

MENO PAUSE

LET'S TALK ABOUT IT.



Menopause Map™ MY PERSONAL PATH



Hormone Health
NETWORK®
FROM THE ENDOCRINE SOCIETY

Menopause Map™ MY PERSONAL PATH



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To learn more about your menopause journey, please visit menopausemap.org.

This workbook is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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About Hormone Health Network™

Established by The Endocrine Society in 1997, the Hormone Health Network™ is committed to helping patients have more informed discussions with their health care providers about hormone health, disease, and treatment. Our educational resources are based on the clinical and scientific expertise of the Endocrine Society, the world's largest organization of endocrinologists, representing more than 17,000 physicians and scientists.

Our free, online resources foster patient engagement and help patients better understand their condition and treatment options. Resources include: Find an Endocrinologist, Fact Sheets, Infographics, and much more.

Together, The Endocrine Society and the Hormone Health Network work to foster a greater understanding of endocrinology, including the relationship between lifestyle factors such as diet and exercise and various health outcomes.

Please visit hormone.org today.

About Red Hot Mamas®

Red Hot Mamas® was founded in 1991 by Karen Giblin to help women and their loved ones understand that menopause is a normal life transition and to encourage women not to view menopause negatively.

Red Hot Mamas helps women to prepare and take charge of their journey through menopause by providing them with the latest information and facts about menopause; the effects menopause may have on the health of our body and minds; how to treat the effects through lifestyle strategies and options; and available prescribed and alternative treatment options.

We want women to take an active role in their health care and make the best decisions about their health through the menopause transition. We invite you to explore our website, redhotmamas.org, to learn more about menopause; our programs; services, and special projects.

Please visit redhotmamas.org today.

Let's Talk About It: Menopause

Are you going through some changes? Chances are you don't want to talk about them. You're not alone.

Menopause is defined as the time of life when your ovaries stop producing hormones and your menstrual periods stop.

The changes of menopause begin when your ovaries no longer produce eggs, and produce fewer female hormones. Two of those hormones, estrogen and progesterone, help regulate your monthly period.

Menopause is a milestone in your life. A lot of women might think of it as an ending; but, in a way, it's a new beginning. No more monthly periods. No more PMS (premenstrual syndrome) for women who have to live with that. No more concerns of pregnancy and its health risks. You're entering a time in your life when you can focus on yourself, do the things you've always wanted to do.

There are challenges in menopause. But by staying strong and active, you'll find that some of the best years of your life are still ahead.

You're entering a time in your life when you can focus on yourself, do the things you've always wanted to do.



*When everyone else is wearing a sweater,
and you're wearing sweat.*

It's one of the first—and most common—symptoms of menopause: hot flashes.

Hot flashes usually begin before your last period, and can continue for up to two years. Some women experience them for even longer periods. Related to the decreasing levels of estrogen in your body, hot flashes can vary in frequency and intensity for different women.

Sometimes these hot flashes occur at night; you might wake up drenched in sweat ... so much that you have to change your pajamas and sheets. These are called night sweats.

Hot flashes are just one of the common signs that you may be entering menopause. What your best friend or older sister experienced (or is experiencing) may be completely different from what you feel.

The common symptoms of menopause can occur during any or all stages of menopause, from perimenopause (before) to postmenopause (after). These include:

- **Irregular menstruation.** You may start to miss periods, or experience lighter or heavier flow some months. If you missed a period, check with your health care provider to see if you're pregnant or if there's another medical cause. You may have atypical spotting or bleeding. If you've not had a period for a year or more and experience spotting, see your health care provider.
- **Hot flashes and night sweats.** Lasting from 30 seconds to several minutes, hot flashes create a sensation of heat, raise your heart rate, and cause your face and chest to flush (turn red). Hot flashes that wake you in the night are called night sweats.
- **Elevated heart rate.** You might feel a sudden increase in your heart rate, making you feel like your heart is pounding or having palpitations. You might even be slightly short of breath and perspiring. This can happen with or without hot flashes, and can occur day or night.
- **Mood changes.** Your hormones are fluctuating during this time, causing mood changes—difficulty concentrating, forgetfulness, irritability, fatigue, anxiety, and depression. If you've already been diagnosed with depression, you're even more likely to experience depressive symptoms, especially when beginning menopause (perimenopause).
- **Insomnia/sleep issues.** In order to sleep, your core body temperature needs to cool off at night. Hot flashes and night sweats suddenly raise your temperature, disturbing your sleep. Your sleep can also be interrupted by other symptoms, such as anxiety, stress, and depression. You may feel tired during the day.
- **Vaginal discomfort.** Due to the decline of estrogen, the lining and tissues of the vagina become thinner, drier, and less elastic, leading to discomfort. Itching and irritation can result from the loss of natural lubrication. This may affect your arousal and sexual desire, and may even cause pain during intercourse.

Cool Tips to Cope with Hot Flashes

- **Dress in layers.** You can then remove clothing, if needed.
- **Avoid certain food triggers,** including caffeine, alcohol, and spicy dishes.
- **Minimize stress.** If you feel a hot flash starting, breathe slowly and deeply.

The Need for Education

Knowledge is power. It's important for women to understand exactly what menopause is and how it may affect their body. The more women know about this transition, the better they can communicate with their clinicians, and make their own health care choices to minimize the effects of menopause.

Learn more about how you can take control of your menopause experience at the Red Hot Mamas website, redhotmamas.org!

- **Urinary issues.** The lining of your urinary tract may also become drier, thinner, and less elastic. This can result in an increased need to urinate and loss of muscle control (leakage), especially when laughing or coughing. Your risk for urinary tract infections (UTIs) increases, too.
- **Memory or concentration problems.** Cognitive issues, such as short-term memory loss and difficulty concentrating, are common during the first stages of menopause. Research points to the decline in estrogen as the explanation for the typically temporary gaps in memory and concentration.
- **Weight gain.** The hormonal changes of menopause can add to weight problems, particularly in the mid-section. That's why it's even more important for women to eat a healthy diet and get plenty of physical activity as they age.
- **Hair changes.** There are two hair issues common to women going through menopause: thinning hair on the scalp, and unwanted hair growth, particularly on the face. The rapid drop in estrogen levels, combined with the slower reduction in androgen levels, accounts for some of these changes.
- **Skin changes.** Skin changes can run the gamut, from dry, itchy skin to extra-oily skin and acne. Wrinkles and sagging can also be part of the experience for women.

Each woman's experience with menopause symptoms is different. Some women experience all, or nearly all, of these symptoms—and sometimes others, as well. Other women may have few, if any, symptoms. But as your estrogen levels decrease and remain at a lower level, some of your symptoms, such as hot flashes and mood changes, may decrease or even disappear.



Time to Get a Diagnosis?

You are experiencing physical changes that are uncomfortable, or are even completely interfering with your life. What to do? The usual reaction is to call the doctor's office.

Not all women feel comfortable talking about their symptoms with a health care provider. But consider this: Your provider—he or she may be an internist, a gynecologist, an endocrinologist, a physician's assistant, a nurse practitioner—has the education and experience to help you understand what's happening, rule out other possible explanations, and decide upon a course of treatment for your symptoms.

