

MENOPAUSE

Definition

Menopause is the permanent end of menstruation and fertility, defined as occurring 12 months after the last menstrual period.

Menopause is a natural biological process, not a medical illness. Even so, the physical and emotional symptoms of menopause can disrupt your sleep, sap your energy and – at least indirectly – trigger feelings of sadness and loss. Hormonal changes cause the physical symptoms of menopause, but mistaken beliefs about the menopausal transition are partly to blame for the emotional ones. First, menopause doesn't mean the end is near – you've still got as much as half your life to go. Second, menopause will not snuff out your femininity and sexuality. In fact, you may be one of the many women who find it liberating to stop worrying about pregnancy and periods.

Most important, even though menopause is not an illness, you shouldn't hesitate to get treatment if you are having severe symptoms. Many treatments are available, from lifestyle adjustments to hormone therapy.

Symptoms

Technically, you don't actually "hit" menopause until it has been one year since your final menstrual period or until the FSH (follicle stimulating hormone) level rises. In the United States, that happens about age 51 on average. However, there is wide variation from person to person concerning age of onset.

The signs and symptoms of menopause often appear long before the one-year anniversary of your final period. They include:

- Irregular periods
- Decreased fertility
- Vaginal dryness
- Hot flashes
- Sleep disturbances
- Mood swings
- Increased abdominal fat
- Thinning hair
- Loss of breast fullness

When to see a doctor

It is important to see your doctor during the years leading up to menopause (perimenopause) and the years after menopause (postmenopause) for preventive healthcare as well as care of medical conditions that may occur with ageing.

If you have skipped a period but aren't sure you have started menopause, you may want to see your doctor to determine whether you're pregnant. He or she may take a medical history, do a pelvic examination, and, if appropriate, order a pregnancy test and an FSH level.

Always seek medical advice if you have bleeding from your vagina after menopause.

Causes

Causes of menopause include:

- **Natural decline of reproductive hormones.** As you approach your late 30's, your ovaries start making less estrogen and progesterone, the hormones that regulate menstruation. During this time, fewer potential eggs are ripening in your ovaries each month and ovulation is less predictable. Also, the post-ovulation surge in progesterone – the hormone that prepares your body for pregnancy – becomes less dramatic. Your fertility declines, partially due to these hormonal effects. These changes become more pronounced in your 40's. Your menstrual periods may become longer or shorter, heavier or lighter, and more or less frequent until, eventually, your ovaries stop producing eggs and you have no more periods. It is possible, but unusual, to menstruate every month right up to your last period. More likely, you will experience some irregularity in your periods.
- **Hysterectomy.** A hysterectomy that removes your uterus but not your ovaries usually doesn't cause menopause. Although you no longer have periods, your ovaries still release eggs and produce estrogen and progesterone. But an operation that removes both your uterus and your ovaries (total hysterectomy and bilateral oophorectomy) does cause menopause, without any transitional phase. Your periods stop immediately, and you will have hot flashes and other menopausal signs and symptoms.
- **Chemotherapy and radiation therapy.** These cancer therapies can induce menopause, causing symptoms such as hot flashes during the course of treatment or within three to six months.
- **Primary ovarian insufficiency.** Approximately 1 percent of women experience menopause before age 40. Menopause may result from primary ovarian insufficiency – when your ovaries fail to produce normal levels of reproductive hormones – stemming from genetic factors or autoimmune disease but often no cause for primary ovarian insufficiency can be found.

Stages of menopause

Because the menopausal transition occurs over months and years, menopause is commonly divided into these stages:

- **Perimenopause.** This is the time you begin experiencing menopausal signs and symptoms even though you

still menstruate. Your hormone levels rise and fall unevenly and you may have hot flashes and other symptoms. Perimenopause may last four to five years or longer. During this time, it is still possible to get pregnant, but it is unlikely.

- **Postmenopause.** Once 12 months have passed since your last period you have reached menopause. Your ovaries produce much less estrogen and no progesterone, and they don't release eggs. The years that follow are called postmenopause.

Complications

Several chronic medical conditions can develop after menopause:

- **Cardiovascular disease.** When your estrogen levels decline, your risk of cardiovascular disease increases. Heart disease is the leading cause of death in women as well as in men. Yet you can do a great deal to reduce your risk of heart disease. These risk-reduction steps include stopping smoking, reducing high blood pressure, getting regular aerobic exercise, and eating a diet low in saturated fats and plentiful in whole grains, fruits, and vegetables.
- **Osteoporosis.** During the first few years after menopause, you may lose bone density at a rapid rate, increasing your risk of osteoporosis. Osteoporosis causes bones to become brittle and weak, leading to an increased risk of fractures. Postmenopausal women are especially susceptible to fractures of the hip, wrist, and spine. That is why it is important during this time to get adequate Vitamin D3 – 800 international units daily. It is also important to exercise regularly. Strength training and weight-bearing activities, such as walking and jogging, are especially beneficial in keeping your bones strong.
- **Urinary incontinence.** As the tissues of your vagina and urethra lose their elasticity, you may experience a frequent, sudden, strong urge to urinate, followed by an involuntary loss of urine (urge incontinence), or the loss of urine with coughing, laughing, or lifting (stress incontinence).
- **Weight gain.** Many women gain weight during the menopausal transition. You may need to eat less – perhaps as many as 200 to 400 fewer calories a day – and exercise more, just to maintain your current weight.

