

Editorial

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It is only within the last few years that public interest in post-reproductive health finally appears to be gaining the traction it deserves. And, with an estimated 13 million women in the UK currently peri- or post-menopausal – one third of the entire female population – it is surprising it has taken them this long to raise their collective voice.

That being said, the damage done to this area of women's health, following the publication of the results of the Women's Health Initiative in 2002, continues to reverberate. A courageous minority – some in the public eye, some unknown – have spoken out, determined to let the world know that menopausal symptoms cause untold misery and wreak havoc on women's lives. This need not be the case, they say, help is at hand: 'You *can* reclaim your life and protect your future health'. They are right, of course. And yet, as professionals, we remain woefully off the mark. Post-reproductive health still does not garner the attention it requires in the medical school curriculum, nor in post-registration training. We continue to fail women.

Albeit long overdue, the advent of the 2015 NICE guidelines on menopause was hugely welcome. Raising the profile of post-reproductive health and placing menopause back on the medical map, the guidelines have given doctors some much-needed confidence and the knowledge to provide good quality, evidence-based care. As a result, they have already helped scores of women with previously relentless symptoms and improved their quality of life beyond measure. The tide is turning. And yet, we are still adrift.

Helpful as the awareness campaigns and guidelines are, they fail to acknowledge quite how complex a menopause presentation can be.

I am a GP and, when patients come to us in primary care, there is no filter. The vast majority of women struggling in peri-menopause present with myriad symptoms, often seemingly unrelated. In some cases, an astute physician will quickly detect the climacteric diagnosis; in countless others, unnecessary investigations will be made, and secondary referrals sought. Furthermore, chronic underlying health conditions add another layer of complexity. Indeed, not only must we be able to spot lesser-known menopausal

symptoms, we must also recognise those patients whose conditions may be complicated by hormonal change and provide education and manage accordingly.

We need to be aware that hormonal changes in the peri-menopause can impact on previously tight blood sugar control in diabetes. We need to differentiate symptoms of thyroid dysfunction from estrogen deficiency. We need to discuss how the menopause impacts compliance with therapy in women with bipolar disorder, and the psychological well-being of those living with human immunodeficiency virus. We need to understand how the decline in reproductive hormones affects lung function in patients with asthma and chronic obstructive pulmonary disease. And, with this, we are just scratching at the surface.

The editorial team at *Post Reproductive Health* felt a themed issue discussing the impact of menopause on chronic conditions, and vice versa, would be of great interest and relevance not only to GPs but also to those working in secondary care. Indeed, as the latter includes those to whom the most challenging cases will be referred, it is paramount that consultations in this arena are as inclusive and holistic as is possible.

Our initial enthusiasm was quickly muted upon realisation this is a research area sorely lacking. Anecdotal testimony abounds, but the data we need just isn't there (yet). Nevertheless, in this edition, we have accomplished an important first step, having brought together those currently leading the way in multidisciplinary post-reproductive health. These are valuable contributions, and a welcome read.

Once menses cease, the burden of ill-health increases for women. This is no coincidence. The prevalence of migraine, cardiovascular disease, osteoporosis and arthritis steps up, as quality of life subsequently diminishes. Post-reproductive health ultimately applies to every woman who reaches mid-life, and with an ever-expanding ageing population, it is time that we simultaneously widened our knowledge base.

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