

Who should read this?

Women who are . . .

- in perimenopause (the years prior to menopause and the first year after menopause)
- already in menopause
- past menopause and concerned about bone loss (osteoporosis) and heart disease

Menopause is the final menstrual period. It is the time when a woman's ovaries stop releasing eggs, and it marks the transition between a woman's childbearing and non-childbearing years. When a woman has not had a menstrual period for one year, she is said to have completed menopause. Menstrual periods become irregular during this time, so the final menstrual period can only be confirmed after going one year without a period. The average age of menopause is 51, but every woman's body has its own timeline.

Perimenopause includes the years prior to menopause and the first year after menopause. During perimenopause, the body's production of female hormones (estrogen and progesterone) decreases. As a result, some women experience uncomfortable symptoms such as hot flashes, vaginal dryness, urinary problems, mood changes, sleeplessness, and difficulty concentrating. Symptoms usually begin in a woman's mid-40s but may begin as early as age 35. These symptoms can occur for 2 to 8 years and often lessen when menstrual periods end. Postmenopausal women are at higher risk for heart disease and osteoporosis (thinning bones).

How to stay healthy before, during, and after menopause

- **Follow a healthy balanced diet.**
 - ✓ Eat less fat and cholesterol-rich foods.
 - ✓ Eat more fish and less animal protein.
 - ✓ Eat more fiber, like whole grains, beans, fruits, vegetables, and soy.
- **Make physical activity and exercise part of your routine.** Daily physical activity reduces your risk of heart disease and helps keep bones strong. Exercise can also lower your risk of breast cancer and may lessen the hot flashes and insomnia which can happen during this time in a woman's life. We recommend that you try to get at least 30 minutes of exercise on most days. Because only weight bearing exercise has been shown to strengthen bones, it's important to include exercises like walking, jogging or dancing on most days.
- **If you smoke, quit now.** Smoking increases your risk of heart disease and reduces bone strength. If you smoke, ask your doctor, nurse, or health educator for help. They can guide you to the best resources and programs to help you quit.
- **Use alcohol in moderation.** Alcohol can reduce bone strength and has been associated with a higher risk of breast cancer. Experts recommend that women drink no more than one drink (five ounces of wine, 12 ounces of beer or 1.5 ounces of hard liquor) each day. Alcohol has no nutritional value and adds extra calories. Ask for our information sheet about alcohol.

- **Take adequate amounts of calcium and vitamin D.**

Women in midlife need 1,200 mg to 1,500 mg of calcium as well as 1,000 to 2,000 IU of vitamin D every day. Most women do not get close to this amount. Low-fat dairy foods like milk, cheese, and yogurt are the best natural sources of calcium. As a general rule, you need three to four servings of low-fat dairy foods every day, or take a calcium supplement. Most women also need a daily vitamin D supplement to get adequate amounts of vitamin D.

- **Reduce stress by taking time for yourself.**

Women tend to take care of everyone else, but don't make time for themselves. Treat yourself to relaxation periods throughout your busy schedule to renew your energy and to help create a positive attitude.

- **Use birth control.**

Did you know that a woman can still get pregnant during perimenopause? If pregnancy is not desired, practice good birth control methods until you have not had a menstrual period for one year.

Schedule and take these three important screening tests.

1. **Pap test** to screen for cervical cancer every three years until age 65. After 65, talk with your doctor or other medical professional about whether you should continue to have Pap/HPV tests.
2. **Mammogram** to screen for breast cancer every one to two years.

3. **Colorectal cancer screening test** starting at age 50 until age 75. Have either the flexible sigmoidoscopy every 5 years or a stool test (sometimes called an FOBT or FIT test) every year.

If you have special health needs or risks, you may need to test more often, get a different test, or start at a younger age. Ask your doctor or nurse for additional information.

What about hormone therapy?

Hormone therapy pills and skin patches increase levels of estrogen and progesterone in your body, helping to reduce some of the unpleasant symptoms of menopause, such as hot flashes and vaginal dryness. Estrogen is combined with progesterone because without progesterone, your risk of uterine cancer increases. If you have had a hysterectomy, you will be prescribed estrogen alone. If your symptoms are very bothersome, you may want to consider hormone therapy for a short time (one to three years) to help manage those symptoms.

According to the recent results of a large study, long term use of hormone therapy has been connected to a small increase in your risk for breast cancer. Hormone therapy can also increase the risk of developing denser breast tissue, which makes mammograms harder to read. There is also a small risk of stroke and blood clots in the lungs and legs at any time while taking hormones, as well as an increased risk for heart disease in women who start hormones at age 59 or older. Although these risks are small, they are significant. We recommend that you consider natural ways to manage your symptoms before trying

hormones. If you are unsure what to do, we recommend that you attend a menopause class or group appointment or talk to your physician or other medical professional at your next appointment.

How do I decide what to do?

Every woman is unique. Only you know how severe or distressing your menopause symptoms are. It is important to weigh your quality of life today versus the potential risks of hormone therapy. Learn as much as you can about your choices. Some women choose only lifestyle changes, like diet, exercise, and relaxation. Others favor herbal remedies and acupuncture. And still others prefer to use medication. The choice is up to you.

How can I prevent osteoporosis?

It is important that all women take calcium (1,200-1,500 mg) along with vitamin D (1,000-2,000 IU) before and after menopause to prevent osteoporosis. Weight-bearing exercise (such as walking, jogging, dancing and weight lifting) also helps strengthen bones.

Women who are at higher risk for osteoporosis should talk with their physician or medical professional about other possible treatments.

Higher risk means any one or more of the following:

- Being slender
- Smoking
- Reaching menopause before age 40
- Having a family history of osteoporosis
- Having had a bone fracture after the age of 50
- Being on high dose oral steroid medication for more than 3 months

There are other drugs (including bisphosphonates and raloxifene) that can prevent osteoporosis while avoiding some of the health risks associated with hormone therapy. These newer drugs have their own side effects and do not relieve symptoms of menopause, such as hot flashes and vaginal dryness.

Alternatives to hormone therapy

Antidepressants that increase serotonin and norepinephrine in the body have been studied and found to decrease hot flashes and sweats and improve mood in perimenopausal and menopausal women.

Some women find that certain botanical, herbal, vitamin, and nutritional supplements help reduce symptoms. Herbs and supplements are sold over-the-counter. Kaiser Permanente carries only herb categories for which some evidence exists to show that the herbs may be effective to treat certain medical conditions. For more information about supplements and their effects, call or visit your local Kaiser Permanente Health Education Center.

Additional resources

- Visit the Kaiser Permanente Health Education Center nearest you.
- Visit our Web site at kp.org.
- menopause.org.
- Request a copy of *Midlife and Menopause: A Kaiser Permanente Guidebook for Women* from your physician or other medical professional.
- If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other medical professional. If you have persistent health problems, or if you have additional questions, please consult your doctor. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.