

Menopause and MS



Multiple sclerosis information

Welcome to this Choices booklet about Menopause and MS

MS-UK believes in listening to the voices of people affected by multiple sclerosis (MS) to shape the information and support we provide. It is these people that bring us perspectives that no one else can give.

For every Choices booklet we produce, MS-UK consults the wider MS community to gather feedback and uses this to inform our content. All of our Choices booklets are then reviewed by the MS-UK Virtual Insight Panel before they are published.

This Choices booklet has been designed with you in mind. We hope it will answer some of your questions and also provide some first-hand experience from those who have been in your position - people who can truly understand and empathise with your current thoughts and feelings.

Every time you find bold text with quotation marks like this, it is a quote directly from someone affected by multiple sclerosis

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Menopause and MS

Despite multiple sclerosis (MS) affecting more women than men, and menopause being something that happens to all women, it is surprising that there have not been many studies into the impact of the menopause on MS.

Three in four women in the UK will experience symptoms of the menopause (1).

Several symptoms of the menopause can impact MS symptoms and often it can be difficult to differentiate between the two.

Here we find out more about what the menopause is and how it can impact MS symptoms.

What is the menopause?

The menopause is an inevitable part of female ageing, usually occurring between the ages of 45 and 55. Oestrogen levels start to decrease and the ovaries stop releasing eggs. Some women may feel the effects for several years beforehand, this is known as perimenopause. Women are classed as reaching menopause when they have not had a period for 12 months (2).

Menopause can also happen as a result of surgery, medical treatments and some health conditions.

Symptoms of perimenopause and menopause can include night sweats, hot flushes, cognitive problems, fatigue, mood swings, anxiety, incontinence, vaginal dryness, achy muscles and joints, headaches, dizziness and poor sleep.

Symptoms can last for a few months, or years. They can also change with time. For example, hot flushes and night sweats may be experienced for a period and then improve, but other symptoms such as low mood and anxiety may then develop.

Symptoms such as joint pain and vaginal dryness can sometimes continue after periods stop.

As well as MS being different for everyone, the menopause can be too. Women will experience changing symptoms, some will manage their symptoms well and with ease, whereas others will find it more difficult.

Hormones can certainly have an impact on MS symptoms, however, there is not enough research to fully understand why.



It is very difficult to know if the symptom is menopause or MS because they overlap so much



How does the menopause affect MS?

According to an evidence-based review of studies into menopause and MS, it is estimated that 30 per cent of the current MS population consists of perimenopausal or postmenopausal women (3). MS does not appear to influence the age of menopause onset, but symptoms experienced with both definitely overlap.

Looking at the above list of menopause symptoms, several are also experienced as a result of MS. These include cognitive disturbances, fatigue, poor sleep and bladder issues. This may explain why some women feel such a huge impact on their MS symptoms when going through the menopause. These symptoms can be greatly exacerbated, meaning they can be even more difficult to live with and manage.

Small study data suggests that women will experience less relapses and increased disability progression post menopause, although there is not enough scientific evidence to support this yet (3). We also know that MS progression is linked to age, making it difficult to differentiate between the effects of menopause and the effects of ageing.

It is thought that reduced levels of oestrogen can affect the course of the disease.



I've found my mobility reduced and my fatigue increased, as well as increased symptoms from old damage on scans



Oestrogen plays a large role within the body, not only in relation to the reproductive system, but it also affects the brain, liver, heart, and skin health, and helps to regulate metabolic processes, such as cholesterol levels (4).

Anecdotal evidence suggests MS symptoms can worsen during or

after the menopause, whereas other women state they saw no impact on their MS. It is not known why there can be such a difference.

A slight increase in core body temperature can have a huge impact on MS symptoms. For example, in premenopausal women, after ovulation, the body temperature rises which for some can cause Uhthoff's phenomenon. Uhthoff's phenomenon is a worsening of neurological symptoms when the body becomes overheated. Even a slight rise in temperature can cause old symptoms to reoccur and in some cases can be very debilitating. Some women with MS struggle during menstruation because of these changes and it can feel similar to the effects of an infection.



Generally feeling hot always makes MS harder to cope with and it tends to increase my fatigue



Temperature changes are a well-known symptom of menopause and can explain why some women, who may be more sensitive to these changes, have a heightening of their symptoms. If these are not managed, both the menopause and MS can feel even more overwhelming.

Sleep disturbances are a common occurrence among healthy women in perimenopause. Over 50 per cent of women with MS report sleep dysfunction as a result of their condition, far higher than the general population (5). Combine MS-related disturbed sleep with the detrimental effects the menopause can have on

sleep, and this can impact cognitive function, and cause changes in mood which can result in higher levels of depression and anxiety. All of this can increase levels of fatigue.