So how does a health care provider diagnose menopause? The usual course of diagnosis is to ask about your menstrual history, your family's medical history, and your symptoms. Lab tests may be ordered—but these are of limited use in diagnosis, so they aren't always part of the diagnostic process.

One of these is a test for levels of an estrogen hormone called estradiol. The results of this test aren't considered all that reliable, though, because hormone levels fluctuate throughout the day and throughout the menstrual cycle for women in the perimenopausal (beginning) stage.

Another test measures follicle-stimulating hormone (FSH). But there are limitations with this test, as well. The FSH test is not considered sufficient on its own to diagnose menopause. As with estradiol, FSH levels can vary throughout the day—especially in perimenopause. And it doesn't work at all for women who are on birth control pills or on some forms of hormone therapy.

Another type of test used to see how well the ovaries are functioning is the anti-Müllerian hormone test. Anti-Müllerian hormone is a type of hormone made inside the follicles of the ovaries. When anti-

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When your sleep cycles and your concealer both last half as long as they used to.

Symptoms

Some women sail through menopause with only a few symptoms, while others experience them all. Typical symptoms that vary in intensity and severity include irregular periods; hot flashes that also may interrupt sleep; mood changes; fatigue; heart palpitations; crawling skin; vaginal and bladder problems; sex and libido issues; joint aches; forgetfulness; body changes (weight gain); and hair and skin changes. It's important for women not to blame every symptom they have on menopause and they should have them checked out by their clinicians. Indeed, many menopausal symptoms may occur also as symptoms of endocrine diseases.

Learn more about how you can manage your menopause symptoms at the Red Hot Mamas website, redhotmamas.org!



Müllerian hormone levels are high, it usually means that there are healthy eggs inside the ovaries. As women age, their levels of anti-Müllerian hormone naturally decline. Testing for anti-Müllerian hormone levels can help determine if menopause has begun or if primary ovarian failure is an issue, among other possible complications that can trigger early menopause.

Your health care provider may recommend a test to rule out hypothyroidism, a condition whose symptoms can closely resemble those of menopause. The thyroid-stimulating hormone (TSH) blood test simply measures levels of this hormone to determine how your thyroid gland is functioning.

Menopause or Thyroid Disease?

One of the trickier aspects of dealing with menopause is making sure those symptoms truly belong to menopause.

The reason? Thyroid disease can affect women in very similar ways, often coming with the same sorts of symptoms. Also the age of menopause is a common age for the onset of some thyroid disorders. Located near the Adam's apple, the thyroid gland is one of the major hormone-producing glands in the body. It plays a vital role in regulating metabolism and affects the heart, brain, kidneys, and the reproductive organs. The thyroid gland also plays a role in regulating your appetite and energy level.



The most common thyroid condition is hypothyroidism. This occurs when the thyroid gland doesn't produce enough of the hormones the body needs. Symptoms of hypothyroidism can include fatigue, sleep disturbances, depression, and mood swings—in other words, some of the same symptoms as those of menopause. Other thyroid symptoms can include paleness, weakness, intolerance to cold temperatures, joint or muscle pain, constipation, and thinning or brittle fingernails or hair.

Another thyroid condition that can impact women is hyperthyroidism, where the thyroid produces too much thyroid hormone. The symptoms of hyperthyroidism include weight loss, anxiety, a rapid heart rate, feeling hot and perspiring frequently, nervousness, swelling in the neck, muscle weakness, and eye problems.

How can you tell the difference between thyroid issues and menopause? Your doctor will

likely conduct lab tests to determine how well your thyroid gland is functioning. The most commonly used test is the TSH (thyroid-stimulating hormone) test. If the TSH is abnormal, a T4 level can be helpful, as well as checking for antibodies that may be attacking the thyroid gland.

Hypothyroidism can be treated effectively. The most commonly prescribed medication for hypothyroidism is levothyroxine, which is the main thyroid hormone.

Hyperthyroidism is usually treated with anti-thyroid drugs, such as methimazole or, rarely, propylthiouracil. Other options are to destroy the overactive iodine with radioactive iodine or the thyroid can be removed completely.

For more information about thyroid disease visit hormone.org/diseases-and-conditions/thyroid

What Stage?



Start Your Journey by visiting menopausemap.org to figure out where you are in the menopause journey. This can help your health care provider and you determine how best to treat the symptoms and what to look for in terms of your overall health.

Three stages of menopause are intimately linked, and sometimes overlap. They are:

- **Perimenopause:** This is the earliest point in the journey, when hormone levels begin to drop and menstrual cycles sometimes become irregular. The “classic” symptoms of menopause, such as hot flashes and night sweats, often begin occurring at this stage. For many women, perimenopause begins at age 40 or later and can last from 3 to 5 years.
- **Menopause:** Menopause typically occurs around the ages of 51 or 52, but all women are different—it can come earlier or later, depending on a number of factors.
- **Postmenopause:** Postmenopause is considered to have begun once a woman has gone a full year without a menstrual cycle. During this time, your health needs are changing, and you may begin experiencing fewer, less intense symptoms of menopause.
- For some women, menopause can come prematurely. **Early menopause** can be triggered by a medical procedure, such as chemotherapy, or by a surgical procedure, such as removal of the ovaries, although it can also be genetic in its origin.

MENO PAUSE

LET'S TALK ABOUT IT.

Let's Talk About It: Meet Other Women on the Journey!

One great way to share your story along the menopause journey—to be empowered, encouraged, and informed—is to join the conversation at the **Red Hot Mamas' Menopause Support Group**, inspire.com/groups/red-hot-mamas-menopause.

Signing up is easy, and we're waiting for your voice!

Keep the Conversation Going: the Menopause Map™ e-newsletter!

Exploring the *Menopause Map™—My Personal Path* guide is really just the beginning of your journey. There's much more to learn! Sign up for our Menopause Map™ e-newsletter at mypersonalpath.com/email.php!

This informative monthly e-publication will take you through the latest in treatments for menopause symptoms, give you access to news from the research front, connect you with other women who are going through their own journeys with menopause, and much more!

Have a Conversation with Your Doctor

Everything you're reading here is meant to help you understand your menopause journey. The best place to get the information and guidance you need to manage your own journey is to talk with your doctor.



What is an Endocrinologist?

You can learn more about what an endocrinologist does and find one in your area at the Hormone Health Network's website. Find an endocrinologist at hormone.org/contact-a-health-professional/find-an-endocrinologist.

When Menopause Comes Early

Most women begin experiencing their first menopause symptoms (in a stage called perimenopause) in their late 40s. However, events other than natural aging can cause menopause to begin earlier.

Early menopause, also called premature menopause or induced menopause, occurs when menstruation stops either after surgical removal of the ovaries (or uterus and ovaries), or because of damage to the ovaries due to genetics, chemotherapy, or radiation (also known as premature ovarian failure).

If you've had a hysterectomy (removal of your uterus) and an oophorectomy (removal of the ovaries), your symptoms might appear gradually. But if you've had your ovaries removed but not your uterus, your symptoms may appear immediately.

