

# Perimenopause and suicide

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[www.nhmenopausesociety.org](http://www.nhmenopausesociety.org)



@nhmenosociety



@NHMenoSociety



Newson Health Menopause Society

# Declarations

- No financial disclosures
- Director of Newson Health Menopause and Wellbeing Centre
- Director of Newson Health Research and Education (not-for-profit)
- Founder of Newson Health Menopause Society
- Director of Balance Ltd – free **balance** menopause app
- Founder of The Menopause Charity
- NHSE Advisor for their National Menopause Programme
- Member of the UK Government Menopause Taskforce

# Vic Smith - 49 year old lawyer



# Background

- 49 year old lawyer
- Fit and well
- No past medical or psychiatric history
- Three children
- Presented to her GP with symptoms of
  - Low mood
  - Insomnia
  - Heavy periods
- FSH level normal
- Told she was “too young to be perimenopausal”



# Treatment for Vic

- Venlafaxine / Sertraline / Citalopram
- No improvement so referred to psychiatrist
- Given mirtazapine – helped with causing some sedation
- Still not improving
- Other symptoms
  - Anhedonia
  - Night sweats
  - Difficulty concentrating
  - Reduced libido
- ECT – no response



# Letter from Vic to mental health team

“I believe that the perimenopause has played a significant (if not exclusive) role in my recent state of health and would be grateful to discuss any views you may have on this and the implications it may have for my future treatment”

# More treatments

- Lithium
  - Olanzapine
  - Sertraline
  - Mirtazepine
  - Diazepam
- 
- Sectioned several times
  - Diagnosed with “treatment resistant depression”
  - Felt she was a burden to all those around her



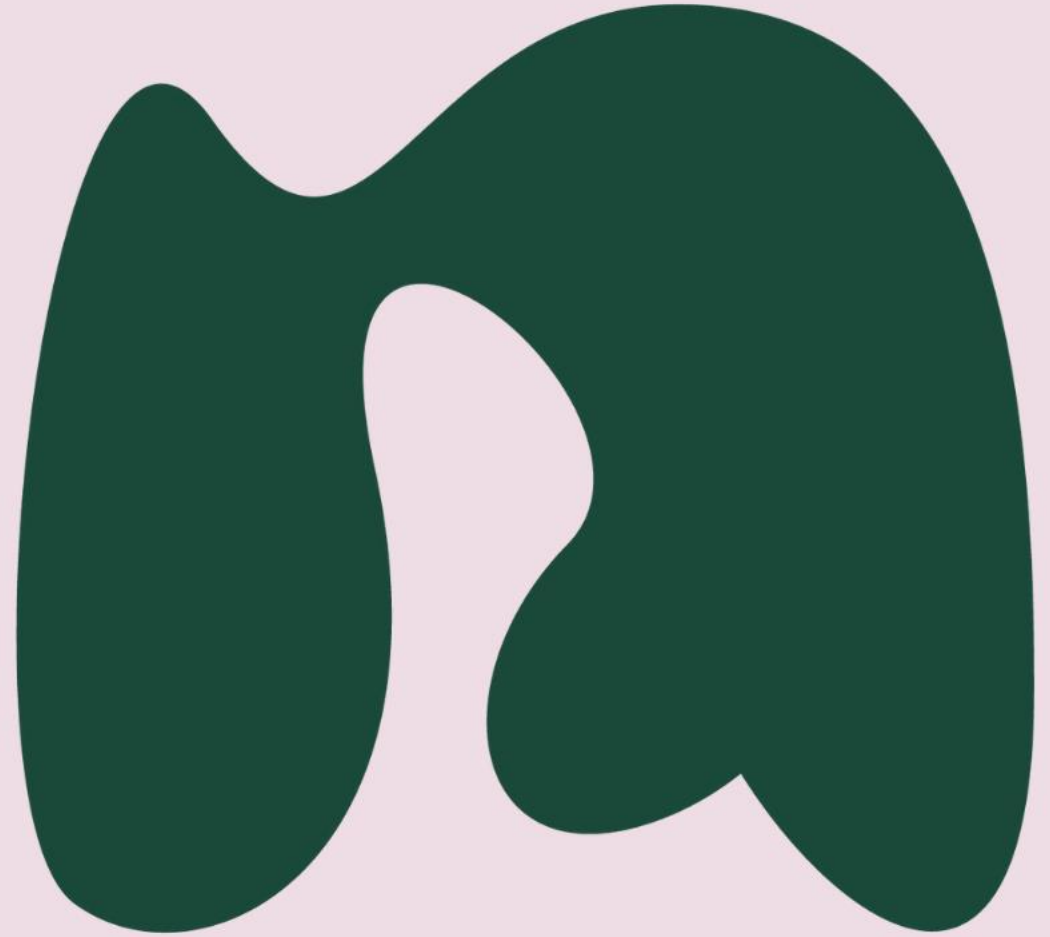
# Outcome

- Three suicide attempts in Autumn 2020
- Took her own life a few weeks after her 51<sup>st</sup> birthday
- Jumped off a multi-story carpark

# Vic – What is the diagnosis?

Perimenopause

+/- Clinical depression



So what should or could have been offered to Vicky?



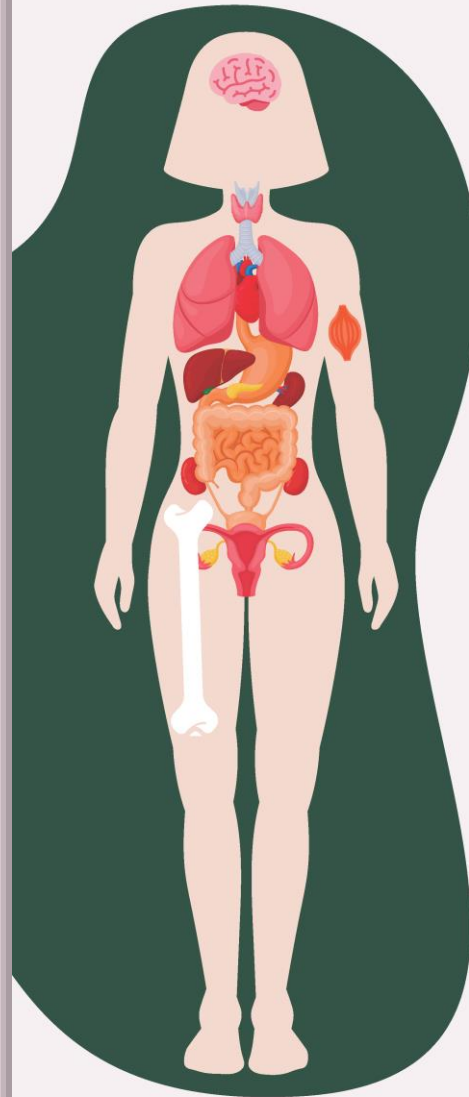
## Menopause: diagnosis and management

NICE guideline

Published: 12 November 2015

[nice.org.uk/guidance/ng23](https://www.nice.org.uk/guidance/ng23)

