Health Basics

Menopause

What is menopause?

Menopause is a point in time 12 months after a woman's last period. Menopause is not a disease or disorder.

The years leading up to menopause—when women may experience changes in their monthly cycles or vasomotor symptoms (VMS), such as hot flashes and night sweats—are called the menopausal transition or perimenopause.

The menopausal transition most often begins between ages 45 and 55. It usually lasts about seven years but can be as long as 14 years. The duration can depend on lifestyle factors (e.g., smoking), age of onset and race and ethnicity. During perimenopause, the body's production of estrogen and progesterone—two hormones made by the ovaries—varies greatly.

The menopausal transition affects each woman uniquely and in various ways. The body begins to use energy differently, fat cells change and women may gain weight more easily. You may experience changes in your bone or heart health, your body shape and composition or your physical function.

After menopause, women enter postmenopause. Postmenopausal women are more vulnerable to heart disease and osteoporosis. During this time, it is important to continue to eat a healthy diet, be active and make sure you get enough calcium for optimal bone health.

What causes menopause?

Menopause is a normal part of aging triggered by a decrease in estrogen. Menopause can also be caused by a hysterectomy or surgical removal of the ovaries, which produce hormones. If you have surgery to remove your uterus or ovaries and are not taking hormones, you will experience symptoms of menopause immediately.

What are the symptoms of menopause?

Estrogen is used by many parts of a woman's body. As levels of estrogen decrease, you could have various symptoms. Many women experience mild symptoms that can be treated by lifestyle changes, such as avoiding caffeine or carrying a portable fan. Some women don't require any treatment at all, but for others, symptoms can be more severe. The severity of symptoms varies

greatly around the world and by race and ethnicity.

Here are the most common changes you might notice at midlife, though it should be noted that some of these may be part of aging rather than directly related to menopause:

Changes in your period. This might be what you notice first. Your periods may no longer be regular. They may be shorter or last longer. You might bleed more or less than usual. These are all normal changes, but to make sure there isn't a problem, see your doctor if:

- Your periods happen very close together;
- You have heavy bleeding;
- You have spotting;
- Your periods last more than a week;
- Your periods resume after no bleeding for more than a year.

Vasomotor symptoms (VMS), such as hot flashes and night sweats. Hormonal shifts, such as decreasing estrogen, can change nerve cells in the hypothalamus, a region of the brain that controls hormone production and temperature. VMS can result from these changes.

Many women have hot flashes, which can last for many years after menopause. A hot flash is a sudden feeling of heat in the upper part or all of your body. Your face and neck may become flushed. Red blotches may appear on your chest, back and arms. Heavy sweating and cold shivering may follow. Hot flashes can be very mild or strong enough to wake you up (the latter are called night sweats). Most hot flashes last between 30 seconds and 10 minutes. They can happen several times an hour, a few times a day or just once or twice a week.

Bladder control. A loss of bladder control is called incontinence. You may have a sudden urge to urinate, or urine may leak during exercise, sneezing or laughing. The first step in treating incontinence is to see a doctor. Bladder infections also can occur in midlife.

Sleep. Around midlife, some women start having trouble getting a good night's sleep. Maybe you can't fall asleep easily or you wake too early. Night sweats might wake you up. And if you wake up during the night, you might have trouble falling back asleep.

Vaginal health and sexuality. After menopause, the vagina may become drier, which can make sexual intercourse uncomfortable. You may also find that your feelings about sex are changing. You could be less interested, or you could feel freer and sexier because after one full year without a period you can no longer become pregnant. However, you could still be at risk for sexually transmitted infections (STIs), such as HIV or gonorrhea.

Mood changes. You might feel moodier or more irritable around the time of menopause. Scientists don't know why this happens. It's possible that stress, family changes (such as growing children or

aging parents), a history of depression, or feeling tired could be causing these mood changes. Talk with your primary care provider or a mental health professional about what you're experiencing.

Your body seems different. Your waist could get larger. You could lose muscle and gain fat. Your skin could become thinner. You might have memory problems, and your joints and muscles could feel stiff and achy. Researchers are exploring such changes and how they relate to hormones and growing older.

In addition, for some women, symptoms may include aches and pains, headaches and heart palpitations. Follow up with a doctor. Because menopausal symptoms may be caused by changing hormone levels, it is unpredictable how often women will experience symptoms and how severe they will be.

How is menopause treated?

Deciding whether and how to treat the symptoms of menopausal transition can be complicated and personal. Discuss your symptoms, family and medical history, and preferences with your doctor. No matter what you decide, see your doctor every year to talk about your treatment plan and discuss any changes you want to make.

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