For some women, ovaries can start functioning insufficiently, or not at all. Premature ovarian failure can happen to women who are not yet in their 40s. When premature ovarian failure occurs, the ovaries don't release enough estrogen or release eggs regularly, as they normally do. This often leads to infertility.

The symptoms of early menopause may include:

- **Mood changes**
- **Changes in sexual desire**
- **Difficulty concentrating**
 - **Headaches**
 - **Hot flashes and night sweats**
 - **Vaginal dryness**
- **Sleep disturbances**
- **Joint and muscle aches**
- **Extreme sweating**
- **Frequent urination**
- **Similar symptoms to PMS**
(which can last from a few months to 3 to 5 years)

You may experience several of these symptoms, or only a few. Some women have no symptoms. The experience is different for everyone.

If you've missed your period for three months in a row, it's important to talk with your health care provider. There are many reasons why you may be missing your period, so your health care provider and you will need to figure out why this is happening. If early menopause is the reason, it's important to decide on a treatment plan to counter the potential loss of bone tissue that can come with early menopause.

Your ability to have children ends abruptly when you have surgery that induces menopause. It can be very emotional and upsetting. On top of this, the lower levels of estrogen present in your body during this time can also trigger depression or anxiety. Talk to your health care provider or a therapist about your loss of fertility and the effects of early menopause.



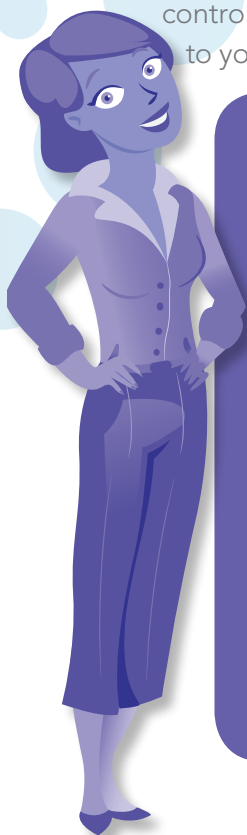
“Before” the Change: Perimenopause

Perimenopause is a time of transition—the first transition of menopause. Your menstrual cycles become irregular because of the fluctuating hormone levels in your body. You may begin to experience hot flashes, night sweats, and mood changes, in addition to other symptoms. Some women have these symptoms and more. Some have few of them, or none at all.

This 3- to 5-year period before menopause usually begins when you reach your late 40s, but could occur earlier or later, and can last from 2 to 10 years. Typical symptoms can include:

- **Mood changes**
- **Changes in sexual desire**
- **Difficulty concentrating**
- **Headaches**
- **Hot flashes and night sweats**
- **Vaginal dryness**
- **Sleep disturbances**
- **Joint and muscle aches**
- **Extreme sweating**
- **Frequent urination**
- **Similar symptoms to PMS** (which can last from a few months to 3 to 5 years)

There’s still a chance that you could become pregnant during perimenopause. Typically, a form of birth control is recommended until one year after your last period if you prefer to avoid pregnancy. Talk to your health care provider about what form of birth control may be best for you.



What’s Happening During Perimenopause?

- **Your ovaries release eggs less regularly**
- **Your ovaries gradually produce less estrogen, progesterone, and other hormones**
- **Your ability to become pregnant decreases**
- **Your menstrual cycles shorten and become irregular**
- **Levels of estrogen and progesterone in your body are reduced**

Menopause: The “Middle” of the Road

Menopause marks the end of the perimenopausal phase and the beginning of the postmenopausal phase. While the average age of menopause in the U.S. is around 51 years, some women stop having periods (menstruating) in their mid-40s, while others continue until their mid-50s. Generally, you can expect to enter menopause around the same time your mother did.

You’ve reached menopause when you’ve had your last period. You’re considered to have been in menopause once you’ve missed your period for 12 straight months, not due to other causes such as medication, illness, pregnancy, or breastfeeding.

As with the other stages of menopause, your experience will be different from other women you know. You may have no symptoms, or few symptoms—and those can vary widely. Although you may experience few, if any, of these, the most common symptoms during the menopausal stage include:

- Hot flashes, palpitations, night sweats
- Insomnia
- Vaginal dryness
- Fatigue, headaches
- Mood swings, irritability, anxiety
- Urinary problems (leakage, frequent urination)
- Discomfort during sexual activity and loss of interest in sex
- Memory loss
- Weight gain
- Changes in skin, digestion, and hair

What’s Happening During Menopause?

- Menstruation permanently stops
- Fertility ends
- Risk for osteoporosis and heart disease increases



Postmenopause: The Second Transition

If it's been one year since your last menstrual period, you are entering the postmenopausal stage of your journey.

If you've been experiencing any symptoms since perimenopause, these may continue. They can include:

- **Mood changes**
- **Changes in sexual desire, discomfort during intercourse**
- **Difficulty concentrating**
- **Headaches**
- **Hot flashes and night sweats**
- **Vaginal dryness**
- **Sleep disturbances**
- **Joint and muscle aches**
- **Extreme sweating**
- **Frequent urination, leakage of urine**

Not all women have these symptoms. Some have few, if any at all.

Staying active and healthy is important during postmenopause. Because the estrogen level in your body has decreased, your risk for heart disease and bone loss (osteoporosis) has increased. Lower estrogen levels can also lead to weight gain.

Here are some tips to stay healthy after menopause:

- **Eat a healthy diet with fruits, vegetables, and whole grains.**
- **Don't smoke.** Tobacco raises your risk of heart disease and causes many other serious health problems. If you do smoke, talk with your health care provider about medications and other types of support that may be available to you. One form of support is only a phone call away—the QuitLine: 1-800-QUIT-NOW (784-8669).

What's Happening During Postmenopause?

- **Symptoms of perimenopause and menopause may continue**
- **Risk of heart disease and osteoporosis increase**
- **Estrogen levels, which have been decreasing since perimenopause, stabilize at a low level**



- **Get regular exercise.** Raising your activity level will benefit your heart and bones. Aim for getting at least 30 minutes of moderate-intensity exercise, 5 days per week.
- **Weight-bearing exercises.** These are workout routines, such as running and walking, as well as moderate weight training, which help increase bone mass and prevent fractures.
- **Aerobic activities.** Exercises such as walking, jogging, swimming, biking, and dancing, help your heart stay healthy and help raise your HDL cholesterol levels.

For women 55 and older

Many women at these ages are in postmenopause, or in some cases, are going through menopause. No matter where you are in your journey, there are things to consider once you reach this age.

At this stage, menopause symptoms often begin to disappear. That's not true for all women, though. If you're still experiencing symptoms, there are important questions to ask your doctor about when or whether to stop hormone therapy or other medication therapies, if you take those. Stopping some medications and herbal and dietary supplements can cause menopause symptoms to return, or cause other effects. Going off estrogen therapy can trigger new hot flashes, for example.

For women in this age range, disease prevention becomes even more important—in particular, lowering the risks of heart disease and osteoporosis.

No matter what stage of menopause you've arrived at, it's really important to take care of your overall health, even as you age. Eating a heart-healthy diet is especially important, as the risk of heart disease increases as you age—even more so in postmenopausal women.



