



# Information for Service Women: Perimenopause and Menopause

## REVIEW OF MENOPAUSE AND PERIMENOPAUSE

### MENOPAUSE

- **Menopause is when your periods stop permanently**, and you can no longer get pregnant. You have reached menopause only after it has been **a full year since your last period**. This means you have not had any bleeding, including spotting, for 12 months in a row. After menopause, the **amount of estrogen and progesterone in your body is significantly decreased**. Common side-effects of menopause are due to the drop of these hormones. This can also **raise your risk for certain health problems**. The average age at menopause is 51, with the average range falling between 47-58 years of age. If you **have been amenorrheic** due to LARC or other types of menstrual suppression, **menopause symptoms remain the same**, but the definition that reflects timetable of menses is unlikely to be met.

### PERIMENOPAUSE

- **Perimenopause, or the menopausal transition, is the time leading up to your last period**. Perimenopause is the transition to menopause, or the time when your periods stop permanently. Women may experience the **symptoms of menopause for as long as 10 years** before menstrual bleeding stops. As your body transitions to menopause, your **hormone levels drop**. The ovaries attempt to increase the amount of estrogen in the body, and periods can become heavier and closer together. Irregular periods happen during this time because you may not ovulate every month. You **might skip a few months** or have **unusually long or short menstrual cycles**. Your period may be **heavier or lighter** than before. Many women also have hot flashes and other menopause symptoms during this transition.

## Hormonal Changes Associated with Menopause can Result in the Following Symptoms:

- + **Gynecological:** Irregular menses, bleeding between periods, heavy bleeding during periods
- + **Vasomotor:** Hot flashes, night sweats, sleep disturbances, change in headache patterns
- + **Urogenital:** Vaginal itching, dryness, increased discharge, urinary frequency and urgency, urinary incontinence
- + **Skin and hair changes:** Breast atrophy, skin thinning, decreased elasticity, thinning hair
- + **Psychological:** Mood disturbance, irritability, fatigue, memory loss, depression, anxiety
- + **Sexual:** Decreased libido, vaginal dryness, problems reaching orgasm, dyspareunia, bleeding after sex
- + **Decreased fertility**
- + **Changes in fat storage**
- + **Vascular:** Increased cholesterol, decreased bone density, increased risk for cardiovascular disease



### When to Seek Medical Attention:



*If you experience a particularly unusual pain or sensation that doesn't align with the more common menopausal symptoms you have been experiencing lately, seek medical advice from your trusted menopause doctor. Less common menopausal symptoms that could surprise you include tingling extremities, burning tongue, electric shock sensations, and more.*

## Impact on Readiness

Increased career opportunities and career longevity for service women mean **more active duty women will experience natural, age-related changes** to their bodies that may impact their readiness. During the menopausal transition and post-menopausal period, **women with ovaries may find it challenging to maintain readiness** and could experience difficulty with the following:



## Serious Medical Concerns for Women Experiencing Menopause Can Also Include:

### Cardiovascular Disease

- When your estrogen levels decline, your risk of cardiovascular disease increases. Heart disease is the leading cause of death in women.

### Osteoporosis

- This condition causes bones to become brittle and weak, leading to an increased risk of fractures. During the first few years after menopause, you may lose bone density at a rapid rate, increasing your risk of osteoporosis. Postmenopausal women with osteoporosis are especially susceptible to fractures of their spine, hips, and wrists.

## FAQ

### Frequently Asked Questions on the Impacts of Menopause

#### How do I know if I'm in menopause?

1

You'll know you've reached menopause when you've gone 12 consecutive months without a menstrual period. Contact your healthcare provider if you have any type of vaginal bleeding after menopause. Vaginal bleeding after menopause could be a sign of a more serious health issue.

2

#### How long do menopause symptoms last?

You can have symptoms of menopause for up to 10 years. However, most people experience symptoms of menopause for less than five years.

3

#### What are hot flashes and how long will I have them?

Hot flashes are one of the most frequent symptoms of menopause. It's a brief sensation of heat. Aside from the heat, hot flashes can also come with clammy skin, chills, redness and flushing, anxiety, and heart palpitations.

4


#### When is too young to go through menopause?

Women who go through menopause under 40 years old should have evaluation for premature ovarian insufficiency.

# MANAGEMENT OF PERIMENOPAUSE AND MENOPAUSE

## SYMPTOMS AND SIDE EFFECTS

The signs and symptoms of menopause, including hot flashes and vaginal dryness, can be very bothersome. **Treatment should target only symptoms that negatively impact your life.** Interventions are **not mandatory** and are **not recommended for people who are not bothered by symptoms.** However, **all people should have conversations** with their providers to learn more about options available.

