

MENOPAUSE



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OBSTETRICIANS AND
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Menopause is a natural transition in a woman's life.

What is menopause?

Menopause is a natural transition in a woman's life. A woman who no longer has a menstrual period and is no longer able to naturally conceive, because her ovaries have stopped working and producing hormones, has gone through menopause.

Perimenopause is the time that leads up to menopause, and may last five to eight years. As menopause approaches, the ovaries produce less estrogen, causing changes in your body. During perimenopause, menstrual periods may gradually become lighter and eventually stop altogether. There is no single test to diagnose menopause; it is usually determined based on your symptoms. Generally, once 12 consecutive months have passed without a menstrual period, a woman is considered to have gone through menopause. However, some symptoms may persist, but to a lesser degree.

Every woman experiences menopause differently – but one piece of advice applies to everyone: menopause is the ideal time to look at nutrition, exercise and lifestyle choices. By refocusing on these factors, you are helping to make the menopause transition more manageable.

What are the symptoms?

Most women experience the physical and emotional changes of perimenopause in their mid-40s or early 50s, though symptoms may occur earlier or later. The most common symptom women experience early is irregular bleeding. However, a clear sign menopause is approaching is when a woman experiences hot flashes, feelings of intense heat in the head and upper body.

Sometimes these symptoms are hardly noticeable. Sometimes they get in the way of work, relationships and normal day-to-day life. Talk to your health-care provider if you are experiencing any of these symptoms:

- hot flashes
- night sweats
- palpitations (racing heartbeat)
- sleep disturbances
- dizziness
- anxiety attacks
- nausea
- vaginal dryness, discharge or bleeding (due to thinning and inflammation of vaginal walls)
- reoccurring urinary infections
- loss of bladder control (urge and stress incontinence)
- decreased sex drive (libido)
- difficulty concentrating
- fatigue
- irritability
- memory loss
- mood swings

What are the options for treating menopause symptoms?

Making healthy lifestyle choices may ease the severity of the menopause transition. Following Canada's Food Guide, making time for regular exercise, finding new ways to manage stress, and maintaining your weight, are all ways to help you feel better during menopause. Making healthy choices can also profoundly impact your risk of developing heart disease, as well as cancer which is primarily a disease of aging (only a small percentage of cancers are genetically-linked). Experts agree that the menopause transition is an excellent time to refocus on your health and wellness – and that includes cutting back on caffeine and alcohol, and quitting smoking.

Hormone therapy (HT) may be prescribed to help manage moderate to severe menopausal symptoms such as hot flashes. HT works by adding back some of the missing estrogen hormones. It can be taken in the form of oral medications (pills), or medications that are absorbed through the skin (transdermal) such as patches and gels, or medications administered through the vagina as tablets, creams, or a vaginal ring.

HT is a safe and effective option for many women who are suffering from troubling menopausal symptoms:

- research shows that no other treatment option is as effective as HT for hot flashes
- HT is highly effective in preventing bone loss and osteoporotic fractures, and relieving joint pain
- HT relieves vaginal dryness and other urogenital symptoms which may result from the loss of estrogen
- HT administered through the vagina relieves vaginal atrophy, a collapsing of the vaginal walls resulting from low estrogen levels

Bioidentical hormone therapy (BHT) is another type of hormone therapy. There are concerns about BHTs because, often, they are custom-mixed recipes that are not regulated or approved, and thus there is no scientific evidence of the effect they may have on the body. Currently, there are no long-term studies on bioidenticals that demonstrate their effectiveness or safety. Before taking BHT, talk to a health-care provider.

Non-hormone-based prescription medications are also available to help with moderate to severe hot flashes. These medications include anti-depressants called *serotonin-norepinephrine reuptake inhibitors* (SNRIs), as well as gabapentin, clonidine, and bellergeral. So if medications containing hormones are not right for you, your health-care provider may suggest you try one of these.

Complementary and alternative therapies may not have been through the same kind of testing process and government-regulated approvals process as prescription medicines, so long-term safety data on many of these herbal remedies is not yet available. In fact, research shows that natural products may have side effects and could cause adverse reactions with other medications you may be taking. Before using any alternative and complementary therapies, it's a good idea to consult your health-care provider.

Why are there so many negative stories about HT?

Current scientific research confirms that HT is a safe and effective way to treat moderate and severe symptoms of menopause.

However, negative publicity about HT began in 2002 when the Women's Health Initiative suspended a research study about hormone therapy because early findings seemed to point to an increased risk of heart attack and stroke in older women. Researchers mistakenly concluded that all women taking HT face these same risks; they didn't take into account the average age of study participants – about 63 years old – which does not reflect the health status of a newly menopausal woman of around 50 years old. A careful review of the study has since revealed that these conclusions do not apply to women at the beginning of the menopause transition. In fact, women in their 50s who take HT for less than five years not only manage troubling menopause symptoms, they also get added health benefits such as protection against osteoporosis.

If you are still cautious about using HT here are some additional facts to think about:

Breast cancer — If you take HT early in your menopause transition for a short amount of time (no more than five years), you will not increase your risk of getting breast cancer. If you stay on HT for more than five years, research shows that your risk of getting breast cancer is about the same as a woman who drinks alcohol every day, who doesn't exercise, or who is significantly overweight.

Cardiovascular disease — Short-term hormone therapy within the first 10 years of menopause does not increase the risk of heart disease in newly menopausal women.

Risk of blood clot — HT may slightly increase the risk of a blood clot, but that risk is very small. That risk goes down even more if you take a low-dose hormone therapy preparation and if you take your medication via a skin patch. The truth is that getting older, smoking cigarettes, and being overweight are far greater risk factors for blood clots than HT.

The Society of Obstetricians and Gynaecologists of Canada (SOGC) has reviewed dozens of research studies on HT done over the past decade in order to provide good advice to Canadian women on whether HT is a safe and effective option to treat menopause symptoms. The SOGC's first and best advice is to start by reassessing your lifestyle – how much you exercise, how well you eat, your intake of alcohol, nicotine, and caffeine – because making changes in these areas will help make your menopause transition easier. But if hot flashes, insomnia and other symptoms aren't going away and are affecting your quality of life, the SOGC wants you to know that there are safe treatment options you can try, and hormone therapy is one of them. Talk to your health-care provider for advice.

Osteoporosis

Most women greatly underestimate their risk for osteoporosis and bone fracture. In fact, one in four Canadian women are at risk for having an osteoporosis-related fracture. Many factors, apart from family history, increase a woman's risk, such as low body weight, smoking, lack of exercise, low intake of calcium and vitamin D, early loss of ovarian function, and using certain medications. While bone mineral density tests can help determine your risk of osteoporosis, it's also important to speak with your health-care provider to thoroughly assess your risk of fractures.

Hormone therapy is highly effective for the prevention of bone loss and osteoporotic fractures, but it is not prescribed simply for that purpose. There are other medications that can address osteoporosis.

To learn more about menopause and your treatment options, talk to your health-care provider and visit these websites:

- www.menopauseandu.ca
- www.sogc.org/guidelines to access the Society of Obstetricians and Gynaecologists of Canada's guideline "Menopause and Osteoporosis Update 2009"