

Hot Flashes, Weight Gain and So-Not-in-the-Mood. Welcome to Menopause.

by Lynn Armitage

Of all the major transitions in my life – marriage, motherhood, divorce and my rebirth as a single mom – the one I was least prepared for was menopause, a hormonal hell that marks the end of a woman's childbearing years and the beginning of . . . well, I don't know yet. I just want the hot flashes to stop.

Technically, menopause is really just one day in time, one year without a period. The day after that special anniversary, you are in post-menopause. "The change," as we call it, can occur naturally between the ages of 41 and 59. The average age is 51.4 years.

As luck would have it, I went into menopause early-ish at 46. Sure, there were signs that I was at least in perimenopause (the period leading up to menopause): I endured a year of irregular periods, my hair thinning, skin changes, moodiness and headaches. But I did not connect the dots. I was too young – or so I thought. Denial, I think they call it.

"Menopause is still something that happened to your mother," says Dr. Jolanta Lukawski, medical director of the Women's Wellness Center at Hoag Hospital in Newport Beach. "Some women sail through it; for others, it's a difficult passage, physically and socially. Women feel like they're leaving the prime of their life."

Orange County is a tough place to go through the change, she says. "It's about being young and vibrant here. Our society doesn't support a woman going through menopause."

While I do feel cheated out of some of my youth, it's somewhat comforting to know that I'm not alone. The U.S. Census Bureau reports that over the next two decades, nearly 40 million women (roughly a third of all American women) will reach menopause. I send my condolences in advance to husbands, boyfriends and lovers, who often are as confused by these bewildering physical and emotional changes in their women as we are.



"What is happening to me?"

"Menopause is not a disease; it's a normal event in women's lives," says Karen Giblin, founder and president of Red Hot Mamas (redhotmamas.org), the nation's largest menopause education program.

As we get older, our ovaries slow down the production of estrogen and progesterone. This hormonal decline causes a backlash of nasty symptoms, such as night sweats, insomnia, headaches, moodiness, vaginal dryness, low sex drive, fuzzy thinking and everyone's favorite – hot flashes. In "The Sexy Years," author Suzanne Somers refers to them as the 7 Dwarfs of Menopause: Itchy, Bitchy, Sweaty, Sleepy, Bloated, Forgetful and All-Dried-Up.

"Seventy-five percent of women experience symptoms," says Giblin, whose own journey into menopause was surgically induced by a hysterectomy when she was 40.

It's rare that you'll meet a menopausal woman who hasn't at least had a hot flash, when

your skin temperature can rise as much as seven degrees. Hot flashes can be embarrassing, sometimes debilitating, and are often triggered by hot or spicy foods, hot drinks, alcohol, caffeine or stress.

For many women, perimenopause is the most difficult passage, occurring in the late 30s or early 40s, and the severity of symptoms varies from woman to woman.

For 48-year-old Cindy, the heavy periods and mood swings were intolerable. "I had gushing, unpredictable periods. I couldn't plan any part of my life."

How do you get through it?

"Bottom line, there is no one answer for every woman," Giblin says. If you're experiencing bothersome symptoms, find a doctor who specializes in menopause. Many women are content with the OB/GYN they've been seeing since their kids were born. But if this doctor is doing nothing more than patting you on the hand and saying, "You're just getting older. Deal with it," it's time to make a change. To find a competent menopause doctor, contact the North American Menopause Society (menopause.org).

Other survival options include:

-Talk about it! Menopause is something that happens to ALL women. Don't be ashamed to talk about it. Read books, educate yourself. You'll learn a lot about what works and what doesn't.

-Do nothing at all: Many women accept menopause as a natural part of aging. Women like Cindy saw their mothers go through it unmedicated and are doing the same. "I don't take an aspirin unless I really need it." She's also concerned about the link between hormone therapy and breast cancer. "I would wonder, 'Am I doing something now that I'll regret 10 years from now?'"

-Hormone therapy: Pills, patches, creams and injections – women have many estrogen therapy options. But replacing depleted hormones with synthetic or bioidentical ones is controversial. "It's not for all women, yet many benefit from it," says Dr. Lukawski.

