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The National Women's Health Information Center

A project of the U.S. Department of Health and Human Services, Office on Women's Health



Frequently Asked Questions about Menopause and Menopause Treatments

What is menopause?

Menopause is a normal change in a woman's life when her period stops. That's why some people call menopause "the change of life." During menopause a woman's body slowly makes less of the hormones estrogen and progesterone. This often happens between the ages of 45 and 55 years old. A woman has reached menopause when she has not had a period for 12 months in a row (and there are no other causes for this change). 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 can feel better by learning all you can about menopause, and talking with your doctor about your health and your symptoms. If you want to treat your symptoms, he or she can teach you more about your options and help you make the best treatment choices.

What are the symptoms of menopause?

Every woman's period will stop at menopause. Some women may not have any other symptoms. But, as you near menopause, you may have:

- Changes in your period — the time between periods and the flow from month to month may be different.
- Abnormal bleeding or "spotting" — common as you near menopause. But if your periods have stopped for 12 months in a row and you still have "spotting," you should report this symptom to your doctor to rule out serious causes, such as cancer.
- Hot flashes ("hot flushes") — getting warm in the face, neck and chest.
- Night sweats and sleeping problems — these may lead to feeling tired, stressed, or tense.
- Vaginal changes — the vagina may become dry and thin, and sex and vaginal exams may be painful. You also might get more vaginal infections.
- Thinning of your bones — this may lead to loss of height and bone breaks (osteoporosis).
- Mood changes — such as mood swings, depression, and irritability.
- Urinary problems — such as leaking, burning or pain when urinating, or leaking when sneezing, coughing, or laughing.
- Problems with concentration or memory.
- Less interest in sex and changes in sexual response.
- Weight gain or increase in body fat around your waist.

- Hair thinning or loss.

I will be having a hysterectomy to remove both my uterus and my ovaries, and I am only 37. Will I go into menopause?

Sometimes, younger women need a hysterectomy (surgery to remove the uterus and ovaries) to treat health problems such as endometriosis or cancer. After your surgery, you will enter into what is known as induced or surgical menopause. This is menopause that happens to your body right away, and it is brought on by the surgery. You will no longer have periods. Since your ovaries will be removed, you may have many menopausal symptoms right away, instead of gradually. You can 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 have induced menopause because their ovaries will continue to make hormones. But, because their uterus is removed, they no longer have their periods and they cannot bear children. They also might have hot flashes since the surgery can sometimes disturb the blood supply to the ovaries. Later on, they also might have natural menopause a year or two earlier than expected.

What is premature menopause?

Premature menopause is menopause that happens before the age of 40 — whether it is natural or 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

Having premature menopause puts a woman at more risk for osteoporosis later in her life. It also may be a source of great distress, since many women younger than 40 still want to have children. Women who still want to become pregnant can talk with their doctor about donor egg programs.

What is postmenopause?

The term postmenopause refers to all the years beyond menopause. It is the period past the time at which you have not had a period for 12 months in a row — whether your menopause was natural or induced.

I've reached menopause, but I still have been feeling so depressed and irritable. I'm just not myself. Will these feelings ever go away?

Many women in perimenopause and menopause feel depressed and irritable. Some researchers believe that the decrease in estrogen triggers changes in your brain, causing depression. Others think that other symptoms you're having, such as sleep problems, hot flashes, night sweats, and fatigue cause these feelings. Or, it could be a combination of hormone changes and symptoms. But these symptoms also can have causes that are unrelated to menopause. If you are having these symptoms, and you think they are interfering with your quality of life, it is important to discuss them with your doctor. Talk openly with your doctor about the other things going on in your life that might be adding to your feelings. Other things that could cause depression and/or anxiety include:

- having depression during your lifetime before menopause
- feeling negative about menopause and getting older
- increased stress
- having severe menopause symptoms
- smoking
- not being physically active
- not being happy in your relationship or not being in a relationship
- not having a job
- not having enough money
- low self-esteem (how you feel about yourself)
- not having the social support you need
- regretful that you can't have children anymore

If you need treatment for these symptoms, you and your doctor can work together to find a treatment that is best for you.

