



SIGMA is an independent, multidisciplinary group of family physicians and specialists interested in menopausal and postmenopausal health. Our mission is to advance the health of women at and beyond the menopausal transition.



Because

**i am**

**unique**

For references and additional information,  
please visit [www.sigmamenopause.com](http://www.sigmamenopause.com).

**Facing Menopause?**

**E M P O W E R  
Y O U R S E L F**

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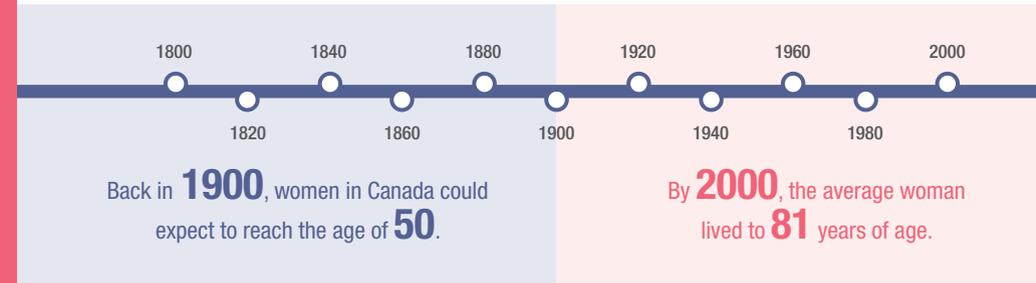


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## To Our Readers

Welcome to the world of menopause. The menopausal transition is experienced by all women as they move to the end of the childbearing years. Menopause is a 20th century phenomenon – a result of our extended life expectancy.



Women seeking to manage menopausal symptoms have more options than ever before. This booklet represents the knowledge and experience of several medical experts on menopause. Our objective is to provide basic background information about the menopausal years, offer tips, and help you understand the importance of maintaining bone health, vaginal health, and quality of life. We will discuss what you can do on your own, traditional treatments such as hormone therapy, and non-traditional approaches such as complementary medicine. Understanding how menopause can affect your body, and the benefits and risks of a variety of treatments will help you treat menopause your way.

*Because you are unique.*

*From beginning to end, the journey through menopause, marked by a gradual decline in estrogen production, may take from 10-15 years.*

## What Is Menopause?

Menopause is defined as the time in a woman's life when the menstrual period has stopped for 12 consecutive months. This occurs because as we age, our hormone levels decline and the ovaries cease to function. Although menopause is a natural process, like other life transitions, it may affect you both physically and emotionally.

Throughout your reproductive years, estrogen plays many important but often hidden roles in keeping your body healthy. It is important to the workings of the brain, breasts, heart, liver, vertebrae and bones, and genitalia. The gradual decline in levels of estrogen during menopause affects every woman differently. Some experience difficulties and some have no symptoms. Up to 80% of menopausal women report a range of symptoms with varying intensities.



For many women, managing menopause can be confusing. It is often difficult to distinguish menopausal symptoms from age-related changes. Some of the most commonly reported symptoms are collectively known as vasomotor symptoms. They include hot flashes and night sweats.

Other commonly reported symptoms reported by women during menopause include:

- Aches & Joint Pain – **53%**
- Memory Change – **44%**
- Lack of Energy – **43%**
- Sexual Dysfunction – **42%**
- Depression – **38%**
- Insomnia – **38%**
- Dry Mouth – **23%**
- Vaginal Dryness – **21%**
- Bladder Control – **14%**

*15% of women experience hot flashes for 15 years or longer.*

*The first menopausal change often involves menstrual irregularities, which may be noticed early on, when women are 35 to 40 years old.*

## Everything You Ever Wanted to Know About Menopause Symptoms

The natural decline in estrogen production may cause a range of symptoms leading up to and during the menopausal years. If you plan to see your doctor, use this list to check off those that affect you, and note any details about their severity or frequency. Many of these symptoms can be managed, so if they are troublesome to you, talk to your doctor.

