

## PATIENT INFORMATION

### MENOPAUSE

#### WHAT IS MENOPAUSE?

Menopause is defined as the cessation of menstrual periods for 12 months. It occurs from the genetically programmed loss of follicles (egg-containing structures) in the ovary. Menopause may also follow if the ovaries are surgically removed. In either case, the ending of menstrual periods indicates estrogen hormone deficiency. Menopause does not occur suddenly. A phase called *perimenopause* usually begins a few years before the last menstrual cycle.

The average age of women at menopause today is around 51 years (although it can occur as early as 40 to as late as the early 60s). Early menopause tends to occur among women who have never had children, who smoke, or who are of Hispanic origin. Since women now have a life expectancy of more than 80 years, most of them can expect to live some 30-40 years of their life in the postmenopausal state.

Menopause is not a disease. However, many conditions are associated with lower levels of the female hormone estrogen, including heart disease and osteoporosis among other problems. Fortunately, effective treatments are available for these conditions.

In a number of studies, most women have reported menopause as a positive experience and have welcomed it with relief and as a sign of a new stage in life. Most studies find no link between menopause and a woman's state of mind. In fact, most middle-aged women overwhelmingly reported satisfaction with their home and work lives.

#### WHAT ARE THE SYMPTOMS OF MENOPAUSE?

The most prominent symptoms of menopause tend to be the following:

- **Hot flashes and night sweats.** Women often experience hot flashes as an intense build-up in body heat, starting in the chest and face, lasting minutes, followed by sweating and chills, and especially common at night. Some women report accompanying anxiety as the sensation builds. In most cases, hot flashes resolve within two years of menopause, although in some women they may persist for years.
- **Palpitations** (heart pounding or racing) can occur, with or independent from hot flashes.
- **Difficulty sleeping.** Insomnia is also common during menopause; it may be caused by the hot flashes or it may be an independent symptom of hormonal changes.

- **Mood changes.** Mood changes are most likely to be a combination of sleeplessness, hormonal swings, and psychologic. Once a woman has reached a menopausal state, however, depression is no more common than before, and women with a history of premenstrual depression often experience significant mood improvement.
- **Forgetfulness.** This appears to be one of the few symptoms that are common across most cultural and ethnic groups.
- **Vaginal dryness.** Thinning of the vaginal lining results from estrogen deficiency, sometimes causing itching, burning, or pain on intercourse.
- **Sexuality.** Sexual responsiveness tends to decline in most women after menopause, although other aspects of sexual function, including interest, frequency, and vaginal dryness vary. It is useful to remember that the symptoms of menopause will eventually go away.
- **Urine leakage.** This may occur with coughing, straining, or with sudden urges to urinate, all resulting from decreased elasticity of the vaginal and urethral tissues with estrogen deficiency.
- **Joint stiffness.**

### WHAT OVER-THE-COUNTER MEDICATIONS CAN I TAKE?

**Lubricants for Vaginal Dryness.** For vaginal dryness, moisturizers, and non-estrogen lubricants, such as Replens, K-Y Jelly, Eros, ID Millennium and Astroglide are available. (Frequent sexual activity helps preserve the lining of the vagina and maintain an acidic environment to protect against infection.)

**Vitamin E.** Vitamin E supplements may help some women with hot flashes.

### **Alternative Therapies**

There are many unproved methods for alleviating menopausal symptoms. Many women also try herbal or so-called natural remedies. Some may have proven benefits, but others have no value and can have adverse side effects. The following agents are sometimes use for menopausal symptoms but carry certain risks:

- **Black cohosh** contains a plant estrogen and has been the herbal remedy most studied for menopausal symptoms. Because of its similarity to estrogen, experts do not recommend taking it for more than six months.
- **Flaxseed**, like soy, contains phytoestrogens and is being studied for possible benefits.
- **Dong quai** does not act like an estrogen but appears to contain B vitamins, anti-inflammatory factors, muscle relaxants, and possibly progesterone-like substances. Although sometimes used for menopausal symptoms, most studies do not report any significant benefits. Dong quai should not be used with blood-thinning agents, such as warfarin. It may also increase the risk of skin cancers.

- **Ginseng** has hormonal qualities and should not be used with estrogen. It has also been associated with a hypoglycemia (low blood sugar) and a higher risk for uterine bleeding. In addition, a great number of ginseng products have been found to contain little or no ginseng. Of particular concern are reports of pesticide and other toxic contaminants in many ginseng products.
- **Kava.** Some evidence suggests that kava may relieve anxiety in some people. It is not generally considered unsafe, however, there are reports of liver failure and death from this medication, with highest risk in those with liver disease. It also interacts dangerously with certain medications, so check with your doctor.

### **WHAT DIETARY AND LIFESTYLE FACTORS ARE IMPORTANT FOR POSTMENOPAUSAL WOMEN?**

Everyone should maintain a healthy diet rich in fresh fruits, vegetables, whole grains, and low in saturated fats (found in dairy and animal products) and trans-fatty acids (found in shortening, commercial baked goods, and hard margarines).

**Soy.** Some studies report a lower risk for diseases associated with so-called plant estrogens (*phytoestrogens*), which are generally categorized as *isoflavones* (found in soy and red clover) and *lignans* (found in whole wheat and flaxseed). Soy is rich in both soluble and insoluble fiber, healthy fatty acids, and provides all essential proteins. Soy products, many of which contain calcium, are widely available. The following are some forms and the amount of soy they contain:

- Four ounces of tofu equals about eight to 13 grams of soy.
- A soy burger contains about 18 grams of soy.
- Soy powders, soluble in juice or milk, that list amounts of isoflavones per serving are now available in health food stores. Be sure the soy powder is taken from the complete soy protein.

