

437 - MUSCULOSKELETAL EFFECTS OF MENOPAUSE

With Steven Bruce and Petra Kamarytova

Introduction and Background

The discussion centred on the musculoskeletal implications of menopause, addressing both systemic and MSK-related challenges faced by women during this life stage. Drawing on clinical experience and specialised training in women's health, the session highlighted physiological, psychological, and practical aspects of menopause. The speaker practised in a remote, small-population setting and shared insights drawn from both professional learning and patient interactions.

Understanding Menopause and Perimenopause

Menopause is described as a natural physiological transition, typically occurring between the ages of 45 and 55, with the UK average around 51. It may also be induced by medical interventions such as chemotherapy, radiotherapy, or medications. Perimenopause—often beginning years earlier—is characterised by hormonal fluctuations and irregular cycles and can present with a variety of symptoms, including physical, cognitive, and emotional changes. The speaker emphasised that many women are not adequately informed or prepared for this transition, a gap often compounded by societal silence and clinical misunderstanding.

Systemic Effects of Menopause

The discussion detailed the systemic effects of menopause, notably the increased risk of cardiovascular disease, type 2 diabetes, and dementia, primarily due to the decline in oestrogen. Oestrogen is noted for its anti-inflammatory and protective effects across multiple body systems, including the brain, liver, and cardiovascular system. The risk of frailty and mortality post-hip fracture was also addressed, underlining the significance of maintaining musculoskeletal health.

Musculoskeletal Implications

From an MSK perspective, menopause leads to accelerated loss of muscle mass (particularly type II fibres) and bone density—a condition described as osteosarcopenia. These changes heighten the risk of falls and fractures, especially among women who have undergone multiple pregnancies or extended periods of lactation without sufficient recovery of bone mass. Declines in cartilage health, joint lubrication, and pelvic floor integrity are also common. The session stressed that MSK symptoms during menopause often reflect systemic inflammatory changes and must be addressed within a broader health context.

Clinical Approach and Patient Engagement

The speaker discussed evolving from a traditional "treat-on-arrival" model to a more

consultative approach that includes lifestyle discussions and long-term care strategies. Many patients present not for manual treatment but for guidance and education, prompting the need to reassess practitioner expectations and embrace supportive conversations as valid clinical encounters.

Validated tools such as the Green Climacteric Scale and symptom checklists were recommended to track patient-reported symptoms and support dialogue with GPs. The practitioner also highlighted how education and communication—tailored to each woman’s journey—enhance patient engagement and clinical outcomes.

Lifestyle Recommendations and Limitations

Hydration, smoking cessation, moderated alcohol intake, and dietary changes (including increased calcium, vitamin D, and magnesium) were cited as foundational interventions. Resistance training, weight-bearing exercise, and proprioceptive activities were endorsed as effective means to maintain muscle and bone strength. The speaker cautioned that recommendations must be tailored to the patient’s baseline activity level and lifestyle, emphasising incremental changes over prescriptive goals.

The role of topical oestrogen for genitourinary symptoms was also explored, particularly its value in reducing urinary tract infections, urgency, incontinence, and related pelvic health concerns. Referral to GPs for HRT consideration was encouraged, but the decision to prescribe was framed as highly individualised, with a wide variation in patient preferences, tolerability, and risk factors.

Communication and Societal Perception

A recurring theme was the need for comfort and clarity when discussing intimate and stigmatised symptoms. Patients often do not disclose genitourinary issues unless directly asked in a routine, non-judgemental manner. The speaker also challenged societal portrayals of postmenopausal women as frail, urging a redefinition of menopause as a new and potentially empowering life stage, not a disease.

Concluding Remarks

The discussion concluded by reinforcing the role of clinicians in facilitating informed, individualised care. The importance of collaboration with GPs and other healthcare providers was acknowledged, along with the clinician’s duty to support patient education and lifestyle modification. Practitioners were encouraged to remain aware of their own comfort levels when addressing menopause-related issues and to develop confidence through experience and openness.