

Menopause Symptoms www.emedicine.com/menopause

Hot flashes: Hot flashes are the most common symptom of menopause. According to some studies, hot flashes occur in as many as 75% of perimenopausal women. Hot flash symptoms vary among women. Commonly, the hot flash may begin with a feeling of nausea or a [headache](#), followed by a wave of heat, flushed skin, and [palpitations](#) (feeling a strong heartbeat). Hot flashes often increase skin temperature and pulse, and they often cause [insomnia](#), or sleeplessness.

[Urinary incontinence](#) and burning on urination

Vaginal changes: Because estrogen affects the vaginal lining, perimenopausal women may also have pain during intercourse and may note a change in vaginal discharge.

Breast changes: Menopause may cause changes in the shape of the breasts.

Thinning of the skin

Bone loss: Rapid bone loss is common during the perimenopausal years. Most women reach their peak bone density when aged 25-30 years. After that, bone loss averages 0.13% per year. During perimenopause, bone loss accelerates to about a 3% loss per year. Later, it drops off to about a 2% loss per year. No pain is usually associated with bone loss. However, bone loss can cause [osteoporosis](#), a condition that increases the risk of bone fractures. These fractures can be intensely painful and can interfere with daily life. They also can increase the risk of death.

Cholesterol: Cholesterol profiles also change significantly at the time of menopause. Total cholesterol and LDL (bad) cholesterol increase. Increased LDL cholesterol is associated with an increased risk of heart disease.

Heart disease risk increases after menopause, although it is unclear exactly how much is due to aging and how much is caused by the hormonal changes that occur at the time of menopause. Women who undergo premature menopause or have their ovaries removed surgically at an early age are at an increased risk of heart disease.

Weight gain: A 3-year study of healthy women nearing menopause found an average gain of 5 pounds during the 3 years. Hormonal changes and aging are both possible factors in this weight gain.

Exams and Tests

Blood testing: To determine menopause in women, a health care provider may check the follicle stimulating hormone (FSH) level through a blood test.

Bone testing: The standard for measuring bone loss, or [osteoporosis](#), associated with menopause is the DEXA (dual-energy x-ray absorptiometry) scan. The test calculates bone mineral density and compares it to the average value for healthy young women. The World Health Organization defines osteoporosis as more than 2.5 standard deviations below this average value. A condition known as osteopenia indicates less severe bone loss (between 1 and 2.5 standard deviations below the average value).

The DEXA scan is usually performed before a doctor prescribes medications for osteoporosis to rebuild bone mineral density. The test is a special x-ray film taken of the hip and of the lower bones in the spine. The scan is repeated in 1 1/2 - 2 years to measure response to treatment.

Simple bone screening can also be done in [ultrasound](#) machines that measure the bone density of the heel. This is merely a screening device. If low bone density is detected, follow-up with a complete DEXA scan may be required.

Heart risk testing: Postmenopausal women may be at risk for heart disease. A doctor can measure cholesterol levels with a simple blood test. If cholesterol levels are high, the doctor can advise women about ways to decrease their risk of [heart disease](#).

Medications

Hot flashes: Hot flashes usually last 2-3 years, but many women can experience them for up to 5 years. An even smaller percentage may have them for more than 15 years. Prescription treatments for hot flashes include [clonidine](#) (Catapres), a medication that also lowers blood pressure, and belladonna (Bellergal), which contains a medication called phenobarbital. Bellergal has the potential to become addictive and should only be used for a short period of time. Bellergal also causes sleepiness. Studies are underway using certain antidepressants (known as SSRIs) to determine if they reduce hot flashes.

Estrogen therapy: Estrogen is a well-established prescription therapy for hot flashes. Estrogen also helps build bone mass, reduces the risk of fractures, and improves cholesterol. Estrogen can be helpful in preventing urinary symptoms and in treating uncomfortable vaginal symptoms.

Some studies suggest women who take estrogen to replace the estrogen their bodies no longer produce may be at reduced risk for colon [cancer](#), although more studies are needed in this area.

Recent clinical trial data indicate that combination therapy of estrogen and progesterone increases the risk of heart disease. The decision to take estrogen therapy (ET) can be made by a woman and her doctor after careful discussion about her symptoms, medical history, family medical history, and desires.

Estrogen is available in a variety of forms, including vaginal suppositories and creams (which are mainly useful for vaginal symptoms), skin patches (Vivelle, Climara, Estraderm, Esclim, Alora), and oral tablets.

Women who have not had a [hysterectomy](#) (they still have their uterus) must take estrogen in combination with the hormone progesterone. Estrogen alone increases the risk of abnormal growth in and cancers of the endometrium, or uterine lining. However, this risk is reduced when progesterone is taken along with estrogen on a regular basis. Taking estrogen in combination with progesterone is called [hormone therapy](#) (HT).