### The possible effects of menopause

#### On menstruation:

- Periods may be longer/shorter, heavier/lighter
- Periods may be intermittent or have stopped

#### On the vasomotor system:

- Hot flashes and night sweats
- Chills/shivering

#### On the vagina and bladder:

- Drying and thinning of the vaginal tissues
- Higher frequency of infections
- Painful intercourse
- Higher frequency of urine leakage

#### On sexual activity:

- Painful intercourse due to vaginal dryness
- Decreased desire for sex

#### On sleep:

- Increased fatigue and disrupted sleep
- Insomnia

#### On mood and memory:

- Increased mood swings, irritability and depression
- Memory loss and poor concentration

#### On the body:

- Increased aches and joint pains
- Increase in girth (thickening in the middle)
- Loss of muscle mass and increase in fat tissues
- Thinning hair

#### On bone health:

- Back pain
- Recent fracture
- Loss of stature/height
- Less than optimal bone mineral density (BMD) (see p.5)

## Choosing Quality of Life Versus Coping with Symptoms



Achieving an optimal quality of life during the menopausal years is an important goal for both women and their healthcare providers.

Some women see the physiological changes described previously as inevitable and choose to ignore them. While many women share some of the common effects of menopause, everyone is unique. It can be very helpful to talk with your healthcare provider about what you feel has changed, and the symptoms you are experiencing.

Be proactive! Take charge of your health and well-being. Stay informed and up-to-date; seek out information from reliable sources (try some of the excellent websites below). Healthy living is the key to getting the best out of your menopausal years!

### Try these helpful tips:

#### Eat well

- Eat with your health in mind.
- Take in adequate levels of calcium and vitamin D to keep your bones strong.
- Limit your dietary intake of salt and fat to maintain healthy cholesterol and blood pressure levels, and overall cardiac health.
- Moderate your intake of caffeine and alcohol.

#### Live better

- Stop smoking.
- Get adequate rest and adequate sleep.
- Take time to enjoy nature, your family and your friends.
- Minimize and, where possible, avoid stress.
- Seek professional help if you're having difficulty coping, or you feel overwhelmed.

#### Exercise regularly to...

- maintain strong bones and joint mobility
- increase your energy level
- improve your mood
- reduce insomnia

#### Empower yourself

- Visit the following websites for more information:
  - [www.menopauseandu.ca](http://www.menopauseandu.ca)
  - [www.menopause.org](http://www.menopause.org)
  - [www.sigmamenopause.com](http://www.sigmamenopause.com)
  - [www.sogc.org](http://www.sogc.org)

*Having hot flashes? Your lifestyle can make a difference. Symptoms of hot flashes may be worse if you are overweight or a smoker. Stress and alcohol use can also have an impact on the severity of hot flashes. As an added bonus, modifying these factors can also have a positive impact on your heart health!*

## Osteoporosis: An Important Menopausal Risk

Postmenopausal osteoporosis is a disorder marked by reduced bone strength with consequent risk of fracture, often affecting the spinal vertebrae. These fractures can occur without your knowledge, although they may result in loss of height or curvature of the spine.

### Preventing osteoporosis: What you can do

Advancing age, genetics, and declining estrogen levels all contribute to a loss of bone strength. If you are over 30, you are beginning to lose bone right now. By the end of your life, you will have lost up to 30% of peak bone mass.

### How to reduce your fracture risk

- Don't smoke.
- Get regular weight-bearing exercise.
- Eliminate environmental risks for falls and fractures.
- Get checked: Bone mineral density (BMD) is the standard for evaluating bone strength and predicting fracture risk.
- Consider **Calcium** and **Vitamin D**: Are you getting enough?
  - » Women's average calcium intake: 600 mg/day.
  - » Recommended daily intake: 1,500 mg/day.
  - » Calcium carbonate and calcium citrate supplements are as effective as dietary sources.
  - » Vitamin D is necessary to help bones absorb calcium. Food and sun exposure are unreliable sources. Adults over age 50 require 800 IU supplement/day or more.



### Osteoporosis treatment

If detected, aggressive treatment should be initiated to help treat or prevent osteoporosis and reduce fracture risk. Most treatments act like estrogen to normalize bone turnover and maintain bone health. They do not build new bone tissue; that's why *preventing* bone loss is so important. Bone up on bone health! Visit Osteoporosis Canada at [www.osteoporosis.ca](http://www.osteoporosis.ca) or call the national office toll-free at 1-800-463-6842 (English) or 1-800-977-1778 (French).

