



Eat your
veggies..

by Diana Tonnessen

Not Your Mother's Menopause

What can you expect from your menopause?

To be sure, it'll be a lot different from your mother's. Here's what she might have told you, if only she'd known.

If only your mother could have prepared you for menopause. But then again, how could she? Even 25 to 30 years ago, menopause wasn't something to be talked about, understood or prepared for so much as it was to be endured, often in grim, beet-faced silence.

The term *perimenopause*, now used to describe the time just before menopause, when periods become more irregular and symptoms often begin to manifest themselves, didn't even exist. And social conventions dictated that menstrual periods—or the cessation of them—were simply not discussed.

"We're a very different society from, say, 30 years ago," says Isaac Schiff, MD, chief of the Vincent Obstetrics and Gynecology Service at Massachusetts General Hospital and the Meigs Professor of Gynecology at Harvard Medical School in Boston. "We have much more information about the transition, and we are downright enthusiastic about patient involvement in decision making."

And as our understanding of menopause has expanded, so have our options for smoothing the way through the changes.

"Women today have better treatments available to them and we know more about how those treatments work," adds Schiff.

Still, the sheer volume of information available to women today can be a bit over-

whelming. What's more, a Google search on the Internet doesn't differentiate between the unsubstantiated claims of many menopause treatments and information that you can trust.

"The Internet—sometimes I call it the *Disinformation Highway*—often contains a lot of remedies that appear to have no effectiveness at all for menopausal symptoms," says Nanette Santoro, MD, professor and director of the Division of Reproductive Endocrinology at Albert Einstein College of Medicine in New York.

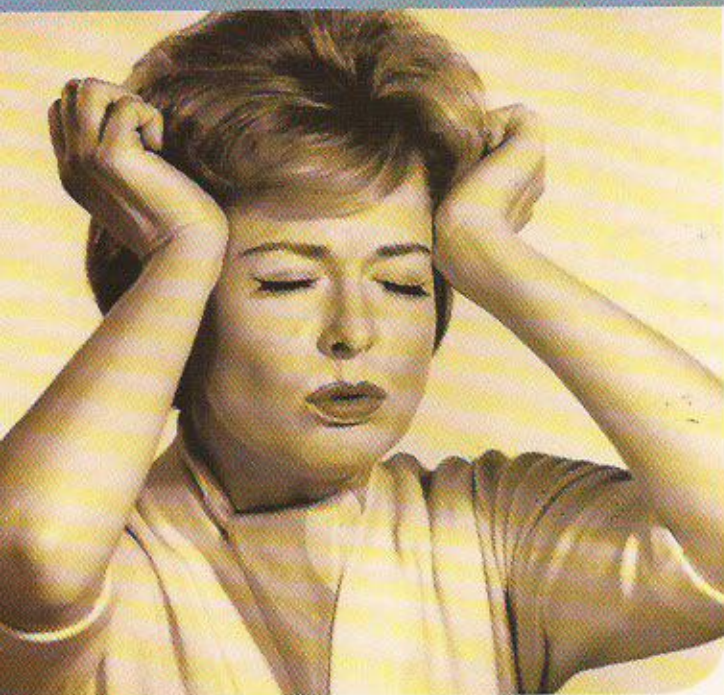
To help clear up any confusion and help you navigate through these sometimes trying times, here's what your mother *might* have told you to expect from menopause had she known.

A Gradual Change

For most women, menopause—literally, the cessation of menstruation—isn't a single event that occurs all of a sudden. Rather, it's a gradual transition that takes place over several years' time in three distinctive phases.

Perimenopause, the first phase, generally begins from two to eight years *before* menopause. During this time, your menstrual periods will become more irregular as the number of eggs in your ovaries—and the amount of estrogen they produce—declines. Along with these physical changes come some of the tell-tale signs: hot flashes (yes, you can get them





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even though you're still menstruating), night sweats (the nighttime version of hot flashes), PMS-like mood swings, insomnia, maybe even an "achy-all-over" feeling. Many women simply have a sense that something's "not quite right." "The way patients express it to me is, 'Something's wrong, but I'm not sure what,'" says Santoro.

The actual onset of *menopause*—when your ovaries produce so little estrogen that your menstrual periods cease altogether—occurs next. On average, this happens around age 51, but it's perfectly normal for menopause to occur anywhere from the early forties to mid-fifties. If you smoke or have your uterus surgically removed, you may experience menopausal symptoms earlier than average. For many women, hot flashes kick in around this time and may last for a year or two—sometimes more—after your periods end.

And when your periods have stopped for a year or longer? After that, you've entered the *postmenopausal* years—and there are plenty of them to be had.

Irregular Periods, Declining Fertility

Even if you've been as regular as clockwork in the past, your menstrual cycles can be wildly unpredictable throughout perimenopause: light one month, heavy the next. You may even skip periods altogether, sometimes for months at a time. But as long as you're still menstruating, you can still get pregnant (which, for some women who have postponed childbearing, may be welcome news). Whatever you do, unless you're trying to get pregnant, be sure to use some form of contraception until your doctor tells you it's okay to stop. (See page 56 for info on contraceptive options.)

