

Chapter 1

Mapping Out Menopause

In This Chapter

- ▶ Getting your feet wet with the basics on menopause
 - ▶ Figuring out where you are on the menopausal roadmap
 - ▶ Understanding the symptoms
 - ▶ Outlining healthcare options
 - ▶ Living a long and healthy life
-

You’ve come a long way, baby” seems like a recurring slogan for baby boomers. The phrase certainly says a lot about the women of this generation as they approach the rite of passage called menopause. As an individual, you no doubt feel like you’ve come a long way in your life by the time you begin to think about menopause. Society in general, and women in particular, have also come a long way in opening up the discussion about the mysteries of menopause.

The phrase “you’ve come a long way, baby” closes with “but you’ve got such a long way to go.” Women today may well live 40 or 50 years after menopause. We all want to enjoy these years by visiting friends, taking care of our loved ones and ourselves, and pursuing favorite interests (old and new). In this chapter, we introduce you to menopause so you know what to expect when the time comes or what has been happening to you if you’re already in transition.

Defining Menopause

Puberty and menopause bracket the reproductive season of your life, and they share many characteristics. They’re both transitions (meaning that they don’t last forever); they’re both triggered by hormones; they both cause physical and emotional changes (that sometimes drive you crazy); and they both close some doors and enrich your life by opening new ones.

Puberty was the time when your hormones first swung into action. It marked the beginning of your reproductive years. Remember the ride? Your hormone levels shifted wildly when you got your first menstrual period. Your emotions probably went a little haywire for a while, too. Over the course of a few years, your hormones found a comfortable level. Your unpredictable periods finally settled into a predictable pattern, and your emotional balance was more or less restored.

At the end of your reproductive years, your hormone levels go through a similar dance (this time causing the midlife mood swings), but your hormones eventually find a new, lower level of production. Your periods are erratic for a while, but they eventually wind down and stop. So do those emotional roller coaster rides. Unfortunately, this time can be just as confusing as when you experienced puberty — fortunately, we use this section to unravel the basic mystery for you.

Getting the terminology right

Have you ever noticed how you don't really pay close attention to directions or where you're going when you're the passenger in a car? You only start to worry about every exit number and stop light when you're the one behind the wheel. Well, menopause is like that. You hear about menopause and menopausal symptoms, but you rarely pay much attention to the particulars until it's your turn.

When you do slide into the driver's seat and start paying attention, you may become frustrated by the confusing terminology associated with the whole menopause thing. Aside from the pamphlets you get from the doctor's office, most books, magazines, and articles treat menopause like a stage that starts with hot flashes and goes on for the rest of your life. But we know better. The following list gives you the lowdown on the terms associated with menopause:

- ✓ **Menopause:** *Menopause* actually means the end of menstruation. During the years leading up to menopause (called *perimenopause*), your periods may be so erratic that you're never sure which period will be the last one, but you aren't officially menopausal until you haven't had a period for a year.
- ✓ **Perimenopause:** The term *perimenopause* refers to the time leading up to the cessation of menstruation, when estrogen production is slowing down. A lot of the symptoms that folks usually label as menopausal (hot flashes, mood swings, sleeplessness, and so on) actually take place during the perimenopausal years. We're sticklers in this book about using the term *perimenopause* rather than *menopause* to describe this



early phase because you're still having periods. We also use *perimenopause* because we want to note the physiological and emotional changes you experience prior to the end of your periods and distinguish them from the changes that happen after your body has adjusted to lower levels of estrogen.

✓ **Postmenopause:** Technically, the time after your last period is called *postmenopause*, but this word has never really caught on. So, in keeping with common usage, we most often use the term *menopause* to refer to the actual event and the years after menopause and use *postmenopause* only when it helps clarify things. When we talk about *menopausal* women in this book, we're talking about women who have stopped having periods — whether they're 55 or 75.

The years leading up to and following menopause mark a pretty major transformation in a woman's life. As you make your way through this period of your life, you'll want to know where you're at within the whole grand scope of the change and what's going on inside you. Here's a brief description of the phases associated with menopause. (Don't worry: We give you a lot more detail about the various stages in Chapters 2 and 4.)

Approaching the change: Perimenopause

Perimenopause is the stage during which your hormones start to shift gears. Some months, your hormones operate at the levels they've worked at for the past 30 years or so; other months, your aging ovaries don't produce estrogen when they should. Your brain responds to this lack of estrogen production by sending a signal to try to get those ovaries jumpstarted. When they receive the signal, your aging ovaries overcompensate but don't produce estrogen in the same quantities that they used to.

