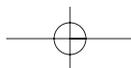
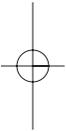
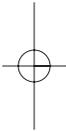
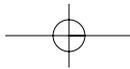
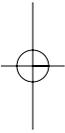
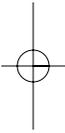
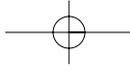
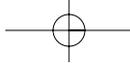


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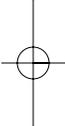
MENOPAUSE AND ANDROPAUSE
UNDER ONE ROOF



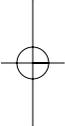




CHAPTER I

Dueling Hormones

The following self-guided questionnaire will help you and your partner identify potential double-menopause danger zones in your relationship and will provide the first stepping-stones in achieving successful remedies.

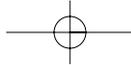


Identifying Double-Menopause Danger Zones

Please answer yes or no.

1. My partner and I are comfortable discussing our health concerns with each other.
2. I suspect my partner is having an affair.
3. I am upset that my partner is looking older.
4. I feel my partner is in good psychological health.
5. I often feel alone.
6. My partner seems edgy or frequently moody.
7. My partner makes me feel good about myself.
8. My partner is comfortable with his/her sex life.

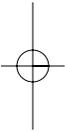
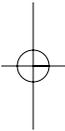


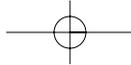


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Double Menopause

9. I feel close and connected with my partner.
10. I place a high value on keeping in good physical condition.
11. My partner and I are both following “healthy” diets.
12. Both of us have had a physical exam within the last year.
13. I feel in good physical health.
14. I feel in good psychological health.
15. My partner and I are pleased with our weight.
16. My partner is comfortable with his/her physical condition.
17. I see signs of aging in myself and feel desperate for plastic surgery.
18. My partner places a high value on keeping in good physical condition.
19. I see signs of aging in my partner and I am comfortable with this.
20. My partner resents/fears getting older.
21. I sleep soundly and wake up refreshed.
22. I am satisfied with my energy levels.
23. I feel good about myself.
24. I often feel depressed.
25. My partner is interested in learning about how the change of life can affect my health and well-being.
26. I am comfortable with my sex life.
27. Our relationship brings me comfort.
28. I am generally even-tempered.
29. My partner seems depressed.
30. I resent/fear getting older.
31. I am happy with my work or retirement.
32. I often feel irritable.
33. I feel financially secure.
34. I feel my partner is in good physical health.





35. My partner frequently tells me I am looking older or tired.
36. We both look forward to sexual intimacy.
37. I feel emotionally close with my partner.
38. My partner and I are able to talk about sensitive issues.
39. I still find my partner physically attractive.
40. I am fearful my partner desires a younger mate.
41. My partner and I enjoy each other's company.
42. I am interested in understanding how the change of life can affect my partner's health and well-being.
43. I see signs of aging in my partner and that makes me feel old.

Multiply by a factor of 1 any yes answers for questions 2–3, 5, 6, 17, 20, 24, 29–30, 32, 35–36, 40, 43. Multiply by a factor of 2 any no answers for questions 1, 4, 7–16, 18–19, 21–23, 25–28, 31, 33–34, 37–39, and 41–42. Add your total yes points and no points separately.

- SCORES 0–10: Picture perfect—too good to be true!
 11–20: Smooth sailing ahead—keep up the good work!
 21–45: Imminent danger, but awareness helps—strategies will be necessary.
 46–70: Fasten your seatbelt, turbulent conditions—employ emergency strategies as soon as possible!

A Tale of Two Menopauses

“If only he had started on hormones when I began Premarin, none of this would have happened,” Jan said, referring to the nasty breakup of a seemingly picture-perfect 26-year-long marriage. He was a successful corporate executive, she a devoted stay-at-home wife and mother with two grown kids and a beautiful home in the suburbs. Although it looked like they had it all, something was missing.

