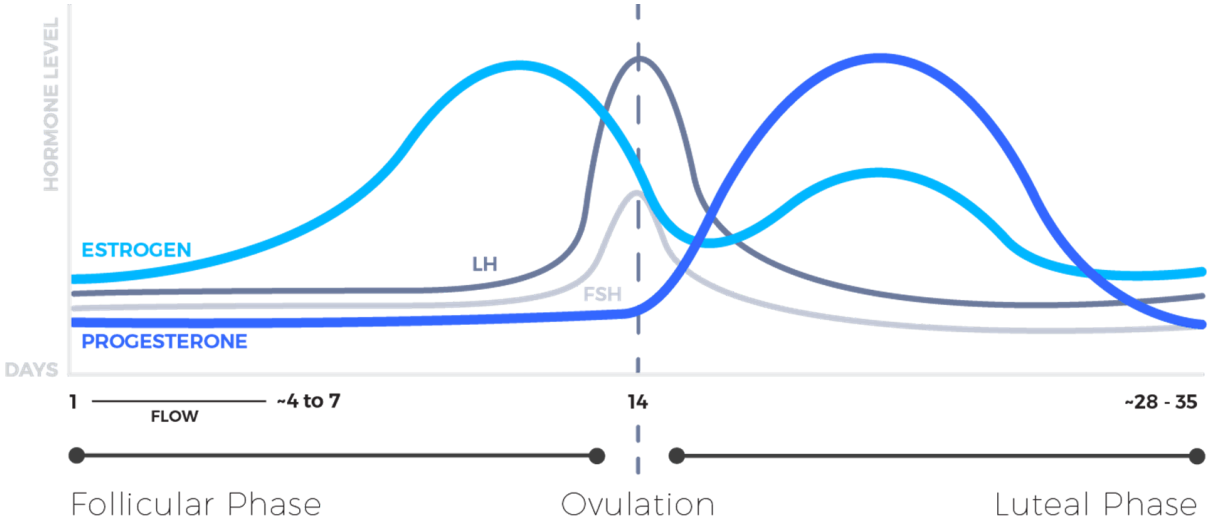
Menopause Transition 101:
What I Wish I Had Learned 10 Years Ago

The Stages of Reproductive Aging Workshop (2011)

	Menarche					FMP (0)				
Stage	-5	-4	-3b	-3a	-2	-1	+1 a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early			Late
					Perimenopause					
Duration	*variable*				*variable*	1-3 years	2 years (1+1)		3-6 years	*Remaining lifespan*
PRINCIPAL CRITERIA										
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	*Variable Length* Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of >=60 days				
SUPPORTIVE CRITERIA										
Endocrine FSH AMH Inhibin B			Normal Low Low	Variable* Low Low	↑ Variable* Low Low	↑>25 IU/L** Low Low	↑ Variable* Low Low		Stabilizes Very Low Very Low	
Antral Follicle Count 2-10 mm			Low	Low	Low	**Low**	Very Low		Very Low	
DESCRIPTIVE CHARACTERISTICS										
Symptoms						Vasomotor symptoms *Likely*	Vasomotor symptoms *Most Likely*			*Increasing* symptoms of urogenital atrophy

* Blood draw on cycle days 2-5 = elevated
**Approximate expected level based on assays using current pituitary standard[67-69]

Normal Menstrual Cycle During the Reproductive Stage



For a great discussion and Illustration of changes in the Menstrual Cycle during the transition to Menopause, visit [Women Living Better](https://womenlivingbetter.org/hormonal-changes/) https://womenlivingbetter.org/hormonal-changes/

There are usually Two Stages of the Menopause Transition (leading up to the Final Menstrual Period, aka Menopause)

Early Stage of Menopause Transition

For someone whose cycle is usually 28 days

✖ = when I ***usually*** get my period

= when I ***did*** get my period (+/- 7 days)

