BASIC INFORMATION

DESCRIPTION
Menopause is the permanent cessation of menstruation. It can occur as early as age 40 or as late as early 60s, and usually spans 1-2 years. It is normally diagnosed in females after 1 year of absent menstrual periods. Menopause is only one event in the “climacteric,” a biological change in all body tissue and body systems that occurs in both sexes between the mid-40’s and mid-60’s. Menopause occurring before age 40 is termed premature and may need medical evaluation for the cause. Menopause does not occur suddenly. Perimenopause usually begins a few years before the last menstrual cycle.

FREQUENT SIGNS AND SYMPTOMS
Physical changes (directly associated with decreased blood levels of female hormones):
- Menstrual irregularity.
- Hot flashes or flushes—sensations of heat spreading from the waist or chest toward the neck, face and upper arms (symptoms are often referred to as vasomotor instability).
- Headaches.
- Dizziness.
- Rapid or irregular heartbeat.
- Vaginal itching, burning or discomfort during intercourse, beginning a few years after menopause.
- Bloating in the upper abdomen.
- Bladder irritability.
- Breast tenderness.

Emotional changes (associated with lower hormone levels and conflicting feelings about aging and loss of fertility):
- Mood changes, pronounced tension and anxiety.
- Sleeping difficulty.
- Depression or melancholy and fatigue.

CAUSES
- A normal decline in ovary function, resulting in decreased levels of the female hormones, estrogen and progesterone.
- Surgical removal of both ovaries.
- Medical treatment of endometriosis or cancer.

RISK INCREASES WITH
Menopause is a natural part of the aging process for women. Smoking and hysterectomy are risks for premature menopause.

PREVENTIVE MEASURES
Menopause cannot be avoided, but its effects may be controlled or moderated.

EXPECTED OUTCOME
Menopause is a normal process, not an illness. Most women make an easy transition without crisis.

POSSIBLE COMPLICATIONS
- Decreased skin elasticity and vaginal moisture.
- Increased risk of hardening of the arteries, heart disease, stroke and osteoporosis after menopause.
- Changes in feelings of self-worth.

TREATMENT

GENERAL MEASURES
- Diagnosis is determined by patient’s age and symptoms.
- Lifestyle changes may be brought about by menopause. Stay as healthy and happy as you can and live life to the fullest.
- Psychotherapy or counseling, if emotional changes interfere with personal relationships or work.
- Continue to use birth-control measures until 12 months after your last menstrual period.
- Reduce stress in your life as much as possible. Acupuncture, meditation, and relaxation techniques are all harmless ways to reduce the stress of menopause.
- Herbal (or products termed natural remedies) help some women. Discuss these with your health care provider.
- Women who smoke start menopause about two years earlier than nonsmokers. Also, smoking is linked to a decline in estrogen. If you smoke, talk to your health care provider about programs to help you quit.

MEDICATION
- Hormone replacement therapy (HRT) or estrogen replacement therapy (ERT) is an option. Hormone treatment has benefits as well as risks. HRT has to be considered on a patient-by-patient basis.
- Medications to prevent and/or treat loss of bone density may be prescribed.
- Take calcium supplements and vitamin D if needed.
- Antidepressants may be effective for treating hot flashes.
- For vaginal dryness, moisturizers and non-estrogen lubricants, such as KY Jelly, Replens, and Astroglide, are available.

ACTIVITY
No restrictions. Active exercise is beneficial. Weight-bearing activities (such as walking) are helpful for bone strength.

DIET
Eat a well balanced diet. Increase calcium intake.

NOTIFY OUR OFFICE IF
- You or a family member has symptoms of menopause. Other causes may need to be ruled out.
- Bleeding appears 6 months or more after your last period.
- New or unexplained symptoms develop. Drugs used in treatment may produce side effects.