

MENOPAUSE



Menopause is a normal part of a woman's reproductive life.

What happens to my body at menopause?

The experience of menopause varies widely from woman to woman and from culture to culture. All women, however, undergo the same basic hormonal changes during menopause. A woman's ovaries produce three types of hormones - oestrogen, progesterone and testosterone. These hormones play a vital role in menstruation, ovulation and pregnancy. During the perimenopause, the ovaries' production of these hormones diminishes. This process is usually gradual, taking a number of years (unless the ovaries are surgically removed or affected by radiation or chemotherapy). The adrenal glands and fat cells continue to produce testosterone and a form of oestrogen in small amounts.

The degree to which each woman's body responds to these normal hormonal changes varies.

- 25% of women do not have any problems with menopause and manage the transition without assistance.
- 50% of women experience some menopausal symptoms, varying from mild to moderate.
- 25% of women have more severe problems.

Symptoms and Signs of Menopause

It is important to recognise that not all symptoms that women experience at this stage in life are related to menopause. Some are just part of the normal ageing process.

Hot flushes and night sweats

Hot flushes are characterised by feelings of heat that spread to the chest, neck, face or even the whole body and may be accompanied by sweating, nausea, heart palpitations, and flushed skin. They can be aggravated by stress, anxiety, alcohol, hot food and drinks, spicy foods, overdressing and a hot environment.

Menstrual irregularities

Many women at this stage find that their menstrual cycle and/or flow changes.

Some women will experience very irregular periods that stop and start with no apparent pattern. It is also common for women to get heavier, lighter or longer periods at this time.

Women should note, however, that irregular bleeding can sometimes be a symptom of gynaecological cancers. *Women experiencing irregularities may wish to consult their doctor in order to ensure this symptom is menopause related.*

Genital changes

The reduction in oestrogen levels at menopause can cause thinning of the vagina tissue and vaginal dryness. A woman may find penetrative sex painful due to the lack of lubrication and reduced elasticity of the vaginal walls. Changes in the vagina's pH level (which keeps naturally occurring bacteria in balance) can also occur, resulting in bacterial infections. Women may also notice a decrease in fatty tissue in the vulva (i.e. labia, clitoris and mons pubis, the mound covering the pubic bone).



Urinary problems

Changes in the vagina, urethra and bladder at menopause can make women more susceptible to urinary tract infections. Symptoms of a urinary tract infection include painful and frequent urination, feeling a need to urinate when the bladder is empty and a strong or unpleasant odour to the urine. The drop in oestrogen levels can aggravate existing pelvic floor muscle weakness resulting in incontinence problems. Doing correct pelvic floor muscles may help this.

If women are unsure about how to do these exercises and are experiencing incontinence they may like to contact a Continence & Women's Health Physiotherapist through the Continence Advisory Service (phone: 08 9386 9777).

Joint/muscle aches and pain

Menopausal women may have morning stiffness and joint pains in the hands, knees, hips, lower back and shoulders. The drop in oestrogen may be a contributing factor but the reasons for why this increases joint/muscle aches and pain are unclear.

Skin/hair changes

Women may notice a change in the skin's texture and tone and an increase in the appearance of lines. They may also find their skin is dryer or oilier than before, or a combination of both. Women may experience an increase in facial hair and thinning of hair on the scalp, related to a change in balance between oestrogen and the male hormone testosterone. A 'crawling' sensation over the skin has also been experienced by some women during menopause.

Others

There are a number of other symptoms commonly attributed to menopause including insomnia, reduced sex-drive, depression, forgetfulness, anxiety, irritability or other mood changes and weight gain. Whether depression is directly associated with menopause is still a subject of controversy. However, it does appear that some women may find the menopause transition (like other transitions such as puberty and pregnancy/childbirth) increases their vulnerability to developing depression.

Menopausal symptoms such as hot flushes and night sweats and related sleep disturbances may result in some women experiencing forgetfulness, mild anxiety, irritability and mood changes. Weight gain is not actually associated with menopause but rather with a natural decrease in metabolic rate that occurs with age and a more sedentary lifestyle. Menopause does however appear to be associated with a redistribution of weight from the hip and thigh area to the abdominal area.

Osteoporosis

This is a condition characterised by the loss of bone density resulting in fragile bones that are at risk of fracture. A woman's bones generally reach their peak bone mass by her mid-20s, dependent on factors such as genetic disposition (i.e. family history), diet, calcium availability and exercise. After the age of about 35, the natural process of bone reabsorption becomes greater than bone formation, resulting in net bone loss. At menopause, this bone loss is accelerated due to the reduction in oestrogen (thought to play a significant role in slowing down the process of bone reabsorption). The highest bone loss occurs immediately after menopause for 5-10 years.



What cultural, social and emotional factors influence menopause?

A woman's experience of menopause is influenced not only by her own personal emotions and attitudes but also by wider factors such as the role and status of women in society. Understanding how all these factors interrelate and impact on menopause can assist women to come to terms with changes occurring at midlife.