Late Stage of Menopause Transition

You will likely reach menopause within 1-4 years

Skipped at least 2 cycles

AND

60 days between the **1st day** of my periods

What You May Notice

- ❑ Mood changes
- ❑ Irritability
- ❑ Low sexual desire/arousal
- ❑ Trouble concentrating
- ❑ Memory problems (Brain Fog)
- ❑ Hot flashes & night sweats
- ❑ Changes in menstrual bleeding (heavier/lighter, more/fewer shorter days)
- ❑ Heart Palpitations
- ❑ Anxiety
- ❑ Vaginal dryness, itchiness
- ❑ Trouble with sleep
- ❑ Joint and muscle aches
- ❑ Weight gain
- ❑ Having to pee a lot

What You Might *Not* Notice

Cholesterol Level changes

Bone Density changes

Metabolic changes

Irregular Heart Rhythm

Weakening of pelvic floor muscles

Decreased Fertility (but not gone yet!)

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Menopause Transition Symptoms
(The Big Five)

Hot Flashes & Night Sweats

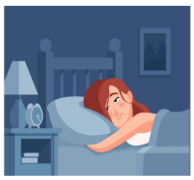
Who experiences it?

- 75% to 80% of women report experiencing VMS at some point
- Black women will experience hot flashes **more severely, more frequently** and **for more years** than white women
- Stress may be a contributing factor

Why Does It Matter?

- Hot Flashes/Night Sweats are **not just a benign nuisance**
- They are associated with increased **cardiovascular disease, sleep problems** & possibly **cognitive health**

Sleep Disruption



It's very common & can have multiple causes

- 40-60% of people report sleep problems
- Most common: waking up during the night

Why does it happen?

- Estrogen & progesterone influence the circadian rhythm (our sleep/wake cycles)
- Night sweats (even if you don't know you're having them!)
- Depression & aging also affect sleep quality
- Increase in rates of sleep apnea

Depression & Anxiety

It's pretty common

- Perimenopause: 45-70% of people have some depressive symptoms
- Post-menopause: 25-30% have some symptoms of depression

What are symptoms?

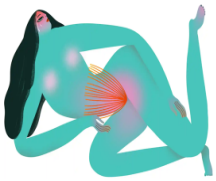
- Persistent empty mood, sadness, irritability, weepiness, fatigue
- Loss of interest or pleasure in activities
- Feelings of dread, fear or panic

Why does it happen?

- Estrogen and progesterone influence other hormones & neurotransmitters (e.g. Serotonin)
- Poor sleep worsens mood, makes you less resilient
- Hot flashes bring on anxiety & anxious thoughts worsen hot flashes
- Negative views about getting older are associated with Depression
- Midlife can be very stressful! (Work, friendships, family, low social support)

***** It tends to improve in post-menopause *****

Genitourinary Syndrome of Menopause (GSM)



Used to be called "vaginal atrophy"

What are symptoms?

- Vaginal dryness, irritation & burning
- Urinary urgency & incontinence
- More frequent Urinary Tract Infection (UTIs)
- Pain, bleeding with penetration

Why does it happen?

Less estrogen in the labia and vagina leads to:

- Reduced vaginal secretions (less lubrication)
- Thinning, dryer, less elastic skin in vulva & vagina
- Shorter urethra
- Change in acidity and flora

Memory & Brain Fog

It's very common, temporary & almost <u>never</u> a sign of early Alzheimer's!

- Two thirds of people in perimenopause report experiencing memory and learning problems

What are symptoms?

- Forgetfulness (losing your keys, trouble finding words, remembering names)
- Trouble focusing on tasks
- Slower processing speed
- Difficulty planning, multi-tasking

Memory & Brain Fog

Why does it happen?

- Estrogen fluctuation affects different processes of the brain that regulate memory and "executive function" (ability to organize thoughts, make plans, etc.)
- Other menopause factors, including sleep disruption & increase in FSH
- One gender-based study showed that women performed better with memory tasks than men before menopause, but differences leveled out during transition.