Hormone Depletion: Why It Matters

Estrogen and progesterone are two of the hormones that play an important role in the normal sexual and reproductive development in women. They are also called sex hormones.

Your ovaries produce most of these hormones, which regulate your menstrual cycle. They also affect your reproductive tract, urinary tract, heart and blood vessels, bones, breasts, skin, hair, mucous membranes, pelvic muscles, and brain.

Starting with perimenopause, the levels of estrogen and progesterone in your body begin to decline. This decline results in the symptoms you may feel: hot flashes, night sweats, irregular periods, mood swings, sleep disturbances, vaginal discomfort and urinary issues among them. Some women, however, have few, if any, symptoms.

When you're born, you have all the eggs you will ever have. They're located in the follicles, which are in the ovaries. The number of ovarian follicles declines during menopause, and the ovaries are less responsive to two other reproductive hormones, luteinizing hormone (LH) and follicle-stimulating hormone (FSH). Because of this, these two hormones aren't able to regulate your estrogen, progesterone, and testosterone as your ovaries age and release fewer hormones.

The decline in and changes to your hormones, aside from affecting your menstrual cycle and fertility, have an impact on other areas of your health.

How Does Hormone Depletion Affect Your Health?

- **Brain and nervous system:** Fluctuating hormones can cause mood changes as well as difficulty concentrating, forgetfulness, irritability, mood swings, fatigue, anxiety, and depression.
- **Heart:** You may feel like your heart is pounding, or that you're having palpitations. Shortness of breath and perspiration can accompany these symptoms. This can happen with or without hot flashes, and can occur day or night.
- **Reproductive system:** Your ability to become pregnant decreases and your monthly menstrual cycle becomes irregular before eventually ending.
- **Bones:** You're at an increased risk for low bone mass and density, which increases your risk for fractures and other injuries.
- **Skin:** As you age, and especially during menopause, the ability of your skin to hold water decreases, and skin elasticity decreases, leading to dryness, itching, wrinkling, and sagging. Some women experience the opposite, though—oilier skin and acne.
- **Hair:** Women going through menopause often notice thinning hair on the scalp, and unwanted hair growth, particularly on the face.
- **Urinary system:** The lining of your urethra becomes drier, thinner, and less elastic, sometimes causing an increased need to urinate and loss of muscle control (leakage). You're also more prone to urinary tract infections (UTIs) and incontinence.
- **Vagina:** The lining and tissues of the vagina become thinner, drier, and less elastic, leading to dryness, irritation, and discomfort, especially during sex. You may also have a greater vulnerability to infection.
- **Whole body:** Gaining weight can be part of aging if we're not careful. The hormonal changes of menopause can add to the problem, particularly in the mid-section, around the abdomen.

Getting Symptoms Under Control

Most of the changes that occur during perimenopause—the beginning stage of menopause—won't continue for many years beyond the end of menopause and will stop with treatment. Still, it's important to see your health care provider for an evaluation. Hot flashes and other changes can be a sign of disease or can be caused by other conditions, such as a thyroid disorder.

During the early phases of menopause, the emphasis is typically on treating symptoms as they occur. How to treat (and whether to treat) will depend on a variety of factors that your health care provider will discuss with you.



Early in Menopause: Treatments

Irregular Menstrual Cycles

- **Estrogen:** Hormone therapy can treat many menopause symptoms. However, there are risks to consider. See information on page 24.
- **Low-dose birth control pills:** When problems with menstrual cycles persist, birth control pills can help regulate periods. They may offer further benefits, as well, including helping to protect from ovarian and uterine cancer, and helping prevent bone loss. However, birth control pills aren't for everyone. Women with a history of heart disease, blood clots, or breast cancer should not take them, nor should women who smoke.

Hot Flashes

- **Estrogen:** See information on page 24.
- **Gabapentin:** This medication works well at relieving hot flashes, especially those that occur during nighttime. The downside: It can make you dizzy and lethargic when used during daytime.

- **SSRI drugs:** Selective serotonin reuptake inhibitors (SSRIs) are primarily used as antidepressants, but they have proved to be effective in treating hot flashes, as well. For women suffering from both, they're an excellent option. But they do have side effects. They can cause mood changes and decrease sex drive. And for women who have had breast cancer, some types need to be used with caution: paroxetine and sertraline hydrochloride can have adverse interactions with tamoxifen, a commonly used medication to prevent the recurrence of breast cancer.
- **Herbal supplements:** Many women have reported success in managing hot flashes with specific herbal supplements and preparations. See information on page 26.
- **Slow, deep breaths:** When hot flashes begin, try taking a few slow, deep breaths. This technique helps some women reduce the effects of hot flashes.

Sleep Disturbances and Insomnia

- **Change your bedtime habits:** These changes can include wearing loose-fitting cotton bedclothes and keeping your bedroom cool and well-ventilated. Also, try to go to bed at the same time every night, and limit or avoid naps during the day.
- **Exercise regularly:** Exercise helps encourage good sleep patterns. But avoid exercising too close to bedtime.
- **Limit spicy food and caffeine:** This is especially important in the hours before bedtime.
- **Estrogen:** See information on page 24.
- **Prescription medications:** There are more prescription sleep aids available now, but these can have side effects. If nothing else is helping you get the sleep you need, talk with your doctor about what prescription medication options might make sense for you.
- **Herbal supplements:** Many women have reported success in managing sleep issues with specific herbal supplements and preparations. See information on page 26.

Words to the Wise from

REDHOTMAMAS[®]
outsmarting menopause™

The Importance of Peer-to-Peer Support

Peer-to-peer support is essential to menopausal women. There are many physical changes, emotional issues, and various challenges encountered during the menopause transition. Women show their support to one another by being good listeners; great problem solvers; and they enjoy sharing with one another their feelings, as well as their personal ways of dealing with menopause.

Red Hot Mamas programs provide a great venue for women to openly talk about their menopausal symptoms and additional health concerns that exist at the time of menopause. They learn from the experiences of other women and they leave with a sense of optimism.

Learn more about how you can connect with other women experiencing menopause at the Red Hot Mamas website, redhotmamas.org!



Karen Giblin, Founder and President, Red Hot Mamas

Night Sweats

- **Change your bedtime habits:** These changes can include wearing loose-fitting, cotton pajamas and keeping your bedroom cool well-ventilated at night. Also, try to go to bed at the same time every night, and limit or avoid naps during the day.
- **Exercise regularly:** Exercise helps encourage good sleep patterns. But avoid exercising too close to bedtime.
- **Limit spicy food and caffeine:** This is especially important in the hours before bedtime.
- **Estrogen:** See information on page 24.
- **Herbal supplements:** See information on page 26.

