



A Major Turning Point

Menopause is one of the major turning points in a woman's life. Approaching menopause involves a process of change — and every woman experiences this transition in unique and individual ways.

Many women discover that menopause gives them a new lease on life — physically, emotionally, sexually, and spiritually. They are enthusiastic about becoming free of their concerns about pregnancy and menstruation.

However, some women dread reaching menopause. They feel it is an affliction that will make them unattractive, lonely, helpless, and useless. They may mourn the loss of their fertility and youth. Women may experience a wide range of feelings, from anxiety and discomfort to release and relief.

But the truth is that for most women menopause is not about extremes before, during, or after. Most adapt to the changes and continue to live well and healthy through these transitions.

If you are like most of today's women, you will live a third of your life after menopause. Planned Parenthood urges you to educate yourself, stay informed, and plan ahead for this time of challenges and opportunities, which could be one of the most rewarding and enriching times of your life.

What Menopause Means

Menopause is the time at "mid-life" when a woman has her last period. It happens when the ovaries stop releasing eggs — usually a gradual process. Sometimes it happens all at once.

Perimenopause is the period of gradual changes that lead into menopause. It affects a woman's hormones, body, and feelings. It can be a stop-start process that may take months or years. "**Climacteric**" is another word for the time when a woman passes from the reproductive to the non-reproductive years of her life.

The ovaries' production of estrogen slows down during perimenopause. Hormone levels fluctuate, causing changes just as they did during adolescence. The changes leading to menopause may seem much more intense than those during

puberty. The intensity may be affected by a woman's feelings about aging, including her reactions to social judgments about aging.

Induced menopause occurs if the ovaries are removed or damaged as in hysterectomy, chemotherapy, or radiation therapy. In this case, menopause begins immediately, with no perimenopause.

The time after menopause is called **postmenopause**.

Symptoms of Menopause

As most women approach menopause, their menstrual periods become irregular — they happen closer together and/or further apart. Other common symptoms include:

- achy joints
- hot flashes
- temporary and minor decrease in the ability to concentrate or recall
- changes in sexual desire
- extreme sweating
- headaches
- frequent urination
- early wakening
- vaginal dryness
- mood changes
- insomnia
- night sweats
- conditions commonly associated with PMS — premenstrual syndrome

A woman may have one, some, or none of these symptoms. Symptoms can be very unpredictable and disturbing if a woman doesn't know they are related to menopause.

A woman's experiences during menopause may also be influenced by other life changes:

- children leaving home
- changes in domestic, social, and personal relationships
- changes in identity and body image
- divorce or widowhood
- retirement
- increased anxiety about illness, aging, and death



- loss of friends, loved ones, and financial security
- increased responsibility for aging parents
- anxiety about loss of independence, disability, or loneliness

Increasing numbers of perimenopausal women also have young children to care for.

Whatever the cause or circumstance, the conditions women experience before and after menopause are very real and sometimes need medical attention. While 10-15 percent of American women experience no symptoms of menopause, another 10-15 percent become physically or emotionally disabled for various periods of time by some of these symptoms of life changes. And all women face increased risk of heart disease and osteoporosis after menopause.

Perimenopause Is Unpredictable

Perimenopause may begin as early as 35. It usually starts about two years earlier for women who smoke than for women who don't.

Women reach menopause at different times. The timing is not related to race, class, pregnancy, breastfeeding, fertility patterns, the birth control pill, height, age of menarche (first period), or age at last pregnancy.

The average age for menopause is 51. If menopause is reached naturally or surgically before the age of 40, it is called early or premature menopause.

Estrogen levels drop very abruptly after induced menopause — when both ovaries are removed surgically or through radiation or chemotherapy. This often intensifies the conditions associated with menopause and may lead to major physical and emotional changes, including depression. Most women who have "natural" menopause experience a more gradual decrease in hormone levels.

It is somewhat reassuring to remember that perimenopause is a temporary phase. And most symptoms are temporary, such as mood changes and hot flashes. For most women perimenopause will last two or three years, though for some it lasts as long as 10 or 12 years.

A few symptoms — vaginal dryness and changes in sexual desire — may persist or worsen after menopause unless they are treated.

Women in perimenopause have reduced fertility but they are not infertile. Although menstruation may be sporadic, pregnancy can happen. That's why women need to consider birth control during perimenopause. All women should discuss their contraceptive options with a clinician — whether or not they are menstruating.

Hot Flashes & Night Sweats

Hot flashes are sudden or mild waves of upper body heat that last from 30 seconds to five minutes. They are caused by rapid changes in hormonal levels in the blood. Hot flashes can start with a tingling sensation in the fingers or rapid heart beats. Skin temperatures rapidly rise from the chest to the face and may cause facial redness and sweating.

Seventy-five out of 100 women experiencing perimenopause have hot flashes. Half have one each day. Twenty out of 100 women have more than one a day. Ten out of 100 have them up to five years after menopause. They are very uncommon after that.

Hot flashes that happen during sleep may include drenching sweats that can soak the bedding. These are called night sweats.