# The Influence of Estrogen



## **Brain**

- Improves mood
- Body temperature control
- Memory
- Libido

## **Heart**

- Heart rate
- Healthy lining of blood vessels
- Lower cholesterol

## **Liver**

- Cholesterol regulation

## **Bones**

- Bone strength

## **Skin**

- Collagen production
- Reduce moisture loss

## **Joints and muscles**

- Anti-inflammatory
- Muscle strength
- Flexibility
- Joint lubrication

## **Bowel**

- Maintains function
- Helps with gut microbiome

## **Nerves**

- Nerve transmission

## **Bladder**

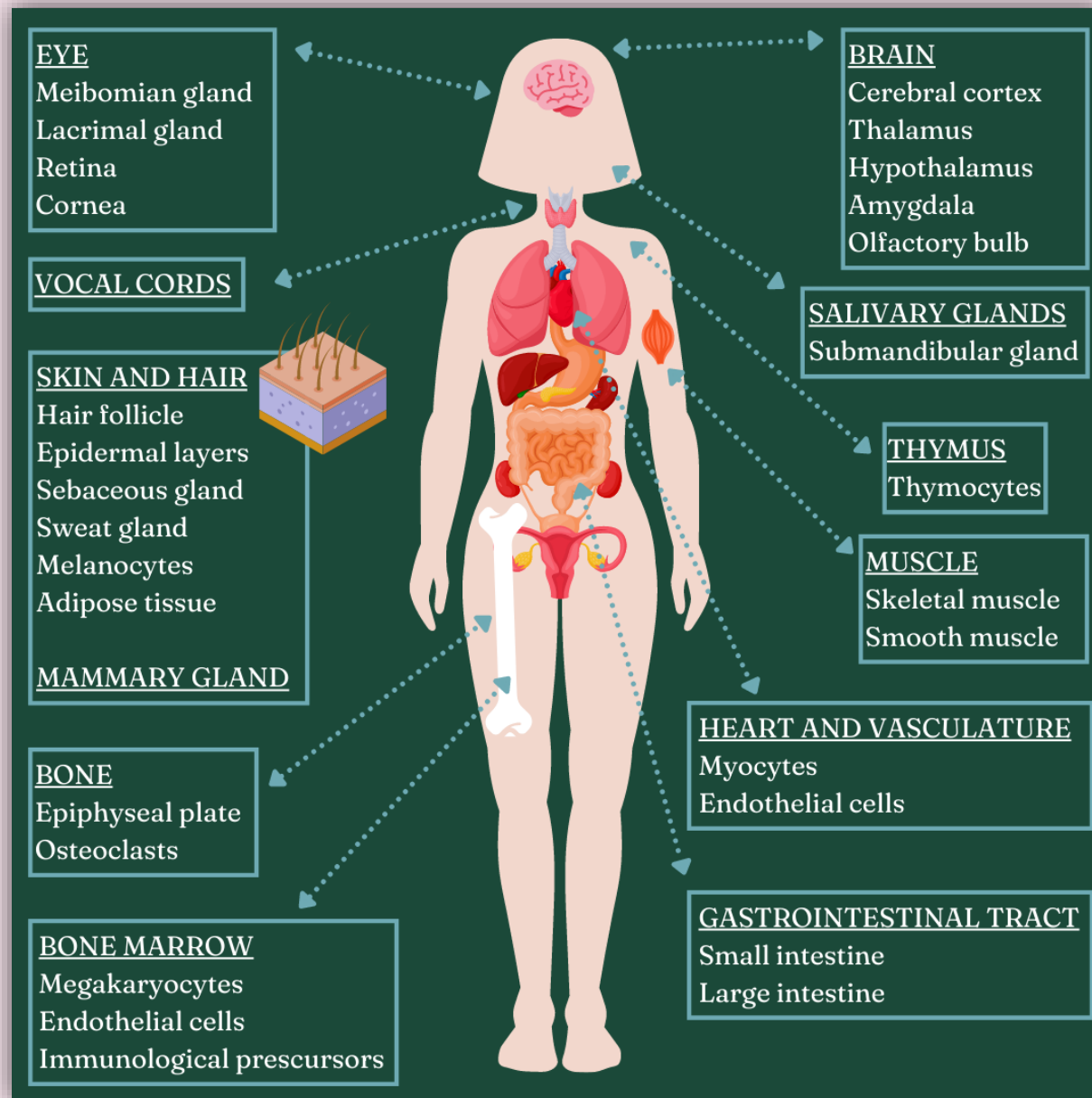
- Reduces risk of infection
- Improves bladder function

