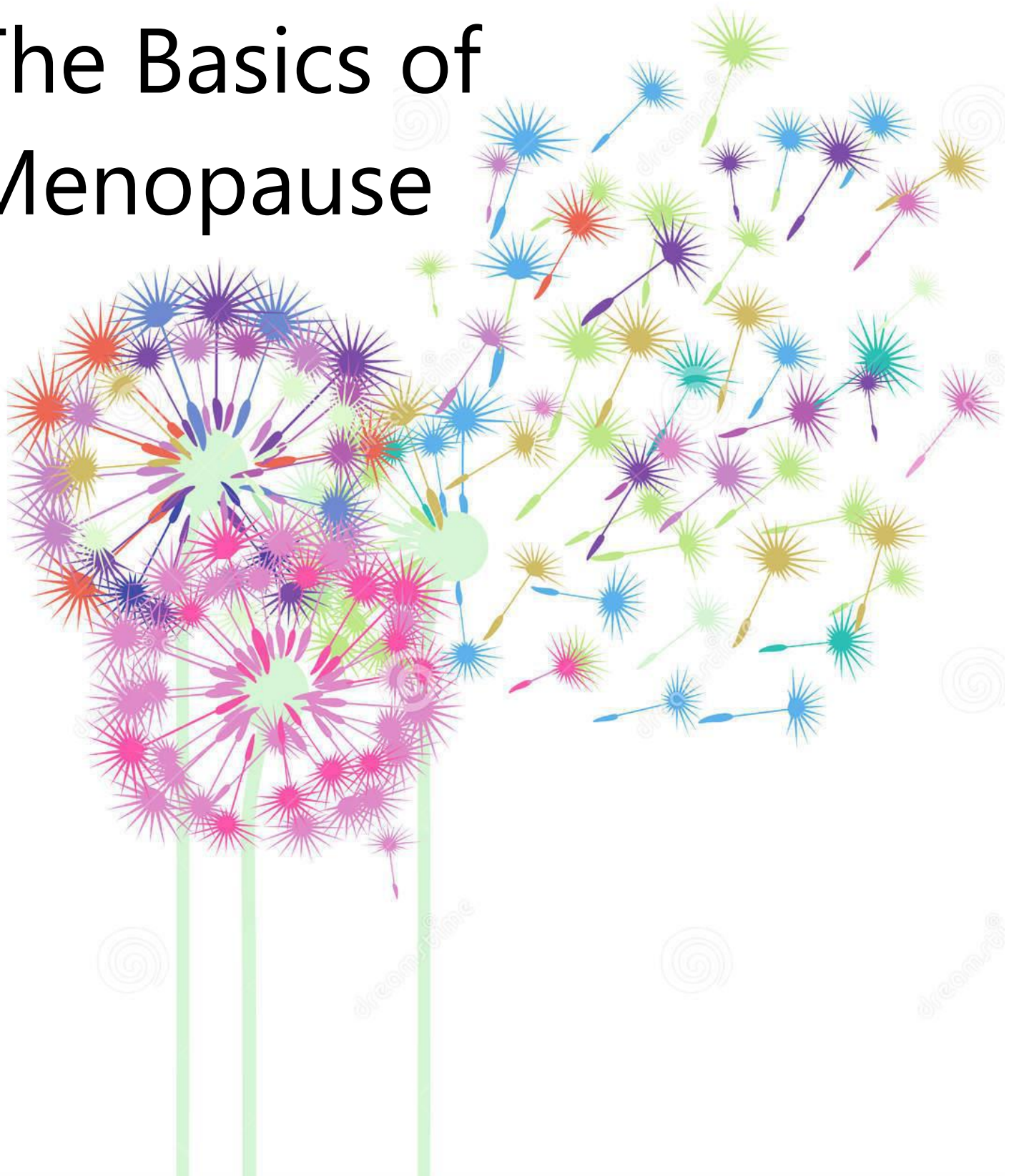


The Basics of Menopause





What is Menopause?

According to Christiane Northrup,

Menopause means the final menstrual period. It comes from the Greek words *meno*, meaning month or menses and *pausis*, meaning pause. It is the moment when a woman has not had a menstrual period for 12 consecutive months. The average age for women in North America to reach menopause is 52, however some women can reach this moment as early as 40 or as old as 58 (give or take a few years). Menopause is **not** a medical condition or a disorder or a women's problem. Menopause is a natural process that involves a gradual change in the ability of women to bare children.

