



Menopause and Menopause Treatments

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Q: What is menopause?

A: Menopause is the point in time when a woman's menstrual periods stop. Some people call the years leading up to a woman's last period "menopause," but that time actually is perimenopause (PER-ee-MEN-oh-pawz).

Periods can stop for a while and then start again, so a woman is considered to have been through menopause only after a full year without periods. (There also can't be some other reason for the periods stopping like being sick or pregnant.) After menopause, a woman no longer can get pregnant. It is common to experience symptoms such as hot flashes in the time around menopause.

The average age of menopause is 51, but for some women it happens in their 40s or later in their 50s. Sometimes called "the change of life," menopause is a normal part of life.

Visit <http://www.womenshealth.gov/menopause> to get more information and a chart for tracking your symptoms in our special section on menopause.

Q: What is perimenopause?

A: Perimenopause (PER-ee-MEN-oh-pawz), which is sometimes called "the menopausal transition," is the time leading up to a woman's last period. During this time a woman will have changes in her levels of the hormones estrogen

(ES-truh-jin) and progesterone (proh-JES-tuh-RONE). These changes may cause symptoms like hot flashes. Some symptoms can last for months or years after a woman's period stops. After menopause, a woman is in postmenopause, which lasts the rest of her life.

Practice Safe Sex

After a year without a period, you cannot get pregnant. But unsafe sex could still put you at risk for sexually transmitted infections (STIs).

Q: What symptoms might I have before and after menopause?

A: The hormone changes that happen around menopause affect every woman differently. Also, symptoms sometimes are not caused by menopause but by other aspects of aging instead.

Some changes that might start in the years around menopause include:

- **Irregular periods.** Your periods may:
 - Come more often or less often
 - Last more days or fewer
 - Be lighter or heavier
- **Hot flashes (or flushes).** These can cause:
 - Sudden feelings of heat all over or in the upper part of your body
 - Flushing of your face and neck
 - Red blotches on your chest, back, and arms
 - Heavy sweating and cold shivering after the flash
- **Trouble sleeping.** You may have:
 - Trouble sleeping through the night



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- Night sweats (hot flashes that make you sweat while you sleep)
- **Vaginal and urinary problems.** Changing hormone levels can lead to:
 - Drier and thinner vaginal tissue, which can make sex uncomfortable
 - More infections in the vagina
 - More urinary tract infections
 - Not being able to hold your urine long enough to get to the bathroom (urinary incontinence)
- **Mood changes.** You might:
 - Have mood swings (which are not the same as depression)
 - Cry more often
 - Feel crabby
- **Changing feelings about sex.** You might:
 - Feel less interested in sex
 - Feel more comfortable with your sexuality
- **Other changes.** Some other possible changes at this time (either from lower levels of hormones or just from getting older) include:
 - Forgetfulness or trouble focusing
 - Losing muscle, gaining fat, and having a larger waist
 - Feeling stiff or achy

When to See a Doctor

Do not assume that if you miss a couple of periods the cause is menopause. See your doctor to find out if pregnancy or a health problem could be the cause. Also see your doctor if you have not had a period for a year and then start "spotting."

Q: How will I know when I am nearing menopause?

A: Symptoms, a physical exam, and your medical history can provide clues that you are in perimenopause. Your doctor also could test the amount of hormones in your blood. But hormones go up and down during your menstrual cycle, so these tests alone can't tell for sure that you have gone through menopause or are getting close to it.

Q: How can I manage symptoms of menopause?

A: It is not necessary to get treatment for your symptoms unless they are bothering you. You can learn about simple lifestyle changes that may help with symptoms, and some symptoms will go away on their own. If you're interested in medical treatments like menopausal hormone therapy (MHT), ask your doctor about the possible risks and benefits.

