



Understanding Menopause

Common Questions & Answers

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Is this menopause?

Menopause is different for every woman. However, all women in menopause have one thing in common, they are no longer menstruating and have not for at least a year. Menopause often happens as you age and your body is making less of the hormones estrogen and progesterone in your ovaries. Most women go through menopause between the ages of 40 to 58. The average age of menopause is 51.

The time leading up to menopause is called perimenopause and it can last for 4 to 8 years. During this time you may have symptoms that change in how bad they are and how long they last. These symptoms are from your body having less estrogen. Symptoms can include:

- » Changes in menstrual cycle
- » Hot flashes and night sweats
- » Pain during sex and less desire for sex
- » Difficulty sleeping
- » Changes in weight, hair or skin
- » Mood swings, feeling more depressed and worried
- » Difficulty remembering things

How long will menopause last?

For some women symptoms may cause significant quality-of-life issues that may go on for a number of years. However, there are many safe and effective treatments that can help.



Menopause is a natural process, but some women have menopause because of surgery, medical treatments or genetic disorders. Talk with your doctor if you are having symptoms of menopause and you are younger than 40 years old. You may benefit from hormone replacement therapy to help prevent cardiovascular disease and protect your bone health.



These hot flashes and night sweats wipe me out. How long will they last?



More than 75 percent of women have hot flashes. Hot Flashes are the most common menopausal complaint. They come with a sudden feeling of being hot that triggers sweating, reddening of the skin and a racing heartbeat that lasts one to five minutes. When they happen at night, hot flashes are called night sweats and often cause sleep problems. Hot flashes and night sweats are often followed by feeling a cold chill. You may have only a few or many episodes per day.

Hot flashes and night sweats may go on for 4 to 10 years, mostly happening in the years around the last menstrual period.



What can I do to manage these symptoms?

Seeing a doctor, nurse or other health care team member with experience in menopause management is key to getting the right treatment. Depending on your symptoms, your doctor may recommend treatment with or without prescription medicine.

Treatment Without Prescription Medicines

- » Lifestyle changes
 - › Exercise and weight loss
 - › Dress in layers made of natural fibers (like cotton) that you can easily remove
 - › Wear light night clothes
 - › Use layered cotton bedding or wicking material
 - › Keep the room temperature cool
 - › Cold packs under your feet or pillow
 - › Limit your alcohol and caffeine intake
 - › Do not smoke
 - › Use relaxation methods like meditation
- » Cognitive behavioral therapy
- » Hypnosis
- » Complementary Alternative Medicine (CAM)*
 - › Herbal medicine and supplements
 - › Acupuncture, osteopathy, reiki, yoga, bodywork

Treatment With Prescription Medicines

- » Non-hormonal treatments
 - › Clonidine, a blood pressure medication
 - › Some kinds of antidepressant medications
 - › Gabapentin, an anticonvulsant medication
- » Hormone Therapy (HT)

- › **Estrogen therapy:** Synthetic medication that replaces the estrogen in the body that the ovaries no longer make after menopause.
- › **Progestogen therapy:** Synthetic medication that replaces the progesterone in the body that the ovaries no longer make after menopause.
- › **Combined Estrogen and Progestogen or Estrogen and SERM (Selective Estrogen Receptor Modulator) therapy:** Medication used to replace the hormones the ovaries no longer make. This therapy is used in women who still have their uterus. The progestogen or SERM helps to protect the lining of the uterus and lessen the risk of uterine cancer.
- › **Androgens:** A steroid hormone that can be made into estrogen and testosterone.
- › **Bioidenticals:** Plant-based hormone that is similar on a molecular level with the hormones naturally made by the ovaries.

**Over-the-counter herbal medicines and supplements, and therapies such as acupuncture, are often advertised to lessen menopause symptoms. However, studies have not shown that they work any better than placebo. Herbal medicines and supplements can also interact with your prescription medications. Make sure to talk to your doctor before starting treatment.*





Sex is uncomfortable, even painful. Is there help for this?

The loss of estrogen during menopause can change the tissues of your vagina. This can cause them to become thinner, dryer and less flexible. It can lead to vaginal irritation and pain during sex. This can make it difficult to become aroused and enjoy sex. Hot flashes and night sweats improve over time but vaginal symptoms are likely to get worse and do not get better on their own. However, there are many non-hormonal and hormonal treatment options that are safe and effective.



Non-Hormonal Treatment Options

- » **Masturbation or use of a vibrator** can help you become aroused and lead to more lubrication. Regular sexual activity with a partner or vibrator can also promote blood flow to the vagina and help keep tissues flexible.

- » **Lubricants** provide temporary relief for friction caused by thin, dry vaginal tissue. They can be put right on the vagina and penis before sex. They work as a protective layer and do not go into the skin. Most lubricants are either water-based or silicone-based. Water-based lubricants dry out more quickly which may increase discomfort with sex. Silicone-based lubricants do not dry out.
- » **Moisturizers** go into the vaginal mucosa and should be used on a regular basis to increase vaginal moisture. They are also very helpful if you have vaginal dryness when you are not having sex. Moisturizers include things like oils (vitamin E oil, coconut oil, olive oil, vegetable oil), aloe vera gel, hyaluronic-based and polycarbophil products. Although oils may provide relief on the outside of the vagina, they may increase vaginal infections if used inside the vagina and will decrease the effectiveness of condoms. Some studies have shown hyaluronic acid-based products are as effective as vaginal estrogen in improving vaginal dryness.

