



Understanding Menopause

Common Questions & Answers

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AT THE FOREFRONT

UChicago
Medicine

Is this menopause?

Menopause is the natural phase of life after your menstrual cycles come to an end. It is different for every woman. However, all women in menopause have one thing in common. They are no longer menstruating and have not for a year or more.

Menopause is due to decreased production of estrogen from the ovaries. Women in menopause can no longer become pregnant.

If you are age 40 or above and you haven't had a period for 12 consecutive months, you most likely have entered menopause. Menopause is a natural process; however, for some, menopause may begin after certain medical procedures, such as an oophorectomy (removal of the ovaries, with or without removal of the uterus), radiation or chemotherapy.

Most women experience menopause between the ages of 40-58. The average age of menopause is 51. A small percentage of women experience menopause earlier due to surgery, medical treatments, genetic disorders, or primary ovarian insufficiency. Talk with your doctor if you are having symptoms of menopause and you are younger than 40 years old. You may benefit from hormone therapy to help prevent cardiovascular disease and protect your bone health.

What is perimenopause?

For some women, menopause is associated with annoying symptoms that often start several years before the final menstrual period. **Perimenopause** is the time leading up to menopause when menstrual cycles become irregular and other symptoms begin.

How long do menopausal symptoms last?

Symptoms can vary in duration and severity. Some women experience mild symptoms for a short period of time, while others may have more severe symptoms lasting up to 10 years — sometimes longer.

Usually most bothersome during the years around the final menstrual period, symptoms of menopause may include:

- » Changes in menstrual cycle (this marks the start of perimenopause)
- » Hot flashes and night sweats (vasomotor symptoms)
- » Genitourinary symptoms, such as vaginal dryness, irritation, itching, pain or bleeding with sex, urinary frequency/urgency, or recurrent urinary tract infections
- » Decreased sex drive
- » Difficulty sleeping
- » Mood changes, feeling more depressed, irritable or worried
- » Difficulty remembering things
- » Weight gain
- » Hair loss
- » Skin changes such as dryness, thinning, redness or acne

Menopause is a natural process. For many, treatment is unnecessary; however, for those who experience severe symptoms that impact quality of life, treatment may be beneficial. Fortunately, there are numerous safe and effective treatment options that can help.

These hot flashes and night sweats wipe me out. How long will they last?

More than 75% of women have hot flashes. **Hot flashes** are the most common menopausal complaint. They come with a sudden feeling of being hot that triggers sweating, reddening of the skin and a racing heartbeat that lasts one to five minutes. When they happen at night, hot flashes are called **night sweats** and often cause sleep problems. Hot flashes and night sweats are often followed by feeling a cold chill. You may only have a few or many episodes per day.

Hot flashes and night sweats can last up to 10 years or more. For most, they improve over time, however are typically most bothersome the few years around the final menstrual period.



What can I do to manage these symptoms?

Seeing a health care professional with experience in menopause management is key to getting the right treatment. Depending on your symptoms and medical history, your clinician may recommend treatment with or without prescription medicine.

TREATMENT WITHOUT PRESCRIPTION MEDICATION

- » **Lifestyle changes** (these interventions may help reduce bothersome symptoms, but have not been shown to reduce hot flashes and night sweats)
 - › Dress in layers made of natural fibers (like cotton) that you can easily remove
 - › Wear light night clothes
 - › Use layered cotton bedding or moisture-wicking material
 - › Keep the room temperature cool
 - › Cold packs under your feet or pillow
 - › Limit your alcohol, caffeine and sugar intake
 - › Do not smoke
 - › Use relaxation methods like meditation, exercise and yoga
- » **Behavioral interventions**
 - › Hypnosis
 - › Cognitive behavioral therapy (self-guided resources are available online)
- » **Stellate ganglion blockade:** An injection of medication into nerves in the lower neck

Note: Over-the-counter herbal medicines, supplements, and therapies such as acupuncture are often advertised to ease menopause symptoms. However, studies have not shown that they work any better than placebos. Herbal medicines and supplements can also interact with your prescription medications. Make sure to talk to your doctor before starting treatment.

