



*Your essential guide to  
managing the menopause*

# Menopause

## FOR DUMMIES®

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***A Reference for the Rest of Us!®***



***UK Edition***



***Menopause***  
FOR  
**DUMMIES®**





# ***Menopause*** FOR **DUMMIES®**

**by Dr Sarah Brewer, Marcia L. Jones, PhD, and  
Dr Theresa Eichenwald**



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# *About the Authors*

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**Marcia L. Jones, PhD**, had life experience in fertility treatment, perimenopause, and menopause. In 1991, while attempting to start a family at the age of 38, she scoured bookstores searching for down-to-earth information on the likely problems and how to proceed. Her doctor directed her to the only information available at the time, photocopies of technical articles from medical journals and pamphlets written by pharmaceutical companies trying to sell product. Today, many women are delaying childbirth, so the issue of fertility fits nicely into a discussion of perimenopause and menopause. These experiences served as her primary motivation for writing this book. She became certain that women in their mid-thirties to late forties need current, unbiased, reliable information on perimenopause and menopause written for a layperson.

Thanks to the efforts of her doctor, Jane Chihal, MD, a contributor to this book and a recognised expert on menopause and fertility, Dr Jones became the proud mother of two girls.

Dr Jones received her PhD from Southern Methodist University in anthropology. She led many research expeditions in the Middle East and served as an associate professor of anthropology at the University of Tulsa.

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In addition to teaching and caring for patients, Dr Eichenwald has authored a number of articles for professional journals, covering topics such as breast cancer and ovarian tumours as, well as patient education pamphlets. She is a member of the American Medical Association, the American College of Physicians, and in medical school participated in the American Medical Student Association Task Force on Aging.

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# Introduction

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**W**e wrote this book to give women of all ages a clear view of the physical, mental, and emotional changes related to menopause. For generations, women of all ages have wandered blindly into menopause without knowing what to expect. Oh, you probably knew that menopause and hot flushes went hand in hand, but even that information isn't always true. The truth is that you may never have a hot flush, and if you do, it will probably be years before you're menopausal. Common knowledge about menopause is sparse and often wrong. (The medical community didn't even officially recognise the link between oestrogen and hot flushes until 1974!)

If menopause only concerned a small group of people on a desert island, this lack of information might be understandable. But over half of the world's population will become menopausal one day. Menopause has been the ugly family member of the research community for years. Even medical textbooks pay scant attention to the topic. Today, one group is paying attention to menopause. The pharmaceutical industry sees great opportunity in the field of menopause, and more research is under way. If you're looking for books to help reasonably intelligent women navigate the jungle of menopause (menopause is uncharted territory), your options are largely limited to pretty, glossy pamphlets published by drug companies (now that's what we call unbiased information) that you can find at your doctor's surgery. If you're really persistent, you may find some academic articles in medical journals, but your eyes will glass over as you try to pick out straightforward answers to your practical questions. We hope this book can fill that void. Our goal is to help you digest the research so you can make better and objective health decisions.

Menopause is not a disease – that's true. No one is going to die from menopause or its symptoms, but every day, women die from the medical effects of low oestrogen levels. Your risks of certain diseases and cancers rise after menopause. Some people may respond to that statement with one of their own, 'Well, that's because women are older when they go through menopause.' True again, but it's also true that oestrogen plays a role in an amazing number of functions in your body, some of which protect your organs, increase your immunity, and slow degeneration. This transformation we call menopause impacts our health in very significant ways. This book helps you understand the story behind the symptoms and the diseases.

Some women choose to use hormone therapy to relieve symptoms associated with menopause and protect their body from disease. The choice of whether to take hormones or not is quite controversial because hormone therapy has its own set of risks. The debate goes on in the medical community and media concerning the risks of hormone therapy. If you're like many women, your confusion only grows as you read more on the subject. Each new study seems to contradict the findings of the last one. You're an intelligent person. But how can you know which study you should believe? In this book, we try to provide enough information to enable you to make informed decisions about your health.