Hormonal Treatment Options

- » **Low-Dose Vaginal Estrogen Therapy (cream, vaginal tablet, ring)** restores vaginal blood flow, normalizes the vaginal pH and improves the thickness and flexibility of the vaginal tissue. It is very helpful in women who do not see improvement with lubricants and moisturizers. All forms of vaginal estrogen work well and have minimal side effects.
- » **Selective Estrogen Receptor Modulator (SERM)** works the same as vaginal estrogen to improve vaginal symptoms caused by menopause. It is taken daily by mouth.
- » **Dehydroepiandrosterone (DHEA) Vaginal Suppository** also has the same effect on tissue after



menopause as vaginal estrogen. It is a steroid vaginal suppository that turns into the sex hormones estrogen and testosterone.

A low sex drive may also be from having lower hormone levels. In some women, treatment of vaginal changes can lead to a return of sexual interest. However, if you still have a lack of sex drive after the successful treatment of vaginal changes, talking with a gynecologist or sex therapist about other therapy may be needed.

I've gained weight over the past couple of years—it's because of menopause, right?

Many women complain of weight gain during menopause, but menopause may not be the only cause. Aging and less activity and exercise are the main reasons for gaining weight.

Aging in both men and women brings changes in metabolism, less muscle growth and increased body fat. Physical activity often declines as women age and this can lead to weight gain.

Weight tends to deposit around your waist and belly. This kind of weight gain increases your risk of diabetes, high cholesterol, cardiovascular disease, osteoarthritis and some kinds of cancer (breast, uterine and colon). It can also cause less mobility, poor self-image and less energy.

It is important to your overall health and well-being to have regular physical activity at least 30 minutes a day for 3 to 5 times a week and to keep a healthy diet. A healthy diet includes watching portion control and eating less sugar, carbohydrates, fat and processed foods. These changes will help keep a healthy weight and improve energy.





I can't remember anything. I've been told menopause causes memory loss. Is that true?

There is some evidence for memory loss during the menopause transition. However, issues with memory tend to be temporary, and seem to get better after menopause.

Memory loss and other declines in mental functioning are a normal part of aging, but if you are finding that these changes interfere with your work or social life, you should talk to your doctor.



Research shows that women, who engage in social activities, remain physically and mentally active, maintain a healthy diet, and avoid tobacco use and heavy alcohol intake experience less loss of mental functioning as they age.

Maintaining a healthy weight, cholesterol level and blood pressure also helps to protect your brain.



I've been feeling irritable, tired and depressed. What can I do?

Mood swings, feeling irritable or worried and depression are all common symptoms during menopause. If you have a history of clinical depression, premenstrual syndrome (PMS) or postpartum depression, you may also be at high risk for having depression again. If these symptoms get in the way of your quality of life, you should talk about them with your doctor, nurse or other health care team member and think about treatment options.

I'm worried about the risks linked with hormone therapy. Is it safe?

Hormone therapy is the best treatment for hot flashes and vaginal dryness. The risks with their use depends on how they are given and your individual risk factors.

Hormone therapy taken by mouth has more of an effect on your whole body, but may increase the risk of stroke, blood clots, heart attack and gallbladder disease. Some studies have linked some kinds of hormone therapy with a small increase in the risk of breast cancer. Hormones that are given on one part of the body and go down into the skin, such as those in sprays, transdermal patches, vaginal rings, and vaginal tablets and creams, have a much lower risk of side effects.

Overall, hormone therapy is a safe and effective option for treating menopause symptoms, especially in healthy women under the age of 60 or within 10 years of menopause. In addition, it has been shown to offer some protection against bone loss and colon cancer.

Women over 60 and women with a medical history of various conditions (heart disease, liver disease, blood clots) may not be good candidates for hormone therapy.

Most women with breast, ovarian or uterine cancer or a history of one of those cancers should not get hormone therapy (including therapy with bioidentical, plant-based, hormones). For these women, non-hormonal and lifestyle changes are the first line of treatment options. If you have or have had cancer and are thinking about using herbal remedies, talk with your doctor first. Many herbal remedies have forms of estrogen that could make your cancer grow faster or cause it to come back.

What are the major health recommendations now that I am entering or experiencing menopause?

Getting and staying in the best health is very important during perimenopause and beyond. Your risk for cardiovascular disease, osteoporosis, diabetes and cancer is higher with age. You can lessen this risk by:

- » Not smoking
- » Not drinking a lot of alcohol
- » Exercising on a regular basis
- » Keeping a healthy weight
- » Sticking to healthy food choices and portion control
- » Getting the right amount of calcium and vitamin D to keep your bones healthy
- » Using methods to reduce stress and help you relax
- » Keeping normal blood pressure, blood sugar, cholesterol and triglyceride levels





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Monica Christmas, MD, offers comprehensive gynecologic care from a patient's initial exam through her childbearing years and menopause. She is committed to providing complete, high quality gynecological care with compassion. Dr. Christmas practices in all areas of general gynecology with special interests in the management of uterine fibroids, abnormal uterine bleeding and irregular menses.

She is also a Certified Menopause Practitioner of the North American Menopause Society (NAMS).

Appointments:

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Questions?

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