TREATMENT WITH PRESCRIPTION MEDICATION

» Nonhormonal treatment options

- › Certain antidepressants (Selective Serotonin Reuptake Inhibitors & Selective Norepinephrine Reuptake Inhibitors)
- › Gabapentin, an anticonvulsant medication
- › Oxybutynin, a bladder relaxant
- › Fezolinetant, a neurokinin 3 receptor antagonist

» Hormone Therapy (HT)

- › Estrogen Therapy: Synthetic medication that replaces the estrogen in the body that the ovaries no longer make after menopause
- › Combined therapies: Estrogen and Progestogen **OR** Estrogen and SERM (Selective Estrogen Receptor Modulator) therapy: Synthetic medication used to replace the hormones once made by the ovaries. This therapy is used in women who still have their uterus. The progestogen or SERM helps to protect the lining of the uterus and lessen the risk of uterine cancer.
- › Bioidenticals: Plant-based hormones that are the same on a molecular level with the hormones naturally made by the ovaries. There are several FDA-approved bioidentical hormone therapy options available. Bioidenticals made in compounding pharmacies are not FDA-approved, and therefore, have not undergone the strenuous process of determining drug safety and purity. Use of compounded hormone therapy, including injectables and pellets, is not recommended and may be associated with more risk.





Sex is uncomfortable, even painful. Is there help for this?

The loss of estrogen due to menopause results in changes to the vagina, vulva, and bladder. Vulvovaginal tissue becomes thinner and dryer, and the vaginal canal can become tighter and shorter. In some, it can lead to vaginal irritation and pain or bleeding during sex. This can make it difficult to become aroused and enjoy sex. While hot flashes and night sweats improve over time, vaginal symptoms may get worse if not treated. There are many non-hormonal and hormonal options that are safe and effective.

» Nonhormonal treatment options

- › Lubricants provide temporary relief for friction caused by thin, dry vaginal tissue. They can be applied on the vagina, penis, dilator, or vibrator before vaginal penetration. They work as a protective layer and are not absorbed into the skin, so may need to be reapplied often during sex. There are several lubricants available on the market: water-, silicone-, or oil-based. Oil-based lubricants can decrease the efficacy of condoms in preventing pregnancy and STIs.
- › Moisturizers go into the skin and should be used on a regular basis to increase vaginal moisture. They are also very helpful if you have vaginal dryness when you are not having sex.

› Masturbation or use of a vibrator can help you become aroused and lead to more lubrication. Regular sexual activity with a partner or vibrator can also promote blood flow to the vagina and help keep tissues flexible. However, if vaginal penetration is painful, schedule an appointment with a clinician for evaluation and treatment.

» Hormonal treatment options

- › Low-Dose Vaginal Estrogen Therapy (cream, vaginal tablet, ring) restores vaginal blood flow, normalizes the vaginal pH and improves the thickness and flexibility of the vaginal tissue. It is very helpful in women who do not see improvement with lubricants and moisturizers. All forms of vaginal estrogen work well and have minimal side effects.
- › Selective Estrogen Receptor Modulator (SERM) works the same as vaginal estrogen to restore vaginal tissue to the way it was before menopause. It is taken daily by mouth.
- › A Dehydroepiandrosterone (DHEA) Vaginal Suppository also has the same effect on tissue after menopause as vaginal estrogen. It is a steroid vaginal suppository that turns into the sex hormones estrogen and testosterone.

A low sex drive may also be from having lower hormone levels. In some women, treatment of vaginal changes can lead to a return of sexual interest. However, if you still have a lack of sex drive after the successful treatment of vaginal changes, talking with a gynecologist or sex therapist about other therapy may be needed.

I feel like I always have a vaginal or bladder infection. Treatment helps for a short time then comes back. I am not sexually active, what is wrong?

For some, the natural changes to the vaginal tissues after menopause result in vaginal dryness, irritation, or pain and may even cause urinary urgency, frequency, or recurrent UTIs. For mild symptoms vaginal moisturizers may help. For moderate to severe symptoms one of the prescription options listed above can help resolve frustrating and persistent symptoms.



I've gained weight over the past couple of years. It's because of menopause, right?

Many women complain of weight gain during menopause, but menopause may not be the only cause. Aging and less activity and exercise are the main reasons for gaining weight.

Aging in both men and women brings changes in metabolism, less muscle growth and increased body

fat. Physical activity often declines as women age, and this can lead to weight gain.

The decrease in estrogen and progesterone, along with aging, triggers metabolic changes in the body. One change is decrease in muscle mass, resulting in fewer calories being burned. If fewer calories are being burned, fat accumulates. Genetics, lack of sleep, and sedentary lifestyle play a role as well. The muscle tone lost from reduced hormone production is often replaced by fatty tissue. Fat tends to deposit around your waist and belly. This kind of weight gain increases your risk of diabetes, high cholesterol, cardiovascular disease, osteoarthritis, and some kinds of cancer (breast, uterine and colon). It can also cause less mobility, poor self-image and less energy.