Good News! After menopause, memory and learning typically improve

Five Tips for a Better Transition to Menopause

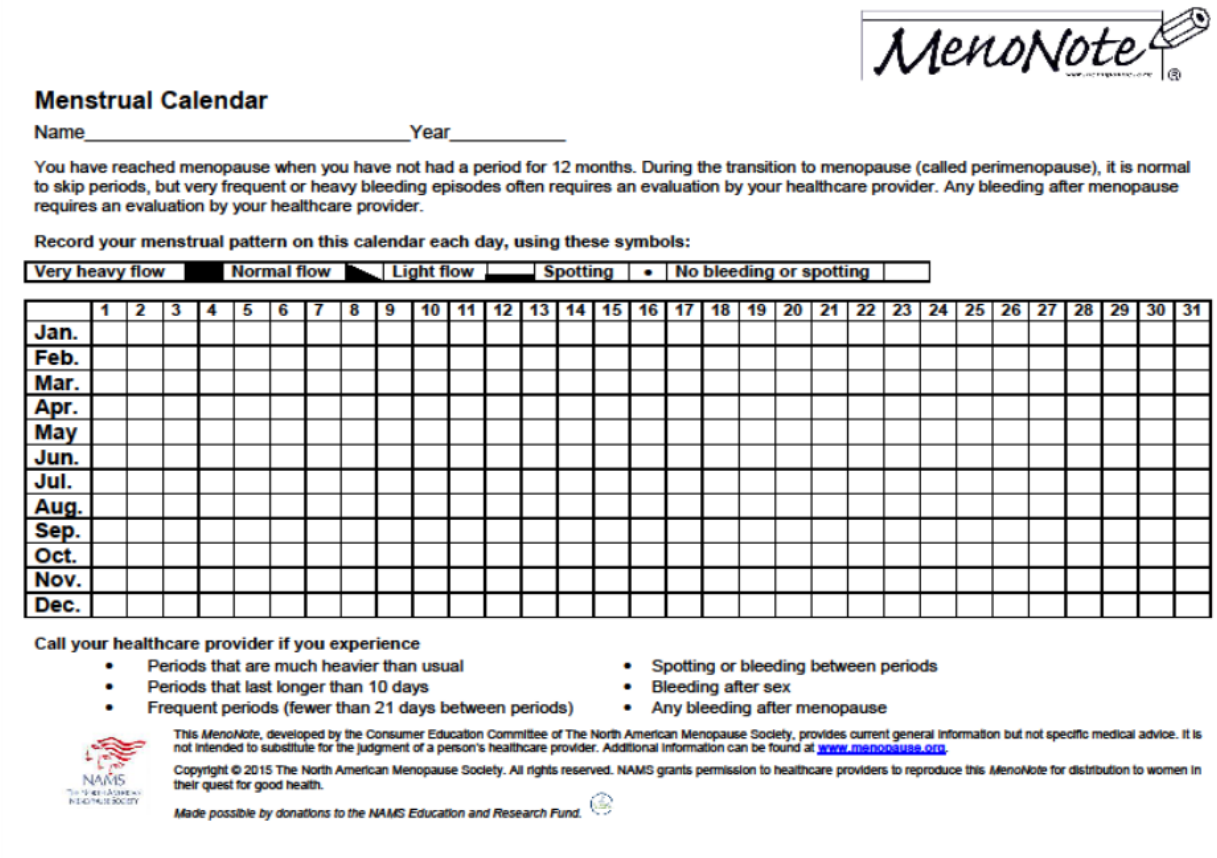
1. Get Good Information

The Menopause Society (formerly known as the The North American Menopause Society) website is a good place to start and to help verify information you find elsewhere https://www.menopause.org/ (see below for additional resources)

2. Track Your Menstrual Cycle (& share with health care providers)

There are **phone apps** that now track cycles for the purpose of identifying your menopausal stage (I don't know enough to recommend any of them, but here is an article that may help: https://www.everydayhealth.com/menopause/menopause-apps-you-should-know-about/)

You can also use a **paper and pencil version** like this one:



MenoNote®

Menstrual Calendar

Name_____Year_____

You have reached menopause when you have not had a period for 12 months. During the transition to menopause (called perimenopause), it is normal to skip periods, but very frequent or heavy bleeding episodes often requires an evaluation by your healthcare provider. Any bleeding after menopause requires an evaluation by your healthcare provider.

