



# 10 Myths

**Why you shouldn't believe them.**

Not so long ago, menopause was considered a secret affliction. No one really talked about it except to whisper about “middle age crazy” and “going through The Change.” As recently as ten years ago, there was little scientific research on the subject and even less information available to women on how best to manage the transition.

Now, the code of silence has been broken and the floodgates have opened. As researchers scramble to close the information gap, women now find they are inundated with new scientific findings, and with books, pamphlets, newsletters, websites, videos and news articles about menopause. What's more, new over-the-counter and prescription remedies targeting menopausal women are appearing in drugstores and supermarkets every day.

# about Menopause

And yet, as much information as there is about menopause these days, many women still feel ill-prepared and misinformed. According to a national poll by The American College of Obstetricians and Gynecologists, fewer than half of women going through menopause consider themselves very well informed about it.

How prepared are you? Do you recognize any of these common myths?

1

**Menopause is a disease caused by a shortage of hormones.**

**Not exactly.** Menopause is not a disease. It's a natural transition, just like the start of your menstrual periods during puberty. Instead of gearing up for pregnancy and childbirth, your reproductive system is gradually winding down now. Your ovaries produce less and less estrogen until they produce so little estrogen that you stop menstruating altogether — usually in your early 50s.

2

**Menopause is a swift and sudden change that takes a year or two, at most.**

**Not quite.** As you make the transition through menopause, you may notice that it happens in three phases. **Perimenopause**, the first

phase, generally occurs from two to eight years before menopause and lasts until a year after your last menstrual period. During this time, as your ovaries' production of estrogen gradually decreases, you may experience any number of physical changes, including irregular periods, hot flashes, night sweats and PMS-like mood swings. Some women say they feel achy all over. Others may feel tired and have difficulty concentrating or remembering things.

Additional symptoms might include insomnia, anxiety, headaches, sleep disturbances, heart palpitations, and vaginal dryness, which can lead to pain or discomfort during intercourse. But some women may not experience any symptoms at all.

The actual onset of **menopause** occurs next. This is when your ovaries produce so little estrogen that your menstrual periods cease altogether. You'll know that you have reached this milestone after you have gone 12 consecutive months without having a period.

The average age of menopause is 51 years, but it's perfectly normal for menopause to occur anywhere from the early forties to mid-fifties. If you smoke, you can expect to enter menopause about two years earlier than average.

The third phase, **postmenopause**, refers to the time in your life following menopause which, for the majority of women, amounts to 25 years or more.

By this time, hot flashes, mood swings, and other physical discomforts of menopause usually have subsided. But the lower estrogen levels after menopause increase a woman's vulnerability to heart disease and the bone-thinning disorder known as osteoporosis.

3

**After menopause, your sex life is over.**

**Wrong!** According to the results of a recent survey by the American Association of Retired Persons (AARP), you and your partner may find yourselves enjoying your sex life now more than ever. The survey found that two-thirds of men and women ages 45 and older say they are satisfied with their sex lives.

4

**If you haven't had a period in several months, you can safely assume you're past menopause and stop using birth control.**

**Not so fast.** For many women, erratic periods may last several years. Perhaps the best way to determine when you have reached menopause is to wait until a full year has passed without having a single period. Sometimes, a blood test that measures levels of follicle-stimulating hormone (FSH), can be used as a marker for menopause. During the childbearing years, FSH is periodically released by the brain's pituitary gland to help regulate menstrual cycles. Although FSH fluctuates tremendously during the perimenopausal years, consistently high blood levels of FSH generally point to the onset of menopause. The

test is most helpful for women who have undergone a hysterectomy (surgical removal of the uterus) and who no longer have periods to help determine if they have entered menopause.

Because your menstrual cycles can be wildly unpredictable throughout perimenopause, it may be wise to continue to use some form of contraception to guard against pregnancy for a full 12 months after your periods end.

## 5

**Irregular bleeding is always a sign of cancer.**

**False.** In fact, as many as 90 percent of perimenopausal women will experience irregular menstrual cycles. Nine times out of 10, fluctuating hormones are the culprits, causing your periods to become significantly lighter or heavier than usual — or light one month and heavy the next. You may also skip periods altogether.

Still, abnormal bleeding can be a sign of a more serious problem, including endometrial cancer (cancer of the uterine lining). If you experience extremely heavy bleeding (in which you must use more than one pad or super absorbent tampon every two to three hours), if you bleed more often than every three weeks, after intercourse or between periods, see your ob/gyn for an evaluation.

## 6

**If you're under age 45, you're too young to be menopausal.**

**Not necessarily.** It's unusual for women to go through menopause before age 45. But it's not impossible. Women who have both ovaries removed before a natural menopause,

usually in conjunction with a hysterectomy (removal of the uterus), experience what's known as a "surgical menopause." Cancer patients may find that chemotherapy agents or radiation therapy suppress the functioning of their ovaries, bringing on menopause. A small number of women become menopausal at an early age for no apparent reason.