Elevated Heart Rate

- **Reduce stress and anxiety:** Both stress and anxiety can ramp up your heart rate. It's important to take steps to keep stress and anxiety under control, including relaxation exercises, warm baths, listening to relaxing music, or even engaging in exercises like yoga or tai chi. Exercise itself is a great stress reducer; don't forget to get your physical activity each week.
- **Limit salt in your diet:** Sodium (salt) stimulates the heart and can raise blood pressure, so you want to limit the amount you get in your diet. The American Heart Association recommends getting no more than 1,500 mg of sodium in your diet each day.
- **Limit caffeine and nicotine:** If you drink coffee, tea, soft drinks, or other beverages that contain caffeine, keep them to a minimum, and don't drink them close to bedtime. Watch out for foods that contain caffeine, as well. If you smoke, talk with your doctor about ways to help you quit, and use the QuitLine for help: 1-800-QUIT-NOW (784-8669).

Mood Changes, Including Depression, Irritability, and Anxiety

- **SSRI drugs:** Selective serotonin reuptake inhibitors (SSRIs) are primarily used as antidepressants, but they have proved to be effective in treating hot flashes, as well. For women suffering from both, they're an excellent option. But they do have side effects. They can cause mood changes and decrease sex drive. And for women who have had breast cancer, paroxetine and sertraline hydrochloride can have adverse interactions with tamoxifen, a commonly used medication to prevent the recurrence of breast cancer.
- **Counseling:** Talking with a professional therapist can be a very effective way of countering symptoms of mood disorders. But it can also be expensive, and sometimes medications are prescribed along with counseling, which can add to the expense.
- **Estrogen:** See information on page 24.
- **Exercise:** Physical activity can actually improve your mood and reduce the stress that can trigger anxiety.

Vaginal Dryness and Painful Sexual Intercourse

- **Vaginal moisturizers:** These are over-the-counter, non-hormonal solutions that are applied topically. They do not thicken the vaginal lining, and they are not as effective as estrogens. Some women don't like the consistency or scent of these products.
- **Water-soluble lubricants:** These are also over-the-counter products, but like vaginal moisturizers, they don't thicken the vaginal lining, and some women dislike their consistency or scent.
- **Low-dose vaginal estrogen:** Available as tablets, rings, or creams, vaginal estrogens have fewer risks than "systemic" estrogen. Vaginal estrogen helps keep vaginal and urethral tissue from thinning. A small amount of vaginal estrogen gets absorbed into the body, but this should only concern women with a history of breast cancer.
- **Estrogen:** See information on page 24.
- **Ospemifine:** This new medication is taken orally and reduces vaginal pain associated with intercourse. However, it may be linked to an increased risk of hot flashes, blood clots, stroke, and the growth of the lining of the uterus.

Urinary Problems

- **Physical exercises:** These can include Kegel exercises, which strengthen the pelvic muscles, as well as learning to hold urine longer and urinating at prescribed times.
- **Limiting caffeine:** Beverages and foods that contain caffeine can contribute to urinary problems.
- **Estrogen:** See information on page 24.
- **Over-the-counter medications:** Such OTC medicines as Detrol, Vesicare, Toviaz, Ditropan, Myrbetriq, or Oxytrol have helped women with urinary issues.



Memory and Concentration Problems

- **Estrogen:** See information on page 24.
- **Vitamins and minerals:** These over-the-counter supplements have helped some women with memory and concentration symptoms. As with any supplement, talk with your doctor before you take any of these, as there can be interactions with other medications you're taking.
- **Herbal supplements:** Many women have reported success in managing memory and concentration problems with specific herbal supplements and preparations. See information on page 26.
- **Staying mentally active:** Doing things to challenge your brain is a great, healthy way to improve memory and concentration.

Weight Gain

Research has not indicated a specific link between menopause and weight gain. But weight management is still a priority for women in menopause.

For some women, weight loss is necessary to control risk factors for osteoporosis and heart disease. Overweight and obesity raise these risks, so getting weight down to a healthy range is important. The best way to lose weight is to do so gradually, as this approach tends to keep the weight from returning.



In addition to healthy diet and exercise, there are medications that can help you lose weight, and for women who meet certain criteria, weight-loss surgery may be an option. Your doctor can work with you to figure out the best way for you to lose weight in a healthy way.

Hair Changes

Hair loss:

- **Estrogen:** See information on page 24.
- **Healthy diet:** What you eat (or don't eat) can affect the health of your hair. Make sure you're getting enough iron, protein, vitamin C, and vitamin B in your diet. If you're not, talk with your doctor before considering vitamin supplements, as these can interact with medications you're taking.
- **Herbal supplements:** See information on page 26.
- **Medications:** Liquid monoxidil (Rogaine) has proved effective in combating hair loss in women, but results can take months to appear, and it is necessary to keep using the product indefinitely in order to keep seeing results. But monoxidil is available over-the-counter, which has reduced its cost. Another medication, finasteride (Propecia), is available only by prescription. While it has helped many men regrow hair, its success rate among women is unknown.

Unwanted hair growth:

- **Birth control pills:** For women who are pre- or perimenopausal, the pill helps stop facial hair growth.
- **Physical hair removal:** There's nothing new about tweezers or waxes, but these approaches work to remove unwanted hair. They're best used when there are only a few hairs to be removed.
- **Prescription medication:** Eflornithine (Vaniqa) is an FDA-approved cream for slowing the growth of facial hair. It can take 4 to 8 weeks to see results, however. As with any medication, it has possible side effects and can interact with other medications. Talk with your doctor about whether this medication makes sense for you.
- **Laser removal:** A dermatologist can remove facial hair using a laser to damage the unwanted hair follicles. This helps slow hair regrowth. It's most effective on darker hairs.

Skin Changes

- **Healthy diet:** Diet plays a very important role in skin health. Vitamin B and omega-3 fatty acids (which are found in salmon, walnuts, flaxseed, and soy) are vital skin nutrients.
- **Good skin care:** Use sunscreen if you're going to be outside for any length of time. Keep hot showers to a minimum, use gentle soap, and be sure to use lotion after a shower to help moisturize the skin. You don't have to spend a lot of money on a skin moisturizer; petroleum jelly and mineral oil are both very effective.
- **Drink plenty of water:** Nothing hydrates your skin from the inside out better than water.
- **Reduce stress:** Along with a host of other potential health problems it can worsen, stress can have a negative effect on your skin.
- **Get plenty of sleep:** A good night's sleep is great for your skin. Try to go to bed at the same time every night, and keep your bedroom cool and quiet.

Later in Menopause: Managing Disease Risk

If you are later in your menopause journey, your earlier symptoms might have diminished or disappeared. For most women, they go away after four or five years, but—since everyone’s menopause experience is different—can last for 10 years or more.

Talk with your health care provider about preventing diseases such as bone loss (osteoporosis) and heart disease.

Also important is physical activity. It’s wise to make this a lifelong habit, as exercise has many benefits for your overall health. Aim for getting at least 30 minutes of moderate-intensity exercise 5 days per week. Be sure to talk with your doctor before beginning an exercise plan, though.

Keep in mind that there are many ways to get in the activity your body needs. Try parking a little farther from your destination and walk, or walking instead of driving, when practical. Take the stairs instead of the elevator. Dance to some of your favorite music. Or take the dog out for a long walk.

Bone Loss

Preventing bone loss is an important concern for women in menopause and postmenopause, as the risk factors for osteoporosis are higher during this time. Research indicates that up to 20% of bone loss can occur during these stages.