*Osteoporosis Canada recommends that all postmenopausal women and all individuals over the age of 65 be assessed for the presence of risk factors for osteoporosis and get a BMD scan.*

## How's Your Vaginal Health?

### When was the last time you discussed your vaginal health with your physician?

Vaginal dryness increases from 4% in early perimenopause to 21% in late perimenopause; by 3 years after menopause, it affects 47% of women. The health of the urogenital system (i.e. the urinary system and interior and exterior genitalia) is important for more than sex; it also affects urinary function and resistance to infection.

Estrogen levels, important for vaginal health, drop significantly between premenopause and postmenopause. This causes the vaginal wall to become thinner, dryer, less elastic and more fragile – a condition called vaginal (urogenital) atrophy. Symptoms may include burning, discharge, urinary symptoms, painful intercourse, and decline in sexual interest.

Although many believe their symptoms are an expected and common part of the aging process, you can improve your vaginal health.

Don't let vaginal dryness interfere with your love life. A treatment option for women with vaginal atrophy includes non-hormonal vaginal lubricants or vitamin E cream. If these don't help, vaginal estrogen treatment is preferred; it is minimally absorbed into the circulation.



***Speak up! There are approximately 5.5 million postmenopausal women in Canada - 75% to 85% of them will develop symptoms of vaginal atrophy, yet only 1 in 5 will actually talk to their doctor about it.***

## Treatment Options: Hormone Therapy

### What is hormone therapy (HT)?

HT has been widely studied and used for more than 50 years by millions of women. Hormone therapy remains the single, most effective treatment for moderate to severe vasomotor symptoms.

Dosages of estrogen range from ultra-low to standard and higher doses. For younger women with premature and early menopause, standard or higher dose HT is usually prescribed. However, even in higher dose HT used for menopause, levels are considerably lower than those produced by a woman's body during the normal reproductive cycle.

### Benefits of hormone therapy

#### Symptom relief

Remember the list of possible menopausal symptoms on Page 3? Take another look... in addition to vasomotor symptoms, HT will also control the symptoms of vaginal atrophy.

As well, hormone therapy increases bone mineral densities of the hips and spine and has been shown to prevent fractures, but treatment with HT solely for the prevention of osteoporosis would require a thorough understanding of the benefits and risks for individual patients.

Different hormone therapy products treat symptoms differently; to learn more about your HT options, talk to your healthcare professional.

### Benefits of hormone therapy under debate

We are still learning more about the effects of HT on mood, memory, cognition, and diabetes. Hormone therapy should not be used to prevent any of these conditions.

Despite some studies showing improved memory and cognition in women taking hormones, research does not support the use of hormone therapy for preventing Alzheimer's disease.

Contrary to earlier study reports, HT does not help prevent heart attacks.

***HT is most commonly taken in oral tablet form. In Canada, estrogen is also available in a patch, a gel, and three vaginal formulations (creams, a tablet and a ring).***

## Risks Associated with Hormone Therapy

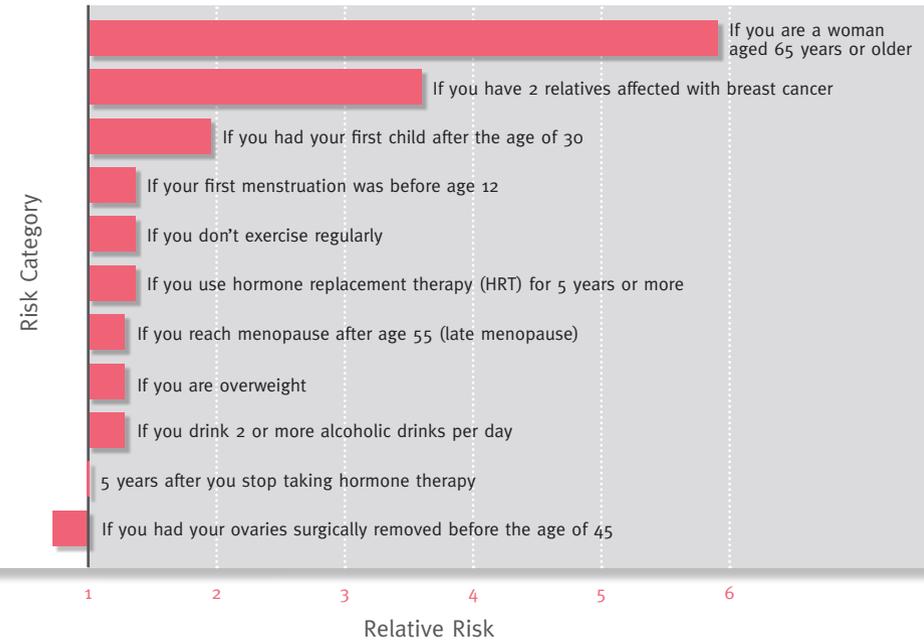
In 2002, the Women’s Health Initiative (WHI) released a report stating that risks such as breast cancer, heart disease and stroke were increased in women taking HT. Since that time, there has been a dramatic decrease in the use of HT among postmenopausal women. In recent years, a number of studies have demonstrated that the WHI results require further scrutiny and that HT may be a practical consideration for some patients, depending on other factors.