While some women report feeling greatly relieved to cease menstruating, others report a sense of loss. For women who saw menstruation as a symbol of femininity and womanliness, its end may lead them to question their female identity. Other women may find it difficult to accept the loss of reproductive ability. Even for women who have made a well considered decision not to have children (or more children), the loss of the capability and option may trigger feelings of sadness. Women may also find menopause a time to reflect on the past. They may look at their past and present relationships, choices about children and work satisfaction. Some may experience regrets about certain decisions or unfulfilled dreams. Reflecting on past events and exploring choices made throughout life can prove difficult for some women.

A range of other life circumstances often occurring at midlife can impact on menopause.

For women whose focus has been on family, adult children leaving home can result in feelings of emptiness and a loss of purpose. Conversely, adult children remaining at home or returning to live in the family home can be a significant source of tension. Women at this age may also be responsible for caring for elderly relatives or experience the loss of loved ones.

What can you do to make the transition easier?

Eat a well balanced diet

Metabolism slows with age which means a woman needs to eat fewer kilojoules or participate in more physical activity to avoid putting on weight. A well balanced diet, combined with regular exercise will assist women in maintaining a healthy weight.

A well balanced diet includes low fat, high fibre foods. These foods should also be rich in calcium, as maintaining an adequate calcium intake helps to slow bone loss. Women up to the age of 54 require 800mg of calcium daily, while women aged 55 and over need 1000mg a day. Women should also ensure they get adequate amounts of Vitamin D which assists in the absorption of calcium. Calcium supplements with Vitamin D is now available.

Exercise regularly

Regular, weight-bearing exercise (exercise which is done on the feet such as walking, jogging, dancing) can help slow bone loss. Aerobic exercise (exercise which increases the heart rate) is required for cardiovascular health and strength and flexibility exercises are useful in maintaining muscle tone and keeping the body's joints, ligaments, muscles and tendons mobile. Exercise has also been found to reduce stress and depression, improve sleep and assist in maintaining a healthy weight.



Stress management

Stress management strategies are beneficial at menopause as stress can interfere with the proper functioning of the adrenal glands. The adrenal glands assist in the production of oestrogen after menopause so it is important they work effectively. Activities as yoga, relaxation and/or meditation, Tai chi and regular exercise are good examples of stress management strategies. They all help relieve built-up tension and have a calming effect on the mind.

Making sex comfortable

If dryness and thinning of the vaginal tissue has made penetrative sex uncomfortable, a water based lubricant (KY jelly, Sylk, Replens, Wet Stuff) can be helpful. Other strategies such as taking more time, using massage and sexual aids and including sexual activities which are not focused on penetration can also be helpful.

Pelvic floor exercises

These exercises strengthen the pelvic floor and can assist women who experience stress incontinence. Stress incontinence is characterised by the leaking of a small amount of urine with exertion (eg. while coughing, sneezing, laughing, lifting heavy objects or during physical activity). As some women have difficulty locating the appropriate muscles and performing the exercises correctly, seeking assistance from a health care provider (eg. physiotherapist) to learn the correct techniques is often recommended.

Trial HRT

Women who experience moderate to severe menopausal symptoms may wish to trial hormone replacement therapy (HRT). HRT is an effective short-term treatment for menopausal symptoms like hot flushes, night sweats and vaginal dryness. HRT should not be prescribed for the prevention of disease (eg. cardiovascular disease). Women trying to decide whether to take HRT need to discuss their individual risks and benefits with their doctor. Women taking HRT should review this with their doctor annually.

Give up smoking

Smokers are more likely to experience menopausal symptoms than non-smokers. Smoking increases the chances of hot flushes and night sweats, menstrual irregularities, ageing of the skin as well as cardiovascular disease, osteoporosis, lung problems and cancer. Women looking to quit smoking can use a number of strategies to help them succeed including nicotine replacement products, support from a health practitioner, family and friends, alternative therapies and/or a quit smoking program. With appropriate support and chosen strategies to assist, menopause can be positively as a transitional time, offering opportunities for challenges, rewards and greater personal growth.

Hormone Therapy and Menopause



Menopause symptoms can be reduced by HT

The following menopause related symptoms may be reduced by HT:

- Hot flushes
- Night sweats
- Vaginal dryness
- Thinning of vaginal walls
- Vaginal and bladder infections
- Mild urinary incontinence
- Insomnia
- Reduced sex drive
- Mood disturbance
- Palpitations
- Hair loss or abnormal growth
- Dry and itching eyes
- Tooth loss
- Cognitive changes, such as memory loss
- Gingivitis (gum problems).
- Abnormal sensations, such as 'prickling' or 'crawling' under the skin

Side effects of Hormone Therapy

Like any medication, HRT has risks. Any woman considering HRT needs to discuss the risk/benefits ration with their doctor.

SOURCES:

Better Health Channel Website: <http://www.disability.vic.gov.au/bhcv2/bhcsite.nsf?open>

Women's Health Queensland Wide Website: <http://www.womhealth.org.au/index.htm>



For more information on this subject or any other **women's health** or **mental health issue** please contact us on (08) 9227 8122, or toll free on 1800 998 399

For information on issues specific to **Indigenous health** or for **drug and alcohol** related issues please contact us on (08) 9227 9032, or toll free on 1800 246 655