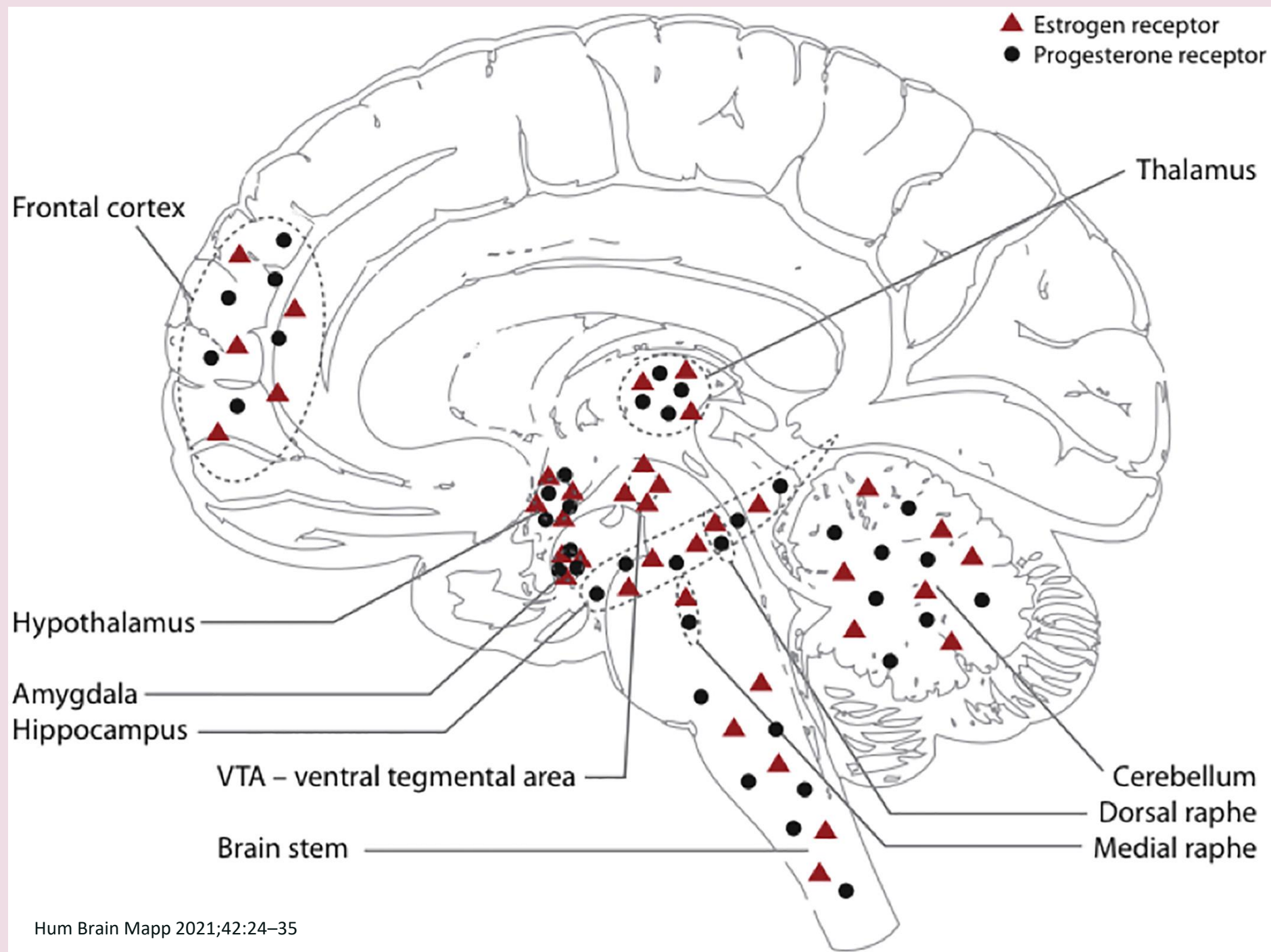
## **Vagina**

- Lubrication
- Maintains healthy microbiome



# Where does testosterone act?





# Oestradiol and female brain

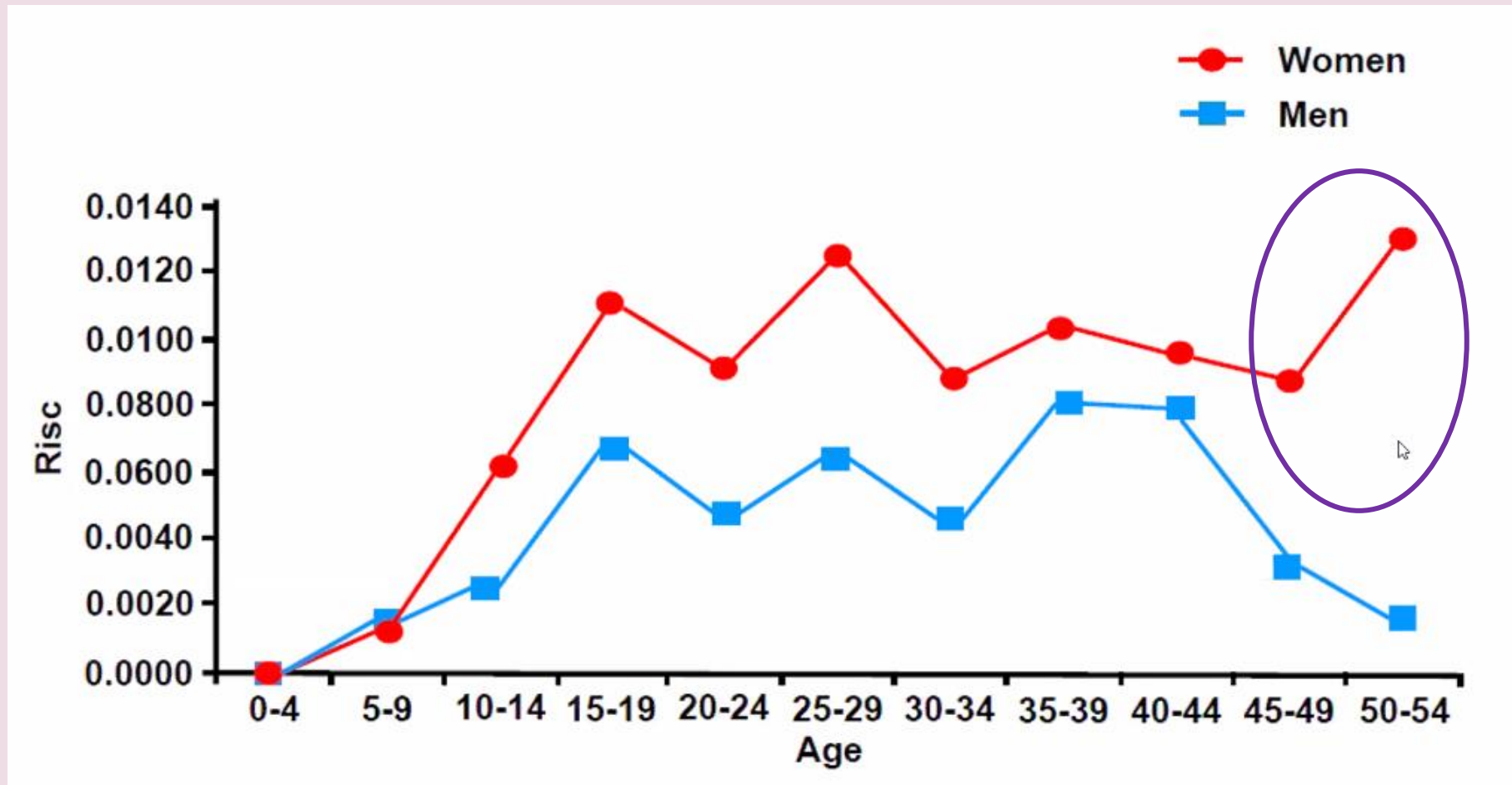
- *“Nature’s psychoprotectant”*
- 17 $\beta$ -oestradiol can modulate different neurotransmitter systems:
  - Serotonergic
  - Noradrenergic
  - Dopaminergic
  - Glutamatergic
  - Cholinergic
- Oestrogens can protect against psychosis

# Hormones and mental health

- Fluctuating and declining oestrogen levels occur
- Oestradiol modulates impacts of serotonin and norepinephrine – key neurotransmitters related to depression
- Oestradiol has neuromodulatory and neuroprotective effects in the hypothalamus, amygdala and the hippocampi
- Oestradiol acts as a serotonergic agonist and is implicated in multiple mood regulating mechanisms in different brain regions
- It increases serotonergic postsynaptic responsivity, increases the number of serotonergic receptors and enhances serotonergic transport and uptake



# Depression during life



# Reproductive Depression



Premenstrual  
Dysphoric Disorder

5%



Postnatal  
Depression

15%



Perimenopausal  
Depression

15%

# Perimenopausal depression

- 16-fold increase in depression in women aged 45-52
- **7-fold increase in suicide in women aged 40-50**
- Around 20% of women present to their GP with depressive symptoms
- Often milder sadness symptoms but with:
  - “increased anger, reduced sleep quality and increased fatigue (independent of sleep quality)”



# Psychological symptoms of the menopause

- “I do not like what this has made me”
- “Where have I gone?”
- “I feel black most of the time”
- “My zest for life has gone”
- “I have never felt this low before”
- “I feel like a dead person who is just existing”



# Typical features of perimenopausal depression

- Paranoid thinking
- Decrease in self-esteem and worth
- Social isolation
- Heightened anxiety
- Weight gain
- Poor sleep
- Fatigue independent of sleep quality
- Poor memory and reduced concentration
- Irritability and anger
- Low libido
- Physical symptoms – headaches, joint pains



# Clues to Vic's diagnosis

- Organised
- Huge amount of insight
- Visiting nurses commented that she did not present as a typically clinically depressed case
- Kept her appearance up
- No awareness by her friends
- Volunteered during pandemic
- Tried hard to be well and to help herself
- Went to two job interviews just before her death
- Husband stated:
  - “Here was a women desperately trying to find out what was happening to her and trying and find a way to get better”



# MENO-D Questionnaire

## MENO- D

### A rating scale to detect depression in menopause

Professor Jayashri KULKARNI  
Monash Alfred Psychiatry research centre  
Melbourne



Subject's name or code: .....

