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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 and she can no longer become pregnant. It is a normal change in a woman's body. A woman will know she 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). This happens for most women after age 45.

Menopause is sometimes called, "the change of life." In the years leading up to menopause, a woman's ovaries slowly make less and less of the hormones estrogen and progesterone. You might not be aware of the changes happening in your body. Or, you might have symptoms as you near menopause. Many women wonder if these symptoms 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 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 happen because you are getting older. But some are due to menopause. It's not always possible to tell if symptoms are related to aging, menopause, or both. Some changes you might notice as you near menopause include:

- Change in pattern of periods (They can be shorter or longer, lighter or heavier, or there may be 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, or crying spells
- Trouble focusing, "fuzzy thinking," or forgetfulness
- Hair loss or thinning on your head or more hair growth on your face

Q: Does menopause cause bone loss?

A: Both men and women lose bone as they grow older. But dropping estrogen levels around the time of menopause also leads to bone loss in women. Estrogen helps to build and maintain bone. After menopause, bone loss speeds up for several years as estrogen levels rapidly decrease. Bone loss can cause bones to weaken. Weak bones can break more easily. When bones weaken a lot, the condition is called osteoporosis (OSS-tee-oh-puh-ROH-suhss).



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Q: How do I manage symptoms of menopause?

A: Many women do not need any special treatment for menopause. Eating healthy foods and keeping physically fit are important to feeling your best in the years leading up to menopause and beyond. But women who are bothered by some menopausal symptoms might want to try treatment. Several treatment options, including menopausal hormone therapy (MHT), are available depending on your symptoms and other factors. Talk to your doctor about the risks and benefits of treatment so you can choose what's best for you. There is no one treatment that is good for all women.

- **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. If you are bothered by hot flashes or night sweats, ask your doctor about MHT. MHT works best at treating hot flashes and night sweats. If MHT is not an option for you, ask your doctor about trying 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 K-Y® 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 MHT. If vaginal dryness is the only reason

for considering MHT, an estrogen product for the vagina is the best choice. Vaginal estrogen products (creams, tablet, ring) treat only the vagina.

- **Problems sleeping.** One of the best ways to get a good night's sleep is to be physically active. 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" during the menopause transition. Women who had mood swings (PMS) before their periods or postpartum depression after giving birth may have more mood swings around the time of menopause. These are women who are sensitive to hormone changes. Often the mood swings will go away with time. If a woman is using MHT 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.



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Mood swings are not the same as depression.

- **Trouble focusing, “fuzzy thinking,” forgetfulness.** Some women complain of these symptoms in midlife. But studies suggest that natural menopause has little effect on memory or other “brain” functions. Also, recent studies suggest that women should not use MHT to protect against memory loss or brain diseases, including dementia, and Alzheimer’s disease. Getting enough sleep and keeping physically active might help improve symptoms. But if memory problems are really bad, talk to your doctor right away.

Q: Can menopausal hormone therapy (MHT) help treat my symptoms?

A: If used properly, menopausal hormone therapy (MHT) (once called hormone replacement therapy or HRT) can be very good at relieving moderate to severe menopausal symptoms and prevents bone loss. But MHT also has some risks, especially if used for a long time.

MHT can help with menopause by:

- Reducing hot flashes and night sweats, and related problems such as poor sleep and irritability
- Treating vaginal symptoms, such as dryness and discomfort, and related effects, such as pain during sex
- Slowing bone loss
- Possibly easing mood swings and mild depressive symptoms (MHT is not an antidepressant and is not effective in treating depression.)

For some women, MHT may increase their chance of:

- Blood clots
- Heart attack
- Stroke
- Breast cancer
- Gall bladder disease

When deciding whether or not to use MHT, you and your doctor need to talk about the potential benefits and risks. Also ask about other treatment options. For example, lower dose estrogen products (vaginal creams, rings, and tablets) instead of MHT are a good choice for women who are only bothered by vaginal symptoms. And other drugs can help many women with bone loss. This information will help you decide if MHT is right for you. If you decide to try MHT, use the lowest dose that helps for the shortest time you need it.