Hormone therapy appears to increase a woman's risk of breast cancer when used for more than 4 years. The [Women's Health Initiative](#) (2002), a large clinical trial, found that women who took estrogen and progesterone had an increased risk of breast cancer after 4 years of use. The Nurses' Health Study, which is following more than 120,000 nurses, has found that women who take hormone therapy for more than 5 years have an increased risk of breast cancer, but a reduced risk of heart disease. Researchers from one large study have shown that estrogen alone decreases the risk of hip fracture and increases the rate of [stroke](#).

Women should undergo a breast exam and mammogram prior to starting estrogen. Once on estrogen, women must be monitored regularly with breast exams and mammograms.

Women who already have heart disease should not use estrogen.

Estrogen therapy does not prevent pregnancy.

Women who take estrogen also tend to have a higher risk of developing:

[Gallstones](#)

Increased triglyceride levels

Blood clots

Vaginal dryness and pain with intercourse

Bone loss: Several medications may be used for preventing and treating osteoporosis.

The bisphosphonates, which include [alendronate](#) (Fosamax) and [risedronate](#) (Actonel), have been shown in clinical trials to reduce bone loss in postmenopausal women and to reduce fracture risk in women who have osteoporosis.

[Raloxifene](#) (Evista), a selective estrogen receptor modulator (SERM), is another therapy for osteoporosis. It reduces bone loss and appears to reduce the risk of back fractures in women with osteoporosis.

[Calcitonin](#) (Miacalcin or Calcimar) is a nasal spray that has been found to reduce the risk of back fractures in women who have osteoporosis.

A prevention drug currently under investigation is the drug PTH (parathyroid hormone).

Self-Care at Home

Hot flashes: Several nonprescription treatments are available, and lifestyle choices can help.

[Soy](#) protein is a popular remedy for hot flashes, although data on its effectiveness are limited. Some doctors recommend 60 grams of soy protein, or about 2 cups of soy milk, daily. Soy contains phytoestrogens, or natural plant [estrogens](#) (isoflavones), which are thought to have effects similar to estrogen therapy. The safety of soy in women who have a history of [breast cancer](#) has not been established, although clinical studies indicate soy is no more effective for treating symptoms than a placebo. Soy comes from soybeans and is also called miso or tempeh. The best food sources are raw or roasted soybeans, soy flour, soy milk, and tofu. Soy sauce and soy oil do not contain isoflavones.

Regular aerobic exercise was found to reduce hot flashes.

Foods that may trigger hot flashes, such as spicy foods, caffeine, and alcohol, should be avoided.

Heart disease: A low-fat, low-cholesterol diet helps to reduce the risk of heart disease.

Weight gain: Regular exercise is helpful in controlling weight.

Osteoporosis: Adequate calcium intake and weight-bearing exercise are important. Strength training (lifting weights or using exercise bands in resistance training) can strengthen bones.

Other Therapy

Black cohosh (Remifemin) is a commonly used herbal supplement that is believed to reduce hot flashes. However, small German studies that tested black cohosh only followed women over a short time period. The German agency that regulates herbs does not recommend using black cohosh for longer than 6 months. Side effects can include nausea, vomiting, dizziness, visual problems, slow heartbeat, and excessive sweating. Black cohosh is not regulated by the U.S. Food and Drug Administration, so women must be careful about the safety and purity of this supplement.

Inconclusive and conflicting studies indicate that other herbals, such as [dong quai](#), [red clover](#) (Promensil), chasteberry (Vitex), yam cream, Chinese medicinal herbs, and evening primrose oil, should be avoided or taken with care under the supervision of a health care provider to avoid unwanted and dangerous side effects and interactions.

According to the National Center for [Complementary and Alternative Medicine](#), other nonprescription techniques may relieve the symptoms of menopause. These techniques include meditation, [acupuncture](#), hypnosis, biofeedback, deep breathing exercises, and paced respiration (a technique of slow breathing using the stomach muscles).

Web Links

American Academy of Family Physicians, [Very-Low-Dose Birth Control Pills for Perimenopausal Women](#)

American Heart Association, [Menopause and the risk of heart disease and stroke](#)

National Cancer Institute, [Menopausal Hormone Use: Questions and Answers](#)

National Heart, Lung, and Blood Institute, National Institutes of Health, [Postmenopausal Hormone Therapy](#)

National Kidney and Urologic Diseases Information Clearinghouse, [Menopause and Bladder Control](#)

[Women's Health Initiative](#)

National Heart, Lung, and Blood Institute, [Good Sources of Calcium](#)