

DOWNLOAD PDF UNDERSTANDING MENOPAUSE AND HORMONAL THERAPY

Chapter 1 : Understanding Menopause | Women's Health

HRT (also known as hormone therapy, menopausal hormone therapy, and estrogen replacement therapy) is the most effective treatment for menopause symptoms.. Estrogen Therapy.

Hormone Treatment For Menopausal Symptoms Benefits Of Hormone Replacement Therapy Estrogen-only therapy either alone, or combined with progesterone has been shown in multiple studies to be the most effective treatment available for menopausal symptoms. Estrogen is the most effective treatment available for relief of menopausal symptoms, most importantly hot flashes. If your symptoms are bothersome, there are several options available, including ET, which is considered a viable treatment for many patients. Estrogen-only HRT should only be used if a woman has had a hysterectomy. Symptoms Of Menopause Treated By HRT Reduction in the severity and frequency of hot flashes Improvement of moodiness and sleep problems Prevention of loss of bone density and osteoporosis Prevention of vaginal atrophy, dryness and irritation Maintenance of skin collagen which helps skin elasticity Some women may derive secondary benefits from taking estrogen-therapy, including preventing chronic diseases such as coronary heart disease, dementia or osteoporosis. However, it is not recommended as a first-line medication to address these conditions. Age is the most important factor when prescribing HRT. This is not the age group that presents with new onset menopausal symptoms. In some cases, estrogen was prescribed to women who were past menopause to treat cardiovascular conditions or to help with the prevention of bone loss. Estrogen is not recommended as a first-line medication to prevent chronic diseases such as coronary heart disease, dementia, or osteoporosis. This should not be confused with the effective use of HRT for relief of menopause symptoms. What Are Hot Flashes? Hot flashes are sudden moments where women going through hormonal changes, particularly menopause, feel heat and sometimes experience a red, flushed face and sweating. Some women experience a rapid heart rate or chills, too. The endometrium is the lining of the uterus. For non-malignant conditions, deciding whether or not to have a hysterectomy is a deeply personal choice. It is important to make that choice based on facts and these long-term considerations. This is necessary in order to balance the effect of estrogen on the uterine lining and prevent overgrowth and potential cancer within the uterus. The WHI study was a large study of healthy post-menopausal women ranging in age from 55 to 77, with an average age of 62. It included over 16,000 women and was the largest and most comprehensive study done on this subject. It was designed specifically to assess the role of HRT for prevention of coronary heart disease heart attacks in women but also looked at other outcomes. There were two arms of this study: Women with a uterus were randomly assigned to take either combination HRT or a placebo; and women who had undergone a hysterectomy were randomly assigned to take either estrogen-only HRT or a placebo. This study was stopped earlier than the researchers had originally planned, because the preliminary evidence actually showed a slight increase in risk of coronary heart disease, breast cancer, stroke, and blood clot events in the women taking combined HRT. Among women taking estrogen only, there is a slight increased risk of thromboembolic blood clots event, but NOT an increased risk for breast cancer or cardiovascular events. Less Overall Risk Of Complications Women who have had a hysterectomy can safely take estrogen-only therapy. Low-dose estrogen is the safer form of hormone therapy. This is very important for women who need surgery to remove fibroids. If a patient has fibroids, and fertility is no longer desired, or she has reached menopause, retaining the uterus has no benefit, and will require the higher risk hormone therapy for alleviation of menopause symptoms. This puts the patient at a higher risk. It is not preferable to perform the more invasive myomectomy procedure, which has a longer recovery and also puts the patient at risk for requiring future surgery if fibroids return. For the vast majority of women, hormone replacement therapy, when given correctly, is extremely effective and safe. ET has been proven in multiple studies to alleviate symptoms of menopause, while having low risk of blood clots or stroke, and no effect on heart disease, or breast or colorectal cancers. There are certainly women who should not take hormone replacement therapy at all due to