Low mood and feelings of depression can be a common symptom of the menopause and perimenopause. The prevalence of anxiety and depression is also higher in people with MS. Around half of people affected by MS will experience depression at some point in their life (6). In some women who are transitioning to the menopause, the declining level of oestrogen may increase the risk of depression (5).

Anxiety is an unpleasant symptom of both MS and the menopause. MS can directly cause anxiety if particular areas of the brain are affected, and it can indirectly cause anxiety as a result of the diagnosis itself. The uncertainty of living with a long-term health condition can create fear and worries for the future.

When I get hot, my MS just gets worse affecting movement and cognition. Also, I feel it makes MS brain fog worse!

Menopause-related anxiety can be caused because of the hormone changes in the brain. Evidence shows that oestrogen and cortisol levels are linked. When oestrogen levels drop, cortisol levels rise (7). Cortisol is otherwise known as the stress hormone. Menopause-related anxiety can occur at any stage. There are

several ways anxiety can be treated during menopause. Lifestyle changes such as exercise can really help to increase wellbeing and lower anxiety, as well as relaxation and talking therapies. These are all ways that MS-related anxiety can also be managed.

Menopause treatment and MS

Lifestyle

The NHS website suggests there are some key factors in managing symptoms of the menopause and perimenopause. Eating well, exercising and looking after mental wellbeing are all important (2).

There is no one specific type of exercise recommended to help manage the menopause, but exercising regularly is suggested to help ease mood changes, reduce hot flushes and night sweats, and protects against weak bones. Finding an exercise that can be achieved well according to ability is most important. Whether that is seated exercise, running, swimming, Pilates, gentle movement; any good quality exercise will be beneficial. Weight-bearing exercises and resistance exercises are particularly beneficial to support bone health (2). There are also several studies that state exercise is very important for reducing the impact of MS symptoms. Therefore, exercise can help to manage both the symptoms of menopause and MS.

“
Light exercising outdoors has definitely helped me sleep better
”

Smoking is not recommended and this is supported by research for managing both menopause and MS. Research shows that smoking can increase the frequency and severity of hot flushes for menopausal women (8). In MS, smoking is associated with decreased brain volume as well as higher relapse rates and increased disability progression (9). This evidence provides several reasons for menopausal women with MS to stop smoking.

Hormone replacement therapy (HRT)

MS specialist neurologist, Professor Gavin Giovannoni, says on his website that in his experience menopause changes things for women with MS (10). He says there are several symptomatic treatments that can be prescribed to manage specific menopausal symptoms, or hormone replacement therapy (HRT) should be considered. HRT helps to replace the hormones that are no longer produced naturally by the body.

Although there is not much research into the benefits of HRT for women with MS specifically, a very small study of 19 women in 1992 found that 75 per cent felt their symptoms improved when taking HRT (11).

HRT can reduce many symptoms of the menopause, including hot flushes, depression, insomnia and urinary symptoms. Therefore, when the menopause exacerbates MS symptoms, HRT can provide relief. It is important all women have choice around how they manage their menopause whilst living with MS.

Evidence indicates that HRT is better at improving menopause related low-mood and anxiety, than antidepressants (12). The NICE guidelines state that antidepressants should not be used as first-line treatment for low mood associated with the perimenopause and menopause, and to consider HRT (13).

Bone health is an important topic and research suggests that people with MS may have a lower bone density. Factors that increase the risk include mobility problems, smoking, long-term exposure to steroids, and lack of vitamin D and calcium (14). As levels of oestrogen drop, the risk of developing osteoporosis increases. Oestrogen helps to protect bone strength. Women with MS may be at greater risk of osteoporosis post-menopause.

HRT is known to have bone-protecting effects (15), therefore it may be suggested to help support bone health in menopausal women with MS. Especially where there may be risks of trips and falls which can lead to fractures.

There appear to be no contraindications with HRT and disease modifying therapies (DMTs). Although in some cases it is difficult to differentiate between what symptoms are caused by MS and what ones are caused by the menopause, it is important to have open discussions with GPs, MS nurses and neurologists about how to appropriately treat the symptoms experienced to improve the quality of life of the individual.

HRT may not be the right choice for everyone, whether that be for medical reasons, or because other options may be preferable.

Other options

There is little evidence to support the use of supplements in reducing menopause symptoms, but anecdotally many women find they are helpful. Some of the common ones include black cohosh, red clover, phytoestrogens and dong quai (16).

With any supplement, it is advisable to speak to a pharmacist or GP to ensure there are no contraindications with other medications being taken.

Relaxation really helps to manage cortisol levels and as previously mentioned, when oestrogen levels decline, cortisol can rise. Deep breathing, for example, is a relaxing practice that can be used as a simple technique for stress reduction. Controlled deeper breathing stimulates the parasympathetic nervous system, otherwise known as the 'rest and digest' system. This helps to lower cortisol levels.



