

PART

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Menopause:
What To
Expect



the

It's different for every woman. What can you



facts

expect?

“I HAD NO IDEA what to expect from menopause — other than finally not having periods anymore,” says 48-year-old Lorraine Hall, an administrative assistant in Kansas City, Missouri. “Now I guess I do have some concerns. Will I have hot flashes in the middle of meetings? Will my sex life change? Will I grow a mustache?”

Menopause is a normal stage of life, as natural as the start of your menstrual periods when you were a teenager. By knowing what to expect, you can take steps to ease symptoms, if they occur, and prevent serious health problems later in life.

What is menopause?

Simply put, menopause is the time when your ovaries cease functioning and your menstrual periods stop, marking the end of your reproductive years. It's the culmination of a gradual biological process which begins three to five years before your final menstrual period. Think of it as puberty in reverse.

To understand what's happening in your body, it helps to refresh your memory about your reproductive system and menstrual cycles. Your reproductive system

consists of your *ovaries*, *Fallopian tubes*,

uterus, and *vagina*. At birth, the ovaries contain a fixed number of eggs, which gradually diminishes as you grow older. Over the course of your lifetime, most eggs will not develop and are reabsorbed by the ovaries. But each month during the childbearing years, in preparation for pregnancy, an egg matures and is released by one ovary, a process called *ovulation*. Ovulation is governed by two important chemical messengers, or hormones, released from the pituitary gland in the brain. *Follicle stimulating hormone* (FSH) stimulates eggs in the ovaries to grow and

your reproductive system

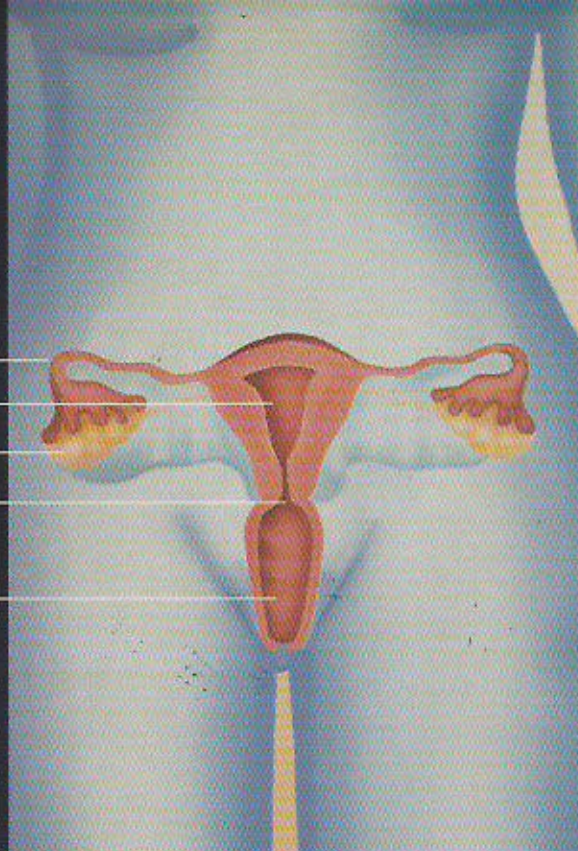
Fallopian tubes

Uterus

Ovaries

Cervix

Vagina



mature. (Normally, only one egg grows sufficiently to mature and be released by one of your ovaries.) *Luteinizing hormone* (LH) helps to trigger the release of the mature egg by the ovary each month.

To further prepare your body for pregnancy, the ovaries produce the reproductive hormones estrogen and progesterone. Estrogen, secreted throughout the entire menstrual cycle, stimulates the lining of the uterus (the endometrium) to grow a thick layer of tissue each month. Progesterone, produced by the ovaries during the second half of the menstrual cycle, further prepares the uterine lining for a fertilized egg. If the egg is not fertilized by a man's sperm, the levels of estrogen and progesterone fall, signaling the uterus to shed its lining. This shedding is your monthly period.

Beginning as early as your mid- to late-thirties, your ovaries produce less estrogen and progesterone, even though you may continue to ovulate. Hormone levels fall even more dramatically when you enter perimenopause — generally the three to five years leading up to menopause (although it can be longer or short-

er). In addition, as the number of eggs in your ovaries declines, the pituitary gland produces more FSH and LH in an attempt to stimulate the remaining eggs. Eventually, when the supply of functioning eggs is exhausted, ovulation stops. Then, the levels of estrogen and progesterone produced by the ovaries drop so low that you stop menstruating altogether. You'll know you're past menopause only after the fact — when you have stopped having men-

strual periods for 12 consecutive months.

Your body is not completely without estrogen after menopause, however. Other glands in the body continue to make some estrogen. The ovaries also continue to produce small amounts of the male hormone testosterone (also known as androgen), as they did throughout your reproductive years. Androgen is converted into estrogen in body fat.

When can I expect to go through menopause?

