

Menopause: Body, Mind, Spirit

A Virtual Series sponsored by the Lisa Stewart Women's Health Center

Notes and Resources from January 27, 2021 Virtual Event

Menopause Notes, Linda Robinson, CNM

"Menopause" comes from the Greek, meno (month) and pauses (stop) and it defines one specific event: the final menstrual period in a woman's life. This is diagnosed after one year without a menstrual period.

"Perimenopause" is defined as the time leading up to the final menstrual period. This can last between 6 months to one year.

Menopause is not a disease.

It is a time when production of ovarian estrogen wanes. This is a constant phenomenon in all women but symptoms vary widely and culturally.

Menopause is a powerful marker in the aging process and is viewed through a cultural lens depending on how the aged are regarded in that culture.

Menopause marks the end of a woman's reproductive life but also marks the beginning of a new and productive stage.

Physiology

Main source of ovarian estrogen comes from immature eggs (follicles). As a 20 week fetus females ovaries contain 6-7 million eggs, at birth they contain 1-2 million eggs. By menarche (first menstrual period) they contain 300,000-400,000. Of these, only 400-500 eggs are produced maturely and are capable of being fertilized. So the number of immature eggs are declining from the beginning of life. At age 35 this process accelerates until ovulation stops and menopause occurs. Average age of this is 48-52, but can be as early as 35 (premature menopause) and as old as 62.

Estrone is another type of estrogen produced in fat cells. This is less potent than ovarian estrogen but is more consistent throughout a woman's life.

Estrogen receptors are located throughout the body therefore estrogen affects many organs, most notably: brain, vagina, labia, bladder, skin, bones. Therefore the reduction in estrogen levels affects: sense of well being, short term memory, decision making, temperature regulation, vaginal and labial tissue, urinary function, skin turgor, and bone density.

Metabolism slows during perimenopause which means more calories are stored as fat. This causes body contour changes. This is a protective mechanism which allows for continuation of estrogen (estrone) production later in life.

Factors affecting perimenopausal symptoms:

- **Age** at which menopause occurs
- **Time frame** of perimenopause (women with a short perimenopause phase tend to experience more debilitating symptoms)
- **Body fat** (those with more fat cells have fewer symptoms)
- **Social setting** (how those around you view aging)
- **Cultural norms** (how does your culture regard the aging process or elderly)
- **Women's interpretation of what is happening** (how well do you understand the process)

Overview of Menopausal Symptoms

Irregular periods: As ovarian estrogen declines women ovulate less frequently than once per month and this causes irregular, sometimes very heavy, periods. This is uncomfortable as it is not the pattern we are used to, but it is normal. Ibuprofen works well to minimize both the amount of blood lost and the associated cramping.

Hot flashes: This is the most common complaint of perimenopause in caucasian American and European women. It is a sudden sense of warmth and associated flushing, most commonly felt in the head, neck, and chest. Skin temperature rises and blood vessels dilate. Lasts between 1 and 5 minutes. Alcohol, heat, stress, emotional distress, all can make these worse. In other cultures and ethnicities these occur but those women do not report them as debilitating. (the most common complaint in Asian women is sore shoulders)

Night sweats: These are hot flashes occurring at night. This leads to sleep disturbance and insomnia. When the phase of sleep allowing us to wake feeling rested is disturbed women feel tired and irritable during the day. Sleep deprivation compounds all symptoms.

Vaginal and labial changes: The tissue of the vaginal lining thins and can lead to dryness, burning, increased incidence of vaginitis, and painful intercourse. Labial tissue also thins as well as pubic hair thinning.

Decreased libido: This happens to both sexes at middle age but painful sex from dryness results in decreased sexual desire. There are many treatment options for this. Also, testosterone release from the ovaries decreases, also leading to decreased libido. Psychosocial factors also play a big part. Maintaining regular sexual activity helps a lot.

