

# Common misdiagnoses

You might be familiar with the more common symptoms of the perimenopause and menopause, such as hot flushes, night sweats and irregular periods. But fluctuating hormone levels can cause a surprising array of symptoms that you don't necessarily associate with menopause, including low mood, anxiety, fatigue, memory problems and joint pains

Unfortunately, a lack of education about menopause means that many doctors are also unaware of some menopause-related symptoms. This is one of the reasons why you could wait years for a menopause diagnosis.

In fact, a survey of 5,000 women conducted by Newson Health Research and Education found that a third of women wait at least three years for their symptoms to be correctly diagnosed as menopause related, and a further 18% visited their doctor six times before they got the help they needed.

If you suspect that your symptoms are linked to the menopause, but are struggling to get help, it might help to be aware of the five most common misdiagnoses.

## Depression

If you're feeling low, suffering from mood swings or feeling anxious, you may find that your doctor prescribes antidepressants. Although depression can – and does – occur during the perimenopause and menopause, this is one of the most common misdiagnoses because women often visit their doctor because they're feeling flat and tearful. Low mood is a common symptom of the menopause, but there's no evidence that antidepressants will help ease menopause-related symptoms.

## Chronic Fatigue Syndrome

This is a longterm illness which can leave you feeling extremely tired and rundown, and can also cause disturbed sleep problems, dizziness, aches and pains, heart palpitations and memory problems. All of these symptoms can also be caused by a drop in female hormones during the menopause. There isn't a test for Chronic Fatigue Syndrome – and neither is there a cure. But if these symptoms are linked to the

menopause, then they can usually be successfully treated with hormone replacement therapy (HRT).

## Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) is a common digestive condition that causes cramps, constipation, diarrhoea, wind and bloating. It can come and go, or can last for weeks or months at a time. There's no cure for IBS, but diet changes and medication can help. However, in some women, these digestive symptoms can be linked to low oestrogen levels during perimenopause and menopause, and often improve if you start taking HRT.

## Fibromyalgia

Also called Fibromyalgia Syndrome (FMS), this is a longterm condition which causes pain all over the body. It can also cause extreme tiredness, difficulty sleeping, brain fog, headaches and Irritable Bowel Syndrome (IBS). Again, all of these symptoms can be fairly common during the menopause, and usually respond well to HRT.

## Cystitis and thrush

If you suffer from regular bouts of cystitis and thrush, it's important to know that this could also be caused by low levels of oestrogen during the menopause. This is because lack of oestrogen can thin the lining of your vagina, bladder and urethra (the tube which carries urine out of your body), meaning that you're more vulnerable to infections and may find the tissues around the vagina become sore and itchy.

Many women endure the pain and discomfort of repeat infections, or take several courses of antibiotics, when the problem could be more appropriately treated with HRT, or an oestrogen cream, pessary or silicon ring which can be applied or inserted into the vagina.