



## FACT SHEET

### Women and Menopause

#### General information

The word menopause simply refers to the permanent end of menstruation. It is derived from the Greek words for 'month' (*men*) and 'cessation' (*pausis*). Menopause is not a disease but a natural transition in a woman's life that results from a decrease in the ovarian production of sex hormones – estrogen, progesterone and testosterone. These hormones allow a woman to become pregnant, cause menstruation, and affect many other functions in the body, such as the circulatory system, urogenital system (urinary and vaginal) and the bones. While some women have no menopausal symptoms, in others the symptoms may last several years, usually between the ages of 40 and 55. Most women can tell if they are approaching menopause when their menstrual periods start changing. Menopause is confirmed when a woman has not had a menstrual period for 12 consecutive months. However, when menopause begins and how long it lasts vary from woman to woman.

#### Facts

- Thousands of women reach menopause every day.
  
- As many as 75% of women going through menopause experience hot flushes – sudden, brief increases in their body temperature. Hot flushes at night can lead to sleeplessness and insomnia. In about 30% of women, these symptoms can be severe. In some cultures, women experience more aching joints, vaginal dryness and urinary symptoms, and flushes are less commonly experienced.
  
- Smoking is associated with the early onset of menopause.
  
- Menopause can also affect a woman's physical and mental health in positive ways. For instance, if she had migraine headaches or endometriosis, the symptoms may disappear after menopause. Additionally, fibroids usually shrink.
  
- Hormone therapy is approved for the relief of moderate to severe menopausal symptoms, such as hot flushes, night sweats and vaginal dryness, and the prevention of postmenopausal osteoporosis. It is recommended that hormone therapy be taken at the lowest effective dose for the shortest duration consistent with treatment goals and risks for the individual woman.

## Induced menopause

Although the majority of women experience 'natural' menopause, some women may experience 'induced' menopause due to a medical intervention such as surgical removal of both ovaries (bilateral oophorectomy) before natural menopause. Induced menopause can also occur if the ovaries are rendered inactive by radiation, chemotherapy or certain drugs, for instance as part of treatment for breast cancer. Due to abrupt loss of ovarian hormones, induced menopause usually causes the sudden onset of severe symptoms such as hot flushes, dryness and loss of libido. These women, as well as those who experience natural menopause before age 40, may be at greater risk later in life for health problems such as osteoporosis since they spend more years without the protective effect of estrogen.

A hysterectomy by itself (uterus removed but not the ovaries) prior to natural menopause does not signal menopause because the ovaries continue to produce hormones. However, sometimes the removal of the uterus will result in menopause because of an interruption of the blood supply to the ovaries.

### Symptoms

- *Hot flushes and night sweats* The hot flush – a sudden sensation of heat that spreads over a woman's body, particularly on her head, face and chest, is the hallmark symptom of menopause. It is often accompanied by flushing (i.e. the face may turn red) and sweating, and may be followed by a chill. Hot flushes can interfere with normal daily functioning and, if they occur at night (called night sweats), they can disrupt sleep. It has been known for more than 50 years that estrogen loss associated with menopause causes hot flushes and night sweats.
  
- *Vaginal dryness* The lining of the vagina needs estrogen to stay lubricated and elastic. The fall of estrogen levels at menopause can cause vaginal atrophy (thinning and loss of elasticity). This often leads to vaginal dryness, which can make sexual intercourse painful or uncomfortable, interfering with intimacy. In addition, vaginal burning, itching, discharge, and occasional bleeding may occur. Use of vaginal estrogens as creams or pessaries can be most effective in treating these symptoms.
  
- *Loss of libido* Loss of interest in sex or reduced sex drive may occur. This is mainly related to the drop in estrogen levels. Vaginal dryness and a change in skin sensitivity resulting in not wanting to be touched are other factors that can lead to a change in sex drive.
  
- *Urinary problems* As with the vaginal lining, the urethra (the canal through which urine is discharged) and bladder rely on estrogen to function properly. The estrogen deficiency associated with menopause may cause thinning in the tissues of the urethra and bladder. As a result, a woman may experience urinary problems, such as an increased need to urinate, pain or burning on urination, leaking of urine when she coughs or laughs (stress incontinence), or bladder infections.
  
- *Psychological effects* For many women, menopause is also associated with culturally specific socio-psychological effects. They may feel anxious or experience mood swings. Other symptoms may include irritability, loss of concentration, headaches, crying spells, tiredness and depression.

### Diagnosis

The diagnosis of menopause or perimenopause is usually a clinical one; however, there are other conditions a woman's doctor may want to rule out (such as thyroid problems). There are blood tests available to check a woman's hormone levels, but these tests are not necessary for most women.

### **Maintaining health and vitality**

- Maintain a regular exercise routine
- Restrain intake of caffeine, sugar, salt and alcohol
- Do not smoke
- Eat foods containing adequate amounts of calcium and vitamin D
- Maintain a regular and sufficient sleep schedule
- Maintain a low-fat, well-balanced diet
- Hormone therapy if needed

Each woman is unique and must make her own informed decisions about her health. The number of women age 50 and above is increasing around the world. Life expectancy is rising. Women can expect to live greater portions of their lives postmenopausal. Proactively managing menopause is an opportunity for women to prevent disease and improve their long-term health and quality of life.