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Making good health choices in midlife can boost your well-being for years to come. Women can experience a range of health changes in the years before and after menopause. When you understand and prepare for this transition, you’ll move through it with more ease. You may also discover new ways to enhance your health.

Midlife and Menopause: A Kaiser Permanente Guidebook for Women is designed to give you:

- A stage-by-stage summary of health changes most women experience.
- Tips on lifestyle choices and complementary therapies to help you care for your body, emotions, mind, and relationships.
- An overview of health challenges that can occur and self-tests to help you check your risks.
- A summary of hormone replacement therapy and other medical treatments.

This guide brings together the expertise of Kaiser Permanente specialists in women’s medicine, health education, and complementary therapies.

We hope you’ll use this guidebook as you:

- Make menopause and midlife health choices.
- Create a care plan with your Kaiser Permanente doctor.

To learn more about women’s midlife health services:

- Contact your local Kaiser Permanente Health Education Department or Center.
- Go to kp.org/mydoctor.
- Talk with your doctor.

Kaiser Permanente gives you the tools and information to help you make healthy choices throughout life.

Thank you for choosing Kaiser Permanente.
THE MENOPAUSE TRANSITION: AN OVERVIEW

Today many women think of the health changes that come with midlife as natural and manageable. Your midlife years—before, during, and after menopause—can be a positive time, even if you face some health challenges.

You’ll be better prepared for the menopause transition if you are knowledgeable about the health changes to come. It’s also wise to be aware of new risks you may face. Each woman moves through midlife and menopause in her own unique way. Although some women have few problems as their bodies adjust to hormonal changes, most deal with uncomfortable symptoms at times (see Table 1). For some, serious health conditions may develop.

Whether your midlife path is smooth or rough, it’s important to take excellent care of your health through these years. You’ll feel better and be able to age more gracefully.

WHAT IS MENOPAUSE?

The term “menopause” is commonly used to mean the entire health transition women go through in the years before, during, and after their last menstrual period.

The medical terms for the phases of this transition are perimenopause, menopause, and postmenopause.

Perimenopause includes the years before your final menstrual period and the first year after it. This phase usually begins when women are in their mid-40s but may start as early as age 35.

During this time:

- Female hormones estrogen and progesterone decrease.
- Menstrual periods become shorter and lighter or longer and heavier. The interval between periods becomes unpredictable.

Hormonal changes can also cause uncomfortable symptoms. Each woman’s set of symptoms is unique. Usually, symptoms don’t all occur at the same time or continue nonstop throughout perimenopause.

Symptoms you may experience include hot flashes, vaginal dryness, urinary problems, mood changes, sleep problems, and difficulties with focus or concentration. Some or all symptoms:

- May continue for 2 to 8 years.
- Usually become milder after the final menstrual cycle.

Women whose ovaries are removed (oophorectomy) may enter perimenopause early, starting right after surgery.

Menopause technically means a woman’s final menstrual period. When a full year has passed since your last period, you’ve completed menopause. On average, menopause occurs around age 51. But every woman has her own timeline. Some women stop menstruating in their mid-40s, while others continue into their mid-50s.

Postmenopause is the phase that begins after a woman’s final menstrual period.

MORE ABOUT SYMPTOMS

Irregular Bleeding

Your menstrual patterns may change so that your bleeding is lighter or heavier and your cycles are longer or shorter. If you’re worried or uncertain about your bleeding, keep track of your periods and any spotting or bleeding you have in between for a few months. Talk about your symptoms with your doctor.

Hot Flashes

Hot flashes are very common. You may get flushed or feel heat flowing through your face and nearby areas. Usually the sensations last for a few minutes. Hot flashes that happen while you’re sleeping are called night sweats. Sometimes night sweats can be strong enough to wake you up. To manage hot flashes:

- Use natural remedies. See the section Symptom Relief and Treatments: Self-Care and Complementary Therapies (page 6) for helpful tips.
Consider talking with your doctor about hormone treatments if you have frequent, intense hot flashes that impact your ability to sleep, work, or enjoy life. See the section Symptom Relief and Treatments: Hormone Therapy and Other Medications (pages 10–13) for more information.

**Vaginal Dryness**
Your vagina may feel itchy or irritated. Some women get more vaginal infections. Having sex (intercourse) may be uncomfortable or difficult. Using a lubricant (water soluble or silicone type) can help relieve dryness, which results from decreasing estrogen levels.

**Mood Changes**
It’s useful to know how hormonal changes may affect your mood, emotions, and mind, even though not all women experience this symptom. This phase of life may also bring positive changes, including freedom from pregnancy risk and more time for yourself, your health, and meaningful relationships.

Some women have problems with:
- Irritability, anxiety, or depression. These may worsen or occur for the first time.
- Premenstrual syndrome (PMS). Symptoms may worsen or start for the first time during perimenopause.
- Forgetfulness and concentration. Learn more in the Emotional and Mental Health section (page 21). Talk with your doctor or nurse practitioner if you have ongoing problems.

