

# Menopause

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## What is it?

The word *menopause* is defined as the end of menstruation or the end of having menstrual periods and the inability to get pregnant. Menopause has occurred when 12 consecutive months have passed without a menstrual period. It is a natural event - not an illness or a disease.

## What causes it?

Menopause is only one biological event in what is often referred to as the "change of life". This is a period when the production of *estrogen* and *progesterone* (female hormones) are declining. Presumably this is because the ovaries are shrinking after having released all of their eggs so that preparation for pregnancy is no longer necessary.

## Who gets it?

Menopause begins gradually and generally occurs in American women between the ages of 48 and 55, averaging around age 51. However, it can start anytime from the late 30's to the late 50's and usually is somewhat predictable based on the age at which the mother or older sisters had menopause. The length of menopausal years varies from woman to woman. Some women just stop having periods, others go through several years of symptoms.

## What are the symptoms?

Prior to your final period you may experience one or more signs that menopause is near. Both "hot flashes" and "night sweats" are characteristics of menopause experienced in 85% of all women. A hot flash can last just a few seconds or go on for hours. Usually there is a sudden feeling of heat that radiates through the face and upper part of the body. There may be a red blotching of the skin and excessive perspiration, followed by a chill. Fortunately, the body almost always adjusts to the decreased levels of hormone, and the hot flashes gradually disappear.

Night sweats are hot flashes that occur during sleep. They are sometimes severe enough to interrupt sleep and may give rise to increasing irritability, nervousness, insomnia, fatigue, and feelings of depression. These symptoms may be similar to the feelings experience before menstrual periods.

Vaginal *atrophy* occurs as the vagina gets shorter, narrower, and less elastic with thinner walls and a reduction in secretions. This may develop 6 months - 10 years after menopause. Atrophy may lead to itching, infection, and discomfort during sexual intercourse (which can usually be relieved by using a lubricant). Since many women experience a strong surge of sexual desire at menopause, problems in this area should be discussed frankly with your partner and doctor so that they can be resolved promptly. Contrary to popular belief, women don't usually lose interest in sex during or after menopause.

## Changes with menopause

### **Perimenopause (around menopause)**

- Irregular periods
- Hot flashes
- Night sweats
- Breast tenderness
- Mood swings and irritability
- Insomnia

### **Postmenopause (after menopause)**

- End of menstrual period
- Vaginal itching and dryness
- Weight gain
- Painful intercourse
- Incontinence

Sagging of other body structure due to the loss of elasticity in muscles, ligaments, and connective tissues can also cause problems. Constipation may be more common due to the loss of rectal muscle tone. The sagging bladder is more susceptible to bacterial infection. Incontinence or loss of urine may occur with laughing, coughing, sneezing, or lifting. More uncommon is *uterine prolapse* when the ligaments that hold your uterus in place allow the uterus to drop down through the vagina and even into the vaginal opening.

There are also long term complications of menopause which cause significant disease and disability. *Osteoporosis* is a process where the bones begin to lose calcium faster than they replace calcium which causes weakness. At least half of postmenopausal women eventually develop some degree of osteoporosis; it is most common in white women because of the lower density of their bones.

An increased risk for heart attack is also well established after menopause. This is due to reduced estrogen levels, which play an important role in cholesterol metabolism and the prevention of *atherosclerosis* (hardening of the arteries). Heart disease remains the leading cause of death in women over the age of 50 years (375,000 per year).

## How do you prevent it?

You can't prevent menopause. All women eventually will lose the function of their ovaries and therefore will lose the production of estrogen and progesterone. The most important thing for women after menopause is to avoid complications.

## Can it be treated?

Menopause can be treated in a variety of different ways. It may take several approaches to relieve the symptoms and prevent complications after menopause.

- **Exercise** has been shown to be beneficial in preventing heart disease and the loss of calcium from bones in older women. Usually this is accomplished by aerobic or active exercise at least three times a week for 30 minutes. The exercises must be weight bearing, such as walking, jogging, or playing tennis since weight bearing seems to promote strong bones.

- **Calcium** has also been recognized as being important in the prevention of osteoporosis. Calcium can be found in many vegetables and dairy products, but most women need supplements such as calcium carbonate or TUMS in order to get the recommended allowance of 1500 mg per day.

- **Estrogen vaginal cream** can be very helpful in treating vaginal dryness, irritation and itching. This is usually applied at night time with a plastic applicator. It can be taken indefinitely and has very few side effects.

- **Hormone replacement therapy (HRT)** makes up for the body's diminished estrogen production and relieves the severity and frequency of hot flashes, night sweats, vaginal irritation and some urinary problems. However, the landmark Women's Health Initiative study released July 2002 comparing an estrogen-progestin combination (Prempro) against placebo found the overall harm associated with HRT outweighed the benefits. In summary, the study found that during one year, 10,000

women taking HRT will have 8 more breast cancers, 7 more heart attacks, 8 more strokes and 18 more blood clots than those taking placebo. However, 6 fewer colon cancers and 5 fewer hip fractures will be seen. Put another way, for every 200 women who use HRT for 5 years, one woman will be spared a fracture or colon cancer, but 4 will suffer a heart attack, stroke, blood clot or breast cancer because of HRT.

For those women who take just estrogen without progestin (after hysterectomy), the same study showed no affect (good or bad) on heart disease or breast cancer, but an increase in stroke.

Thus, for most women who opt for HRT, they should do so using the lowest effective dose for the shortest time possible. Longer term treatment will need to be individualized based on personal history and risk.

HRT can be given every day or in cycles. Usually after an initial period of time, most women will not have any further bleeding despite HRT. If bleeding stops for 12 months or more and then restarts, it is abnormal and should be reported to your doctor. Other possible side effects include breast tenderness, bloating and nausea.

- **Selective estrogen receptor modulators (SERM's)** are like estrogen yet subtly and importantly different. At some areas in the body they interfere with estrogen; at others they mimic estrogen. SERM's include the fertility hormone Clomid, and the cancer drug tamoxifen. The latest addition raloxifene (Evista) appears to lower cholesterol and prevent osteoporosis without increasing the chance of breast cancer or bringing on monthly bleeding.

## Are there complications?

The long term complications after menopause including osteoporosis, heart disease, colon cancer, and Alzheimer's dementia are the most serious. Fortunately exercise, calcium, and certain medications have been shown to decrease these diseases, and possibly they may be avoided completely.

## In summary

- Menopause is a natural event and not an illness or disease.
- Most women have menopause between age 48 and 55.
- Menopause usually occurs over a few years.
- For more information contact the North American Menopause Society at [www.menopause.org](http://www.menopause.org) or the Women's Health Initiative at [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)