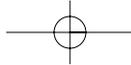
When 49-year-old Jan began to feel edgy, irritable, and depressed,

she consulted with her physician. The diagnosis was perimenopause transition and she began a low-dose regimen of hormone replacement. Her normally cheerful disposition returned and she felt back to normal. By the time she realized that Bob, her 53-year-old lifelong mate, was experiencing similar symptoms, it was too late.

Instead of communicating, Bob withdrew. He stayed at work later and later. Their sex life, which had been dwindling for some time, became nonexistent. At first Jan was relieved because her sexual desire was lacking, but after her doctor diagnosed the change of life and supplemented her hormones, her libido came alive. But what about Bob? He emphatically denied anything was wrong. As a matter of fact, the more Jan realized that he was not himself, the more distant the relationship became. When Jan discovered Bob's ongoing relationship with a woman half his age, it dawned on her that she knew nothing about the changes that occur in a man's mind, body, and spirit at midlife. Bob was living in denial and Jan was helplessly standing by. The divorce papers brought them both into crisp reality.

While at a recent escape to a luxury health spa to heal herself, Jan realized that her only regret is not recognizing the subtle, and sometimes not so subtle, signs of male menopause and how it affected both Bob and their relationship. Perhaps medical and/or psychological intervention could have helped. With a twinge of guilt, Jan reminisced, "I was so wrapped up in my own hormonal changes I didn't even notice Bob's."

Sometimes it is impossible to see the full extent of a problem if one is wearing blinders. Jan fully admits that she was so focused on her own menopausal hormonal dilemmas that she did not pick up on the menopausal changes that Bob was experiencing. In fact, she regrets not having the basic knowledge that her husband could even be experiencing something similar to her own change of life, both hormonally and psychologically. She simply wasn't aware that such a thing as a male menopause even existed. "If only I had known," she laments, "we both would have been better prepared to make the jour-



ney together. Instead, I went my way and he went his. Neither of us had a clue about what the other was experiencing.”

Unfortunately, lack of knowledge of age-related hormonal changes as well as lack of acknowledgment are both common culprits in the unraveling of long-term marital bonds. Sometimes the elements of denial and/or fear by one or both partners can push a relationship over the edge. Neither husband nor wife is happy with the way their lives are going, yet they are unable to communicate their feelings to one another. Avoidance takes precedence over communication and lays the foundation for withdrawal and isolation. Each partner develops his or her own perceptions of the other, with neither daring to reveal any fears or frustrations. These silent perceptions can lead to misconceptions that put seasoned relationships in the double-menopause danger zone. Acknowledging these perceptions is the first step toward averting marital disaster.

His perceptions:

- She seems edgy, tired, and irritable.
- She doesn't seem to be as interested in me as she used to be.
- Sex isn't as spontaneous. What happened to the excitement?
- Am I still as capable as I used to be?
- Our relationship is changing in uncomfortable ways.
- It's her menopause and I better not mess with her.

Her perceptions:

- He seems edgy, tired, and irritable.
- He doesn't seem to be as interested in me as he used to be.
- Sex isn't as enjoyable. I've lost my interest and he is embarrassed that he is having trouble in that department.
- Is he depressed or having a midlife crisis?
- Our relationship is changing in uncomfortable ways.
- He doesn't find me attractive anymore.

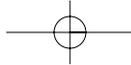
Acknowledging and becoming knowledgeable about each other's midlife hormonal changes is a necessary first step to avert a hormone-induced breakup. When a man becomes educated about the hormonal changes a woman experiences during menopause, he is transformed from a helpless mate to a helpmate. His sense of powerlessness transforms itself into empowerment and he no longer feels bewildered and intimidated by the process. Likewise, when a woman becomes educated and aware that her man is not immune from a midlife hormonal transition, she, too, becomes empowered to be a better helpmate and can tune in to the subtle changes.

What Do Hormones Have to Do with It?