**Sleep Disorders (Insomnia)**
Exactly why women’s sleep patterns change in midlife isn’t yet known. One factor may be decreasing hormone levels. You can find new strategies to get the sleep you need to feel well and stay healthy. Many of the following tips will also support your overall health:
- Cut back on or avoid foods and drinks that contain caffeine or alcohol, especially in the hours before bedtime.
- Learn about foods that are most nourishing for midlife women. If needed, change your eating habits to include these.
- Get at least 30 minutes of aerobic exercise, like walking, most days of the week.
- Choose activities you enjoy.
- Avoid strenuous exercise in the few hours before bedtime.
- Check with your doctor on how to manage medications and mood changes that can affect your sleep.

Learn more about sleep problems in the Relieve Menopause Symptoms Naturally section (page 6).

**Problems with Urination**
Leaking urine unexpectedly may happen once in a while or so often that it interferes with your normal activities. This can develop in midlife and as people get older. Talk with your doctor about this common problem. There’s no need to feel embarrassed about it. To help control leaking:
- Do pelvic floor muscle exercises (also known as Kegels) daily to keep your bladder and supporting tissues healthy.
- Figure out what actions (like sneezing or laughing), situations, and foods/drinks are linked to your urinary problems, and then make adjustments.

Learn more about urinary problems (incontinence), Kegels, and other solutions and treatments in Sexuality and Relationship Health: Urinary Incontinence section (page 19).
HYSTERECTOMY, RADIATION TREATMENT, AND CHEMOTHERAPY AFFECT MENOPAUSE

Menopause symptoms can come on early and suddenly for women who have their ovaries removed with or without a hysterectomy (removal of the uterus). This sometimes happens after a hysterectomy alone or with treatment for cancer with radiation or chemotherapy. When only the uterus is removed with hysterectomy, menopause usually occurs normally. Talk with your doctor about relief for your symptoms.

You may benefit from estrogen therapy if you’re younger than age 50, develop symptoms after surgery, and have no medical reason to avoid estrogen. We recommend that you consider stopping estrogen after age 50.

IMPORTANT SCREENING TESTS

Ask your doctor about the screening tests you need now and will need through midlife to protect your health. Also, talk with your doctor about your risks for conditions and diseases that can affect women before and after menopause.

Breast cancer (mammography)

For women who are not at high risk for breast cancer, these are the most recent screening guidelines:

- **Age 39 and younger.** Routine mammogram screening is not recommended.
- **Age 40 to 49.** Consider the risks and benefits of routine mammogram screening before deciding to have a mammogram.
- **Age 50 to 74.** Get a routine mammogram screening every 1 to 2 years.
- **Age 75 and older.** Talk with your doctor about when to get screened.

Cervical cancer (Pap and HPV tests)

From ages 21 to 65, have a Pap test every 3 years. Have HPV tests beginning at age 25. After age 65, most women no longer need a Pap or HPV test. Talk with your doctor about how often you should have Pap/HPV tests.

Colon or colorectal cancer (FIT test or colonoscopy)

Colorectal cancer is one of the most common cancers in the United States. We strongly recommend you begin screening at age 50, unless you are at high risk. We usually recommend taking a fecal immunochemical test (FIT) every year. If you are at high risk, we recommend colonoscopy rather than FIT. Talk to your doctor about the screening schedule that’s best for you.

Heart Disease

By looking at your risk factors for heart disease, we decide when you should get baseline tests and how often we’ll repeat them. Most women should have:

- **Blood pressure testing** every 1 to 2 years.
- **Blood tests of cholesterol levels** every 5 years beginning at age 40 (for adults who are otherwise healthy).

Learn more about menopause and health risks by visiting:

- Women’s Health Initiative at whi.org.
- My Doctor Online at kp.org/mydoctor for information on women and heart disease, breast cancer, colorectal cancer, and osteoporosis.
### Table 1. WHAT’S HAPPENING TO YOUR BODY?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Period Changes</th>
<th>Symptoms</th>
<th>Other Health Changes</th>
</tr>
</thead>
</table>
| **Mid-30s to mid-40s** | • Lighter or heavier bleeding may occur during periods.  
  • Period cycles may be longer or shorter and less  . | • Mood changes  
  • PMS (premenstrual syndrome)  
  • Hot flashes  
  • Sleep pattern changes or problems | • Getting pregnant is still possible but less likely.  
  • Get a blood pressure screening every 1–2 years.  
  • Begin blood cholesterol screening at age 40; get tested every 5 years.  
  • From age 40 on, consider the risks/benefits of mammogram (breast cancer) screening. Talk with your doctor about what’s right for you. |
| **Mid-40s to late 40s** | • Skipping periods may begin.  
  • Periods may be as close together as every 3 weeks.  
  • Other period changes continue. | • Mood swings, irritability, anxiety, depression, forgetfulness, difficulty concentrating  
  • Hot flashes, racing heartbeat, headaches, joint and muscle aches  
  • Breast discomfort, vaginal dryness, changes in sexual desire  
  • Weight gain, bloating  
  • Fatigue  
  • Urinary problems  
  • Hair loss or thinning | • Continue heart health and breast cancer screenings (as above). |
| **Late 40s to mid-50s** | • Periods become less frequent and eventually stop completely.  
  • Ovaries produce much less estrogen for 6–8 months prior to menopause (the final period).  
  • Most women complete menopause in this age range. | • Symptoms may increase (see the symptoms above). | • Get a mammogram screening every 1–2 years from age 50 to 74.  
  • Continue heart health screenings (as above). |
| **Mid-50s and beyond** | • Symptoms decrease or end for some women after menopause  
  • Others have them for up to 7 years  
  • Less often, hot flashes and sleep problems continue for up to 12 years | | • Risks for heart disease and osteoporosis increase for most women. Talk with your doctor about your risks.  
  • Continue heart health and mammography screenings (as above). |
SYMPTOM RELIEF AND TREATMENTS

Many studies show that women have less discomfort during menopause when they make healthy choices, such as being active and eating well. Mind-body methods, including yoga and meditation practices, can also be helpful.