Date: .....

#### A – LOW ENERGY

- 0 No change in energy, feel active all day
- 1 More tired after activity than previously
- 2 Decreased activity because of tiredness
- 3 Feel tired most of the time despite resting, decreased activity
- 4 Continually feeling exhausted, even small tasks such as brushing hair feel draining. "Bone weary, mind weary"

#### B – PARANOID THINKING

- 0 No Paranoid thinking
- 1 Increasingly worried that others think badly of you
- 2 Suspicious that people at work or home think badly of you
- 3 Convinced that others have a low opinion of you and are trying to replace you

#### C – IRRITABILITY

- 0 No irritability
- 1 Mild irritability
- 2 Increased irritable response to minor incidents
- 3 Anger expressed by "snapping", verbal outbursts over minor incidents
- 4 Rage, major verbal outbursts over minor incidents

#### D – SELF ESTEEM

- 0 Good self esteem or no change in self-esteem
- 1 Slight decrease in self-esteem
- 2 Poor self-esteem with no reality base
- 3 Very poor self-esteem in all life domains, with marked self-denigratory comments
- 4 No self-worth at all to the point of believing that the world would be better off without you. (NB - this rating must then lead to further questions about suicide planning, actions and deliberate self harm)

#### E – ISOLATION

- 0 Socialize normally
- 1 Decreased socializing
- 2 Disinterested in socializing
- 3 Social and occupational withdrawal
- 4 Feeling isolated, "in a bubble" even when with others

#### F – ANXIETY

- 0 No new anxiety
- 1 Increased anxiety when performing in public
- 2 Highly anxious when doing new tasks
- 3 Heightened anxiety when doing routine and familiar tasks
- 4 Panic attacks, highly anxious when doing ordinary and familiar tasks

#### G – SOMATIC SYMPTOMS

- 0 No physical symptoms
- 1 Increased muscle aches, joint pains on exercise
- 2 Increased leg, back and joint pains with little exertion
- 3 Frequent headaches, muscle and joint pains limiting activity
- 4 Severe aches and pains requiring pain relief and preventing activity

#### H – SLEEP DISTURBANCE

- 0 No sleep problems
- 1 Sleep broken by brief waking once or twice per night, but easily return to sleep
- 2 Sleep broken by waking several times per night, but easily return to sleep
- 3 Waking up three or more times per night due to hot flashes and sweating, plus difficulty returning to sleep
- 4 Sleeping two or less hours per night consistently. Sweating, hot flashes, feeling hot then cold, interrupting sleep all night

#### I – WEIGHT

- 0 No change in weight
- 1 Mild weight gain (1-2kg)
- 2 Moderate weight gain despite no change in diet or exercise (3-6kg)
- 3 Continuing weight gain and abdominal fat deposition, despite dietary restriction and increasing exercise
- 4 Major weight gain (>6kg) with abdominal, breast, hip and thigh fat deposition

#### J – SEXUAL INTEREST

- 0 No change in libido
- 1 Mild decrease in libido
- 2 Diminished libido
- 3 Decreased libido and discomfort with sexual activity
- 4 Loss of interest in all sexual activity

#### K – MEMORY

- 0 No change in memory
- 1 Mild problems remembering names and numbers
- 2 Need to make lists to function at work or home
- 3 Impaired memory leading to dysfunction
- 4 Severe loss of memory leading to inability to function

#### L – CONCENTRATION

- 0 No change in concentration
- 1 Mild problems with concentrating on reading
- 2 Mild problem with concentration on reading and watching TV/films
- 3 Marked problems concentrating on reading and watching TV/films
- 4 Unable to focus on any tasks

#### SCORING

Points are indicated as the numerical value of each possible symptom area (A-L) – then the total is added.

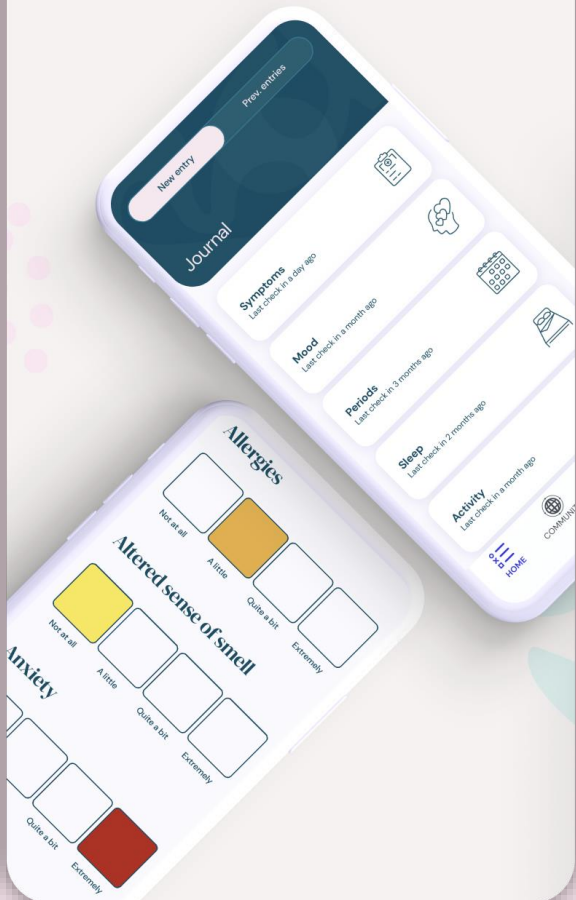
The minimum score is 0 and the maximum is 48 points. Between 20-24 points is considered to denote mild perimenopausal depression, needing onward monitoring.

Between 24-32 points suggests moderate perimenopausal depression needing treatment.

At 32 points and above, the woman is considered to have severe perimenopausal depression needing treatment.

# Free balance Menopause Support App

Keep an eye on  
your symptoms  
and health



Access medically  
approved content

written by  
Dr Louise Newson



they can have undesirable side effects. It'll also help if you avoid the triggers we've listed, wear lighter clothing and keep your surroundings as cool as you need them, wherever possible.

Save this article

Dr Louise Newson's  
experience:

“ Hot flushes are the most common symptom, affecting three in four women. Many women tell me they feel cold just before the flush, and some also sweat during it too. Along with treatment, there are some other things you can do to help beat your hot flushes...