I've chosen to take bioidentical hormones because I'm convinced that balancing my hormones is the key to feeling healthy. But I am concerned about the long-term effects, since no studies have yet been done. It's important to note that The North American Menopause Society, the FDA and the American College of Obstetricians and Gynecologists recommend the lowest effective dose of estradiol for the shortest time.

-Supplements: If you want to relieve symptoms, but are concerned about hormone replacement, many doctors recommend herbs and supplements, such as black cohosh and soy. They've worked for 47-year-old Clare. "I don't get as many hot flashes, but I'm still really tired."

The American College of Obstetricians and Gynecologists supports short-term use of black cohosh – up to six months. Long-term use of black cohosh, it says, may increase the risk of endometrial cancer. Also try Vitamin E, Wild Yam and Evening Primrose Oil.

-Exercise and eat healthy: Studies show that exercise can help improve mood and slow the deterioration of bone density – a huge concern for menopausal women who are most at risk for osteoporosis. As we lose estrogen, our bone mass can drop as much as 20%. Doctors recommend 1,200 to 1,500 milligrams of calcium daily to protect against bone loss. Good food sources for calcium include almonds, soybeans, salmon, sardines and fortified orange juice.

Hormone therapy controversy

In 2002, the Women's Health Initiative, the largest study on hormone therapy, was halted after researchers discovered that synthetic hormone replacement (such as Prempro) increased the risk of strokes, blood clots, heart attacks and breast cancer. Since then, women have been confused about the safety of synthetic hormones, which are still being prescribed by doctors who swear by them.

This uncertainty has led to bioidentical hormone therapy – hormones created from natural substances, such as yams and soybeans, whose molecular structure replicates the hormones in our own bodies. They are custom-made by compounding pharmacies.

Proponents, like Suzanne Somers, who spent years researching and discussing bioidentical hormone therapy with leading endocrinologists to help with her own transition into menopause, claim that because they are plant-based, they are perfectly healthy for us.

"I'm convinced that the benefits of properly monitored hormone supplementation far outweigh any potential risks," says Dr. Gary London, author of "Thank You, Suzanne Somers." "In over 35 years of caring for women, I've found nothing else that is truly effective."

Giblin has a different take. "These prescriptions lack testing and aren't government-approved." She claims it's difficult to guarantee the purity of these formulations in every compounding pharmacy.

Confusing, isn't it? Your best course of action on hormone therapy is to educate yourself: Read books, do some research and talk to your doctor to help you make the most informed decision.

Old and dried up? Nonsense!

One of the most difficult aspects of this passage is dealing with society's perceptions of menopausal women. Some men turn up their noses at us like we're spoiled milk. While we may not be reproductive anymore, we have many productive and vibrant years ahead.

"Women today have positive attitudes and aren't sitting in rocking chairs or blending in with the wallpaper," says Giblin, who credits a youthful generation of Baby Boomers with changing our mindset about aging. "Women are looking at the bright side of life – and are more confident, sexier and healthier than in the past."

Dr. Lukawski echoes that sentiment. "Women going through the transition reevaluate where they want to go, and they come out with a whole new perspective and a really good strength."

For Cindy, post-menopause has marked a new beginning. "Once that period stops, the first thing you think of is that you can wear white pants again. You can plan a vacation." She's embraced the change wholeheartedly. "It's a second chance to do things I haven't been able to do for the last 10 years. I'm excited about it, I really am."

Do these symptoms of perimenopause sound familiar?

- Changes in your menstrual cycle
- Unexplained weight gain
- Hot flashes
- Night sweats
- Heart palpitations
- Sleep disturbances
- Vaginal dryness
- Loss of sexual desire
- Frequent urination
- Headaches
- Mood swings
- Irritability
- Skin and hair changes

- Dry eyes
- Depression
- Anxiety
- Difficulty concentrating

If you have any of these symptoms, you may be on your way to menopause. The easiest way to find out is to get a blood test to check your hormone levels. You can then work with your doctor to develop a menopause management program.

Helpful menopause websites:

- redhotmamas.org
- menopause.org
- americanmenopause.org BB

Lynn Armitage, the eternally young managing editor, still can't believe she's going through "the change."