

THE GUIDE
health

Menopause: a survival guide

No, you're not dying.
Or losing your mind.
And you don't *really*
hate your family.
You're just...evolving.
Here's how to
manage the process
with your sanity—
and health—intact.

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it's

called "the change" for a reason. Not only does menopause signal the end of your reproductive life but it can also come with a whole host of side effects, which range from annoying (think sweat-soaked hot flashes and vaginal dryness) to serious (like an increased risk of osteoporosis and, in some women, depression). And that's just the hormonal issues. "Menopausal women are often dealing with kids going off to college—or, worse, coming home after! They may be caring for

their aging parents and trying to cope with pressure at work, too," says Mary Jane Minkin, M.D., a certified menopause clinician and a professor of obstetrics, gynecology, and reproductive sciences at the Yale School of Medicine. Those stressors can turn even mild menopause symptoms into crazy-makers.

If you're about to go through the big shift, or if you're already in the middle of it, you can bemoan the end of your fertility and declare yourself all washed up. But why not celebrate freedom from birth control, tampons, and PMS and embrace your next act instead? Here's what to expect—and the smart solutions that can help you feel your best.

WHAT'S GOING ON WITH YOUR HORMONES?

You know the basics: You're born with all the eggs you'll ever have, and when your ovaries run out (usually around age 50), you stop ovulating and getting menstrual periods—in other words, you go through menopause.

That's not to say it's a straightforward process. For most women, menopause and the period leading up to it, called perimenopause, is a time of hormonal flux. "It's like the Dow Jones Industrial Average in September 2008, right before the crash," says Minkin. "The overall trend is downward, but it's not a smooth, nicely defined line."

After an egg is released from your ovary, the ruptured follicle changes into a structure called the corpus luteum, which secretes estrogen and progesterone. During perimenopause, declining egg production can make hormone secretion erratic: Your periods may become heavier or lighter, more or less frequent; you may have blood clots, too. "One day estrogen is low and you're having hot flashes, the next your ovary sends out lots of estrogen and you have sore breasts," says Minkin.

Perimenopause can last anywhere from a few months to five years. You aren't officially menopausal until you've gone a full year without a menstrual period. For most women, the majority of the symptoms peak during perimenopause and the year following their final period. It's still possible to get pregnant right up until that last period. Any time your ovaries decide to shoot out an egg, it has the potential to get fertilized. "I've delivered three 47-year-olds with 'oops' pregnancies," says Minkin.

WHEN MENOPAUSE STRIKES (AND WHY)

The average age at menopause is 51, but some women will experience an ovarian shutdown by 40, while others keep pumping out eggs into their late 50s. "The best predictor is family history," says Minkin, so knowing when your mom, aunts, or sisters experienced menopause will give you a good indication of when you will, too. Early menopause can be caused by smoking, chemotherapy, surgical removal of the ovaries, or, in some cases, exposure to chemical pollutants, like pesticides. A new study published in *PLOS ONE*, the Public Library of Science journal, found that women who had high blood and urine levels of certain chemicals (including PCBs, phthalates, and pesticides) experienced menopause two to four years earlier than did those with lower levels.

Both early and late menopause pose potential health risks. Estrogen shields against heart disease, bone loss, and dementia, so women who stop producing it at a younger age may be at a higher risk for those conditions—and conversely, those who go into menopause later may be more protected from them. But estrogen is also associated with breast cancer, which means that going through menopause later could increase the risk of that disease.

Since there's no avoiding the hormonal upheaval that comes with menopause, it's the rare woman who makes it through without at least a few side effects. But research shows that there are plenty of ways to get relief, and many don't require a prescription.

YOUR BODY ON MENOPAUSE

TEMPERATURE TROUBLES: Doctors say that hot flashes and night sweats are the biggest complaint they hear from perimenopausal and menopausal women—not surprising, since 75 percent of women experience them. It's not clear exactly what causes hot flashes, but it's believed that hormonal changes make the brain's "thermostat" more sensitive to perceived changes in temperature, causing it to overcompensate with a surge of heat, says Margery L. Gass, M.D., the executive director of the North American Menopause Society.