I've reached menopause and haven't had my period for a few years now. But, the other day I had some bleeding off and on. Should I be concerned?

Changes in bleeding are normal as you near menopause. There are also other common causes of bleeding in the years after menopause. The decline in your body's estrogen levels can cause tissues lining the vagina to become thin, dry, and less elastic. Sometimes this lining can become broken or easily inflamed and bleed. It can also become injured during sex or even during a pelvic exam. Once you've reached menopause, though, you should report any bleeding that you have to your doctor. Uterine bleeding after menopause could be a sign of other health problems. Other things that can cause abnormal bleeding include:

- fibroids
- the use of birth control pills
- a hormonal imbalance
- non-cancerous growths in the lining of the uterus

Who needs treatment for the symptoms of menopause?

For some women, many of their menopause symptoms will go away over time without treatment. Other women will choose treatment for their symptoms and to prevent bone loss that can happen near menopause. Treatments may include prescription drugs that contain types of hormones that your ovaries stop making around the time of menopause. Hormone therapy can contain estrogen alone or estrogen with progestin (for a woman who still has her uterus or womb). Estrogen therapy usually is taken by pill, skin patch, as a cream or gel, or with an intrauterine device (IUD) or vaginal ring. How estrogen is taken can depend on its purpose. For instance, a vaginal ring or cream can ease vaginal dryness, leakage of urine, or vaginal or urinary infections, but does not relieve hot flashes. If you want to prevent bone loss, you also should talk with your doctor about medicines other than hormone therapy that can help your bones.

What are the benefits and risks of hormone therapy?

Benefits: Hormone therapy can help with menopause by:

- reducing hot flashes
- treating vaginal dryness
- slowing bone loss
- decreasing mood swings and depression

DO NOT use hormone therapy to prevent heart attacks, strokes, memory loss or Alzheimer's disease. Remember there also are other medicines that can help your bones.

Risks: For some women, hormone therapy may increase their chance of getting:

- blood clots
- heart attacks
- strokes
- breast cancer
- gall bladder disease

For a woman with a uterus, taking estrogen alone, without progesterone, increases her chance of getting endometrial cancer (cancer of the lining of the uterus). Adding progesterone to the hormone therapy lowers this risk.

Hormone therapy also may cause these side effects:

- bleeding
- bloating
- breast tenderness or enlargement
- headaches
- mood changes
- nausea

Who should NOT take hormone therapy for menopause:

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

So, what have we learned about taking hormone therapy for menopause?

We know that hormone therapy may be a way to get over the symptoms of menopause if taken for only a short time and in the smallest amount. Hormones do NOT help prevent heart or bone disease, stroke, memory loss or Alzheimer's disease. **If you decide to use hormones, use them at the lowest dose that helps and for the shortest time needed. Check with your doctor every 3 to 6 months to see if you still need them.** Because there are both benefits and risks linked to taking them, every woman should think about these in regard to her own health and discuss these issues with her doctor. We are still trying to learn more about the long- and short-term effects of hormone therapies on women's health. For more information on the risks and benefits of hormone therapy, go to <http://www.nhlbi.nih.gov/health/women/index.htm>.

What about natural treatments for menopause?

Some women decide to take herbal, natural, or plant-based products to help their symptoms. Some of the most common ones are:

- **Soy.** This contains *phytoestrogens* (estrogen-like substances from a plant). But, there is no proof that soy—or other sources of phytoestrogens—really do relieve hot flashes. And the risks of taking soy, especially the pills and powders, are not known. You can get soy from foods too. Soy food products include tofu, tempeh, soy milk, 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, a member of the buttercup family, wild yam, dong quai, and valerian root.
- **Bioidentical hormone therapy.** Some women visit *alternative medicine* doctors and get a prescription for these products, which are made from different plant hormones that are like those in a woman's body. Each prescription is hand-mixed, and the dose can vary from patient to patient.