## *About This Book*

We have no agenda in writing this book. We're not trying to sell you medications, alternative health strategies, or remedies. This book presents accurate and up-to-date information from the most credible sources. It contains straightforward information based on reliable medical studies without the academic lingo common to medical journals. When no clear-cut answers exist and when quality research shows mixed conclusions, we let you know.

Everyone's time is limited, so we cut to the chase. We cover the questions that are important to you during this phase of your life. If you want more detail, we provide an appendix full of resources to help with your personal research. We also try not to stray too far from the topic at hand. For example, during the years leading up to menopause, women may have difficulty getting pregnant. The same hormonal changes that cause those annoying symptoms prior to menopause also stifle fertility. Many women in their late thirties who are trying to get pregnant rely on hormone supplements. Despite the overlap in hormonal terms, fertility is not a concern for many women going through the change, so our discussion is limited.

Whether you're going through the change, have already been there, or are about to start off down that road, you'll find the information you need between these snazzy yellow and black covers. We cover all the health issues and therapy choices that confront women during the menopausal years.

## *Foolish Assumptions*

Every author has to make a few assumptions about her audience, and we've made a few assumptions about you:

- ✔ You're a woman. (Sorry, guys, but menopause is a girls-only club.)
- ✔ You want to understand what's going on with your body.
- ✔ You're looking for straight talk for real people as opposed to scientific jargon and Medicaese (though we have a Medicaese icon to warn you when we stray into this territory).
- ✔ You want to evaluate your risks of disease as you pass through midlife and move into your menopausal years.
- ✔ You don't want a book that claims to let you diagnose yourself or figure out what medications you need. You have a medical advisor to discuss these things with.
- ✔ You want to be able to ask intelligent questions and discuss treatment alternatives with your healthcare providers.
- ✔ You want to feel more confident about the quality of your healthcare.
- ✔ You buy every book that has a black and yellow cover.

If any of these statements apply to you, you're in the right place.

## *How This Book Is Organised*

We've organised this book into five parts so you can go directly to the topic that interests you the most. Here's a brief overview of each part:

### *Part I: The Main Facts about Menopause*

The journey to menopause often catches women by surprise. You may not have been expecting to take the journey, or you may have been wondering when you would begin. In this part, we give you a quick overview of what your hormones are doing before, during, and after menopause. If you haven't thought about things like hormones and follicles for a while, don't worry; we refresh your memory. Your secondary school biology course probably never finished the story. In this part, you get the whole story from how the egg makes its journey from the ovary to the uterus to what happens when the ovary goes into retirement.

### *Part II: The Effects of Menopause on Your Body and Mind*

Want to know how hormones affect the health of your body and mind? You can find the answers in Part II. We devote each chapter in this part to a specific

body part or health issue. In each chapter, you get an overview of how hormones function in relation to this part of your body and the types of conditions that can develop, how to recognise them, and what you can do about them.

## ***Part III: Treating the Effects***

You may want to evaluate the pros and cons of hormone therapy (HT) from time to time during your journey through menopause. This part of the book brings you up to date on what the medical community knows about HT. We discuss the effects of HT so that you can make informed decisions. Reading these chapters provides added benefits as well: You'll probably find it easier to evaluate the news about hormone research that comes out in future years.

We also include information about non-HT drugs and alternative treatments.

## ***Part IV: Lifestyle Issues for Menopause and Beyond***

Part IV is chock full of great ways to stay healthy and enjoy a long and active life during and after menopause. Staying healthy and active is simpler than you think. We discuss healthy eating habits and simple ways to stay fit. Whether you're looking for natural ways to lower your risk of specific diseases or for ways to slow the ageing process, you can find the information you need right here.

## ***Part V: The Part of Tens***

If you're a fan of *For Dummies* books, you probably recognise this part. These are short chapters with quick tips and fast facts. In Part V, we debunk (more than) ten menopause myths, review some common medical tests you may encounter, and suggest ten terrific exercise programs for menopausal women.