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medical reasons. Women should be educated on this matter and decide for themselves if the benefits outweigh the risks. **Traveling for GYN Surgery?** We make traveling for GYN surgery seamless. Along with the adrenal glands, they also produce testosterone. These hormones are released by the ovary and circulate throughout the entire body. Many organs within the body have receptors for these hormones, such as the breast, uterine lining, vagina, bone, and blood vessels. These hormones are mainly responsible for reproduction, but also have a role in many other functions of the body, such as maintenance of bone and cardiovascular health, and in regulation of body fluid. Estrogen has a role in many systems within the body. Estrogen maintains vaginal lubrication and elasticity as well as skin collagen. It also stimulates breast tissue and the growth of the uterine lining, while helping to minimize the loss of calcium from the bones. After menopause, estrogen declines to very low levels. Progesterone balances the effects of estrogen on the uterine lining, helps to prepare it for pregnancy, and helps to prevent potential cancer within the uterus caused by too much estrogen. Production of progesterone stops after menopause. Testosterone contributes to sex drive, and may build and maintain muscle mass. There are two types of hormone replacement therapy. Estrogen-only is the safer form of HRT, but should only be taken by women who have had a hysterectomy. Estrogen causes the lining of the uterus to thicken, if a woman with a uterus takes estrogen-only HRT, the endometrium will thicken without the balancing effects of progesterone. This increases the risk for endometrial cancer. Hormone therapy can be given in two ways: **Low-dose Vaginal Estrogen Therapy** – These products are used to treat vaginal symptoms but do not help with other menopausal symptoms such as hot flashes, mood changes, or bone loss. This can be taken as a vaginal cream, ring, or vaginal tablet. There are various forms, including oral pills, transdermal patches, or transdermal creams, sprays or gels. It is important to note that there are two types of systemic hormone therapies: **Is Hormone Replacement Therapy Safe?** Trying to understand the role of hormone replacement therapy during menopause can be confusing. Conflicting information from the healthcare industry and media can result in unnecessary suffering. Whether a woman enters menopause naturally or surgically, at CIGC, our GYN surgical specialists have the experience to provide women with tailored hormone replacement therapy when appropriate, and understand that each woman experiences menopause differently. **What Happens During Menopause?** Natural menopause occurs when the ovaries no longer produce estrogen and progesterone and stop releasing eggs. Surgical menopause occurs after both ovaries are removed. The average age of menopause in the United States is 51 years. It begins, on average, four years before the final period. Hormonal fluctuations during this time can cause a variety of symptoms. Common symptoms of menopause include:

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Chapter 2 : Hormone Replacement Therapy - GYN Care Specialists | The Center for Innovative GYN Care

Hormone therapy (HT) is one of the government-approved treatments for relief of menopausal symptoms. These symptoms, caused by lower levels of estrogen at menopause, include hot flashes, sleep disturbances, and vaginal dryness.

Write down what you were doing, eating, drinking, feeling, or wearing when each hot flash began. After several weeks, you may begin to see a pattern that can help you avoid specific triggers. Preventing hot flashes You may be able to reduce the frequency of your hot flashes if you figure out your triggers, and avoid them. No treatment is guaranteed to prevent hot flashes, but there are options that may help you manage your symptoms. The goal of treatment is usually to lessen the severity and frequency of your hot flashes. You can consider lifestyle changes, hormone replacement therapy, prescription medications, or alternative therapies. Talking to your doctor can help you decide on the best approach to help prevent your hot flashes. Quick relief methods Some women are able to manage their hot flashes with some simple tools or techniques. Here are some simple ways to find relief: Some products can interfere with over-the-counter and prescription medications. Black cohosh *Actaea racemosa*, Cimicifuga *racemosa*. Do not take this if you have a liver disorder. Red clover *Trifolium pratense*. This herb could increase the chance of bleeding. Dong quai *Angelica sinensis*. This herb interacts with the blood thinner warfarin Coumadin. Evening primrose oil *Oenothera biennis*. This essential oil may affect blood thinners and some psychiatric medications. This supplement can cause mild stomachaches, constipation, and diarrhea. Women with a history of estrogen related cancer in their family may not want to take in soy. Check with your doctor before taking any of these products. Herbs can interfere with medications and aggravate disorders, beyond what is listed here. Herbal products are not monitored for quality and purity by the FDA. Treatment with synthetic hormones may be an option for some women whose hot flashes are debilitating and greatly affect the quality of their life. Estrogen supplements level out the amount of estrogen in your system, reducing the incidence and severity of hot flashes and night sweats. Estrogen is usually taken with progestin to reduce the risk of developing endometrial cancer. It can be taken by pill, through a vaginal cream or gel, or a patch. A physician can help you make decisions if you are a candidate for HRT. Many women will not be able to take hormones or bio-identical hormone and your doctor will take a full medical history. Nonhormonal treatments Other medications have been found to help women whose hot flashes and night sweats are difficult to manage. Work with your doctor to choose if these medications might be appropriate for you and your situation. Gabapentin and pregabalin, usually given for nerve-mediated pain or seizures, offer relief for some women. Antidepressants venlafaxine Effexor, fluoxetine Prozac, and paroxetine Paxil have also been shown to be effective for treatment of hot flashes. Alternative therapies Acupuncture may be helpful, without the side effects of medication. One study published in found that women who had acupuncture had significantly fewer menopausal symptoms, including hot flashes, than those who had sham treatments. Another study worked with a large sample of women with breast cancer. Treatments for breast cancer often trigger hot flashes. Participants who used acupuncture had less frequency and intensity of hot flashes. Meditation can also be very successful in helping manage stress levels. Stress is a common hot flash trigger for many women. Taking stress management training in your community might lead to numerous other benefits in your health and quality of life. Lifestyle changes Lifestyle choices can make as much of an impact on your body as any medication or supplement you take. Living a healthy lifestyle can reduce the incidence and severity of hot flashes and help reduce the risk of heart disease and osteoporosis. Be mindful of the following ways you can improve your health: Eat a well-balanced diet and control portion size. Stop smoking, and stay away from secondhand smoke. Just as no two women are alike, neither are the ways their bodies will react to treatment for hot flashes. Talk to your doctor if none of the common hot flash management tools are helping. As hard as it is to imagine while in the midst of your own personal heat wave, this too shall pass. For more information on how to get the most out of your menopausal

