midlife and menopause

A KAISER PERMANENTE GUIDEBOOK FOR WOMEN
Midlife is a time when you’ll be making important decisions about your health.

Women who approach menopause fully informed are more likely to understand the changes that take place and move forward positively. To help you in this process, we’ve designed this guidebook as an introduction to menopause and an exploration of related women’s health issues. It represents the collective expertise of Kaiser Permanente physicians across many specialties, including experts in women’s health, health education, and complementary and alternative medicine.

A recognized leader in women’s health, Kaiser Permanente focuses on more than diagnosing and treating problems when they arise. We give you the tools and information you need to help you make healthy choices throughout your life. As a Kaiser Permanente member, you can choose from a wide variety of programs and services designed to help you maintain good health and live life to its fullest. Learn more about these services by contacting your local Kaiser Permanente Health Education Department, visiting kp.org, or talking to your personal physician during your next visit.

We believe you’re the most important member of your health care team. We hope this information is helpful to you. As part of our continued commitment to improving the care we provide to our members, we welcome your suggestions or comments about this material.

Thank you for choosing Kaiser Permanente.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.
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MENOPAUSE: AN OVERVIEW

As a woman, your body goes through many phases. Puberty and the childbearing years, for example, are times in life that bring about major changes. Menopause is another natural turning point and time of transition.

Until recently, menopause was thought of as part of growing older. But now many women are approaching it differently. Menopause may mean the end of menstrual periods, but it also means a new beginning—with new freedoms and new options. This can be a wonderful time in your life, especially if you plan and prepare for it. It all starts with a good understanding of your medical history and your body, and a positive attitude about the changes you experience.

Menopause is a unique journey for each woman. Some women sail through it, barely aware of their changing menstrual cycles, while others deal with frequent symptoms. No matter how you experience menopause, protecting and preserving your health at this time of life is extremely important to your future well-being.

THE MENOPAUSE TRANSITION: PERIMENOPAUSE, MENOPAUSE, AND POSTMENOPAUSE

To understand the changes your body will undergo, it’s important to look at the three phases of the menopause transition:

1. **Perimenopause** is the time when your body begins to change in preparation for menopause, or the end of menstrual cycles. Perimenopause includes the years prior to menopause and the first year after menopause. During perimenopause, the body’s production of female hormones (estrogen and progesterone) decreases. As a result, you may experience uncomfortable symptoms, such as hot flashes, vaginal dryness, urinary problems, mood changes, sleeplessness, and difficulty concentrating. Menstrual cycles and periods may become shorter and lighter or longer and heavier, making bleeding patterns less predictable. Symptoms usually begin in a woman’s mid-40s but may begin as early as age 35. These symptoms can occur for 2 to 8 years and usually lessen when menstrual periods end. Women who have had their ovaries surgically removed (oophorectomy) may experience early symptoms of menopause.

2. **Menopause** is the final menstrual period. When a woman has not had a menstrual period for one year, she has completed menopause. The average age of menopause is 51, but every woman’s body has its own timeline. Some women stop menstruating in their mid-40s, while others continue into their mid-50s.

3. **Postmenopause** is the phase of life that follows the final menstrual period.

SYMPTOMS OF PERIMENOPAUSE AND MENOPAUSE

Irregular bleeding

Your menstrual cycle is triggered by the natural cycle of your hormones, estrogen and progesterone. As
these hormones change with the onset of menopause, you may experience irregular bleeding. If you have any concerns regarding changes in your menstrual cycle, it is best to document when you get your period on a monthly basis so we can review the pattern of your bleeding.

**Hot flashes**
Hot flashes are one of the more common symptoms in the menopause transition. You might describe these as a sensation of heat flowing through your face or a sense of being flushed. At night these are considered night sweats which can sometimes wake you from your sleep. Most often these symptoms last for a few minutes. Turn to page 13 for natural ways to manage hot flashes. Consider hormones if your symptoms are very severe (see page 18).

**Vaginal dryness**
As you go through the menopause transition, you might experience vaginal dryness. This is thought to be caused by a lower level of available estrogen. This vaginal dryness can cause itchiness and/or irritation and may predispose some women to get vaginal infections as well as sometimes making sexual intercourse difficult. Both hormonal and non-hormonal based lubricants are options which can be used to help decrease these symptoms.

**Mood changes**
Menopause and perimenopause (the few years before menopause) can bring about a variety of emotional changes—irritability, depression, increased anxiety, and in some cases, worsening premenstrual symptoms. Some women will also have problems with forgetfulness and concentration. Not all women experience these changes. Turn to pages 30 and 31 for more information on mental health, and talk with or email your doctor if problems continue.

**Sleep disorders (insomnia)**
Sleep disturbances are common before and during the transition to menopause. Insomnia has complex causes, but may be related to a decrease in your hormone levels. Other behaviors which can upset sleep cycles include: drinking alcohol, a poor diet, lack of exercise, certain medications and mood changes. Look on page 13 for natural ways to handle sleeplessness.

**Incontinence (loss of bladder control)**
As women age, some degree of uncontrolled urine loss is common. Often this can be triggered by a cough or sneeze. In some cases, you might find it difficult to make it to the bathroom in time. Check out the information on pages 26 and 27 about incontinence and pelvic floor exercises to increase the strength of bladder muscles.

**HOW A HYSTERECTOMY OR TREATMENT WITH RADIATION OR CHEMOTHERAPY CAN AFFECT MENOPAUSE**
Women who have had a hysterectomy during their reproductive years with only their uterus removed will likely have a normal menopause. Women who have a hysterectomy with the ovaries removed or women who have been treated with radiation or chemotherapy for cancer, may have a sudden onset of menopause symptoms. Talk with your doctor about ways to relieve your symptoms. If your ovaries have been removed and you are under 50 years of age and do not have a medical reason to avoid estrogen, there are significant benefits to your taking estrogen until you turn 50. (Refer to the Complementary and Alternative Approaches section on page 13.)
WHAT’S HAPPENING TO YOUR BODY?

Mid-30s to mid-40s
The chance of getting pregnant decreases (but pregnancy is still possible). Menstrual bleeding patterns may change, with periods getting lighter or heavier and cycles getting longer or shorter. Certain symptoms, such as mood changes, premenstrual syndrome (PMS), hot flashes, and sleeplessness may occur.

Mid-40s to late 40s
Menstrual periods may become irregular with heavier or lighter bleeding, skipped periods, or periods closer together. Symptoms that may occur include hot flashes, sleeplessness, anxiety, forgetfulness, difficulty concentrating, headaches, dizziness, heart palpitations, breast discomfort, frequent urination or inability to hold urine, fatigue, weight gain, decreased sex drive, or vaginal dryness. Mood swings, irritability, bloating, and other PMS-like symptoms may also occur.

Late 40s to mid-50s
The ovaries produce much less estrogen during the 6 to 8 months before menopause. Women often skip periods. Menstrual periods eventually come to an end. Menopause symptoms may increase.

Mid-50s and beyond
Menopause symptoms begin to decrease, although some women continue to experience some symptoms indefinitely. Some women experience emotional swings. Risk for heart disease and osteoporosis (thinning bones) increases.

Talk to your physician about hormone therapy for treating symptoms of menopause. (See the Hormone Therapy and Other Medications section on page 18.)

IMPORTANT SCREENING TESTS
Ask your doctor about your screening schedule for these tests and discuss your risk factors.

- **Mammography—for breast cancer:** Kaiser Permanente offers mammograms every 1 to 2 years for women at average risk, beginning at age 40. Talk to your physician about how often you should have mammograms or clinical breast exams. (For high risk screening guidelines, see page 11.)

- **Pap/HPV test—for cervical cancer:** For women 21 years and older, we recommend a Pap test to screen for cervical cancer every 3 years. For women 25 years and older, we recommend a Pap/HPV test every 3 years. After age 65, most women no longer need a Pap/HPV test. Talk with your doctor about how often you should have Pap/HPV tests.

- **FIT test/Sigmoidoscopy/Colonoscopy—for colon cancer:** Colorectal cancer is one of the most common cancers in the U.S. We strongly recommend that you start being screened at age 50, unless you are at high risk. Talk to your doctor about the screening schedule that is best for you.
  - **Fecal Immunochemical Test (FIT).** You can do the FIT in your own home, just once per year. We recommend it for people who are at low risk for colon cancer.
  - **Flexible sigmoidoscopy.** If you are not at high risk for colon cancer and do not have symptoms, a flexible sigmoidoscopy examination may be recommended every five years. If you have family members who have had colon cancer, you may need a sigmoidoscopy or colonoscopy before age 50.
  - **Colonoscopy.** For people who are at high risk for getting colon cancer, we recommend a colonoscopy every 10 years.

- **Cholesterol test—for heart disease:** Have your blood cholesterol levels tested every 5 years beginning between ages 40 and 45 to help determine your risk for heart disease.

For more information about menopause, visit one of these websites:
- kp.org/womenshealth
  Kaiser Permanente
- menopause.org
  North American Menopause Society
- whi.org
  Women’s Health Initiative
More resources can be found on page 32.
OSTEOPOROSIS
Osteoporosis is a condition that causes your bones to become weak and brittle, increasing the risk of fractures.

While the risk of fractures for a woman in her 50s is very low, bone loss is greatest within the first 5 to 7 years after menopause. Half of all women over the age of 50 experience a fracture to the hip, wrist, spine, or other bone due to osteoporosis. By taking the quiz in this section and following the prevention guidelines, you can get a head start on maintaining strong bones through menopause and beyond.

WHAT CAN YOU DO TO PREVENT OSTEOPOROSIS?