As a gynecologist and reproductive endocrinologist, I believe hormones make the world go round. And when they are out of whack, so, too, is our personal world. I came to this understanding at a relatively young age—many years prior to my formal studies in medical school, internship, residency training, and fellowship in the field of reproductive endocrinology and infertility.

At the age of 16, I learned firsthand how an instant of terror can produce a year of hormonal dysfunction. While I was not physically harmed, I had become psychologically traumatized by witnessing a mugging walking home from high school on a late autumn afternoon. And although the potential for true bodily harm was very real, I managed to escape from a dangerous situation and call for help. After the episode, I was quite relieved to learn that the victim was not seriously hurt and I went back to my normal day-to-day living—or so I thought. Little did I anticipate the aftermath of my moment of terror.

For one full year after “the event,” as I’ve come to refer to the mugging incident, my menstrual periods disappeared. I was a puzzle to my general doctor and I baffled the specialist to whom I was referred. I was a mystery to the medical profession—but deep within the confines of my adolescent psyche, within the neurochemical and



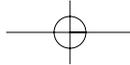
neuroendocrinological chambers of my brain—lay the answer. I felt it was up to me to solve this puzzle and help myself. And I did.

Once I consciously acknowledged what had happened and linked the event to the aftermath of no periods, my normal menstrual cycle resumed. I had experienced firsthand the power of the mind-body connection and the interaction between the psyche and hormonal function. My body had responded physically to the neurochemical signals induced by sheer terror and temporarily shut down my reproductive system. It was as if the mind was letting the body know that events in the environment were too tense, abnormal, and too dangerous for a pregnancy. So the endocrine system picked up the message and literally shut down the normal hormonal messengers necessary for ovulation and menstruation.

Only when there was a conscious acknowledgment and subsequent release of subconscious fear did my hormonal system restore itself to normal. This intimate link, just one example of a mind-body connection, also illustrates the hormonal or endocrine system's feedback loop. Without this loop none of us could function. And when this loop is thrown off track, even subtly, it can affect our daily lives. If we ignore it, the problem persists—as happened to me with a cessation of my periods. If we are tuned in to the changes and acknowledge these events in our lives, we can choose to live and communicate more effectively.

What Both Sexes Must Know about Each Other's Hormonal Changes

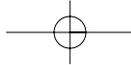
Male menopause has always existed but only recently has it been acknowledged and given its own identity as andropause. It is not the equivalent to female menopause, but many men lose potency, energy, and drive between 40 and 80 years of age. Although there is a definite and significant decline in the circulating blood levels of the male sex hormone testosterone, there is not a complete halt to production as



there is for estrogen in women. In fact, many men still retain their fertility into old age in contrast to women, who lose reproductive function by age 50. This biological discrepancy between the sexes gives a man a psychological and physiological edge by maintaining a link to the mythical fountain of youth through potentially limitless reproductive capacity. Pablo Picasso, Marlon Brando, Larry King, and Saul Bellow are prominent examples of men who fathered children at an advanced age—all with much younger female partners.

Similar to women in menopause, however, all andropausal men experience varying losses of decreased lean body mass, diminished muscle strength, reduced bone density, and loss in potency. There are psychological ramifications to these changes as well, which may manifest in fatigue, loss of libido, reduced sense of well-being, and depression. Often there are conflicting emotions. Previously repressed frustrations and anger may surface—to the dismay of both the man and his partner. With the lowering of critical hormone levels comes the lowering of the threshold of tolerance. This can become very frightening and threatening on both the home front and in the workplace, especially if it is not understood or anticipated. Recognizing these signals and responding with compassion and professional attention can not only preserve the relationship but also protect a man's health. A woman should be aware of these potential changes for the sake of her partner and their relationship.