SELF-CARE AND COMPLEMENTARY THERAPIES

Self-care and complementary therapies can benefit your life in ways that continue beyond menopause. You can use them whether or not you also decide to try hormone therapy.

Kaiser Permanente offers you many online classes and resources. You can search kp.org/mydoctor for more information, podcasts, programs, and videos on many of the topics covered in this section.

Relieve Common Menopause Symptoms Naturally

To help ease all 3 of the most common symptoms, hot flashes, sleep problems, and mood changes:

- Keep the air around you cool, using fans for air flow.
- Work towards 30 minutes of moderate physical activity, such as walking or swimming, on most days.
- Practice yoga, meditation, (or a similar mind-body method) regularly.
- Take a stress management class.
- Take time for yourself.
- Limit your use of caffeine and alcohol, especially close to bedtime.
- Try supplements and herbs (see page 7).
- Talk with friends going through menopause, or join a support group.
- Keep a journal.
- Find a creative activity to enjoy.

If you feel stressed during the day, take a few minutes or more to breathe and relax. Slowly breathe in and out, filling and then emptying the lungs and belly.

To manage hot flashes:
- Drink cool beverages.
- Wear layers of cotton clothing or other natural fabrics.
- Lose weight (if needed) to reduce the length of time you’ll have hot flashes. Losing even a small amount can help.
- Eat soy foods, such as tofu, tempeh, soy milk, or soybeans.
- Track your hot flash triggers. Find out what yours are and avoid them. Possible triggers include:
  - Strong emotions
  - Caffeine
  - Alcohol
  - Spicy food
  - Specific clothing

To relieve sleep problems:
- Sleep in a cool room with good air circulation.
- Use all-cotton mattress pads and bed linens, if possible. Cotton or bamboo is more comfortable than synthetic fabrics.
- Avoid sleeping pills.
- Take a warm bath or shower at bedtime.
- Drink warm milk or chamomile tea before bedtime.
- Take an insomnia class at your local Kaiser Permanente Health Education Center.

To deal with mood changes and anxiety:
- Set aside 15 minutes every day just for worrying. Think about the things that make you anxious. The rest of the day, let go of your worries. Writing down what’s on your mind may also help.
- Consider cognitive behavioral therapy (CBT), a method of working with your thought patterns to reduce negative emotions. CBT can be done one-on-one with a therapist or in a group. A variety of Kaiser Permanente classes use CBT methods, including classes on managing anxiety, depression, or anger.

To cope with stress:
- Find ways to 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. If something unfair or upsetting happens, choose to take a 5-minute break (outdoors, if possible) instead of getting stuck in frustration or anger.
• Be prepared. Think of how you want to respond to difficult situations that may come up. You’ll probably feel less overwhelmed.
• Reward yourself after you’ve coped with stress. Give yourself a treat, such as a bubble bath, a facial, time with a good book, or a walk in the park.

**Mind-Body Methods**

You can do some of these methods on your own. For others, you’ll need the support of a clinician or certified instructor. Ask your local Kaiser Permanente Health Education Department or Center about behavioral health classes and other resources.

**Prayer, meditation, and relaxation** can be practiced in many different forms.

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

**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 and guided imagery** involves focusing on a mental image or imagining you are in a peaceful place. This practice promotes relaxation.

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

**Acupuncture, clinical hypnosis, and Mindfulness-based Stress Reduction** are promising methods for relieving sleep and mood problems and other menopause symptoms.

**Massage therapy** uses healing touch to relieve pain, stimulate circulation, release tension, and reduce stress.

**Supplements, Herbs, and Other Over-the-Counter Products**

Some women are concerned about the potential medical risks and side effects of hormone therapy. You may instead decide to try herbs or other dietary supplements to relieve your symptoms (see Tables 2 and 3). Please review these 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 know for certain about the quality of a product. Levels of active ingredients may vary between similar herbal products or 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’re taking medications and plan to start herbs, or vice versa.
• Be aware that some products may contain contaminants from the production process.
• Herbs and supplements are sold over-the-counter. Kaiser Permanente pharmacies carry only herbs that studies have shown to be potentially effective in treating specific medical conditions.

**Bioidentical (Natural) and Alternative Hormones**

The term “bioidentical” describes hormones that are chemically identical to those our bodies make. The chemicals in bioidentical hormones come from animals and plants, including soy and yams. They’re available as pills, patches, creams, and sprays.

You may have heard that bioidentical hormones (also called natural hormones) are better than medical hormones. However, no studies show that one hormone therapy type is safer or more effective than another.