Products that come from plants may sound like they are more natural or safer than other forms of hormones, 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 herbal products with your doctor before taking them. You also should tell your doctor if you are taking any other medicines, since some of the herbal products can be harmful to you with other drugs.

How else can I help my symptoms?

- **Hot Flashes.** A hot environment, eating or drinking hot or spicy foods, alcohol, or caffeine, and stress can bring on hot flashes. Try to avoid these triggers. Dress in layers and keep a fan in your home or workplace. Regular exercise might also bring relief from hot flashes and other symptoms. Ask your doctor about taking an antidepressant medicine. There is proof that these can be helpful for some women.
- **Vaginal Dryness.** Use an over-the-counter vaginal lubricant. There are also prescription estrogen replacement creams that your doctor might give you. If you have spotting or bleeding while using estrogen creams, you should see your doctor.
- **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, avoid a lot of exercise close to bedtime. Also avoid alcohol, caffeine, large meals, and working right before bedtime. You might want to drink something warm, such as herb tea or warm milk, before bedtime. Try to keep your bedroom at a comfortable temperature. Avoid napping during the day and try to go to bed and get up at the same times every day.
- **Memory problems.** Ask your doctor about mental exercises you can do to improve your memory. Try to get enough sleep and be physically active.
- **Mood swings.** Try to get enough sleep and be physically active. Ask your doctor about relaxation exercises you can do. Ask your doctor about taking an antidepressant medicine. There is proof that these can be helpful. Think about going to a support group for women who are going through the same thing as you, or getting counseling to talk through your problems and fears.

How can I stay healthy as I age?

There are a lot of ways to stay healthy during this time in your life. These steps are more likely to keep you healthy than just taking hormones:

- Be active and get more exercise. Try to get at least 30 minutes on most days of the week. Try weight-bearing exercises, like walking, running, or dancing.
- If you smoke, quit. Ask your doctor for help. You also can visit this special section of the NWHIC web site: <http://www.4woman.gov/QuitSmoking>
- Eat healthy.
 - Eat lots of whole grain products, vegetables, and fruits.
 - Choose foods low in fat and cholesterol.
 - Get enough calcium to keep your bones strong. Before menopause, you need about 1,000 mg of calcium per day. After menopause, you need 1,500 mg per day.
 - If you drink alcohol, limit it to no more than one drink per day.
- Control your weight. Ask your doctor what a healthy weight is for you.
- Talk with your doctor and get regular check-ups:
 - Discuss bone health. Ask if you are getting enough calcium and vitamin D. Get a bone density test if you're over 65, or if your doctor says you have a high chance of getting osteoporosis. Ask about taking medicine to help preserve bone and slow down bone loss.
 - Have your blood pressure, cholesterol, and blood sugar checked.
 - Have a breast exam and a breast x-ray (mammogram).

Do you have a tool I can use to track my symptoms?

You can use this chart to keep track of menopausal symptoms that bother you. Take it with you when you visit your doctor, so you both can figure out the best way to handle them.

| Date | Symptoms | Things I've tried to help them | Questions for my doctor | New things to try |
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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>

Food and Drug Administration (FDA)

Office on Women's Health

Internet Address: www.fda.gov/womens/menopause

American College of Obstetricians and Gynecologists (ACOG)

Phone: (202) 638-5577

Internet Address: <http://www.acog.org>

American Menopause Foundation (AMF)

Phone: (212) 714-2398

Internet Address: <http://www.americanmenopause.org>

North American Menopause Society (NAMS)

Phone: (440) 442-7550

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

The Hormone Foundation

Phone: (800) 467-6663

Internet Address: <http://www.hormone.org>

August 2004