



Menopause Primer

Baby boomers and the overall population of the United States are aging. There are now over 30 million women in the United States who are postmenopausal (they've stopped menstruating), and that total will rise to about 50 million in the next two decades as the population continues to age. Menopause is nothing to be embarrassed about - it is as natural as puberty or childbirth.

Despite the fact that menopause is now openly discussed, many myths still abound about this important time in a woman's life. Some doctors suspect much of the negative associations women have with menopause are linked to our cultural attitudes. Experts point to countries like Japan where aging is thought to enhance a woman's status. Japanese women report fewer hot flashes and lower levels of discontent perhaps because they view menopause as an achievement.

Menopause Triggers

During childbearing years, the ovaries produce the hormones estrogen and progesterone. They prepare the uterus to nourish an egg in case it is fertilized. Estrogen makes the lining of the uterus grow a thick layer of tissue each month. Progesterone, which is produced by the ovaries during the second half of the menstrual cycle, further thickens the lining of the uterus. If an egg is not fertilized the levels of both hormones drop signaling the uterus to shed its lining, resulting in the monthly period.

As menopause nears, the ovaries begin to produce less estrogen and progesterone. A year or two before menopause, you will begin to notice changes in your menstrual cycle. One of the earliest signs of approaching menopause is irregular periods. Your menstrual flow may skip one or two months, or it may become lighter or heavier than in the past. Bleeding may last a longer or shorter time than usual for you. Keep in mind, however, that even though periods tend to be irregular around the time of menopause abnormal bleeding can sometimes be a sign of a medical problem in the uterus or its lining. It is important to discuss these changes with your doctor if you experience vaginal bleeding that is not normal for you.

Early Menopause

The average age American women enter menopause is 50-51 with a range of 41 to 59 years of age, but menopause sometimes occurs in women less than 40 years of age. Such early menopause can happen because the ovaries stop functioning or are removed by surgery. Removing the ovaries causes a sudden

loss of estrogen triggering severe symptoms. Women who have early menopause may need to take supplements or medications to reduce the symptoms of the sudden loss of hormones! Surgical removal of the uterus alone (hysterectomy) ends periods, but it will not cause menopause as the ovaries remain and continue to function normally.

How Does Menopause Affect the Body?

Like most natural events in life, menopause occurs gradually. A woman is not completely without estrogen even after menopause. Some continues to be produced by glands and body fat. The decrease in estrogen may cause many symptoms:

- **Hot Flashes** - This sudden feeling of heat that spreads over part or all of the upper body is the most common symptom of menopause, affecting an estimated 75-85 percent of American menopausal women. Hot flashes may cause you to blush red or break out in a sweat. A hot flash can last just a few seconds or go on for an hour. You may have as many as 10 in 24 hours. They're much more common at night. Interestingly, women going through menopause may experience hot flashes for a few months, a few years or not at all. Flashes can come on at any time, day or night and they vary greatly in frequency and severity. Some estimates say 10-15 percent of women are awakened by them hourly throughout the night and many experts now believe that the resulting lack of sleep may account for much of the irritability and emotional ups and downs usually blamed on hormonal changes.
- **Vaginal changes** - Lower levels of estrogen make the lining of the vagina thinner, less flexible and drier, which can cause pain during sex. Some women also have vaginal burning and itching, and others may feel discomfort in the clitoris (part of the female genitals involved in sexual stimulation). In some cases, the urethra (the tube that carries urine from the bladder) becomes irritated, and, as a result, you're more likely to have bladder and urinary tract infections after menopause. Sometimes you may have symptoms even without an infection - having to go to the bathroom often, feeling an urgent need to urinate, feeling a burning sensation when urinating, not being able to urinate or having to go often during the night.
- **Emotional swings** - The most common perception of menopausal women is that they're depressed, irritable and sometimes irrational. Interestingly, a study of 2,500 middle-aged women by the Women's Research Institute in Massachusetts found that more than 70 percent of women experiencing menopause were either relieved that their monthly periods were coming to an end, or they felt neutral about the issue. In truth, population surveys consistently show that women are most likely to suffer from depression in their twenties and thirties, not at mid-life. Furthermore, neither suicides nor psychiatric hospitalizations increase

among women in their late forties or early fifties. If nervousness, irritability or depression do occur, they may result from changing hormone levels, stress, or sleep deprivation due to hot flashes. Women may also get depressed if they believe that the end of their reproductive years equates the end of their usefulness or of their "womanhood."

- **Bone loss** - Dwindling bone mass is a normal part of aging, but at menopause this bone loss increases markedly. This may make bones fragile and increase the risk of broken bones and osteoporosis (thinning bone disease). As bones become fragile, they pose a major health hazard. The hip, wrist, and spinal bones are most often affected. Up to one in five patients dies within 6 months of hip fracture from complications, such as blood clots, stroke, heart attack, and pneumonia.
- **Heart disease** - The estrogen that women produce before menopause gives them a natural protection from heart attacks. Consequently, the risk of heart attack and stroke goes up after menopause when estrogen levels decrease.
- **Sex** - Many menopausal women complain that they enjoy sex less. However, this is more likely due to discomfort resulting from vaginal soreness or dryness than a loss of interest in sex. This irritation can be treated with topical lubricants available in any drug store.
- **Other** - Many other changes related to a decline in hormone levels may be hard to distinguish from the normal aging process. The skin becomes wrinkled, hair thins and its texture changes, some pubic hair is lost and some facial hair may be gained, the breasts lose some of their fullness, and the nipples become less erect, there is more body fat in some places and less in others.

