Speaker 1: A diagnosis of breast cancer can cause a life-changing ripple effect of impact affecting those we love the most and those upon whom we lean for comfort and strength in the most challenging of times. My name is Ashton Hurley. I'm the CEO of Breast Cancer Ireland, and you're listening to More Than a Lump, a podcast that talks openly and honestly to a selection of guests about their very personal connections to breast cancer, be it through their career choice, their own firsthand experience of the disease, or through sharing the experience of close family members. My conversations will center on how breast cancer has informed their perspective on life, love, family health, their goals and indeed aspirations.

Speaker 1: Although each story is utterly unique, the one common thread that runs through each one is that breast cancer is more than a lump. This episode of More Than a Lump is proudly supported by CarePlus Pharmacy. CarePlus is Ireland's leading community pharmacy brand offering expert advice and services for a healthier and happier you. You can find your nearest care plus on Care plus dot e or follow them on social media for daily health and wellness tips. The menopause is an issue that affects women at some point in their lives. For many in our community, the treatment for breast cancer can plunge them into an early menopause. For others, the menopause can mask the signs of breast cancer. In today's episode, I'm join joined by Dr. Genevieve Ferraris, a menopause specialist who works at the Menopause Hub, a recognized center of of excellence for all things menopause, educating, empathizing with, and empowering women to navigate through this time of their lives.

Speaker 1: Dr. Farraris is accredited by the North American Menopause Society, a member of the British Menopause Society, and she's also seen thousands of menopausal patients. She's also a passionate advocate for menopause education and awareness in the workplace, helping organizations better support women going through this transition. In this episode, we'll be discussing a range of topics related to menopause, including how women can be forced into an early menopause and what that means for them. We'd also talk about how menopause can sometimes make it harder for women to spot the signs of breast cancer and the latest research on H R T and breast cancer risk. I'll be sharing stories of women I've met who have experienced early menopause and how it has indeed impacted their lives. So let's dive right into this. Uh, Dr. Farra, you're very welcome and thank you for joining me today.

Speaker 2: Thank you, Ling. Thanks for having me.

Speaker 1: First off, I know our listeners would be very keen based on your, on your um, accent as to learn a little bit more about where you're from and how you came into this world of, of menopause, uh, ex experience.

Speaker 2: Of course. So I trained in South Africa. Um, I did my undergrad studies there, uh, training as well. And then I worked in emergency departments for a couple of years and then I worked as a GP and I loved the GP work. I loved being able to connect with patients form relationships and I found a particular kind of, I was particularly drawn to women's health and then during the pandemic it was a good time to reevaluate what I wanted to do with my life, what I wanted, you know, where we wanted to go. And my husband and I decided that we'd like to travel a bit more, live in a different part of the world. And then the opportunity to move to Ireland came up and particularly the opportunity to work at the menopause hub. Mm-hmm. <affirmative>. So prior to that, prior to working here, I hadn't actually had that much menopause specific experience, so I thought it would be a great opportunity for me to learn more about it. Mm-hmm. <affirmative> and I love it. It's incredibly rewarding. You get to see a whole mix of patients, hear a lot of different women's stories and you really get to feel that you're making a big difference in improving their symptoms. Mm-hmm.

Speaker 1: <affirmative>, fantastic. I suppose the basic question, what exactly is the menopause and how does it affect women's bodies and their overall health?

Speaker 2: So the definition of menopause is the cessation of periods for 12 months or more. So you stop ovulating, you stop having periods with that. There's a decline in estrogen and with the change in estrogen you get symptoms. Mm-hmm. <affirmative> prior to the loss of your periods, women would go through perimenopause, which typically happens at about age 45. So that's when ovulation starts to become erratic. We see changes in periods, uh, they might start to become shorter or longer heavier. And again, women start to experience symptoms around their time and we would expect periods to then stop at around 51. Okay. Um, in terms of how it affects women's bodies can be a wide range of symptoms. So what we think of as menopause as being no periods and hot flashes, it's actually a lot more complex than that. Mm. So what I often see in the initial stages is periods start to change, women start to experience some kind of mood symptoms, so irritability or low mood, anxiety, things like that, and changes in sleep. Mm-hmm. <affirmative>. So those are common things that I see initially and then it, you know, can progress because as it's a transition through from pain menopause to menopause, there are ongoing hormonal changes and so ongoing symptoms.