Perimenopause is the transitional period leading up to the moment of menopause. It can last anywhere from 5 – 13 years.

This transition is caused by changes in the brain and body that affect hormone levels. Some women have an easy time during this transition and others have an extremely difficult time. The symptoms however will not last forever. They are at their worst during perimenopause and will decrease drastically or disappear within a year after the last period.

Your change

No two women experience menopause in the same way. Some may have difficulties, while others may be symptom-free. Generally, however, fluctuating hormone levels may lead to:

- irregular periods
- lighter or heavier flow during periods
- night sweats
- hot flashes

fatigue
headache
aches and pains
breast tenderness
a change in sexual desire
changes to skin texture and appearance
bladder control difficulty
vaginal fluid changes (dryness)
disruption of sleep patterns (difficulty sleeping, insomnia)
mood swings
memory loss, fuzzy thinking
bone loss

Am I in Menopause?

Menopause can bring a variety of unpleasant physical and emotional changes. While symptoms and their severity tend to vary from person to person, many occur commonly.

Perimenopause: your early warning system

During perimenopause, menstrual periods become less predictable—happening more often than monthly or infrequently, becoming heavier or lighter. Other, “vasomotor” symptoms often appear in perimenopause. These signal your body’s preparation for menopause, and usually disappear over time. A number of factors can increase the frequency of vasomotor symptoms, including being overweight.

Primary symptoms such as hot flashes are those brought on directly by hormonal fluctuations in the body. They may last between six months and two years—or in rare cases as long as 10 years. Secondary symptoms occur as a result of other physical changes associated with aging.

Primary symptoms

- hot flashes
- night sweats
- palpitations
- sleep disturbances
- dizziness
- anxiety attacks
- nausea

Secondary symptoms

- difficulty concentrating
- fatigue
- irritability
- memory loss
- mood swings

Symptoms up close

Sleep disturbances

Difficulty sleeping is one hallmark of the menopause transition. Two major sleep disorders often occur during menopause: sleep apnea and insomnia. Women may find themselves waking up repeatedly with hot flashes and have difficulty falling back to sleep. Often, women turn to behavioural therapies such as relaxation therapy, bedtime rituals, biofeedback and cognitive therapy to treat sleep disturbances. Non-prescription therapies such as valerian, phytoestrogens and St. John's Wort are also options for treatment. In many cases, progesterone has proven effective in the treatment of mild obstructive sleep apnea.

Mood swings and memory loss

Memory loss can be a challenge in menopause: as women age, they may have difficulty acquiring and encoding new information. Mood swings is another challenge. The most prevalent mood symptoms during perimenopause include irritability, tearfulness, anxiety, depression, and lack of motivation and energy. These symptoms can often be linked to sleep disorders. Antidepressants may provide some relief and in some cases are also helpful to treat hot flashes.

Weight gain

Women gain an average of four to nine pounds during menopause. Research shows that neither short-term nor long-term hormone therapy influences body weight. Women can control weight gain by reducing the amount of fat in their diet, lowering their daily caloric intake and adding regular exercise to their routine.

Joint pain and skin changes

Joint pain is a common complaint among women during their menopausal transition. Hormone therapy may provide some relief but physical activity is a woman's best therapeutic option. Women may also experience changes to their skin—often in response to sun exposure, smoking or hormonal changes. Hormone therapy can help limit collagen loss in the skin and help maintain the skin's thickness.

Eye and oral health

As part of the natural aging process and due to hormonal fluctuations, women experience changes in eye function. To date, evidence is unclear about the effects of hormone therapy on eye disorders. HT has, however, proven effective in preventing dental pain, and decreasing tooth mobility and periodontal pockets. That said, HT is not recommended solely as a treatment for oral health difficulties.

Menopause: signs and symptoms

Once 12 consecutive months have passed without a menstrual period, menopause has occurred. In the years that follow, certain “urogenital” symptoms may develop progressively in the years or decades following menopause:

- vaginal dryness
- vaginal discharge
- vaginal bleeding
- urinary infections that keep returning
- loss of bladder control (urge and stress incontinence)
- a decrease or loss of sex drive (libido)

Studies suggest that only about one-third of those suffering from moderate to severe vaginal discomfort seek treatment.