Hot Flashes, Night Sweats

If you're over age 45 and find yourself asking, "Is it hot in here, or is it me," chances are good it probably *is* you. Some 75 percent of women have hot flashes (and their nighttime counterpart, night sweats) at some point during this time.

Although hot flashes and night sweats can be uncomfortable and inconvenient, they are temporary and can be managed. In fact, many women find that they can cope just fine by making some fairly simple changes in their lifestyle (see *Beat the Heat*, page 32). If you need more help dousing the fire, hormone therapy and other medications are available from your doctor.

Mood Swings

Although rates of depression in postmenopausal women are generally lower than they are in younger women in their childbearing years, depressive *symptoms*, including irritability, crying jags, and the like (a.k.a. PMS-like mood swings), are fairly common in perimenopausal women.

Up to 45 percent of women who see their doctors for menopausal symptoms complain of having irritating mood swings. It's no wonder: Hot flashes and night sweats can disrupt sleep, leading to irritability. Heart palpitations that sometimes accompany hot flashes can mimic anxiety.

If you've suffered an earlier bout of depression, you may be more vulnerable to slipping into a depression again now. But for the vast majority of women, these emotional ups and downs are temporary and manageable (see page 60).

Changes in Your Sex Life

For the most part, if you've enjoyed sex in the past, you'll likely continue to find sex pleasurable now and in the years to come. There's no physiological reason a woman can't have an active and satisfying sex life in midlife and beyond. And surveys of men and women in midlife suggest that



When to Call the Doctor

For the most part, fluctuating hormones are the culprits behind irregular periods. But abnormal bleeding can occasionally signal 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), or if you bleed more often than every three weeks, after intercourse, or between periods, see your ob-gyn for an evaluation.

they do: One survey by the American Association of Retired Persons (AARP) found that two-thirds of men and women ages 45 and older say they are satisfied with their sex lives.

One of the biggest menopause-related problems arises from low levels of estrogen, which can lead to vaginal dryness that sometimes causes discomfort during and right after intercourse. But this can be fairly easily fixed (see page 56).

A 12-Month Wait

So, how will you know when you've reached menopause? You won't know until *after* the fact—12 months after, to be precise. There are no diagnostic short-cuts, no simple cut-and-dried tests that can tell you, "Congratulations! You've made it! You're now officially past menopause." (The sole exception: If you have both ovaries surgically removed before a natural menopause; then, it literally happens overnight.) A blood test that measures follicle-stimulating hormone (FSH) is sometimes used as a marker for menopause. However, levels of FSH (a hormone released by the brain's pituitary gland to help regulate menstrual cycles) can fluctuate wildly while you're still menstruating. For this reason, the test results can sometimes be misleading, suggesting that you are past menopause when in fact you are not. The same is true of the home test kits for menopause, which have recently become available and which detect levels of FSH in urine.

The most reliable marker is the tincture of time. You'll know you're past menopause only after you have gone 12 consecutive months without having had a period. And since 12 months is a long time, it's best to maintain a menstrual calendar to track your periods, noting the date of the start of your period each time you have one, along with the number of days it lasts and the amount of flow you experience (light, moderate, or heavy).

A Gradual Loss of Bone Mass

Because you can't feel bone loss, it's easy to overlook it. But you really can't afford to ignore the "silent" changes that are happening to your bones right now. Although bone loss begins as early as your mid- to late-30s, low estrogen levels after menopause tend to speed up the process. For some women, particularly those who had low bone mass to begin with, this accelerated rate of bone loss takes its toll in the later years. And the results can be—literally—crippling. Weak bones break easily, a condition known as osteoporosis, and can lead to pain and disability later in life.

Fortunately, you can take steps to slow bone loss and prevent osteoporosis. To find out how, see page 52.

An Increased Risk of Heart Disease

Your mother likely would have been more concerned about the health of your father's heart than her own.

Unfortunately, even then, heart disease was the leading cause of death for women as well as men. And while overall deaths from heart disease have declined somewhat during the past 20 years, it remains the number one cause of death for women today.

You don't have to accept this rather grim scenario. In many cases, premature deaths from heart disease are preventable. The first step is knowing how at-risk you are. The next: making lifestyle changes and taking medications, if necessary, to protect your heart. To find out what else you can do, see *Numbers You Should Know by Heart*, on page 48.

A Lot to Look Forward To

Fortunately, the transition through menopause doesn't last forever—even if it sometimes feels that way. What comes next? These are known as the postmenopausal years, and for the majority of women, this time in your life can last for 25 years or more! That's a whole lot more living you've got to look forward to.

"Women today are living longer than in the past," says Schiff. And that's good, but it also means that women today need to be more diligent about keeping healthy for the next 30 years. That's all the more reason to invest in behaviors that will keep you in optimal health now and in the future—drink your (skim) milk, eat your vegetables, get plenty of exercise, take care of yourself...the very things your mother has been telling you all along! P