1. Know whether you are at risk. Take the quiz on page 7 to help assess whether you are at risk for osteoporosis.

2. Get enough calcium. Women over age 50 need 1,200 mg of calcium every day to reduce the risk of fracture due to osteoporosis. Try to get most of your calcium from foods, and take only as much in supplements as you need to meet the recommendation. Low-fat dairy foods (like milk, cheese, and yogurt) are the best natural sources of calcium. Other foods like green vegetables, almonds, and tofu also have calcium, but in very small amounts. As a rule, you need 3 to 4 servings of low-fat dairy foods every day. If you need to supplement your calcium intake from food sources, calcium carbonate is less expensive than calcium citrate, and they are equally effective. Calcium citrate may produce less gas and constipation, and is preferred over calcium carbonate if you take a proton pump inhibitor (examples include Prilosec, Protonix, Prevacid, and Nexium).

3. Take vitamin D. There is much controversy regarding vitamin D supplementation recommendations. A good approach is to take between 800 IU and 2,000 IU of vitamin D every day (preferably with vitamin D3). You should not take more than 2,000 IU without instructions from your doctor. Since most people are low in vitamin D if they do not take a supplement, testing for vitamin D is not recommended. The sun is not a reliable source of vitamin D because sunscreen blocks vitamin D absorption, and leaving your skin unprotected increases the risk of skin cancer. Although vitamin D is added to some calcium supplements, sometimes a separate vitamin D supplement is needed.

4. Make activity and exercise part of each day. Weight-bearing exercise, like walking, jogging, dancing, or lifting weights, is the best activity for building strong bones and muscles. Daily activity helps keep your bones strong and makes them less likely to break if you fall.

5. Stop smoking. Smoking reduces bone strength.

6. Cut down on your caffeine, salt, and alcohol intake. Caffeine, salt, and alcohol can reduce bone strength by causing urinary loss of calcium. Experts recommend that women drink no more than three cups of coffee a day and limit salt intake to fewer than 2,000 mg per day (less than one teaspoon). Drink alcohol only in small amounts.

7. Consider medications. If you have been diagnosed with osteoporosis or have had a fracture, your medical professional may recommend that you take bisphosphonates or other medications, like SERMs (selective estrogen receptor modulators). Hormone therapy (HT) has been shown to decrease the risk of osteoporosis. However, because of concerns about other risks associated with HT (see the
Hormone Therapy and Other Medications section on page 18), it is not the treatment of choice for women who do not need it for menopause symptom control.

**WARNING SIGNS OF OSTEOPOROSIS**
- loss in height
- unexplained back pain
- Kyphosis or dowager’s hump (curving of the upper back)
- a fracture resulting from minimal trauma
- a history of recurrent fractures

**BONE MINERAL DENSITY (BMD) TEST**
Talk to your physician about whether you need a BMD test. BMD tests use small amounts of radiation or sound waves to measure bone density. The results help to determine the bone mass you’ve lost and if your bones have become weak, thin, or porous. All women who are 15 years beyond their last natural menstrual period or 65 years of age should have a BMD screening test. Higher risk women, including those who have broken a bone after age 50, may need earlier BMD testing.

**MEDICATIONS FOR OSTEOPOROSIS**

**Bisphosphonates**
Bisphosphonates (brand names include Fosamax and Actonel) are newer drugs used to help prevent and treat osteoporosis and other bone diseases. These drugs work inside bone cells to lessen bone breakdown. They are not hormones and do not have the same risks and benefits as hormones. However, new research suggests that taking bisphosphonates for more than seven years can, in very rare cases, usually when injectable bisphosphonates were used. Check with your doctor for the latest information.

**Characteristics of bisphosphonates:**
- increase total body bone density, including in the spine and hip
- reduce the risk of fractures by about half
- have no effect on heart disease, cholesterol, or the risk of blood clots
- have no effect on the uterus, breast, or the risk of breast cancer
- do not improve hot flashes, vaginal dryness, or other symptoms of menopause

Bisphosphonates tend to upset the stomach and need to be taken as instructed. Here are some tips for avoiding discomfort:
- Take your medication with a full glass of water when you first get up in the morning.
- Do not lie down, eat, drink, or take any other medication for at least 30 minutes (ideally 90 minutes) after taking bisphosphonates. This helps your body to fully absorb the medication so it can do the most good for your bones.
- Do not break pills in half.
- If you forget to take your medication in the morning, don’t take it later in the day. Skip it, and take the usual dose the next morning.
- If you have side effects, tell your doctor.
- Keep taking calcium and vitamin D supplements.

**Raloxifene (brand name, Evista)**
Raloxifene is a medication that stops the effect of estrogen on the breasts but does not affect the uterus or vagina. (See the Breast Cancer section on page 11.)

**Characteristics of raloxifene:**
- lowers the risk of spine fractures
- decreases the risk of breast cancer tumors that are sensitive to estrogen
- does not cause bleeding in the uterus or require the use of progesterone
- is not expected to increase the risk of uterine cancer
- is about half as effective as estrogen at increasing bone density
- should not be used by women with blood clot problems (Evidence shows an additional 7 cases of blood clots per 1,000 women.)
- can cause hot flashes
- does not reduce vaginal dryness or other symptoms of menopause

While raloxifene has been shown to reduce the risk of fractures of the spine, its long-term effects are still being studied.
QUIZ: ARE YOU AT RISK FOR OSTEOPOROSIS?

Do you have a family history of osteoporosis?
☑️ yes ☐ no
As with many other conditions, a family history of osteoporosis can mean you are more likely to get it yourself. This is especially true if your mother had a hip fracture.

Have you had a bone fracture after the age of 50?
☑️ yes ☐ no
Women who have fractured a bone as an adult may already have weaker bones, putting them at higher risk for osteoporosis. Do not count fractures of the fingers, toes, and facial bones.

Do you weigh less than 127 pounds or have a BMI (body mass index) less than 21?
☐️ yes ☐ no
Studies show that women who weigh less than 127 pounds or have a BMI less than 21 are at higher risk for osteoporosis.

Do you smoke?
☑️ yes ☐ no
Both smoking and drinking moderate to heavy amounts of alcohol can have damaging effects on the bones. Smoking decreases circulating estrogen, which leads to more bone loss.

Are you Caucasian or Asian?
☑️ yes ☐ no
Evidence shows that Caucasian and Asian women are more likely to have fractures and develop osteoporosis because they have lower bone density at maturity than women in other ethnic groups.

Did you experience menopause early (before age 40) either naturally, through a surgical removal of your ovaries, or through radiation or chemotherapy treatment?
☑️ yes ☐ no
Since estrogen protects against osteoporosis, women who go through an early menopause have a higher risk for osteoporosis.

Do you exercise less than three 30-minute periods per week?
☑️ yes ☐ no
Exercise, especially weight-bearing exercise, strengthens bones.

Is your diet low in calcium?
☑️ yes ☐ no
Getting at least 1,200 mg per day of calcium, either through food or supplements, slows bone loss.

Are you taking steroid medications or medications for treatment of hyperactive thyroid disease, blood clots, or seizures?
☑️ yes ☐ no
Steroid medications can cause bone loss, putting you at higher risk for osteoporosis. Inhaled steroids are not as great of a risk.

If you answered yes to any of these questions, you may be at greater than normal risk for osteoporosis. The more questions you answered yes, the greater your risk. Talk to your doctor at your next medical visit.

For more information:
National Osteoporosis Foundation
1-800-231-4222
nof.org

SELF-CARE TIPS: PREVENTING FALLS

Many women fall and break a bone sometime in their lives. Here are some ways to help prevent this from happening to you:

• Stay active to help maintain balance, strength, and coordination (walk, do gentle yoga, tai chi, or swim).
• Wear low-heeled shoes with nonslip soles.
• Use a cane if your walk is unsteady.
• Get your vision checked regularly and wear glasses or contacts if needed.
• Review your medicines with your doctor. Let your doctor know if you feel dizzy or lightheaded — blood pressure medications can sometimes cause dizziness.
• Keep your house well lit to avoid falling or bumping into things.
• Avoid throw rugs and use rugs with nonslip backing in your home.
• Keep floors and hallways clear of boxes, papers, clothing, and electrical cords.
• Install handrails and nonslip mats in your bath and next to your toilet.
• Make sure you can easily reach all the items in your kitchen.
• Avoid standing on chairs, step stools, or ladders.
• Take calcium and vitamin D daily. See nof.org for more information.

(These recommendations are based on current medical research.)
Many women don’t recognize the early signs of heart disease. Some diagnostic tests and procedures — including the exercise stress test or stress ECG (electrocardiogram) — may be less accurate in women than in men. Simple things like awareness, education, and prevention can save your life.

Heart disease is serious. Know the facts, symptoms, and risk factors.

**HEART DISEASE KILLS MORE AMERICAN WOMEN THAN MEN EACH YEAR.**

Only half of women in the United States are aware that heart disease is their #1 killer. Your chance of developing coronary heart disease is two to three times higher after you go through menopause. Here are some other facts you should know about heart disease:

- Five times as many women die of heart disease than of breast cancer.
- One in four women dies within a year of having a heart attack, compared to one in five men.
- More women than men suffer a second heart attack within five years of their first.
- African-American women are nearly one-third more likely than Caucasian women to die of coronary heart disease.
- Women with diabetes are more than two and a half times more likely than other women to die of coronary heart disease.

**You’re at higher risk for heart disease if you:**

- smoke
- have diabetes
- don’t get regular exercise
- have high cholesterol
- have high blood pressure
- have a parent or sibling with heart disease or who had a heart attack under age 55 (male) or under age 65 (female)

**QUIZ: ARE YOU AT RISK FOR HEART DISEASE?**

**Do you smoke?**

- [ ] yes  [ ] no

Smoking is the #1 preventable heart disease risk factor for women.

**Do you have a family history of heart disease?**

- [ ] yes  [ ] no

A family history of heart disease is an important risk factor for heart disease. Did your father or brother have heart disease before age 55? Did your mother or sister have heart disease before age 65?

**Are you physically inactive?**

- [ ] yes  [ ] no

People who are inactive are nearly twice as likely to have heart disease.

**Do you have diabetes?**

- [ ] yes  [ ] no

Women with diabetes have twice the risk of developing heart disease.

**Do you eat a diet that is high in saturated fat?**

- [ ] yes  [ ] no

A high-fat diet can increase the risk of heart disease.