Mindfulness and Pilates both help with my mental state



Other suggestions would be mindfulness-based practices including meditation, yoga, tai chi and qigong. Research shows that daily meditation can help ease menopausal symptoms, although further studies in a larger group are required (17).

There is growing medical evidence of the benefits of mindfulness in alleviating stress and anxiety. The NICE guidelines for MS recommend practicing mindfulness to help with symptom management (18). Studies also show that being mindful may help menopausal women who are struggling with irritability, anxiety and depression (19).

MS-UK offer two mindfulness courses online. An eight-week mindfulness-based stress reduction (MBSR) course and a four-week mindfulness course. More information about these can be found on the MS-UK website. www.ms-uk.org/mindfulness-courses

Reflexology can help to promote deep relaxation. It is thought to reduce tension in the body, encourage a better night's sleep, and improve mood and sense of wellbeing. A recent systematic review of 11 studies looking at the use of reflexology for people with MS concluded reflexology can be used to help reduce pain and fatigue (20).

Studies also show that reflexology may be helpful in reducing vasomotor complaints (hot flushes, night sweats), improving sleep and lower depression scores in menopausal women (21).

Talking with other women can be really helpful to share experiences and discuss the management of menopause whilst also living with MS. Knowing that others are feeling the same and understand, can make such a difference. MS-UK have a Peer Support Service which offers a variety of different 'peer pods' throughout the week. There is a women's only pod that meets a couple of times a week. More details can be found on the MS-UK website. www.ms-uk.org/peer-support-service-2

Tips from the MS community

We asked women living with MS how they manage perimenopause and menopause

- Track your symptoms to see if there is a pattern, list medications or therapies which help
- Be kind to yourself. Tell your employer and ask for help in managing work
- Tell your nearest and dearest so they can help or back off, whichever is needed at the time

- Try to replace any lost hormones as early as possible to minimise any progression
- Buy cooling scarves or use damp towels to cool down
- Do basic breathing exercises and stretches just to keep calm. And, rest if you can (easier said than done!)
- Listen to your body and don't think that all symptoms you may be experiencing are MS related
- Treat it as you have done with monthly cycles but be prepared for it to be constant
- Depending on how it's affecting you, you may want to take advice from your GP and MS nurse as to what your options are
- Not everyone has a problem. Don't assume you will have a problem
- Increase protein intake and meditation to alleviate sleeping problems - that worked for me after years of horrible nights
- Be assertive with your GP. Insist on having a discussion about where you are at in your peri/menopause
- Listen to your body. If you need help seek it

About MS-UK

MS-UK is a national charity formed in 1993 supporting anyone affected by multiple sclerosis. Our hope for the future is a world where people affected by MS live healthier and happier lives.

MS-UK has always been at the forefront of promoting choice, of providing people with all the information and support they need to live life as they wish to with multiple sclerosis, whether that be through drugs, complementary therapies, lifestyle changes, a mixture of these or none at all.

We will always respect people's rights to make informed decisions for themselves.

The MS-UK Helpline

We believe that nobody should face multiple sclerosis alone and our helpline staff are here to support you every step of the way.

Our service is informed by the lived experience of real people living with MS, so we can discuss any treatments and lifestyle choices that are of benefit, whether they are clinically evidenced or not.



New Pathways

Our bi-monthly magazine, New Pathways, is full of the latest MS news regarding trials, drug development and research as well as competitions, special offers and product reviews. The magazine connects you to thousands of other people living with MS across the country.

Available in print, audio version, large print and digitally.

About MS-UK

Peer support service

Our Peer Support Service enables people to connect with others in a safe space and share experiences on topics of interest. Our Peer Pods take place regularly and are all volunteer led. Please visit the website to find out more www.ms-uk.org/peer-support-service or email peersupport@ms-uk.org.





Online activities

MS-UK offers a variety of online activities to stay active and connected for those affected by MS and manage their symptoms to live happier and healthier lives. Activities include exercise sessions, mindfulness courses, chair yoga classes, information sessions and workshops. Visit our website to explore and find out more.

E-learning

Do you work with or support someone living with MS and want to increase your understanding and knowledge of this long-term health condition? Professionals at MS-UK have created accredited Learning courses that can help you do this. Visit <https://ms-uk.org/excellence-ms/> to find out more.