## ***Part VI: The Appendixes***

A glossary of menopause-related terms and a list of menopause-related resources cap the book.

## Conventions Used in This Book

We use our own brand of shorthand for some frequently used terms, and icons to highlight specific information. The following sections help you get used to these conventions.

### *Taking in shorthand*

As you read this book, you'll discover that menopause is a process, with different stages characterised by similar symptoms. These stages are referred to as *perimenopause*, the 3 to 10 years prior to menopause when you may experience symptoms; *menopause* itself, which you know you've reached only after you've reached it because the definition of menopause is the absence of periods for a year; and *postmenopause*, which is your life after you've stopped having periods. In this book, we use *perimenopause* to describe the premenopause condition, and we use *menopause* to refer to everything after that just because the term *postmenopause* isn't commonly used.

A major part of this book – the whole of Part III as well as sections in other chapters – talks about hormone therapy (HT), which is used to alleviate symptoms and address health concerns prompted by menopause. In literature and on Web sites, you can see hormone therapies referred to and abbreviated any number of ways, including hormone replacement therapy (HRT) and estrogen replacement therapy (ERT). But we stick pretty closely to using HT because we feel that it's the most inclusive and accurate term. Just be aware that *HT* means essentially the same thing as *HRT*.

And, speaking of hormones, a couple of the more important ones for menopausal women have several subcategories:

- ✓ Types of **oestrogen** include oestriol, oestradiol, and oestrone.
- ✓ **Progesterone** is the class of hormone; the form used in hormone therapy is often referred to as progestin.

We sometimes use these terms interchangeably and only refer to the specific hormone as necessary for clarity.

### *Eyeing the icons*

In this book, we use icons as a quick way to go directly to the information you need. Look for the icons in the margin that point out specific types of information. Here's what the icons we use in this book mean.



The Tip icon points out practical, concise information that can help you take better care of yourself.



This icon points you to medical terms and jargon that can help you understand what you read or hear from professionals and enable you to ask your healthcare provider intelligent questions.



This fine piece of art flags information that's worth noting.



When you see this icon, do what it tells you to do. It accompanies info that should be discussed with an expert in the field.



The Technical Stuff icon points out material that generally can be classified as dry as a bone. Although we think that the information is interesting, it's not vital to your understanding of the issue. Skip it if you so desire.



This icon cautions you about potential problems or threats to your health.

## *Where to Go from Here*

*For Dummies* books are designed so that you can dip in anywhere that looks interesting and get the information you need. This is a reference book, so don't feel like you have to read an entire chapter (or even an entire section for that matter). You won't miss anything by skipping around. So, find what interests you and jump on in!



# Part I

## The Main Facts about Menopause



'of course you realise the menopause  
is the cessation of menstruation and signifies  
the inability to have any more children.'

## *In this part . . .*

**T**he first act of *Dance of the Hormones* probably occurred three decades or so ago for you. You remember that one don't you? The bittersweet tale of teenage angst and joy that we call puberty. And now, intermission (the menstrual years) may be coming to a close as the hormones once again take the stage for the second act – menopause. Well, take your seat and get ready to peruse your programme . . . well, Part I of this book, anyway.

In Part I, we provide you with an outline to your menopausal years. We define menopause, review the biology, introduce you to the actors – your hormones – and briefly review the related symptoms and health conditions (physical, mental, and emotional). Get to it before the usher dims the lights.

# Chapter 1

## Reversing Puberty

### *In This Chapter*

- ▶ Getting your feet wet with the basics on menopause
- ▶ Figuring out where you are on the menopausal road map
- ▶ Understanding the symptoms of menopause
- ▶ Outlining the healthcare options for a long and healthy life

**Y**ou've come a long way, baby' is a recurring slogan for baby boomers. The phrase certainly says a lot about women in this generation as they approach that rite of passage known as menopause. As an individual, you no doubt feel you've come a long way too, as your menopause approaches. Society, in general, and women, in particular, have also come a long way in opening up full and frank discussions about the mysteries of menopause.