Options for Relieving Hot Flashes:

Prescription treatments include hormone therapy and other medicines prescribed by a clinician.

Non-prescription treatments include vitamin E, herbs, foods with soy, and effective lifestyle adjustments, such as:

- regular exercise, biofeedback, cold showers, decreased stress, and cooler rooms
- reduced intake of caffeine, alcohol, hot beverages, and spicy foods
- wearing thin layers of all-cotton clothes that can be removed during hot flashes
- keeping a hot-flash diary to learn what triggers them and know what to avoid.



Osteoporosis

Osteoporosis is the loss of bone mass — the "thinning" of bones that makes them less dense.

One of the causes is decreased estrogen after menopause. After menopause, women may lose between 2-5 percent of bone mass per year for five years. This puts women with thin bones at high risk. Their bones become more brittle and more likely to break. In older women, hip fracture, due to osteoporosis, can be fatal.

Bone loss begins around age 30. That's why it is very important for women of all ages to build bone mass with weight-bearing exercise like walking, running, and weight lifting and with calcium-and vitamin D-rich diets. Because most women don't get enough calcium in their diets, all women are encouraged to take calcium supplements — at least 1,000 mg of calcium before menopause and 1,200 mg after menopause.

Certain medications can help stop osteoporosis. Estrogen therapy (ET) can also help stop osteoporosis. Women who are taking ET for other symptoms of menopause have a reduced risk of osteoporosis, but taking ET solely for the prevention of osteoporosis is not recommended.

Those at highest risk of osteoporosis are women who:

- are white or Asian
- have hormonal conditions such as diabetes, hyperthyroid, or Cushing's disease
- weigh less than average for their height
- have early menopause
- smoke
- have a family history of osteoporosis
- don't get enough exercise
- have a diet low in calcium and vitamin D
- take thyroid or cortisone medications
- have a diet high in caffeine, alcohol, or protein

Osteoporosis has no symptoms in the early stages. It can cause back and abdominal pain in the late stages. Bone density testing is recommended:

- following menopause or any other prolonged time without menstruation

- if a woman takes steroids, which can cause rapid bone loss
- if a woman has an overactive parathyroid gland, which can lead to rapid bone loss

Sex and the Mid-Life Change

Sexual desire is often diminished during symptoms of perimenopause, but it is often restored when these conditions subside.

After menopause, many women have increased sexual desire because they no longer worry about unintended pregnancy. On the other hand, about one-third lose some of their sex drive.

Vaginal dryness and the thinning of genital tissue can lead to discomfort during sexual intercourse and masturbation. Over-the-counter, water-soluble vaginal lubricants may be helpful. Estrogen creams, tablets, and rings used in the vagina restore the tissues and are available by prescription.

Menopause is nature's original contraceptive. However, menstruation may be unpredictable for some time toward the end of perimenopause. So, it's a good idea to wait a full year after what seems to be the last period before giving up contraceptives.

Using the Pill during perimenopause may mask menopause because periodic bleeding will continue. Women who use the Pill can have their hormone levels checked (after stopping the Pill) to find out if menopause has been reached.

Remember: Menopause is no protection against sexually transmitted infections. Male or female condoms can reduce the risk of infection during sexual intercourse if you or your sex partner have more than one partner.

Kegel Exercises for Better Muscle Tone

Kegel exercises help firm up the vaginal canal, control urine flow, and enhance orgasm. Tighten and relax the muscles you use to stop urination.

Do at least five Kegels in a row several times a day:

- Tighten a little — count five.
- Tighten a little more — count five.
- As hard as possible — count five.
- Relax in reverse steps — count five at each step.



Hormonal and Non-Hormonal Therapies

There are many therapies for symptoms and conditions associated with menopause. Hormone therapy (HT) works for millions of women. But the hormones used in HT may pose risks as well as benefits. Many women avoid those risks by choosing alternatives, or complementary therapies, including homeopathy, herbal treatments, eating soy products, and Chinese medicine — these particular therapies may also have undesirable effects. It is best to consult a skilled, experienced practitioner to determine the remedy, dose, and treatment schedule for whatever therapy is chosen.

Hormonal Therapies

Hormone Therapy — HT uses pills, patches, implants, and vaginal creams to restore estrogen and other hormones that decrease during perimenopause and menopause. Testosterone is sometimes used to increase sexual desire.

Non-Hormonal Therapies

Exercise — Aerobic, weight bearing, and stretching exercises are recommended for reducing risks of osteoporosis, cardiovascular disease, and symptoms of menopause.

Diet — A diet high in fruits and vegetables and low in saturated fat is recommended for overall health benefits. Soy products, foods such as soybeans, tofu, soymilk, and roasted soy nuts, are also recommended. Soy contains phytoestrogens. These plant chemicals are similar to estrogen.

Vaginal Products — Over-the-counter creams without estrogen are also available — lubricants for intercourse and moisturizers for dryness.

Herbal Treatments — Herbalists recommend herbal tinctures, capsules, and infusions — especially those rich in phytoestrogens.

