About menopause

Menopause – the last menstrual period – typically occurs between the late 40s and early 50s. Each woman's experience of menopause is unique and most women will experience some type of symptom in addition to the ending of their menstrual period. Menopause often marks a new phase in a woman's life and there are a number of strategies that women can apply to achieve a smoother transition into this new life stage.

What is menopause?

The term 'menopause' literally means the last menstrual period. The time leading up to this last period is referred to as the menopausal transition or climacteric. The time following menopause is referred to as post-menopause. The term peri-menopause is used to refer to the time leading up to as well as the 12 months after the last period. In this fact sheet, we have endeavoured to use the terms most appropriate but do also refer to menopause in a general sense when suitable to do so.

Menopause is a normal event in a woman's life. It is characterised by hormonal changes and in this way it is similar to life's other significant hormone-related event - menarche (the first period). It typically occurs in 'mid-life', between the late 40s and early 50s with the average age being 51. Women who smoke tend to experience menopause around two years earlier than non-smokers.

With Australian women currently having an average life expectancy of 84 years, menopause signals the start of a life stage that may span 30 years or more. Rather than the beginning of old age, as it is sometimes presented, menopause is the beginning of a new phase in a woman's life that will bring different expectations, opportunities and experiences.

Premature and surgical/ medical menopause

If menopause occurs before the age of 40 it is said to be premature. Approximately 1% of Australian women experience spontaneous menopause prematurely. Premature menopause may be particularly distressing for younger women, especially if it impacts on their plans to have children. Because it is uncommon, symptoms may initially not be acknowledged as being menopausal.

Menopause can also be induced by surgery (removal of the ovaries) or medical treatments such as pelvic radiotherapy or chemotherapy. This type of menopause is usually referred to as surgically/ medically-induced menopause. Menopause will occur immediately following surgery to remove both ovaries but may occur more gradually following radiotherapy or chemotherapy. Menopause symptoms can be more severe in younger women and following induced menopause.

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. Among other things, these hormones play a vital role in menstruation, ovulation and pregnancy. During the menopause transition, the ovaries' production of oestrogen and progesterone fluctuates, but ultimately declines, ceasing at menopause. This process usually takes several years (unless the ovaries are surgically removed or affected by radiation or chemotherapy). Part of the ovary continues to produce testosterone, which declines with age rather than ceasing at menopause. After menopause 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 experience no noticeable changes except the cessation of menstruation
- 50% of women experience some menopausal symptoms, varying from mild to moderate
- 25% of women have more severe symptoms.

It is important to recognise that many changes that happen around this time of a woman's life are part of the ageing process and not necessarily directly related to menopause.

Common menopausal symptoms include:

Hot flushes and night sweats – Hot flushes are characterised by feelings of heat that spread to the chest, neck, face or the entire body. Hot flushes may be accompanied by sweating, nausea, heart palpitations, and flushed skin. When hot

Women's Health Queensland Wide Inc (Women's Health) is a not for profit, health promotion, information and education service for women and health professionals throughout Queensland.

Health Information Line
3839 9988 in Brisbane
1800 017 676 toll free outside Brisbane

Website
www.womhealth.org.au

Administration and library
07 3839 9962

Email
admin@womhealth.org.au

WOMEN'S HEALTH QUEENSLAND WIDE Inc
Information and Education since 1985

flushes occur at night they are referred to as night sweats. They can last anywhere from 30 seconds to five minutes or occasionally longer. Some women may only experience them infrequently but others may have many each day. Hot flushes and night sweats can be aggravated by stress, anxiety, alcohol, hot food and drinks, spicy foods, overdressing and a hot environment. Hot flushes and night sweats are thought to be caused by lower levels of oestrogen impacting on the part of the brain that controls the body's temperature. Most women who experience hot flushes and night sweats will find that they settle down or go away within a few years.