Read Louise's top tips

More about who's behind balance



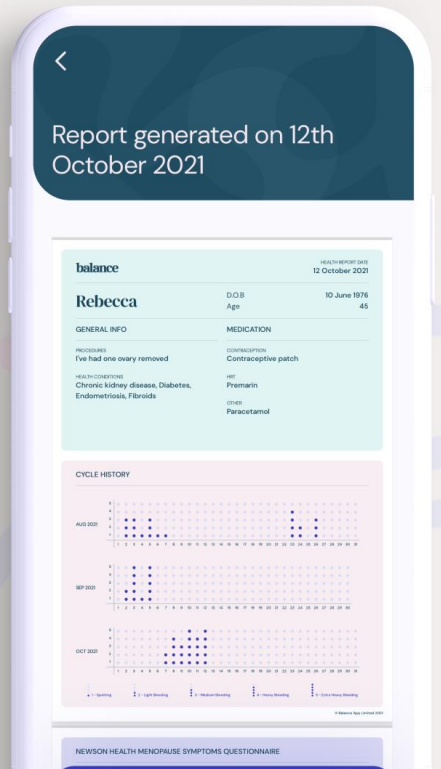
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to take to your health  
care professional



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care professional



# Risks to health with menopause

- Bone loss
- Osteoporosis
- Osteoarthritis
- Sarcopenia
- Rheumatoid arthritis
- Heart disease
- Type 2 diabetes
- Obesity
- Cognitive decline and early dementia
- **Clinical depression**
- **Schizophrenic psychosis**



# NHS workforce survey

1,264

respondents

from *across* the  
National Health  
Service

58%

suffered from  
severe symptoms

82%

Said their symptoms were  
both physical and  
psychological

38%

Have made changes  
to their working life

24%

Were unable to make  
changes to their current  
work arrangements

37%

Considered  
reducing their  
hours but were **not**  
able to financially  
afford to

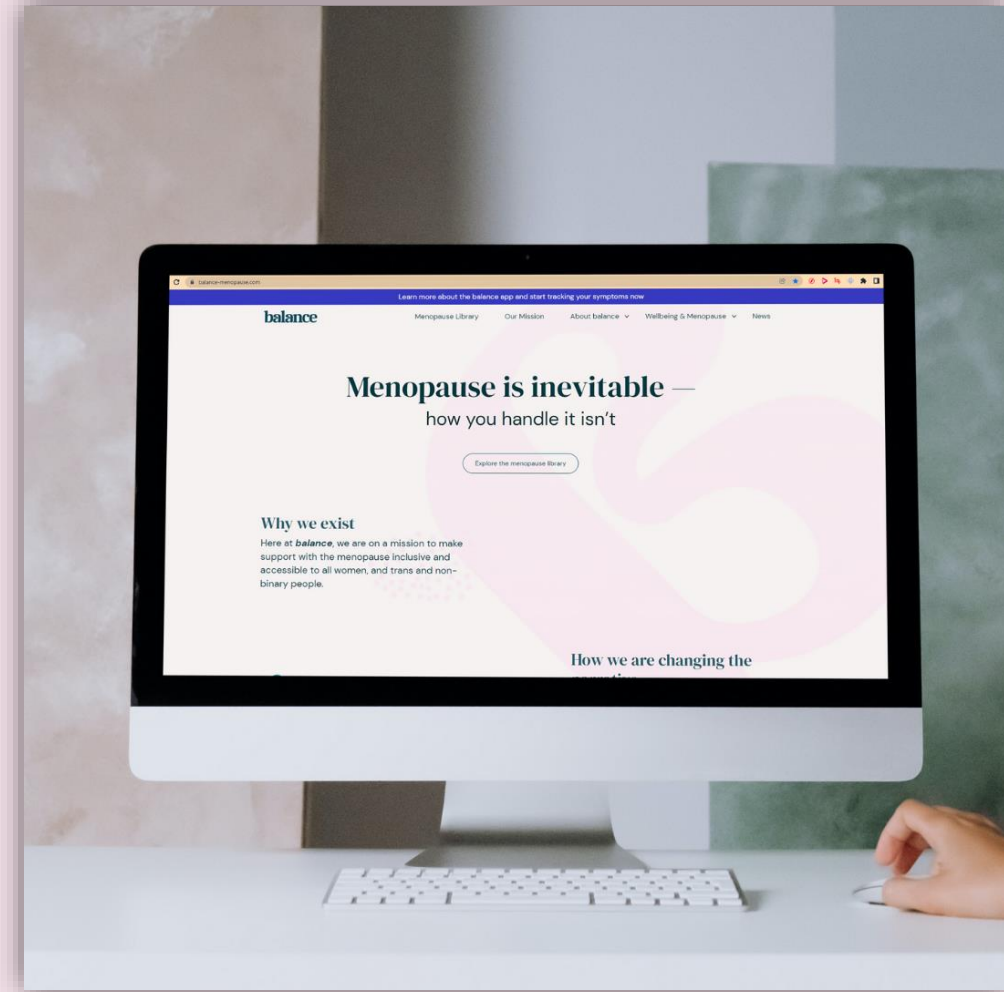
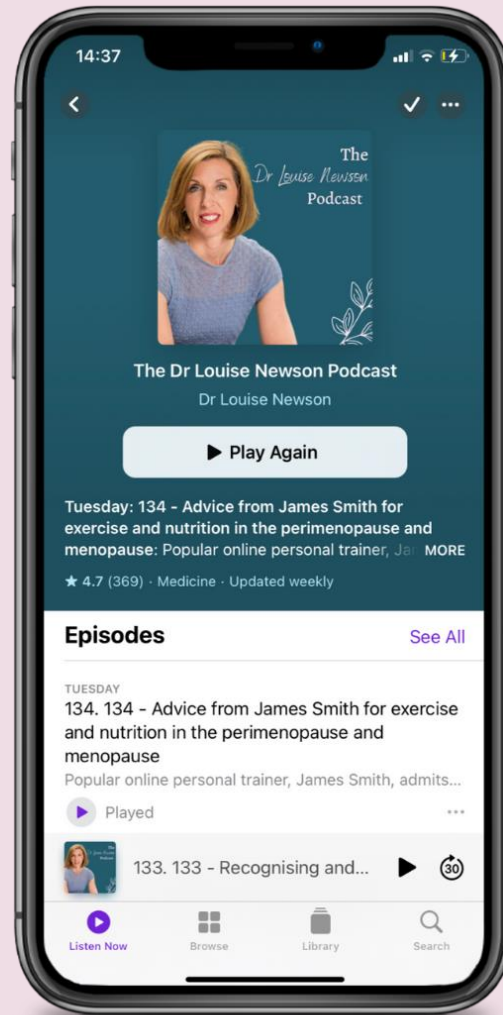
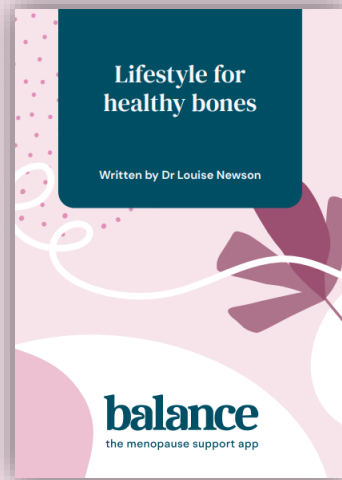
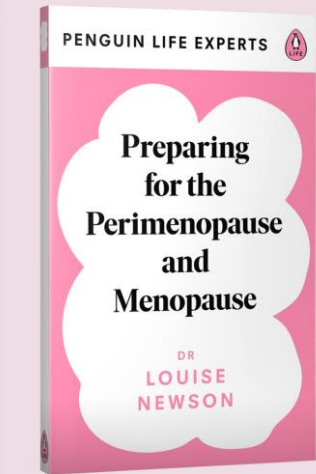
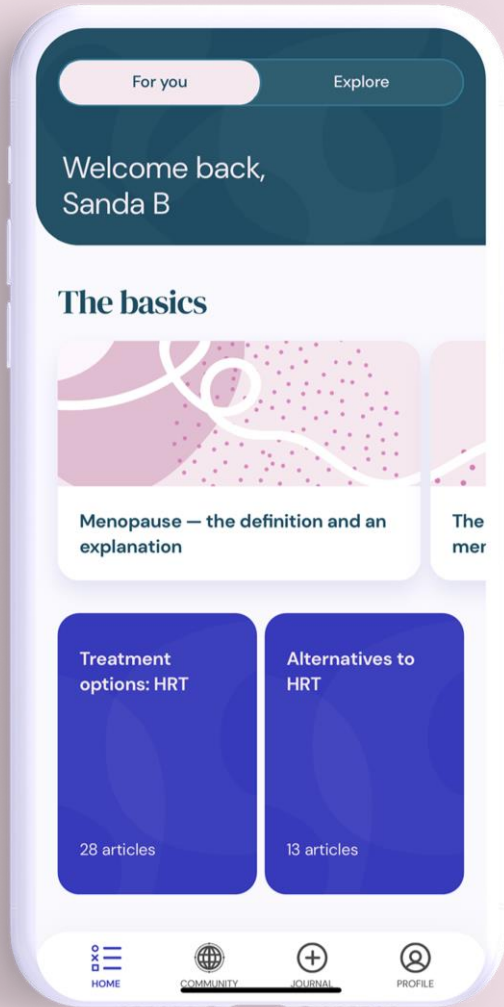
48%