A bone density evaluation may be part of that process. This test uses low-radiation x-rays to determine how much calcium is in your bones. Your doctor will help you decide how often you should be tested.

It’s also a good idea to make sure you’re getting the calcium and vitamin D your bones need. Many women get these important nutrients through diet, supplements, or a combination of both.

Good sources of calcium include:

- **Dairy products** (but stick to low-fat options)
- **Dark green, leafy vegetables** (e.g., broccoli, kale, turnip greens)
- **Beans**
- **Cabbage**
- **Seeds and nuts**
- **Some fish**
- **Also, some foods and beverages can make the body get rid of too much calcium, before it can benefit the body. Anything that includes salt and caffeine can cause this.**

Recommended calcium intake levels are:

- **For premenopausal women (ages 25-50) and postmenopausal women on hormone therapy, 1,000-1,200 mg of calcium per day**
- **For postmenopausal women (under age 65) not on hormone therapy, 1,500 mg of calcium per day**
- **For postmenopausal women age 65 and older, 1,500 mg of calcium per day**



Vitamin D helps the body absorb calcium, which is why the two are so closely linked. **Vitamin D sources include:**

- **Dairy products, especially those fortified with vitamin D** (keep an eye on fat content)
- **Fatty fish, such as salmon**
- **Cod liver oil**
- **Liver** (but limit it, as it's high in fat)
- **Egg yolks** (which are high in cholesterol, so limit these)

Recommended vitamin D levels are:

- **For premenopausal women between 25-50, 400 IU of vitamin D per day**
- **For women over 65, at least 600 IU of vitamin D per day**
- **For women between 50-65 and postmenopausal women of any age: 400-800 IU of vitamin D per day**
- **Taking up to 2000 units of vitamin D daily is safe, but you should consult your doctor before taking higher dosages**

To help keep bones strong, good posture is essential. Practice standing or sitting up straight to build the good habit—draw in your belly, lower your shoulders, and draw your shoulder blades inward.

Weight-bearing exercises can be very helpful. “Weight-bearing” simply means that you are carrying your body weight as part of the exercise. Brisk walking is one such exercise (and you can enjoy even more benefit by adding weights, but only up to 10% of your body weight—you don’t want to overdo it).

Other good exercises include:

- **Lunges** (stepping forward and putting your weight on the forward leg, then returning to a standing position)
- **Jogging or running**
- **Jumping exercises**

Heart Disease

Eating a low-fat, low-salt diet helps keep cholesterol from building up inside your arteries (a condition called atherosclerosis), which can in turn lead to serious heart conditions, including heart attack, stroke, and heart failure, among others.

A simple blood test called a fasting lipoprotein profile can tell your doctor and you how you're managing your cholesterol levels, especially your LDL-cholesterol.

If your LDL-cholesterol level is too high, your doctor will often prescribe a heart-healthy diet and increased physical activity to help bring that level down. But some people need more help. There are medications that can help lower LDL-cholesterol, called statins. These medications have proved very effective in lowering LDL-cholesterol when diet and exercise aren't enough. They can have side effects and can interact with other medications, though, so it's important to tell your doctor about all the medications and supplements you take.

Hormone Therapy

One of the most effective treatments for menopausal symptoms is **hormone therapy (HT)**. Hormone therapy involves the administration of a combination of female hormones—estrogen and progesterone. It's most commonly prescribed in pill form, but can also be administered by transdermal skin patches, vaginal creams, gels, and suppositories.

The decision to start HT should be made only after you and your health care provider evaluate the risks and benefits based on your medical history. If you've never had a heart attack, stroke, or blood clot and are not at high risk for breast cancer, you might consider HT for a few years to manage your symptoms.

In general, when HT is prescribed, it's given in the lowest possible dose for the shortest amount of time in order to minimize any potential risks.

There are several types of prescription hormone therapy available:

- **Estrogen plus progestin (EPT):** A combination of the hormones estrogen and progestin (a synthetic form of progesterone) is recommended for women who still have their uterus. Used alone, estrogen increases the risk for cancer of the tissue lining the uterus (endometrial cancer). The addition of progestin counters the risk.
- **Estrogen-only (ET):** For women who have had their uterus removed, estrogen therapy (ET)—estrogen alone—is usually prescribed.
- **Progesterone-only:** Progesterone-only therapy is used for women who still have their uterus and don't want to take estrogen. Recent guidelines do not recommend progesterone alone, however, due to lack of scientific data and side effects that can include breast tenderness, headaches, mood swings, and spotting or bleeding.

HT is the most widely prescribed treatment for menopausal symptoms, and millions of women have been helped by it. It has been proved an effective therapy over the years. But it does have risks. When taken alone, estrogen increases the risk of uterine cancer. To help lower this risk in women who still have their uterus, estrogen is combined with progesterone to help protect the uterus. If you've already had uterine cancer, talk with your doctor about whether estrogen therapy would be safe for you.



HT is not safe for women who have had:

- **Liver disease**
- **Heart disease**
- **Any unusual vaginal bleeding that has not been evaluated**
- **A history of blood clots**
- **Stroke**

For women who are survivors of breast cancer, HT is probably not an option. If you're a breast cancer survivor, you should avoid taking "systemic" estrogen (the type of estrogen that affects the entire body), as this increases the risk of getting breast cancer again. One option may be to use vaginal estrogen therapy. Talk with your health care provider about this option.

At postmenopause, the risks of HT are usually considered to outweigh the benefits of taking it, so other treatments for symptoms are preferred.

You need to weigh the risks and benefits of HT before beginning it. It's always a good idea to talk with your health care provider about any questions or concerns you have.

There has been a lot of media coverage about HT over the years. Unfortunately, one result of the public attention has been the growth of myths about HT. Here are a few of the most common, along with the truth:

- **Myth: HT increases the risk that I'll get breast cancer.**
Fact: This is true primarily for women who have had breast cancer.
- **Myth: Compounded or bioidentical hormones are safer than pharmaceutical ones.**
Fact: Whether synthetic or "natural," the breast cancer risks of HT are the same. There can be other issues with hormones that are labeled "natural," as well, because these are not approved by the FDA and their contents may not be what's on the label.

Complementary/Alternative/Homeopathic Remedies

There are many herbal preparations and other supplements that some women have used to treat menopausal symptoms. Many women have found relief from these over-the-counter products. These include black cohosh, red clover, evening primrose, vitamin B, soy products, dong quai, and many others.

Research has not shown a clear benefit to taking any herbal or dietary supplement in treating menopausal symptoms. Keep in mind that, as with any prescription medication, there can be side effects and interactions with other medicines you're taking.

Also, the FDA has not approved these products for the treatment of menopausal symptoms and does not regulate them as medications. As with all herbal and dietary supplements, the potency of the listed ingredients can vary. Be sure to talk with your doctor if you are considering taking a supplement to treat your symptoms.

Bioidentical Hormones

"Bioidentical" means that these hormones are the just like those that your body naturally creates. They're made in a laboratory, but they're often called "natural" hormones because they come from plant sources.