Sleep disturbances – These are generally caused by night sweats with women often finding they are constantly adjusting their bedclothes to suit their body temperature. If caused by a night sweat women may also have to get up and change their clothing or bedclothes. All of these sleep interruptions can leave a woman feeling fatigued the next day. Some women also experience wakefulness without flushes and have difficulty in getting back to sleep.

Menstrual irregularities – Many peri-menopausal women find that their menstrual cycle and/or flow changes. Some women will experience 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 or heavy bleeding can sometimes be a symptom of gynaecological cancers. Women experiencing irregular or heavy periods should consult their doctor to ensure the irregularities are menopause related.

Genital changes – The reduction in oestrogen levels at menopause can cause thinning of the vagina lining 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 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.

Joint/muscle aches and pain – Aches, stiffness and joint pains are commonly experienced by menopausal women. These aches and pains commonly occur in the hands, knees, hips, lower back and shoulders.

Skin & hair changes – With age, our skin becomes thinner and less elastic. These changes are accentuated at menopause as oestrogen appears to play an important role in maintaining the skin. Women may notice a change in the skin's texture and tone and an increase in the appearance of lines and wrinkles. They may also find their skin is drier or oilier than before, or a combination of both. Some women report a crawling sensation which is similar to ants running over the skin. This is called formication and, while its exact cause is unknown, it appears related to changes at menopause. The change in balance between the hormones oestrogen and testosterone can result in an increase in facial hair and thinning of hair on the scalp and pubic hair. These changes in skin and hair can cause women great distress.

Others - There are a number of other symptoms commonly attributed to menopause including 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 for some women 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, anxiety, irritability and mood changes.

Weight gain is not actually associated with menopause but rather with the 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.

Post-menopausal women have an increased risk of developing a number of health conditions including osteoporosis and cardiovascular disease.

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 genetics, 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 oestrogens (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.

It may be useful to think of bone mass functioning like a bank. If there is a good initial deposit of bone (peak bone mass), then there will be more bone from which withdrawals (bone loss) can be made. If a woman does not achieve an adequate peak bone mass and/or does not maintain strong bones throughout her life (by eating a calcium rich diet and participating in vigorous weight-bearing exercise) she is at risk of osteoporosis. Women who think they may be at risk of osteoporosis can have a bone density test. Dual energy x-ray absorptiometry (DEXA) is the most accurate way of measuring bone density.

Cardiovascular disease –The oestrogen produced by the body helps protect women from cardiovascular disease by increasing HDL levels ('good' cholesterol) and lowering LDL levels ('bad' cholesterol) as well as increasing the flow of blood through the body. The drop in oestrogen levels that occurs with menopause, therefore, is thought to contribute to an increased incidence of cardiovascular disease in post-menopausal women. Cardiovascular disease is the leading cause of death in post-menopausal Australian women. Lower levels of oestrogen, however, are not the sole cause of cardiovascular disease. Other contributing factors include age, family history of cardiovascular disease, smoking, high cholesterol level, excess weight, sedentary lifestyle, high blood pressure, diabetes and stress.

A blood test for menopause?

Blood tests are sometimes useful in assisting with an early menopause diagnosis or for those considering fertility treatment. High levels of follicle stimulating hormone (FSH) and luteinising hormone (LH) in the blood can sometimes be indicative of menopause. Other hormones such as anti-mullerian hormone (AMH) and inhibin B levels are also sometimes tested to check for fertility. However, the fluctuating hormone levels seen during the menopause transition (sometimes high and normal at other times) means that these tests have limited usefulness. Change in menstrual pattern is the most useful indicator of the menopausal transition which may or may not be associated with menopausal symptoms such as hot flushes.

What cultural, social and emotional factors influence menopause?

There are many factors that influence a woman's experience of menopause. These factors can include personal attitudes and emotions as well as 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.

In some cultures menopausal women generally do not report suffering from common symptoms such as hot flushes. It has been suggested that these differences could be related to dietary patterns. Other explanations include that in these cultures older women's contributions receive more recognition and ageing is regarded more positively. Conversely, women in these cultures may not be able to discuss topics such as menopause as openly as in Western cultures.

