

Menopause & Hormone Replacement Therapy

The menopausal transition usually has three parts:

Perimenopause begins several years before a woman's last menstrual period, when the ovaries gradually produce less estrogen. In the last 1-2 years of perimenopause, the drop in estrogen accelerates. During perimenopause, many women can experience menopause symptoms. Women are still having menstrual cycles during this time, and can get pregnant.

Menopause is the time when a woman no longer has menstrual periods. Menopause is diagnosed when a woman has gone without a period for 12 consecutive months. Some women experience menopause in their 40's or 50's, but the average age is 51.

Postmenopause are the years after menopause. During this time, menopausal symptoms, such as hot flashes, ease for most women. As a result of a lower level of estrogen, postmenopausal women are at increased risk for a number of health conditions. Medication, such as hormone therapy and/or healthy lifestyle changes, may reduce the risk of some of these conditions.

Premature & Early Menopause- Menopause that occurs before the age of 45, regardless of the cause, is called early menopause. Menopause that occurs at 40 or younger is considered premature menopause. Causes of premature and early menopause include: smoking, surgical interventions (such as hysterectomy or oophorectomy), chemotherapy, radiation therapy and primary ovarian insufficiency.

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Signs and Symptoms of Menopause:

- Irregular periods
- Vaginal dryness
- Hot flashes
- Night sweats
- Sleep problems
- Mood changes
- Weight gain and slowed metabolism
- Thinning hair and dry skin
- Loss of breast fullness

After menopause, your risk of certain medical conditions increases, including:

Osteoporosis causes bones to become brittle and weak, leading to an increased risk of fractures. Postmenopausal women with osteoporosis are especially susceptible to fractures of their hips, wrists and spine.

Cardiovascular disease is the leading cause of death in women. Be sure to have your blood pressure and levels of triglycerides, fasting blood glucose, and cholesterol, including LDL and HDL, checked regularly. It's also important to get regular exercise, eat a healthy diet and maintain a normal weight.

Urinary incontinence may occur since your vagina and urethra lose elasticity after menopause. You may experience frequent, sudden, strong urges to urinate, followed by an involuntary loss of urine, or the loss of urine when coughing, laughing or lifting. You may also have urinary tract infections more often.

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Sexual function- You may have an increased or decreased interest in sexual activity. Some women may also experience discomfort and slight bleeding during sexual intercourse. After 1 full year without a period, you can no longer become pregnant. But remember, you could still be at risk for sexually transmitted diseases.

Weight gain- Many women gain weight during the menopausal transition and after menopause because metabolism slows. You may need to eat less and exercise more, just to maintain your current weight. Make sure to talk to your doctor if you are experiencing any of these conditions. Your doctor can help you prevent, control, or relieve many of these conditions.

Your doctor may also recommend preventive health screenings at menopause, such as a colonoscopy, mammography, lipid screening, thyroid testing if suggested by your history, and breast and pelvic exams.

Always seek medical advice if you have bleeding from your vagina after menopause.

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5 Tips for Staying Healthy After Menopause

1. Don't smoke. It's never too late to benefit from quitting smoking.
2. Eat a healthy diet, low in fat, high in fiber, with plenty of fruits, vegetables, and whole-grain foods, as well as all the important vitamins and minerals.
3. Make sure you get enough calcium and vitamin D in your diet or with vitamin/mineral supplements if recommended by your doctor.
4. Learn what your healthy weight is, and try to stay there.
5. Do weight-bearing exercise, such as walking, jogging, or dancing, at least 3 days each week for healthy bones. But try to be physically active in other ways for your general health.

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Hormone Replacement Therapy

Hormone replacement therapy is the use of medications containing female hormones to replace the ones the body no longer produces after menopause. Hormone replacement is prescribed to help lessen the symptoms of menopause, such as hot flashes. Hormone therapy may be a good choice for certain women depending on their symptoms and medical history.

Systemic hormone therapy. Systemic estrogen (which comes in pill, skin patch, gel, cream or spray form) remains the most effective treatment for 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. Long-term systemic hormone therapy for the prevention of postmenopausal conditions (such as osteoporosis and heart disease) is no longer routinely recommended due to the risk of several serious health conditions.

Low-dose vaginal products. 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.

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Hormone Therapy Risks

The health risks related hormone therapy vary depending on whether estrogen is given alone or with a progestin, and depending on your current age and age at menopause, the dose and type of estrogen, and other health risks such as your risks of cardiovascular disease, cancer risks and family medical history. Studies have linked hormone replacement therapy to an increased risk of heart disease, stroke, blood clots, and breast cancer.

Despite the health risks, systemic estrogen is still the most effective treatment for menopausal symptoms. Your doctor can help you determine if the benefits of hormone therapy outweigh the risks.

Women with current or a past history of breast cancer, ovarian cancer, endometrial cancer, blood clots in the legs or lungs, or stroke should usually not take hormone therapy. Women taking hormone therapy should not smoke.

Women who aren't bothered by menopause symptoms and started menopause after age 45 do not need hormone therapy to stay healthy. Instead, talk to your doctor about strategies to reduce the risk of conditions such as osteoporosis and heart disease, which might include lifestyle changes and medications other than hormone therapy for long-term protection.

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Reducing your Risk While Taking Hormone Therapy

- Find the right product and delivery method for you. You can take estrogen in the form of a pill, patch, gel, vaginal cream, or slow-releasing vaginal ring. If you experience only vaginal symptoms related to menopause, a low-dose vaginal product is usually a better choice.
- Minimize the amount of medication you take. Use the lowest effective dose for the shortest amount of time needed to treat symptoms. If you have lasting menopausal symptoms that significantly impair your quality of life, your doctor may recommend longer-term treatment.
- Seek regular follow-up care. See your health care provider regularly to ensure that the benefits of hormone therapy continue to outweigh the risks, and for screenings such as mammograms and pelvic exams. Taking hormones should be re-evaluated every six months.
- Make healthy lifestyle choices. Include physical activity and exercise in your daily routine, eat a healthy diet, maintain a healthy weight, don't smoke, limit alcohol, manage stress, and manage chronic health conditions such as high cholesterol or high blood pressure.