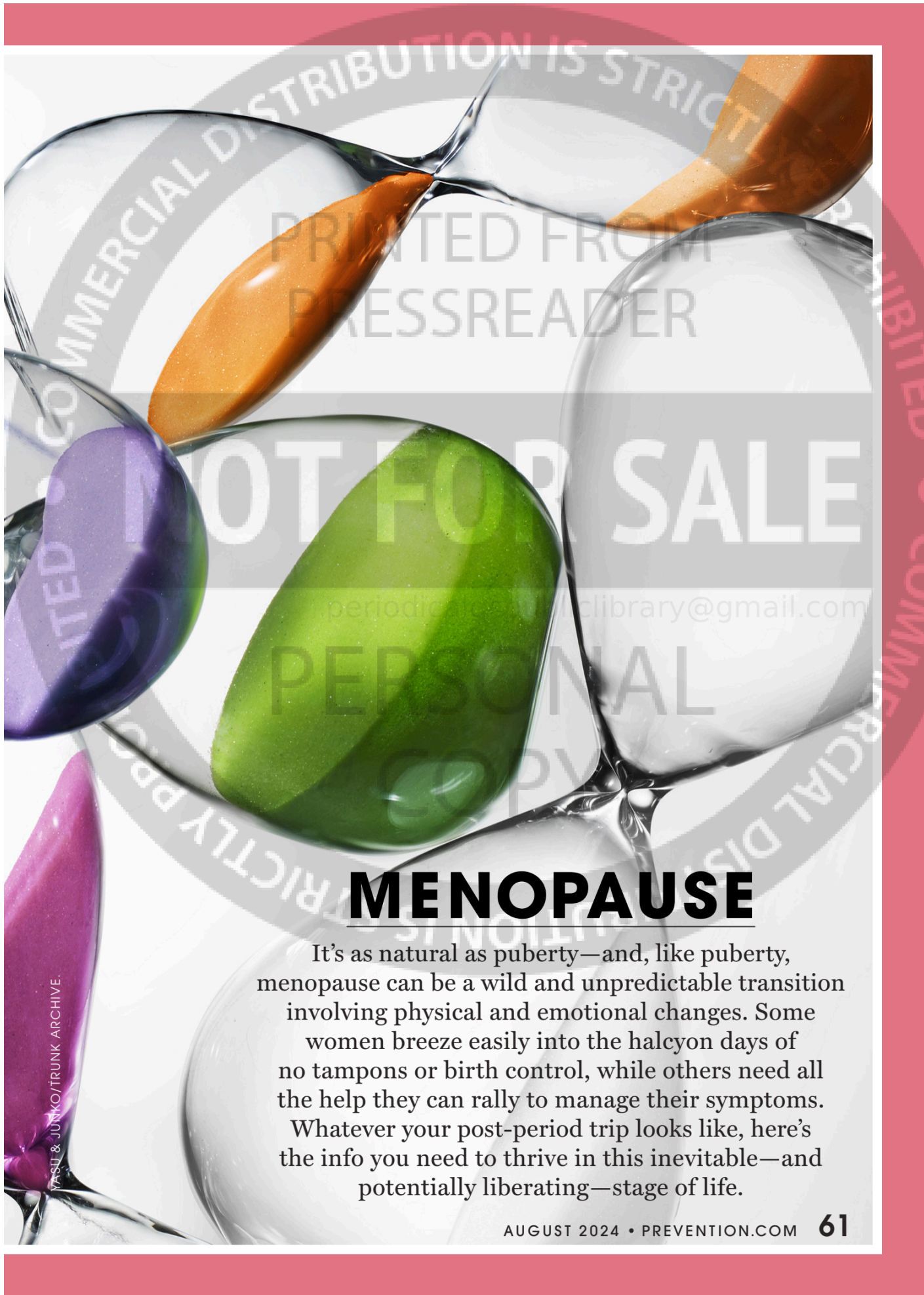


PREVENTION

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MENOPAUSE

It's as natural as puberty—and, like puberty, menopause can be a wild and unpredictable transition involving physical and emotional changes. Some women breeze easily into the halcyon days of no tampons or birth control, while others need all the help they can rally to manage their symptoms. Whatever your post-period trip looks like, here's the info you need to thrive in this inevitable—and potentially liberating—stage of life.