Speaker 1: Yeah. Yeah. And I suppose women can be forced into an early menopause and it's important to understand the potential causes and risk factors. Can you shed any light on this?

Speaker 2: So early menopause can be, uh, a variety can be caused by a variety of things. So it could be due to surgery. So if a woman had a surgical, uh, hysterectomy with an oophorectomy, she may be going into a surgical menopause, she may go into a chemical menopause, which we drug induced through various medications, um, including some breast cancer treatments. Mm-hmm. <affirmative> through things like radiotherapy and chemotherapy as well, their periods messed up. And then uh, they may also have kind of, uh, autoimmune disorders or genetic things that could put them into an early menopause as well. Okay. What's important in younger patients? So women who go into menopause below the age of 45, they have a higher risk of osteoporosis and cardiovascular disease as they get older. So we really have to consider the impact that estrogen will have on those women's longevity as they get older. Mm-hmm.

Speaker 1: <affirmative>. Mm-hmm. <affirmative>. And talk to me about H R T because I suppose lots and lots of women, uh, H R T really is the answer. It's the lifesaver for, you know, when estrogen levels go much lower, is to replace that est the hormone and try and keep you on that even keel. And yet I know, and you know that, you know, medically there is no real risk in taking H R T and breast cancer. That correlation is not medically proven. Can you talk a little bit about that?

Speaker 2: Hmm, of course. So H R T is hormone replacement therapy, as you said. And so with the change in estrogen by replacing the estrogen, we are managing the symptoms. Mm-hmm. <affirmative>, for a lot of women they hear H R T and they think, oh, but weren't that cause breast cancer? Mm-hmm. <affirmative>. So even though the initial study which showed the link has subsequently been disproven and there've been a huge number of conversations around it for other women, they still have that concern in the back of their minds. Mm-hmm. <affirmative>, for many women, the benefits of H R T would far outweigh the very small increased risk of breast cancer with use mm-hmm. <affirmative>. So at the moment, if we look at data for women in the UK between the ages of 50 and 59, they have a baseline risk of developing breast cancer as 23 per thousand. And if we add breast cancer at risk increases to 27 per thousand. Mm-hmm. <affirmative>, there's a four per thousand increased risk, which is okay. A very, very small increased risk mm-hmm. <affirmative> and for many women, the benefits that they get from HRT in terms of symptom relief and burn protection long term would outweigh that very small risk.

Speaker 1: Oh wow. Okay. That's very interesting. So even, uh, so from an osteoporosis point of view, you know, taking the HR T helps the bones or maintains the bones as well as uh, maintaining the hormones within the body Absolutely. Keeping you, keeping you on an even keel. Yeah. Um, and then I suppose we look at like, and I suppose from my perspective with breast cancer, Ireland and our breast cancer patients, you know, some of those who have been diagnosed quite young and they would be in their twenties and early thirties with a particular subtype, which is like triple negative breast cancer for instance, where the treatment is the age old of, you know, surgery, chemotherapy and radiation therapy. Unfortunately at this point now we are investing hugely from our perspective in that whole area to try and come up with more effective drug therapies to treat them as opposed to chemo because chemo is that unfortunate toxin that, you know, does damage fertility, it does damage the organs. Um, while it does kill the the cancer, it does dag damage the good organs. Um, so I suppose for them that is a really hard, uh, path to travel. Not only have they got a diagnosis of breast cancer, they also have to to deal with fertility and go and freeze eggs and go on some course to, to maintain their, their their egg fertility post-treatment. Mm-hmm. <affirmative>, but they're also plunged into menopause.

Speaker 2: Yeah, exactly. So they're dealing with three things at once in terms of cancer, loss of fertility and menopause symptoms. Yeah. And it's a lot for anyone to deal with, but I think especially as a younger patient mm-hmm.