**Do you have uncontrolled high blood pressure?**

- [ ] yes  [ ] no

High blood pressure (equal to or greater than 140/90) can increase the risk of heart disease.

**Is your HDL (good) cholesterol less than 50 mg/dL, or is your LDL (bad) cholesterol over 130 mg/dL?**

- [ ] yes  [ ] no

HDL is the most important cholesterol predictor in women. However, the higher your total cholesterol depressed.
• are overweight
• have a personal history of heart disease, stroke, or blood vessel disease in the legs
• are over age 55

But these aren’t the only factors. Your risk also increases if you don’t see your doctor regularly, don’t care for your own medical needs with the same kind of attention you might give to others, or still think of heart disease as a man’s disease. If you have one or more of these risk factors, you could be at higher risk for heart disease and should be aware of the warning signs of a heart attack.

KNOW THE SIGNS.

Women often seek help for heart attacks later than men do. This may happen because women are more likely to have heart attack symptoms that are different than the well-known symptoms of chest or arm pain. Here are some other warning signs of a possible heart attack:

Common signs:
• uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes
• pain spreading to the shoulders, neck, or arms
• chest discomfort with lightheadedness, fainting, sweating, nausea, or shortness of breath
• shortness of breath and difficulty breathing

Less common signs:
• abnormal chest, stomach, or abdominal pain
• unexplained anxiety, weakness, or fatigue
• palpitations, cold sweats, or paleness
• nausea or dizziness
• feeling very sick, in an unfamiliar way

If you experience any of these symptoms, you may have an emergency medical condition.†

Call 911 or go to the nearest hospital. Don’t take chances.

DOES HORMONE THERAPY HELP PREVENT HEART DISEASE?

Recent findings from the Women’s Health Initiative indicate that women over age 60 or with high baseline risks for heart attack or stroke who start to take combined hormone therapy (HT), may have an increased risk of developing these problems. For these women, starting hormones does not appear to prevent heart disease. Some studies suggest that starting hormones closer to menopause may help keep your blood vessels healthy and prevent heart attacks; however, experts are not in agreement about this. The U.S. Preventive Services Task Force (USPSTF) recommends against the use of HT for the prevention of heart disease. See pages 18 through 20 and check with your physician for more information.

*Based on information distributed by the U.S. Department of Health and Human Services, Office on Women’s Health, 2007.
†An emergency medical condition is any of the following: (1) a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate medical attention to result in serious jeopardy to your health or body functions or organs; (2) active labor when there isn’t enough time for safe transfer to a Plan hospital (or designated hospital) before delivery, or if transfer poses a threat to your (or your unborn child’s) health and safety, or (3) a mental disorder that manifests itself by acute symptoms of sufficient severity such that either you are an immediate danger to yourself or others, or you are not immediately able to provide for, or use, food, shelter, or clothing, due to the mental disorder.
blood cholesterol level, the higher your heart disease risk. For all adults, a desirable total blood cholesterol level is less than 200 mg/dL. A level of 240 mg/dL or above is considered high blood cholesterol. But even levels in the borderline-high category (200 to 239 mg/dL) increase the risk of heart disease, depending on your ratio of “good cholesterol” (HDL) to “bad cholesterol” (LDL).

**Are you overweight?**

- ○ yes  ○ no

People who are 30 percent overweight or more are at greater risk of heart disease. If you answered yes to any of these questions, you may be at greater than normal risk for heart disease. The more questions you answered yes to, the greater your risk. Talk to your physician at your next medical visit.

**SELF-CARE TIPS: WHAT CAN YOU DO TO REDUCE YOUR RISK?**

Although you may have some risk factors you cannot change, there are many things you can change:

**Quit smoking!**

Smoking contributes to half of all heart attacks in women over age 50.

**Increase physical activity.**

Physically active people have half the risk of heart disease compared to those who are not active. Try to get 30 to 60 minutes of exercise on most days. Walking a little bit more every day is a great way to increase your level of exercise. Remember: You don’t have to do all of your activity at once. Every 10 to 15 minute period of movement adds up. If you’re overweight, consider losing weight gradually by eating healthy and being more physically active.

**Eat a healthy, low-fat diet.**

Eat more vegetables, fruit, whole grains, and fish. Decrease the amount of sweets, processed foods and red meat in your diet. A low-fat diet combined with weight loss and exercise can help to reduce both your cholesterol and blood pressure.

**Lower high cholesterol.**

High cholesterol levels can make it easier for cholesterol to build up in your artery walls, leading to heart attack or stroke. A low-fat diet, weight loss, and exercise can lower cholesterol levels. Take cholesterol-lowering medication if your doctor recommends it.

**Reduce high blood pressure.**

High blood pressure strains the heart and damages the heart and blood vessels. Pregnant and postmenopausal women should take extra care to monitor and control their blood pressure.

**Take time for yourself.**

Find ways to relax and lower everyday stress. Take a walk, listen to music, or soak in a bubble bath. Talk to someone about how you feel. Friends are good medicine.

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**For more information on heart disease, check out these resources:**

**Websites**

Kaiser Permanente
kp.org/heart

WomenHeart: The National Coalition for Women with Heart Disease
womenheart.org

American Heart Association
heart.org

National Heart, Lung, and Blood Institute (NHLBI)
nhlbi.nih.gov

**Books**

- The 90-Day Fitness Walking Program, by M. Fenton and S. Bauer
- The New American Heart Association Cookbook: 25th Anniversary Edition
- The No-Nag, No-Guilt, Do-It-Your-Own-Way Guide to Quitting Smoking, by T. Ferguson, MD

**Other**

California Smokers’ Helpline
1-800-NO-BUTTS
(1-800-662-8887)

Contact your local Kaiser Permanente Health Education Department for health information, programs, and other resources.
BREAST CANCER

Breast cancer is the most common form of cancer in women, after non-melanoma skin cancer. Although breast cancer cannot be prevented, it can often be treated effectively if caught early through regular screening.

Most breast symptoms are not related to breast cancer, which usually has no symptoms. However, if you have possible symptoms of breast cancer, including a new lump, nipple discharge, redness, or another change in your breast tissue, call your doctor immediately. Most lumps are not cancer, but you should always have them checked. There are currently three ways to screen for breast cancer:

1. Mammography. This special X-ray exam of the breast can show tumors that are too small to be felt. Kaiser Permanente recommends a schedule of regular mammograms depending on your age and risk.
2. Clinical breast exam. This is an examination by your physician.
3. Magnetic Resonance Imaging (MRI). This scan of the breast takes a long time and can result in many false positives. For these reasons, it is recommended only for women at very high risk for breast cancer.

HOW OFTEN SHOULD YOU HAVE BREAST CANCER SCREENINGS?

Kaiser Permanente recommends regular screening for breast cancer depending on your age and risk factors. You may need more frequent screening depending on your personal or family medical history. Look at the high risk list below and ask your physician how often you should get a mammogram. Remember that many women who are not at high risk also get breast cancer.

Average risk screening guidelines

Average risk refers to women who do not have a personal or family history of a mother, sister, or daughter with breast cancer. Most women are at average risk.

Doctors’ recommendations may vary slightly for breast cancer screening, including the use of mammography, clinical breast exam, and MRI. Check with your doctor about how often you should be screened for breast cancer. For women over 50, there is strong evidence showing the importance of having a mammogram every 1 to 2 years.

High risk screening guidelines

High risk refers to a woman with one or more of the following risk factors:

- has had breast cancer herself
- has had a breast biopsy showing an irregularity such as atypical ductal hyperplasia (ADH) or lobal carcinoma in situ (LCIS)
- has a mother, sister, or daughter who developed breast cancer before the age of 40
- has had prior chest radiation therapy
- has two or more close relatives (mother, sister, or daughter) who had breast cancer, one or more occurring before the age of 50
- has a mother, sister, or daughter who had ovarian cancer
- has a known BRCA gene mutation in either herself or her close family members

If you are high risk, you should have annual exams and discuss your screening schedule with your physician.
QUIZ: ARE YOU AT HIGH RISK FOR BREAST CANCER?

Do you have a personal history of breast cancer?
☐ yes ☐ no

A woman who has had breast cancer is more likely to develop breast cancer again.

Do you have a family history of breast cancer?
☐ yes ☐ no

Having one first-degree relative (a mother, sister, or daughter) who was diagnosed with breast cancer increases your risk. A small number of women who have two or more relatives on the same side of the family who have had breast cancer before age 50 may have a genetic risk. Ask your physician for more information if this applies to you.

Have you had a breast biopsy that was benign (noncancerous) but reported that you had atypical hyperplasia or lobular carcinoma in situ (LCIS)?
☐ yes ☐ no

If so, you may be at higher risk of developing breast cancer at some point in your life.

Other Factors That May Increase Your Risk of Breast Cancer:

Did you start your menstrual period early (before age 12), or did you experience menopause after age 50?
☐ yes ☐ no

Early menstrual periods or a late menopause may indicate that your body has been exposed to more than the average amount of estrogen in your lifetime. This may place you at higher risk for breast cancer.

Have you never given birth, or was your first pregnancy after you were 30 years old?
☐ yes ☐ no

Many studies have shown that early pregnancy protects against breast cancer. Women who have not had children, or had their first pregnancies after the age of 30, have not had the protective effects of an early pregnancy.

If you answered yes to any of these questions, you may be at greater than normal risk for breast cancer. The more questions you answered yes to, the greater your risk. Talk to your doctor at your next medical visit about your risk factors.

DOES HORMONE THERAPY INCREASE YOUR RISK OF BREAST CANCER?

Combined hormone therapy (HT) contains estrogen and progesterone, which together appear to increase your chances of developing breast cancer if used beyond 4 – 5 years. Although the degree of risk is initially small, it increases the longer a woman takes hormones.

Women on hormone therapy who have had a hysterectomy take estrogen alone (ET). Studies have shown no increase in the risk of breast cancer among women taking ET for up to 7 years. However, there are still concerns regarding the use of ET for longer periods of time.

