

# Menopause

## What is menopause?

Menopause is the time of the last menstrual period, but commonly people know it as those years around this time, when symptoms and health problems may arise. This time is also referred to as the 'climacteric' or the 'change'. About one third of women have no symptoms, one third have symptoms which are tolerable and the other third have symptoms so severe they seek help. In Australia the average age of menopause is 51 years.

## What are the advantages?

1. No more periods.
2. No more worry about contraception, which is not required one year after the last period.

## What symptoms may be expected?

General Body Symptoms:

- Hot flushes - like a sudden wave of heat spreading over the whole body, which may be associated with rapid heart rate, sweating and faintness.
- Night sweats - hot flushes occurring at night associated with sleep disturbance.
- Muscle aches and pains.
- Formication - creepy crawly feelings over the skin.
- Dry eyes and mouth.
- Headaches.

Symptoms Related to the Sexual Organs:

- Periods may become more frequent, less frequent, heavier or lighter. They eventually stop.
- Dry vagina and lack of lubrication, which can lead to painful sexual intercourse.
- Urinary symptoms - wanting to go more often and burning when urine is passed.
- Sex drive or 'libido' may decrease.
- Prolapse or 'dropping of the uterus' which can lead to bowel symptoms.

Psychological Symptoms:

Many women experience symptoms of fatigue, depression, sleep disturbance, emotional ups and downs, memory loss and poor concentration. These are common symptoms at any time and it is controversial as to whether they are caused by menopause.

## Why do symptoms occur?

The menstrual cycle is controlled by the two female hormones oestrogen and progesterone, produced by the ovaries. The ovary is in turn under the control of hormones produced in the brain (follicle stimulating hormone or FSH). The ovaries generally become less and less responsive to FSH as women age. The change in

response may vary from cycle to cycle. For a while the brain is able to compensate by producing more FSH, but eventually the ovary fails to respond completely. This leads to a deficiency in oestrogen and progesterone.

Oestrogen and progesterone are not only essential in the monthly cycle, for pregnancy and maintaining healthy sex organs, but are also important in maintaining collagen (the "building block" of bone and skin) and protecting women against arterial disease that can lead to heart attacks and strokes. For some, the loss of hormones from the organs may be largely compensated for by the production of hormones from other parts of the body, with the result that menopause is problem free.

### **Longer term problems**

As well as the symptoms mentioned, lack of oestrogen and progesterone may also cause the following:

1. Osteoporosis (thinning of the bones) increases a woman's risk of broken bones. It is more common in those who are smokers, have a slender build, a low calcium intake and who have menopause early. Women with certain medical conditions such as an overactive thyroid or those taking oral prednisolone tablets may also be at increased risk. The spine, wrist and hip are the bones most commonly affected.
2. The protection against arterial disease may be lost as the blood cholesterol (an important risk factor in heart attacks and strokes) rises.

### **What can women do about menopause?**

1. Pay attention to their general health and lifestyle. Control their weight and exercise regularly. Aim at having enough calcium in their diet (each woman needs the equivalent of three glasses of milk a day - a glass of milk, a serve of yoghurt, a serve of cheese) and keeping their cholesterol down (consider non-fat dairy products). The National Heart Foundation has many useful leaflets and recipe books. Do exercise they enjoy for at least 20 minutes three times a week. Those who smoke should strongly consider stopping. This is the single most important thing any woman can do for her general health.
2. Have regular gynaecological checks, Pap smear tests and learn how to check their own breasts.
3. Consider taking hormones. Women are now living about a third of their lives after menopause and for women at risk, or when the symptoms of menopause are obstructing a woman's normal life, hormone replacement therapy can be considered. Taking HRT should result in symptoms disappearing, enabling women to maintain a normal, functioning healthy life. However, it is important to assess, with your medical practitioner, the pros and cons of HRT that have emerged from scientific research and make an informed decision that is right for you.
4. Have a positive mental approach.
5. There are numerous complementary treatments available. Phytoestrogens have had a lot of publicity in relation to possible benefits in menopause and it may be helpful to increase their intake through diet. Further discussion is beyond the scope of this pamphlet,

N.B. Any vaginal bleeding that occurs 12 months or more after the last menstrual period should be checked by your doctor.



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