Here are some ways to deal with symptoms:

Hot Flashes

- Try to avoid things that may trigger hot flashes, like spicy foods, alcohol, caffeine, stress, or being in a hot place.
- Dress in layers, and remove some when you feel a flash starting.
- Use a fan in your home or workplace.
- Try taking slow, deep breaths when a hot flash starts.
- If you still get periods, ask your doctor about low-dose oral contraceptives (birth control pills), which may help.
- Some women can take menopausal hormone therapy (MHT), which



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can be very effective in treating hot flashes and night sweats.

- If MHT is not an option, your doctor may prescribe medications that usually are used for other conditions, like epilepsy, depression, and high blood pressure, but that have been shown to help with hot flashes.

Vaginal Dryness

- A water-based, over-the-counter vaginal lubricant like K-Y Jelly can help make sex more comfortable.
- An over-the-counter vaginal moisturizer like Replens can help keep needed moisture in your vagina.
- The most effective treatment may be MHT if the dryness is severe. But if dryness is the only reason for considering MHT, vaginal estrogen products like creams generally are a better choice.

Problems Sleeping

- Be physically active (but not too close to bedtime, since exercise might make you more awake).
- Avoid large meals, smoking, and working right before bed. Avoid caffeine after noon.
- Keep your bedroom dark, quiet, and cool. Use your bedroom only for sleep and sex.
- Avoid napping during the day.
- Try to go to bed and get up at the same times every day.
- If you can't get to sleep, get up and read until you're tired.
- If hot flashes are the cause of sleep problems, treating the hot flashes usually will help.

Mood Swings

- Try getting enough sleep and staying physically active to feel your best.
- Learn ways to deal with stress. "Stress and Your Health" has helpful tips.
- Talk to your doctor to see if you may have depression, which is a serious illness.
- Consider seeing a therapist or joining a support group.
- If you are using MHT for hot flashes or another menopause symptom, your mood swings may get better too.

Memory Problems

- Getting enough sleep and keeping physically active may help.
- If forgetfulness or other mental problems are affecting your daily life, see your doctor.

Urinary Incontinence

- Ask your doctor about treatments, including medicines, behavioral changes, certain devices, and surgery.

Q: Does menopause cause bone loss?

A: Lower estrogen around the time of menopause leads to bone loss in women. Bone loss can cause bones to weaken, which can cause bones to break more easily. When bones weaken a lot, the condition is called osteoporosis (OSS-tee-oh-puh-ROH-suhss).

To keep your bones strong, women need weight-bearing exercise, such as walking, climbing stairs, or using weights. You can also protect bone health by eating foods rich in calcium and vitamin D, or if needed, taking cal-



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cium and vitamin D supplements. Not smoking also helps protect your bones. Learn more about bone health in our osteoporosis fact sheet.

Ask your doctor if you need a bone density test. Your doctor can also suggest ways to prevent or treat osteoporosis.

Q: Does menopause raise my chances of getting cardiovascular disease?

A: Yes. After menopause, women are more likely to have cardiovascular (kar-dee-oh-VAS-kuh-lur) problems, like heart attacks and strokes. Changes in estrogen levels may be part of the cause, but so is getting older. That's because as you get older, you may gain weight and develop other health problems that increase your risk of cardiovascular disease (CVD).

Ask your doctor about important tests like those for cholesterol and high blood pressure. Discuss ways to prevent CVD. The following lifestyle changes also can help prevent CVD:

- Not smoking and avoiding second-hand smoke
- Exercising
- Following a healthy diet

Visit <http://www.womenshealth.gov/heart-stroke> to learn more about heart health and stroke.

Q: Can menopausal hormone therapy (MHT) help treat my symptoms?

A: MHT, which used to be called hormone replacement therapy (HRT), involves taking the hormones estrogen and progesterone. (Women who don't have a uterus anymore take just estro-

gen). MHT can be very good at relieving moderate to severe menopausal symptoms and preventing bone loss. But MHT also has some risks, especially if used for a long time.