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Your Menopause QUESTIONS, Answered

BY MERYL DAVIDS LANDAU

AFTER CENTURIES OF THE TOPIC BEING TABOO, celebrities, tech entrepreneurs, and women wherever they gather are talking about menopause. But there's still confusion, especially about how to deal with the symptoms. The term itself can be puzzling even to doctors, says Stephanie Faubion, M.D., M.B.A., medical director of the Menopause Society and director of the Mayo Clinic Center for Women's Health. People generally use "menopause" to refer to everything from the first absent period to the decades after bleeding has stopped. Here's the scoop:

Q: WHEN EXACTLY ARE YOU “IN” MENOPAUSE?

The phrase “I’m in menopause” actually has no scientific meaning. The stage at which your ovaries start producing less of the hormones estrogen and progesterone, you have fewer viable eggs, and your periods become less regular is commonly called perimenopause. “Menopause” refers to the point one year after your last menstrual flow—which you can’t know you’ve hit until 12 months have passed. Menopause is really more of a line you cross than a phase you can be “in.”

The months and years following the one-year mark? That time is postmenopause, and it’s worth a “Hurrah!”: No more tampons, no more cramps, no pregnancy risk.

Q: WHEN YOU’RE IN PERIMENOPAUSE, CAN YOU STOP USING BIRTH CONTROL?

If only. You know those “change of life” babies we’ve all heard about? They arrive because their moms figured they couldn’t get pregnant once their periods stopped being regular. It is true that you’re less likely to conceive when in perimenopause, but that doesn’t mean it can’t happen, says Jackie Thielen, M.D.,

director of the women’s health specialty clinic at the Mayo Clinic in Jacksonville, FL. During perimenopause, you may think you’re done only to have your period show up after four or five months, meaning you ovulated a couple of weeks before that. If you don’t want to get pregnant, you must use effective birth control during perimenopause. Especially good methods for women in this stage include oral contraceptives and hormonal rings, as they can also reduce menopause symptoms such as hot flashes. Another good option is an IUD, Dr. Thielen says.

Q: CAN MENOPAUSE LEAD TO HEALTH PROBLEMS?

Menopause used to be treated like an illness, but it’s not one. That said, when you’re postmenopausal you no longer benefit from the protective effects of estrogen, raising your risk of health issues you may not have had to think about before, including:

HEART DISEASE

- Postmenopausal women are much more vulnerable to heart disease and stroke than premenopausal women. That’s because in a woman’s younger years, estrogen protects her heart. During perimenopause women also have a higher risk of rising cholesterol

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levels, artery thickening, and other issues, according to the American Heart Association. In addition, when women (and men!) gain weight as they get older, much of that fat accumulates in the abdomen, which is riskier for the heart than when fat accumulates around the butt and thighs. See your doctor while still in perimenopause to be treated for heart-disease risks like high blood pressure and high cholesterol so as to better prevent later problems.

URINARY

INCONTINENCE

■ About half of women complain of leakage after menopause, especially stress incontinence (peeing while doing things like exercising and laughing). This happens because the tissues of the bladder and urethra lose tone once estrogen declines.

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**THE AVERAGE AGE OF
THE MENOPAUSE
MILESTONE IN THE U.S.**

OSTEOPOROSIS

■ This weakening of bones to the point where they can break easily affects both women and men and is linked to aging more than to menopause. But according to the National Institute on Aging, bone loss occurs most quickly in women in the first few years after menopause.

All these changes make it crucial to take extra care of your health during this time, doing the things that generally promote wellness: eating healthily, staying active, and reducing stress as much as possible.



WHAT'S THE DEAL WITH HORMONE THERAPY?

