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Menopause made easier armed with information

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Published: Wednesday, September 12, 2012 at 7:32 a.m.
Last Modified: Wednesday, September 12, 2012 at 7:32 a.m.

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, a month established at the federal level to emphasize the importance of accurate information made available to the public to enhance women's health at menopause and beyond.

The literal 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 45-55, with the average age 51 years. It is not considered premature or early unless the woman is younger than 40, and it is not rare for a woman to still menstruate for a few years after age 55.

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

Most women (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 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, with insomnia (trouble falling asleep) or night sweats causing early awakening.

Menstrual irregularity is also very common due to the changing hormone levels. Periods might increase or decrease in frequency, become longer or shorter, heavier or lighter. Skipping periods and other menstrual irregularities are common and might be normal, but keep a calendar and mention them to your gynecologist, as abnormal bleeding patterns can be a sign of a more serious problem.

The vaginal tissue becomes more thin, dry and fragile as hormone levels decrease over time. The thinning of this tissue also can affect the urinary tract and the supporting tissues of the pelvis. 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 mood swings, tearfulness, anxiety or depressive symptoms potentially occurring. Poor concentration or memory lapses, while not universal, may also occur temporarily.

It becomes especially important to practice good health habits during menopause. Quit smoking. Smokers have earlier and more intense menopausal symptoms and accelerated bone loss and heart disease. Exercise at least 30 minutes most days of the week to protect your bone and cardiac health, as well as to potentially lessen hot flashes and improve sleep. Eat a healthy, low-fat diet with plenty of calcium and vitamin D. Avoid obvious precipitants of hot flashes, such as spicy foods and alcohol. Acupuncture and yoga appear to have some success alleviating hot flashes. Lose weight or, at least, work hard to maintain a normal weight.

If these conservative measures aren't enough, talk to your doctor about hormone therapy and whether it is an option. Estrogen with or without progestin is the single most effective treatment for hot flashes, night sweats and insomnia, but it 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 is very important to have a thorough discussion with your provider of how these risks and benefits apply to you. The most serious risks include potentially increasing the risk of uterine and breast cancer and cardiovascular problems. However, many women can use hormone therapy safely, especially if begun at the time of the last period. It appears that non-oral regimens confer some safety regarding cardiovascular risks, but no research has been done regarding safety of lower doses or types of estrogens. Use the lowest dose of hormones and discuss with your gynecologist annually whether it is appropriate to continue. There are other, non-hormonal therapies as well.

Stay as healthy as possible, face this transition positively and arm yourself with information. Your gynecologist will have written information and might have links available on his or her practice website. Additional Web-based resources include www.acog.org and www.menopause.org.

Dr. Lydia Jeffries is a private practice gynecologist at Asheville Women's Medical Center since 1994, on staff at Mission Health since 1990 and a member of the Western Carolina Medical Society. She is active in the American Congress of Obstetrics and Gynecology at the state and district levels.

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