Take charge

Woman today have options for preventing or minimizing menopause symptoms so they don't get in the way of an active lifestyle.

Exercise

Menopause is the perfect time to renew your commitment to physical fitness. Walk, ride your bike, take up yoga or some other activity that interests you. Science confirms that regular exercise delivers physical and emotional benefits to women dealing with the symptoms of menopause. It reduces stress, helps with weight management, helps prevent osteoporosis by building bone and muscle strength, and contributes to a general feeling of wellbeing. A balanced exercise program includes both weight-bearing exercise (such as brisk walking, low-impact aerobics, and/or weight training) and stretching.

If you haven't been exercising regularly, start slowly and build up. Accumulate 30 to 60 minutes of moderate physical activity most days.

Minutes count - add it up 10 minutes at a time. The Public Health Agency of Canada recommends you choose a variety of activities from each of these three groups:

Endurance

Continuous activities that make you feel warm
Breathe Deeply
Increase your energy
Improve your heart, lungs, and circulatory system

Flexibility

Gentle reaching, bending, and stretching
Keep your muscles relaxed and joints mobile
Move more easily and be more agile

Strength & Balance

Lift weights, do resistance activities
Improve balance and posture
Keep muscles and bones strong
Prevent bone loss

Ways for Women to Keep Healthy and Fit

- Brisk Walking
- Pilates
- Yoga
- Tai Chi
- Dancing
- Taking the stairs
- Aerobics
- Swimming
- Aqua aerobics (water aerobics, aqua fit)
- Cycling or spin classes
- Bowling
- Skating
- Cross-country skiing
- Down-hill skiing or snowboarding
- Snow shoeing
- Golfing
- Any sporting activity: soccer, tennis, volleyball

- Martial Arts
- Rollerblading
- Weight lifting
- Horseback riding
- Hiking
- Rock climbing
- Jogging/running
- Canoeing or kayaking

It is important to do the activities that you enjoy. If you do not enjoy the activity you will not keep doing it. It is also important to do the activities that fit with your lifestyle and your body capability.

It is often a good idea to talk to your physician about an activity before you try it, especially if you have health concerns or conditions. That being said, don't be afraid to try new things – you might enjoy them immensely!

Menopause Quiz from menopauseandu.ca

Take a Quiz and find out if you may be in menopause. Keep in mind that some symptoms of menopause are also associated with other conditions. If you answer yes to any of the following questions, a visit to your health-care provider is recommended.

1. Are you experiencing night sweats, nausea or hot flashes?

- Yes
- No

These are common signs that menopause is approaching. Fortunately, they typically go away over time. Smart lifestyle choices can help minimize these symptoms, and therapeutic treatments can help restore your quality of life.

2. Do you become emotional, anxious or irritated more easily than you used to?

- Yes
- No

Be gentle with yourself, you're not alone. Women often experience mood changes during perimenopause (the period leading up to menopause) and after menopause. Sometimes these changes are linked to other symptoms of menopause such as difficulty sleeping.

3. Do you sometimes have difficulty concentrating? Do you have occasional memory loss?

- Yes
- No

These symptoms aren't unique to perimenopause and menopause, but they may be part of the transition. Recognize this is normal—one of the effects of fluctuating hormone levels.

4. Do you have trouble sleeping?

- Yes
- No

Nearly 40 percent of women say they do—taking longer to fall asleep, or experiencing nighttime waking or sleep apnea (interrupted breathing during sleep). Often, sleep issues are experienced most strongly by women in perimenopause and by those who have had a hysterectomy (surgical menopause).

5. Have you experienced physical changes?

- Yes
- No

Leading up to menopause and after, the estrogen levels in a woman's body decrease. This can affect the skin's collagen and cause wrinkles, bring on joint pain, and cause fatigue.

Many women also report gaining weight around their waistlines. In general metabolism slows with age, but a healthy diet and regular exercise can help keep off unwanted pounds.

6. Has it been more than 12 months since your last period?

- Yes
- No

Technically you haven't reached menopause until you've gone 12 consecutive months without a menstrual period, although the emotional and physical symptoms associated with menopause can show up earlier—during perimenopause. Most women begin perimenopause in their late 40s; often, menopause does not occur until years later.