Puberty and menopause bracket the reproductive phase of your life. They have a lot in common: They're both transitions (meaning that they don't last forever), they're both triggered by hormones, and they both cause physical and emotional changes that can make you feel like you're going a little crazy.

The beginning of your reproductive years. Remember the journey? Your hormone levels shifted wildly and caused your first menstrual period. And don't forget the erratic emotions that are the hallmark of teenage angst. But over the course of a few years, your hormones found a comfortable level and righted themselves again. Your unpredictable periods finally settled into a predictable pattern, and your emotional balance was more or less restored.

At the end of your reproductive years, your hormone levels go through a similar journey, this time causing the mid-life crisis, but your hormones eventually find a new, lower level of production. Your periods are erratic for a while, but they eventually wind down and stop. And just in case you're wondering, those mid-life emotional crises eventually pass, too.

Keep in mind that the phrase ‘You’ve come a long way, baby’ closes with ‘but you’ve still got a long way to go’. Women today often live 40 or 50 years after the menopause. Most of us want to enjoy these years by visiting friends, taking care of our loved ones and ourselves, and continuing to participate in activities that give us pleasure.

In this chapter, we introduce you to the menopause so that you know what to expect when the time comes, or explain what is happening if the transition is already here.

## Defining Menopause

Do you ever notice how you don’t really pay close attention to where you’re going when you’re the passenger in a car? You only start to worry about exit junctions and traffic lights when you’re the one behind the wheel. Well, menopause is just like that. We all hear about menopause and menopausal symptoms, but we rarely pay attention to the particulars until our turn arrives.

When you do slide into the driver’s seat and start paying attention, you may become frustrated by the confusing terminology associated with the whole menopause thing. Aside from the pamphlets you get from your doctor’s surgery, most books, magazines, and articles treat menopause like a stage that starts with hot flushes and goes on for the rest of your life. But, *menopause* actually means the end of menstruation. During the years leading up to menopause (called *perimenopause*), your periods are often so erratic that you’re never sure whether *this* period is the last one, but you aren’t officially menopausal until you haven’t had a period for a year.

A lot happens before you have your last period, and all this physical and mental commotion is associated with menopause. You may experience hot flushes, mental lapses, mood swings, and heart palpitations while you’re still having periods. But, when you ask your doctor whether you’re menopausal, he or she may check you over and say no. Relax: Your doctor isn’t wrong, and you aren’t crazy. You’re not menopausal. You’re *perimenopausal*.



Medical folks divide menopause into phases that coincide with physiological changes. We describe these phases later in this chapter, but you need to know something about the terminology that surrounds menopause. On the one hand, you have the medical terms associated with menopause, and on the other, you have the terms that you hear when you’re chatting with your friends.



The term *perimenopause* refers to the time leading up to the cessation of menstruation, when oestrogen production slows down. A lot of the symptoms that folks usually label as *menopausal* (hot flushes, mood swings, sleeplessness, and so on) actually take place during the perimenopausal years. This book is a stickler about using the term *perimenopause* rather than *menopause* to describe this early phase because you're still having periods. We also use *perimenopause* to underline the physiological and emotional changes you experience before the end of your periods, which helps to distinguish these changes from those that happen after your body starts adjusting to lower levels of oestrogen.

Technically, the time after your last period is called *postmenopause*, but this word has never really caught on. So, in keeping with common usage, we most often use the term *menopause* to refer to the actual event and the years after menopause and use the more clumsy term *postmenopause* only when it helps to clarify things. When we talk in this book about *menopausal* women, we mean women whose periods have stopped – whether they're 55, 75, or 105 years old.

The years leading up to and following menopause mark a pretty major transformation in your life. As you make your way through this phase, you probably want to know where you're at within the whole grand scope of the change and what's going on inside you. Here's a brief description of the phases associated with menopause. (Don't worry: Other chapters give you a lot more detail about the various stages.)