**Compounded bioidentical hormones are not approved by the FDA.** Be sure to check with us before using compounded bioidentical hormones (“compounded” means that the hormone combination is done by a “compounding” pharmacy). Or seek advice from a practitioner who knows how to prescribe them.

Compounded hormones may be appropriate if you and your doctor or another care practitioner decide that you need an unusual dose of estrogen or progesterone.

Some alternative hormone products combine different types of estrogen. These may be called “tri-est” or “bi-est.” These products use a weak form of estrogen.

Concerns about risks for breast cancer, stroke, and heart disease apply to all forms and types of estrogen (except vaginal estrogen products used to treat vaginal dryness).

Read more in the Hormone Therapy and Other Medications section (pages 10–13).

To learn about various herbal products, search the Natural Medicines database: kp.org/naturaltherapy

If you have questions or need more information, talk with a pharmacist.
<table>
<thead>
<tr>
<th>Name</th>
<th>Symptom Relief</th>
<th>Notes on Use and Study Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-equol (soy isoflavone derivative in a</td>
<td>Provides general symptom relief</td>
<td>• Use recommendations for breast cancer survivors are not available.</td>
</tr>
<tr>
<td>form most women can use)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ginseng (phytoestrogen)</td>
<td>Improves mood and overall well-being</td>
<td>• Many ginseng types are available.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Research has not proven what types are most effective.</td>
</tr>
<tr>
<td>St John’s wort</td>
<td>Improves mild (but not major) symptoms of</td>
<td>• Don’t use for longer than 2 years.</td>
</tr>
<tr>
<td></td>
<td>depression</td>
<td>• Side effects include stomach upset, tiredness, and extra</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sensitivity to sunlight.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This alters the absorption and effectiveness of other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>medications and supplements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Don’t use with anticlotting drugs or prescription antidepressants.</td>
</tr>
<tr>
<td>Valerian</td>
<td>Improves sleep quality and relieves insomnia</td>
<td></td>
</tr>
<tr>
<td>ERr 731 (rhubarb, Rheum rhamonticum, root extract)</td>
<td>May reduce hot flashes</td>
<td>• 1 small, brief study produced positive results.</td>
</tr>
<tr>
<td>Flaxseed</td>
<td>May reduce hot flashes and night sweats in</td>
<td>• 1 small study produced positive results; another study found no benefit.</td>
</tr>
<tr>
<td></td>
<td>women with mild symptoms</td>
<td></td>
</tr>
<tr>
<td>Maca (Lepidium meyenii)</td>
<td>Provides general symptom relief</td>
<td>• 4 small studies produced positive results.</td>
</tr>
<tr>
<td>Relizen (flower pollen extract)</td>
<td>Provides general symptom relief</td>
<td></td>
</tr>
<tr>
<td>Progesterone cream</td>
<td>May reduce hot flashes</td>
<td>• The effects are mild and unpredictable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Don’t use to replace prescription progesterone if taking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>prescription estrogen.</td>
</tr>
<tr>
<td>Soy (isoflavones)</td>
<td>Lowers heart disease risk (cholesterol) and</td>
<td>• Studies show mixed results for hot flash relief.</td>
</tr>
<tr>
<td></td>
<td>may reduce hot flashes</td>
<td>• Don’t consume more than 25 grams per day. Overconsumption may</td>
</tr>
<tr>
<td></td>
<td></td>
<td>be unsafe.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use recommendations for breast cancer survivors are not</td>
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<td></td>
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<td>available.</td>
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### Table 3. SUPPLEMENTS AND HERBS WITH NO PROVEN EFFECTIVENESS

<table>
<thead>
<tr>
<th>Name</th>
<th>Claimed Symptom Relief</th>
<th>Notes on Use and Study Data</th>
</tr>
</thead>
</table>
| **Black cohosh**            | Provides general symptom relief                  | • A large study showed no benefits.  
• There are no known risks for taking this herb.                                             |
| **DHEA (hormone)**          | Improves well-being                              | • Kaiser Permanente does not recommend this supplement.  
• Marketing effectiveness claims go far beyond available study data.  
• DHEA changes into estrogen and testosterone in the body.  
• Side effects include acne, voice deepening, liver problems, and a possible decrease of “good” cholesterol.  
• High-dose usage is linked to heart disease risk in women. |
| **Dong quai**               | Relieves hot flashes                             | • Kaiser Permanente studied this traditional Chinese medicine (TCM) herb and found no effectiveness for hot flashes. TCM doctors say they use dong quai with other herbs to improve women's health.  
• Risks include blood clotting issues. Women with blood clotting or fibroid problems should not use it. |
| **Evening primrose oil**    | Relieves hot flashes                             | • Studies show no evidence of effectiveness.  
• Side effects include nausea and diarrhea.  
• Risks include blood clotting problems, immune system problems, and inflammation. |
| **Kava**                    | Reduces anxiety, increases relaxation, and improves sleep | • The FDA recommends against use due to potential liver damage.  
• This may cause mild euphoria and relaxation, similar to the effects of alcoholic drinks.  
• Kava is potentially addictive. |
| **Red clover**              | Relieves hot flashes                             | • Studies show no evidence of effectiveness. |

(isoflavone source)
HORMONE THERAPY

Menopause symptoms seriously affect the lives of some women. You may have tried to cope by using dietary changes, exercise, and other self-care methods and complementary therapies. However, if you continue to have severe symptoms, you may want to consider hormone therapy (HT) or other medications.

