Sleep, Well-being and Active Ageing: New Evidence for Policy and Practice

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Women of a certain age: Experiences of sleep during the menopause transition

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Sleep takes place within a social context which influences the patterning of sleep throughout the life course. As a mirror of everyday life, sleep reflects the changing roles and responsibilities, gender divisions, health patterns, and transitions which characterise people’s lives.

(Hislop and Arber, 2003a, b, c)
This presentation.....

- Examines the impact of the menopause transition on women’s sleep
- Highlights how hot flushes and night sweats may disrupt sleep, impacting on work and relationships
- Explores the strategies women use to minimise the effect of hot flushes and night sweats on their sleep
- Draws on data from the new Menopause site of the Healthtalkonline website www.healthtalkonline.org
“True stories are...nutritious and sustaining. They feed the mind with information and the heart with hope and strength.”

Philip Pullman

People’s stories: see, hear and read their experiences...

Healthtalkonline is the award-winning website of the DIPEX charity and replaces the website formerly at dipex.org. Healthtalkonline lets you share in more than 2,000 people’s experiences of health and illness. You can watch or listen to videos of the interviews, read about people’s experiences and find reliable information about conditions, treatment choices and support.

The information on Healthtalkonline is...
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Menopause

The menopause is an inevitable part of every woman’s life when periods stop and ovaries lose their reproductive function. The average age of the menopause in the UK is 52 years, however, some women may have an early menopause in their 30s or even younger. We interviewed 48 women about their experiences of the menopause. Select from the key topics below, choose from the full list of topics, or explore all the interviews.

For a full list of topics click here...

- What is the menopause?
- Hot flushes and sweats
- Hormone replacement therapy (HRT)
- Work
- Relationships, sex and contraception
- Advice to other women
- People’s stories: watch and hear all interviews

Search the whole site
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Women’s Sleep in the UK Survey (2003) showed a statistically significant association between reported sleep problems and age ($p < .001$).

However, contrary to expectations, perceived sleep problems did not increase sequentially across the life course.

Sleep problems affected 71% of women in their 40s at least ‘sometimes’; a figure which increased to a peak of 81% for women in their 50s, before declining again to around 75% for women in their 60s and 70s.

Source: Women’s Sleep in the UK Survey 2003
Figure 6.2: Frequency of sleep problems by age (q7)

Source: Women’s Sleep in the UK Survey 2003
As well as a range of social factors, symptoms such as hot flushes and night sweats may be a key factor in sleep disruption for women around the menopause transition.
The menopause

- **Medically**, menopause transition defined as stage of life leading to end of menstruation
- Menopause defined retrospectively as 12 months since last menstruation
- In the UK, the average age of menopause is 52
- Associated with range of symptoms including **hot flushes and night sweats**
“Hot flushes are due to vasomotor instability and are usually related to the female climacteric……..There is a sensation of intense heat and a feeling that the face and whole body is flushing…..”

http://www.patient.co.uk/showdoc/4002470
“…….you just get this feeling of something deep inside and for me it starts around my chest and my neck and you can feel it coming and you try to suppress it somehow…..”

Carole, age 51, perimenopausal
A survey of women’s sleep conducted by the National Sleep Foundation in the US in 1998 found that:

- Women going through the menopause reported difficulty sleeping due to hot flushes an average of five days a month.

- Menopausal and postmenopausal women sleep less than pre-menopausal (non-pregnant) women both during the working week and on weekends.
Dzaja et al’s (2005) review of research on women’s sleep in relation to the distinctive changes in sleep across the menstrual cycle, during pregnancy and the menopause shows that:

“Vasomotor symptoms such as hot flushes during the menopausal transition correlate strongly with sleep complaints”

Hot flushes and sleep 3

• Fewer than 10% of women in their early 40s experience sleep disruption from feeling hot

• Relationship between sleep disruption and feeling hot increases from the mid-40s, reaching a peak of around 34% for women in their 50s

• Although sleep disturbance from feeling hot declines in the post-menopausal period, one in four women in their 60s, and 14% of women aged 70 and over continue to experience problems three or more nights a week.

Source: Women’s Sleep in the UK Survey 2003
Sleep disturbance from going to the toilet, feeling hot, and pain by age (women aged 40 and over)

* at least 3 times a week

Source: Women’s Sleep in the UK Survey 2003
“It’s probably in the back of my mind, am I going to have one tonight, if I do am I going to wake up. So I’d go off to sleep fine but I was waking up at certain times without even having the hot flushes. I got myself into a routine expecting to have one and of course once you’re in that circle it’s very difficult to break.”

Sandra, age: 47, perimenopausal
“My main problem was at night. Boiling. Boiling. I remember being boiling. Boiling and sweating profusely, and boiling. It was awful. You know like you’ve got a serious infection that’s making your temperature go haywire………….”

Lorna, age: 56, perimenopausal
“But so I think it has had an effect coming off HRT but I think it’s quite interesting because I never imagined that you would still get hot flushes at my age quite honestly. ……Well, okay, that’s what you expect in your sort of late forties, fifties if you’re menopausal but I would have thought that by now, you know, I wouldn’t be like that.”

Janet, age 77, postmenopausal, stopped taking HRT four years ago.
Effect on work

“I just want to go to sleep and enjoy a night’s sleep so I feel refreshed in the morning. [At work] you’re not focussed, you know, and you’re going in and your brain can be going all over the place and I’m trying to juggle seven different things and I’m thinking, “Which one do I start first?”

Christina, age: 52, postmenopausal
In agreeing to share a bed we are vulnerable to partner behaviour which digresses too much from our own and which threatens our individual right to a good night’s sleep. *

“Oh, I tried not to wake him (husband) but it was a bit difficult. And when you’ve got somebody tossing and turning next to you stealing the duvet, throwing the duvet, stealing the duvet, throwing the duvet. It can’t have been very nice for him and he’s very good though, he’s very good.” (Lorna, age: 56, perimenopausal)

<http://www.socresonline.org.uk/12/5/2.html>
Effect on relationships: Charlotte

“He was very very good. Because certainly it’s very visible, he could see how challenging it was and he’d tease me and things like that. Certainly if we were having sex or anything I would be very hot and so it did kind of interrupt in that way or it certainly I think it would have had an impact on love making

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Charlotte, age: 54, perimenopausal
Approaches to improving sleep

- Take HRT to alleviate hot flushes (but carries risk)
- Take prescription hypnotics (e.g. Temazepam) to help them sleep
- Try over the counter products to relieve hot flushes or help them sleep
- Try complementary or alternative therapies
- Develop their own self-help strategies
Conclusion

• Women’s experiences of the menopause offer valuable insights into factors influencing the quality of women’s sleep at midlife

• In addition to social factors such as caring responsibilities for children and ageing parents, poor health and worries about work, menopausal symptoms such as hot flushes and sweats can have a significant effect on women’s sleep

• There is no easy solution: although for most women sleep quality may improve as hot flushes and sweats ease after the menopause, others may continue to experience poor sleep as a result of ongoing symptoms or because of patterns of sleep disruption established during the menopause transition
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