

## **Menopause 101: A Primer for the Perimenopausal**

By The North American Menopause Society

The amount of information available on menopause could fill several books (trust us, we wrote some of them), but you're a busy woman—so here's a bite-sized introduction to the subject for you.

Most women in North America experience menopause between ages 40 and 58, with the average age being 51.

Physical signs of menopause begin many years before the final menstrual period. This transition phase is called perimenopause. It begins with changes in the length of time between periods and ends 1 year after the final menstrual period.

About 90% of women experience 4 to 8 years of menstrual cycle changes (most often irregular periods) before they reach menopause and their periods are gone for good.

In contrast to natural menopause, induced menopause is when a woman's menstrual periods end due to a medical intervention, particularly surgical removal of both ovaries or cancer treatments such as chemotherapy or pelvic radiation.

Smoking and genetics are two factors that can influence the timing of natural menopause. Smokers reach menopause about 2 years earlier than nonsmokers.

### **Keeping Healthy at Menopause and Beyond**

Keeping a menstrual calendar can help women determine what's normal or abnormal (there's a free menstrual calendar form on the NAMS website). Women should consult a healthcare provider right away if signs of abnormal bleeding patterns occur.

Treatment of sleep disturbances should first focus on improving sleep routine with good sleep hygiene, including: a regular sleep schedule, avoiding heavy evening meals, adjusting levels of light, noise, and temperature in the bedroom, and avoiding alcohol, caffeine, and nicotine.

Women at increased risk for hormonal headaches during perimenopause are those who have already had a history of headaches around menstrual periods or when taking oral contraceptives. Hormonal headaches typically stop when menopause is reached and hormone levels are consistently low.

Urinary incontinence is often improved with pelvic floor muscle exercises (Kegel exercises). These involve repeated contraction and relaxation of the muscles that control urine flow, strengthening them so they can better support the bladder. The muscles are contracted to a count of three and then relaxed. Recommended frequency is 10 exercises, five times each day. Bonus: Kegels can improve your sex life, too.

Skin-healthy habits at midlife include: avoiding smoking, stress, and overexposure to sunlight; adequate exercise and sleep; drinking plenty of water; and avoiding hot, soapy showers and baths (which dry out the skin).

Practicing good oral hygiene is extremely important. Brushing and flossing daily, regular dental checkups, and professional dental cleaning twice yearly are all recommended. Gum disease increases risk for heart disease, and tooth loss can be a sign of underlying bone disease, including osteoporosis.

The new Fracture Risk Assessment tool called FRAX calculates a woman's 10-year probability of a major osteoporotic fracture (clinical spine, forearm, hip, or shoulder). Postmenopausal women over age 40 can calculate their own risk at the FRAX website.

While some risk factors cannot be changed, others can be controlled or modified to create a more heart-healthy lifestyle by following these modifications:

- Don't smoke
- Control blood pressure
- Control cholesterol
- Control triglycerides
- Prevent diabetes
- Exercise regularly
- Maintain healthy weight or lose weight if overweight
- Improve nutrition
- Reduce stress
- If at high risk for heart disease, take a baby aspirin daily