Along with relief from many menopause symptoms like hot flashes and vaginal dryness, some women feel better in general and have improved skin quality while taking HT.

HT replaces hormones your body no longer makes as their levels decline during menopause. The most common type of HT combines the female hormones estrogen and progesterone.

Estrogen is taken with progesterone to help prevent uterine cancer. If you’ve had a hysterectomy and no longer have a uterus, you can use estrogen therapy (ET) alone.

If you choose to take HT, we recommend using the lowest possible dose for the shortest time needed to relieve your symptoms—ideally for less than 5 years. Once you stop HT, many of the benefits disappear quickly, but so do the risks.

Types of HT

Hormone therapy is available in 2 main forms, either “systemic” or “local.”

Systemic HT. Hormones are released in your bloodstream. They affect the organs and tissues throughout the body to help relieve a range of menopausal symptoms, such as hot flashes. This type of HT is available in many forms, including pills, skin patches, creams, and sprays. If progesterone (progestin) is also prescribed, it can be given alone or combined with estrogen in the same prescription.

Local HT. Hormones are applied directly to certain areas of the body such as the vagina, to relieve specific menopausal symptoms, including vaginal dryness and pain during sex. Local HT is available in creams, tablets, and rings. Although vaginal estrogen can usually be used safely, women who have had breast cancer or blood clots should talk with their doctor before using it in any form.

How Hormones Affect Your Body

Estrogen is a hormone made by your ovaries. It affects many areas of your body, including the breasts, uterus, vagina, skin, bones, liver, arteries, and brain. Your estrogen levels drop during the menopause transition, although your ovaries continue to produce it.

Progesterone levels increase each month during your fertile years, when the ovary releases an egg. This hormone protects the lining of the uterus. If you have a uterus and want to use HT, you should take progesterone along with estrogen to prevent an increased risk of uterine cancer.

Medroxyprogesterone (Provera) is the form of progesterone usually prescribed. Other pill types are available. Progesterone made from yams and soy (micronized progesterone or Prometrium) is sometimes called natural progesterone. To protect your uterine lining, it’s important to take a precise dose of progesterone. You can’t be sure you’re getting the correct dose if you use over-the-counter or “compounded” progesterone. (Compounded means that the hormone formulation is done by a “compounding” pharmacy.)

Testosterone is sometimes combined with estrogen in HT and taken in pill or cream form. You may think of testosterone as a male hormone, but women also produce it in their ovaries and adrenal glands.

With aging, or if your ovaries are removed, the body produces less testosterone. This may lower your sexual desire and energy levels. Taking testosterone sometimes helps with these symptoms but also has negative side effects and risks.

Oral testosterone:

- Reduces “good” cholesterol (HDL).
- May increase blood pressure and risks of heart disease and breast cancer.
- May cause hair loss, facial hair growth, acne, and emotional changes such as irritability and aggression. Rare side effects include hoarseness, voice deepening, and clitoris enlargement.

Only one FDA-approved oral testosterone-estrogen medication is currently available. It’s approved for menopausal symptom treatment but not for low libido. Oral testosterone hasn’t been thoroughly studied in women. Some studies show only mild positive effects.

Testosterone cream is made in compounding pharmacies as well as Kaiser Permanente pharmacies. Side effects are the same as oral testosterone, though testosterone given through the skin as a cream is less likely to affect cholesterol levels. There is no long-term safety information or data on breast cancer risk with testosterone cream.

Benefits of HT

When taken short-term (for 5 years or less) at the lowest possible dose,
HT can provide several benefits. These include:

- Reducing the amount and severity of hot flashes.
- Helping with sleep problems.
- Relieving vaginal dryness and soreness.
- Reducing breast tenderness and irregular bleeding.
- Preventing bladder-related problems, such as frequent urinary tract infections, urges to urinate, and urine leaks.
- Preventing bone loss and lowering the risk of hip, spine, and wrist fractures.
- Slowing the loss of collagen in the skin, which puts the stretch in skin and muscle.

**Risks of HT**

The risks of taking HT are related to your age, when you started it, and how long you take it (see Table 4). Short-term use in early menopause is less risky than starting HT later in menopause.

**Heart disease**

- Women ages 50 to 59 who use HT have no increased risk of heart disease.
- Women who start HT after age 60 are at slightly higher risk for heart attack.
- Women without a uterus who take estrogen only (ET) and start HT within 10 years of completing menopause have lower risk of coronary artery calcification (associated with heart disease).

**Breast cancer**

- Breast cancer risk is higher in women ages 50 to 59 who take HT for longer than 5 years, and risk increases gradually with additional years of use.
- Women who use HT are more likely to develop dense breast tissue. This makes mammograms harder to read, which could lead to more breast biopsies and delay breast cancer diagnosis.
- Women ages 50 to 59 without a uterus have no increased risk of breast cancer within 10 years of beginning ET. Risk is likely to increase slightly if ET is taken for longer than 10 years.