Speaker 1: <affirmative>. And in your experience, when you have younger patients like that, what is your advice? Like is your advice, you know, you know, yes. Go down your treatment route obviously that you've been prescribed by your team, um, potentially look at uh, whatever fertility after that, do you advise on H R T or other treatments to help them get through that, that early menopausal stage and indeed can they reverse it?

Speaker 2: So it depends. Um, if the, if the medication that they're taking is inducing menopausal symptoms, then theoretically the cessation of that medication will reverse the symptoms. Yeah. Um, because something like tamoxifen can give you menopausal symptoms. Okay. Um, however, if your symptoms are as a result of reduced ovarian function because of something like chemotherapy, it's unlikely that you would regain that function. Yeah. Um, and so that's, that's actually a really complex patient because she's young and we know she needs estrogen for her bone health, but if we give her estrogen in the setting of breast cancer, it could make that issue worse. Ab

Speaker 1: Absolutely. Yeah. Yeah. Yeah.

Speaker 2: So typically those patients would need to complete their breast cancer therapy, get the all clear from that perspective, and then we need to have a discussion with their breast surgeon and the oncologist and find out how do we manage this patient going forward so that we are not increasing her breast cancer recurrence but we are also not putting her in excess risk of things like osteoporosis and cardiovascular disease. Yeah,

Speaker 1: Absolutely. Absolutely. And I suppose, um, like most things the H R T treatment has advanced over the years, you know, I'm sure like 30 years ago I remember my mom went on RT and she soon came back off it, um, because it didn't agree, but I'm sure that things have moved on. We've made huge advances in so many other ways that I'm sure H R T has become much more tolerable.

Speaker 2: Yeah, absolutely. So 20 years ago the treatment that was offered to most women was conjugated equine estrogen. So that comes from horses and for a lot of women that would not be an option at this point. Okay. So the way that estrogen is delivered now for most women is what we call bioidentical H R T. So that means that it's um, a molecule which is derived from plants, it has a chemical structure which is very similar, in fact almost identical to our own natural hormones. So it's better tolerated, it has a better side effect profile and seems to have a better long-term safety risk as well. Okay. Safety profile.

Speaker 1: Very interesting. Very interesting. And Genevieve, tell me how long should people, should women stay on H R T I? I remember having a conversation oh, about five, seven years ago. Um, and hearing, you know, well five years is probably enough, whereas now I'm not sure, maybe people can stay on it a lot longer.

Speaker 2: Yeah, exactly. So again, it depends on the patient. So five years might be enough for her. She might be through her menopause by after five years, no longer have symptoms and so there's no longer need for her to take H R T. But for some women, unfortunately they remain symptomatic for many years beyond the, what's considered the five to seven year average of menopausal symptoms. So because the main aim of H R T is to improve the symptoms, if we stopping it and a patient becomes symptomatic again, we are not really treating her problem. Ah-huh. <affirmative>. So a woman should be on it for as long as she needs to be on

Speaker 1: It. Okay. And I suppose how does the woman know when she's had enough taken or when she should continue to take it?

Speaker 2: So we don't really know. Um, we go on the average of okay, it's been five to seven years of being on H R T. Theoretically you should be through your menopause. Why don't we wean you off a little bit and see how you feel and say we reduce the dose of her estrogen and symptoms come back, we know she's definitely not ready to come off. Okay. Whereas maybe we ween, she's not getting hot flashes. Okay, let's stop it, let's see how you feel. And if she feels great and sometimes don't come back, she can then stay off it.

Speaker 1: Mm-hmm. <affirmative>. And then I suppose if you have cases of where have heard of women who have been perimenopausal in their late thirties and then the cycle generally is into your sixties or 65, you, would they stay on H R T all of that length of time or is it just that it is and it's titrated accordingly or how does that work?

Speaker 2: Yeah, so she could then stay on it from her mid to late thirties until her mid to date sixties if that's what she needed. Okay. Um, obviously she would need to be fol checking in regularly with her prescriber. Mm-hmm. Um, seeing how she feels on her current regime because what we start her on in her thirties will probably not be the same as what she's on through her forties, fifties, and sixties. Yes. So it changes based on how she's feeling, what her symptoms are, if she's getting any side effects, if there are any new health issues that arise during that time. Mm-hmm. <affirmative> and we adjust as we need to.

