



## **Education**

### **Menopause**

#### **What is menopause?**

Menopause is the time in a woman's life when menstruation stops permanently.

Menopause is usually a gradual process, but it can occur suddenly in some cases. The ovaries begin to produce less hormone. The reduced amount of hormone causes menstrual periods to become irregular. Eventually they stop completely. Menopause can also suddenly occur when the ovaries are surgically removed.

Most women go through menopause between ages 45 and 55. In the US the average age for menstrual periods to stop completely is 51.

#### **What are the symptoms?**

Hormonal changes can cause physical and psychological symptoms before and during menopause. Symptoms may occur for a few weeks, a few months, several years, or not at all. The symptoms may come and go, or they may occur regularly.

These physical signs and symptoms are common during menopause:

- irregular or no menstrual periods
- hot flashes
- night sweats
- changes in your sleep patterns
- dizziness
- headaches
- muscle and joint pain
- dry skin
- palpitations (awareness of a fast or irregular heartbeat)
- tiredness
- vaginal dryness, sometimes causing discomfort or pain during sex
- grayish vaginal discharge with a bad odor
- more frequent need to urinate, or leakage of urine
- more frequent minor vaginal and urinary infections
- loss of desire to have sex.

Menopause usually occurs at a time in your life when other dramatic changes take place. Some of these changes may include loss of parents, adjustment to children growing up and leaving home, becoming a grandparent, retirement, or career changes. These changes, in addition to the changes in your body, may result in psychological or emotional stress. Psychological symptoms of menopause may include:

- anxiety
  - depression
  - tearfulness and irritability
  - sleeplessness
  - less desire for sex
  - lack of concentration
  - more trouble remembering things.
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## How is it diagnosed?

Your health care provider will ask about your medical history and examine you. You may have blood tests. A pelvic exam and Pap test may show the effects of less estrogen in your body. If you have not had a menstrual period for 12 months in a row, you are probably in menopause.

## How is it treated?

Menopause is a natural part of a woman's life. It is not a disease and does not necessarily require any treatment. However, some health problems, such as osteoporosis, are associated with low estrogen. To treat menopause symptoms and help prevent osteoporosis (a thinning and weakening of bones), your health care provider may recommend lifestyle changes and possibly also drug treatment.

Treatment of menopause symptoms should start with:

- regular exercise
- a healthy, calcium-rich diet that includes foods with estrogenlike substances, such as soybean products and whole grains
- a program to reduce stress (if exercise is not enough).

The prescription medicines progesterone, clonidine, or a combination of belladonna alkaloids and phenobarbital may be taken to treat hot flashes. Clonidine is a blood-pressure-lowering drug and may cause side effects if your blood pressure gets too low.

Some women have found ginseng root and vitamin E to be helpful with hot flashes, but medical studies have not yet supported this. However, a group of estrogenlike plant substances may help. Good sources of these substances are soybean products, other beans, rhubarb, carrots, and whole grains. Examples of soybean products include soy milk, tofu, roasted soybeans ("soy nuts"), and soy flour.

Medicines, such as risedronate (Actonel), alendronate (Fosamax), and raloxifene (Evista) are available to treat or prevent osteoporosis. Weight-bearing exercise, such as walking, and making sure that you have enough calcium and vitamin D in your diet also help to keep your bones healthy. Your health care provider may recommend calcium supplements with vitamin D.

Your health care provider might recommend that you take estrogen to replace the some of the hormone your body is no longer producing. This treatment is called estrogen therapy or hormone therapy. You and your provider should discuss the risks and benefits of hormone therapy for you. Factors such as your age, race, family history, and health history must be considered. Hormone therapy can give relief from hot flashes and vaginal dryness. It also helps prevent osteoporosis. However, hormone therapy increases the risk for heart disease or stroke. It can also increase the risk of breast cancer and blood clots.

If you are going to take hormone therapy, ask your health care provider about:

- the different types and dosages of hormone therapy
- any side effects or special precautions you should know about while you are taking hormones
- when you should start and stop the taking hormones.

Estrogen may be taken in many different forms, such as:

- tablets to be swallowed
- patches or lotion to be put on the skin
- a vaginal ring
- a cream to be put into the vagina
- pellets placed under the skin
- shots.

If you still have your uterus and want to take estrogen, you will need to take progesterone with the estrogen. Taking estrogen alone will increase your risk of cancer of the uterus. If your uterus has been removed, you should take estrogen alone.

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Make sure that your provider knows about any other medicines you are taking, including herbal and nonprescription medicines.

The male hormone testosterone in small amounts may help increase your sex drive. Too much testosterone can produce male characteristics, such as a deep voice, growth of hair on your face and chest, and acne.

### **How long will the effects last?**

Symptoms of menopause may last just a month, or they may continue for several years.

If you have had no menstrual periods for several months or years and then have bleeding from the vagina, check with your health care provider promptly. Unusual vaginal bleeding can be a sign of a precancerous problem or cancer of the uterus.

### **How can I take care of myself?**

To help your general mental and physical well-being, you should:

- Have a physical exam, including a pelvic exam, every year.
- Have a Pap test every 1 to 3 years, according to your provider's recommendations.
- If you are 40 years old or older, you should have a mammogram every 1 to 2 years, depending on your personal and family history.
- Eat more foods that are high in calcium, such as dark green vegetables and nonfat dairy products.
- Reduce saturated fats in your diet. Check food labels for nutrition information.
- Get regular physical exercise according to your provider's advice. Exercise will help you fight depression and maintain good blood circulation, mobility, and a sense of well-being. Weight-bearing exercise, such as walking or stair climbing, will help keep your bones strong.
- Do not smoke.
- Use birth control during sexual intercourse until your provider says that you may stop. It is not possible to know exactly when you will no longer be able to get pregnant, and it is important to avoid high-risk pregnancies.

You may also choose to:

- Wear cotton sleepwear to reduce discomfort from night sweats.
- Use a vaginal lubricating cream or jelly if sex is painful.
- Talk and share feelings with a friend or family member.
- Join a support group for women who have been or are going through menopause.

For more information, contact:

North American Menopause Society Phone: 440-442-7550 or 800-774-5342 Web site: <http://www.menopause.org>

Materials are available in Spanish and English.

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