**Uterine cancer**

- Estrogen taken alone increases uterine cancer risk (except in women without a uterus).
- Women who have not had their uterus removed should take progesterone with estrogen.

**Blood clots**

- Taking estrogen and progesterone in pill form (orally) is linked to risk for blood clots in the legs and lungs, which can be life-threatening.
- Risk of blood clots is significantly lower for the estrogen patch and some types of progesterone.
- Risk increases with prolonged sitting (or other inactive periods), such as air travel. Do leg exercises when sitting for long periods. It may be helpful to stop HT for 1 to 2 weeks before a long plane flight, road trip, or period of bed rest. Get advice from your doctor or another clinician on when to restart HT.

**Stroke**

- Beginning HT or ET after age 60, or more than 10 years after completing menopause, is likely to increase stroke risk.
- Continuing to take hormones after age 60 also appears to raise risk.

**Memory loss**

- Current research is inconclusive on whether HT improves or decreases memory loss and dementia.
- One study found increased dementia rates in women who started HT between the ages of 65 and 79.

**Side Effects of HT**

Side effects of HT include:

- Irregular vaginal bleeding
- Swollen or tender breasts
- Headaches, nausea, or bloating
- Leg cramps
- Vaginal discharge

(continued)
Side effects may go away after you’ve taken HT for a while. Talk to your doctor or other main practitioner about side effects that bother you or go on too long. Adjustments to your medication may help you feel better.

If you start hormone therapy during early menopause, you may continue to have monthly periods. You may also have irregular bleeding. Please see your doctor if this happens.

**Deciding about HT**

Each woman is unique. Only you know how severe or distressing your menopause symptoms are. In making your decision, consider both your quality of life and the potential risks of HT.

Talk with your doctor or other care practitioner about your specific risks and benefits. You can also discuss other options for managing your symptoms. Learn as much as you can about your choices before starting HT.

Hormone therapy should be individualized to meet each woman’s needs. If you decide to use HT, tell your doctor about your symptoms and health status at every appointment. HT doses can be adjusted or stopped, as needed.

**Hormone Testing**

We don’t recommend saliva or blood testing to check your hormone levels. Your levels change daily, even during menopause. If you are several years past your last period, your hormone levels will test low. Testing does not help us decide what’s needed to help you feel better. In our treatment method, we adjust your hormone therapy based on your symptoms. How you feel is most important, not the level of hormones in your blood.

**When Should You Stop Taking HT?**

HT-related risks start to increase after 5 years of treatment. We recommend trying to stop HT after 4 to 5 years. Some women decide to continue longer to control their menopausal symptoms. Their estrogen dose should be reduced to the lowest level that provides relief. Vaginal estrogen products can be used as long as needed.

We usually recommend slowly reducing your HT over 2 to 3 months. This gives your body time
to adjust. There is no one best way to stop HT. As you reduce your HT, continue taking progesterone if you are taking estrogen by pill or skin-absorption form (a patch). If you’ve had a hysterectomy, you may be taking estrogen only (ET). Vaginal estrogen creams, tablets, or rings can be used for vaginal dryness and pain during sex.

**OTHER MEDICATIONS**

**Antidepressants**

Although prescription antidepressants were developed to treat depression and anxiety, we’ve learned that specific antidepressants reduce some menopause symptoms, including hot flashes and night sweats. They can be an effective alternative to HT in very low doses with few or no negative side effects.

These medications are called SSRIs/SSNRIs (selective serotonin [norepinephrine] reuptake inhibitors). If you are experiencing troubling mood changes, read more in the Emotional and Mental Health section (page 21).

Talk with your doctor about which antidepressants may be helpful in alleviating menopause symptoms, as well as other potential benefits and side effects of these medications.

**Other Prescription Medications**

**Clonidine** is a medication that lowers blood pressure and comes in patch and pill form. It relieves hot flashes and night sweats for some women. Low doses often don’t cause side effects. It can be taken by women without high blood pressure. Dry mouth is a side effect for some women.

**Gabapentin** was developed to prevent seizures and is prescribed for chronic pain. It can also improve sleep and decrease hot flashes and night sweats. Dizziness and daytime sleepiness are side effects for some women.

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**TABLE 4. HORMONE THERAPY HEALTH RISKS**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Health Risks</th>
<th>Risk Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>• No increased risk at ages 50 to 59</td>
<td>Women without a uterus who take estrogen only (ET) and start therapy within 10 years of completing menopause have a lower risk of coronary artery calcification (associated with heart disease).</td>
</tr>
<tr>
<td></td>
<td>• Small increased risk with starting HT at ages 60 and older</td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>• Increased risk if HT taken longer than 5 years at ages 50 to 59</td>
<td>Women without a uterus have no increased risk within 10 years of starting ET, but risk increases with taking ET for more than 10 years.</td>
</tr>
<tr>
<td></td>
<td>• Dense breast tissue may develop and affect breast cancer diagnosis</td>
<td></td>
</tr>
<tr>
<td>Uterine cancer</td>
<td>• Increased risk if taking estrogen only, except in women without a uterus</td>
<td>Women with a uterus should take progesterone with estrogen.</td>
</tr>
<tr>
<td>Blood clots</td>
<td>• Increased risk if taking oral (pill) estrogen with progesterone</td>
<td>Prolonged sitting (or other inactivity), such as during air travel, increases risk. Get advice from your doctor about stopping and restarting HT when you plan to travel.</td>
</tr>
<tr>
<td></td>
<td>• Lower risk for estrogen patch or some types of progesterone</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>• Increased risk from HT or ET</td>
<td>Starting HT or ET after age 60, or more than 10 years after completing menopause, increases risk. Continuing HT or ET after age 60 also increases risk.</td>
</tr>
</tbody>
</table>
STAYING ACTIVE AND EATING WELL

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

Getting regular physical activity and eating healthy during menopause help you sleep better, lift your mood, and benefit your overall well-being. Your risk for osteoporosis (bone loss), heart disease, and breast cancer may also be reduced by your healthy choices.