MHT can help with menopause by:

- Reducing hot flashes and night sweats, and related problems such as poor sleep and irritability
- Treating vaginal symptoms, such as dryness and discomfort, and related problems, such as pain during sex
- Slowing bone loss
- Possibly easing mood swings and mild depressive mood

For some women, MHT may increase their chance of:

- Blood clots
- Heart attack
- Stroke
- Breast cancer
- Gall bladder disease

Research into the risks and benefits of MHT continues. For example, a recent study suggests that the low-dose patch form of MHT may not have the possible risk of stroke that other forms can have. Talk with your doctor about the positives and negatives of MHT based on your medical history and age. Keep in mind, too, that you may have symptoms when you stop MHT. You can also ask about other treatment options. Lower-dose estrogen products (vaginal creams, rings, and tablets) instead of MHT are a good choice if you are bothered only by vaginal symptoms, for example. And other drugs may help with bone loss.



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If you choose MHT, experts recommend that you:

- Use it at the lowest dose that helps
- Use it for the shortest time needed

If you take MHT, call your doctor if you develop any of the following side effects:

- Vaginal bleeding
- Bloating
- Breast tenderness or swelling
- Headaches
- Mood changes
- Nausea

MHT is not an antidepressant. If you are having signs of depression, ask your doctor about other treatments that can help.

Q: Who should not take MHT for menopause?

A: Women who:

- Think they are pregnant
- Have problems with undiagnosed vaginal bleeding
- Have had certain kinds of cancers (such as breast or uterine cancer)
- Have had a stroke or heart attack
- Have had blood clots
- Have liver disease
- Have heart disease

Q: Can MHT prevent heart disease or Alzheimer's disease?

A: A major study called the Women's Health Initiative (WHI) has looked at the effects of MHT on heart disease and other health concerns. It has explored many questions relating to MHT,

including whether MHT's effects are different depending on when a woman starts it. Visit <http://www.nih.gov/PHTindex.htm> to learn more about MHT research results.

Future research may tell experts even more about MHT. For now, MHT should not be used to prevent heart disease, memory loss, dementia, or Alzheimer's disease. MHT sometimes is used to treat bone loss and menopausal symptoms. Learn more in *Can menopausal hormone therapy (MHT) help my symptoms?*

Q: Are there natural treatments for my symptoms?

A: Some women try herbs or other products that come from plants to help relieve hot flashes. These include:

- **Soy.** Soy contains phytoestrogens (FEYE-toh-ESS-truh-juhns). These are substances from a plant that may act like the estrogen your body makes. There is no clear proof that soy or other sources of phytoestrogens make hot flashes better. And the risks of taking soy products like pills and powders are not known. If you are going to try soy, the best sources are foods such as tofu, tempeh, soymilk, and soy nuts.
- **Other sources of phytoestrogens.** These include herbs such as black cohosh, wild yam, dong quai, and valerian root. There is not enough evidence that these herbs — or pills or creams containing these herbs — help with hot flashes. Also, not enough is known about the risks of using these products.

Make sure to discuss any natural or herbal products with your doctor before taking them. It's also important to tell



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your doctor about all medicines you are taking. Some plant products or foods can be harmful when combined with certain medications.

Q: What is "bioidentical" hormone therapy?

A: Bioidentical hormone therapy (BHT) means manmade hormones that are the same as the hormones the body makes. There are several prescription BHT products that are well-tested and approved by the U.S. Food and Drug Administration (FDA). **Often, people use the term "BHT" to mean medications that are custom-made by a pharmacist for a specific patient based on a doctor's order.** These custom-made products are also sometimes called bioidentical hormone replacement therapy (BHRT). Despite claims, there is no proof that these products are better or safer than drugs approved by the FDA. Also, many insurance and prescription programs do not pay for these drugs because they are viewed as experimental.

Q: How much physical activity do I need as I approach menopause?

A: Physical activity helps many areas of your life, including mood, sleep, and heart health. Aim for:

- At least 2 hours and 30 minutes a week of moderate aerobic physical activity or 1 hour and 15 minutes of vigorous aerobic activity or some combination of the two
- Exercises that build muscle strength on two days each week

If you are not able to follow these guidelines, be as physically active as you can. Your doctor can help you decide what's right for you.