See page 18 for more information, and talk to your doctor to assess the risks and benefits of using any type of hormone therapy.

WHAT EFFECTS DO SERMS HAVE ON BREAST CANCER?

Tamoxifen and Raloxifene are SERMs (selective estrogen receptor modulators) that have been approved by the U.S. Food and Drug Administration for the prevention of breast cancer in women at high risk. These drugs also help prevent osteoporosis (see page 5); however, they do not relieve symptoms of menopause, like hot flashes. At this time, there is no long-term information on the effects of these drugs.

SELF-CARE TIPS

There isn’t much solid data on the relationship between diet and breast cancer, but excess weight is known to increase the risk of breast cancer. If you are overweight, losing weight may reduce the likelihood of developing breast cancer. The following tips can help improve your overall health and lower your risk for breast cancer. (See the Regular Physical Activity and Healthy Eating section on page 21 for more details.)

• Reduce fat consumption.
• Maintain a healthy weight.
• Limit alcohol to only one drink a day.
• Move to a more plant-based diet that includes vegetables, fruits, whole grains, soy foods, and flaxseed.

For more information on breast cancer, contact:
• American Cancer Society: 1-800-ACS-2345 (1-800-227-2345) cancer.org
• Susan G. Komen for the Cure: 1-877-GO-KOMEN (1-877-465-6636) komen.org

You can also search our health encyclopedia at kp.org/health.
COMPLEMENTARY AND ALTERNATIVE APPROACHES

There are many things you can do to lessen menopausal discomfort, whether or not you decide to try hormone replacement.

More and more studies are documenting the benefits of mind-body and herbal approaches to menopausal discomfort. You can try some of them yourself to see if they help reduce your menopause symptoms and improve your sense of well-being.

HOW CAN YOU RELIEVE SYMPTOMS OF MENOPAUSE NATURALLY?

Hot flashes

Losing ten pounds and eating a diet rich in whole grains, fruits, and vegetables has been shown to decrease the length of time a woman suffers from hot flashes.

- Keep track of things or events that trigger your hot flashes. Strong emotions, caffeine, alcohol, spicy food, certain clothing, or excessive heat can cause hot flashes in some women. Once you know what your triggers are, avoid them when possible.
- Cool the air around you by lowering the temperature, using fans to aid air circulation.
- Practice deep breathing for 15 minutes in the morning and in the evening. Breathe slowly and deeply, bringing air into your lungs and belly. Return your focus to breathing if your thoughts wander.
- Drink cool beverages.
- Wear layers of cotton clothing or other natural fabrics.
- Take a stress management or mind-body class*.
- Some women find that soy foods (tofu, tempeh, soy milk, or soybeans) help with hot flashes.
- Women who exercise vigorously may have fewer hot flashes.
- Yoga done regularly has been shown to decrease hot flashes.
- Acupuncture has been shown to decrease hot flashes in some small studies.

Menopausal sleeplessness

- Make sure your bedroom has good air circulation and keep it cool.
- Consider using only cotton for your mattress pad and bed linens, as it breathes better than synthetic fabrics.
- Exercise daily for at least 30 minutes. You can exercise for all 30 minutes at once or in shorter sessions that add up to 30 minutes. But, do not exercise within two hours of your bedtime.

- Avoid relying on sleeping pills.
- Do not have caffeine and alcohol in the evenings.
- Take a warm bath or shower at bedtime.
- Drink warm milk or chamomile tea before bedtime.
- Attend an insomnia class at your local Kaiser Permanente facility.*
- Take HealthMedia® Overcoming™ Insomnia, an online healthy lifestyle program on kp.org.

Mood swings and anxiety

- Use relaxation techniques, like deep, slow breathing.
- Talk to friends or join a support group.
- Exercise daily for 30 minutes.

*Some classes may require a fee.
• Decrease the amount of caffeine and alcohol you drink.
• Find a creative activity that you enjoy.
• Set aside 15 minutes every day just for worrying. Use this time to think about the things that cause you anxiety. Try not to think of your worries for the rest of the day. Sometimes writing down what’s on your mind can lessen your worries.
• Attend an anxiety, depression, or anger management class at your local Kaiser Permanente facility.*
• Take HealthMedia® Relax™, an online healthy lifestyle program about reducing stress on kp.org.

WHAT ARE SOME MIND-BODY APPROACHES TO IMPROVING HEALTH?

Prayer, meditation, and relaxation can improve your health and well-being. There are hundreds of prayer, meditation, and relaxation methods. Videos are available to guide you in these practices. Call your local Kaiser Permanente Health Education Department for more information.

Yoga helps keep you strong and flexible and may change your responses to stress.

Cognitive restructuring is a practice based on the idea that the way you think about something can affect the way you experience it. In other words, the more you think about menopause in a neutral or positive way, the more likely you are to have a positive experience. This can be a useful approach to managing menopause symptoms. For example, the Overcoming Insomnia program on kp.org uses cognitive restructuring principles to ease insomnia.

Humor can reduce stress-related chemicals in the body and boost your immune system’s ability to resist disease. Watch a funny movie and let yourself laugh.

Aromatherapy is the therapeutic use of oils and extracts from plants, like lavender, to promote relaxation and help reduce a variety of symptoms.

Visualization/guided imagery involves focusing on a mental image or imagining you are in a peaceful place. This practice promotes relaxation. Resources are available to help in visualization and guided imagery.

Music can influence body, mind, and emotions. Put on your favorite music. Relax and enjoy.

Massage therapy involves the use of healing touch to relieve pain, stimulate circulation, release tension, and reduce stress.

Acupressure and acupuncture involve applying pressure to, or inserting very thin needles in, specific points on the body to help restore the balance of energy.

Take time for yourself and enjoy regular quiet time. Women often care for everyone else and sometimes forget themselves. Take a walk or a bath, or have a cup of tea.

Paced respiration involves setting aside fifteen minutes, twice per day, to focus on slow and deep breathing. This strategy has been shown to reduce hot flash frequency and intensity by 50% and speaks to the effectiveness of stress reduction measures.

IMPORTANT POINTS TO CONSIDER BEFORE USING HERBS AND DIETARY SUPPLEMENTS

Studies have shown that the largest consumer of complementary and alternative remedies is the midlife woman. Some women are concerned about the side effects and increased risks for certain medical conditions that come with hormone use. If you share these concerns, you may want to try herbs or other dietary supplements for menopause symptom relief. Please review the following important points before using herbs and dietary supplements:

• The Food and Drug Administration (FDA) does not regulate herbs and dietary supplements, so it’s hard to tell what you’re getting. The amounts of active ingredients in similar herbal products may differ, or active ingredients may not even be present.

• Some herbs do not work well with other herbs, medications, or over-the-counter drugs. Make sure to talk to your doctor or pharmacist if you are taking medications and wish to start herbs, or vice versa.

• Please use caution when taking herbs and dietary supplements. Be aware that some of these products may contain contaminants from the production process.

Herbs and supplements are sold over the counter. Kaiser Permanente pharmacies carry only herbs for which some evidence exists to show that they may be effective in treating certain medical conditions.
Access the Natural Medicines Comprehensive Database on kp.org. Search the database to review reliable information on the risks and benefits of various herbal products.

If you have questions or need more information about your medication, please speak to a pharmacist.

**HERBS, FOODS, AND OTHER SUPPLEMENTS THAT MAY BE ABLE TO HELP WITH MENOPAUSE SYMPTOMS**

In the last several years, there have been many studies comparing the frequency and intensity of hot flashes and other menopause symptoms when using an herbal product as opposed to a placebo (sugar pill). Frequently, hot flashes are reduced by approximately 30% in those using the herbal product. However, the placebo is often as effective. This speaks to the power of placebo and the possible beneficial effect of taking an action of some kind to address a health concern.

**Bioidentical, natural, or alternative hormones**

The term “bioidentical” describes hormones that are chemically identical to those we make naturally in our bodies. Bioidentical hormones are made from soy and yams, and are available as pills, patches, creams, and sprays. The hormones estrogen and progesterone are available in FDA-approved products (including estrogen pills, patches, creams and progesterone capsules). These products have been tested for effectiveness, purity, and consistency and are included in the Kaiser Permanente formulary. The same prescription estrogens and progestogenes can be purchased from compounding pharmacies. In addition, there are compounds called tri-est or bi-est that combine different types of estrogen with emphasis on a weak estrogen called estriol. There are no reliable studies in humans that have compared the effects of these estrogens to standard prescription estrogens, and no studies so far have proven that one hormone is safer or more effective than another. Non-FDA approved, compounded hormones are no more natural than most of the prescription estrogens. Concerns regarding breast cancer, stroke, and heart disease risks apply to all forms and types of hormones. Compounded hormones may be appropriate if you and your doctor or nurse practitioner feel that you require an unusual dose of estrogen or progesterone. In addition, if you choose to use testosterone cream, it will need to be compounded because there is no FDA-approved testosterone product that is applied to the skin. Read more in the Hormone Therapy and Other Medications section on page 18.

**OVER-THE-COUNTER (OTC) PRODUCTS THAT MAY BE EFFECTIVE**

**Black cohosh**

Black cohosh is the most widely studied herb in menopause treatment but remains controversial. Some short, limited studies of the brand Remifemin show that it may help hot flashes, although other studies did not show this effect. No significant side effects have been noted, but long-term effects are unknown. Do not take black cohosh if you have a history of liver disease.
ERr 731® [Rhubarb (Rheum rhamonticum L.) Root Extract]
One small 12-week study showed that rhubarb extract reduces hot flashes.

Flaxseed
One small study showed that taking daily flaxseed orally significantly reduced symptoms of hot flashes and night sweats in women with mild menopausal symptoms. However, another trial found flaxseed to be no more effective than wheat germ.

Ginseng
Some research has shown that ginseng has phytoestrogen properties and may help with menopausal mood symptoms and improve overall sense of well-being. It has not been shown to help with hot flashes. The study of ginseng is made difficult by its many varieties.