STAYING ACTIVE

For women, midlife may be the most important time of life to be active.

Healthy weight. Your metabolism, the rate your body burns calories, naturally decreases as you age. But regular exercise reverses this. It boosts your metabolism and is one of the best things you can do for your health. You burn calories while exercising and for several hours afterward.

Bone strength. After menopause, women’s bones lose density, so they aren’t as strong. This is a major cause of fractures in older women. These injuries make older women less mobile, and their quality of life worsens.

The best way to maintain bone strength is with weight-bearing exercise, like walking or dance aerobics.

Balance and fall prevention. Yoga, tai chi, and similar forms of exercise can improve balance and make falls less likely.

Body shape. After menopause, your body weight may shift—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 strengthen and tone your muscles.

It’s Never Too Late to Start

Even if you haven’t been exercising, start getting active now. It can make a big difference in your health and well-being for the rest of your life.

Start where you are. Gradually increase how long, how often, and how hard you exercise. Work toward 30 minutes of moderate physical activity on most days. Make sure some of your exercise is weight bearing, to help keep your bones strong. Include weight lifting for the upper body.

Keep it fun. Mix up your activities to strengthen different body parts and avoid boredom. Try these ideas to stay interested and motivated:

• Use a fitness device, app, or pedometer (step counter) to set goals and track your progress.
• Exercise with a friend.
• Start a neighborhood walking club or a lunchtime walking group at work.

• Walk in beautiful places or on different routes. Try local hiking trails.
• Listen to music or audio books while you exercise.
• Focus on how good it feels to be active.

Always exercise in a safe place with good lighting. If you have pain, choose a different activity. Try water aerobics or swimming.

For more information about exercise, visit your local Kaiser Permanente Health Education Department or Center.

EATING WELL

Good nutrition lowers your risk for common diseases in women, including heart disease, cancer, bone loss, obesity, stroke, and diabetes. Studies on women’s nutrition recommend these guidelines.

Eat vegetables and fruits. They are naturally low in fat, delicious, and nourishing. Eat a variety of fruits and vegetables every day. They should fill half your plate.

Eat more whole grains and other high-fiber foods. Whole-grain breads, whole grains (such as brown rice), and cereals add vitamins and fiber to your diet. Other foods high in fiber include oats, bran, beans, and prunes.
Eat more fish. Fish is rich in nutrients that protect against heart disease. Two to 3 fish-based meals per week along with a low-fat diet will benefit your health. Be aware that many types of fish contain traces of mercury. Don’t consume high quantities of these fish. Low-mercury fish include shrimp, canned light tuna (not albacore), salmon, flounder, tilapia, pollock, and catfish.

Check [montereybayaquarium.org/seafoodwatch](http://montereybayaquarium.org/seafoodwatch) to learn more about sustainable, low-mercury seafood.

Limit high-fat foods. Sticking with low-fat foods will help control your weight, keep your heart healthy, and reduce your risk of cancer. Avoid saturated fats in meats and whole-fat dairy products, and hydrogenated fats in margarines, cookies, crackers, chips, and fried foods. Use small amounts of olive or canola oil (monounsaturated fats), or a zero-calorie nonstick spray, when cooking.

Limit or skip alcoholic drinks. Alcohol can increase some hormones in your body, especially estrogen. This can increase your breast cancer risk. Limit yourself to one drink (5 ounces of wine, 12 ounces of beer, or 1.5 ounces of hard liquor) per day (or less) to minimize your risk. Alcohol adds calories and can cause weight gain. Some studies show that moderate use of specific types of alcohol may lower heart disease risk.

Eat foods rich in calcium and vitamin D. Calcium and vitamin D can help reduce the risk of osteoporosis (bone loss). The recommended daily intake of calcium is 1,000 mg for women ages 19 to 49 and 1,200 mg for women 50 and over. Vitamin D recommendations are a subject of heated debate. Total daily intake of vitamin D (at least 1,000 IU/day), preferably vitamin D3, is recommended for all pre- or postmenopausal women and men aged 50 or older.

It’s best to get calcium and vitamins from dietary source. Good sources include low-fat dairy products, such as yogurt, cheese, and milk. Each serving contains about 300 mg. Other sources include salmon, sardines, catfish, almonds, soy products, and green, leafy vegetables. Take supplements if you need them to meet your daily recommendation.

Calcium and vitamin D supplements are available in Kaiser Permanente pharmacies. See the Health Risks After Menopause: Osteoporosis section (page 23) for more information about calcium and vitamin D.