To keep your cool, keep breathing. A recent Mayo Clinic study found that menopausal women who practiced paced breathing (taking six deep breaths a minute for 15 minutes) twice a day saw a 52 percent reduction in hot flashes. Researchers think that relaxation through deep breathing may improve the brain's ability to regulate temperature. Cognitive behavioral therapy, which helps identify and shift negative, distorted thoughts to change behavior and positively influence mood, has also been proven to reduce the frequency and length of hot flashes, because it helps you cope with triggers like stress.

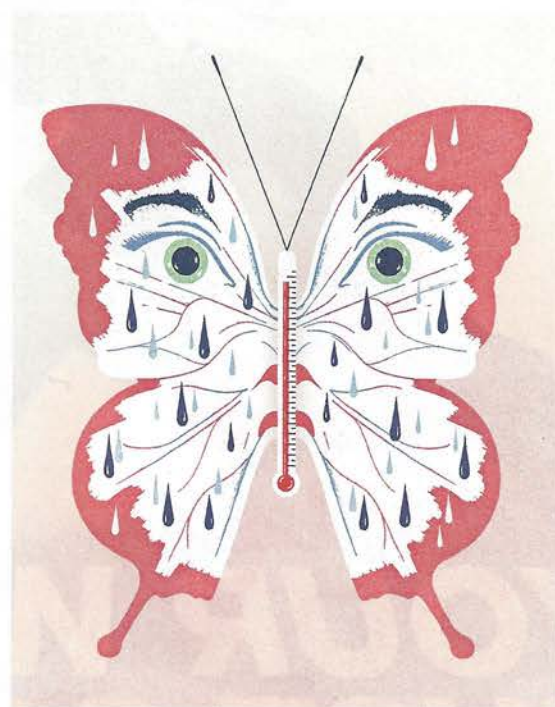
Eating more soy may improve hot flashes, but recent research suggests that's true only if your body produces the soy metabolite equol. And many women, especially those of European descent, do not. Research is divided on whether herbal supplements like black cohosh and licorice

extract work, and many experts, including Gass, are doubtful that they provide benefits.

If you're suffering severe or constant heat waves, your doctor may recommend Brisdelle, the first non-hormonal prescription drug approved by the U.S. Food and Drug Administration (FDA) to treat hot flashes. It contains the selective serotonin reuptake inhibitor (SSRI) paroxetine (which is marketed for depression and anxiety at much higher doses under the name Paxil). "The lower dose isn't linked to weight gain or sexual dysfunction, and it affects the way the neurotransmitters in the brain work on your internal thermostat," says Holly Thacker, M.D., the director of the Cleveland Clinic Center for Specialized Women's Health and the author of *The Cleveland Clinic Guide to Menopause*.

VAGINAL DRYNESS: Lower estrogen leads to less natural lubrication in the vaginal tissues. You can use an over-the-counter lubricant if the dryness is an issue only during intercourse, but a longer-acting over-the-counter vaginal moisturizer (like Replens) is a better solution if you're dealing with daily discomfort. Or opt for a prescription estrogen cream, vaginal suppository, or vaginal ring. All three deliver low doses of estrogen directly to the vagina without raising estrogen levels throughout the body, which means side effects and risks are minimal. Bear in mind that dryness makes it easier for bacteria to travel to the urinary tract, so bringing back moisture also reduces the risk of painful urinary-tract infections.

BONE LOSS: The National Osteoporosis Foundation says that women can lose up to 20 percent of their bone density during the five to seven years following their last period—and again reduced estrogen



seems to be the culprit. To keep your bones strong, load up on calcium and vitamin D—whether through dietary sources, like dairy products, leafy greens, and salmon, or through supplements. (The current recommendations for postmenopausal women ages 50 and older are 1,200 milligrams of calcium and 800 to 1,000 international units of vitamin D daily.) Make a point to do regular weight-bearing and muscle-strengthening exercise, like jogging, jumping jacks, and lifting weights a few times a week, since stressing bones spurs them to strengthen and also build new muscle mass.

