

MENOPAUSE: AN OVERVIEW

OVERVIEW

As women, we go through many phases in our lifetime. For example, puberty and the child-bearing years are two times in our lives when we experience major changes. Menopause is another time of transition. This can be a wonderful time in your life, especially if you know what is happening and can plan and prepare for it.

Menopause is a unique journey for each woman. Some women sail through it, barely aware of their changing menstrual cycles. Others have to deal with frequent symptoms. Along with a good understanding of your medical history and your changing body, a positive attitude about perimenopause and menopause helps. Until recently, menopause was often associated with growing old. Today, many women see menopause as a natural time of transition. “Menopause” may mean the end of menstrual periods, but it also means the beginning of a new phase of life.

There are 3 phases related to the Menopause transition: **Perimenopause**, **Menopause**, and **Postmenopause**.

1. Perimenopause is the time when a woman's body begins to change in preparation for menopause—the end of the childbearing years. 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, you may experience uncomfortable symptoms, such as hot flashes, vaginal dryness, urinary



problems, mood changes, sleeplessness, and difficulty concentrating. Menstrual cycles and periods may become shorter and lighter or longer and heavier, making bleeding patterns less predictable. Symptoms usually begin in the mid-40s but may begin as early as age 35. These symptoms can occur for two to eight years and usually stop when menstrual periods end. Women who have had the ovaries surgically removed (oophorectomy) may experience early symptoms of menopause.

2. Menopause is the final menstrual period. Menopause can only be known for sure by looking back a year or more after the event. The average age that women experience menopause is 51.

3. Postmenopause is the phase of life that follows the final menstrual period.



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Important screening tests

- ✓ **Mammography—for breast cancer:** Kaiser Permanente regions throughout the country vary slightly in their recommendations about how often you should have mammography. All regions offer mammograms every 1-2 years for women at average risk, beginning at age 40. Talk to your physician or other medical professional about the specifics of how often you should have mammography, a clinical breast exam, or perform breast self-exams. For high-risk screening guidelines, see page 11.
- ✓ **Pap test—for cervical cancer:** We recommend that you have a Pap test to screen for cervical cancer every 2-3 years. After age 65, Paps may be discontinued in many cases, but you should discuss this with your physician or other medical professional.
- ✓ **Sigmoidoscopy—for colon cancer:** Colorectal cancer is the fourth most common cancer. If you do not have symptoms or are not at high risk for colon cancer, a flexible sigmoidoscopy examination is strongly recommended beginning at age 50 to 55. For exact guidelines, or if you have family members who have had colon cancer, you should discuss your screening schedule with your physician or other medical professional.
- ✓ **Cholesterol test—for heart disease:** Have your blood cholesterol levels tested every five years to help determine your risk for heart disease.

Remember, you can always ask your medical professional about your screening schedule for these tests and discuss your risk factors.

What is happening to your body?**MID 30s TO MID 40s**

- ▶ The chance of getting pregnant decreases (but pregnancy is possible).
- ▶ Menstrual bleeding patterns may change with periods getting lighter or heavier and cycles getting longer or shorter.
- ▶ Symptoms, such as mood changes, Premenstrual Syndrome (PMS), hot flashes, and sleeplessness may occur.

MID 40s TO LATE 40s

- ▶ Menstrual periods may become irregular with more or less bleeding, skipped periods, or periods closer together.
- ▶ Symptoms that may occur include hot flashes, sleeplessness, anxiety, forgetfulness, difficulty concentrating, headaches, dizziness, heart palpitations, breast discomfort, frequent urination or inability to hold urine, fatigue, weight gain, decreased sex drive, or vaginal dryness. Mood swings, irritability, bloating, and other PMS-like symptoms may also occur.

LATE 40s TO MID 50s

- ▶ The ovaries produce much less estrogen during the six to eight months before menopause.
- ▶ Menstrual periods end.
- ▶ Menopause symptoms may increase.

MID 50s AND BEYOND

- ▶ Menopause symptoms begin to decrease although some women continue to experience some symptoms indefinitely.
- ▶ Some women experience emotional swings.
- ▶ As women age, they are at greater risk for heart disease. Women who have had the ovaries surgically removed may be at higher risk.
- ▶ Women are at greater risk for osteoporosis, or thinning bones. As estrogen decreases, calcium is lost from bones at a greater rate than the bones can replace it. Almost 20 percent of the total bone loss will occur in the first few years after menopause.



How a hysterectomy or treatment with radiation or chemotherapy can affect your menopause

Women who have had a hysterectomy during their reproductive years may be unsure about how the surgery will affect their menopause. A hysterectomy is the surgical removal of the uterus only. A total hysterectomy is the removal of the uterus and the cervix (opening of the uterus). Many women who have undergone these procedures still have their ovaries after surgery. If this is the case with you, your ovaries will still produce estrogen and progesterin, even though you do not have menstrual periods. When your ovaries stop producing estrogen in midlife, you will experience a natural, gradual menopause like other women. Women who have also had both their ovaries removed (bilateral

oophorectomy) may have a sudden onset of menopause and severe symptoms. Women with only one ovary removed (oophorectomy) will probably still produce hormones and will go through a natural menopause, though it may begin at an earlier age.

If you have been treated with radiation or chemotherapy for cancer, you may have a sudden onset of menopause symptoms. Please talk with your physician or other medical professional about ways to relieve your symptoms and refer to the section of this guidebook entitled, *Complementary and Alternative Approaches* on page 25.

Staying healthy and taking good care of yourself

What you do to protect and preserve your health at this time of life is extremely important in determining your future health and well-being.

For more information, see the *Menopause Section* of your *Kaiser Permanente Healthwise Handbook* or go to one of the following web sites on the internet:

- ◆ **Kaiser Permanente's** website for members at www.members.kp.org/
- ◆ **North American Menopause Society** www.menopause.org/ (440) 442-7550
- ◆ **Women's Health Interactive** www.whi.org

More resources are listed in this guidebook on page 28.

Self-Care tips



Eat a healthy, balanced diet and exercise regularly. (See page 16.)

If you smoke, quit now (or as soon as you can). Ask your physician or other medical professional for help to quit.

Use alcohol in moderation or not at all. Experts recommend that women drink no more than one serving of alcohol each day.

Take enough calcium and vitamin D. Women need a total of 1200 mg of calcium and 400-800 IU of Vitamin D every day. If you do not get enough calcium in your diet, you may need to increase your dairy food intake or take a calcium supplement. Low-fat dairy products are good sources of calcium. One glass of milk or a cup of yogurt provides about 300 mg of calcium. (See the sections on *Osteoporosis*, page 5, and *Regular Activity and Healthy Eating*, page 16, for more details.)

Reduce stress by taking time for yourself. Women tend to take care of everyone but themselves. Treat yourself to relaxation periods to renew your energy and foster positive attitudes. (See the section on *Mental Health* on page 23.)

Talk to your physician or other medical professional about hormone therapy. (See the section on *Hormone Therapy and Other Medications* on page 13.)