Your period is late because your ovaries produced less estrogen during the first part of your normal cycle, or because you may never have ovulated, making the entire cycle weird and unusual — sometimes heavy, sometimes light.

So, during perimenopause, you still have your period, but you experience symptoms that folks associate with menopause. If you go to the doctor at this stage and ask, "What's happening to me? Could this be menopause?" the doctor will often go straight to the "Could this be menopause?" part of your question. Of course you're not menopausal if you're still having periods. But the problem is that many doctors miss the first part of the question — the "What's happening to me?" part. This is the real issue you want to get to the bottom of — the cause of your weird physical and emotional conditions.

Menstruating no more: Menopause

Menopause means never having to say, “Can I borrow a tampon?” again.

If you haven’t had a period for a year, you’ve reached *menopause*. Women can become menopausal approximately anytime between the ages of 45 and 55, with the average age being 51. The definition may seem cut and dry at first glance, but here are a few situations that may leave you scratching your head.

What if you use a cyclical type of hormone therapy in which you take estrogen for several days and progestin during the last few days of your cycle? You still have a period (the progestin causes you to slough the lining of the uterus), but you don’t ovulate. Are you menopausal or not? Technically, you’re delaying your last period. You’re taking a sufficient dosage of estrogen to rid yourself of perimenopausal symptoms, but you’re no longer fertile.

Here’s another tricky one: If you’ve had a *hysterectomy* (surgical removal of the uterus), you’re considered to be “surgically menopausal.” But, if you had your uterus removed but kept your ovaries, you’re not “hormonally” menopausal because your ovaries still produce estrogen. By taking your blood and analyzing your hormone levels, your physician can tell you whether your hormones are officially at menopausal levels.

These tricky situations cause us to ask, “Who cares about the definition?” You know a rose is a rose. The main concern here is *what’s happening with your hormones*, especially estrogen. Hormonal changes can trigger many physical and emotional health issues.

When you reach menopause, your hormone production is so low that your periods stop. Your ovaries still produce some estrogen and testosterone, but instead of producing hormones in cycles (which is why you have periods and why you’re only fertile for about four or five days each month), your body now produces constant, low levels of hormones. The type of estrogen your ovaries churn out also switches from an active type to a rather inactive form.

Getting past menopause: Postmenopause

Postmenopause is the period of your life that starts after menopause (a year after your last period) and ends when you do. This is a time when your body is living on greatly reduced levels of estrogen, testosterone, and progesterone. In this book, we simply refer to both the cessation of your period and your life afterward as menopause.

Anticipating Menopause

When will you become menopausal? The timing varies from woman to woman. Predicting this stuff is nowhere near an exact science. Heck, you can't even use the fact that you started your period earlier than most women as a predictor that you'll stop menstruating earlier. (The same goes for starting your period later in life and ending it later in life.) Genetics and lifestyle may have some impact on the schedule, but basically, it happens when it happens. But we can give you some ballpark age ranges for these phases.

Most women become perimenopausal sometime between the ages of 35 and 50. You'll probably know it when you get there because you'll probably have some of the symptoms (check out the Cheat Sheet at the front of this book and Chapter 4) and/or some irregular periods. Women usually become menopausal sometime in their 50s.

Some events can alter these "normal" age patterns, including lifestyle habits and medical interventions. Here are a few exceptional types of menopause:

- ✓ **Premature menopause:** A term used when women go through menopause in their 30s. This timing is considered unusually early, but it may be normal for you.
- ✓ **Medical menopause:** Refers to menopause induced by chemotherapy, radiation, anorexia, or other factors. This type of menopause is sometimes reversible, though your periods may take a month, several months, or even years to return.
- ✓ **Surgical menopause:** Refers to menopause induced by surgery. Removal of both ovaries results in immediate, nonreversible menopause.

Because your ovaries produce all types of sex hormones (estrogen, progesterone, and testosterone), surgical removal of your ovaries is fairly traumatic for your system: you'll go straight into intense menopausal symptoms such as hot flashes. (Chapter 3 is devoted to preparing for and understanding the causes and consequences of premature menopause.)

Transitioning to Menopause

When a group of women talk about their personal experiences of puberty, menstrual cycles, and pregnancy, the stories are all over the board. Some women don't notice changes in their bodies; others recognize the moment ovulation or conception occurs. Some women have terrible problems with

premenstrual syndrome (PMS); others have trouble-free cycles throughout their entire lives. Women's experiences vary with perimenopause and menopause just as much as they vary with these other changes. In this section we cover what you might experience as you begin the transition into perimenopause.