7. Are you less interested in sex than you used to be?

- Yes
- No

Between 30 and 50 percent of women say their desire for sex lessens in menopause. Aside from hormonal fluctuations, fatigue, stress and body image can all affect your libido. Open communication with your partner is important, and counselling support may be helpful.

8. Do you experience vaginal dryness or pain during intercourse?

- Yes
- No

These are common symptoms in the years after menopause. Apart from creating discomfort, they can lower your sex drive. A variety of solutions are available to help you overcome these challenges, including estrogen therapies, antibiotics and applied creams.

9. Do you have less control over your bladder than you used to?

- Yes
- No

Unexpected leaking of urine from the bladder (incontinence) is common among perimenopausal and post-menopausal women—and it's treatable. While you may feel embarrassed to talk about bladder control, discussing the issue with your health-care provider is important: corrective options can help you avoid longer-term health problems such as frequent urinary tract infections, vaginal infections, and vaginal bleeding.

10. Would you describe yourself as feeling depressed even though your life is satisfying?

- Yes
- No

Some women suffer from low self-esteem and depression in menopause, especially when they see it as a sign of aging. If you're finding it hard to cope, seek counselling support from your health-care provider. Talk through the issues, and investigate therapeutic options. The help you need is available.

Hormone Therapy

As women age their hormone levels naturally decrease. This can cause physical and emotional changes that can be troubling, such as hot flashes and mood swings.

Hormone therapy (HT) is sometimes prescribed to boost hormone levels and provide relief. Because it has been the subject of some controversy, many women wonder if HT is a good option for them. The Menopause and Osteoporosis Update 2009 published by SOGC recommends that doctors prescribe HT in the lowest dose required, and for the duration necessary, to treat troubling menopause symptoms. Current research confirms that HT is both a safe and effective way to treat symptoms of menopause. Your health-care provider can help you understand the risks and benefits of different treatments.

How does HT work?

Hormone therapy may be recommended for women with moderate to severe menopause symptoms, or for those who have had a hysterectomy or reached menopause at a young age—before 50. HT helps restore balance in a woman's body after her ovaries have stopped producing estrogen and progesterin. An HT program may involve the use of estrogen alone (estrogen therapy, or ET), or estrogen and progesterin in combination (EPT).

A range of treatment options

Hormone therapies can involve oral medications, skin patches, or gels to address symptoms such as hot flashes. Other HTs are applied directly to problem areas; for example, a cream, tablet or ring may be recommended to deal with vaginal symptoms and restore estrogen. Your physician can help advise you on HT options, as well as alternative therapies, and the impact of lifestyle choices (such as diet,

exercise, and consumption of alcohol, tobacco and caffeine) on your symptoms.

The safety of HT

According to the SOGC's Menopause and Osteoporosis Update 2009 HT is a safe and effective treatment option for moderate to severe menopausal symptoms such as hot flashes, night sweats, mood swings, insomnia, difficulty concentrating and vaginal dryness. The Consensus Report, which was produced by a team of health professionals that examined current research on menopause and the management of menopause symptoms, specifically advises that:

- HT is a safe and effective option for short-term use (up to five years) for the treatment of moderate to severe menopausal symptoms such as hot flashes, night sweats, mood swings, insomnia, difficulty concentrating and vaginal dryness. In addition, HT has the secondary benefit of providing protection against osteoporosis and colon cancer.
- In cases where symptoms recur after short-term HT, women should consult with their health-care provider about the risks and benefits of continuing over the longer term, and the impact on quality of life.
- Anyone taking hormone therapy—especially women who have been taking the treatment for five years or more—should consult with their health-care provider each year to review dosage, reasons for taking HT, and risks and benefits. If you decide to stop treatment, your health-care provider can advise you how to do so safely.

Side effects

Certain side effects can occur in women who take HT. Forty percent of women undergoing HT treatment have irregular breakthrough

bleeding during the first three to six months. In most cases bleeding stops within 12 months, but for some women it may continue beyond a year. Women taking estrogen therapy may experience breast tenderness, nausea, headache and bloating. These symptoms can often be treated by changing the dosage. HT may not mix well with certain other drugs. Any woman taking HT should consult a health-care provider about drug interactions.