WEIGHT GAIN: Estrogen influences where your body stores fat, so when its level wanes, you may notice extra inches around your midsection. To minimize weight gain, step up your exercise intensity and eat healthfully—especially foods like salmon, nuts, and avocados. The healthy monounsaturated and polyunsaturated

52%

THE REDUCTION IN HOT FLASHES
AMONG WOMEN WHO DID
DEEP-BREATHING EXERCISES.

rated fats they contain are linked to a reduction in stubborn belly fat. Need extra incentive to fight back? A 2014 study published in the journal *Menopause* found that losing weight decreased the number of hot flashes women experience.

THINNING HAIR: When estrogen levels are high (as they are during pregnancy), your locks are at their fullest. But when those levels drop during menopause, hair follicles go into the resting phase, which can cause hair to thin and fall out. Topical minoxidil (like Rogaine for Women) can minimize loss by reactivating the hair follicles and stimulating regrowth.

SKIN PROBLEMS: Shifting hormones can bring on an unfortunate trifecta of dry skin, wrinkles, and pimples, says Doris Day, M.D., a clinical associate professor of dermatology at the New York University Langone Medical Center, in New York City. To tackle breakouts, look for a low-concentration benzoyl peroxide wash (2 to 5 percent) instead of the harsher benzoyl peroxide leave-on gel you used as a teen. Day also recommends topical Clindamycin lotion or Renova (which contains Retin-A in a moisturizing base), which can eliminate acne while preventing and treating wrinkles. During menopause, sebaceous glands slow down oil production, leaving skin visibly drier. Day suggests looking for a moisturizer containing hyaluronic acid. "It's a humectant that pulls water into the skin and holds it there," she says.

YOUR BRAIN ON MENOPAUSE

SLEEP WOES: Can't fall asleep or stay that way? The reason might be night sweats, which sometimes accompany hormonal changes around menopause, or it might be

sleep issues that started prior to menopause. "Our research shows that most women who had sleep issues before experience problems through menopause and beyond," says Ellen Freeman, Ph.D., a research professor of obstetrics and gynecology at the University of Pennsylvania.

As for heat surges, Minkin suggests minimizing discomfort by keeping the bedroom cool and using a dual-control heated blanket so you can stay cool while your partner stays warm. Also, place a clean nightgown next to the bed so you can quickly change if you wake up drenched.

BRAIN FOG: No, you're not losing your mind—you're losing your estrogen. "There's a clear connection between estrogen and cognition. Dropping hormone levels can contribute to an unfocused feeling," says Cynthia R. Green, Ph.D., the CEO of Total Brain Health, a company that provides memory-improvement lectures and training.



HORMONE THERAPY: A FULL BODY FIX?

If diminishing hormones are to blame for menopausal symptoms, then it stands to reason that replacing them would help you feel like your younger self. That's why hormone replacement therapy (HRT) was the go-to menopause treatment—until 2002, when the Women's Health Initiative study reported that HRT increased the risk of breast cancer and heart disease. Almost immediately, the number of women using HRT dropped nearly in half. But experts now know that younger women who don't have contraindications (like a history of breast cancer) are at a lower risk for problems if they use hormone therapy (HT), as it's now commonly called, for a set period of time. That's why many doctors recommend using hormones during perimenopause, at the start of menopause, or when symptoms are severe.

HT can be delivered in an oral medication or via the skin with a patch, a gel, or a spray. If you still have a uterus, you'll need estrogen and progesterone; if you've had a hysterectomy, you'll take estrogen alone. Perimenopausal women may opt to use an oral contraceptive instead, provided that they don't smoke. An oral contraceptive can minimize hot flashes, heavy bleeding, and clotting while preventing pregnancy. However, most women switch from an oral contraceptive to HT in their early 50s.

Many experts, as well as the North American Menopause Society, advise steering clear of *compounded bio-identical hormones*. The term is usually shorthand for custom-compounded hormone preparations—that is, specific amounts of hormones prescribed by a doctor and mixed by a pharmacist. "They are neither tested nor monitored for safety. You may be getting too little or too much medication," warns gynecologist Margery L. Gass. If you use HT, do so for no more than five years unless your doctor says it's OK. The older you are and the longer you use it, the higher the risks may become.

