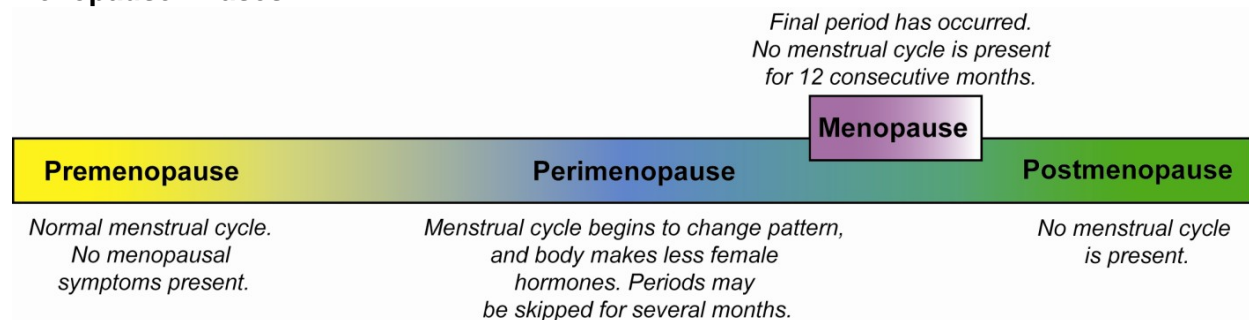


## Menopause

Menopause occurs when a woman's ovaries stop working. When this happens, the menstrual cycle ends. The average age for menopause in American women is 51.

If you have had a hysterectomy (removal of the uterus) but your ovaries still work, menopause will happen naturally. Women who have had their ovaries removed will have premature menopause. This is when it occurs before the normal age. Women who have had cancer treatment may also have premature menopause. This is caused by surgery (removal of the ovaries), chemotherapy or radiation.

### Menopause Phases



When menopause begins and how long it lasts varies for each woman.

**Premenopause** –A normal menstrual cycle and no symptoms of menopause.

**Perimenopause** – The phase just before menstruation ends. Hormones that control the menstrual cycle slowly begin to change their pattern. A woman's body also makes fewer hormones (estrogen and progesterone).

Periods may become irregular and menopausal symptoms may start. Symptoms can last from two to six years. However, some women have symptoms for a shorter or longer amount of time. A woman is still ovulating and may become pregnant during this phase.

**Menopause** –Occurs when a woman has had her last period and has not had one for 12 straight months.

**Postmenopause** – The phase after 12 straight months without a period. This means a woman will not have a period the rest of her life.

### Diagnosis

For most women, testing is not necessary. If needed, blood tests can rule out other health problems. Tests measure hormone levels such as follicle-stimulating hormone (FSH), estrogen and/or luteinizing hormone (LH).

## Symptoms

Each woman experiences menopause symptoms differently. In fact, some women do not have symptoms other than their menstrual periods stopping.

The most common are:

- Moodiness and/or irritability
- Decreased sex drive
- Hard time concentrating
- Headaches
- Sleep disturbances (i.e. night sweats)
- Hot flashes
- Vaginal dryness
- Joint and muscle aches
- Hair loss
- Frequent urination
- Symptoms similar to premenstrual syndrome (PMS)

Some postmenopausal women may still have menopausal symptoms. They may also have heart palpitations (an unusual awareness of your own heartbeat), loss of bladder control or more frequent urinary tract infections. Postmenopausal women may also have a higher risk of cardiovascular disease.

Postmenopausal women are also at greater risk for osteoporosis (thinning bones). After menopause, bone weakens faster than it is formed. This leads to weak bones. Maintaining bone mass is important for keeping bones healthy. A Bone Mineral Density test (BMD) is one way to diagnose osteoporosis.

## Treatment

Lifestyle changes are the best and healthiest way to manage symptoms. Try the following:

- Exercise often
- Add soy and flax to your diet
- Add more calcium and vitamin D to your diet
- Reduce stress
- Rest
- Avoid hot flash triggers (i.e., coffee, tea and alcohol)
- Quit smoking

Medicines and supplements are available to help relieve symptoms. These include:

- Low-dose birth control pills - to keep hormone levels more constant while moving into menopause
- Hormone Therapy (HT)—Ask for the patient education sheet “Hormone Therapy.”
- Anti-depressants – to lessen hot flashes and stabilize mood swings

Some women find that herbal remedies such as ginseng, St. John's wort, Ginkgo biloba, evening primrose oil, and black cohosh help ease symptoms. Talk with your health care provider before you take any of these. They may have side effects or interact with other medicines.

Women with a hormone based cancer, such as estrogen receptor positive (ER+) breast cancer, should be careful with herbs. Some herbs and foods have estrogen-like properties (e.g., soy, flax, red clover, and possibly black cohosh and dong quai). Talk with your health care team if they have any questions.

## Hormone Therapy

HT is the use of prescription estrogen, progesterone and less commonly, testosterone. The purpose of HT is to use the least amount of hormones possible to reduce symptoms. It is not meant to replace hormones.

HT comes in many forms. They include pills, patches, vaginal creams and rings, suppositories and long-acting injections (shots). There are certain health risks linked with HT. Ask your health care provider if using HT is the best choice for you. They can pinpoint risk factors and help you make a decision.

## Resources

For more information ask for these handouts:

- Hot Flash Symptom Management
- Osteoporosis
- Bone Mineral Density Test
- Hormone Therapy
- Vaginal Dryness

## Other resources

American College of Obstetricians and Gynecologists (ACOG)

202-638-5577

[www.acog.org](http://www.acog.org)

NIH Osteoporosis and Related Bone Diseases – National Resource Center

800-624 BONE (800- 624-3663)

[www.bones.nih.gov](http://www.bones.nih.gov)

North American Menopause Society

404-442-7550

[www.menopause.org](http://www.menopause.org)

Planned Parenthood Federation of America, Inc.

800-230-PLAN (800-230-7526)

[www.plannedparenthood.org](http://www.plannedparenthood.org)

# Patient Education



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The National Heart, Lung, and Blood Institute (NHLBI) Information Center  
301-592-8573  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

The National Institute on Aging (NIA)  
800-222-2225  
[www.nia.nih.gov](http://www.nia.nih.gov)

U.S. Department of Health and Human Services Office of Women's Health  
<https://www.womenshealth.gov/menopause>

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