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1-800-994-9662

TDD: 1-888-220-5446

# Menopause and Menopause Treatments

**Q: What is menopause?**

**A:** Menopause is the time in a woman's life when her period stops. It is a normal change in a woman's body. A woman has reached menopause when she has not had a period for 12 months in a row (and there are no other causes, such as pregnancy or illness, for this change). Menopause is sometimes called, "the change of life." Leading up to menopause, a woman's body slowly makes less and less of the hormones estrogen and progesterone. This change often happens between the ages of 45 and 55 years old.

As you near menopause, you may have symptoms from the changes your body is making. Many women wonder if these changes are normal, and many are confused about how to treat their symptoms. You will feel better by learning all you can about menopause and talking with your doctor about your health and your symptoms. If your symptoms are causing you discomfort or concern, your doctor can teach you about treatment options and help you to make wise treatment choices.

**Q: What are the symptoms of menopause?**

**A:** Menopause affects every woman differently. Your only symptom may be your period stopping. You may have other

symptoms, too. Many symptoms at this time of life are because of you getting older. But some are due to menopause. Common symptoms of menopause include:

- Change in pattern of periods (can be shorter or longer, lighter or heavier, more or less time between periods)
- Hot flashes (sometimes called hot flushes), night sweats (sometimes followed by a chill)
- Trouble sleeping through the night (with or without night sweats)
- Vaginal dryness
- Mood swings, feeling crabby, crying spells (probably because of lack of sleep)
- Trouble focusing, feeling mixed-up or confused
- Hair loss or thinning on your head, more hair growth on your face

**Q: Does menopause cause bone loss?**

**A:** When a woman is young, estrogen helps to keep bone strong. When estrogen levels fall at menopause, bones weaken. When bones weaken a lot, the condition is called osteoporosis. Weak bones can break more easily.

**Q: How do I manage menopause? What are my options?**

**A:** Eating a healthy diet and exercising at menopause and beyond are important to feeling your best. Most women do not need any special treatment for menopause. But some women may have menopause symptoms that need treatment. Several treatments are available. It's a good idea to talk about the



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treatments with your doctor so you can choose what's best for you. There is no one treatment that is good for all women. Sometimes menopause symptoms go away over time without treatment, but there's no way to know when.

**Hormone therapy (HT)** — If used properly, hormone therapy (once called hormone replacement therapy or HRT) is one way to deal with the more difficult symptoms of menopause. It's the only therapy that is approved by the government for treating more difficult hot flashes and vaginal dryness.

Hormone therapy should NOT be used solely to prevent heart or bone disease, stroke, memory loss, or Alzheimer's disease. There are many kinds of hormone therapies so your doctor can suggest what's best for you. As with all treatments, HT has both possible benefits and possible risks; it is important to talk about these issues with your doctor. If you decide to use HT, use the lowest dose that helps and for the shortest time needed. Check with your doctor every 6 months to see if you still need HT. For more information on the benefits and risks of HT, go to <http://www.nhlbi.nih.gov/health/women/index.htm>.

HT can help with menopause by:

- Reducing hot flashes
- Treating vaginal dryness
- Slowing bone loss
- Improving sleep (and thus decrease mood swings)

For some women, HT may increase their chance of:

- Blood clots
- Heart attack

- Stroke
- Breast cancer
- Gall bladder disease

**Q: Who should NOT take HT for menopause?**

**A:** Women who . . .

- Think they are pregnant
- Have problems with vaginal bleeding
- Have had certain kinds of cancers (such as breast and uterine cancer)
- Have had a stroke or heart attack
- Have had blood clots
- Have liver disease
- Have heart disease

HT can also cause these side effects:

- Vaginal bleeding
- Bloating
- Breast tenderness or swelling
- Headaches
- Mood changes
- Nausea

Be sure to see your doctor if you have any of these side effects while using HT.

**Q: What about so-called “natural” treatments for menopause?**

**A:** Some women decide to take herbal or other plant-based products to help relieve hot flashes. Some of the most common ones are:

- **Soy.** Soy contains phytoestrogens (chemicals that are like estrogen). But, there is no proof that soy—or other sources of



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phytoestrogens—really do make hot flashes better. And the risks of taking soy—mainly soy pills and powders—are not known. The best sources of soy are foods such as tofu, tempeh, soymilk, and soy nuts. These soy products are more likely to work on mild hot flashes.

- **Other sources of phytoestrogens.** These include herbs such as black cohosh, wild yam, dong quai, and valerian root. Again, there is no proof that these herbs (or pills or creams containing these herbs) help with hot flashes.

Products that come from plants may sound like they are safe, but there is no proof they really are. There also is no proof that they are better at helping symptoms of menopause. Make sure to discuss these types of products with your doctor before taking them. You also should tell your doctor about other medicines you are taking, since some plant products can be harmful when combined with other drugs.

**Q: What about “bioidentical” hormone therapy?**

**A:** This term means different things to different people. It’s really hormones that are just the same as the hormones the body makes. There are several products with hormone like this that are on the market and are well-tested. But some people use this term to mean drugs that are custom-made from a doctor’s order. There is no proof that these custom-made products are better or safer than hormone therapy that’s on the market.