Whatever the underlying problem may be, when a woman's ovaries stop working or are surgically removed before the age of 40, she's had a premature menopause. Is it cause for concern? Possibly. Without the proper treatment or follow-up, she may be at a much greater risk of developing heart disease and/or osteoporosis later in life.

## 7

**Heart disease is a man's illness, one that women don't need to worry about.**

**Dead wrong!** Statistics show overwhelmingly that heart disease — not cancer — is the leading cause of death for women, too. While one in 25 women will die of breast cancer over the course of a lifetime, one in two women will die of a heart attack or stroke.

After menopause, a woman's risk of heart disease increases sharply. Researchers theorize that estrogen may play a role in protecting against heart disease during the childbearing years. When estrogen levels fall after menopause, this protection is thought to fade away.

A low estrogen level is considered to be just one of many risk factors for heart disease in women. You can help reduce your risk by eating a low-fat, low-cholesterol diet, exercising regularly, managing your weight and not smoking. Controlling high blood pressure and diabetes are important measures, too.

## 8

**Menopause always leaves you depressed or feeling as though you're losing your mind.**

**Not so.** Rates of depression are actually *higher* among women of childbearing age than among women going through menopause.

Still, some women do ride an emotional roller coaster through the perimenopausal years. Hot flashes and night sweats can disrupt sleep, leading to irritability. Heart palpitations that sometimes accompany hot flashes can mimic anxiety. Women who have suffered an earlier bout with depression are more vulnerable to slipping into depression again during menopause. But for the vast majority of women, these emotional ups and downs are temporary and manageable.

## 9

**Menopause isn't all that different from woman to woman.**

**Not so.** Every woman is different, and each makes the transition through menopause in a unique way. Some breeze through menopause with few or no symptoms. Others — up to 75 percent — may struggle with hot flashes and other discomforts.

A woman's cultural background and ethnicity may also affect how she views her menopause and symptoms. For instance, cross-cultural studies on menopausal women have found that Caucasian women tend to be the most vocal about their symptoms, followed by African-American women. Asian women seem to be the most stoic about their symptoms. Other studies have found African-American women to feel optimistic, beautiful, healthy

and empowered at this time in their lives, compared with women in other ethnic groups.

# 10

## Stooping over is a normal part of aging.

**No.** There's nothing natural about the stooped posture of some older women. Rather, the "dowager's hump" so often written off as a normal part of aging is one of the most visible signs of osteoporosis, the bone-thinning disorder that afflicts more than one million women nationwide.

Osteoporosis is one of the long-term health risks associated with menopause. The drop in estrogen after menopause may result in a rapid, painless loss of bone mass. When bones become weak, they break more easily, causing severe disability.

Fortunately, you can take steps to slow bone loss and prevent osteoporosis. Although getting enough calcium in your diet and exercising regularly won't entirely stop bone loss after menopause, they can help slow it down. Hormone replacement therapy (HRT) and other medications, such as bisphosphonates and "designer estrogens," can often stop bone loss altogether for as long as you are using them.

For many women, menopause is no big deal. "If I hadn't stopped having my periods when I was 52, I wouldn't have known that I'd gone through menopause," says 69-year-old Edith Palmer of Strafford, New Hampshire. "I didn't have a single hot flash."

In fact, many women discover that menopausal symptoms are quite manageable without any medical intervention. In the pages that follow, you'll find a wealth of practical information to help you cope with the changes. ♦

## HOW ESTROGEN AFFECTS YOUR BODY

Before menopause, estrogen is secreted in large quantities by your ovaries. As menopause approaches, your ovaries' production of estrogen tapers off, dropping by 75 percent or more after menopause.

Many tissues in the body besides your reproductive organs are affected by estrogen, including the following:

**Skin and Hair.** Declining estrogen levels may decrease the skin's production of collagen, a protein that helps keep skin flexible and supple. Hair follicles are also influenced by estrogen; after menopause, hair growth may be affected as well.

**Heart and Blood Vessels.** Estrogen improves blood cholesterol levels and blood circulation; it may also help protect the artery walls from clogging.

**Urinary Tract.** Estrogen helps maintain adequate blood flow to the tissues in the urinary tract; when estrogen levels drop, tissues become thinner and more easily inflamed. Estrogen also helps to tone the sphincter muscles that control urination. Diminished estrogen levels may increase the risk of urinary tract infections and bladder control problems.

**Brain.** Estrogen stimulates production of serotonin, a brain chemical that helps regulate sleep patterns, among other things. Less estrogen can, therefore, mean disrupted sleep. The hormone also is believed to affect the brain's hypothalamus, which helps regulate body temperature. This may be why low estrogen levels trigger hot flashes. Estrogen plays a role in memory and concentration and some evidence suggests that it may help guard against the development of Alzheimer's disease and Parkinson's disease.

**Bones.** Estrogen plays a key role in maintaining bone mass; when estrogen production declines, bone loss speeds up, increasing the risk of osteoporosis.

**Vaginal Tissues.** Estrogen helps keep the vaginal walls healthy. Low estrogen levels lead to vaginal dryness and can increase the likelihood of discomfort during intercourse, as well as increase the risk of vaginal infections.