## ***Making changes while approaching the change: Perimenopause***

*Perimenopause* is the stage when your hormones keep changing gear. Some months, your hormones operate at the levels they've worked at for the past 30 years or so; other months, your ovaries are tired and don't produce as much oestrogen as they should. Your brain responds to this lack of oestrogen by sending a signal to try to jump-start those ovaries. Then, when they receive the signal, your ovaries leap into action and overcompensate for their laziness by producing double or even three times as much oestrogen as they should.

Your period may be late because your ovaries were dozing during the first part of your normal cycle. Then, when your period does come, it may be super heavy because, when your ovaries wake up, they overcompensate by producing much too much oestrogen.

So, during perimenopause, you still have your period, but you experience symptoms that people associate with menopause. If you go to the doctor at this stage and ask, 'What's happening to me? Is this the menopause?', the doctor often goes straight to the 'Is this the menopause?' part of your question and says, 'No, of course you're not menopausal if you're still having periods.' But many doctors miss the first part of your question – the 'What's happening to me?' part. This is the real issue to which you want an answer – the cause of your weird physical and emotional experiences that make you feel like everything's going haywire.

## *Menstruating no more: To menopause and beyond*

Menopause means never having to say, 'May I use one of your tampons?' again.

Women usually become menopausal some time between the ages of 45 and 55 years, with an average age of 51, though the age is getting later and later. New research suggests that every year, the average age of menopause increases by one month. At whatever age it happens, if you haven't had a period for one year, you've reached *menopause*. This definition may seem cut and dry at first glance, but here are a few situations that may leave you scratching your head:

What if you use a cyclical type of hormone therapy in which you take oestrogen for several days, and a progestin (synthetic form of progesterone hormone) during the last few days of your cycle? You still have a period (well, technically a 'hormone withdrawal bleed' as stopping the progestin causes you to shed the lining of the uterus), but you don't ovulate. Are you menopausal or not? Technically, you're delaying your last period. You're taking a sufficient dosage of oestrogen to rid yourself of perimenopausal symptoms, but you're no longer fertile.

Here's another tricky one: If you've had a *hysterectomy* (surgical removal of the uterus), you're menopausal according to the basic definition. But, if your uterus is removed but your ovaries are left in place, you're not 'hormonally' menopausal because your ovaries still produce oestrogen. By doing blood tests to analyse your hormone levels, your doctor can tell you whether or not your hormones are officially at menopausal levels.

These tricky situations may lead you to ask, 'Who cares about the definition?' You know a rose is a rose. The main concern here is *what's happening with your hormones*, especially oestrogen. Hormonal changes can trigger many physical and emotional health issues.

When you reach menopause, your hormone production is so low that your periods stop. Your ovaries still produce some oestrogen, progesterone, even testosterone, but instead of producing hormones in cycles (which is why you have periods and why you're only fertile for about four or five days each month), your body now produces constant, low levels of hormones. The type of oestrogen your ovaries churn out also switches from an active type to a rather inactive form.

*Postmenopause* is the period of your life that starts after menopause (a year after your last period) and ends when you do. Postmenopause is a time when your body produces greatly reduced levels of oestrogen, testosterone, and progesterone. In this book, we refer to both the cessation of your period and your life afterwards as . . . menopause.

## Anticipating Menopause

When can you expect the menopause? The timing varies from woman to woman. Predicting this stuff is nowhere near an exact science. You can't even use the fact that you started your period earlier than most women as a predictor that you'll stop menstruating earlier. The same goes for starting your period later in life and ending it later in life. In fact, modern women both start their periods earlier and finish them later than they did just a generation ago. Genetics, lifestyle (especially smoking), and nutrition have some impact on the schedule, but basically menopause just happens when it happens. But we can give you average age ranges for these phases.

Most women become perimenopausal some time between the ages of 35 and 50 years. You'll probably know when you get there because you have some of the symptoms (check out the Cheat Sheet at the front of this book and Chapter 3 for more on the symptoms of menopause) and/or some irregular periods. Women usually become menopausal some time in their fifties.

