

## Patient Particulars

# Understanding Menopause: A Personal Guide

*This fact sheet has been created for you by the American Osteopathic Association. Read the questions and answers carefully, and then jot down the questions you'd like to discuss with your physician. In addition, consult a few of the Web sites listed at the conclusion of this handout. Many offer information, resources, and news on the latest developments in menopause diagnosis and treatment.*

## What is menopause?

Menopause is the time in your life when menstruation ends and you stop having regular monthly periods. Beginning in your early 40s, your ovaries produce lower levels of two hormones: estrogen and progesterone.

Estrogen promotes the development of your breasts and uterus. It also controls the cycle of ovulation, or the release of an egg by one of your ovaries into one of your fallopian tubes. Overall, estrogen can influence many aspects of your physical and emotional health. Progesterone controls menstruation, or having periods. It prepares the lining of your uterus to receive a fertilized egg and become pregnant.

## How can I tell whether I'm in menopause?

Natural menopause begins when you have your last period, or stop menstruating. Menopause is considered completed when you've stopped menstruating for a full year. This typically happens when you're between the ages of 45 and 55. The average age of menopause is 51. If you've had surgery to remove both of your ovaries, you went through what's called surgical menopause. This means

that your body stopped producing hormones, and you stopped menstruating.

During menopause, many women have problems such as hot flashes, night sweats, sleeplessness, and vaginal dryness. Be sure to inform your physician about these problems. You'll also want to talk with your physician about osteoporosis, or bone thinning, as well as heart disease. Both osteoporosis and heart disease are more common in women who've been through menopause.

By the time you reach menopause, your body is producing fewer hormones. Even though your adrenal glands and fat cells will produce low levels of estrogen after menopause, your estrogen output is about 10% of what it was before menopause began.

## What are menopausal hormones, and why do physicians prescribe them?

Menopausal hormone use, or hormone replacement therapy (HT), requires that your physician prescribe estrogen alone or estrogen in combination with progesterone. Whether you use estrogen with or without progestin, you will double the level of estrogen in your body. However, even with hormone treatment, your hormone levels will never quite reach those of a woman who is premenopausal.

Your physician may suggest that you use hormones to address some of the problems or

symptoms women have with menopause. These problems can include hot flashes, night sweats, sleeplessness, or vaginal dryness.

## How do researchers know so much about how hormones work?

Researchers have been working hard to identify the benefits and risks of hormones. Sometimes researchers conduct projects called clinical trials. Women who participate in these trials receive either hormones or placebos. Often called "sugar pills," placebos may look the



same as hormone pills, but they contain no hormones. Using this approach, researchers can find out how different hormones affect conditions and diseases such as osteoporosis and heart disease.

### What do we know about the risks and benefits of hormones?

The answers are not clear yet, but research continues and more studies are being published.

Much of the newest evidence on the risks and benefits of hormone use in women who have completed menopause comes from the Women's Health Initiative (WHI). This clinical trial involved more than 16,000 women, aged 50 through 79. Half of the women took hormones, and half took placebo pills with no hormones.

The trial, which was sponsored by the National Institutes of Health (NIH), was stopped in July 2002. Researchers announced that the risks of estrogen plus progestin outweighed the benefits. They also said that using an estrogen plus progestin pill increased the risk of breast cancer, heart disease, stroke, and blood clots. However, researchers found that women who took estrogen plus progestin had fewer hip fractures and a decrease in colon cancer, than women who took the placebos.

Your physician can help you determine what the findings of this and other studies could mean for you.

### Does the way hormones are administered make any difference?

Most of the research on the impact of hormones has come from studies in which women take hormones orally in the form of pills. However, some women receive hormones through transdermal patches, gels, vaginal creams and vaginal rings. These products can be just as effective as pills in treating women for the symptoms of menopause, which include hot flashes

and vaginal dryness.

Talk with your physician to find out the products that would be best for you.