Urinary changes: The tissue in the lower third of the bladder and urethra thins and weakens. This can lead to increased frequency of urination and some urinary incontinence.

Mood swings: The hormonal fluctuation is similar to PMS or the postpartum period. Most extreme in perimenopause and stabilizes once menopause is achieved. Estrogen increases endorphin release so as the estrogen decreases we need to adjust to the lower endorphin levels. Exercise will maintain these levels.

Depression: Not caused by decreased estrogen but can result from accumulated stress from this stage. Sleep disturbance and other psychosocial changes affect propensity to depression.

Skin changes: Facial hair increases, skin becomes more dry and thin

Bone changes: Very consequential. Women accumulate bone mass until age 35 when it starts to decrease along with estrogen levels. Strong correlation between bone mass and estrogen levels. Caucasian women, thin women, and those who experienced premature menopause are at risk of bone loss (osteoporosis). The best way to prevent this is healthy diet and weight bearing exercise.

All of these symptoms are helped by **WALKING**. My advice is three words: **WALK IT OFF**.

Remember this is a transient process. With no treatment symptoms will eventually resolve.

However, there are times when the symptoms get so severe they are no longer in the normal range.

If you experience the following you need evaluation and should call your health care provider:

- Vaginal bleeding after 1 year without a menstrual period.
- Bleeding heavily enough to soak more than one pad or tampon within one hour.

Menopausal Transition (perimenopause) and Menopause, Linda Crowell, APRN-FNP

Remember to continue routine screenings as recommended (cervical cancer screenings, breast cancer screenings, colon cancer screenings and bone density screenings)

Treatment options for symptoms of menopause (does not include supplements or herbal remedies)

Hot flashes and night sweats

- Environmental control (fan, layering clothing, layering bedding) exercise, good nutrition, maintain a healthy weight, good sleep.
- Avoid triggers (hot food, spicy foods)
- Hormone replacement therapy with estrogen (if without a uterus) or estrogen and progesterone (with a uterus). If perimenopausal and need for contraception, low dose birth control may be an option.
- Neurontin (Gabapentin) which is a medication for seizures.
- Antidepressants such as a SSRI (Prozac), Effexor.

Vaginal dryness/painful intercourse

- Ospemifene
- Prasterone
- Vaginal moisturizers, lubricants
- Vaginal estrogen (cream or ring)
- Continued sexual activity
- Pelvic floor therapy

Uterine bleeding (perimenopause)

- Hormone therapy
- Uterine ablation
- Uterine bleeding after menopause is a concern you need to bring to your health care provider as it may be a sign of uterine (endometrial) cancer

Change in sleep patterns

- Good sleep hygiene (regular sleep schedule, bedtime routine, relaxation exercises, avoid TV/electronic devices)
- Avoid eating, drinking alcohol or caffeine close to bedtime
- Exercise, good nutrition
- Cognitive behavior therapy

Urinary problems

- Pelvic floor therapy
- Vaginal estrogen
- Pessary
- Bladder retraining
- Weight loss if overweight
- Medications for overactive bladder

Mood Changes

- Exercise, good nutrition, adequate sleep, lower stress
- Counseling
- Antidepressants

Decreased libido

- If related to pain/vaginal dryness see above
- Talk to your partner
- Counseling (alone or as a couple)

Osteoporosis

- Adequate calcium (19-50 yrs 1000mg daily, 51 and older 1200mg daily) through nutrition and/or supplement
- Adequate vitamin D 600 to 800 IU daily

Resources

- www.nia.nih.gov/health/hot-flashes-what-can-i-do
- www.health.harvard.edu/womens
- www.acog.org
- www.npr.org/sections/health-shots/2020/01/18/797354824/menopause-starts-younger-than-you-think-heres-what-you-need-to-know
- www.fda.gov/menopause
- www.menopause.org
- www.womenshealth.gov/menopause/menopause-basics/#2
- www.womenshealth.gov