Bioidentical hormones come in two types: pharmaceutical products and custom-made products. Pharmaceutical bioidentical hormones are manufactured according to FDA standards and have been tested for safety and effectiveness. Doctors often prescribe these first because they have been thoroughly researched and are "known quantities." However, there is no scientific evidence that bioidentical hormones are any safer than their synthetic versions.

Custom-compounded

Custom-made bioidentical hormones are made in compounding pharmacies, according to a doctor's instructions. They're created by using the results of hormone tests from your saliva or blood to create a unique prescription for your needs.

One problem with custom-compounded bioidentical hormones is getting the formula right in the first place. A woman's hormone levels fluctuate throughout the day, which makes getting the exact amount of appropriate hormones very difficult.

These are not regulated as medications by the FDA, and they can have varying amounts of hormones in their mixtures. There is no quality assurance to check that the levels are correct, either.

Ask your doctor if a prescription or custom-compounded bioidentical hormone may make sense for your treatment plan.

Prescription Medications: Off-label Use

The FDA approves prescription medications for specific uses. Some medications, however, have proved effective in treating other conditions that the medications are not FDA-approved to treat. This is called "off-label" use.

There are several prescription medications that can be effective in treating menopausal symptoms, even though they're not primarily prescribed for this purpose.

These include:

- **Gabapentin:** This anti-seizure medication has been shown to reduce the occurrence and intensity of hot flashes, particularly at night. There are side effects, however: Gabapentin can cause dizziness or lethargy when used during the day.
- **Clonidine:** This blood-pressure medication may help some women reduce or relieve hot flashes, as well.
- **Selective serotonin reuptake inhibitors (SSRIs):** This family of antidepressants can be very effective in treating the mood swings and depression that can come with menopause, but they can also treat hot flashes and irritability. SSRIs have side effects; discuss this with your health care provider. Popular medications in this family include venlafaxine, paroxetine, escitalopram, and fluoxetine.

Of course, you should always speak with your health care provider before beginning any mode of treatment, including prescription medications, regardless of whether they're to be used for "label" or "off-label" purposes.

Dealing with Your Emotions

Menopause can have a dramatic impact on your emotional well-being. Mood swings, anxiety, and depression can all be symptoms of menopause, and each can be treated effectively.

If you are experiencing symptoms affecting your emotional health, talk with your health care provider.

The symptoms of depression include:

- **Difficulty concentrating, remembering details, and making decisions**
- **Fatigue and decreased energy**
- **Feelings of guilt, worthlessness, and/or helplessness**
- **Feelings of hopelessness and/or pessimism**
- **Insomnia, early-morning wakefulness, or excessive sleeping**
- **Irritability, restlessness**
- **Loss of interest in activities or hobbies once pleasurable, including sex**
- **Overeating or appetite loss**
- **Persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment**
- **Persistent sad, anxious, or "empty" feelings**
- **Thoughts of suicide, suicide attempts**

In addition to medications, counseling, and hormone therapy, eating a healthy diet and getting plenty of physical activity can go a long way to keeping your emotions in good health. Research has consistently pointed to the benefits of exercise in controlling depression. Exercise releases substances called endorphins that reduce the brain's perception of pain and stimulate a sense of well-being.

One of the features of depression is the tendency to isolate oneself from the world outside. Unfortunately, this has the effect of making depression worse. One way to counter this tendency is to engage in activities that give you pleasure, even when you don't much feel like pursuing them. Hobbies are great for this, as are any cultural or social events that get you out of the house and into life.

Another effective way to counter depression is to communicate with someone, be it in a counseling session, a support group, or with a friend, family member, or partner. Even better, take advantage of as many of these outlets as you can for expressing yourself and getting feedback.

What About Sex?

So menopause means less interest in sex, right? Actually, that's a myth. About half of all women going through menopause report no change at all in their interest in sex, and less than 20% report a significant decrease in sexual activity.

Of course, that's not to say that there aren't important sexual concerns for women in menopause. There are significant changes to a woman's body and mood that can have an impact on sexual interest and ability. And these changes are important to deal with because sex is very good for your health, provided you practice it safely.

Libido—the instinct or drive for sex—is not a simple matter. Many factors influence our libido, including physical and mental conditions. Medications can also affect how interested we are in sex.

The most obvious physical limitations affecting libido are those that affect the vagina and urinary tract. The depletion of estrogen can thin vaginal walls, causing dryness and irritation. The vagina can also “shrink” (a condition called vaginal atrophy) as a result of declining estrogen. The urethra also can become thinner and drier as a result of menopause, which can cause reduced bladder control.

Testosterone, which is usually thought of as a male sex hormone, is also present in women at lower levels. As women age, their testosterone levels gradually decline, and this can impact a woman's sexual health.

One problem doctors face in deciding if testosterone deficiency is a problem for a woman is that not much is known about the role testosterone plays in a woman's sexual desire. The best evidence comes from women who have had their ovaries surgically removed before menopause naturally occurs (thus triggering early menopause) and have complained of a lack of sexual desire.

Another problem is the difficulty of diagnosing testosterone deficiency in women. And while testosterone therapy is available and has demonstrated benefits to men, it must be taken continually to be effective. At this point, the long-term effects of testosterone therapy on women's health is still unknown.

Many psychological issues can affect libido, as well. Trauma in the past, a lack of communication in the relationship, struggles with depression and anxiety, body image, self-esteem ... these are just a few of the factors that can have an impact on how much sexual desire a woman has. Because depression and anxiety can be symptoms of menopause, psychological challenges must be addressed.

The good news is that these physical and psychological changes can be addressed and even treated successfully in many cases. Treatments for these issues include:

- **Systemic estrogen therapy.** If appropriate for you, systemic estrogen therapy is a proven success in managing the vaginal symptoms of menopause. Estrogen therapy protects the vaginal walls from thinning, which can improve vaginal lubrication and keep painful intercourse at bay, among other benefits.
- **Vaginal estrogen.** If systemic estrogen therapy is not an option for you, vaginal estrogen may be the right solution. Vaginal estrogen is available as a cream, a ring, or a tablet. Because it affects the vagina primarily, vaginal estrogen greatly reduces the amount of estrogen that enters the body.
- **Moisturizers and lubricants.** There are several options for directly applied vaginal treatments, including moisturizers (e.g., Liquebeads and Replens) and water-based lubricants (e.g., K-Y and Astroglide). They help in many cases, but they don't work for all women.
- **Ospemifine.** This new medication is taken orally and reduces vaginal pain associated with intercourse. However, it may be linked to an increased risk of hot flashes, blood clots, stroke, and the growth of the lining of the uterus.

- **A chat with your health care provider.** Sometimes the causes of sexual difficulty are medical or medication-related. Antidepressants and high blood pressure medications are two categories of drugs that can put a damper on libido. Talk with your health care provider—there may be alternatives to the medications you’re taking that don’t inhibit libido.
- **Sexual activity.** You read that right: a good way to increase lubrication (and thus decrease dryness and irritation) is to have sex. It’s the old “use it or lose it” idea.
- **Counseling.** A good “talk therapist” can help a woman (or a couple together) sort through issues that may affect sex drive.
- **Physical activity.** Getting plenty of exercise helps clear the mind, reduce stress, and improve the physical ability to engage in sexual activity. Some women have reported improved libido and sexual performance with yoga.