Speaker 1: Okay. Okay. Very interesting. And Genevieve, I suppose for lots of women out there, what, I mean, we know the, the signs of hot flushes, irritability, you know, I suppose nine times out of 10 when you're jury period anyway, you're gonna be irritable. But what are the kind of triggers that women should be aware of that would make them sort of think, oh, you know, maybe I am actually perimenopausal or maybe I am going through the menopause, maybe I should go and talk to somebody.

Speaker 2: So we know that there are over 40 symptoms of menopause. Oh. So it's quite broad. Um, women often say to me that they notice a change in themselves so they, they feel not like themselves anymore. So whether that's physical symptoms, like they're more achy or they've got headaches or they've got the hot flashes or vaginal dryness, bladder issues or whether it's psychological like really irritable and get angry at the kids or they don't want to go out and see their friends anymore or they feel flat for no reason and they cry for no reason if, if they can't figure out if probably if they're from their early forties they're having symptoms, they're not feeling like themselves and they can't figure out why it can be helpful to go through a menopause symptom checker. We have one on our website, which can be a great way for you to see, oh actually I'm ticking a lot of these boxes of the 40 symptoms or only one or two. Maybe this is not something I need to be concerned about. And then go with a symptom checker to your healthcare provider, whether that's your GP or you seeing a menopause doctor and say, this is what I'm feeling, what can we do about it? Mm-hmm.

Speaker 1: <affirmative>. And when they do come to you, is it more again a checklist or is there a blood test or how do you pinpoint or is there, is there a mechanic to pinpoint where they are on that scale?

Speaker 2: So in women who are still menstruating, it can be really difficult to know are they in perimenopausal, not because their cycle changes so frequently they may have come in, be very symptomatic and have completely normal blood tests depending on where they're in their cycle or perhaps a month before they missed an ovulation and we've got a slightly abnormal blood result. Okay. So for women between the ages of 45 and 50, if they are symptomatic, we shouldn't be using blood tests to diagnose it because blood tests are generally inaccurate.

Speaker 1: Okay.

Speaker 2: For women who are menopausal. So periods have stopped, we can do a blood test to confirm that, where we use a marker called an fsh. So FSH is follicle stimulating hormone, it's released from the brain and it sends a signal from the brain to the ovary to release a follicle and ovulate. When our follicle numbers are reducing, the brain sends more signals to the ovaries to say, Hey, why aren't you releasing an egg? What's going on? The levels rise. And so that's what we can see in the bloods. Oh, okay. So for for example, a younger patient to say a woman who's in her early forties in her periods have stopped an FSH is a really useful marker to see is she in early menopause or not. Okay. But a woman who's still having regular periods will probably have a normal fsh. Mm-hmm

Speaker 1: <affirmative>, very interesting. Another question I would have is what could women do to help them through that whole quagmire of menopause? You know, some may want go the medical route, um, and others may not. And what I suppose is helpful to, to helpful for them to see their way through.

Speaker 2: So when looking at the management of menopausal symptoms, we should be looking first and foremost at what the patient can do for herself. So in terms of lifestyle, what are the things that she can do so she can kind of take the situation into control? And so exercise is really important. Um, we know that exercise is grateful mood, it's important for cardiovascular health, it has bone benefits. Um, so regular weight-bearing exercise is really important for women. Making sure that she's getting enough sleeps, a good sleep hygiene, um, keeping your phone out the room, going to bed at the same time every night, not having coffee too late in the day. All of those things are important. Mm-hmm. <affirmative> from a diet perspective, it is a time when women notice a change in their weight and they tend to start gaining weight around their middle and it's more difficult to lose the weight.

Speaker 2: So it seems that a Mediterranean type diet is very beneficial for women in per menopause. Menopause, sadly Mediterranean is not pasta and wine. Yes. <laugh> fruit and veggies and whole grains and lean proteins and things like that. And then meditation and mindfulness can be incredibly important as well. And we've got really good evidence for things like cognitive behavioral therapy for reducing hot flashes. So we know that there's a mind aspect to this. I think it's important for women to be aware that there are things that they can do within their control, but those things may not be enough. Yes. So if they're doing all those things and are feeling right, they should have a chat to their GP to see if there's something else that they could be looking at. Mm-hmm.

