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Guide to menopause

Our goal is to provide you with medical, psychological, social, and educational resources to help you through the transition of menopause. Our program is staffed by specialists who understand the changes a woman experiences during this time. We are committed to developing, with your help, the best possible treatment plan for your symptoms. We also want to make sure that you continue to maintain a good level of health during this life change and that you are well informed about your health care needs. To insure that we have all the necessary information, we would like you to complete the enclosed Menopause Health History form. Also, please take a moment to complete the Menopause Osteoporosis Assessment Form. This will help us focus in on your most immediate concerns. It is very important that you bring these forms with you to your counseling visit. Much of what we hope to accomplish in providing you with good care will be based on input from these forms.

What is Menopause? When does Menopause occur?

Menopause is a normal part of a woman's life cycle. Strictly speaking, it means the time when menstrual periods stop. However, most people consider menopause a gradual transition when hormones (particularly estrogen) decline. This may last several years from the time periods become irregular until menstruation has stopped completely for more than a year. Menopause usually occurs at mid-life, between 45 and 55 years of age. Although rare, some women become menopausal before 45 years old.

What symptoms may be experienced during Menopause?

The decline in estrogen can be signaled by a number of unpleasant problems such as insomnia, hot flashes, depression, anxiety, vaginal dryness, changes in sexual desire, bladder dysfunction, changes in skin, and fatigue. Psychological responses to menopause may include feeling asexual, unattractive, depressed, less confident, less vital, and old. Other women actually experience an increased amount of energy and confidence.

Are there medical risks associated with Menopause?

Menopause puts women at higher risk for cardiovascular disease and osteoporosis – a loss of bone strength that may result in brittle, easily broken bones. Colon cancer, Alzheimer's disease, and macular degeneration of the eye are conditions that occur more commonly in the menopausal period. Estrogen levels influence the emergence of these problems.

Is Help available?

Women today have choices. There are different treatments for menopausal symptoms and programs to improve their quality of life. Hormone Replacement Therapy (HRT) relieves some manifestations of menopause such as hot flashes, vaginal dryness, and reduced interest in sex. Most importantly, it lowers the risk of cardiovascular disease and osteoporosis. There are alternatives to HRT. Other options include diet modification, non-hormonal medications, exercise, and psychological and social support groups. The benefits of biofeedback and acupuncture are being investigated. For women experiencing urinary incontinence, simple exercises, medication, or surgery may improve muscle tone and tissue strength, and provide significant relief.

What risks are associated with hormone replacement therapy (HRT)?

For the vast majority of women, the benefits of taking HRT outweigh any risks. Upon starting

HRT, some women may experience headache or leg cramps. Most often these resolve in 7-10 days. Occasionally, these symptoms persist and are severe enough to consider altering the regimen, perhaps from pills to patches, or altering the dosage of the medicine. Rarely, the medicine will need to be stopped. Unfortunately, some patients experience migraine headaches when taking HRT. A history of migraines, though, does not automatically mean that you are not a candidate for HRT. Exposure to estrogen as well as progesterone does increase the risk of abnormal blood clotting. The risk changes from 6 cases in 100,000 non-users to 20 cases in 100,000 users of estrogen. This increased clotting risk exists only in the first year of estrogen therapy.

Weight gain is commonly thought to be a side effect of HRT. This is NOT the case. Weight gain is a feature of menopause regardless of whether women are taking HRT. Unfortunately, estrogen therapy does not stop this tendency to deposit fat around the chest, waistline, and upper thighs. Breast tenderness is a common initial side effect of HRT. It usually diminishes in 4-8 weeks, but for some patients it can be very uncomfortable. Changes in dosage may help and dietary adjustments may also be helpful. Cancer of the lining of the uterus (endometrial cancer) can be increased in patients taking their HRT improperly. Progesterone is an important part of the regimen in women with a uterus in place. Patients need to be aware of this important issue so that they do not "self-adjust" their medications and expose themselves to risks that can be significant, but are avoidable.

Finally, let us address concerns about the relationship between HRT and breast cancer. Breast cancer is a common phenomenon in our culture. If all women lived to age 90, 1 in 8 would get breast cancer. When you adjust for various ages of death, the actual risk for women generally is approximately 1 in 12. Does taking HRT increase this risk in any meaningful way? The data collected about this question is very large and cumbersome to evaluate. Most of the data collected in the United States suggests no change in the risk for breast cancer with HRT use. About 10% of the studies do suggest a very slight increase in risk after 10 years of use. The added risk is about .4 with 1 as a baseline. Some statisticians who deal with population analysis say that any change less than 2 is not really a significant risk. But even if you consider this a "real" shift in risk, the risks of developing heart disease, osteoporosis, and other problems related to lack of estrogen are much more significant than this slight chance of breast cancer. Remember, 3% of postmenopausal women will die of breast cancer, while 30% will die of heart disease. Using an individual risk assessment tool can help you know your specific risk for developing breast cancer and allow comparison to some of these more general numbers

Do women suffer from heart disease?

Despite the common perception that heart disease is a man's disease, more women than men die from heart disease. Although pre-menopausal women are relatively protected, menopausal women have a slightly increased risk of heart disease when compared to men of the same age. Cardiovascular disease is the leading cause of death in women. This accounts for 500,000 deaths per year nationally with about half of these being due to coronary artery disease. Cardiovascular disease is responsible for more than 50% of all deaths in women and this is much greater than deaths from breast cancer or gynecologic cancers. 30% percent of postmenopausal women die of heart attack or stroke or complications of these problems while only 3% of postmenopausal women die of breast cancer.