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years, keep reading about menopause.

Chapter 3 : Menopause And Hormone Therapy: A New Understanding

In Understanding Menopause and Hormone Therapy, noted authority Dr. Barry Wren presents the facts in nontechnical, easy-to-understand language, explaining everything from what exactly menopause is to how it affects a woman's lifestyle. Dr.

Save as Favorite Sign in to receive recommendations Learn more Some breast cancer treatments can bring on menopause more abruptly than it would happen otherwise. Surgical menopause is always permanent. With medical and surgical menopause, the ovaries stop functioning and hormone levels fall right away surgical menopause or over a period of weeks or months medical menopause “ not over a few years, as usually happens with natural menopause. The suddenness of surgical menopause can cause intense symptoms for younger premenopausal women. Medical menopause tends to feel more similar to natural menopause. However, the experience really depends on the individual woman. The following breast cancer treatments can lead to menopause. Chemotherapy At the same time that chemotherapy destroys fast-dividing cancer cells, it can be harmful to your ovaries, which also contain rapidly dividing cells that produce eggs. Depending on how old you are and what types and dosage of medications you have, your ovaries may or may not recover from this damage. Your periods may stop temporarily during chemotherapy or they may stop for good. The older you are, the higher the risk that this menopause will be permanent. The medication cyclophosphamide brand name: Cytoxan has been linked most closely with medical menopause, especially when used as part of a regimen called CMF: However, other chemotherapy combinations can lead to medical menopause too, such as: Taxotere , doxorubicin, and cyclophosphamide TAC Although these are the most common causes, any chemotherapy regimen can potentially lead to medical menopause. As you go through chemotherapy, or even after completing it, you may notice that you start skipping periods or stop them entirely. This can happen within a few months of starting treatment or even more than a year later. As your levels of estrogen and progesterone fall, you can experience symptoms such as hot flashes. The younger you are, the more likely it is that this menopause will only be temporary and your periods will come back. In the case of CMF in particular, about half of premenopausal women stop their periods while on it. Doctors usually recommend barrier methods condoms, diaphragm, non-hormonal I. For example, a woman might be in her early 30s, start menstruating again after chemotherapy, but then enter menopause at One study found that women who were cancer-free and menstruating 2 years after treatment with CMF tended to go into menopause earlier than women in general. This is called temporary ovarian shutdown or suppression. Giving the body a break from high estrogen levels helps treat the breast cancer and reduce the risk of recurrence. Medications that shut down the ovaries temporarily include Zoladex chemical name: These are both luteinizing hormone-releasing hormone LHRH agonists, and they work by telling the brain to stop the ovaries from making estrogen. The medicines are given as injections once a month for several months or every few months. Once you stop taking the medicine, the ovaries usually begin functioning again. The time it takes for the ovaries to recover can vary from woman to woman. The younger you are, the more likely it is that your ovaries and estrogen levels will bounce back. Bilateral Ovary Removal Bilateral ovary removal “ also known as prophylactic ovary removal or prophylactic oophorectomy “ is surgery to remove both ovaries and usually the fallopian tubes. Bilateral ovary removal causes immediate and permanent menopause, sometimes with intense side effects because the change literally happens overnight. For a more complete discussion, see our section on Prophylactic Ovary Removal. It can wreck your sex life, dash hopes of having a baby, trigger mood swings, produce debilitating hot flashes, cause weight gain, drain your energy, worsen aches and pains, bring on jealousy or anger or resentment, and leave you feeling bad about yourself.

