

Making Sense of Menopause



by Ashleigh Eisbrener

Menopause

Hot flashes. Sleepless nights. Mood Swings. Menopause is a roller coaster ride that many women silently suffer through, living by the motto: what happens under the jacket, stays under the jacket. This transitional time in a woman's life

can definitely be a strange process to go through, and although some women feel uncomfortable even speaking its name, it's important for us to know what to expect and what's normal as we make the journey through menopause. Allow us to start the discussion.

Menopause occurs one year after your last menstrual period and is a result of the ovaries stopping the production of the hormone estrogen, marking an end in menstruation and fertility. It has been compared to a finger print, in terms of its uniqueness to each individual. Some have mild or no symptoms while others spend a couple years battling a multitude of body alterations. Menopause is not an illness, it's natural; but you should still visit your doctor right away if you're experiencing severe symptoms.

Symptoms

On average, women experience menopause around age 50, but the signs and symptoms can appear long before that one-year anniversary of your final period. Symptoms include:

- Irregular Periods
- Decreased Fertility
- Vaginal Dryness
- Hot Flashes
- Sleep Disturbances
- Mood Swings
- Increased Abdominal Fat
- Thinning Hair
- Loss of Breast Fullness



Causes

Decline of Reproductive Hormones

As you age, your ovaries make increasingly less estrogen and progesterone, the hormones that regulate menstruation, amounting in fewer potential eggs and making ovulation less predictable. Periods may become longer or shorter, heavier or lighter and more or less frequent until eventually your ovaries stop producing eggs.

Hysterectomy

Removal of your uterus but not your ovaries stops your periods but usually doesn't cause menopause, since your ovaries still release eggs and produce estrogen and progesterone. A procedure that includes ovary removal does cause menopause. Your periods stop immediately, and you may experience menopausal signs and symptoms.

Chemo and Radiation Therapy

During chemotherapy and radiation therapy, women may have irregular or no menstrual cycles, and some medications used may even damage the ovaries, resulting in menopausal symptoms or menopause. This can

be immediate or delayed, and there's still no way to determine how these treatments will affect each individual's menstrual cycle.

Primary Ovarian Insufficiency (POI)

POI, also called premature ovarian failure, causes a small percentage of women to experience menopause before age 40. Stemming from genetic factors or autoimmune diseases, POI occurs when your ovaries fail to produce normal levels of reproductive hormones.

Stages

Menopause can occur over months and years, which is why it's been divided into stages. Perimenopause is when you begin experiencing menopausal signs and symptoms, although you may still be menstruating. It can last as long as four years or longer. During this time, it's still possible to get pregnant, although it's unlikely. Postmenopause marks the years following the time you've reached menopause.

Complications

Several chronic medical conditions can develop after menopause:

Cardiovascular Disease

Cardiovascular disease accounts for nearly half of all deaths in women over 50. As women approach menopause and estrogen levels decline, the risk of cardiovascular disease increases. Those who have undergone early or surgical menopause and don't take estrogen also have an increased risk. Reduce your risk by quitting smoking, lowering high blood pressure, exercising regularly and eating a healthy diet.

Osteoporosis

Women may rapidly lose bone density during the first few years of menopause, increasing their risk for osteoporosis. Osteoporosis causes bones to become brittle and weak, leading to an increased risk of fractures. It's important to get adequate calcium and vitamin D, about 1500mg of calcium and 800 IUs of vitamin D daily. It's also important to do strength training and exercise regularly.

Urinary Incontinence

Estrogen helps keep the bladder-controlling muscles strong and contributes to the health of the urinary tract lining, which is why some women experience urinary incontinence, or sudden urine loss, after menopause. Although you may feel embarrassed, be reassured knowing you're in good company and that health professionals are very accustomed to treating it. Solutions include pelvic floor muscle strengthening, physical therapy, insertable devices and surgery.

Weight gain

Aging, lifestyle factors and hormone levels during menopause play a big role in your changing body shape. For most women, weight increases begin during perimenopause. On average, women gain about a pound a year, which usually accumulates around the abdomen rather than the hips and thighs. You may need to eat less and exercise more, just to maintain your current weight.

Preparing for your appointment

Your first appointment should be with your primary care provider or gynecologist. It helps to be prepared in advance for your appointment. Keep track of your symptoms, jot down the vitamins and medications you take, prepare a list of questions to ask your doctor and take a notepad with you to record important information. There are many natural doctors who treat menopause symptoms as well.