Being busy or overwhelmed can cause your memory and attention span to suffer, says Green, so say no more often—and mean it. In addition to eating well, getting enough shut-eye, and exercising regularly, drink lots of water. Research shows that even mild dehydration reduces women's ability to concentrate. Green also recommends doing games against the clock, like Elevate, Fit Brains Trainer, and Luminosity Brain Trainer, which can improve memory and hone focus. Meanwhile, hang in there: The fog will lift as your hormones settle down.

SAPPED SEX DRIVE: Vaginal dryness can make intercourse unpleasant. (Again, lube works wonders.) And hot flashes and moodiness can make you feel less than sexy. Women's levels of libido-revving testosterone also plummet in midlife. "There's no FDA-approved testosterone for women—the guy stuff is too strong—but doctors sometimes [prescribe it] at low doses for women, and it does increase sexual desire," says Minkin. Even so, she stresses that hormones are only part of the picture. Squashing stress and spicing things up to beat boredom can improve your relationship and sexual self-image.

THE BLUES: "The risk of depression is greater during menopause, especially for women who have experienced depression in the past," says Sheryl M. Green, Ph.D., an assistant professor in the department of psychiatry and behavioral neurosciences at McMaster University, in Hamilton, Ontario. Fluctuating hormones are the probable culprit, since they influence an area of the brain that's responsible for keeping mood stable. Night sweats may play a role, since poor-quality sleep may significantly contribute to depression. If you're down in the dumps for a couple of weeks, talk to your doctor or a psychologist. Research has shown that antidepressants, talk therapy, and exercise all improve mood.

THE CARE AND FEEDING OF THE MENOPAUSAL WOMAN IN YOUR LIFE

BY ANNABELLE GURWITCH

The care and feeding of the menopausal woman in your life can be a little like white-water rafting: We are an incredibly exciting group to run with, but if you're not careful, you'll be swimming upstream in a fast current or sucked into a swirling vortex. Here are a few things to keep in mind.

- Planning any get-together that includes food can be tricky if you're dealing with someone who has just discovered that eating a cashew can cause a change in pant size. If you're at a restaurant, you may experience the horror of witnessing the first time your hormonally challenged friend eyes a menu, brow furrowed, as if she's trying to crack the Enigma code and has to ask to borrow the restaurant's "readers."
- Instead of indulging, why not suggest catching up on a hike? Nothing too strenuous—maybe a short trek up Mount Kilimanjaro, which for a woman of a certain age is a great way to work off a cucumber salad.
- If you're purchasing a gift for a friend just entering menopause, skip the scarf. The scarf is the gateway garment to the turtleneck, and your friend might think you're sending the message that she's getting a gobbler. Someone very considerately just gave me a key chain that barks when you clap for it. Considering that I've been misplacing my keys five times a day since turning 40, I would like to take out stock in this company. It should be noted that if you're buying for someone over 50, go ahead and send those scarves. Having simplified my

wardrobe to the point where I basically leave my house looking like a plain-clothes detective, I rely on scarves to add a dash of color and flair.

- There's that schoolhouse saying "Sticks and stones might break my bones, but names can never harm me." Remember that? As someone who recently broke her ankle on the tennis court, I think I'm qualified to say that sticks and stones are problematic, but names can hurt, too—and it's a good idea to think about what you call your golden gal pal. Here's a phrase I've recently retired: "old friend." I now refer to my BFF from elementary school as my "long-time" friend Kimberly, to much appreciation.
- Here's another thing to avoid: breaking into peals of laughter if your tech-challenged quinquagenarian pulls out a flip phone or a BlackBerry. Remember—you're dealing with someone who might have fond memories of the busy signal or a typewriter or both.
- This actually happened to me. My teenage son was kind enough to offer, after I agreed to pay him, to shoot a video for my latest book. As he focused my phone's camera, he said, "Mom, you look just like Grandma." If your mother, your girlfriend, your officemate, or even your grandmother looks like a grandma, just don't say it out loud. Here's the thing: We know this already!
- Lastly, remember that those of you who are getting a front-row seat to menopausal madness might be called upon to be the voice of reason. My younger neighbor talked me out of getting the words UNDER NEW MANAGEMENT tattooed just below my C-section scar in a less-than-rational moment before I consulted my gynecologist about vaginal lubricants. So make sure you're taking good care of yourself. We need you!

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