The most widely used and most effective treatment for many perimenopause and menopause symptoms, including hot flashes and vaginal dryness, is hormone therapy (HT), says Nanette Santoro, M.D., chair of obstetrics and gynecology at the University of Colorado School of Medicine. HT got an undeserved black eye after a widely publicized study in 2002 suggested that postmenopausal women taking a combination of estrogen and progestin hormone therapy had an increased risk of breast cancer, heart disease, and strokes. Further research, fortunately, has shown that

for most women the benefits of current HT far outweigh the risks. HT can be prescribed as a pill, patch, gel, or cream that sends hormones through the bloodstream to all parts of the body; it can also be used locally in the form of a topical cream, a ring, or a suppository for vaginal symptoms. If you're unsure, says Dr. Santoro, talk to your doctor about a three-month trial course (assuming you have no medical contraindications). If the treatment is helping by the end of that time you can continue, she says; if not, you can simply stop it.



may ease on their own. Here's what you can do until then:

VAGINAL DRYNESS

■ Estrogen thickens the lining of the walls of the vagina, so when levels of the hormone drop, that vaginal tissue thins and becomes dry, leading to pain, soreness, or burning during sex. It's estimated that 75% of postmenopausal women experience vaginal dryness, yet only 10% to 20% seek medical treatment

Q: WHAT ARE THE MOST COMMON SYMPTOMS, AND HOW CAN I EASE THEM?

The effects of declining estrogen can include thinning hair, heart palpitations, dizziness, and brain fog as well as the big five that follow. Once you hit menopause and your estrogen stabilizes at a lower level, symptoms

AARON GRAUBART/TRUNK ARCHIVE.

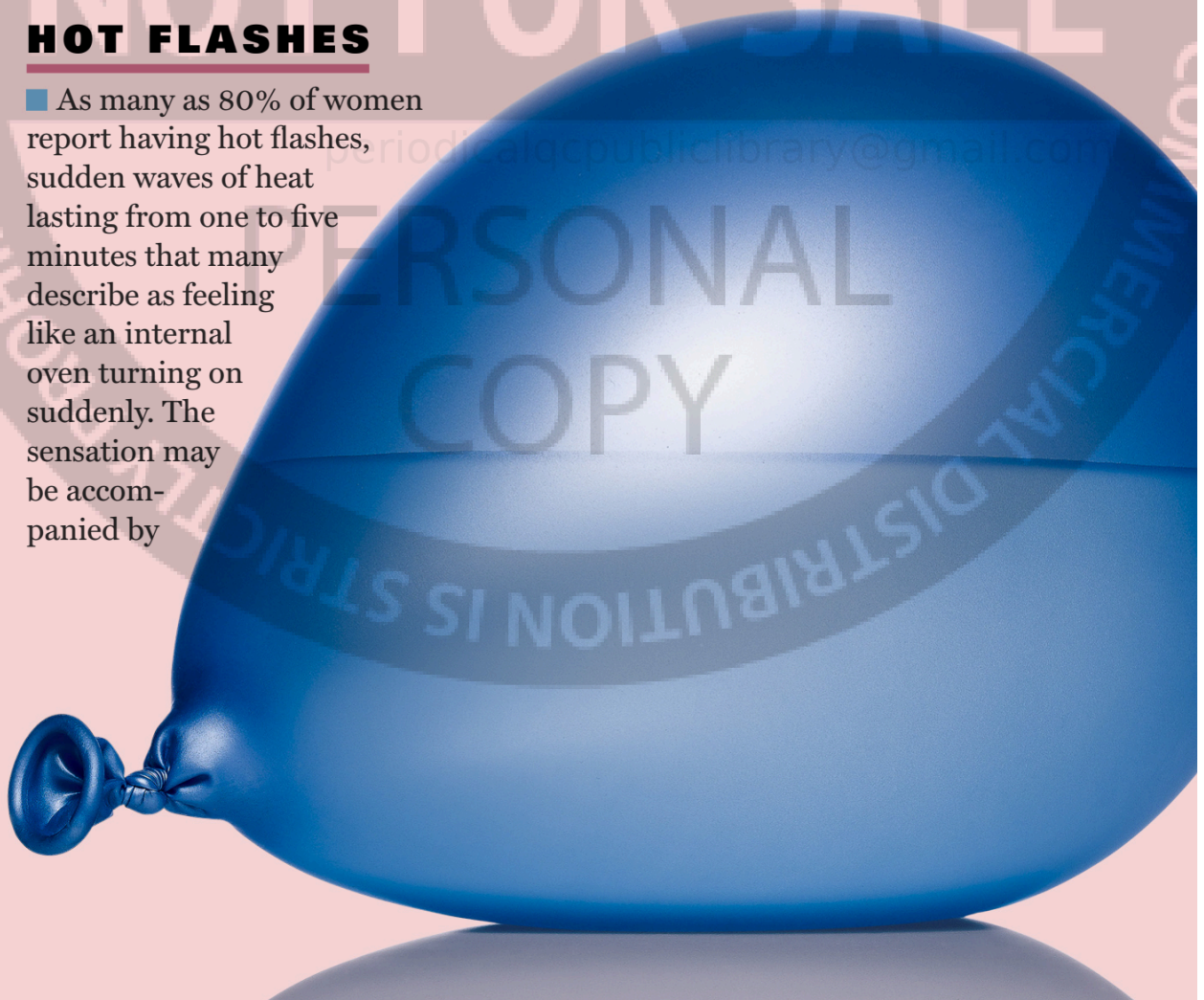
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for it. “If you’re dealing with this type of pain and a lubricant or an over-the-counter moisturizer does not provide relief, ask your doctor about prescription treatments such as a local vaginal estrogen, the hormone supplement DHEA, or the prescription medication ospemifene,” says Lauren Streicher, M.D., a clinical professor of obstetrics and gynecology at Northwestern University’s Feinberg School of Medicine.

