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# Accurate info, therapy can ease discomfort of menopause

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Lydia Jeffries / Special to the Citizen-Times

Written by **Lydia Jeffries**  
 Guest Columnist

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As women age in 2012, they have access to information [about menopause](#) that wasn't available to earlier generations.

September is [National Menopause Awareness Month](#), giving health advocates an opportunity to emphasize the importance of accurate information that can help enhance women's health at menopause and beyond.

The definition of [menopause](#) is the absence of menstrual periods for 12 consecutive months, but this does not capture the essence of this midlife transition.

The typical menopause occurs between ages 45-55 with the average age of 51. It is not considered premature or early unless the woman is younger than 40, and it is not rare for a woman to menstruate for a few years even after age 55.

The perimenopause, a gradual change in hormone levels and cycles, precedes the cessation of menses in most women. And while both the menopause and perimenopause are natural events in a woman's life, they can present a challenging time of varying symptoms.

Most women — about 75 percent — will experience hot flashes, a sudden feeling of heat rushing to the upper body and face. A hot flush, or chest and facial redness, can occur as well.

As with all the symptoms of menopause, there is individual variation in frequency and intensity of hot flashes, as well as duration. A few women continue hot flashes for many decades.

Night sweats — hot flashes that occur while sleeping — can disrupt sleep, leaving the woman tired and irritable the next day. Sleep problems are very common during this time, including insomnia and early awakening due to night sweats.

Menstrual irregularity is also common, due to the changing hormone levels. Periods may increase or decrease in frequency, become longer or shorter, heavier or lighter.

Skipping periods and other menstrual irregularities are common and may be normal, but women should keep a calendar and mention them to their gynecologist, as abnormal bleeding patterns can be a sign of a more serious problem.

The vaginal tissue becomes more thin, dry and fragile as the hormone levels decrease over time. The thinning of this tissue also can affect the urinary tract and the supporting tissues of the pelvis.

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**Lydia Jeffries is a private practice gynecologist at Asheville Women's Medical Center and Mission Health and a member of the Western Carolina Medical Society.**

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A period of rapid bone loss occurs in the first several years following menopause, and a women's risk of heart disease and stroke increases as the protective effects of her own estrogen disappears.

The fluctuating hormone levels can affect women emotionally, with the potential for mood swings, tearfulness, anxiety or depressive symptoms. Poor concentration or memory lapses, while not universal, may also occur temporarily.

It becomes especially important to practice good health habits. Women should quit smoking: Smokers have earlier and more intense menopausal symptoms and accelerate bone loss and heart disease.

It's best to exercise at least 30 minutes most days of the week to protect bone and cardiac health, as well as potentially lessening hot flashes and improving sleep.

A healthy, low fat diet should also include plenty of calcium and vitamin D. Spicy foods and alcohol should be avoided, as they may lead to hot flashes.

Losing excess weight or, at least, working hard to maintain a normal weight is also helpful. Acupuncture and yoga appear to have some success alleviating hot flashes.

If these conservative measures aren't enough, women should talk to their doctor about whether hormone therapy is an option. Estrogen with or without progestin is the single most effective treatment for hot flashes, night sweats and insomnia but might not be appropriate based on personal medical or family history.

All hormone therapies have risks as well as benefits, even those labeled natural or bio-identical, and it very important to have a thorough discussion with a health care provider on how these risks and benefits apply.

The most serious risks include the potential for increasing the risk of uterine and breast cancer and cardiovascular risks. But many women can use hormone therapy safely, especially if begun immediately at the time of the last period.

It appears that non-oral hormone regimens confer some safety regarding cardiovascular risks but no research has been done regarding safety of lower doses or types of estrogens. Women should use the lowest dose of hormones and discuss with their gynecologist annually whether it is appropriate to continue. There are other, non-hormonal therapies as well.

The best advice is this: Stay as healthy as possible, face this transition positively and arm yourself with information. Gynecologists will have written information and may have links available on their practice websites.

Additional web based resources include [www.acog.org](http://www.acog.org) and [www.menopause.org](http://www.menopause.org).

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