

Article for the April Edition of Today's Health for the Empowered Woman

THE MENOPAUSE YEARS

It is absolutely true that as a physician ages so do his patients. Having been in practice for over thirty years now I spend a very large time of my week counseling women on menopause. The topic is so complicated for such a natural process that I am going to break this up into two articles. Today I will focus on definition and symptoms and in later articles, treatment.

Put simply, menopause is the time in a woman's life when she stops having menstrual periods and marks the end of the reproductive years that began in puberty. The average age that this occurs is fifty one. Now that women are living well into their eighties and beyond it is very likely that a woman may spend more time in her menopausal years than reproductive years. Above all, menopause is a natural event and the physical changes that occur should not prevent a woman from enjoying this time of life.

The ovaries make estrogen from puberty until menopause; progesterone is made also from the time of ovulation and if fertilization does not occur, the level drops and menstruation occurs. In menopause, the ovaries make considerably less estrogen and so periods begin to be missed, can become heavier or lighter. While 95% of irregular bleeding at this time is secondary to menopausal changes it can also be due to malignant or premalignant lesions of the genital tract and this must be ruled out first by your provider before assuming that is just a menopausal change. When the ovaries shut down in menopause a small amount of estrogen is made in body fat. Obese and morbidly obese women might make enough estrogen to prevent estrogen deprivation symptoms but also increase their risk of breast and uterine cancer. Rarely are ovaries removed at the time of hysterectomy but, if so, severe symptoms might be triggered and the woman might elect to take hormones to replace those made by the ovaries.

So, what then to expect? The estrogen level in natural menopause drops gradually so that the changes in your body will occur slowly over time. Everyone is different so some might notice very few changes in bodies or mood and others will find it very difficult to deal with these symptoms. Hot flushes are the most common complaint that I hear. 75% of menopausal women have them. They can happen anytime of day or night but seem more common at night with kicking off of bed covers, turning on the fan, etc. The woman feels suddenly hot and sweaty and might indeed have reddened skin. They rarely last more than a few minutes but are usually quite concerning especially when the woman feels that when out in public she is being stared out for looking red and hot. Beyond embarrassment, they are not harmful and are usually self limiting. The flushes themselves can cause sleep disturbances but sleep is impeded by yet to be discovered causes. This leads to changes in mood and health. I frequently hear: "I can fall asleep but not stay asleep". I discourage prescription sleep medications and instead of tossing and turning this may be the time to check email, make a grocery list, or watch a movie, then go back to sleep. Vaginal and urinary tract changes can be severe. As the estrogen

level drops the vaginal lining becomes thin and dry causing painful intercourse, increased risk of infection and itching. The urethra also retracts causing more frequent urination or involuntary loss of urine with or without straining. I have written previous articles about menopausal related osteoporosis but the importance cannot be overstated. Bone loss is a normal part of aging especially in hip, wrist and spine. In the absence of estrogen this bone loss is accelerated. Estrogen loss has also been proven to increase the risk of heart disease and stroke. Perhaps one of the most common and often joked about symptoms is the emotional changes that occur during this time. It is not a joke to the woman who is experiencing them. Sudden mood swings and depression usually do not occur however changes in hormone levels can make one feel nervous and tired especially in the face of sleep loss. If a woman is undergoing other stresses in her life at this time such as older children, college costs, care giving of aging parents, financial difficulties, etc. these might add to problems with coping and with intimate relationships. Lastly, and maybe most importantly are changes in sexuality. Menopause does not mean the end of sexual enjoyment. As noted above, dryness becomes a problem but the use of personal lubricants that can be bought over the counter can make sex more comfortable. Above all, it must be remembered that less interest in sex is normal as females get older and can be the subject of another article entitled "Female Hypoactive Sexual Desire Disorder". I am frequently asked "do I still need to use birth control?" Yes, the risk of pregnancy is not over until one year after the last period.

This is a lot of information to absorb. Next month I will focus on the The Gynecologic Visit, hormone and other therapies and staying healthy. This is empowerment.