Considered **giving up**  
their jobs

# Treatment for the perimenopause and menopause



# Evidence based information is key




# Menopause and Suicide in the Media

**HOLYROOD**

Mental Health Awareness Week 9-15 May 2022 #LiveDeenThere

by Mandy Rhodes  
10 May 2022  
@HolyroodMandy



Credit: Anna Moffat

**Tess White: 'Menopause was the trigger' of my sister's suicide**

**EXPRESS** 15°C

NEWS ROYAL CELEBRITY TV SPORT FINANCE


Life & Style > Health

**PROUD TO SUPPORT UKRAINIANS**  
FIND OUT HOW WE'RE HELPING

**Ex-model's mum took own life due to the menopause - and she nearly suffered same fate**

A FORMER model has told how her mother took her own life at 46 due to the menopause and how she narrowly avoided the same fate at exactly the same age.

By **ROBERT KELLAWAY**  
15:50, Fri, May 6, 2022 | UPDATED: 03:18, Sat, May 7, 2022



**INDEPENDENT**

Contribute Subscribe LOGIN

News > UK > Home News

**HRT shortage leaving menopausal women suicidal and causing relationship breakdowns, MP warns**

Carolyn Harris, MP who specialises in menopause, tells *The Independent* problem is fault of Conservative government

By **Maya Oppenheim** Women's Correspondent  
Friday 22 April 2022 18:29



womanandhome.com

Home > Health & Wellbeing

**Menopause and anxiety: Do your hormones impact your mental health?**

**Suicide fears over Britain's shortage of HRT medication**

By **Ciaran McGrath**

ALARMING rates of suicide by women of menopausal age have prompted further warnings from experts, amid the shortage of HRT drugs.

In 2020, Office for National Statistics data shows 498 women aged 45 to 64 took their own lives - a rate of 6.4 per 100,000 - which was significantly higher than in any other age group.

Only in three other years since 1989 have more suicides been recorded among women in this specific age bracket - 2019 (509), 2018 and 2015 (both 511).

Carolyn Harris, Labour MP for Swansea East, and Dr Louise Newson, chairwoman of Newson Health Menopause Society, protested after the Government said it will limit access to certain HRT products to even out supply.

Demand is greater than ever, with the Royal Pharmaceutical Society reporting prescriptions for HRT leapt from 238,000 in January 2017 to almost 538,000 in December 2021.

Ms Harris, chairwoman of the Menopause All-Party Parliamentary Group, said: "Often women are not getting the right treatment or they're unaware of what's wrong and they are prescribed sleeping tablets or antidepressants..."

"Until the medication is widely available to everybody to treat the menopause, women are vulnerable and at risk of really slipping into a deep depression to the point where some take their own lives, tragically."

She added: "With the shortages, many women are not going to get the product that they need to continue feeling normal - they are going to go back to where they were before they started on HRT."

Dr Newson said perimenopausal women - who are in the transitional period before the menopause - are seven times more likely to experience suicidal thoughts.

**Vulnerable**

She said: "Menopause symptoms can be debilitating, especially to mental health. "Women with any mental illness should be considered for HRT and I encourage women showing signs and symptoms of being perimenopausal or menopausal to see their health practitioner."

Dr Newson added: "A steady supply of oestrogen - and testosterone too - in the blood can often help improve feelings of low mood, anxiety and many other symptoms, not to mention protect you against diseases. "It is barbaric and scandalous that it is so hard for women to access testosterone on the NHS - 40 per cent of its workforce now are menopausal women."