Record your menstrual pattern on this calendar each day, using these symbols:

Very heavy flow	Normal flow	Light flow	Spotting	No bleeding or spotting
■	◥	▬	•	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan.																															
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Aug.																															
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Nov.																															
Dec.																															

Call your healthcare provider if you experience

- Periods that are much heavier than usual
- Periods that last longer than 10 days
- Frequent periods (fewer than 21 days between periods)
- Spotting or bleeding between periods
- Bleeding after sex
- Any bleeding after menopause

NAMS

This *MenoNote*, developed by the Consumer Education Committee of The North American Menopause Society, provides current general information but not specific medical advice. It is not intended to substitute for the judgment of a person's healthcare provider. Additional information can be found at www.menopause.org.

Made possible by donations to the NAMS Education and Research Fund.

3. Track Your Menopause Symptoms (& share with health care providers)

Here is a **comprehensive health questionnaire** (like what you'd complete at a doctor's office) that includes a menopause symptom list:
https://www.menopause.org/docs/default-document-library/questionnaire.pdf?sfvrsn=90fd425b_0

The **Utian Quality of Life Scale** is a broader, "companion" measure that assesses wellbeing over all:
https://www.menopause.org/docs/default-document-library/uqol.pdf?sfvrsn=ae91953a_2

4. Work with a Menopause Specialist

You can find **a local Menopause Practitioner** certified by The Menopause Society here:
https://portal.menopause.org/NAMS/NAMS/Directory/Menopause-Practitioner.aspx

You can also find an **online menopause healthcare coach and/or provider** here:

Midi Health https://www.joinmidi.com/what-we-treat
Provides access to healthcare providers and prescribers trained in menopause care. In the State of Maryland, they are **in-network with CareFirst BCBS and United Health PPO plans.** If your plan is an HMO, Midi is not in-network and your visit will be self-pay.

Alloy Health https://www.myalloy.com/
Provides access to healthcare providers and prescribers trained in menopause care.

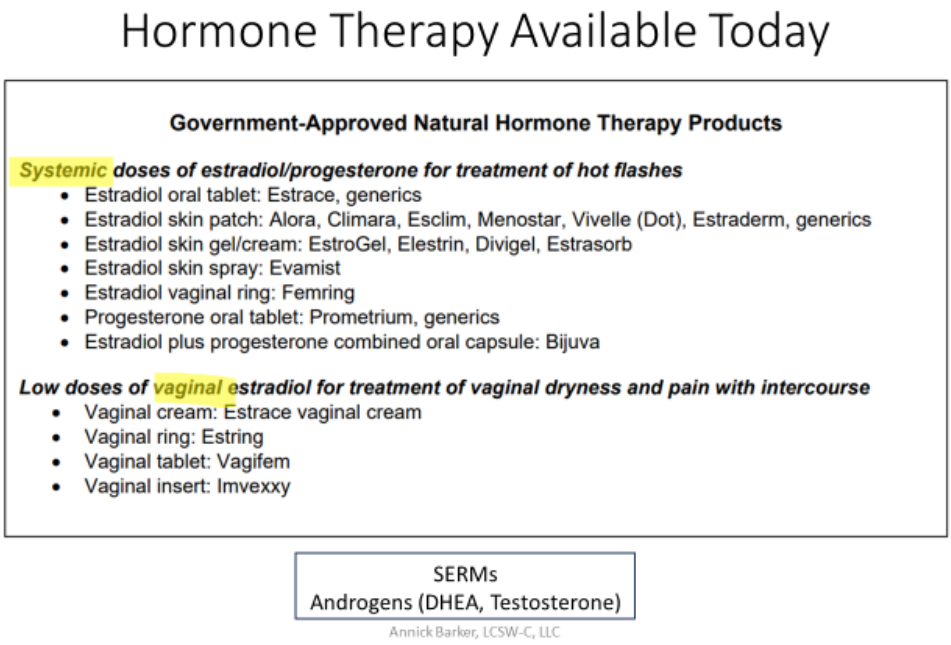
Elektra Health https://www.elektrahealth.com/for-individuals/
Provides access to menopause care coaches called "Elektra Guides"