### Are there any alternatives for me if I decide not to take hormones?

Even though hormones may help with short-term symptom relief, many women are so concerned with unanswered questions and safety issues that they decide not to take hormones. This is an important decision. Make sure you involve your physician in a discussion about whether you should take hormones and for how long. If you still decide that not taking hormones is the best decision, talk to your physician about alternatives.

Develop a healthy lifestyle by quitting smoking, exercising regularly, and eating a healthy, plant-based diet.

In addition, your physician may prescribe such drugs as alendronate sodium, raloxifene hydrochloride, and risendronate sodium. Because these drugs prevent bone loss, many physicians prescribe them to treat osteoporosis in menopausal women. The US Food and Drug Administration ([www.fda.gov](http://www.fda.gov)) has also approved parathyroid hormones for osteoporosis treatment. You can find out more about these drugs at sites such as RxList ([www.rxlist.com](http://www.rxlist.com)).

Many women also try to relieve symptoms of menopause through non-prescription remedies, such as foods rich in phytoestrogen, a natural estrogen. These foods include soy, millet, barley, flax seed, lentils, kidney beans, lima beans, rye, clover, fennel and chickpeas. Other fruits and vegetables that contain the estrogen compound phytoestrogen include apples, alfalfa sprouts, celery, parsley, beets, broccoli, cauliflower, carrots, cucumbers, mushrooms, brussels sprouts, seaweed, cherries, olives, pears, plums, tomatoes, prunes, navy beans, red beans and split peas.



## For additional information, check the resources listed below:

- **North American Menopause Society**  
[www.menopause.org/consumers/](http://www.menopause.org/consumers/)
- **Council on Hormone Education**  
[www.HormoneCME.org](http://www.HormoneCME.org)
- **MEDLINEplus**  
[www.nlm.nih.gov/medlineplus/healthtopics\\_w.html](http://www.nlm.nih.gov/medlineplus/healthtopics_w.html)
- **Menopause Online: Mayo Clinic**  
[www.mayoclinic.com/invoke.cfm?id=DS00119](http://www.mayoclinic.com/invoke.cfm?id=DS00119)
- **Menopause: Another Change in Life-Planned Parenthood**  
[www.plannedparenthood.org/WOMENSHEALTH/menopause.htm](http://www.plannedparenthood.org/WOMENSHEALTH/menopause.htm)
- **How to Manage Menopause**  
[www.aafp.org/afp/970400ap/970400b.html](http://www.aafp.org/afp/970400ap/970400b.html)
- **The Menopause Experience: Project Aware**  
[www.project-aware.org/Experience/experience.shtml](http://www.project-aware.org/Experience/experience.shtml)
- **Managing Menopause: Project Aware**  
[www.project-aware.org/Managing/managing.shtml](http://www.project-aware.org/Managing/managing.shtml)
- **Menopause and Bladder Control**  
[www.kidney.niddk.nih.gov/kudiseases/pubs/menopause\\_ez/index.htm](http://www.kidney.niddk.nih.gov/kudiseases/pubs/menopause_ez/index.htm)
- **Menopause: Managing Your Body's Changes—The Hormone Foundation**  
[www.hormone.org/pdf/menopause\\_managing\\_your\\_body.pdf](http://www.hormone.org/pdf/menopause_managing_your_body.pdf)
- **Menopause**  
[www.docguide.com/news/content.nsf/PatientResAllCateg/Menopause](http://www.docguide.com/news/content.nsf/PatientResAllCateg/Menopause)
- **Menopause and the Risk of Heart Disease and Stroke**  
[www./216.185.112.5/presenter.jhtml?identifier=1024](http://www./216.185.112.5/presenter.jhtml?identifier=1024)
- **Menopause: Heart Center Online for Patients**  
[www.heartcenteronline.com/myheartdr/common/articles.cfm?ARTID=315](http://www.heartcenteronline.com/myheartdr/common/articles.cfm?ARTID=315)
- **An Active Menopause: Using Exercise to Combat Symptoms**  
[www.physsportsmed.com/issues/1996/07\\_96/shangold.htm](http://www.physsportsmed.com/issues/1996/07_96/shangold.htm)