What are the risk factors for heart disease in women?

Risk factors for heart disease can be divided into two categories: those which can be controlled through lifestyle changes or medical treatment and those such as family history, age, genetics, and prior heart disease, which cannot. Major modifiable factors include cigarette smoking cessation, high blood pressure reduction, control of diabetes, exercise, and reduced cholesterol levels. Minor modifiable factors include stress reduction and weight loss. Women can greatly reduce their risk for developing heart disease by deciding to QUIT SMOKING and by making sure high blood pressure and diabetes are well controlled. Exercising regularly, losing weight, and lowering cholesterol are also useful tools for reducing heart disease. Fitting a stress-reducing program such as meditation, Yoga, or Tai Chi into your life will also be helpful. Obviously, these measures do not erase risks that are related to family history and are part of your genetic make up, but these lifestyle changes and medical interventions can have a broad effect.

Does hormone replacement change a woman's risk for heart disease?

The vast majority of studies published thus far strongly support the effectiveness of HRT in reducing deaths from stroke and heart attack. These same studies show a great improvement in the quality of life older women who avail themselves of HRT. Much of the improved quality of life is the result of not having to deal with the debilitating effects and reduced independence associated with surviving stroke and heart attack. The point is that this therapy not only saves lives and prolongs lifespan, but improves quality of life as well. The studies, which look at heart disease prevention, have helped define how estrogen use benefits patients and have helped us select a drug regimen for patients with cardiac risk factors. A clinical study called the *HERS* trial confused many women about the cardiac benefits of HRT. This study of women who already had advanced cardiac disease DID NOT alter the vast positive impact on heart disease prevention seen in patients taking HRT. The *HERS* trial was only four years long and certainly not enough time to determine if estrogens would help those particular women in the trial with their heart problems.

How should I decide whether I should take estrogen to prevent heart disease?

The decision should be made on a very individual basis after careful discussion between a woman and her healthcare provider. It requires a complete medical history, family history, and an assessment of other risk factors related to lifestyle (cigarette smoking, exercise, stress and diet) and to medical conditions (diabetes, increased cholesterol levels, and high blood pressure). It should always be kept in mind that heart disease is the primary cause of death in postmenopausal women and estrogen treatment may reduce this risk.

What is osteoporosis?

Osteoporosis is a condition in which normal bones become thin, brittle, and prone to fracture. Throughout our lives, our bones regenerate. As we approach our mid-thirties, we begin to lose more bone than we build. After menopause, this loss accelerates, making individuals more susceptible to fractures of the spine, hips, and wrists.

How common is osteoporosis?

More than 25 million Americans are affected by osteoporosis. Eighty percent of those who suffer from this condition are women. One in four postmenopausal women over age 45 currently have osteoporosis. At age 65, one in three women sustain a spinal fracture and by age 90, one in three women and one in six men will sustain a hip fracture.

Who is at risk?

Women who are thin, Caucasian (although it can affect women of any race), and those who have had an early menopause are more likely to develop osteoporosis. Low calcium intake, family history of osteoporosis, smoking, alcohol consumption, and excessive cola intake also can contribute to the development of the disease. Bone loss can be caused by medication such as steroids, anti-seizure medications, and thyroid hormones. Other conditions, such as an overactive thyroid gland or excessive exercise, can lead to accelerated bone loss.

Is there a screening test?

A relatively new, non-invasive test called a bone densitometry (Dexa Scan) is used to measure bone mass. This test takes a concentrated look at your spine, hip, or forearm. It provides a comparison of your bone mass to other women in your age group and will help determine your risk for fracture. Ask your healthcare provider for more information about this screening test.

How can osteoporosis be prevented?

- Make sure your daily calcium intake (diet and/or supplement) is sufficient:
 - **1,000 mg** per day for pre-menopausal women and women who take hormone replacement.
 - **1,500 mg** per day for peri or post menopausal women not taking hormones

SOURCES OF CALCIUM

- 8 ounces of skim milk 300 mg
 - 1 ounce of mozzarella cheese 207 mg
 - 6 ounces of low-fat/non-fat yogurt 300 mg
 - 1 cup of broccoli 136 mg
 - 4 tablespoons of Parmesan cheese 280 mg
 - 6 ounces of calcium fortified OJ 200 mg
- Take a multivitamin to ensure that you are getting enough Vitamin D 400-800 iu daily)
 - Exercise - any weight -bearing exercise helps maintain bone strength. Try walking 30 minutes a day, three times a week. Weight training helps. An easy program that works can be found in "Strong Women Stay Young" by Nelson.
 - After menopause, many women take hormone replacement therapy (HRT) as a way to prevent osteoporosis. There are other safe and effective medications available. Talk to your healthcare provider to determine what is right for you.

Additional Benefits of HRT

There are some additional benefits associated with the use of HRT. Reduction in colon cancer incidence is a clear benefit of the use of estrogen menopausally. (Remember that taking 1,500mg of calcium daily also reduces colon cancer risk.) Additionally, macular degeneration of the eye is less common in older women taking HRT. Macular degeneration is a breakdown of the central part of the retina resulting in significant visual loss. Nevertheless, probably the most significant additional benefit of HRT is a reduction in the number of cases of Alzheimer's disease and an improvement in the mental functioning of patients with Alzheimer's disease. This neurologic problem results in progressive loss of mental functions. There is no effective treatment or preventive measure, at this time, other than the use of HRT. A 40%-60% reduction in risk of Alzheimer's disease has been shown even with short -term use of HRT.