Menopausal Expectations

No sweeping generalization can tell you what to expect, but many of the dire predictions of the past were exaggerated. Menopause affects every woman differently - here are some guidelines that may help you:

- **Individual expectations** - A positive mental attitude is a must! Studies at the New England Research Institute and the University of Pittsburgh found that women who anticipate having a hard time during menopause do suffer more negative emotional and physical symptoms than women who expect it to be easier. While some women's bodies are especially sensitive to hormonal changes, the ingoing expectations may create a self-fulfilling prophecy - women who believe their symptoms will be bad are less likely to seek relief, thus making their experience more difficult.
- **Cultural beliefs** - Greek women who have hot flashes consider them trivial. Only a small percentage of Japanese women report hot flashes - they more frequently complain of head-aches and stiff shoulders. Why? Anthropologists who have compared menopause in different cultures find

that the society's view of a woman during and after menopause can dramatically influence how she experiences this stage of life. Mayan women, for example, say they do not have hot flashes. In Mayan culture, women who have gone through menopause become respected elders and many of their household duties are then done by their daughters-in-law. Many American women, on the other hand, are convinced that menopause marks the end of their best years, adding to or creating stress that can aggravate symptoms.

- **Surgically induced menopause** - In the New England Research Institute study, women whose ovaries were removed were more likely to be depressed than those who underwent natural menopause. They were more negative about menopause in general and more likely to regret the loss of their periods. They also reported more hot flashes and more sleep disturbances, probably because their estrogen supply changed abruptly rather than gradually diminished. This may also explain the decline in sexual interest and ability to climax reported by some women whose menopause resulted from surgery.
- **A history of depression** - Women who seem especially vulnerable to mood disturbances at menopause include those who suffered from postpartum depression after giving birth, had bouts of depression at some point in their life, or have a family history of depression.

Hormone Replacement Therapy (HRT)

Medical hormone therapy can help ease the symptoms of menopause in short term use, BUT IT WILL NOT protect against bone loss and heart disease. Like all medication, hormone replacement carries risks which make HRT controversial. The question seems to be whether menopause is a disease that should be treated or a natural process that should be treated holistically, or even left to run its course.

Risks of HRT - Hormone Replacement Therapy (HRT) is not new. In the mid-60's, women were encouraged to take estrogen to relieve the temporary discomforts of menopause. But in the 70's it was discovered that women on estrogen had eight times the risk of uterine cancer. The early 80's added another chapter to this story: The addition of the hormone progesterone to HRT practically eliminated the risk of uterine cancer. The addition of progesterone does cause menstruation and, possibly, symptoms like those of pre-menstrual syndrome (PMS). Women who have had a hysterectomy do not need to take progesterone along with estrogen.

In the recent months studies have revealed that women taking **TRADITIONAL HRT** (estrogen or estrogen + progesterone) **have an increased risk of breast cancer!** There are also the risks of increased blood clots, and liver problems.

Benefits of HRT - Recent studies have refuted the previous suggestion that estrogen decreases a woman's risk of heart disease. HRT taken long-term still helps with osteoporosis by maintaining bone mineralization, but with the cautions of side effects of HRT. Traditional HRT is really **only useful for short term help with the symptoms of menopause** - hot flashes and sleep disturbances, otherwise they probably should not be used for extended periods of time.

Newer Non-Traditional Medications - a new class of medications, **SERMs (Evista) (see our article)**, have been added to the decision tree. They avoid the concerns about uterine cancer and breast cancer, but may actually worsen hot flashes initially. They also seem to decrease bone fractures in initial study results, but longer studies are still underway!

Making a Choice

Should you take medications? This is a decision all women will face at some point in their lives. The problem is that most of this is educated speculation. The recent studies that have positively identified the risks and lack of benefits of traditional HRT with estrogen and progesterone have really simplified this decision in my opinion.

- **Reasons to Take Hormones:** **1)** You have significant menopausal symptoms. **2)** You are **at increased risk of osteoporosis** because a) your diet is low in calcium or you have an eating disorder, b) you are slender, Caucasian or Asian, smoke or drink regularly, or have a family history of osteoporosis.
- **Reasons to Not Take Hormones:** **1)** You have minimal symptoms or are at low risk for osteoporosis. **2)** You wish to do this holistically with supplements.

Making the Right Choice:

If you choose not to take HRT, you should **work on health promotion** and work to lower your risks of heart disease and to prevent osteoporosis from even beginning! Work with your family doctor to set up an individualized plan:

1. Stop smoking!!!!
2. Get 45-60 minutes of weight-bearing exercise four times a week.
3. Maintain a normal body weight - **check your BMI.**
4. Maintain cholesterol levels within the normal range through a regular exercise program, a low-fat, low-cholesterol diet, or with nutritional supplements or medication if necessary
5. Control high blood pressure.
6. Prevent diabetes from being a part of your future!!
7. Consume 1,500 mg of calcium and 400 IU of vitamin D each day
8. Consume 40-50 grams of a high quality soy protein supplement daily.