In our society, ageing, especially in women, is not always valued and there is pressure on older women to maintain a youthful appearance. Representations of older women are limited and when they do occur they are often negative or stereotypical. This can all impact on how a woman perceives and experiences menopause.

While some women report feeling greatly relieved to cease menstruating, others report a sense of loss. For women who view 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 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. Long term health problems like diabetes, high blood pressure, high LDL cholesterol and arthritis can all arise at this time.

How you can help yourself

There are a number of strategies that can assist women to achieve a smoother transition through menopause. As with all stages of life, following a healthy diet and exercising regularly will improve physical health and promote feelings of wellbeing. Women can:

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 (see below) will help women maintain a healthy weight. Women can include low fat, high fibre foods rich in phytoestrogens and calcium. Phytoestrogens are naturally occurring compounds found in plants that are similar to the female hormone oestrogen. While there is little evidence to support the theory that foods rich in phytoestrogens (eg. soy, soy products and linseed) assist in relieving hot flushes, they do form part of a balanced, healthy diet. Maintaining an adequate calcium intake will help to slow bone loss. Women should aim to consume 2-3 serves of dairy foods each day to ensure adequate calcium intake. Women should also ensure they get adequate amounts of Vitamin D which assists in the absorption of calcium. Most women should achieve sufficient amounts of Vitamin D through normal, safe sun exposure.

Exercise regularly – Regular, vigorous 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 in women, improve sleep and assist in maintaining a healthy weight.

Stress management – Stress management strategies are beneficial at menopause as menopausal and psychological symptoms can be exacerbated by stress. Activities such as yoga, relaxation and/or meditation, tai chi and regular exercise are good examples of stress management strategies. They can all help relieve built-up tension and have a calming effect on the mind.

Making sex comfortable – If dryness and thinning of the vaginal lining has made penetrative sex uncomfortable a water based lubricant such as KY Jelly or even saliva 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. Local hormone replacement therapy (in the form of a cream or pessary placed in the vagina) can also assist (see HRT section below).

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 (e.g. while coughing, sneezing, laughing, lifting heavy objects or during physical activity). The exercises are designed to work three different parts of the pelvic floor muscles: the muscles that control urine flow; the muscles that control the anal sphincter (muscles around the anus); and the muscles that surround the urethra and vagina. As some women have difficulty locating the appropriate muscles and performing the exercises correctly, seeking assistance from a health care provider (e.g. physiotherapist) to learn the correct techniques is often recommended.

Trial alternative therapies – A number of 'alternatives' are said to be beneficial for relieving menopausal symptoms, particularly hot flushes. Alternatives commonly used by women include dietary phytoestrogens, phytoestrogen supplements, black cohosh, natural progesterone, wild yam creams and herbal medicine. It should be noted though that scientific studies supporting the effectiveness of these alternatives in menopause are currently limited. For more information refer to our fact sheet on *Alternatives to HRT*.

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 (e.g. 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 and/or a quit smoking program.

With appropriate support and chosen strategies to assist, menopause can be seen positively as a transitional time, offering opportunities for challenges, rewards and greater personal growth.

Further information

Australian Early Menopause Network www.aemn.com.au
Australasian Menopause Society www.menopause.org.au

Women's Health *Alternatives to HRT* fact sheet

Women in Queensland can also borrow a range of books on the topic of menopause from the Women's Health library. Books can be borrowed and posted in Queensland free of charge. The library list is available at www.womhealth.org.au or by calling 3839 9962.

For help understanding this fact sheet or further information on menopause call the Health Information Line on 3839 9988 (within Brisbane) or 1800 017 676 (toll free outside Brisbane).

This is one of a series of women's health information fact sheets available at www.womhealth.org.au.

A full list of references is available from Women's Health or on the website.