Lifestyle Changes	Suggestions
<b>Cool Hot Flashes</b> 	<ul style="list-style-type: none"> <li>• Exercise regularly</li> <li>• Dress in layers</li> <li>• Pinpoint what triggers your hot flashes</li> <li>• Limit spicy foods or alcohol</li> <li>• Consider using acupuncture and/or Vitamin E to reduce severity and frequency</li> </ul>
<b>Decrease Vaginal Discomforts</b> 	<ul style="list-style-type: none"> <li>• Use over-the-counter water-based vaginal lubricants (Astroglide, K-Y) or moisturizers (Replens, Vagisil ProHydrate).</li> </ul>
<b>Optimize Sleep</b> 	<ul style="list-style-type: none"> <li>• Avoid caffeine, particularly after noon</li> <li>• Avoid exercise right before bedtime</li> <li>• Try relaxation techniques such as deep breathing, guided imagery, and progressive muscle relaxation</li> </ul>
<b>Strengthen Pelvic Floor</b> 	<ul style="list-style-type: none"> <li>• Try pelvic floor muscle exercises, called Kegel exercises, to improve forms of urinary incontinence</li> <li>• Seek care from pelvic floor physical therapist</li> </ul>
<b>Eat Well</b> 	<ul style="list-style-type: none"> <li>• Eat a balanced diet that includes a variety of fruits, vegetables, and whole grains</li> <li>• Limit saturated fats, oils and sugars</li> <li>• Aim for 1,200 to 1,500 milligrams of calcium intake and 800 IU of vitamin D per day</li> </ul>
<b>Don't Smoke</b> 	<ul style="list-style-type: none"> <li>• Stop smoking to reduce risk of heart disease, stroke, osteoporosis, and cancer</li> <li>• Stop smoking to lessen hot flashes and reduce risk of early menopause</li> </ul>
<b>Exercise Regularly</b> 	<ul style="list-style-type: none"> <li>• Exercise for at least 30 minutes with moderate-intensity physical activity on most days</li> <li>• Exercise regularly to protect against cardiovascular disease, diabetes, osteoporosis, and other conditions associated with aging</li> </ul>
<b>Schedule Regular Check-ups</b> 	<ul style="list-style-type: none"> <li>• Consult your healthcare provider about how often you should have mammograms, Pap tests, and cholesterol and triglyceride screening</li> </ul>
<b>Practice Stress Management</b> 	<ul style="list-style-type: none"> <li>• Consider trying techniques such as deep breathing, meditation, and yoga to reduce stress and promote relaxation</li> </ul>

# PHARMACOLOGIC TREATMENT OPTIONS

Below are treatment options involving medication and/or hormone therapy to help menopause symptoms

## Hormone Therapy

There are **different routes of hormone therapy** including oral pills, transdermal patches and gels, and vaginal tabs, rings, and creams.

- **Estrogen therapy is the most effective treatment option** for relieving bothersome menopausal symptoms, but not all people are safely able to take estrogen therapy. Depending on your personal and family medical history, your doctor may recommend estrogen, but should always **prescribe the lowest dose and the shortest time frame needed to provide symptom relief for you**. Estrogen also helps prevent bone loss.
  - If you still have your uterus, you'll need progestin in addition to estrogen.
- **Long-term use of hormone therapy may have some cardiovascular and breast cancer risks**, but starting hormones around the time of menopause has benefited some women. The **potential cardiovascular and breast cancer risks can be modified or decreased** based on the routes of administration.
  - For example, transdermal hormones have less risk of venous thromboembolism, or blood clots, than oral.
  - **Types of hormones also impact potential risk**. For example, progesterone has less breast cancer risk than medroxyprogesterone acetate. **You can discuss with your provider which type and route of hormones are right for you.**

## Vaginal Estrogen

- **To relieve vaginal atrophy** which can cause dryness, pain with sex, change in discharge, and frequent urinary tract infections, **estrogen can be administered directly to the vagina** using a vaginal cream, tablet, or ring.
  - **This treatment releases just a small amount of estrogen**, which is absorbed by the vaginal tissues.

## Evidence-Based Benefits of Estrogen Therapy (ET) and Combined Estrogen + Progesterone Therapy (EPT)

- |                              |   |  |
|------------------------------|---|--|
| + Improve Sleep              | + Reduce Risk of Hip and Vertebral Fracture   | + Reduce Skin Wrinkling                  |
| + Improve Vasomotor Symptoms | + Improve Genitourinary Symptoms              | + Prevent Tooth Loss                     |
| + Improve Sexual Function    | + Reduce Risk of Alzheimer's Disease          | + Reduce Risk of Coronary Artery Disease |
| + Reduce Joint Pain          | + Reduce Risk of Colorectal Cancer (EPT only) | + Lessen Mortality Ages 50-58            |



## Gabapentin

- Gabapentin is approved to treat seizures, but it has also **been shown to help reduce hot flashes**.
  - **This drug is useful in women who can't use estrogen therapy** and in those who also have hot flashes.

## Low-Dose Antidepressants

- **Certain antidepressants** related to the class of drugs called selective serotonin reuptake inhibitors (SSRIs) **may decrease menopausal hot flashes**.
  - A low-dose antidepressant for management of hot flashes **may be useful for women who can't take estrogen** for health reasons **or for women who need an antidepressant for a mood disorder**.