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Menopause

The medical definition of menopause is the stoppage of menstruation for one year. Changes leading up to this event may occur over many years. Many women have heavier and more irregular periods during this time. They also may struggle with other physical and emotional changes during this time. The following discusses many of these changes.

During the time preceding menopause, called the perimenopause, the menstrual cycle may become unpredictable. In some cases, heavier bleeding is experienced due to continued estrogen production without the normal production of progesterone. Ovulation is necessary for the production of progesterone, the hormone which counteracts the growth of the uterine lining resulting from estrogen stimulation. Declining ovulation may also shorten the menstrual cycle so that bleeding can occur continuously or intermittently throughout the entire month. It is helpful for women to keep a log of uterine bleeding. This can help a doctor differentiate between changing hormone levels or other factors, including fibroid tumors, uterine polyps, and uterine or cervical cancer. After ruling out any abnormalities, treatment can include low-dose birth control pills, progesterone therapy and hormone replacement therapy.

Hot flashes and night sweats are also common symptoms of the perimenopause. The hot flash often starts as a sudden sensation of intense warmth, that may increase in intensity until a feeling of burning radiates from the face to the neck and chest. An outbreak of sweating may follow the hot flash which cools down the skin temperature, causing shivers. Hot flashes may vary in frequency and duration. The average length of a hot flash is 4 minutes though it may last ten minutes. Hot flashes can begin occurring during the early forties. Eighty percent of women are troubled by hot flashes for at least one year. 25 percent may suffer for 5 years. The greatest problem with hot flashes is the disturbance of sleep patterns. This can cause sleep deprivation, memory and concentration difficulties. Women may feel mentally and physically exhausted. Hot flashes are triggered by fluctuating estrogen levels. Estrogen replacement can reduce the symptoms. Women who cannot or elect to not take estrogen may be helped by other medications such as Clonidine, Bellergeral or an antidepressant. Herbal supplements like Black Cohosh and soy products may also help with these vasomotor symptoms.

Vaginal thinning and dryness results from a decline in estrogen that accompanies menopause. Some women experience vaginal problems during perimenopause, but this usually becomes a more significant problem 5 -10 years after menopause. Lubrication of the vagina in response to sexual arousal occurs more slowly with aging. With the drop in estrogen, the vaginal lining becomes thinner, less elastic and the vagina become smaller. Burning and itching can also occur which can also make intercourse more painful and difficult. The best way to combat vaginal atrophy is with estrogen replacement. Either systemic estrogen replacement (i.e. pills or a patch) or vaginal estrogen can be prescribed. The vaginal estrogen can be administered as a cream (Estrace or Premarin cream), a vaginal tablet (Vagifem) or by a vaginal ring (Estring). The latter two are usually absorbed only by the vaginal tissues so that progesterone is not prescribed in addition. Other non-hormonal

recommendations include regular intercourse which increases blood flow to the vagina and using water-soluble vaginal lubricants such as K-Y jelly or Astroglide.

Urinary incontinence becomes more common at menopause due to loss of muscle tone in the bladder and urethra. When increased abdominal pressure occurs due to sneezing, coughing or laughing, urine can escape requiring the continual use of a pad. This is called urinary stress incontinence. Estrogen therapy and Kegel exercises can help control incontinence. More about urinary incontinence and Kegel exercises can be learned from your doctor.

Bone loss begins to occur in the years prior to menopause. With aging, the bones become progressively more porous, making them more likely to break. Osteoporosis can go undetected for years because it occurs silently. With osteoporosis, a seemingly minor trauma to the bone can cause a debilitating fracture. Hip fractures leave many women permanently disabled. Within the 6 months following injury, 20 percent of patients will die due to complications from a hip fracture. Once bone is lost it is very difficult to replace it. Risk factors for osteoporosis include being Caucasian or Asian, having a small frame, undergoing early menopause, having a family history of osteoporosis, smoking and consuming more than two alcoholic drinks daily. Bones are in a constant state of remodeling. Bone turnover occurs with resorption (dissolving of the bone) and rebuilding. The rate of turnover increases after the age of 30, causing bone loss. While it is necessary to have calcium and Vitamin D for the building process, the turnover rate is dependent upon estrogen. Bisphosphonates (Fosamax, Boniva, Actonel) can also help improve the turnover rate by slowing the bone remodeling process. Good nutrition with adequate calcium, Vitamin D, exercise can decrease the risk of bone becoming osteoporotic. DEXA bone density testing of the hip and spine should occur at the time of menopause to determine your baseline bone health. Any need for intervention should be discussed with your physician.

Women are much more likely to suffer from heart disease after menopause than before menopause. One third of all deaths of American women each year are attributable to heart disease. Exercise and a diet low in fat will help prevent the cardiovascular disease. Your lipid profile should be checked every three years if it is normal. If it is not normal, you should consider medication in addition to exercise and a proper diet.

Another complaint that occurs with menopause is weight gain. Weight gain occurs due to a change in the body's metabolism combined with decreased exercise or increased caloric intake. Increased physical activity and a nutritious, balanced diet can minimize weight gain. The amount of weight gain is not effected by the use of hormone replacement. Other symptoms of menopause include insomnia, mood changes, body pain, aches and joint stiffness.