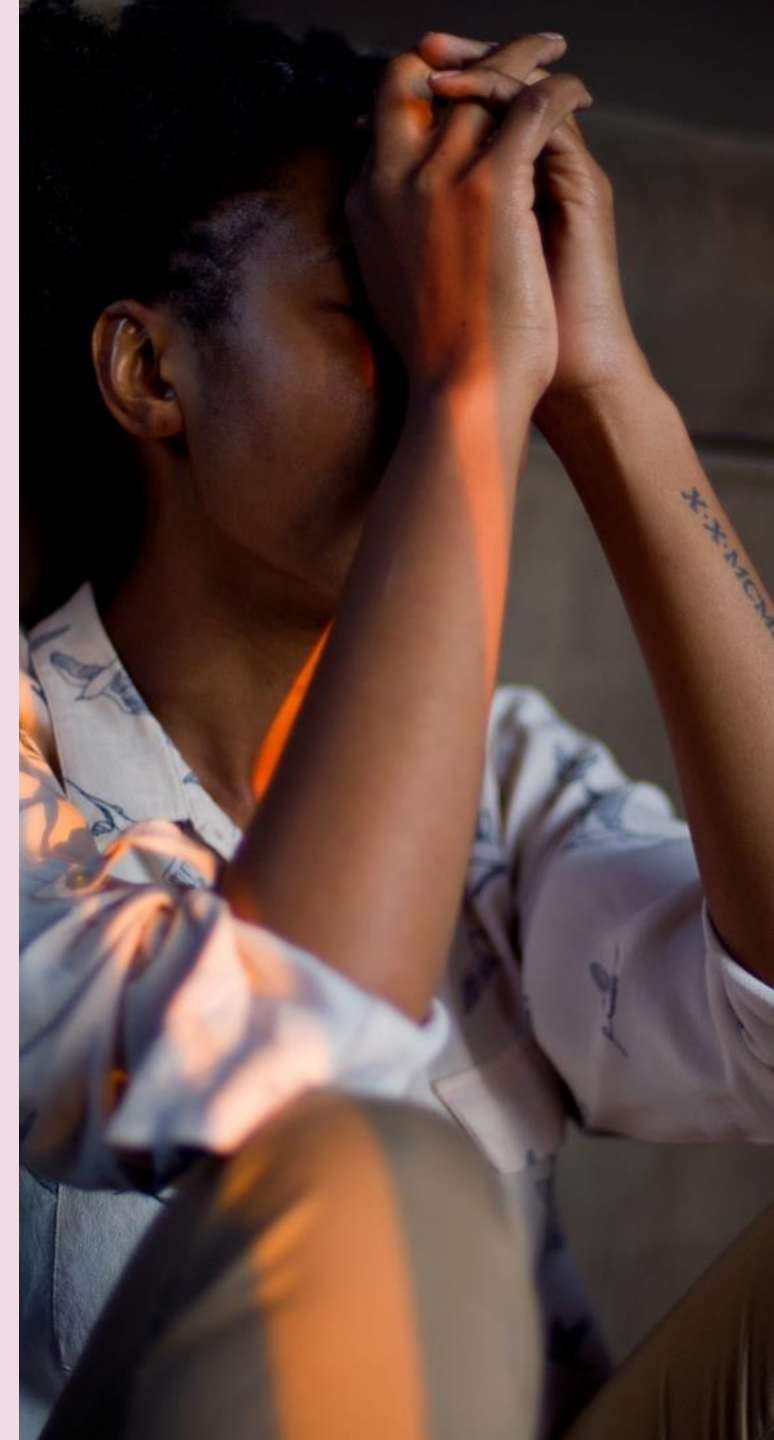
Anger...MP Carolyn Harris, left, and Dr Louise Newson

helpless and was misdiagnosed. What worry about now is that there are many women who haven't been...  
went unheeded in October. A lack of Oestrogen, the most popular HRT drug that is used by around 30,000 women, is driving the crisis.



# Antidepressants and menopause

- Antidepressants **do not improve the low mood associated with the perimenopause and menopause**
- SSRIs and SNRIs should **not** be offered as first line treatment for VMS alone



# HRT

- Not a “one size fits all”
- Numerous different preparations
- Oestrogen / Progesterone / Testosterone
- Pills / Patches / Gels / Spray

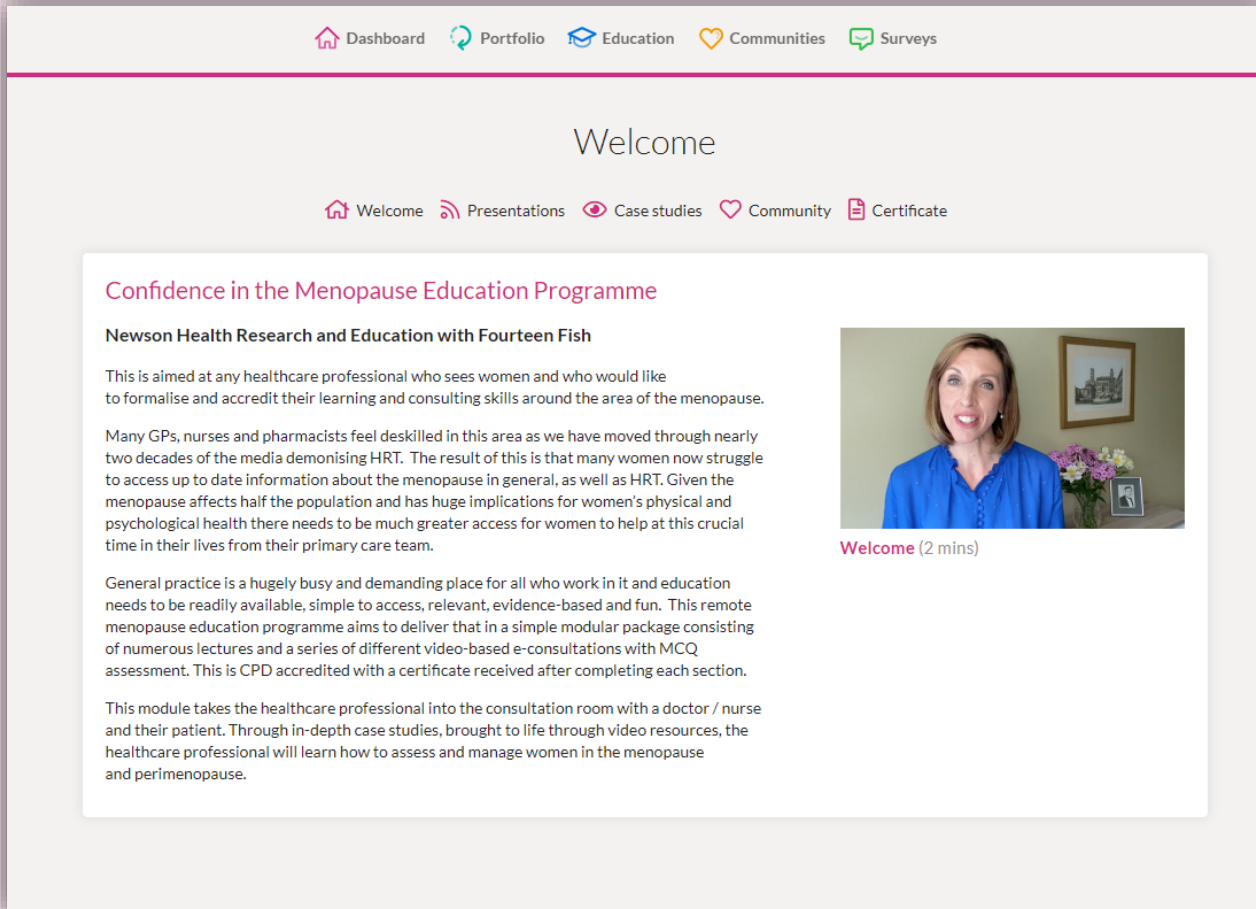


# Benefits of HRT

- Improves symptoms!
- For the majority of women, the benefits of taking HRT outweigh any risks
- Reduces risk of:
  - Osteoporosis
  - Diabetes
  - Heart disease
  - Osteoarthritis
  - Dementia
  - Depression
  - Death
  - Covid
- Only around 14% women take HRT



# Free Confidence in the Menopause Training Programme



Dashboard Portfolio Education Communities Surveys

## Welcome


Welcome Presentations Case studies Community Certificate

### Confidence in the Menopause Education Programme

**Newson Health Research and Education with Fourteen Fish**

This is aimed at any healthcare professional who sees women and who would like to formalise and accredit their learning and consulting skills around the area of the menopause.