Secondary effects

Combined HT is associated with a reduced risk of colorectal cancer and may slightly increase the risk of ovarian cancer. These effects are rare and should not influence a woman's decision about the use of HT. Women who have undergone a hysterectomy and no longer have a uterus are typically prescribed estrogen therapy (ET), while other women are more likely to be given EPT (a combination of estrogen and progestin). Progestin offers the added advantage of protecting the uterus' lining from endometrial cancers. For women with premature ovarian failure, long-term HT can help manage certain health concerns.

Studies suggest that HT can also reduce the risk of developing diabetes. Estrogen can positively impact glucose and insulin metabolism, and in some postmenopausal Type II diabetic women it has improved the glycemic control and serum lipoproteins in their bodies.

Fluctuating or decreasing levels of estrogen can trigger migraine headaches. Although the effects vary, HT can lead to a worsening of migraine headaches.

Hypoactive thyroid disease is common among women, revealing itself most often after menopause. No direct link has been made between the disease and the decrease in estrogen at menopause, and no evidence has emerged to show whether HT use reduces the risk of developing the disease.

Tobacco, Alcohol and Caffeine

Menopause is an excellent time to stop smoking. Studies show that success rates are higher when smokers quit while going through a life transition. On average, smokers experience menopause two years before non-smokers. Women who smoke through and after menopause (or who use nicotine patches or gum) limit their treatment options. For example, oral contraceptives, which are sometimes prescribed to address hot flashes and night sweats, can be risky for smokers. If you smoke and want to stop, your health-care provider can give you options.

Research suggests that alcohol consumption can make certain menopause symptoms worse—such as hot flashes, sleep disruption and depression. *Heavy* drinking can contribute to an increased risk of osteoporosis, as it may cause calcium loss and other nutritional deficiencies. It also presents a greater risk of falls and bone fractures associated with unsteady footing.

Too much caffeine can provoke hot flashes and disrupt sleep. By limiting your intake of coffee and tea, you may be able minimize these symptoms.

Diet

A healthy diet can help offset the symptoms of perimenopause and menopause, and help prevent cancer. Some 30 to 40 percent of cancers can be prevented over time by combining a healthy diet with regular exercise. Weight gain is not directly related to menopause, however during perimenopause women gain an average of five to nine pounds. Our metabolism slows and our bodies begin to burn fat at a reduced rate. A healthy diet and moderate exercise can help prevent unwanted weight gain.

Canada's Food Guide is an excellent reference for determining what foods to eat, and in what quantities. For example, the Guide recommends: seven to eight servings of fruits and vegetables a day; foods low in saturated fats and trans-fatty acids and high in dietary fiber; and drinking at least six to eight glasses of water per day (relying on your thirst to guide your fluid intake isn't enough). Studies suggest that changing the type of fat in your diet can be more effective than simply reducing the overall amount of fat you consume. Replacing saturated fat and trans-fatty acids with non-hydrogenated, monounsaturated and polyunsaturated fats can have positive heart health benefits. Dietary supplements such as calcium and Vitamin D are also good options.

Books that may be helpful:

The Boston Women's Health Collective (2011). **Our Bodies Ourselves.** New York, NY: Touchstone.

The Boston Women's Health Collective (2006). **Our Bodies Ourselves, Menopause.** New York, NY: Touchstone.

Federation of Feminist Women's Health Centres (1991). **A New View of a Woman's Body: A fully illustrated guide.** Los Angeles, California: Feminist Health Press.

Northrup, Dr. Christiane (2006). **The Wisdom of Menopause: Creating Physical and Emotional Health and Healing During the Change.** New York, NY: Bantam Books.

Northrup, Dr. Christiane (2008). **The Secret Pleasures of Menopause.** Carlsbad, CA: Hay House.

Northrup, Dr. Christiane (1998). **Women's Bodies, Women's Wisdom: Creating Physical and Emotional Health and Healing.** New York, NY: Bantam Books.

Stewart, Dr. Elizabeth & Spencer, Paula (2002). **The V Book: A Doctor's Guide to Complete Vulvovaginal Health.** New York, NY: Bantam Books.

Wingert, Pat & Kantrowitz, Barbara (2006). **Is it Hot in Here? Or is it Just Me? The Complete Guide to Menopause.** New York, NY: Workman Publishing Company.

The majority of information in this booklet is borrowed
from the website:
menopauseandu.ca
by The Society of Obstetricians and Gynaecologists of
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