Maca (Lepidium meyenii)
Four small studies have suggested that maca has favorable effects on menopausal symptoms. The data is too limited to draw firm conclusions, and safety has not been proven at this point.

Progesterone cream
Studies have shown that creams containing progesterone may reduce hot flashes. However, the absorption and effectiveness of these creams is both low and unpredictable. If you have a uterus and take estrogen, never use creams in place of prescription progesterone.

Soy
Soy has some positive effects on health. Soybeans and soy products contain isoflavones. Studies have shown that isoflavone can lower the risk of heart disease by lowering cholesterol. Research results about whether soy can decrease hot flashes are mixed. Studies show a small decrease in women who take soy protein and soy extract. Consuming large amounts of soy extract may be unsafe. Isoflavones have not been proven effective in treating vaginal dryness. Research supports consuming a daily serving of soy (25 grams of soy protein) as part of a low-fat, well-balanced diet. It is important to know that specific recommendations regarding soy or isoflavone consumption by breast cancer survivors cannot be made at this time.

St. John’s wort
Studies have shown that St. John’s wort may relieve symptoms of mild depression. However, it is not effective in treating major depression and usually is not recommended beyond two years. Side effects may include stomach upset, fatigue, and increased sensitivity to sunlight. One of the biggest concerns with St. John’s wort is how it alters the absorption and effectiveness of other medications and supplements. It should not be used with anticlotting drugs or with prescription antidepressants.

Valerian
A 2010 randomized, controlled study of valerian supplement for postmenopausal women demonstrated improvement in sleep quality for those experiencing insomnia.

OTC PRODUCTS WITH NEGATIVE EFFECTS OR WITHOUT PROVEN EFFECTIVENESS

DHEA
DHEA is a hormone that is changed into estrogen and testosterone when it enters the body. There is no evidence that DHEA is effective in improving well-being or health, and the long-term effects are unknown. DHEA can cause negative side effects that include acne, voice deepening, liver problems, and possibly decreased HDL (good) cholesterol. Women with high levels of DHEA seem to have more heart attacks. The marketing of DHEA supplements and of its effectiveness far exceeds the science. Kaiser Permanente does not recommend this supplement.

Dong quai
The first study on the use of dong quai for hot flashes took place at Kaiser Permanente. It showed that dong quai was no more helpful for hot flashes than a placebo, or sugar pill. Dong quai has a long history of use in Traditional Chinese Medicine to treat women. Some experts in Chinese medicine have responded that the preparation studied was not the same as what they use in practice, and that it is seldom given alone. Dong quai can affect blood clotting and should be avoided by those women with fibroids and those with blood clotting problems.

Evening primrose oil
There is no scientific evidence that evening primrose oil can reduce menopausal hot flashes. Although
this botanical is promoted to relieve hot flashes, its effectiveness for managing menopausal symptoms matched those of a placebo. It can cause side effects of inflammation, problems with blood clotting and the immune system, nausea, and diarrhea.

**Kava**
Kava is used to decrease anxiety and for its mildly sedative properties. There is no evidence that it diminishes hot flashes. The effects of kava are similar to alcohol and valium in that kava can create a mild euphoria and relaxation, and has a potential for addiction. Kava has been associated with liver disease and the FDA has issued a warning not to use kava because of this risk.

**Red clover**
Red clover is another source of isoflavones (which have estrogen-like effects). In several controlled studies it was not shown that red clover leaf extract reduced hot flashes any better than a placebo.

**NON-HORMONAL PRESCRIPTION MEDICATIONS FOR MENOPAUSAL SYMPTOMS**

**Antidepressants**
Although prescription antidepressants were developed to treat depression and anxiety, it has been found that certain antidepressants decrease menopause symptoms, including hot flashes and night sweats. They can be an alternative to hormone therapy for some women. These medications are called SSRIs/SSNRIs (selective serotonin [norepinephrine] reuptake inhibitors). If you are experiencing troubling mood changes, read more in the Mental Health section on page 30. Find more information about which antidepressants may be helpful in alleviating menopause symptoms, as well as other potential benefits and side effects of these medications, in our Health Encyclopedia at kp.org/health. You can also discuss these medications with your doctor.

**Other prescription medications**

**Clonidine** is a blood pressure lowering medication available in patch and pill form that relieves hot flashes and night sweats for some menopausal women. Low doses often do not cause side effects and can be taken by women without high blood pressure.

**Gabapentin** is a medication developed to prevent seizures, but it can also improve sleep and decrease hot flashes and night sweats. Dizziness and daytime sleepiness are side effects for some women who try this medication.
Women seeking relief from hot flashes, night sweats, sleep disturbances, and mood changes may choose to begin hormone therapy.

In addition to menopause symptom relief, positive effects noted by some women on hormone therapy include an improved sense of well-being and benefits to the skin. A long-term benefit of taking estrogen is a lowered risk for osteoporosis and fractures.

However, there is an increased risk for blood clots, regardless of a woman’s age. In addition, women who start hormone therapy after age 60 have a greater risk of heart attack and stroke. Breast cancer risk is also greater for women who take hormones long-term. If you choose to take hormones, you should take them in the lowest possible dose and for the shortest time needed to relieve menopause symptoms — ideally less than five years. Once you stop, many of the benefits disappear quickly, but so do the risks.

Due to the risks associated with hormone use, non-hormonal medications are the first line treatments for osteoporosis. See page 6 for more information on two non-hormonal medications used to prevent fractures due to osteoporosis: bisphosphonates and raloxifene.

HOW DO YOU DECIDE WHETHER TO BEGIN HORMONE THERAPY?

Every woman is unique. Only you know how severe or distressing your menopause symptoms are. It is important to weigh your quality of life today versus the potential risks of hormone therapy. Discuss your specific risks and benefits with your doctor or nurse practitioner. He or she can also help you find other ways to address your menopause symptoms. If you decide to take hormone therapy, learn as much as you can about your choices before you start treatment.

WHAT ARE THE POSSIBLE DOWNSIDES OF HORMONE THERAPY?

Several studies of the risks and benefits of hormone therapy have been conducted in recent years. Scientists continue to analyze and release data from these studies, and our understanding of this topic continues to grow and evolve. Participants in one major study, the Women’s Health Initiative (WHI), were an average of 63 years old and 15 years beyond menopause. In addition, the study used specific hormone products at set doses. Most women now on hormone therapy are taking lower doses and/or different products. We’re hopeful that lower doses and products applied to the skin come with lesser risks, but we don’t know this for a fact. It is important to note that these studies are one piece of a complex, incomplete puzzle and new information continues to emerge about hormone therapy.

If you choose to take hormones, you should review the latest findings and discuss any changes in your health status each time you see your doctor. Hormone therapy should be tailored to each individual and used for the shortest amount of time and at the lowest possible dose to adequately control menopausal symptoms.

WHAT ARE THE LESS SERIOUS SIDE EFFECTS OF HORMONE THERAPY?

Women on hormone therapy may experience minor side effects including:

- unexpected vaginal bleeding
- swollen or tender breasts
- headaches, nausea, or bloating
- leg cramps
- vaginal discharge

These side effects are usually mild and may go away with continued treatment. If you experience prolonged or more severe side effects, tell your physician. He or she can adjust your medication to minimize side effects and help you feel better.

Most women who start HT during perimenopause will continue to have monthly bleeding.

PRESCRIPTION HORMONE THERAPIES

The following information discusses only prescription hormone therapies. Refer to other sections of this guidebook for self-care tips and alternative and complementary approaches to managing symptoms of menopause. Please note that the U.S. Preventive Services Task Force (USPSTF) recommends against the use of ET or HT for the prevention of chronic conditions in postmenopausal women.
Estrogen

Estrogen is a hormone made by your ovaries. It circulates in your bloodstream and turns on cell activity in many parts of the body, including the breasts, uterus, vagina, skin, bones, liver, arteries, and brain. Although estrogen levels drop with the beginning of menopause, some of the hormone is still produced. When you take additional estrogen to relieve menopause symptoms, it may have the following effects on your body:

- **Effects on bone loss:**
  Estrogen prevents bone loss and lowers the risk of spine, hip, and wrist fractures.

- **Effects on heart disease:**
  According to the WHI studies, there appears to be no increased risk of heart disease among women taking ET or HT between ages 50 and 59. However, women who started HT after age 60 had a small increased risk of heart attack. Women without a uterus who took only ET showed a decreased risk of coronary artery calcification (a condition associated with heart disease), if they started therapy within 10 years after menopause.

- **Effects on the breasts:** Studies indicate that there is an increased risk of breast cancer among women ages 50 to 59 who take combined HT for longer than 4 – 5 years. This risk appears to gradually rise with additional years of use. In addition, women who take hormones are more likely to develop denser breast tissue, which makes mammograms harder to read, and results in more breast biopsies.

  Women ages 50 to 59 without a uterus who took ET showed no increased risk of breast cancer after 7 years of follow-up. However, it is likely that there is a small increase in breast cancer risk among women who take ET for longer time periods.

- **Effects on the uterus:**
  When taken alone, estrogen increases the risk of uterine cancer. Be sure to add progesterone if you have not had your uterus removed.

- **Effects on blood clotting:**
  Oral estrogen and progesterone cause a small increase in risk for blood clots in the legs and lungs. Recent studies show that this risk may not be present with the estrogen patch and certain progesterones. This risk increases if a woman is unable to move for a long period of time. Consider leg exercises while sitting for long periods. It may even be advisable to stop hormone use 1-2 weeks before a long flight, road trip, or a period of bed rest. Follow your doctor or nurse practitioner’s advice regarding when it is safe to resume the medication.

- **Effects on stroke:**
  HT and ET probably do not increase the risk for stroke among women who start before age 60. However, women who began HT or ET after age 60, or more than ten years after menopause, likely do have an increased risk of stroke.