Preparing for your appointment

Your first appointment will likely be with either your primary care provider or a gynecologist specializing in bioidentical hormone replacement.

Because appointments can be brief, and it can be difficult to remember everything you want to discuss, it is a good idea to prepare in advance of your appointment.

What you can do?

- **Keep track of symptoms you are experiencing.** For instance, write down how many hot flashes you experience in a day or week and note how severe they are.

- **Make a list of any medications and vitamin supplements you take.** Write down doses and how often you take them.
- **Have a family member or close friend accompany you, if possible.** You may be given a lot of information at your visit, and it can be difficult to remember everything.
- **Take a notebook or notepad with you.** Use it to write down important information during your visit.
- **Prepare a list of questions to ask your doctor.** List your most important questions first in case time runs out.

Some basic questions to ask include:

- What kind of tests might I need?
- What treatments are available to minimize my symptoms?
- Is there anything I can do to relieve my symptoms?
- What steps can I take to maintain my health?
- Do you have any printed material or brochures I can take with me?
- What websites do you recommend? (Mine, www.abouthormones.org and one about DHEA, www.twist25.com)

Make sure you understand everything that your doctor tells you. Don't hesitate to ask your doctor to repeat information or to ask follow-up questions for clarification.

What to expect from your doctor

Some potential questions your doctor might ask include:

- Are you still having periods?
- When was your last period?
- How often do you experience bothersome symptoms?
- How uncomfortable do your symptoms make you?
- Does anything seem to improve your symptoms?
- Does anything make your symptoms worse?

Tests and diagnosis

The signs and symptoms of menopause are enough to tell most women they have begun going through the menopausal transition. If you have concerns about irregular periods or hot flashes, talk with your doctor. In some cases further evaluation may be recommended.

Your doctor should check your level of follicle-stimulating hormone (FSH) and estrogen (estradiol) with a blood test. As menopause occurs, FSH levels increase and estradiol levels decrease. Your doctor may also recommend a blood test to determine your level of thyroid hormone (a free T3) because hypothyroidism can cause symptoms similar to those of menopause.

Treatments and drugs

Menopause treatments focus on relieving your signs and symptoms and on preventing or lessening chronic conditions that may occur with ageing. Treatments include:

- **Hormone therapy.** Estrogen therapy remains, by far, the most effective treatment option for relieving menopausal hot flashes. Depending on your personal and family medical history, your doctor may recommend estrogen to provide symptom relief for you.
- **Antidepressants are discouraged.**
- **Vaginal estrogen.** To relieve vaginal dryness, estrogen can be administered locally using a vaginal tablet, ring, or cream. This treatment releases just a small amount of estrogen, which is absorbed by the vaginal tissue. It can help relieve vaginal dryness, discomfort with intercourse, and some urinary symptoms.

Before deciding on any form of treatment, talk with your doctor about your options and the risks and benefits involved with each.

Lifestyle and home remedies

Fortunately, many of the signs and symptoms associated with menopause are temporary. Take these steps to help reduce or prevent their effects:

- **Cool hot flashes.** Get regular exercise, dress in layers and try to pinpoint what triggers your hot flashes. For many women, triggers may include hot beverages, spicy foods, alcohol, hot weather, and even a warm room.
- **Decrease vaginal discomfort.** Use an over-the-counter water-based vaginal lubricant, such as K-Y® Brand Intrigue® or K-Y® Brand Intense®. Staying sexually active also helps.
- **Optimize your sleep.** Avoid caffeine and plan to exercise during the day, although not right before bedtime. Relaxation techniques, such as deep breathing, guided imagery and progressive muscle relaxation, can be very helpful. You can find a number of books and tapes on different relaxation exercises. If hot flashes disturb your sleep, you may need to increase your estradiol level to get adequate rest.
- **Strengthen your pelvic floor.** Pelvic floor muscle exercises, called Kegel exercises, can improve some forms of urinary incontinence.
- **Eat well.** Eat a balanced diet that includes a variety of fruits, vegetables, and whole grains and that limits saturated fats, oils, and sugars. Aim for 800 international units of Vitamin D3 a day. Ask your doctor about supplements to help you meet these requirements, if necessary.
- **Don't smoke.** Smoking increases your risk of heart disease, stroke, osteoporosis, cancer, and a range of other health problems. It may also increase hot flashes and bring on earlier menopause. It is never too late to benefit from stopping smoking.
- **Exercise regularly.** Get at least 30 minutes of moderate-intensity physical activity on most days to protect against cardiovascular disease, diabetes, osteoporosis, and other conditions associated with ageing. More vigorous exercise for longer periods may provide further benefit and is particularly important if you are trying

to lose weight. Exercise can also help reduce stress.