The average age of American women at the time of menopause is 51 years, but the normal range is anywhere from the mid-forties to late fifties. If you smoke cigarettes, you may experience menopause one to two years earlier than average.

One simple way to predict when you might go through menopause is to ask your mother or older sister how old she was at the time of hers. Often, a woman's menstrual milestones — whether it be her first period or her last — coincide with her mother's.

When a woman experiences menopause before age 40, it's called *premature menopause*. It may happen when the ovaries stop functioning for some reason, or when both ovaries are removed by surgery, inducing a surgical menopause. (For more on this topic, see "Surgical Menopause" on page 14.)

most common menopause symptoms

What are the most common signs and symptoms of menopause? According to a recent Gallup Poll, 80 percent of menopausal, postmenopausal or surgically menopausal women reported having some symptoms of menopause.

Among the women who had symptoms, these were the most common:

Hot flashes	72%
Irregular periods	50%
Emotional symptoms	49%
Changes in sexual relationship	31%

FROM A 1993 GALLUP SURVEY OF 833 WOMEN AGED 45-60 SPONSORED BY THE NORTH AMERICAN MENOPAUSE SOCIETY.

What signs and symptoms can I expect?

Although some lucky women have few, if any, of the usual signs and symptoms of menopause, most women can tell something's going on with their body chemistry during the transition.

One of the earliest signs that you are approaching menopause is irregular menstrual cycles. Your menstrual flow may become lighter, heavier — or both — and your menstrual cycles may become less and less predictable. You may even skip periods altogether. Overall, your periods should gradually become lighter, shorter and further apart. If you experience irregular, heavy bleeding, consult your doctor immediately.

Another classic symptom of menopause is hot flashes. A hot flash is a sudden rush of heat that spreads over part or all of the upper body and face. Your skin may blush, you may break out in a sweat, and your heart may start pounding. Hot flashes may occur day or night, and they generally last only a few minutes. Those that happen during sleep and wake you up are known as night sweats.

During the perimenopausal years, you may suddenly find sleep disruptions to be a problem. Sometimes you may be awakened by night sweats. It's also not unusual to have trouble falling asleep or to wake up in the middle of the night and not be able to get back to sleep for no apparent reason.

Increased irritability and mood swings are other common symptoms during this time. Although not every woman is affected by emotional ups and downs during the transition through menopause, fluctuating hormone levels can and do affect some women's moods. As a result, you may experience difficulties in concentrating, memory lapses, crying jags, passing blue moods, irritability, or simply a vague feeling that something is "not quite right." Often these symptoms develop while a woman is still having regular menstrual periods and doesn't yet realize she's entered perimenopause.

As estrogen levels fall, you may also

develop vaginal dryness, along with pain or discomfort during intercourse. Some women develop urinary tract symptoms, such as more frequent urination or some loss of bladder control (incontinence).

Although many of these symptoms may cause discomfort, most do not present a serious threat to your health, and the vast majority can be managed fairly easily.

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How long do the symptoms last?

Every woman is different. Some women breeze through menopause with mild symptoms or none at all. Others struggle with hot flashes and other symptoms that last for many years. On average, you can expect some of the more bothersome symptoms of menopause, such as hot flashes, to last from three to five years.

Are there long-term health risks associated with menopause?

Unfortunately, yes. In fact, some of the most important changes in your body around the time of menopause are silent ones you may not even notice because they cause no immediate symptoms. For example, the drop in estrogen after menopause may result in a rapid, painless loss of bone mass. When bones become too thin and weak, a condition known as *osteoporosis*, they can break easily and cause severe disability. The good news is that you can take practical steps to slow or stop

this menopause-related bone loss and to prevent osteoporosis. They include getting enough calcium in your diet, exercising regularly, and using hormone replacement therapy or other medications that help preserve bone mass.

Another long-term health risk to be aware of is *cardiovascular disease*, including heart attacks and strokes. You may be surprised to learn that car-

diovascular disease is the leading cause of death in women over age 45, claiming more lives than breast, ovarian, and endometrial cancer combined.

Postmenopausal women are more than twice as likely to develop heart problems as premenopausal women. One reason is that estrogen

appears to protect against the buildup of fatty deposits that can clog blood vessels and lead to a heart attack or stroke. After menopause, when estrogen levels fall, that protection is lost.

Low estrogen levels after menopause are one of many risk factors for heart disease. Others include high blood pressure, diabetes, obesity, a high-fat diet, a sedentary lifestyle, and cigarette smoking. You can reduce your risk considerably by eating a low-fat, low-cholesterol diet, exercising regularly, managing your weight, not smoking, and controlling high blood pressure and diabetes.

How will I know when it's over?

You will know you are past menopause when you haven't had a period for 12 consecutive months. (However, if you stop menstruating for six months and then start bleeding again, you should notify your doctor.) Another way to help predict where you are in the transition through menopause is to have a blood test that measures the level of FSH. High blood levels of this