It is important to your overall health and well-being to have regular exercise at least 30 minutes a day five times a week and to keep a healthy diet. A healthy diet includes watching portion control and eating less sugar, carbohydrates, fat, and processed foods. These changes will help keep a healthy weight and improve energy.

Can hormone therapy prevent weight gain?

Hormone therapy will not help you lose weight, nor is it indicated for weight loss. Hormone therapy may actually contribute to a little bloating in the midsection for some patients. Although HT

will not cause weight loss, there is some evidence that it can help redistribute fat from the midsection to the peripheral sites, thighs and gluteal region.

I can't remember anything. I've been told menopause can cause memory loss. Is that true?

There is evidence for memory loss and “brain fog” during the menopause transition. However, issues with memory tend to be temporary, and seem to get better after menopause.

Memory loss and other declines in mental functioning are a normal part of aging. If you find that these changes interfere with your work or social life, you should talk to your doctor.

Research shows that women who engage in social activities, remain physically and mentally active, maintain a healthy diet, and avoid tobacco use and heavy alcohol intake experience less loss of mental functioning as they age.

Maintaining a healthy weight, cholesterol level and blood pressure also helps to protect your brain.

I've been feeling irritable, tired and depressed. What can I do?

Mood swings, feeling irritable or worried, and depression are all common symptoms during menopause. If you have a history of clinical depression, premenstrual syndrome (PMS) or postpartum depression, you may also be at high risk for having depression again. If these symptoms interfere with your quality of life, you should talk about them with your doctor, nurse or other health care team member and think about treatment options.

I'm worried about the risks linked with hormone therapy. Is it safe?

Hormone therapy is the best treatment for hot flashes, night sweats and genitourinary symptoms associated with menopause. However, it should NOT be used to prevent dementia or cognitive decline, cardiovascular disease, weight gain, hair loss or insomnia.

There are four approved indications for use of HT:

1. Treatment of moderate to severe hot flashes and night sweats.
2. Treatment of moderate to severe genitourinary symptoms due to menopause.
3. Prevention of osteoporosis (not treatment).
4. Treatment of premature menopause (menopause before the age of 40).

The risk of HT depends on how it is given and individual risk factors.

Hormone therapy taken by mouth may increase the risk of stroke, blood clots, heart attack and gallbladder disease more than hormone therapy that is absorbed through the skin, such as transdermal patches, gels, sprays and vaginal rings. The HT options absorbed through the skin do not undergo metabolism in the liver like oral pills do, which is why they are thought to have less risk.

Overall, HT is a safe and effective option for treating vasomotor symptoms (hot flashes and night sweats) and genitourinary symptoms (vulvovaginal irritation, itching, pain or bleeding with sex and urinary symptoms), especially in healthy women under the age of 60 or within 10 years of menopause. In addition, it has been shown to offer some protection against bone loss and colon cancer.

For women who undergo premature menopause before age 40, they should be placed on HT (unless there are contraindications) to help prevent cardiovascular disease, osteoporosis, and cognitive decline until they reach their early 50s, the average age of menopause.

The risks of HT outweigh the benefits in women over 60, or more than 10 years from their last menstrual period, and those with a medical history of various conditions (heart disease, liver disease, blood clots). Nonhormonal options should be considered.

Most women with breast, ovarian or uterine cancer or a history of one of those cancers should not get HT (including therapy with bioidentical, plant-based hormones). For these women, nonhormonal therapies and lifestyle changes are first-line treatment options. If you have or have had cancer and are thinking about using herbal remedies, talk with your clinician first. Many herbal remedies have forms of estrogen that could make your cancer grow faster or cause it to come back.

What are the major health recommendations now that I am entering or experiencing menopause?

Getting and staying in the best health is very important during perimenopause and beyond. Your risk for cardiovascular disease, osteoporosis, diabetes and cancer is higher with age. You can lessen this risk by:

- » Exercising on a regular basis
- » Keeping a healthy weight
- » Sticking to healthy food choices and portion control
- » Using methods to reduce stress and help you relax
- » Keeping normal blood pressure, blood sugar, cholesterol and triglyceride levels
- » Not smoking
- » Not drinking a lot of alcohol
- » Getting the right amount of calcium and vitamin D to keep your bones healthy.





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Dr. Christmas offers comprehensive gynecologic care from a patient's initial exam through her childbearing years and menopause. She is committed to providing complete, high-quality gynecological care with compassion. Dr. Christmas practices in all areas of general gynecology with special interests in the management of uterine fibroids, abnormal uterine bleeding, irregular menses and sexual dysfunction.

She is also a Certified Menopause Practitioner of The Menopause Society.

Questions?

Email womenshealth@uchospitals.edu

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