

Cognitive Behaviour Therapy (CBT) for Menopausal Symptoms

The Menopause Guideline (National Institute for Health and Care Excellence, NICE 2015; 1.3.3) recommends that GPs and health professionals give information and advice to menopausal women about cognitive behaviour therapy.

Anxiety and stress – NICE (2015)¹ recommends CBT as a treatment option for anxiety experienced by women during the menopause transition and post menopause. Women can feel anxious at this time, due to unpredictable hot flushes and social embarrassment, which can lead to avoidance of social and other activities. Hot flushes can be associated with palpitations. Bearing these issues in mind CBT can be adapted from protocols for social and general anxiety.



Depressed mood – NICE (2015) recommends CBT as a treatment option for depressed mood for women during the menopause transition and post menopause. Past depression is the main predictor of depressed mood during the menopause transition. About 10% of women are more likely to have depressed mood during the menopause transition, which tends to be time-limited, and there are two-way interactions between mood and hot flushes and night sweats. Going through the menopause can affect self-esteem and lead to low mood due to negative beliefs about menopause, and stigma about age and reproductive status, as well as due to hot flushes affecting sleep, and psychosocial stresses which often accumulate during mid-life. Some women report premenstrual type symptoms, which may be due to fluctuating hormone changes. Typically there are interactions between the above factors when a woman seeks help. Taking these factors into account CBT for depressed mood can be offered.

Hot flushes and night sweats – CBT, developed specifically for menopausal symptoms, can help women to manage hot flushes and night sweats (vasomotor symptoms), and has been found to be effective in three clinical trials for women going through the menopause and for breast cancer patients². Improvements were maintained at six-month follow up, and there were additional benefits to quality of life. The CBT approach is theory based and focuses on stress and wellbeing, hot flushes, night sweats and sleep problems, over 4-6 weeks; it is available in self-help book³ and small group formats⁴. The North American Menopause Society (2015) recommends CBT as an effective non-hormonal treatment option for hot flushes and night sweats⁵.

Sleep problems and insomnia – night sweats tend to wake women and often disrupt sleep. Developing an automatic routine if woken up by night sweats, and good sleep habits, can help, as can the CBT approach that has been found to be effective for insomnia⁶.

Who can provide CBT? – Primary care health professionals, e.g. GPs, counsellors, psychological wellbeing practitioners (PWPs), and trained nurses, can provide these low intensity therapies. Women can also use self-help books with some guidance, and return for an appointment after 4-6 weeks to review progress.

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References

1. National Institute for Health and Care Excellence, Menopause: diagnosis and management, Nov 2015.
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4. Hunter MS & Smith M. Managing hot flushes and night sweats with Group CBT: a manual for health professionals, Routledge 2015.
5. Nonhormonal management of menopause associated vasomotor symptoms. Position Statement of the North American Menopause Society. Menopause 2015. 22(11),1-20.
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WE HAVE ALSO PUBLISHED A FACTSHEET AIMED AT WOMEN, WHICH IS AVAILABLE TO DOWNLOAD ON THE WHC WEBSITE:

<https://www.womens-health-concern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbt-menopausal-symptoms/>

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