Visit <http://www.womenshealth.gov/FitnessNutrition> for related information on staying active and eating healthy.

Q: Do I need a special diet as I approach menopause?

A: A balanced diet will give you most of what your body needs to stay healthy. Here are a few special points to consider:

- Older people need just as many nutrients but tend to need fewer calories for energy. Learn about eating healthy after 50.
- Women over 50 need 2.4 micrograms (mcg) of vitamin B12 and 1.5 milligrams of vitamin B6 each day. Ask your doctor if you need a vitamin supplement.
- After menopause, a woman's calcium needs go up to maintain bone health. Women 51 and older should get 1,200 milligrams (mg) of calcium each day. Vitamin D also is important to bone health. Women 51 to 70 should get 600 international units (IU) of vitamin D each day. Women ages 71 and older need 800 IU of vitamin D each day.
- Women past menopause who are still having vaginal bleeding because they are using menopausal hormone therapy might need extra iron.

Q: I'm having a hysterectomy soon. Will this cause menopause?

A: A woman who has a hysterectomy (his-tur-EK-tuh-mee) but keeps her ovaries does not have menopause right away. Because your uterus is removed, you no longer have periods and cannot get pregnant. But your ovaries might still make hormones, so you



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might not have other signs of menopause. You may have hot flashes because the surgery may affect the blood supply to the ovaries. Later on, you might have natural menopause a year or two earlier than usually expected.

A woman who has both ovaries removed at the same time that the hysterectomy is done has menopause right away.

Having both ovaries removed is called a bilateral oophorectomy (OH-uh-fuh-REK-tuh-mee). Women who have this operation no longer have periods and may have menopausal symptoms right away. Because your hormones drop quickly, your symptoms may be stronger than with natural menopause. If you are having this surgery, ask your doctor about how to manage your symptoms.

Menopause that is caused by surgery also puts you at risk for certain conditions, such as bone loss and heart disease. Ask your doctor about possible steps, including MHT, to help prevent these problems.

Q: What if I have symptoms of menopause before age 40?

A: Some women have symptoms of menopause and stop having their periods much earlier than expected. This can happen for no clear reason, or it can be caused by:

- Medical treatments, such as surgery to remove the ovaries
- Cancer treatments that damage the ovaries such as chemotherapy or radiation to the pelvic area — although menopause does not always occur

- An immune system problem in which a woman's own body cells attack her ovaries

When menopause comes early on its own, it sometimes has been called "premature menopause" or "premature ovarian failure." A better term is "primary ovarian insufficiency," which describes the decreased activity in the ovaries. In some cases, women have ovaries that still make hormones from time to time, and their menstrual periods return. Some women can even become pregnant after the diagnosis.

For women who want to have children and can't, early menopause can be a source of great distress. Women who want to become mothers can talk with their doctors about other options, such as donor egg programs or adoption.

Early menopause raises your risk of certain health problems, such as heart disease and osteoporosis. Talk to your doctor about ways to protect your health. You might ask about menopausal hormone therapy (MHT). Some researchers think the risks of MHT for younger women might be smaller and the benefits greater than for women who begin MHT at or after the typical age of menopause.

Let your doctor know if you are younger than 40 and have symptoms of menopause. ■



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For more information

For more information on menopause and menopause treatments, call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

National Institute on Aging (NIA), NIH, HHS

Phone numbers: 301-496-1752; Toll-free:
800-222-2225

Internet address: <http://www.nia.nih.gov>

American Congress of Obstetricians and Gynecologists (ACOG)

Phone number: 202-638-5577

Internet address: <http://www.acog.org>

Food and Drug Administration (FDA), HHS

Phone number: 888-463-6332

Internet address: <http://www.fda.gov>

The North American Menopause Society (NAMS)

Phone number: 440-442-7550

Internet address: <http://www.menopause.org>

American Menopause Foundation

Phone number: 212-714-1252

Internet address: <http://www.americanmenopause.org>

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