

18. Behçet's - Menopause

Menopause and Behçet's

An **individualised approach** to all stages of diagnosis, investigation and management of menopause is recommended. GP's and hospital doctors may not prescribe HRT for the reasons below and it may therefore be necessary to be referred on to a menopause clinic. They should be up to date with the latest guidelines and be able to give the appropriate advice. If HRT is advised by secondary care most GP's will continue the prescription.

Once a decision has been taken to prescribe HRT this should be assessed every five years or after any significant change in the medical condition.

Short term symptoms:

The most common symptoms are "vasomotor symptoms" that's hot flushes, night sweats, palpitations, insomnia and about 90 - 95% of women will have those at some time. These symptoms can occur as early as five years before the final menstrual period, and they of course can be very distressing for some, and for others, they can live through it quite easily. Along with that there are psychological symptoms like mood changes, mood elevation and depression, being a bit irritable and loss of concentration. Short term memory loss I'm afraid is something that both men and women get and it starts around the 50s and it's very common, it's not a menopausal symptom. The other very common thing is something called formication, and that just means the feeling of insects crawling over your skin. And it is relieved quite easily with treatment, but it's a very common symptom.

Urogenital atrophy

When oestrogen levels fall, the pelvic floor is no longer supported and so you get urinary problems, the most obvious one being stress incontinence. In addition, because the bladder shrinks a little bit and the urethra becomes slightly stenosed as a lack of oestrogen, you effectively get a bit of outflow obstruction and that can cause an overactive bladder. And combined with that, because some of the bacteria, the helpful bacteria in the vagina, which keep it acidic, disappear, urinary tract

infections become more common. Also, because of this lack of bacteria and oestrogen, the vagina tends to shrink and become dry and of course, if people aren't having intercourse very often, then you can have painful intercourse.

This isn't that common and people who are in an active sexual life usually manage perfectly well. A vulval clinic recommend lubricants such as "pjurmed" (silicone based), "silk" (kiwi extract) or "yes" (organic oat based). They can be purchased on line or in some chemists.

Osteoporosis

Once somebody has lost their oestrogen supply, this has an effect on bones and so inevitably from the menopause, until death, their bones are going to start getting thinner and thinner. There are a variety of factors involved in this, one of them is family history and if you have a strong family history of osteoporosis it's likely that you're going to get it as well. Thin people, particularly those with very low BMI's, those who have had a very sedentary life and people who are on long term steroid therapy are at increased risk and so more likely to get osteoporosis. And of course the menopause exacerbates this considerably.

Many Behcet's patients will have been on long term steroids and may have received bone protection and assessments with bone mineral density scans or DEXA scans. It could be that many will still be at increased risk of osteoporosis for the reasons above.

Venous Thromboembolism (VTE)

Due to inflammation and vasculitis, patients with Behcet's are at increased risk of VTE that includes deep vein thrombosis and pulmonary embolus. This is particularly important during a flare up. Oral HRT also increases the risk of VTE. The evidence however suggests that standard dose Transdermal HRT does not increase the risk of VTE in those patients who are at increased risk of VTE. Any patient with a history of VTE will need referral to a menopause clinic if they are considering systemic HRT.

Stroke

Patients with Behcet's are at increased risk of stroke. Oral HRT also has a small increase in the risk of stroke. Transdermal HRT however does not increase the risk of stroke. Such patients will need to be referred to a menopause clinic.

Breast Cancer

Breast cancer is common and up to one in eight ladies will get it in their life time. I am not aware that patients with Behcet's are at increased risk of breast cancer per se. The risk of breast cancer and HRT has been overstated in the last 10 years and it is now generally recognised that it will increase the risk by 1 in 1000 women over 5 years.

In general:

- Transdermal oestrogen therapy by patch or gel is recommended for women who want HRT but who have an increased risk of venous thromboembolism.
- Low-dose vaginal oestrogen therapy may be used to treat genitourinary symptoms in those who do not or are contraindicated to take HRT. This can include "vagifem" (one vaginal tablet at night for 2 weeks and then twice weekly). A "estring", a ring shaped pessary that can be left in the vagina for 3 months.
- There are also a number of non HRT alternatives.

The best website for patients is menopause matters with lots of advice and articles.

<http://www.menopausematters.co.uk/>

For those who want more information, the following is a link to NICE

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

For Non HRT information

https://www.rcog.org.uk/globalassets/documents/guidelines/scientific-impact-papers/sip_6.pdf