Starting out

Most women's ovaries begin a transformation sometime between the ages of 35 and 50. If your periods end before you reach 40, you experience what's known as *premature menopause*.

Perimenopause is sometimes called a climacteric period, which simply means that it's a crucial period. Remember that your ovaries don't just shut down one day; the transition is punctuated with production peaks and valleys that cause many annoying physical and mental symptoms. Perimenopause is a time of important physiological change — when egg production along with the production of estrogen and progesterone begins slowing down.

Identifying symptoms

We devote Chapter 4 almost exclusively to the symptoms women may experience during perimenopause. Several other chapters explain the link between your hormones and these symptoms.

Less than half of all women experience annoying symptoms such as hot flashes, heart palpitations, interrupted sleep, and mood swings during the transitional period prior to menopause. Most women who do experience these symptoms experience the symptoms while they're still menstruating on a regular schedule.

Other women recognize that they're perimenopausal because their periods, which used to be as regular as clockwork, are now irregular. Their periods may be late, they may skip a period, or their flow may be light one month and resemble a flood the next month.

Unfortunately, no objective medical test exists to determine whether you're officially perimenopausal.

Calling in the professionals



If you're in your late 40s or 50s and you're experiencing the symptoms listed on the Cheat Sheet and in Chapter 3, you can probably assume that you're perimenopausal. But don't cancel that appointment with your medical advisor to get the symptoms checked out. (If you don't have an appointment to cancel, make one and keep it.) Many symptoms of perimenopause are the same as some of the symptoms of thyroid problems, cardiovascular disease, depression, and other serious health issues.

Your medical practitioner can help you deal with the undesirable symptoms of perimenopause and prevent serious health conditions that are more prevalent after menopause.

Seeing it through to the end

Because you never really know when perimenopause starts, accurately defining a timeframe is difficult. Some women experience symptoms for ten years before their periods stop. The fact is that most of the symptoms you hear about are caused by the fluctuating hormone levels of perimenopause as opposed to the sustained, low levels of hormones you experience during menopause.

You're officially menopausal one year after your last period. After that, many people use the term postmenopause to mark the rest of your life (though in this book, we just keep using *menopause*).

Treating Menopause

At the end of the perimenopause road, your ovaries (and consequently, your hormone production) finally wind down. Your body gradually adjusts to the lower hormone levels typical of life after menopause. Most of the perimenopausal symptoms disappear, but now your concerns shift to health issues associated with prolonged, lowered levels of active estrogen.



Estrogen not only plays a role in reproduction, it also helps regulate a host of other functions throughout your body. Estrogen protects your bones and cardiovascular system, among other responsibilities. Those pesky perimenopausal symptoms may make life miserable, but they aren't dangerous to your health. But the conditions associated with long periods of diminished estrogen levels are very troublesome. They include

- ✓ Cardiovascular disease
- ✓ Heart disease
- ✓ Hypertension (high blood pressure)
- ✓ Osteoporosis
- ✓ Stroke

So you and your doctor need to work on strategies to prevent these conditions.

Some women choose hormone therapy (HT) to help prevent disease; others choose to take medications as individual problems arise. (We cover hormone therapy in Chapters 11 through 16 and alternative and non-hormonal ways to deal with certain conditions in Chapter 17.) Whichever path or paths you choose, each strategy presents benefits and risks. Your choices depend on your medical history, your family history, and your healthcare preferences. And remember that both your experiences and medical technologies change daily, so re-evaluate your options from time to time.

Promoting Longevity

Not long ago, 50 was about as old as we could expect to get. Today, many of us will live well into our 70s, 80s, and 90s. The fact that most women stop being fertile in their 40s doesn't mean that women are no longer productive after 40. In fact, with the whole reproduction thing out of the way, women have more time and opportunities to make new contributions to life on earth (or in space).

One of the keys to a long and happy life is good genes. Another key is taking good care of yourself and the genes you're dealt. Regular checkups can address medical issues as they arise and help prevent others. Eat healthy foods (and portions), get some exercise, and live life to its fullest.

Everyone agrees that a healthy lifestyle is the best way to reduce troublesome perimenopausal symptoms, prevent disease, and promote a long and healthy life. It's also the least risky strategy for dealing with perimenopause and menopause. Taking up this challenge requires self-assessment and a bit of determination. Shifting to a healthy lifestyle involves eliminating unhealthy habits, getting at least a half-hour of aerobic exercise five times a week, and maintaining a healthy, balanced diet that includes at least five servings of fruit and vegetables each week. We provide some great info on diet, nutrition, and exercise in Chapters 18 and 19. In Chapter 20, we talk about how the part of your life that follows menopause can be one of the most rewarding of all.