Some events can alter these 'normal' age patterns, including lifestyle habits and medical interventions. Here are a few exceptional types of menopause:

- ✓ **Premature menopause:** This is a term for when women go through menopause in their thirties or earlier. This timing is considered unusually early.
- ✓ **Medical menopause:** This refers to menopause due to chemotherapy or radiation therapy. Sometimes these treatments cause a temporary pause in your body's normal cycle, so this type of menopause often reverses after treatment is finished, though your periods may take a month, several months, or even years to return.

✓ **Surgical menopause:** This refers to menopause due to surgery. Removal of the womb and both ovaries results in an immediate, non-reversible menopause.

Because your ovaries produce all types of sex hormones (oestrogen, progesterone, and testosterone), surgical removal of your ovaries is fairly traumatic for your system, and you typically experience intense perimenopausal symptoms (hot flushes and the like).



Excessive exercising or an eating disorder can cause a temporary halt in your periods (a condition called *amenorrhoea*, which means ‘absence of menstruation’), but your periods will probably return to normal when your lifestyle returns to normal. Such a situation is not menopause but rather a medical condition that needs treatment.

## Experiencing Menopause

When a group of women talk about their personal experiences of puberty, menstrual cycles, and pregnancy, the stories are all different. Some women don’t notice changes in their bodies; others recognise the moment ovulation or even conception occurs. Some women have terrible problems with premenstrual syndrome (PMS); others have trouble-free cycles throughout their entire lives. Women’s experiences vary with perimenopause and menopause just as much as they vary with these other changes.

### Men-o-pause

When men experience mood swings and mental lapses during their fifties, they (or you) may think that they’re going through the change, too. But the change men go through is quite different from the one women experience.

The rise and fall of hormones in a woman’s body follows a cyclical pattern. Hormone levels shift throughout the month on a regular basis. So, every 28–35 days, a woman has the chance to become pregnant. The hormonal changes prepare her body for conception and pregnancy.

Men have no cycle – apart, perhaps, from the yearly sporting calendar. Their primary sex hormone, testosterone, stays at a fairly constant

level from day to day, so men don’t experience cyclical fluctuations. But men’s testosterone levels do decline with age. Lower testosterone levels generally result in lower libido (sex drive) in males and generally occur when men are in their late fifties or sixties.

Do men go through menopause? There’s no question that the decline of sex hormones in men results in lower libido, weaker bones, and an increased risk of prostate cancer. But the changes are simply a result of the natural ageing process and are not triggered by a change in hormonal patterns.



## *Identifying symptoms*

Chapter 3 describes the various symptoms women may experience during the perimenopausal years. Chapters 10 through 14 explain the link between your hormones and how hormone replacement therapy (HRT) can help these symptoms.

Less than half of all women experience annoying symptoms such as hot flushes, heart palpitations, interrupted sleep, and mood swings during the transition period before menopause. Most women who do experience these symptoms experience them while they're still menstruating on a regular schedule.

Other women recognise that they're perimenopausal because their periods change from being regular as clockwork, to being irregular and totally unpredictable. Their periods may come late or early, they may skip a period, or their flow may be light one month and resemble a flood the next.

Unfortunately no medical test can determine whether you're officially perimenopausal or not.

## *Calling in the professionals*



If you're in your late forties or fifties and you're experiencing the symptoms listed on the Cheat Sheet and in Chapter 3, you can probably assume that you're perimenopausal. But don't cancel that appointment with your doctor to get things checked out (and if you don't have an appointment to cancel, make one and keep it). Many symptoms of perimenopause are the same as some of the symptoms of thyroid problems, cardiovascular disease, depression, and other serious health issues.

Your medical practitioner can help you deal with the undesirable symptoms of perimenopause and prevent the serious health conditions that are more prevalent after menopause.

## *Making Time for Menopause*

You may wonder when the perimenopause and menopause phase of your life will hit and how long the symptoms will last.