5. Make a treatment plan and adjust it as needed

When **developing your plan**, consult with your health care provider and consider these tools: Hormone Therapy, Non-Hormone Therapies & Healthy Habits. Remember that because your body is in transition, **you will need to regularly revisit this plan**.

HORMONE THERAPY

As we discussed, the 2001 Women's Health Initiative study report was mis-interpreted and mis-reported. Here is the Menopause Society's current position on the risks and benefits of Hormone Therapy:
https://www.menopause.org/docs/default-source/professional/menonote-deciding-about-ht-2022.pdf



Hormone Therapy (HT) is **safe** for many people, <u>under certain conditions</u>

- **Health History Matters**: HT may have greater risks for people with certain health conditions.

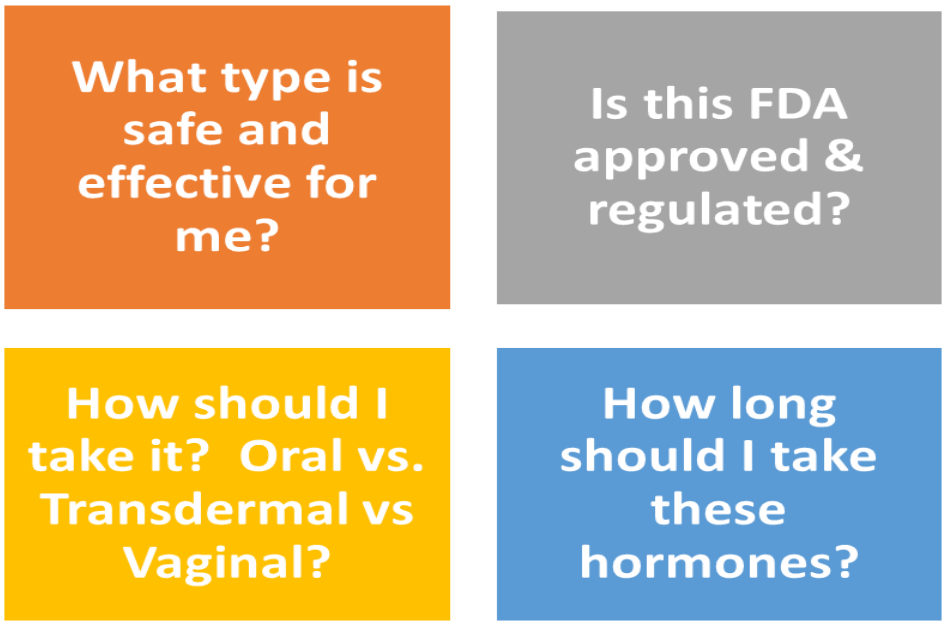
- **Timing & Age Matters** For most women, *systemic* HT is safe until age 60 and up to 10 years post-menopause (it may be safe beyond those years as well, depending on your health history). *Vaginal* HT may be safe for significantly longer.

- **Method of Administration Matters** Women who can't take oral HT may safely benefit from other routes of HT (like vaginal and transdermal).

- **Dose & Hormone Type Matters**

For all of the above, it is important to consult with your provider about the risks and benefits of HT for you.

Questions to ask your healthcare provider about Hormone Therapy



Please note:
Hormone Therapy can be used to treat different symptoms including hot flashes, vaginal dryness, sometimes low mood, etc. **The type of hormone you use will depend on what symptoms** you want to treat!

Please also note:
Most FDA approved formulations of **estrogen prescribed today are bio-identical**. Compounded forms of estrogen and progesterone are not regulated and it can be difficult to verify whether the levels of hormone you receive are safe and/or effective.