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Chapter 4 : Understanding Menopause | Revita Medical Wellness

After menopause, your body makes much less of the hormones estrogen and progesterone. Very low estrogen levels after menopause can affect your health and cause symptoms such as hot flashes. Very low estrogen levels after menopause can affect your health and cause symptoms such as hot flashes.

The time leading up to this point is often referred to as menopause , but the actual term for the bodily changes that lead up to the end of periods is called perimenopause. Occurring around age 51, some women start to experience this change in their 40s or even earlier. Symptoms of Menopause Prior to their last period, most women experience symptoms that can last for several years. Perimenopause is often characterized by irregular periods that match the name, as they can be more or less frequent, last more or fewer days, and be heavier or lighter. Other symptoms include hot flashes , sleeping problems, mood changes, vaginal and urinary tract infections, and more. Not all women experience the full range of symptoms, while many of the symptoms themselves accompany getting older as well as the end of fertility. The best way to determine whether the symptoms are a sign of menopause is to have your doctor check the amount of hormones in your blood. Unfortunately, the tests cannot absolutely predict when your cycle will end. Behavioral Methods for Managing Menopause For women who experience severe symptoms of menopause, there are a variety of behavioral and pharmacological solutions to help manage the problem. Often, temporary lifestyle changes can do the trick. Getting more sleep on a regular schedule, keeping active and exercising are key to relieving many symptoms. Proper diet and limiting caffeine and alcohol also help. Drugs to Manage Menopause For women who need additional help to manage the symptoms, there are several other approaches that include: These hormones can reduce hot flashes and night sweats, mood swings, vaginal symptoms, and bone loss. The downside is that treatment with MHT can increase chances of breast cancer, stroke, heart attack, blood clots, and gallbladder disease. While your doctor will suggest the best course of hormonal replacement for you, the general rule is to prescribe the product at the lowest dose for the shortest period of time. Bio-identical Hormone Therapy BHT Some doctors prescribe man-made hormones that replicate what the body makes, either as a standard dose or as one especially made for the patient. Some are FDA approved and are covered by insurance, while others are considered experimental. Proponents of BHT maintain that the man-made hormones are safer than conventional hormones, and can help lessen the risk for certain diseases, such as breast cancer. Most of these claims are in dispute. Natural Supplements As an alternative, many women take herbs such as soy or other sources of progesterone such as wild yam, dong quoi, valerian root, or black cohosh. While these can be effective, make sure to discuss what you are taking with your doctor to make sure there is no harmful reaction when taking other drugs.

Chapter 5 : How Menopause Can Happen With Breast Cancer Treatments

Menopause is a natural part of every woman's life. Some few lucky women breeze through menopause with little or no inconvenience. But for most, it's a time of hot flashes, night sweats.

