



Cumbria Advisory Thyroid Service

INFORMATION SHEET



THYROID / MENOPAUSE

The majority of thyroid sufferers are women who are either approaching menopause, going through the menopause or have become post-menopausal. During these periods of life, the reproductive hormones are also going through a transitional stage – namely the follicle stimulating hormone which normally kick-starts the menstrual cycle starts to rise. This denotes a drop in the oestrogen level, and all the symptoms of menopause may manifest themselves to varying degrees. Hot flushes, mood swings, depression, skin and vaginal dryness etc. are part of these symptoms. These feelings are familiar to many thyroid sufferers – many of the symptoms mimic the symptoms of either ‘hyper’ or ‘hypo’ thyroidism and this can lead to a worrying misdiagnosis.

Follicle Stimulating Hormone (FSH) and oestrogen work in the same way that TSH and thyroxine do. FSH, like TSH, is released from the pituitary gland. In the same way that thyroid hormone inhibits TSH, the female hormone, oestrogen inhibits FSH. Just as the synthetic thyroid hormone is the answer to high TSH levels in someone who is hypothyroid, small amounts of synthetic oestrogen are given to women to alleviate menopausal symptoms, caused by the rise in FSH.

Some women, for various medical reasons, mainly a tendency to deep vein thrombosis for instance, cannot take this replacement. However, it is well documented that there are other more natural methods of taking oestrogen by diet, (beans, pulses etc.) and supplements such as Evening primrose Oil etc. This is a matter to be discussed very fully with your G.P.

Prescribed Oestrogen can be given orally in pill form, by patches or implants. There is also a cream which has to be applied daily. Again, these methods of medication must be given under the guidance of your medical advisor.

One of the benefits of taking oestrogen replacement is the halting of the condition known as Osteoporosis. This is now affecting young people as early as 20 years old. In hypothyroidism care has to be taken in assessing the dosage of thyroxine and a careful balance between both becomes an issue. It is recommended that once you are post-menopausal that a bone scan be done to assess bone mass and hopefully avoid osteoporosis.

HRT and a good balanced diet with exercise should prevent further problems, not only that of osteoporosis, but heart disease also.

Remember the relationship between the reproductive hormones and the thyroid hormones and check your symptoms with your doctor – requesting blood tests for TSH and FSH levels.

C.A.T.S RECOMMENDS YOU ALWAYS SEEK YOUR DOCTORS ADVICE

Disclaimer

The purpose of this information leaflet is to help those suffering with thyroid disease. Whilst every effort is made to provide accurate information, it is impossible to ensure that the information given is relevant to every individual. No responsibility is accepted by CATS and it is recommended and essential, that if in any doubt about your condition, that you should always contact your doctor, specialist physician or surgeon to seek medical advice.