



Perimenopause and Menopause

Menopause is certainly a journey, with no clear starting or ending point and can be a different experience for each individual. This resource provides information on perimenopause, menopause and tips on how to manage symptoms and keep yourself healthy along the way!

Perimenopause

The beginning phase, in which your body will start providing helpful physical clues that the menopause process is starting. It can be years before your last menstrual period. Perimenopause may last for 4 to 8 years. It begins with changes in the length of time between periods and ends 1 year after the final menstrual period.

Check your Contraception Options:

In perimenopause, there is still a slight chance of becoming pregnant. If that is not something that you are interested in, birth control is recommended until one year after your last period.

Five effective options for midlife individuals include:

- Birth control pills, patches, or rings
- Progestin-alone pills, implants and injections
- Intrauterine devices with or without hormones
- Sterilization (Tubal ligation, fallopian tube inserts, or vasectomy for men)
- Barrier methods (condoms, diaphragm, spermicide)

Primary Ovarian Insufficiency (POI):

One way to get to menopause earlier than usual is a condition called POI. With POI, individuals under 40 have no or only occasional periods and elevated FSH levels, which signify fewer eggs in their ovaries. Some individuals with POI may have typical menopause-related symptoms, others may not.

Natural Menopause

The spontaneous, permanent ending of menstruation that is not caused by any medical treatment. Menopause is a normal, natural event. It's defined as the final menstrual period and is confirmed when an individual has not had their period for 12 consecutive months.

Individuals in North America will likely experience natural menopause between ages 40 and 58, averaging around age 51. Ages, however, may vary. Typically, individuals reach menopause around the same age as their biological family members.

Induced Menopause:

Induced menopause is when an individual's menstrual periods end due to a medical intervention, particularly surgical removal of both ovaries or cancer treatments such as chemotherapy or pelvic radiation.

Smoking and genetics are two factors that can influence the timing of natural menopause. Smokers reach menopause about 2 years earlier.

Postmenopause

This final phase includes all the time after menopause. Due to the continued decrease in estrogen levels during this time, symptoms like vaginal dryness and hot flashes may linger.

Some common, normal signs of menopause include irregular periods, hot flashes, vaginal dryness, sleep disturbances, and mood swings—all results of unevenly changing levels of ovarian hormones (estrogen) in your body.

Hot flashes are the most common menopause-related discomfort. They involve a sudden wave of heat or warmth often accompanied by sweating, reddening of the skin, and rapid heartbeat. They usually last 1 to 5 minutes. Hot flashes frequently are followed by a cold chill.

Night sweats are hot flashes at night that interfere with sleep. While it's a myth that menopause itself makes individuals irritable, the sleep disturbances that stem from hot flashes and night sweats can certainly make an individual irritable. Treatments for night sweats and hot flashes include lifestyle changes, nonprescription remedies, hormone therapy (with estrogen plus progestogen, or estrogen alone for individuals without a uterus), and non-hormonal prescription drugs.

The drop in estrogen around menopause may lead to **vaginal atrophy** (the drying and thinning of vaginal tissues) in some individuals. This can cause a feeling of vaginal tightness during sex along with pain, burning, or soreness. Over-the-counter vaginal lubricants and moisturizers are effective in relieving pain during intercourse. For individuals with more severe vaginal atrophy and related pain, low-dose vaginal estrogen products may be needed. Individuals can also maintain vaginal health through regular sexual activity, which promotes blood flow to the genital area.

Mood Swings: Some individuals find that hormone fluctuations in perimenopause create a feeling of being out of control. Reports of increased irritability, anxiety, fatigue, and blue moods are not uncommon. Relaxation and stress-reduction techniques, including deep-breathing exercises and massage, a healthy lifestyle (good nutrition and daily exercise), and enjoyable, self-nurturing activities may all be helpful.

Urinary Incontinence: Defined as the persistent, involuntary loss of urine, most individuals would agree that urinary incontinence is an unfortunate, unwelcome, unwanted annoyance. Luckily, there are strategies to help improve the various forms of incontinence without medication or surgery. Drinking adequate water to keep urine diluted (clear and pale yellow), and avoid foods or beverages with a high acid or caffeine content, which may irritate the bladder lining. These include grapefruit, oranges, tomatoes, coffee, and caffeine-containing soft drinks. Also try Kegel exercises to strengthen your pelvic floor muscles and reduce incontinence episodes.

Trouble Falling Asleep:

Establish a regular sleep schedule and sleep routine:

- Wake up and go to bed at consistent times, even on weekends.
- Relax and wind down before sleep by reading a book, listening to music, or taking a leisurely bath.
- Try having a bowl of cereal, peanut butter on toast, or a cup of chamomile tea before bedtime (milk and peanuts contain tryptophan, which helps the body relax)
- Keep bedroom light, noise, and temperature at a comfortable level -- dark, quiet, and cool are conditions that support sleep.
 - Use the bedroom only for sleep and sex.
 - Avoid caffeine and alcohol late in the day.

Staying Healthy at Menopause and Beyond:

Keeping a menstrual calendar can help individuals determine what's normal or abnormal. Individuals should consult a healthcare provider right away if signs of abnormal bleeding patterns occur.

Osteoporosis is a major health risk to individuals after menopause, as age-related bone loss speeds up in the surrounding years. Bone-strengthening exercise can help.

Midlife weight gain in individuals seems to be mostly related to aging and lifestyle, but the years around menopause are associated with fat gain in the abdomen if individuals are not attentive to diet and exercise. Abdominal fat is associated with an increased risk of heart disease.

Individuals who have had a history of headaches around menstrual periods or when taking oral contraceptives are at an increased risk for hormonal headaches and migraines during perimenopause. Hormonal headaches typically stop when menopause is reached, and hormone levels are consistently low.

Skin-healthy habits at midlife include avoiding smoking, stress, and overexposure to sunlight; adequate exercise and sleep; drinking plenty of water; and avoiding hot, soapy showers and baths (which dry out the skin).

Practicing good oral hygiene is extremely important. Brushing and flossing daily, regular dental checkups, and professional dental cleaning twice yearly are all recommended. Gum disease increases risk for heart disease, and tooth loss can be a sign of underlying bone disease, including osteoporosis.

While some risk factors cannot be changed, others can be controlled or modified to create a more heart-healthy lifestyle by following these modifications:

- Don't smoke
- Control blood pressure
- Control cholesterol
- Control triglycerides
- Prevent diabetes
- Exercise regularly
- Maintain healthy weight or lose weight if overweight
 - Improve nutrition
 - Reduce stress

**Information included in this resource was taken from the North American Menopause Association website*

Sexual Health Questions? We Have Answers!

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