And one last thing:
If you take systemic estrogen and **you have a uterus, it is likely essential that you also take systemic progesterone**, to regulate the growth of the uterine endometrial lining. Please be sure to consult with your health care provider about this.

NON-HORMONE THERAPIES

There are many therapies available that do not contain hormones. As with HT, these also have both risks and benefits. It is important to assess the effectiveness and the risks of each therapy for you individually.

Non-Hormonal Therapies To Reduce Hot flashes and Night Sweats

The Menopause Society reviewed scientific evidence and identified the following various therapies as having (the highest level) of evidence of efficacy (i.e. the evidence is derived from multiple peer-reviewed and random controlled trial studies):

Level 1 Evidence

Gabapentin

Oxybutynin

SSRIs & SSNRIs (Paroxetine FDA approved)

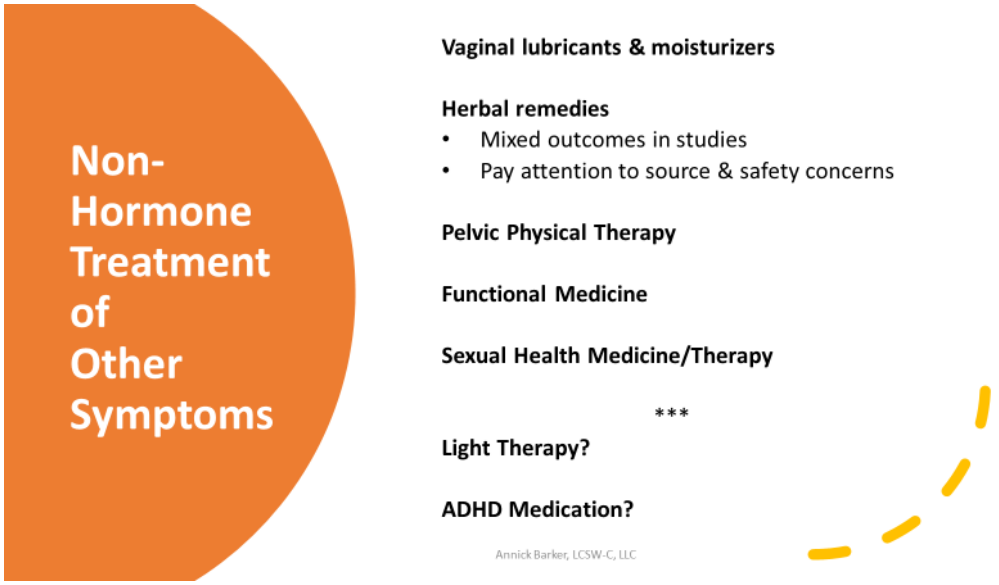
Fezolinetant

Cognitive Behavioral Therapy

Clinical Hypnosis

Please note: Paroxetine and Fezilinetant are the only medications that are specifically FDA approved for the treatment of vasomotor symptoms. The other medicines are FDA approved to treat other conditions, but have been found to be safe and effective when used off-label for hot flashes.