### HT and breast cancer

The risk of developing breast cancer increases with age. In addition, there are a number of risk factors, both modifiable and non-modifiable, that contribute to the likelihood of developing breast cancer. The following chart demonstrates some of these risk factors and the relative risk associated with developing breast cancer:



### What really affects your RISK for breast cancer?



When put into perspective and compared with these risk factors, HT reveals a very small increased risk of breast cancer. In the WHI, this risk occurred only in those women taking combined estrogen and progesterone therapy for 5 years. Women (without a uterus) taking estrogen alone had no increased risk of breast cancer during the 7-year trial.

Therefore, a woman who is within the first 10 years of her menopause can be reassured that short-term (less than 5 years) use of estrogen/progestin treatment (EPT) and estrogen treatment alone has little appreciable effect on her personal breast cancer risk. Longer use of combined EPT undeniably increases the risk of breast cancer.

*If you are considering hormone therapy, take the lowest effective dose and consider your own breast cancer risks so that you can be comfortable with your own timeline.*

## HT and heart disease

The correlation between hormone therapy and heart disease is still unclear. No trial (not even the WHI) has recruited enough newly menopausal women and followed them long-term to determine a definitive answer. Today, HT is not prescribed as a primary method of preventing heart disease.

However, several important observations have been made:

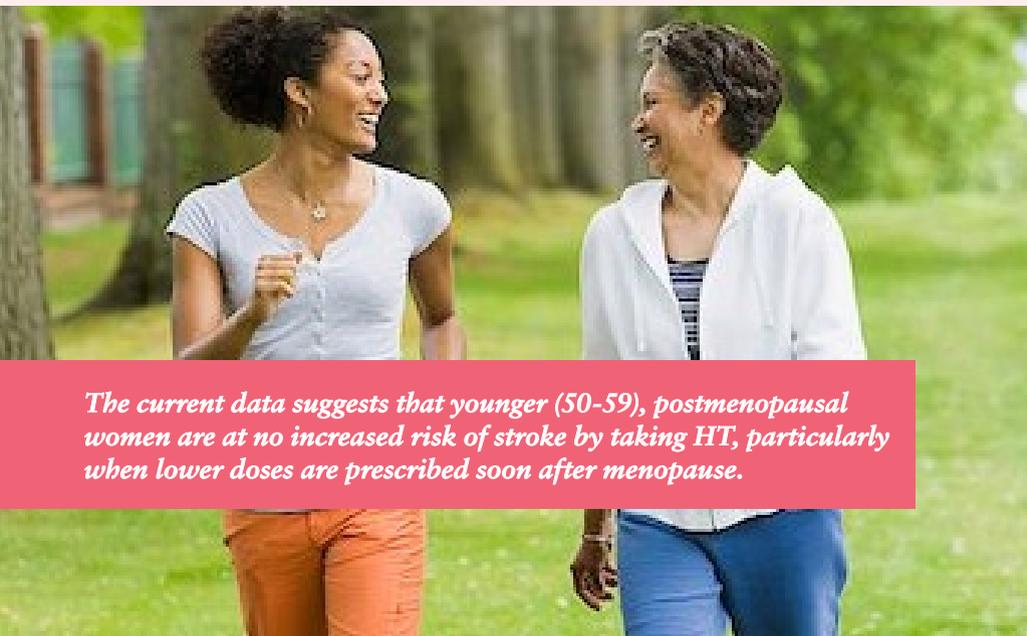
- Women with premature menopause should be prescribed HT to prevent cardiovascular disease until the usual age of menopause (age 50+).
- HT does not increase the risk of coronary artery disease in healthy menopausal women who are started on hormones within the first 10 years after menopause.