- **Try yoga.** Preliminary studies show that yoga—an exercise regimen that involves controlled breathing, posing, and meditation—may be effective in decreasing the number of hot flashes in perimenopausal women. Yoga classes are often offered at health clubs or through community education programs. Sign up for a class to learn how to perform yoga postures and breathing correctly.
- **Schedule regular checkups.** Talk with your doctor about how often you should have Pap tests, lipid level (cholesterol and triglyceride) testing, blood CA-2729 and CA-125, and other screening tests.

Alternative medicine

Many approaches have been promoted as aids in managing the symptoms of menopause, but not all of them have scientific evidence to back up the claims. Below are some complementary and alternative treatments that have been or are being studied:

- **Phytoestrogens.** These estrogens occur naturally in certain foods. There are two main types of Phytoestrogens—**isoflavones** and **lignans**. Isoflavones are found in soybeans, chickpeas, and other legumes. Lignans occur in flaxseed, whole grains, and some fruits and vegetables. Whether the estrogens in these foods can relieve hot flashes and other menopausal signs and symptoms remains to be seen. Most studies have found them ineffective. Isoflavones have some weak, estrogen-like effects, so there is some concern about cancer risk. If you have had breast cancer, talk to your doctor before supplementing your diet with isoflavone pills.
- **Vitamin E.** This vitamin occasionally provides relief from mild hot flashes for some women. However, scientific studies haven't proved its overall benefit in relieving hot flashes.
- **Black cohosh.** Black cohosh has been used widely in Europe for treating hot flashes and has been popular among women with menopausal symptoms in the United States. While its safety record has been good, there is no longer much reason to believe that it is effective for menopausal symptom relief.

You may have heard of—or even tried—other dietary supplements, such as dong quai, licorice (which lowers potassium levels), chasteberry, evening primrose oil, and wild yam (natural progesterone cream). Although some might swear by these remedies, scientific evidence of their safety and effectiveness is lacking.

Be sure to consult your doctor before taking any herbal treatments or dietary supplements for signs and symptoms of menopause. Herbal products can interfere or interact with other medication you may be taking.

References

July 23, 2009 DS00119

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35 Symptoms

From women's own observations, these symptoms describe what you may experience by way of signs and symptoms in the lead up to menopause.

- Hot flushes, flashes, night sweats and/or cold flashes, clammy feeling
- Irregular heart beat
- Irritability
- Mood swings, sudden tears
- Trouble sleeping through the night (with or without night sweats)
- Irregular periods; shorter, lighter periods; heavier periods, flooding; phantom periods, shorter cycles, longer cycles
- Loss of libido
- Dry vagina
- Crashing fatigue
- Anxiety, feeling ill at ease
- Feelings of dread, apprehension, doom
- Difficulty concentrating, disorientation, mental confusion
- Disturbing memory lapses
- Incontinence, especially upon sneezing, laughing
- Itchy, crawly skin
- Aching, sore joints, muscles and tendons
- Increased tension in muscles
- Breast tenderness
- Headache change: increase or decrease
- Gastrointestinal distress, indigestion, flatulence, gas pain, nausea
- Sudden bouts of bloat
- Depression
- Exacerbation of existing conditions
- Increase in allergies
- Weight gain
- Hair loss or thinning, head, pubic, or whole body; increase in facial hair
- Dizziness, light-headedness, episodes of loss of balance
- Changes in body odour
- Electric shock sensation under the skin and in the head
- Tingling in the extremities

- Gum problems, increased bleeding
- Burning tongue, burning roof of mouth, bad taste in mouth, change in breath odour
- Osteoporosis (after several years)
- Changes in fingernails; softer, crack, or break easier
- Tinnitus: ringing in ears, bells, 'whooshing,' buzzing, etc.

This list of signs of peri-menopause and menopause was developed by women on the Internet 'Menopause' mailing list, hosted by St. John's University. The list 35 symptoms is based on the real life experiences of these women. All symptoms appearing on the list were experienced by numerous women and were either cyclical in nature, or responded to treatments (both traditional and alternative) known to address hormonal imbalances.

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As part of the professional services I feel should be provided by me to my patients, screening of the voluminous medical literature has become more and more important. The information in this newsletter is derived from periodicals and books which I have read and whose information I have consolidated. Perhaps you have seen an item that I have not included in this list or have not seen myself. If so, feel free to bring it to my attention.

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