This is because of the hormonal fluctuations in your body. As you approach menopause, your estrogen levels generally decline, though this may happen in an irregular fashion. Your body will also produce less progesterone and testosterone than in previous years. These hormonal fluctuations can affect your headaches. How can menopause affect your headaches? Menopause can affect your headaches in several ways. The effects can be different for every woman, so you may not experience the same changes as someone else. If your headaches are hormonal in nature, you may find relief after menopause. This may mean that you have less headaches or less severe headaches. This is because your hormone levels stay low, with little fluctuation, after your period stops for good. On the other hand, some women have more frequent or worse headaches during perimenopause. Women who experience migraines often report that their headaches are significantly worse during perimenopause, says Mark W. Estrogen withdrawal is a common trigger. This is why headaches can be worse around menstruation, Green says. The same hormone “or lack thereof” that gives some women relief from migraines after menopause can cause more headaches in the months leading up to it. Does this mean hormone therapy can affect your headaches? Your doctor may prescribe some form of hormone replacement therapy HRT to treat hot flashes or other symptoms related to menopause. How this treatment affects your headaches will be unique to you. It could help your migraines, or it could make them worse. They may want you to try an estrogen skin patch instead. Estrogen patches may be less likely than other forms of HRT to trigger headaches. Your doctor may also suggest other treatment options. How to prevent or alleviate headache pain A number of medications can help treat or even prevent migraines. Some are available over the counter. Diet and lifestyle changes can also help to reduce the number of headaches you have or alleviate your symptoms. Diet changes What you eat can have a huge impact on your headaches. Because of this, you may want to keep a food diary to determine what your headache triggers may be. When you experience a headache, write down what you ate in the hours before. Over time this may help you find dietary patterns. If a pattern emerges, you should try limiting that item. From there, you can determine if cutting this out of your diet has an effect on your headaches. Common dietary triggers include: Aim for 30 minutes of exercise three to four times each week. Spinning or swimming classes are two great choices. A nice walk outside is easy and accessible, too. Let your body warm up gradually. Jumping into a high-intensity workout right away could actually trigger a headache. Acupuncture stems from traditional Chinese medicine and is used to treat various types of pain. Views on its effectiveness are mixed, but you may find that it helps you. Behavioral therapy Biofeedback and relaxation therapies are two types of behavioral therapies known to help some people deal with severe headaches. These use different techniques to control how your body physically responds to stress, muscle tension, and even pain. Cognitive behavioral therapy CBT is slightly different. CBT teaches you stress relief techniques, as well as how to better deal with stressors or pain. Supplements Certain nutritional supplements have shown some success in limiting headache frequency. Vitamin B-2, butterbur, and magnesium may be your best bets for headache prevention. Vitamin D and Coenzyme Q10 may also be beneficial. Until then, you should work with your doctor to find the best combination of medications or lifestyle changes for you. If you notice your headaches are becoming worse or interfering with your quality of life, you should speak with your doctor. They can rule out any other causes and, if necessary, adjust your treatment plan.

Formally called hormone replacement therapy (HRT), menopausal hormone therapy or MHT involves taking doses of estrogen and, if the uterus is still in place, progesterone. These hormones can reduce hot flashes and night sweats, mood swings, vaginal symptoms, and bone loss.

Sign up now Hormone therapy: Is it right for you? Hormone therapy was once routinely used to treat menopausal symptoms and protect long-term health. Then large clinical trials showed health risks. What does this mean for you? Hormone replacement therapy “ medications containing female hormones to replace the ones the body no longer makes after menopause ” is sometimes used to treat common menopausal symptoms, including hot flashes and vaginal discomfort. Hormone therapy has also been proved to prevent bone loss and reduce fracture in postmenopausal women. Along with the benefits, there are risks associated with using hormone therapy. These risks depend on a few factors, including the type of hormone therapy, the dose and how long the medication is taken. For best results, hormone therapy should be tailored to each person and re-evaluated every so often to be sure its benefits still outweigh the risks. What are the benefits of hormone therapy? The benefits of hormone therapy depend, in part, on whether you take systemic hormone therapy or low-dose vaginal preparations of estrogen. Systemic estrogen “ which comes in pill, skin patch, gel, cream or spray form ” remains the most effective treatment for the relief of troublesome menopausal hot flashes and night sweats. Estrogen can also ease vaginal symptoms of menopause, such as dryness, itching, burning and discomfort with intercourse. Combined estrogen and progesterone therapy may reduce the risk of colon cancer. Some data also suggest that estrogen can decrease the risk of heart disease when taken early in the postmenopausal years. Systemic estrogen helps protect against the bone-thinning disease called osteoporosis. However, doctors usually recommend medications called bisphosphonates to treat osteoporosis. Low-dose vaginal preparations of estrogen “ which come in cream, tablet or ring form ” can effectively treat vaginal symptoms and some urinary symptoms while minimizing absorption into the body. Low-dose vaginal preparations do not help with hot flashes, night sweats or protection against osteoporosis. This is because estrogen alone, when not balanced by progesterone, can stimulate growth of the lining of the uterus, increasing the risk of uterine cancer. What are the risks of hormone therapy? In the largest clinical trial to date, a combination estrogen-progestin pill Prempro increased the risk of certain serious conditions, including: Heart disease Blood clots Breast cancer Subsequent studies have suggested that these risks vary, depending on age. For example, women who begin hormone therapy more than 10 or 20 years from the onset of menopause or at age 60 or older are at greater risk of the above conditions. But if hormone therapy is started before the age of 60 or within 10 years of menopause, the benefits appear to outweigh the risks. The risks of hormone therapy may also vary depending on whether estrogen is given alone or with progestin, the dose and type of estrogen, and other health factors such as your risks of heart and blood vessel cardiovascular disease, cancer risks, and family medical history. All of these risks should be considered in deciding whether hormone therapy might be an option for you. Who should consider hormone therapy? Despite its health risks, systemic estrogen is still the most effective treatment for menopausal symptoms.