It is important to remember that over 90% of the risk factors for heart disease are modifiable. They include smoking, abnormal lipids, psychosocial factors (including stress and depression), abdominal obesity, diabetes, and hypertension. If you have any of these risk factors and are more than 10 years postmenopause, you should speak to your physician about whether or not HT is right for you.

## HT and stroke

Among the traditional risk factors for stroke, such as smoking, hypertension, diabetes, and obesity, HT has been suggested to be a risk as well. Once again, the data is not consistent. The WHI showed that there was a small increased risk of stroke that increased with age whereas other studies have not found any increased risk of stroke with women taking HT.

Remember to speak to your physician and address any of the other risk factors for stroke that you may have.



*The current data suggests that younger (50-59), postmenopausal women are at no increased risk of stroke by taking HT, particularly when lower doses are prescribed soon after menopause.*

## The Safety of Hormone Therapy

### **When HT may not be right for you**

- Known or suspected pregnancy
- History of breast cancer
- History of hormone-dependent cancers
- Unexplained vaginal bleeding
- History of blood clots
- History of heart disease, heart attacks or stroke
- Serious liver disease

### **The following side effects may occur in women taking HT**

- Uterine bleeding
- Breast tenderness (increased breast density)
- Nausea
- Abdominal bloating
- Fluid retention (extremities)
- Headache
- PMS (premenstrual symptoms) with the progesterone

All these side effects are minimized with the low and ultra-low doses of HT.

### **It's your life – take charge!**

As with all therapies, a woman who is considering hormone therapy must compare its potential benefits to its potential risks. Acceptable risk depends on your individual circumstances. Your decision will be largely influenced by the severity of your menopause-related symptoms, your risk factors for cardiovascular disease, osteoporosis, breast cancer and your personal health.

According to the SOGC's Canadian Consensus Conference on Menopause 2006 and Menopause and Osteoporosis Update 2009, HT is an effective strategy for severe menopausal symptoms. The Consensus Report, which was produced by a team of health professionals, examined current research on menopause [and hormone therapy] and stated:

- HT is an effective option for short-term use and it helps protect against osteoporosis and colon cancer.
- If symptoms continue after short-term HT, talk to your healthcare provider about the risks and benefits of continuing HT.
- Dosages, risks and benefits of longer-term HT should be reviewed yearly.

*If you are bothered by menopausal symptoms, speak to your Healthcare Professional about your individual situation to determine if HT is right for you.*

## Non-Traditional Treatment Options

After initial media reports surrounding the conclusion of the Women's Health Initiative study raised alarm about the safety of menopausal hormone therapy, many women turned to complementary and alternative therapies for relief from their symptoms. These include soy products and a variety of herbals and botanicals, such as black cohosh and red clover.

### Bioidentical hormone therapy (BHT)

Many women have been drawn to “natural” bioidentical hormone therapy (BHT), with its claims of greater safety and effectiveness, often backed up by celebrity testimonials.

Bioidentical hormone products have been defined as hormones that have a chemical structure which is identical to the hormones the body produces.

### What about “natural source” BHTs?

The standard definition of BHT is often expanded to include the statement that certain BHTs come from “natural sources” such as wild yams and soy beans. Further, these BHTs are compounded by pharmacists into formulations that are supposedly tailored to each woman's needs – based sometimes on blood hormonal levels but more often on hormone levels in the saliva.

Sounds good? Here's the problem. Neither blood nor salivary levels of hormones have been shown to reflect an individual's symptoms, so neither approach is particularly useful in deciding the dose of hormone to be prescribed. Dose adjustment should be based on the symptom relief that a dosage provides.

Choose prescribed pharmaceutical preparations with standardized dosages and purity. The FDA has noted that claims made regarding the effectiveness and safety of compounded BHT products are unsupported by medical evidence, and may mislead both women and physicians. This is also true of claims made for some complementary products, which were not subject to regulatory requirements for pharmaceutical products until January 2004. This means that most have not been rigorously tested for the treatment of moderate to severe hot flashes, and many lack evidence of efficacy and safety.

As with traditional Hormone Therapy, if you are considering using a complementary or alternative treatment option, discuss your options with your healthcare provider to determine if compounded drugs are the best option for your specific medical needs.

*Studies of Dong Quai, Evening Primrose Oil, Ginseng, or Wild Yam showed no benefit for the management of menopausal symptoms.*