Likewise, a man needs to recognize and understand a woman's change of life so that he can provide compassionate guidance and not be frightened away. A little knowledge can go a long way in alleviating fears—both his and hers. By understanding that a woman's change of life is a natural event related to declining estrogen levels, both partners can become involved in planning for this time of life. This typically occurs between the ages of 45 and 53 with predictable symptoms—hot flashes, sleep disturbances, vaginal dryness, moodiness, change in menses—and there are many treatment options available. I encourage men to join their partners when they visit a health care provider for menopause consultation, not only to



provide emotional support for their partner, but to take the opportunity to learn more about the physical and emotional changes she is undergoing.

I am always pleased to see a man come into the office with his significant other for the menopause or hormone consultation. In this protected environment, intimate matters can be freely discussed and questions answered that might not have surfaced before. A man may come to understand why his wife's libido has changed and what options are available to help them both. Perhaps her hot flashes are walking him up at night and she wasn't even aware. There needs to be an openness and a freedom to the discussion. On several occasions men have accompanied their wives to the office and told me about their hot flashes, something that they had never mentioned to anyone before, not even their own doctor.

The coupled office visit is an ideal opportunity that is too often overlooked. If you haven't tried it yet, I strongly recommend scheduling one and bringing a list of his and her questions. Preventing misconceptions and enhancing communication brings us closer to the overall goal of hormonal harmony—and it's never too late.

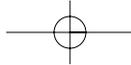
It Was His Hormones All Along

I had just given my seminar "Menopause: His, Hers, and Theirs" to a standing-room-only audience at a well-known health resort when a petite, fragile-appearing woman well into her 80s approached me.

"Dear," she said with a charming Southern accent, "you just made my day!"

"How so?" I asked, rather taken aback.

"Well, for the past thirty-some years," she said, "it always bothered me that no one believed me when I complained that my husband was going through some kind of menopause way back then. The doctors just laughed at me. I always believed poor John was going through some hormonal hell—bless his soul—and nobody would help him. He was so moody when he turned fifty, his sex drive just

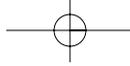


about dried up and he even had hot flashes! Of course he wouldn't admit to any of it and those doctors thought I was the crazy one. I'm happy to know from what you just told us here tonight that's exactly what his condition was—and it was no laughing matter! Too bad this knowledge came thirty years too late for him. The good news is I can still use this bit of information 'cause you see I'm working on my next fella! Thanks, dear, for letting me know I wasn't crazy after all." With that, this sweet octogenarian Southern belle gave me a hug and waltzed from the room.

Necessary Information for Contemporary Couples

Ron, a rugged-looking man in his 50s, sat in the front row and hung on to every word of my lecture about male menopause. When I finished speaking, much to his and the audience's surprise, he blurted, with a perplexed groan, "I wish someone had told me about this before the divorce!" Then, after the room cleared, he cautiously approached me. "You know, Doc, before I heard what you had to say, I didn't believe much in this hormone stuff." He took a deep breath and continued, "But now I see it differently. I just went through a divorce—after twenty-one years of marriage, no less. I'm an attorney. I'm seriously thinking of changing careers and I have every darn symptom on your list of male menopausal signs and symptoms! What do you think I should do?" For Ron, an immediate referral to a specialist was in order and he was relieved when I could refer him to someone in his hometown.

I have often been disturbed by the alarmingly high statistics for midlife divorce among couples married 20 years or more—over 50 percent. Having survived over two decades of life together as one half of a couple, as well as a family, conquering tragedies and celebrating triumphs together, I find it defies all logic that this would be a rational time to separate. Surely, society alone is not to blame. And while there are, of course, individual variations on the theme, there is more often than not a common thread—a hormonal link.

*Dueling Hormones*

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All midlife couples face turbulence. It is a matter of degree and preparedness that makes the difference between those who separate and those who compensate. Indeed, some midlife couples renew their vows and strengthen their identity as a pair. And what force could be so powerful as to either drive couples apart or solidly reunite them? In the chapters that follow, you will discover your natural role and learn strategies for achieving hormonal harmony until *death* do you part.