**Calcium and Vitamin D.** Women should be sure they have sufficient calcium and vitamin D in their diet by consuming low-fat dairy products or calcium-enriched orange juice. The standard recommended dose for older women is **1500 mg per day**, depending on risk factors. Calcium citrate is better absorbed than many other calcium compounds and was the first reported calcium supplement to preserve bone density after menopause. Vitamin D is necessary for the absorption of calcium in the stomach and gastrointestinal tract and is the essential companion to calcium in maintaining strong bones. Current adult guidelines for post menopausal women recommend **Vitamin D at 800 IU /day**. Many over-the-counter multivitamins contain this amount.

**Controlling Weight Gain.** Many women need to increase physical activity and reduce caloric intake before and after menopause. Weight gain is common during these years, and it can be sudden and distressing, particularly when habitual exercise and eating patterns are no longer effective in controlling weight.

**Exercise.** For protection against many aging diseases, women, should pursue a lifestyle that includes a balanced aerobic and weight resistance exercise program, appropriate to their age and medical conditions. Brisk walking, stair climbing, hiking, dancing, and tai chi are all helpful. Some evidence suggests that exercise alleviates hot flashes. Weight-bearing exercises are specifically helpful for protecting against bone loss.

### **WHAT MEDICATIONS ARE USED AFTER MENOPAUSE?**

#### **Local Estrogen**

Local estrogen can reverse thinning of the vaginal lining while minimizing effect on the uterus and breast. Unfortunately, local treatment tends not to improve hot flashes or diminished bone density. The formulation of local estrogen treatment is up to personal preference, since creams, tablets, and rings are similarly effective in relieving local symptoms. For example, the silastic ring containing estradiol (Estring or Phadia) delivers low dose estrogen daily for three months before needing replacement. Commonly, your doctor may prescribe a low dose product and increase the dose (cream, pill or ring) only if symptoms are not relieved. The complementary hormone progesterin is not necessary in women receiving such low dose local estrogen treatment.

#### **Selective Estrogen-Receptor Modulators (SERMs)**

Drugs known as selective estrogen-receptor modulators (SERMs) have been designed to produce the benefits of estrogen, such as bone protection, without its risks. They are thought to act like estrogen in some tissues but behave like estrogen blockers (anti-estrogens) in others. Currently available SERMs include **raloxifene** (Evista) and **tamoxifen** (Nolvadex). These medications are effective in the treatment of established osteoporosis, especially for vertebral fractures, but less potent than bisphosphonates. They also reduce the risk of breast cancer. These benefits occur at the expense of increased risk of clots and hot flashes.

#### **Bisphosphonates**

The bisphosphonates increase bone mass, and are among the primary drugs against osteoporosis in postmenopausal women and in people taking corticosteroids or hormonal agents that suppress estrogen. They are proving to reduce the risk of both spinal and hip fractures in women who have had prior bone breaks. **Alendronate** (Fosamax) and **risedronate** (Actonel) are the standard oral bisphosphonates. Studies on both these agents are favorable and report a reduction in spinal and hip fracture in people with osteoporosis. The most common side effects are gastrointestinal problems, particularly heartburn, which are very common, occurring in nearly half of patients. It is generally recommended that alendronate and risedronate be taken on an empty stomach in the morning with 6 to 8 ounces of water (not juice or carbonated or mineral water). The patient should remain upright and not eat for 30 minutes after taking the pill.

## Hormone Replacement Therapy

Estrogens are a reasonable short-term option (2-3 years) for most symptomatic postmenopausal women, except for those with a history of breast cancer, coronary heart disease, previous venous clots or stroke, or those at particularly high risk for such conditions. For many years, hormone replacement therapy (HRT) has been the standard treatment for preventing many of the health problems associated with menopause. Important studies have now indicated that the risks for heart disease, heart attacks, strokes, and breast cancer outweigh their protection against osteoporosis and colon cancer. HRT is now recommended only for short-term use in women who suffer from unacceptable menopausal symptoms and may be considered for women at significant risk for osteoporosis.

HRT usually consists of systemic estrogen therapy by oral pill or skin patch as well as the addition of a progestin complementary hormone for those women who have not had a hysterectomy to remove the uterus. Some controversy persists about the sufficiency of adding progestin at 3-month or greater intervals.

**Oral Contraceptives.** Oral contraceptives, or the “pill,” contain both estrogen and progestins. They generally use more potent forms of estrogen than those used for HRT and had not been thought suitable for replacement therapy. However, during the months before menopause, when periods may be irregular but contraception is still needed, low-dose forms of the pill may reduce the risk for bone loss and alleviate early menopausal symptoms, such as hot flashes. Unlike HRT, they also protect against ovarian and endometrial cancers and do not appear to increase the risk for breast cancer.

**Antidepressants.** The antidepressants known as selective serotonin-reuptake inhibitors (SSRIs) may be used for managing mood changes and hot flashes. They include venlafaxine (Effexor), fluoxetine (Prozac), and sertraline (Zoloft).

**Testosterone.** Some doctors are now prescribing combinations of estrogen and small amounts of the male hormone, testosterone. Estratest, for example, adds small doses of testosterone to estrogen therapy and appears to increase bone mass, improve sexual drive (when taken in higher doses), and improve mental alertness. A testosterone patch is also showing some promise in improve sexual function and well being.