HOT FLASHES

■ As many as 80% of women report having hot flashes, sudden waves of heat lasting from one to five minutes that many describe as feeling like an internal oven turning on suddenly. The sensation may be accompanied by

sweating, flushing skin, and a rapid heartbeat and followed by a cold chill. When hot flashes happen while you’re sleeping, they’re called night sweats. About a third of menopausal women describe them as moderately or severely bothersome, Dr. Santoro says. HT helps, as can wearing layers that are easy to shed and carrying a fan. Research suggests that limiting caffeine may also lessen the severity of hot flashes. In addition, a prescription



med called Veozah (fezolinetant) was approved last year by the FDA to address hot flashes.

A BIGGER BELLY

■ Yes, your body may look different in your 50s than it did in your 30s, but “the weight gain women experience in midlife is associated with the aging process rather than with menopause,” says Dr. Faubion. The bodily changes you are experiencing are real—even if you don’t put on pounds, weight is redistributed to your midsection, which is related to menopause and the loss of estrogen. As estrogen levels decline during perimenopause, your body starts shifting and fat moves to your belly rather than your hips and thighs, explains Dr. Faubion. This is concerning because fat around the midsection is a risk factor for heart disease (the number one killer of women) even for those whose weight is in the normal range. If you’re concerned about your weight or an accumulation of fat around your middle, upping your physical activity and following a healthy eating plan can help.

MOOD CHANGES

■ Studies suggest that up to 68% of perimenopausal women report heightened depressive symptoms (compared with around

4 TO 8 YEARS

**HOW LONG
PERIMENOPAUSE
TYPICALLY LASTS**

a third of premenopausal women). Some women may become mildly irritable, while others suddenly feel sad or anxious or experience full-blown depression even if they’ve never had mental health struggles before. If you’re feeling depressed or anxious, let your doctor know. The Menopause Society guidelines recommend psychotherapy and/or antidepressants and note that for some women HT may help.

SLEEP PROBLEMS

About half of women going through perimenopause complain of poor sleep. Cooling pajamas and sheets could make night sweats more bearable, and a meditation app might be the ticket to deeper, sleep-inducing relaxation. Your doctor may recommend a prescription medication, HT, or over-the-counter supplements, but don’t take anything on your own unless you run it by them.

GALLERY STOCK.