopausal women may be due to vertebral fractures caused by osteoporosis.

Risk factors for osteoporosis are low oestrogen, poor nutrition, smoking, alcohol consumption, lack of physical activity, some medications like glucocorticoids and some medical conditions such as hyperthyroidism and rheumatoid arthritis.

The risk can be reduced without medication but when treatment is required, HRT should be considered as the first-line therapeutic intervention in women under 60 years of age.

Memory, mood, and migraines

Impaired concentration and memory are not uncommon symptoms experienced around menopause. Sleep disturbances, fatigue, depression, stress, alcohol or the use of some medications such as sleeping pills, anxiolytics or antidepressants may have a negative impact on these symptoms.

Mood changes are a major complaint of women transitioning through menopause, which can have a significant impact on their quality of life.

Migraine susceptibility increases during menstruation and perimenopause probably due to fluctuations in ovarian hormone levels. In women with peri-menopausal migraine, hormonal treatments should aim to avoid these hormonal fluctuations. Doses, type and means of administration matter in this context.

Urinary incontinence and prolapse

Oestrogen receptors are prevalent in the vagina, urethra and part of the bladder. Studies have shown that oestrogen deficiency is implicated in the cause of urinary incontinence. For instance, urge incontinence seems to be more common following the menopause and its prevalence appears to rise with the increased duration of low oestrogen levels.

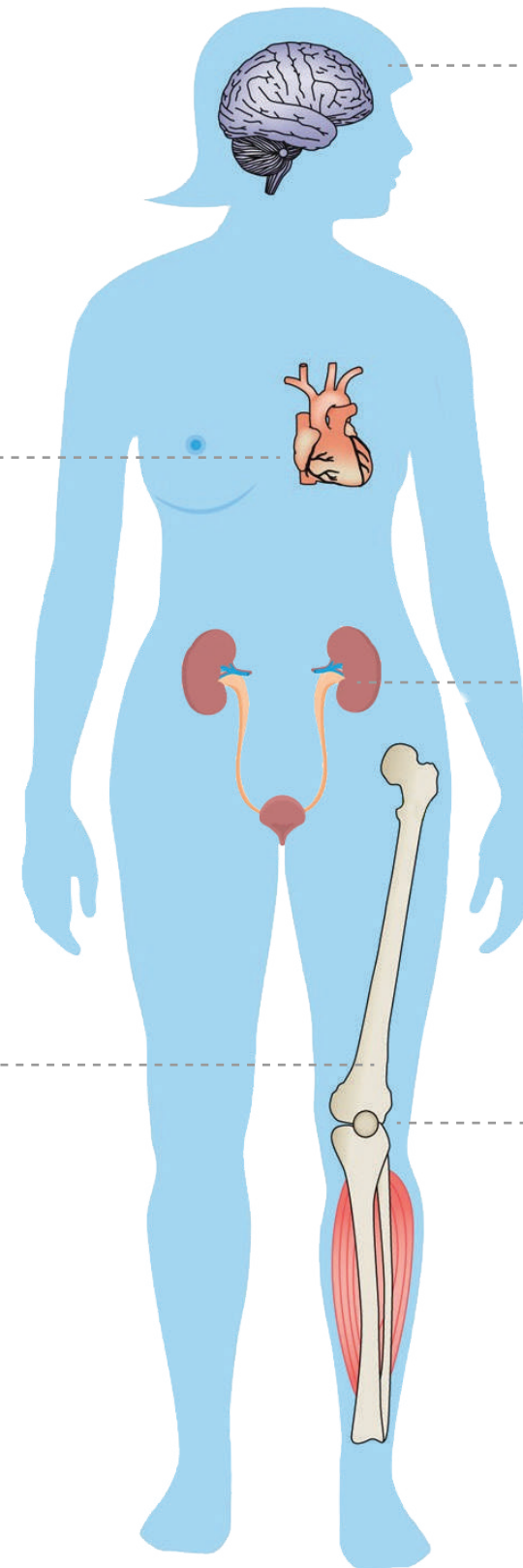
Oestrogen deficiency is thought to be the most significant factor behind the reduction in collagen content, which predisposes post-menopausal women to prolapse.

Arthralgia and arthritis

Oestrogen receptors are present in joint tissues. This hormone has protective roles in part due to its involvement in the synthesis of important components of connective tissue. Oestrogen also appears to protect joints against free radicals, decreasing cartilage damage.

Joint pain can occur in nearly 50 % of women during the menopause transition. The prevalence of osteoarthritis is significantly higher in post-menopausal women, which may suggest a lack of the protective effect of oestrogen after menopause.

There is a wealth of data which indicates that oestrogen replacement therapy may reduce the development of osteoarthritis and lead to fewer joint replacements in women who used HRT.



OUR SERVICES

Addressing menopausal symptoms for healthy ageing.

We offer a holistic and individualised approach with particular emphasis on lifestyle advice, diet modification and Hormone Replacement Therapy (HRT).

The decision whether to prescribe HRT is made on individual circumstances after discussing the benefits and risks with each patient.

The HRT dosage, regime and duration is personalised, with semester/annual evaluation of advantages and disadvantages.

Individual appointments

These are suitable for women who prefer to book their appointment individually or are looking for a second medical opinion:

- ▶ **One-hour consultations** include a pre-consultation assessment and post-consultation report.
- ▶ **Follow-up appointments** take approximately 30 minutes and do not include a full medical report.
- ▶ **Duet appointments** (two clients) include pre-consultation assessment, one-hour consultation and a post-consultation report (one per client).

Exclusive programmes

These are comprehensive, all-inclusive programmes that include everything you may need for your treatment over a six-month period. Below is an outline of the services included:

- ▶ **One-hour consultations** with follow-up meetings for 6 months.
- ▶ **Unlimited email** queries within the timeframe, including assessment of new test results.
- ▶ **Replacement of your hormone treatments** if they are lost or forgotten i.e., when travelling.
- ▶ **Short-notice appointments.**
- ▶ **365-day email and telephone** access to medical support.





Guidance, support and
individualised treatment
alongside respect,
privacy and
confidentiality.

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Personalised hormone replacement
therapy and health programmes to
support middle-aged women.

LET'S GET STARTED

worldwide virtual consultation
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Scan our WhatsApp QR code
to book your appointment