**Q: How much physical activity should I do?**

**A:** A woman should first talk to her doctor to see what’s best for her. The goal is to exercise regularly so you can lower the risk of serious disease (such as heart disease or diabetes), and maintain a healthy weight. This usually takes at least 30 minutes of exercise (such as brisk walking) on most days of the week.

**Q: How else can I help my symptoms?**

- A:**
- **Hot Flashes.** Some women report that eating or drinking hot or spicy foods, alcohol, or caffeine, feeling stressed, or being in a hot place can bring on hot flashes. Try to avoid any triggers that bring on your hot flashes. Dress in layers, and keep a fan in your home or workplace. Regular exercise might also ease hot flashes, but sometimes exercise can cause a hot flash. If hot flashes continue and HT is not an option, ask your doctor about taking an antidepressant or epilepsy medicine. There is proof that these can relieve hot flashes for some women.
  - **Vaginal Dryness.** A water-based, over-the-counter vaginal lubricant (like KY® Jelly) can be helpful if sex is painful. A vaginal moisturizer (also over-the-counter) can provide lubrication and help keep needed moisture in vaginal tissues. Really bad vaginal dryness may need HT. If vaginal dryness is the only reason for considering HT, an estrogen product for the vagina is the best choice. Vaginal estrogen products (creams, tablet, ring) treat only the vagina.



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- **Problems Sleeping.** One of the best ways to get a good night's sleep is to get at least 30 minutes of physical activity on most days of the week. But, don't exercise close to bedtime. Also avoid large meals, smoking, and working right before bedtime. Caffeine and alcohol should be avoided after noon. Drinking something warm before bedtime, such as herbal tea (no caffeine) or warm milk, might help you to feel sleepy. Keep your bedroom dark, quiet, and cool, and use your bedroom only for sleeping and sex. Avoid napping during the day, and try to go to bed and get up at the same times every day. If you wake during the night and can't get back to sleep, get up and read until you're sleepy. Don't just lie there. If hot flashes are the cause of sleep problems, treating the hot flashes will usually improve sleep.
- **Mood swings.** Some women report mood swings or "feeling blue" as they reach menopause. Women who had mood swings (PMS) before their periods or post-partum depression after giving birth may have more mood swings around menopause. These are women who are sensitive to hormone changes. Often the mood swings will go away with time. If a woman is using HT for hot flashes or another menopause symptom, sometimes her mood swings will get better, too. Also, getting enough sleep and staying physically active will help you to feel your best. Mood swings are not the same as depression.
- **Memory problems.** As people age, their memory is not as good as it

once was. Some women say they have "fuzzy thinking" as they reach menopause. This may be caused by changing hormones and can improve over time. Getting enough sleep and keeping physically active can help. If memory problems are really bad, talk to your doctor right away. This is not caused by menopause.

**Q: I'm having a hysterectomy soon. Will this cause me to reach menopause?**

**A:** Sometimes, younger women need a hysterectomy to treat health problems such as endometriosis or cancer. A hysterectomy is an operation to remove a woman's uterus (womb). Often one or both ovaries (the female organs that produce eggs and hormones) are removed at the same time the hysterectomy is done. If you haven't reached menopause, a hysterectomy will stop your period. But, you will reach menopause only if both ovaries are removed, called surgical menopause. Because surgical menopause is instant menopause, it can cause more severe symptoms than natural menopause (menopause that occurs as part of the natural aging process). You should talk with your doctor about how to best manage these symptoms.

Women who have a hysterectomy but have their ovaries left in place will not reach menopause at the time of surgery because their ovaries will continue to make hormones. But, because the uterus is removed, they will no longer have their periods and they cannot become pregnant. Later on, they might reach natural menopause a year or two earlier than expected.



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**Q: What is premature menopause?**

**A:** Menopause is called “premature” if it happens at or before the age of 40—whether it is natural or brought on by medical means (induced). Some women have premature menopause because of:

- Family history (genes)
- Medical treatments, such as surgery to remove the ovaries
- Cancer treatments, such as chemotherapy or radiation to the pelvic area that damage the ovaries—although menopause does not always occur

Having premature menopause puts a woman at more risk for osteoporosis

later in her life. For women who want to have children, premature menopause can be a source of great distress.

Women who still want to become pregnant can talk with their doctors about other ways of having children, such as donor egg programs or adoption.

**Q: What is postmenopause?**

**A:** Postmenopause is the term for all the years beyond menopause. It begins after you have not had a period for 12 months in a row—whether your menopause was natural or medically induced. ■

### *For More Information....*

For more information on menopause and hormones, call the National Women’s Health Information Center at 1-800-994-9662 or contact the following organizations:

**National Institute on Aging (NIA),  
NIH, HHS**

Phone: (800) 222-2225

Internet Address: <http://www.nih.gov/nia>

**The North American Menopause  
Society (NAMS)**

Phone: (800) 774-5342

Internet Address:

<http://www.menopause.org>

**Food and Drug Administration (FDA)**

Phone: (888) 463-6332

Internet Address: [www.fda.gov/  
womens/menopause](http://www.fda.gov/womens/menopause)

This FAQ was reviewed by The North American Menopause Society (NAMS).

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