- **Effects on memory:**
  There are mixed results from studies looking at the effect of estrogen and progesterone on memory. HT and ET are not recommended at any age for preventing or treating declining memory related to age or dementia. There has not been enough research addressing effects of HT and ET used soon after menopause, so we don’t know if it affects cognitive aging or dementia. Results from the WHI Memory Study found an increase in the occurrence of dementia in women ages 65 to 79 who started taking HT. Some recent research has shown that menopause has a short-term negative effect on cognition, but an insignificant long-term effect.

Low-dose estrogens

Using a lower dose of estrogen or changing the form in which it is taken (for example, patches, creams, or rings) can reduce side effects, including breast tenderness and irregular bleeding. Taking less estrogen could mean less risk for other serious health problems; however, this has not been studied.

Estrogen creams, rings, and tablets

Women with vaginal dryness, painful intercourse, frequent urinary tract infections and/or urinary urgency often respond well to a vaginal estrogen prescription. Vaginal estrogen is available in cream, ring, or tablet form. Compared to estrogen taken by mouth, vaginal estrogen used in small doses as directed has not been found to cause any type of cancer. However, a woman with a history of breast cancer or blood clots should discuss these forms of estrogen with her doctor before trying them.

Progesterone

Before menopause your ovaries produce progesterone, which the uterus needs to shed its lining, or endometrium, during a menstrual period. A woman with a uterus who chooses to take estrogen to manage menopause symptoms also needs to take progesterone. Progesterone lowers the effects of estrogen on the lining of the uterus and prevents an increased risk of uterine cancer.

The most commonly prescribed progesterone is called Provera. Other types of progesterone are...
Testosterone

Although you may think of testosterone as a male hormone, women also produce testosterone in their ovaries in addition to their adrenal glands. Women whose ovaries have been removed produce less circulating testosterone and may have a decrease in sexual desire or sexual energy. New studies have shown that testosterone may help such symptoms in these women as well as in menopausal women who still have their ovaries. However, there are also negative side effects and risks to consider.

Because oral testosterone reduces the good kind of cholesterol (HDL), there are concerns that adding it to estrogen may have a negative effect on the heart and might increase the risk of breast cancer. Rare side effects may also include hoarseness or deepening of the voice. Milder, more common side effects include facial hair, hair loss, and/or acne. There is one FDA-approved oral testosterone medication currently available; it also contains estrogen. The FDA only approves this medication to treat menopausal symptoms - not for the treatment of low libido.

Research on testosterone continues. Skin patches are not FDA-approved, however they are available in Europe and Australia and continue to be studied there. Testosterone cream can be made by compounding pharmacies. Compounded medications are not FDA-approved. The side effects are the same as oral testosterone, though compounded testosterone does not affect cholesterol levels. There is no long-term safety information and studies have not been done regarding breast cancer risk.

Hormone testing
We do not recommend baseline testing of estradiol, progesterone and testosterone. The hormone levels have very little to do with how you are feeling or which hormones you take. Since the results are not reliable and do not necessarily match up with your symptoms, the results do not change what we prescribe.

Also, if you are in your 40s or 50s, your blood and saliva hormone levels change frequently (higher or lower) so it is extremely difficult to interpret what these results mean. Saliva testing has not been scientifically proven to be reliable and is not recommended.

If you are several years past your last period, your hormones will test low. Unfortunately, testing low does not help us decide next steps for making you feel better. The only women who should take hormones are those with symptoms that are seriously affecting their quality of life, and who feel the benefits outweigh the risks. We will usually start you at a low dose of hormones and increase gradually to the point where the symptoms become tolerable. How you feel is most important, not the level of hormones you take.

Compounded bioidentical hormones
Some books, TV shows, and magazine articles have promoted compounded bioidentical hormones. There are no studies to guide practitioners regarding which products to prescribe, or what doses are safe. You should be aware that currently there is no evidence to support claims that one hormone preparation or approach is better, safer, or more natural for your body than other prescription hormones. Discuss the alternatives with your physician before ordering bioidentical hormones or before seeking medical advice from someone who prescribes these drugs. For a more complete discussion about bioidentical hormones, see the Complementary and Alternative Approaches section on page 13.

WHEN SHOULD YOU STOP TAKING HORMONE THERAPY?
The risks of taking hormones (pills, patches, and creams applied to the skin) start to increase after a woman has taken them for 5 years. It is recommended that you try to discontinue the prescriptions after 4 to 5 years of use. Some women will decide to continue using hormones long-term to control menopausal symptoms. They should decrease their estrogen dose to the lowest level that provides adequate relief. Prescribed doses of vaginal estrogen products can continue to be used long-term as needed.

HOW DO YOU STOP TAKING HORMONE THERAPY?
Although there are no studies of the best way to stop taking hormone therapy, most medical professionals recommend tapering off hormone doses slowly over a period of two to three months or longer. This may give your body a chance to adjust to the changes. Vaginal estrogen creams, tablets, or a ring can be used to handle symptoms of vaginal dryness and painful intercourse.

For more information about hormone therapy: Visit menopause.org.
REGULAR PHYSICAL ACTIVITY AND HEALTHY EATING

While the benefits of exercise and nutrition are well known these days, women at midlife have even more reasons to stay active and eat right.

Regular physical activity and healthy eating during menopause may help lower your risk for osteoporosis, heart disease, and breast cancer, as well as greatly improve your sense of well-being, your sleep patterns, and your mood.

REGULAR PHYSICAL ACTIVITY

Midlife may be the most important time for women to be active. Consider the following:

Reaching or maintaining a healthy weight: As you grow older, your body slows down. Your metabolism, the rate at which your body burns calories, naturally decreases. Regular exercise reverses this trend. It revs up your metabolism and is one of the best things you can do for your health. Not only will you burn calories while exercising, but your body will continue to burn calories for several hours afterward.

Bone loss: After menopause women’s bones lose density, resulting in reduced bone strength. Bone loss is a major reason for fractures in older women. These injuries decrease mobility and lead to a lower quality of life. Exercise, particularly weight-bearing exercise, is the best way to maintain bone strength.

It can be even more effective than hormone therapy. Certain types of exercise, such as yoga or Tai Chi, are good choices for improving balance and preventing falls.

Changes in body shape: After menopause your weight may shift around your body—usually moving toward the stomach and midsection. You may also lose muscle, which supports bones and joints and keeps your body looking firm. Exercise can help strengthen and tone your muscles.

The benefits of regular physical activity:

- lessens your risk for osteoporosis, heart disease, and cancer
- helps manage the pain of arthritis
- boosts your immune system
- raises your self-confidence and self-esteem
- helps you feel more energetic and relaxed
- improves your sleep
- lifts your mood

It’s never too late to start.

Even if you’ve been a couch potato in the past, start getting physically active now. It can make a big difference in your health and well-being for the rest of your life.

Start where you are. Set a one month goal you think you can reach. When you reach your first goal, set a new one. If you walk, try a step-counter, or pedometer, to track your progress. Gradually increase how long, how often, and how hard you exercise. Work toward moderate aerobic exercise—this means getting a bit out of breath and perspiring – for 30 to 40 minutes.

Pick something you enjoy that’s easy for you to do. Make sure you choose some weight-bearing activities to avoid bone loss and stay strong. Walking is great for the lower body. Lifting weights is best for the upper body. Find indoor as well as outdoor activities so you can exercise on bad weather days. Walk around a shopping mall or have some exercise videos on hand.
Making time for exercise

Look for ways to be more active throughout each day. Take the stairs instead of the elevator. Take short walks or do stretches during work breaks. Walk or bike when doing errands.

In general, the more active you are, the better. It’s best to try to be physically active for 30 to 60 minutes on most days. Here are some tips to help you get there:

• Make it a priority. Schedule exercise on your calendar and stick to it.
• Pick something you can easily do at home or near your home, like gardening or walking.
• Meet a friend for a walk instead of for lunch. Try a walking meeting.
• Buy, borrow, or rent exercise videos. Choose a few different ones that suit your level of fitness so you don’t get bored.
• Walk or ride a bike instead of driving. Trips to the bank, the dry cleaner, or the convenience store are perfect times to leave the car behind.
• Fit in mini-workouts whenever you can throughout the day. Lift some light weights first thing in the morning or take a couple short walks during the day.
• Dedicate half your lunch breaks to walking or other exercise.
• Plan longer workouts and active events, such as hikes or longer bike rides, on weekends when you have more time.

Keeping it fun

Mix up your activities to strengthen different body parts and avoid boredom with your routine. Try walking on Monday, aerobics on Tuesday, lifting weights and stretching on Wednesday, etc. Or go out dancing with friends for a change of pace. Here are some other ideas for keeping it interesting:

• Exercise with a friend. You’ll be surprised by how many people will want to join you.
• Try starting a neighborhood walking club or a lunchtime walking group at work.
• Walk in beautiful places or on different routes to keep you interested and motivated. Try local hiking trails.
• Try new activities that have always sounded like fun. How about jazz dance, tennis, yoga, or biking?
• Listen to music or audio books while you exercise.
• Concentrate on how good it feels to be fit and active.

A few words about safety

Always exercise in a safe place with good lighting. If you have pain, select an activity that does not cause pain or make the pain any worse. Try water aerobics or swimming.

For more information about exercise, visit your local Kaiser Permanente Health Education Department, or visit kp.org/10000steps.
HEALTHY EATING

What you eat can have a big impact on your health. Good nutrition decreases your risk of heart disease, cancer, bone loss, obesity, stroke, and diabetes, which are some of the most common illnesses among women. Research shows that a balanced diet and an active lifestyle can help you stay healthy and improve your well-being. For peak health, the most recent studies on women’s nutrition suggest the following guidelines:

Eat lots of vegetables and fruits. Vegetables and fruits are naturally low in fat and can lower your risk of heart disease, hypertension, and cancer. Eat a variety of fruits and vegetables every day. They should cover half your plate.

Eat more whole grains. Whole-wheat breads, whole grains (like brown rice), and cereals add vitamins and fiber to your diet. These high-fiber foods may decrease the risks of colorectal cancer and heart disease. Other foods particularly high in fiber include oats, bran, beans, and prunes.