Safe Sex

Sex can be wonderful, but there are risks that must be considered.

During perimenopause, there is still a chance of getting pregnant. The risk of pregnancy declines and eventually disappears as menopause progresses, but it’s still important to be careful if you don’t want to get pregnant. If you are in perimenopause, talk with your health care provider about whether low-dose birth control pills might make sense for you.

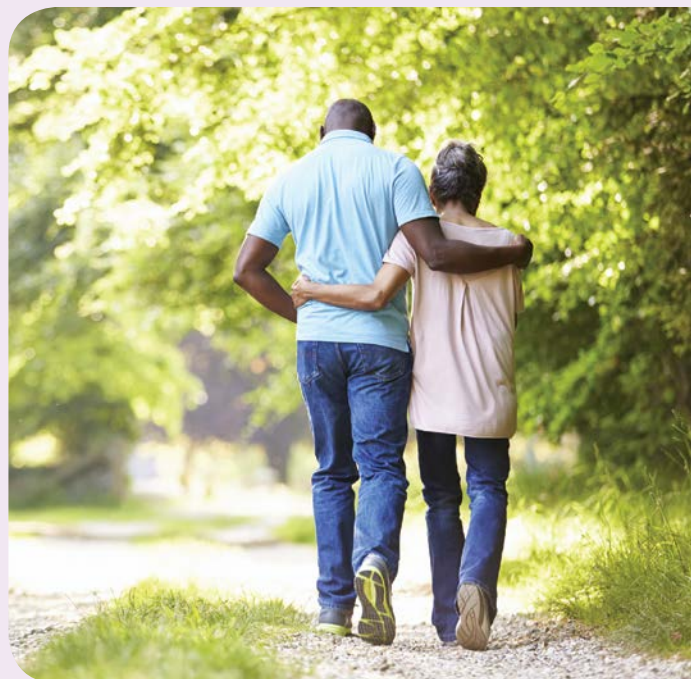
Sexually transmitted infections (STIs) are an ever-present risk of unprotected sexual contact, as well. Any woman who is not in a long-term, strictly monogamous sexual relationship must take care to protect herself from STIs.

Fortunately, there is a good solution to both potential problems: safe sex. The use of a latex condom can protect against pregnancy and STIs. Condoms aren’t perfect, but they greatly decrease the risk of getting pregnant or getting an STI. Be sure to avoid using petroleum-based products (such as Vaseline and baby oil) with condoms, as these can cause condoms to break.

Communication: Keeping the Channels Open

During menopause, the need for communication becomes even more important. Try these techniques for better communication—and better sex:

- **Tell your partner what feels good, and what doesn’t.**
- **Tell your partner which positions are more comfortable for you.**
- **Share any concerns you may have about your how appearance has changed. Convey when the best times are for you to relax and enjoy sex. Make plenty of time for sex.**
- **Try nonsexual physical contact.**



Lifestyle Changes

Making the most of your menopause experience means taking advantage of every opportunity you can to enjoy good health. Eating a heart-healthy diet is a great way to keep the risk of heart disease at bay, of course, but it has many other health benefits, as well.

Here are some steps you can take to help yourself as you move through menopause:

- **Eat a healthy diet.** Of course, this is a really good idea whether you're going through menopause or not. But good nutrition can help with menopause symptoms. In general:
 - **Eat the right amount of calcium according to your age and menopause stage.**
 - **Reduce your daily salt (sodium) intake to 1,500 mg or less.**
 - **Choose low-fat options for meals.**
 - **Maintain the right balance of calories to support an active lifestyle.**
- **Be active.** Physical activity is great for you, both physically and mentally. Try to exercise 30 minutes per day at least 5 days per week. Be sure to talk with your doctor before beginning an exercise plan.
- **Maintain a healthy weight.** This is especially important as you go through menopause, in particular as you enter postmenopause, when your risk of heart disease increases. If you need to lose weight, talk with your doctor about what approach makes the most sense for you. In general, gradual weight loss works best for keeping the pounds off.
- **Quit smoking.** Smoking is a known risk factor for serious health problems, including heart disease, cancer, and more. If you need help quitting, talk with your doctor, or call the QuitLine at 1-800-QUIT-NOW (784-8669).
- **Drink alcohol in moderation.** If you drink, do so carefully. Keep your alcohol consumption to one drink per day (a drink being equal to one 12 oz can or bottle of beer, or a 5 oz glass of wine, or 1 1/2 oz of liquor). If you don't drink, don't start.
- **Manage your stress.** Stress is an unavoidable part of life, but it can be kept under control. There are many effective ways to do this: a hobby, a warm bath, relaxation exercises, deep breathing exercises, yoga, meditation, tai chi—these are just a few ways to keep stress at bay. Exercise is also a great stress reducer.



- **Get your biannual mammogram.** Women in general have a 1 in 8 chance of getting breast cancer during their lifetime. Fortunately, diagnosis and treatment of breast cancer have improved dramatically even in recent years. A biannual mammogram is one of the main reasons why. Mammograms are very effective at catching breast cancer in its early stages, when treatments are most effective. Because of the potential risk for breast cancer in women taking some types of hormone therapy, a biannual mammogram is that much more important.

*Eating healthy and exercising
can ease the menopause journey—
own your menopause!*



Diabetes: Complicating Menopause

Diabetes is a condition in which the body either can't produce enough of the insulin it needs to function, or it can't use the insulin it produces—or sometimes both.

There are three main types of diabetes. The most common type of diabetes, type 2, affects people of every age. Diabetes cannot be cured, but it can be managed successfully through changes to diet and physical activity, as well as medication, when needed.

Women who live with diabetes face additional challenges when they reach menopause. The reduction in estrogen production increases the risk for extreme fluctuations in blood sugar levels, which can make managing diabetes that much more difficult. The weight gain that can come with menopause can also make it necessary to increase medication levels to keep diabetes under control. The problems some women have in getting to sleep (because of hot flashes and night sweats) can also make blood sugar harder to control. Diabetes can also increase the risk for vaginal and urinary infections, while contributing to vaginal dryness.

Fortunately, managing menopause symptoms when you have diabetes is usually a matter of managing both conditions effectively. Control one, and you go a long way toward controlling the other.

Of course, a healthy lifestyle goes a long way toward treating both menopause symptoms and diabetes.

Women with diabetes may need to adjust their diabetes medications during menopause. It's important to keep a careful log of your blood sugar readings as you test throughout the day. Share this information with your doctor so you both can make the best decisions about treatment.

Menopause (and especially postmenopause) increases the risk for heart disease. So does diabetes. To counter that increased risk, it may be necessary to add a cholesterol medication, such as a statin, to your therapy.



Make the Most of Your Journey!

Having a positive experience of menopause—and fully relishing the years that follow—often comes down to taking good care of yourself. That means taking total care of your body, your mind, and your spirit.

Many women find that menopause is a time of reflection and renewal, of clarity and perspective. Some women have reported a growing wisdom and confidence about themselves and the directions their lives are taking. Menopause is only part of the journey, but it is an important milestone along the way.