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Chapter 7 : Hormone therapy: Is it right for you? - Mayo Clinic

Understanding the Symptoms of Menopause The signs of menopause can vary greatly from woman to woman depending on a number of factors. It is important to remember that there are many different types of symptoms that may be present in a woman's body, and they may appear at any time during the three stages of the menopause cycle.

Age Healthier Live Happier! Menopause Symptoms in Women What are the earliest signs and symptoms of menopause? Keep reading for information about menopause symptoms, as well as options for treating hormone imbalance. Menopause is a significant source of hormonal imbalance in women. What Are Normal Symptoms of Menopause? Even normal symptoms of menopause are difficult to bear. These symptoms include hot flashes, vaginal dryness, and sleep disturbances. The symptoms of menopause can cause depression and anxiety which are often intolerable and tremendously reduce quality of life. What Are the Phases of Menopause? There are three phases of menopause including perimenopause, menopause, and postmenopause. Symptoms in perimenopause are often much more severe than the ones during menopause and postmenopause. Bio-identical hormone replacement therapy or BHRT is a natural way for women to regain the vitality of their youth by supplementing the hormones that diminish during menopause. Rather than conventional hormone replacement therapy using synthetic animal-derived hormones such as the pregnant horse urine used in commonly prescribed Premarin , bio-identical hormone replacement therapy uses naturally derived hormones from plants. These hormones most closely resemble naturally occurring human hormones and are free from unnatural chemicals, unlike the FDA approved replacement hormones prescribed by practitioners. First, find a BioTE provider. If your provider is not listed, nominate your provider to become BioTE certified. Then, schedule an office visit with your BioTE provider to test your current hormone levels. Based on your comprehensive consultation and thorough blood work panel, your provider will determine if you are a candidate for BioTE pellet therapy. Then a quick follow up appointment will be scheduled for your custom pellet therapy insertion. Rather than taking pills or other methods of hormonal administration that may not offer consistent hormonal doses, BHRT pellets offer consistent doses throughout the day. This relieves women experiencing menopause from the rollercoaster effects of hormones with less consistent administration.

Chapter 8 : Mayo Clinic The Menopause Solution

Understanding Menopause Menopause is a natural biological process. It's generally considered to have occurred at the point at which it has been 12 months since your last menstrual period.

Peter Fotinos December 1, No Comments While many women regard menopause with some apprehension or fear, it is a normal part of life – just like the onset of puberty. Knowing more about menopause and what to expect, is an important step in overcoming some of this anxiety. Menopause refers to the time during which a woman has her last menstrual period. Changes to the body occur both before and after menopause takes place. It is generally divided into three stages: Women will notice the first changes to their bodies during the perimenopause stage. Contrary to what some may believe, these earliest stages of the menopause process may occur as early as several years before a woman has her final menstrual period. After a woman has gone an entire year without a period, she can then say that she has been through menopause and that the perimenopause stage has been completed. After these three stages, a woman is said to enter the postmenopause stage, which lasts the rest of her life. Though the average age for a woman going through the process of menopause is about 51 years old, this is no definite indicator of when a woman can expect to go through the process. Some experience menopause as early as their forties, while others will have it much later in their fifties. There are some factors that can contribute to early menopause. Among these are lifestyle choices such as smoking. There are also various types of surgery that can lead to early menopause, such as the removal of the uterus through hysterectomy. If the ovaries are removed with the uterus, a woman will experience full menopause right away due to the loss of estrogen, but if the ovaries remain then she may experience menopausal symptoms later in life as the ovaries naturally cease production of these hormones.