Eat more fish. Fish is rich in substances that have been found to protect against heart disease. Two to three fish-based meals per week, together with a low-fat diet, are beneficial to your health. Many types of fish contain traces of mercury, which can be harmful when consumed in large amounts. Some fish with very low amounts of mercury are shrimp, canned light tuna (not albacore), salmon, flounder, tilapia, pollock, and catfish.

Check montereybayaquarium.org/seafoodwatch for sustainable seafood recommendations.

Eat foods that are lower in saturated fat and hydrogenated fats (trans fats). Maintaining a low-fat diet will help you control your weight, keep your heart healthy, and reduce your risk of cancer. Consuming saturated fats and hydrogenated fats can increase heart disease and cancer risks. Animal proteins, including meats and whole-fat dairy products, are high in saturated fats. Check labels on margarines, cookies, crackers, chips, and fried foods, which often contain hydrogenated fat. When you use oil, use small amounts of olive or canola oil (monounsaturated fats), or try cooking with a zero-calorie spray.

If you drink alcoholic beverages, do so in moderation. Drinking alcohol can increase your risk of cancer because it increases the levels of some hormones, especially estrogen. If you drink, limit yourself to one drink (five ounces of wine, 12 ounces of beer or 1.5 ounces of hard liquor) per day. Alcohol has no nutritional value. It adds extra calories that make weight gain more likely. However, some studies show that moderate consumption of some kinds of alcohol can decrease your risk of heart disease.

Eat foods rich in calcium and vitamin D. Calcium and vitamin D can help reduce the risk of osteoporosis, or thinning bones. The recommended daily intake of calcium is 1,000 mg for women ages 19 – 49, and 1,200 mg for women 50 and over. There is much debate about vitamin D recommendations. A good “middle-of-the-road” approach is to take 800 IU to 2,000 IU per day (preferably with vitamin D3).

Although many people need to take calcium supplements, the goal is to get as much calcium from foods as possible and take only the amount of supplement that you need to meet the recommendations. Low-fat dairy products, including low-fat yogurt, cheese, and milk, are good primary sources of calcium. Each serving contains about 300 mg. Other sources include salmon, sardines, catfish, almonds, soy products, and green, leafy vegetables. Both calcium and vitamin D supplements are available in Kaiser Permanente pharmacies. See the Osteoporosis section on page 5 for more information about calcium and vitamin D.
Go easy on the salt and sodium. Diets high in sodium, a component of salt, may cause urinary loss of calcium and increase blood pressure. The recommended intake of sodium for healthy adults is about 2,000 mg (under a teaspoon of salt a day). Women with high blood pressure may need to limit their sodium even more, according to the recommendations of their physicians.

Try soy foods.
Foods made from soybeans, including tofu, tempeh, roasted soy nuts, soymilk, or isolated soy protein, are high in compounds called phytoestrogens, which can help protect against many menopausal symptoms. Soy products are low in fat and can add variety to your diet.

How to start eating healthier
Make small changes in your eating habits rather than trying to change everything at once. Here are some ways to get started and things to look out for:

- Choose smaller portions of meat or fish. Try skinless chicken or lean red meat, like tenderloin or bottom round.
- Eat less fat. Try to eat fish at least once a week. Remove fat from meat before eating.
- Broil or bake instead of frying. Use sprays and nonstick pans. Limit butter, cream, dressings, and sauces.
- Eat calcium-rich foods, like nonfat or low-fat dairy products, three to four times a day.
- Snack healthy with fruits, vegetables, nuts, yogurt, pretzels, cottage cheese, whole-grain bread, or low-fat crackers.
- Don’t shop for groceries when you’re hungry. Make a list ahead of time to help you buy healthier foods.
- Beware of large portions and added calories when eating at a restaurant. Order salad dressings, sauces, and gravies on the side so you can decide how much to put on your food. Consider sharing entrées or ask for half-portions.
- Avoid hydrogenated fats, or trans fats, by looking closely at food labels.
- Choose foods that are high in fiber and whole grains. Substitute brown rice or whole wheat pasta for white rice and pasta.
- Add one fruit or vegetable to any of your meals or as a snack until you have reached five a day. Try adding a handful of blueberries or other favorite fruit to your cereal or yogurt.
- Be conscious of portion sizes. A whole piece of fruit is one serving. A big green salad with lettuce and about a cup of vegetables, like cucumbers and tomatoes, is two servings. A half cup of rice or pasta or half a bagel is one serving of grain. One cup of milk or yogurt or two slices of cheese is a serving of dairy. A serving of meat is about the size of the palm of your hand.

A WORD ON WOMEN AND WEIGHT
As women get older, they experience an increase in body fat and a decrease in the rate they burn calories. Unchecked, this is a recipe for weight gain. While it is best to age gracefully, it is also important to stay at a healthy weight. Most studies indicate that excess weight leads to an increased risk for a variety of medical conditions. These include heart disease, hypertension, diabetes, and musculoskeletal problems. Studies have shown that for people who are overweight, small weight losses of 8 to 10 pounds can significantly improve these medical conditions, including diabetes and hypertension. In addition, there is evidence that women who lose 10 or more pounds will stop having hot flashes sooner. You may find it challenging to balance pressure to be thin with the natural changes happening in your body during midlife. If weight is a struggle for you, don’t despair. Regular exercise and healthy eating are better for your health and self-esteem, and that far outweighs the number on the scale.

For more information about healthy eating, contact:
American Dietetic Association eatright.org 1-800-877-1600
United States Department of Agriculture Choosemyplate.gov 1-888-779-7264
Or visit kp.org/weight.
SEXUALITY AND RELATIONSHIP HEALTH

Sexuality involves the desire for both physical and emotional closeness and the need to feel and to give affection or pleasure. Your interest in sex can last your entire life.

Many women wonder what is normal in regard to sex. Am I having enough sex? Am I having too much sex? My partner seems to want it all the time, and I’m just not in the mood. Is something wrong with me?

The truth is that there is no “normal” that applies to all women. Some women can and want to have sex daily, some weekly, some monthly, and some rarely or not at all. How a woman experiences sex can also change significantly as she goes through the various stages of her life, including menopause.

WILL YOU LOSE YOUR DESIRE?

Sexual desire is the result of a complex interplay between your psychological makeup, social and cultural background, and hormones. Reduced hormone production from the ovaries during midlife may reduce your sexual desire and your arousal from sexual stimulation. If intercourse becomes painful, or if you are bothered by symptoms of menopause (including hot flashes, insomnia, or irritability), your desire may lessen. These symptoms are usually treatable, so read on and be sure to speak to your physician if you have any questions.

WHY MIGHT YOU FEEL LESS INTERESTED IN SEX?

There are many reasons for a change in sexual interest:

• Vaginal dryness leading to painful sex. This is caused by the drop in estrogen and appears to be one of the main reasons sex may become more difficult. Vaginal moisturizers and lubricants can help with this problem and are described in more depth on the next page.

• Emotional changes, major life events, stress, depression, or fatigue.

• Perimenopausal symptoms, including hot flashes, irritability, or sleeplessness.

• A partner’s changing sexual abilities or level of interest.

• A serious illness or surgery.

• Lack of time with your partner or problems in the relationship.

• Boredom with your sex life.

• Weight gain or loss or poor body image.

• Side effects of medications.

• Alcohol or drug use.

• Lack of a partner.

• Concerns about pregnancy or sexually transmitted diseases.

SELF-CARE TIPS

There are many ways to overcome sexual difficulties and enjoy a fulfilling sex life. If you’re experiencing vaginal changes or decreased desire, try the following self-help measures:

Increase the time you and your partner spend in foreplay. Spend time learning about your body and what makes you feel sexually excited. Recent research has shown that for women, desire is likely to be increased...
through physical touching and lovemaking. This can help with vaginal lubrication and increase your desire. An added benefit is rediscovering each other’s bodies and experimenting with new pleasuring techniques.

For vaginal dryness, use one of the many non-hormonal vaginal lubricants or moisturizers available without a prescription. Lubricants are water-based and must be applied every time you have intercourse. Moisturizers are applied just two or three times a week. Avoid petroleum jelly or creams and lotions not specifically intended for vaginal moisturizing. These products can introduce bacteria and infection into the vagina.

Try Kegels, simple exercises that can improve your sexual function and improve bladder control at the same time. (See description on this page.)

Make dates to spend time with your partner. Take a walk, go out for dinner and a movie, or just relax and talk. Experiencing emotional intimacy and closeness can help with sexual intimacy.

Don’t give up on sex. Change your mind set from “feeling desire” to “being willing.” Although you may not feel “in the mood,” most women can “get in the mood” with some self-preparation, help from a supportive partner, and open communication. Among other benefits, regular sexual activity with a partner or through self-stimulation can strengthen the vaginal walls and decrease vaginal discomfort.

Consider whether erotic books and videos might enhance the sexual experience for you and your partner.

Masturbation (self-stimulation). Many people find that masturbation is a welcome and pleasurable release of sexual tension. Others find it is a means of self-discovery and exploration. Through self-stimulation, you can learn what turns you on and what turns you off. Self-stimulation also takes some of the pressure off the search for a willing partner.

Talk to your physician about testosterone. The ovaries produce small amounts of testosterone, the “desire” hormone in both men and women. With aging, a decrease in testosterone may mean that desire also decreases. Sometimes, adding testosterone to your hormone therapy is helpful.

Consider vaginal estrogen. Some women find that estrogen creams, applied in and around the vagina, increase muscle tone and lubrication. Others prefer an estrogen-filled vaginal ring (Estring) or tablet to help increase vagina lubrication. All of these options can be inserted at home by yourself. If you can’t or don’t wish to use estrogen, you may want to consider some alternative therapies. (See the Complementary and Alternative Approaches section on page 13.)

PELVIC FLOOR MUSCLE EXERCISES (KEGELS)

Kegel exercises strengthen your pelvic floor muscles and can improve your sexual function and help prevent incontinence. All women should do Kegels.

• Locate the proper muscles by repeatedly stopping your urine in midstream and starting again. Focus on the muscles that you feel squeezing around your urethra and anus.