Speaker 1: <affirmative>. Yeah. That's very fair. That's very interesting though. You know, they can do certain amount themselves but if they feel that that, that they're not getting a hundred percent, they really do need to talk to their to their gp. Yeah. And have that conversation. Definitely.

Speaker 2: A lot of women ask me about supplements as well. What should I be taking? What's helpful? Um, the, there are a couple of supplements which have been shown to help with the menopausal symptoms, especially SAGE is good for heart flashes and night sweats. It seems to have, um, it doesn't have a long lasting effect, so it seems to be quite effective initially and then that effect wears off. Okay. Uh, vitamin D is important because sadly we don't get a lot of sunshine in winter <laugh>. Um, and we need vitamin D for our bones. Omega three s can be helpful as well, but there's no magic supplement which will kind of cure all the symptoms. Mm-hmm. <affirmative>, it's more to support your health through this next phase of your life. Mm-hmm.

Speaker 1: <affirmative>. Mm-hmm. <affirmative>. Great. So Genevieve, that has been really, really informative. I think it's been really informative both from a breast cancer community point of view, but also from a just general women's health. And I think, you know, years ago and even not even years ago, but there has been a kind of a stigma about menopause. You know, we don't talk about the hot flushes, we don't talk about all the other signs and symptoms. As you said, there's 40, but we just women in general just trundle on and get on with it because we've all busy lives and you know, we don't want to be the nag or be the one that is not only have you gone through life with periods every couple of weeks and been an absolute, you know, rip, but now you are also going into this other stage of life. It just seems never ending. However, there really is light there, um, light at the end of the tunnel whereby women just need to talk about it and support each other. And you know, to have places like the Menopause hub is a great resource for people to just check in and say, listen, I don't feel a hundred percent, I do get a bit hot. I irritable, you know, what should I do and what can I do? And life can become so much easier once you talk.

Speaker 2: Yeah, exactly. I think you've summed it up really nicely. Every woman will go through menopause, but not every woman has to suffer because of her menopause. Mm-hmm. <affirmative>. And the more that we start talking about it to our friends, to our sisters, to partners making it, you know, it's a normal part of our biology, so let's make it a normal part of our conversation. I think so. And I think, you know, if you're talking to your friends and you say, oh, I'm not feeling great, they might help to guide you to say, I think you need to talk to someone. Yeah. And just to have that support and awareness mm-hmm. <affirmative> can make such a big difference in your journey. Mm-hmm. <affirmative>, and

Speaker 1: I know you are very keen on women and the workplace and workplace, you know, understanding and standing shoulder to shoulder with women especially of this age who are, you know, in careers who really want to get along, but who, you know, we have to be understanding that you might have a bit of an off day or you might be very short with somebody, you know, when it's not expected. And that there just has to be that sense of, well this is life and this is normal for women. You know, there is no sticker or stigma. It is just what women have to go through. Yeah,

Speaker 2: Exactly. And interestingly, um, studies have shown that 50% of women consider leaving their work because of their menopausal symptoms. So just the awareness at work of, okay, how can we support our employees who are going through this so that they can retain women who obviously have years of experience, they're probably in really good positions and they start questioning their ability to do their job because of their symptoms. Mm-hmm. <affirmative>. And so if we can just support them through that, we can keep those women in those positions. Mm-hmm.

Speaker 1: <affirmative>, that's very, that's very interesting. I think there will be more and more, and I hope there will be more and more companies as part of their CSR strategies, not only looking after, you know, good mental health and good breast health and good all the other, you know, nu nutritional health, but also menopausal health. As you say, if, if you've invested this much in staff and you want to engage with your staff and keep them engaged longer term, then this is a nice way to do it. Definitely. So Genevieve, thank you so much for joining us today. I think you've given a lot of information and a lot of food for thought for lots of people across the spectrum in relation to menopause. So thank you very much for joining us on more Than a Lump.

Speaker 2: No problem. Thanks for having me. Alene.

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