Symptoms of Menopause The signs of menopause can vary greatly from woman to woman depending on a number of factors. Most of the symptoms of menopause occur because of the reduction of estrogen in the body. For the majority of women, changes in the menstrual cycle will be the first indicator that the process of menopause is beginning. She may also notice that her bleeding is heavier or lighter than usual. While menstrual changes are normal during the menopausal process, there are some circumstances in which it is crucial that a woman contact a doctor. Your periods are coming too closely together. Your bleeding is excessively heavy. You are experiencing an abnormal amount of spotting. You are experiencing periods that last more than a week. You have a period after a year without bleeding. Hot flashes are among the most well known symptoms of menopause. They can occur early on in the process of going through menopause and may last for a few years after the end of menopause. Hot flashes are characterized by a sudden, intense sensation of heat in the body, often localized to the upper body. In addition to flushing in the face and neck, red blotches may appear on the skin, and women can find themselves experiencing heavy sweating or shivering. Often, hot flashes manifest themselves as night sweats. They can last anywhere between 30 seconds and ten minutes.

Vaginal and Bladder Health. However, there are also various other health problems that can arise, including vaginal and bladder infections. Incontinence, a lack of bladder control, may also be an issue for some women, who can find it difficult to hold in urine during exercise, or while sneezing or laughing. Even those women who have never had difficulties sleeping may suddenly experience insomnia during the onset of menopause. As mentioned, physical changes in the vaginal area such as dryness can lead to difficulties for women going through menopause. Some women find that they are uninterested in sex after going through menopause, while others find that being unable to get pregnant helps them to feel liberated and freer about sex. However, it is important for all women to remember that even after menopause they can still be at risk of contracting sexually transmitted diseases, and that protection in the form of condoms is still needed with new and untested partners, even if they can no longer get pregnant. Perhaps the most difficult symptom of menopause for many women, and among the hardest to detect, is changes in mood related to the process. Women going through menopause may find themselves feeling moodier or more irritable during this time. There are no clear

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indicators as to why women experience these feelings, but it is likely to be due to a combination of factors as exhaustion and bodily changes as well as the natural stressors of middle age. Changes in the Body. The body experiences many changes during the process of menopause. Many women notice widening at the waist, as well as a loss of muscle tone and an increase in body fat. Thinning of the skin may also occur, and joint and muscle pain may arise. Mentally, women may experience memory problems. Whether these changes are a result of the loss of estrogen, are a result of growing older, or are a combination of both is still unknown. Heart and Bone Health During Menopause In addition to the better known symptoms of menopause and the health issues that they present, it is also important that women be aware of the health of their heart and their bones during this process. Two major problems can present themselves during and after the process of menopause, and women must be aware of these issues in order to protect themselves. Estrogen is a key component in helping to prevent bone loss. During and after menopause, the loss of estrogen can lead to complications as the body begins to lose more bone than is being replaced. This can lead to weakened bones that are easily broken, a condition known as osteoporosis. Women should be sure to speak to their doctors about having a bone density test to gauge their bone health and to find out if they are at risk for this disease. They should also take the time to speak to their doctors about ways that they can prevent osteoporosis or treat it if they are beginning to see symptoms. Both changes in estrogen levels as well as aging can lead to heart disease in menopausal and postmenopausal women. As women age, they may begin to gain weight or develop other issues such as high blood pressure, factors which can also contribute to heart disease. Women should be sure to pay close attention to their heart health during this time. In addition to keeping their blood pressure monitored, they should check their levels of triglycerides, fasting blood glucose, and LDL and HDL cholesterol on a regular basis. Women should also be sure to speak to their doctors about things that they can do to protect the health of their heart.

Chapter 9 : Menopause Symptoms in Women | Signs of Menopause | BioTE Medical

Get this from a library! Understanding menopause and hormonal therapy: a woman's guide. [Barry G Wren] -- Provides information on the effects and symptoms of menopause, as well as hormonal therapies used to control symptoms.