• Practice squeezing these muscles while you are not urinating. (If your stomach or buttocks move, you’re not using the right muscles.) After locating these muscles, do not continue to do the exercise while urinating.

• Squeeze the muscles and hold for 3 seconds, then relax for 3 seconds.

• Repeat the exercise 10 to 15 times per session.

• Complete a minimum of 30 Kegel exercises per day. The wonderful thing about Kegels is that you can do them anywhere and anytime. No one will know what you’re doing except you.
URINARY INCONTINENCE

If you suffer from urinary incontinence (loss of bladder control), you are not alone. Millions of people are coping with this problem. Many cases of incontinence can be controlled, if not cured outright. Temporary incontinence can be caused by water pills, or diuretics, and many other common medications. Constipation, urinary tract infections, stones in the urinary tract, or extended bed rest are other causes. If the underlying problem is corrected, the incontinence can be cured.

There are three types of persistent or chronic incontinence:

1. **Stress incontinence** refers to small amounts of urine that leak out during exercise, coughing, laughing, sneezing, or other movements that squeeze the bladder. This condition is most often seen in women, although men may experience it after prostate surgery. This kind of incontinence is often helped by Kegel exercises.

2. **Overactive bladder** is present when the need to urinate comes on so quickly that there’s not enough time to get to the bathroom. Causes include bladder infection, tumors that may press on the bladder, Parkinson’s disease, and nerve-related disorders, like multiple sclerosis or stroke.

3. **Overflow incontinence** occurs when the bladder simply cannot empty itself completely and small amounts of urine leak continuously.

SELF-CARE TIPS

- Don’t let incontinence embarrass you. Take charge and work with your doctor to treat any underlying conditions that may be causing the problem.
- Keep doing the things you like to do. Absorbent pads or briefs are available in pharmacies and supermarkets.
- Avoid coffee, tea, and other drinks that contain caffeine and overstimulate the bladder. Don’t cut down on overall fluids; you need these to keep the rest of your body healthy.
- Practice double-voiding. Empty your bladder as much as possible, relax for a minute, and then try to empty your bladder again.
- Urinate on a schedule, perhaps every three to four hours during the day, whether the urge is there or not. This may help you regain control.

For more information on urinary incontinence or pelvic floor exercises, visit kp.org and type ‘urinary incontinence’ into the search box.
RELATIONSHIP HEALTH

If you are in an intimate relationship with someone, the quality of that relationship affects your health. If you are in a particularly difficult or abusive relationship, the chronic stress from this can contribute to a wide range of health problems such as depression, weight gain, headaches, chronic back or abdominal pain, hypertension, heart disease, or other physical or mental health problems. However, relationships that are loving, respectful, and safe can actually improve immune function and overall health.

QUIZ: ARE YOU IN A HEALTHY RELATIONSHIP?

Is my partner willing to communicate openly when there are problems?
☐ yes  ☐ no

Does my partner give me space to spend time with other people?
☐ yes  ☐ no

Is my partner kind and supportive?
☐ yes  ☐ no

If you answered yes to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better physical and mental health and longer life.

QUIZ: ARE YOU IN AN UNHEALTHY RELATIONSHIP?

Does my partner call me names or humiliate me?
☐ yes  ☐ no

Does my partner control where I go, who I talk to, and how I spend my money?
☐ yes  ☐ no

Has my partner threatened to hurt me?
☐ yes  ☐ no

Has my partner forced me to have sex against my will?
☐ yes  ☐ no

If you answered yes to any of these questions, your health and safety may be in danger.

For more information on healthy relationships, visit kp.org and enter ‘communicate clearly’ into the search box.
WHAT TO DO IF I’M IN AN UNHEALTHY RELATIONSHIP?
If your safety is at risk, here’s how you can protect yourself:

• Develop a safety plan.
• Prepare an emergency kit for a situation where you have to leave suddenly (keys, money, legal and important documents, medicine, etc.).
• Talk to someone you trust about what’s going on.
• Let your doctor know about your situation.
• In addition to getting safe, reduce the effects of stress through exercise, meditation, yoga, or other strategies that work for you.
• Call 911 if you are in immediate danger.

If you are being hurt by your partner, it is not ok. You deserve to be safe and healthy. For toll-free, 24-hour support in safety planning, housing options, legal advice, and local referrals, call:

National Domestic Violence Hotline
ndvh.org
1-800-799-7233 or 1-800-787-3224 (TTY for hearing or speech impaired)
MENTAL HEALTH

As you go through the menopause transition, you may face many physical, mental, and emotional changes. These changes may be greater than any you’ve experienced since adolescence.

For many women, midlife is a wake-up call to leading a healthier, more reflective life. It can provide opportunities for enhancing well-being and developing a more positive outlook. Sometimes change can be challenging. But as you develop a better understanding of your emotional and mental needs and learn how to meet them, your journey through menopause can result in a more fulfilling life.

Some of the most common emotional and mental changes during perimenopause are:
- trouble concentrating
- forgetfulness
- difficulty sleeping
- fatigue
- worsening premenstrual syndrome (PMS)
- mood swings
- irritability
- depression
- anxiety

CAN ANTIDEPRESSANTS HELP WITH MENOPAUSE SYMPTOMS?

Antidepressants are prescription medications that treat depression as well as irritability, anxiety, insomnia and moodiness. In addition, certain types can be used as an alternative to hormone therapy for some women. Find more information about which antidepressants may be helpful in alleviating menopause symptoms, as well as other potential benefits and side effects of these medications, in our health encyclopedia at kp.org/health—or talk to your doctor.

KNOW WHEN TO SEEK PROFESSIONAL HELP

Although you can often take steps to improve your mental and emotional states on your own, sometimes you may need assistance. Clinical depression is much more than just feeling sad. Seek out professional help if you’ve been depressed for two weeks or longer and have had several of the following symptoms:
- persistent feelings of sadness
- loss of interest in activities that you usually enjoy
- decreased interest in sex
- continuous fatigue and/or trouble concentrating
- excessive feelings of guilt or a sense of worthlessness or helplessness
- trouble sleeping
- restlessness
- change in weight
- suicidal thoughts and/or plans
SELF-CARE TIPS
If you notice any troublesome mental or emotional effects of midlife, consider the following self-help tips:

Work it out.
Exercise can decrease depression, stress, and anxiety, and improve your mood. Because it aids in the release of endorphins, any form of physical activity, from walking to yoga to dancing, can be a big help. In fact, women who exercise vigorously may have fewer hot flashes.

Watch your diet.
A balanced low-fat diet that includes plenty of fruits and vegetables will keep your body healthy. And good physical health will help your mental health, too. Minimize your intake of caffeine, sugar, and alcohol. Sometimes we use these foods to help us cope. They may be comforting in the short term, but in the long term they can cause more depression and anxiety.

Practice meditation or yoga.
Both are calming and can give you a mini-vacation in the middle of the busiest day. These techniques can also help you handle stressful situations.

Find a support group.
Join a support group or class at your Kaiser Permanente facility or at a local adult school.* You can also create your own support group by holding a gathering of friends in your neighborhood, at your place of worship, or at your workplace. Talking to others about the changes you’re experiencing and exploring questions together can be reassuring and empowering.

Boost your memory.
Gaps in short-term memory are common as you age and are not necessarily a sign of a more serious condition, like Alzheimer’s disease. Use these tips to help you remember things:

- Review a new name or other piece of information as soon as you get it. Write it down if possible.
- Make lists and post them where you’ll easily see them—on your refrigerator, computer screen, or calendar.
- If you’re always misplacing your keys or other items, keep them with your wallet.
- Use more than one of your senses. Write down the information, look at it, and say it.

Manage stress.
- Consider ways you can change or avoid stressful situations to lower your anxiety. For example, if sitting in traffic causes you stress, plan to take public transit or listen to an audio book or music while you’re in the car.
- Change the way you react. Instead of stewing about unfair criticism, you might treat yourself to a 5-minute break in the fresh air.
- Be prepared. Think of how you might respond to possible situations. This preparation will make the situation seem less overwhelming if it occurs.
- Reward yourself after you cope. A reward can be a personal treat, such as a soak in a bubble bath, a facial, a half-hour with a good book, or a walk in the park.

For more information on mental health, visit these websites:

- womenshealth.gov/menopause/menopause-mental-health
- The National Women’s Health Information Center, “Women and Mental Health”
- who.int/mental_health/prevention/genderwomen
- World Health Organization, “Gender and Women’s Mental Health”
- nimh.nih.gov/health/topics/women-and-mental-health
- National Institute of Mental Health, “Women and Mental Health”

*Some classes may require a fee.
MENOPAUSE AND MIDLIFE HEALTH RESOURCES
Kaiser Permanente offers educational resources on women’s health topics. Call your local Kaiser Permanente Health Education Department to find out what’s available in your area or visit kp.org/classes.

BOOKS

General menopause

Natural medicine

Healthy eating

Osteoporosis and exercise

African-American women

Emotional health
- **Self-Nurture: Learning to Care for Yourself As Effectively As You Care for Everyone Else.** Alice D. Domar, PhD, and Henry Dreher. Apr, 2001.
Sexual health


Urinary incontinence


WEBSITES

At kp.org you’ll find our extensive health and drug encyclopedias, handy health calculators, downloadable audio programs, healthy recipes, and more.

If you are a member in Northern California, please visit and bookmark your doctor’s home page at kp.org/mydoctor for more physician recommended tools, resources, and information about menopause. From your doctor’s home page, you can also view your Preventive Health Reminders, check most lab results, stay in touch between visits, and much more.

Other websites of interest

The Jean Hailes Foundation for Women’s Health
jeanhailes.org.au

National Women’s Health Information Center
womenshealth.gov/menopause/

The Mayo Clinic Women’s Health Center
mayoclinic.com/health/womens-health/MY00379

National Osteoporosis Foundation
nof.org

The North American Menopause Society
menopause.org

ThirdAge
thirdage.com

Women’s Health Initiative
whi.org