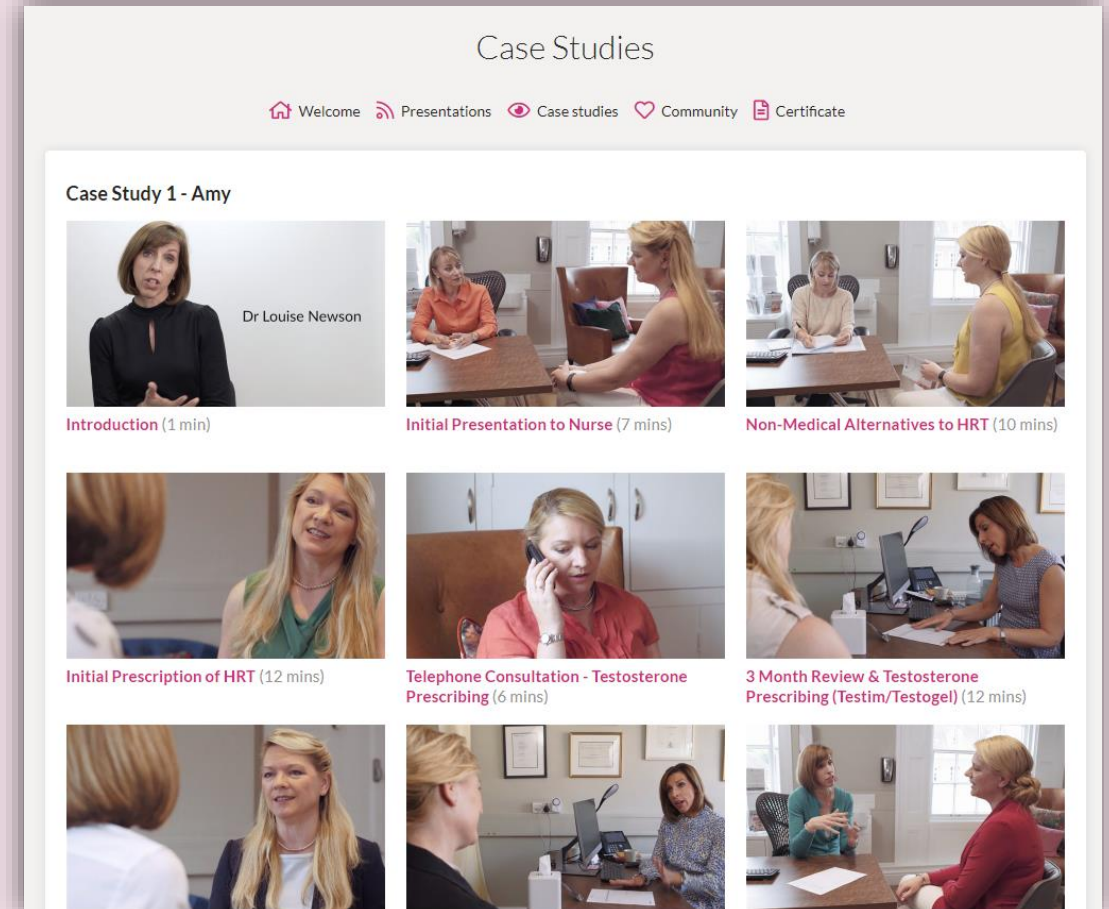
Many GPs, nurses and pharmacists feel deskilled in this area as we have moved through nearly two decades of the media demonising HRT. The result of this is that many women now struggle to access up to date information about the menopause in general, as well as HRT. Given the menopause affects half the population and has huge implications for women's physical and psychological health there needs to be much greater access for women to help at this crucial time in their lives from their primary care team.



**Welcome** (2 mins)

General practice is a hugely busy and demanding place for all who work in it and education needs to be readily available, simple to access, relevant, evidence-based and fun. This remote menopause education programme aims to deliver that in a simple modular package consisting of numerous lectures and a series of different video-based e-consultations with MCQ assessment. This is CPD accredited with a certificate received after completing each section.


This module takes the healthcare professional into the consultation room with a doctor / nurse and their patient. Through in-depth case studies, brought to life through video resources, the healthcare professional will learn how to assess and manage women in the menopause and perimenopause.




## Case Studies

Welcome Presentations Case studies Community Certificate


### Case Study 1 - Amy




**Introduction** (1 min)




**Initial Presentation to Nurse** (7 mins)




**Non-Medical Alternatives to HRT** (10 mins)




**Initial Prescription of HRT** (12 mins)



**Telephone Consultation - Testosterone Prescribing** (6 mins)



**3 Month Review & Testosterone Prescribing (Testim/Testogel)** (12 mins)



**3 Month Review & Testosterone Prescribing (Testim/Testogel)** (12 mins)



[www.fourteenfish.com/menopause/welcome](http://www.fourteenfish.com/menopause/welcome)

# “Take Home” Messages

- Diagnosis of menopause is clinical
- Symptoms can be very debilitating
- HRT is safe
- There are different types and doses of HRT
- Women need individualised treatments for their menopause

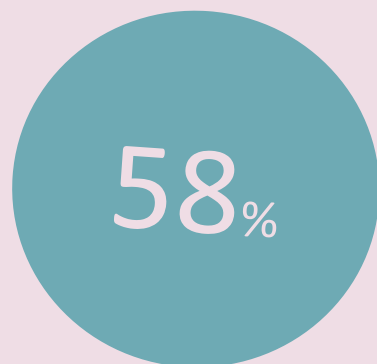


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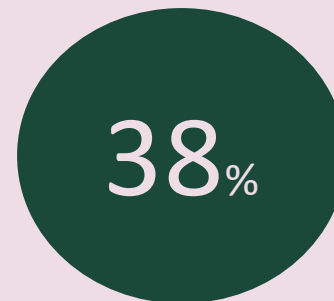
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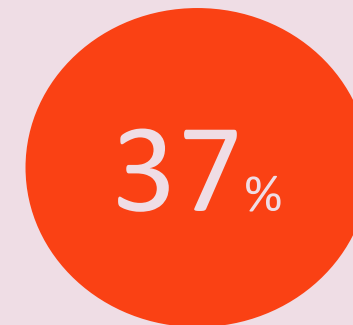
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Considered  
reducing their  
hours but were **not**  
able to financially  
afford to

48%

Considered **giving up**  
their jobs



*"I am not sure I will ever get over her loss.*

*Our plans were to spend the rest of our lives together bringing up our children and enjoying our retirement.*

*The only positive I could take from this is if Vic's loss will assist in highlighting these issues and help other women and families in the future."*

# Thank you!



**NEWSON  
HEALTH  
MENOPAUSE  
SOCIETY**

Changing women's health, **for good.**

[www.nhmenopausesociety.org](http://www.nhmenopausesociety.org)