Chinese Medicine — Chinese medicine practitioners recommend acupuncture and herbal treatments to harmonize a person's life energy or Qi (chee).

Homeopathy — Homeopaths recommend minute doses of medicines that in larger doses cause symptoms like those of the condition being treated. For example, a remedy made from onions is used to treat colds with symptoms like runny nose and teary eyes.

Many women also benefit from counseling during mid-life changes.

Hormone Therapy

Women must weigh the benefits of HT against the risks. Women considering HT should discuss their personal risks with their health care provider. Women base their decisions on their individual and family medical histories. HT should be used at the lowest effective dose and for the shortest period of time to relieve symptoms.

Benefits:

- reduces drying and thinning of vaginal tissue
- reduces the risk for osteoporosis
- eliminates hot flashes
- may improve energy, mood, and sense of well-being
- decreases insomnia
- improves levels of "good" cholesterol
- may restore sexual desire
- reduces the risk of colorectal cancer
- may improve concentration and memory

Risks:

- may cause symptoms like PMS
- increases risk for uterine and invasive breast cancer in some women
- increases risk for blood clots
- increases risk for gall bladder disease
- increases the risk of heart disease in certain women
- may have other undesirable side effects, including — vaginal bleeding, bloating, nausea, loss of hair, headaches, itching, acne, breast tenderness, increased cervical mucus, and corneal changes that prevent the use of contact lenses.

Some Conditions That May Affect the HT Decision

Breast Cancer — Only one out of 2,200 women under 20 develops breast cancer. The rate rises every year after that. By 50, the rate rises to one out of every 36. At 60, one out of every 26 women develops breast cancer. It has been found that use of HT increases the risk of invasive breast cancer. The longer a woman is on HT, the greater her risk of invasive breast cancer.



Heart Disease — Before menopause, women have about three times less risk of heart attacks than men. After menopause, women's risk increases. By the age of 65, women's risk of heart disease equals men's risk. Women can reduce their risk of heart disease by not smoking, eating a healthy diet, and getting exercise. Estrogen therapy has been shown to increase heart disease risk in some women. A thorough discussion of your heart health history (including family history) is necessary when discussing HT with your clinician.

Some Treatment Options

North American Menopause Society

(for information and to find physicians)
5900 Landerbrook Dr., Suite 195
Mayfield Heights, OH 44124
(440) 442-7550
www.menopause.org

Planned Parenthood (mid-life services)

Many Planned Parenthood centers offer midlife services. To reach the nearest Planned Parenthood health center to ask if midlife services are offered, call toll-free 1-800-230-PLAN.

The National Osteoporosis Foundation

(bone-density information, testing, and physician referrals)
1232 22nd St., N.W.
Washington, DC 20037
(202) 223-2226
www.nof.org

National Center for Homeopathy

801 N. Fairfax St., Ste. 306
Alexandria, VA 22314
(877) 624-0613/(703) 548-7790
www.homeopathic.org

Build A Good Support System

Society offers few rites of passage for women — especially when it comes to biological changes. More and more women are forming self-help support groups to help navigate the changes that menopause brings — psychological, emotional, spiritual, social, as well as physical. Families and friends can provide important support, too.

Men also experience mid-life changes that may include decreased ability to have an erection, depression, and the loss of muscle mass, sexual desire, and sense of well-being. But the hormonal changes of "andropause" are more gradual.

Women and men need to educate their partners about the changes they experience. They can build mutual support by keeping one another informed. Couples counseling can be very valuable for partners in mid-life.

Be Prepared

Ensure continued good health for yourself: regular pelvic and breast exams, Pap tests and mammograms can help prevent cervical and breast cancer. A good low saturated fat, high-calcium diet and regular weight-bearing and aerobic exercise three or more times a week may help prevent osteoporosis and heart disease. If you are at risk for sexually transmitted infections, use condoms to protect against infection. Start preparing for perimenopause and menopause as early as possible. Today is a good time — no matter how young you are.

After Menopause

Many women discover a sense of liberation after menopause. They are eager to say good-bye to premenstrual symptoms, cysts, fibroids, childrearing responsibilities, worries about unintended pregnancy, and the gender-role stereotypes associated with youth! More and more women enter menopause challenging the gender-role stereotypes associated with age and are able to welcome a world in which 50 or more years of gathered wisdom can guide their lives.

Many also face increased responsibilities and declining health. Instead of being freed of many responsibilities, they inherit the care of aging parents or other family members. Some suffer ill health and reduced financial status and are overwhelmed with the profound losses of those they love.

But on the whole, postmenopausal women are the *least* likely of all women to be depressed. They have a greater sense of well-being than at any other point in their lives.

Postmenopausal women often become leaders in their families and communities. They can enjoy the pleasures of introspection, rest, heightened career pursuits, or an intensified sense of their sexuality or femininity. They may retreat and relax, or they may take up new challenges with restored vigor. Whatever they choose, they are more likely to do what pleases themselves than they are at any other time in their lives.

Perimenopause can be an opportunity to reassess life's goals. Menopause can be a new beginning — a gateway to personal growth.