Q: Who should not take menopausal hormone therapy (MHT) 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

MHT can also cause these side effects:

- Vaginal bleeding
- Bloating
- Breast tenderness or swelling



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- Headaches
- Mood changes
- Nausea

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

Q: Can menopausal hormone therapy (MHT) prevent heart disease or Alzheimer's disease?

A: Some research has shown that women who start estrogen or certain types of hormone therapy around the time of menopause are less likely to get heart disease. But a very large study by the U.S. National Institutes of Health (NIH) had different results. The NIH research found that:

- Estrogen alone didn't affect the risk of a heart attack. Estrogen did increase the risk of stroke. Estrogen also increased the risk of blood clots in the legs.
- Estrogen plus progestin may have slightly increased the risk of a heart attack. Progestin is a manmade form of the female hormone progesterone. Estrogen plus progestin raised the risk of stroke and blood clots in the legs and lungs.

Researchers continue to study this issue. The age at which MHT is started may be the key to whether this therapy reduces your chances of getting heart disease. Most of the women in the NIH study did not start MHT until after the age of 60. Yet menopause happens for most women after the age of 45. Some experts think that many of the women in the NIH study may have already developed narrowing and hardening of the arteries because of many years in

which their estrogen levels were low. This would explain why estrogen did not protect against heart disease in the study.

More research on younger women may support the use of some kind of MHT to prevent heart disease. And more research will be needed to ensure that the benefits of such a therapy outweigh its risks. For now, the safest option for menopausal hormone therapy is to stick with the lowest dose for the shortest time to treat menopausal symptoms or treat bone loss, but not to prevent heart disease.

Studies on the effects of MHT on memory and other brain functions also have had mixed results. For now, MHT should not be used to prevent memory loss, dementia or Alzheimer's disease.

To learn more about recent studies involving MHT and its benefits and risks, go to <http://www.nhlbi.nih.gov/health/women/index.htm>

Q: Are there "natural" treatments available for menopause?

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

- **Soy.** Soy contains phytoestrogens (estrogen-like substances from a plant). But, there is no proof that soy — or other sources of 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.



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- **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 that they really are. There also is no proof that they are helpful at easing 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 is “bioidentical” hormone therapy?

A: This term means different things to different people. It’s really manmade hormones that are just the same as the hormones the body makes. There are several products with hormones like this that are on the market and are well-tested. But this term is most often used to mean drugs that are custom-made from a doctor’s order. These custom-made products are also known as bioidentical hormone replacement therapy (BHRT). Despite product claims, there is no proof that BHRT products are better or safer than MHT drugs approved by the Food and Drug Administration (FDA). BHRT also can be expensive as many insurance and prescription programs do not pay for these drugs because they are viewed as experimental.

Q: How much physical activity should I do?

A: An active lifestyle can lower your risk of early death from a variety of causes and help you maintain a healthy weight. It also might improve your mood and help you to sleep better. For older adults, activity can improve mental function. Health benefits are gained by doing the following each week:

- 2 hours and 30 minutes of moderate-intensity aerobic physical activity

or

- 1 hour and 15 minutes of vigorous-intensity aerobic physical activity

or

- A combination of moderate and vigorous aerobic activity

and

- Muscle-strengthening activities on 2 or more days of the week

If you are not active, ask your doctor what’s okay for you. Activity is important for everyone.

Q: I’m having a hysterectomy soon. Will this cause me to enter 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. Often one or both ovaries 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



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symptoms than natural menopause. Menopause that is natural 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.

Q: What is premature menopause?

A: Menopause is called “premature” if it happens at or before the age of 40. For some women, it happens naturally. This could be due to family history of premature menopause. For other women, it is brought on by medical means, such as:

- 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

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.

Having premature menopause puts a woman at more risk for osteoporosis later in her life. If you have premature menopause, talk to your doctor about whether MHT might be an option for you. We don't know for sure how MHT might affect younger women. But some researchers think that for these younger women, the risks of MHT use are likely to be smaller and the benefits greater than those in older women who begin MHT at or beyond the typical age of menopause.

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 brought on by treatment for a condition. ■



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For More Information

For more information on menopause and menopause treatments, call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

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

Phone number: (800) 222-4225

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

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

Phone number: (440) 442-7550

Internet address: <http://www.menopause.org>

**Food and Drug Administration (FDA),
HHS**

Phone number: (888) 463-6332

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

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