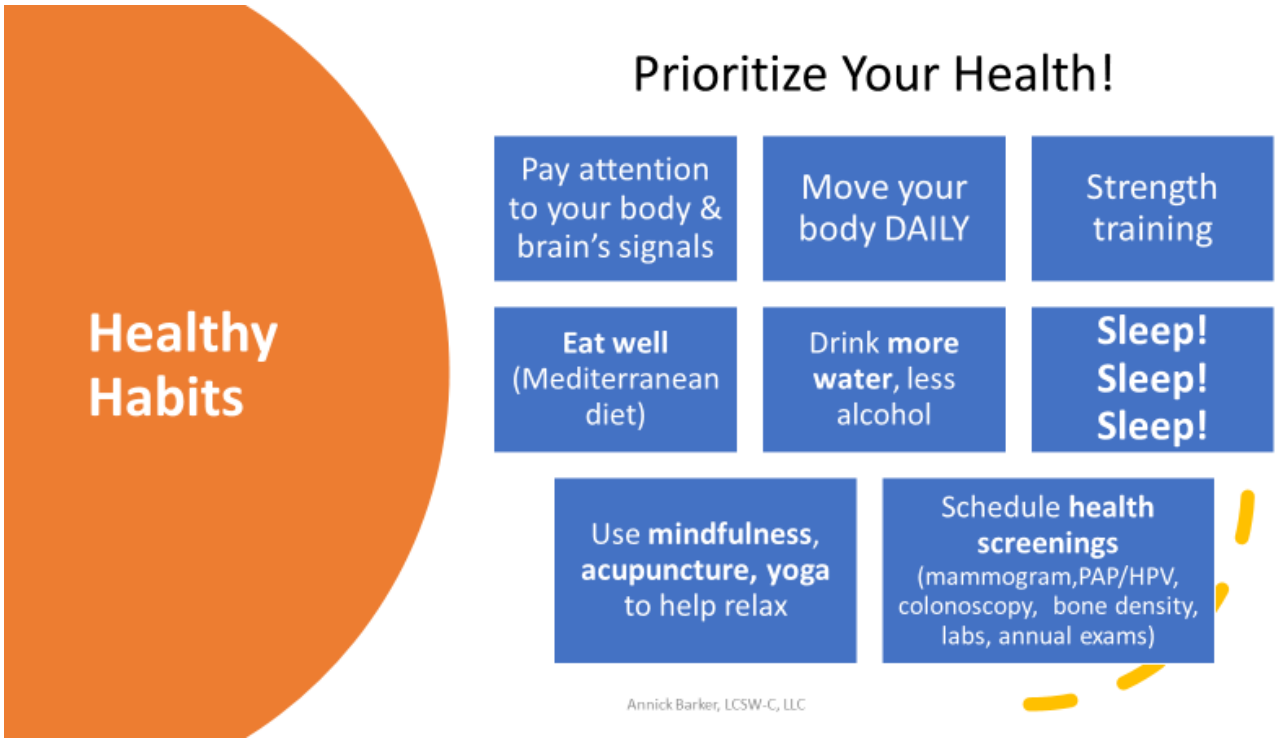
Other Non-Hormone Therapies that may help with other symptoms



HEALTHY HABITS

The Menopause Transition (aka Perimenopause) has been described as a critical **window of opportunity** for supporting a healthier old age. **Studies repeatedly support this!**

Taking time to care for
your body & mind
in your 40's & 50's
Will help you feel, think, sleep function better
NOW
BUT it also lays important groundwork for better health
in the FUTURE



6. Last, but not least, Talk About It

Menopause can be a very isolating experience. But the good news is that more and more people and organizations are talking about it!

Here are some great online resources that offer information and/or opportunities to learn and share experiences (and humor!) with others.

Elektra Health newsletter https://www.elektrahealth.com/join-community/ (information-packed website and newsletter. You can also become a paid member to get individual counseling and support)

Black Girl's Guide to Surviving Menopause https://blackgirlsguidetosurvivingmenopause.com/ (Podcast focused on body-positive intergenerational conversations)

Women Living Better https://womenlivingbetter.org/ (wonderful website that provides reliable information and surveys women about their menopause experiences)

Henpecked https://menopauseintheworkplace.co.uk/ (UK website devoted to promoting menopause-friendly workplaces. Imagine that!)

Let's Talk Menopause https://www.letstalkmenopause.org/ (NYC-based organization that provides webinars and advocates for the proposed Menopause Research Act, a bill in Congress to fund menopause-related research and health care)

What the Menopause? https://www.instagram.com/whatthemenopause/ Instagram community with funny & validating menopause-related posts & memes (when you just need to laugh about it!)

Oldster https://oldster.substack.com/about (not about menopause specifically but a wonderful e-newsletter with personal accounts of what it's like to get older)

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I'm available to present this information to groups - please contact me for fees & availability