

# “Menopause”

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Campus Education Week 2008

“The ovaries, after long years of service, have not the ability of retiring in graceful old age, but becom[ing] irritated, transmit their irritation to the abdominal ganglia, which in turn transmit the irritation to the brain, producing disturbances in the cerebral tissue exhibiting themselves in extreme nervousness or in an outburst of actual insanity.” (A. M. Farnham, circa 1887, Quoted in Speroff, *Clinical Gynecologic Endocrinology and Infertility*, 1994, 583)

## Menopause—A Major Life Event

- A sense of a loss of youth
- A loss of fertility
- Feelings of emptiness from children leaving the home
- Uncertainty regarding roles
- Worries over unfulfilled personal expectations
- The anticipation of a decline in health

## The Perimenopause

- Perimenopause is a period of transition into menopause
- It begins about 4 years prior to menopause, but can last up to 10 years. Average age of perimenopause = 47
- A time of “relative estrogen deficiency”
- Often more troublesome, especially in terms of bleeding and mood swings.
- Still potentially fertile during this period

## Average Lifespan of a Woman

- 1000 B.C. = 18

- 11 B.C. = 25
- 1850 = 43
- 1900 = 50
- 2000 = 75
- 2050 = 81

In 2008, the average age of menopause is 51. Women outlive their ovaries by over twenty-five years. One-third of a woman’s life will come after cessation of estrogen production!

## What Does Estrogen do for a Woman?

- Develops secondary sexual characteristics (i.e., breasts, genitals)
- Responsible for fat distribution, hair pattern, and bone development
- Necessary for menstrual periods
- Necessary for pregnancy
- Maintains vagina, bladder, and breasts
- Maintains bone mass
- Protects blood vessels
- Stimulates brain centers to provide sense of well-being and assist with cognition
- Affects mood, sex drive, thyroid function, skin

## What Happens When a Woman Doesn’t Have Estrogen?

- Altered menstrual function
- Vasomotor symptoms (hot flashes)
- Urogenital atrophy

- Sexual dysfunction
- Menopausal syndrome
- Osteoporosis
- Cardiovascular disease

Menopause (a state of estrogen-deficiency) is an inherently unhealthy condition.

#### **What is the Answer to Menopause?**

- Do nothing
- Alter lifestyle to minimize its effects
- Use alternative therapies to minimize its effects
- Take medications to treat medical problems or prevent problems
- Take hormone replacement therapy (HRT)

Every choice is associated with benefits and risks. HRT prevents all the problems associated with menopause, but there may be associated side effects.

#### **What Does Taking Estrogen Do?**

- Reduces hot flashes and mood swings
- Reduces colon cancer
- Improves neurological function\*
- Reduces urogenital atrophy
- Improves sexual function
- Reduces osteoporosis
- Reduces cardiovascular disease and stroke\*
- Increases lifespan and quality of life

\*If started early in menopause

#### **What are the Most Common Risks of HRT?**

- Endometrial cancer
- Breast cancer
- Cardiovascular disease and stroke
- Deep venous thrombosis

#### **What Kind and How Much HRT Should I Take?**

7 Factors to consider:

- Age
- General health and health history
- Family history and risk factors
- Body size
- Sexual status
- Lifestyle
- Presence or absence of a uterus

Hormone regimens can and should be individualized, taking into account each woman's situation, preferences, and needs.

#### **HRT Options Available**

- Synthetic hormones
- Bioidentical hormones

All hormones are synthesized to some degree. Bioidentical hormones look and act like natural "human" hormones. Women with a uterus must take progesterone. Women with sexual problems may also benefit from testosterone replacement. Oral hormone therapy is generally not the best way to take HRT, although it is the most convenient. Transdermal, sublingual, and vaginal routes are healthier. Alternatives to HRT exist. Some are effective and safe. Others are not helpful and are potentially harmful.