Sources

- (1) Menopause in the workplace. Menopause and work: why it's so important. Published 01 March 2020. Accessed January 2023. www.menopauseintheworkplace.co.uk/articles/menopause-and-work-its-important
- (2) NHS. Menopause. Reviewed 17 May 2022. Accessed January 2023. www.nhs.uk/conditions/menopause
- (3) National Center for Biotechnology Information (NCBI). Effects of Menopause in Women With Multiple Sclerosis: An Evidence-Based Review. R Bove et al. Published 19 March 2021. Accessed January 2023. www.ncbi.nlm.nih.gov/pmc/articles/PMC8017266
- (4) Everyday health. Hormones and Your Health: An Essential Guide. L Konkell. Reviewed 13 November 2022. Accessed January 2023. www.everydayhealth.com/hormones/guide
- (5) Frontiers. Frontiers in Neurology. Effects of Menopause in Women With Multiple Sclerosis: An Evidence-Based Review. R Bove et al. Published 19 March 2021. Accessed February 2023. www.frontiersin.org/articles/10.3389/fneur.2021.554375/full
- (6) Everyday Health. Depression, Anxiety and MS: What's the connection? M. Dawson, S. Mackenzie. Reviewed 8 January 2018. Accessed February 2023. www.everydayhealth.com/multiple-sclerosis/living-with/multiple-sclerosis-and-emotional-health
- (7) My Menopause Centre. Menopause and anxiety. Dr Clare Spencer. Updated 07 April 2021. Accessed February 2023. www.mymenopausecentre.com/symptoms/anxiety
- (8) Balance. Menopause and smoking: what you need to know. Published 18 January 2023. Accessed February 2023. www.balance-menopause.com/menopause-library/menopause-and-smoking-what-you-need-to-know

- 9) MS Brain Health. Six ways to lead a brain-healthy lifestyle. Accessed February 2023. www.msbrainhealth.org/people-with-ms/six-ways-to-lead-a-brain-healthy-lifestyle
- 10) MS-Selfie. Is it MS or is it the menopause? G Giovannoni. Published 16 August 2021. Accessed February 2023. <https://gavingiovannoni.substack.com/p/is-it-ms-or-is-the-menopause>
- 11) National Center for Biotechnology Information (NCBI). A pilot study of the effect upon multiple sclerosis of the menopause, hormone replacement therapy and the menstrual cycle. R Smith and JW Studd. Published October 1992. Accessed February 2023. www.ncbi.nlm.nih.gov/pmc/articles/PMC1293688/?page=1
- 12) The Menopause Charity. Antidepressants and Menopause. Accessed February 2023. www.themenopausecharity.org/wp-content/uploads/2021/05/Antidepressants-and-Menopause.pdf
- 13) National Institute for Health and Care Excellence (NICE) [NG23]. Menopause: diagnosis and management. Last updated 05 December 2019. Accessed February 2023. www.nice.org.uk/guidance/ng23/chapter/Recommendations
- 14) National Center for Biotechnology Information (NCBI). Osteoporosis and multiple sclerosis: risk factors, pathophysiology, and therapeutic interventions. A Gupta et al. Published August 2014. Accessed February 2023. www.pubmed.ncbi.nlm.nih.gov/24871932
- 15) Royal Osteoporosis Society. Hormone replacement therapy (HRT). Updated May 2022. Accessed February 2023. www.theros.org.uk/information-and-support/osteoporosis/treatment/hormone-replacement-therapy
- 16) Healthline. 11 Natural Remedies for Menopause Relief. Mary Brown. Updated 29 March 2022. Accessed February 2023. www.healthline.com/nutrition/11-natural-menopause-tips

- 17) National Center for Biotechnology Information (NCBI). A potential association of meditation with menopausal symptoms and blood chemistry in healthy women. M Sung et al. Published 04 September 2020. Accessed February 2023.
www.ncbi.nlm.nih.gov/pmc/articles/PMC7478772
- 18) National Institute for Health and Care Excellence (NICE) [NG220]. Multiple sclerosis in adults: management. 1.5 MS symptom management and rehabilitation. Published 22 June 2022. Accessed February 2023. www.nice.org.uk/guidance/ng220/chapter/Recommendations#ms-symptom-management-and-rehabilitation
- 19) Medical News Today. Menopause: Mindfulness may reduce symptoms. C Townley. Published 29 January 2019. Accessed February 2023. www.medicalnewstoday.com/articles/324279
- 20) National Center for Biotechnology Information (NCBI). Systematic review and meta-analysis of reflexology for people with multiple sclerosis: Systematic Review and Meta-Analysis. X Ma et al. Published 03 February 2023. Accessed February 2023.
www.pubmed.ncbi.nlm.nih.gov/36749275
- 21) Science Direct. The effects of Reflexology on sleep disorder in menopausal women. M Asltoghiri. Published 13 January 2012. Accessed February 2023. www.sciencedirect.com/science/article/pii/S1877042811029788

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Check out MS-UK's online activities

Live a happier and healthier life with MS



- ✓ Accessible online exercise classes
- ✓ Chair yoga classes
- ✓ Mindfulness courses
- ✓ Interactive workshops
- ✓ Information sessions
- ✓ Peer Support Service

Don't miss out – sign up for our new online activities today!

Visit www.ms-uk.org or contact us at register@ms-uk.org

 **MS-UK**
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Registered charity number 1033731



Stay in touch

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