Go easy on salt and sodium. Eating too much sodium, found in salty foods, may cause loss of calcium in your urine and increased blood pressure. Healthy adults should eat no more than 2,000 mg (less than a teaspoon of table salt) a day. Women with high blood pressure may need to limit their sodium even further. Check with your doctor.

Include soy foods. Foods made from soybeans, including tofu, tempeh, roasted soy nuts, soy milk, or isolated soy protein, are high in phytoestrogens. They may help reduce hot flashes. They’re also low in fat and can add variety to your diet.
How to Start Eating Healthier
Instead of trying to change everything at once, make small changes in your eating habits. Here are ways to get started and things to look out for:

• Add 1 fruit or vegetable to any of your meals or as a snack until you have reached 5 servings a day. Add a handful of blueberries or another favorite fruit to your cereal or yogurt.

• Be aware of portion sizes:
  – A whole piece of fruit is 1 serving.
  – A green salad with lettuce and about a cup of vegetables, like cucumbers and tomatoes, is 2 servings.
  – A half cup of rice or pasta or half a bagel is 1 serving of grain.
  – One cup of milk or yogurt or 2 slices of cheese is a serving of dairy.
  – A serving of meat is about the size of the palm of your hand. Try skinless chicken or lean red meat, like tenderloin or bottom round.

• Remove fat from meat before eating. Have fish at least once a week. Limit butter, cream, dressings, and sauces.

• Broil or bake instead of frying. Use sprays and nonstick pans.

• Snack healthy with fruits, vegetables, nuts, yogurt, cottage cheese, whole-grain bread, or low-fat crackers.

• Don’t shop for groceries when you’re hungry. Make a list ahead of time that focuses on healthier foods.

• When eating out, beware of large portions and added calories. 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.

• Read food labels to avoid hydrogenated fats, or trans fats.

For more information about healthy eating, contact:

• American Dietetic Association: eatright.org
• United States Department of Agriculture: choosemyplate.gov

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.

Extra weight raises risks of developing heart disease, hypertension, diabetes, and problems like low back and knee pain.

For people who are overweight, small weight losses—just 8 to 10 pounds—can significantly improve diabetes, high blood pressure, and other medical conditions. Also, studies show that women who lose 10 or more pounds during menopause stop having hot flashes sooner.

If weight is a struggle for you, don’t lose hope. We have classes and other resources to help. Visit kp.org/mydoctor/healthyweight.
SEXUALITY AND RELATIONSHIP HEALTH

Sexuality includes 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 have questions about their sexual health, such as:
- 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” for all women. Some women want to have sex weekly, some monthly, and some rarely or not at all. A woman’s experience of her sexuality can change significantly as she goes through her life’s stages, including the transition to menopause.

Will You Lose Your Desire?

Your sexual desire depends on many factors, including your emotional makeup, physical health, social and cultural background, and hormone levels. In midlife and after menopause, your hormone levels gradually decrease. Your sexual desire and arousal from sexual stimulation may also decrease. Your desire can also be affected if having intercourse becomes painful or if you’re bothered by menopausal symptoms, such as hot flashes, insomnia, or irritability. Most symptoms can be managed with self-care and complementary or medical therapies. See the suggestions in this guide. Talk with your physician about your questions and concerns.

Will You Have Less Interest in Sex?

Your interest in sex can change for many reasons, including:
- Pain during intercourse due to vaginal dryness. This is related to lower levels of estrogen. Vaginal moisturizers and lubricants can help relieve this problem.
- Emotional changes, major life events, stress, depression, or fatigue.
- Perimenopausal symptoms, including hot flashes, irritability, or sleep problems.
- Partner’s changing sexual abilities or interest.
- 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.

Self-Care Tips

You can overcome sexual challenges and enjoy a fulfilling sex life by trying these tips.

Spend more time in foreplay. Learn about your body and what makes you feel sexually excited, and communicate this to your partner. Women’s desire is usually increased through physical touching and lovemaking, which also increases vaginal lubrication.

Use a nonhormonal vaginal lubricant or moisturizer for vaginal dryness. You can get these without a prescription. Lubricants are water or silicone based and must be used every time you have intercourse. You apply moisturizers 2 or 3 times a week and may also use a lubricant for intercourse. Avoid petroleum jelly and other creams or lotions that aren’t made for vaginal moisturizing. They can cause vaginal infections.

Exercise. Physical activity can increase blood flow to the vagina and also boost your body image.

Enjoy sex in the morning or afternoon when you have more energy, rather than at night when you and your partner are tired.

Make dates with your partner. Take a walk, go out for dinner and a movie, or just relax and talk. Nourishing emotional intimacy and closeness is important for strengthening sexual intimacy.
Don’t give up on sex. Instead of waiting until you feel desire, let yourself be willing. You may not start out being “in the mood,” but most women can get in the mood. You can prepare yourself, get help from a supportive partner, and keep your communication open. Staying sexually active with your partner or by self-stimulation increases blood flow to the vagina and helps maintain elasticity and moisture, decreases discomfort, and brings many other benefits. Explore erotic books and videos to see if they enhance sex for you and your partner.

Masturbate (self-stimulate). Many people find masturbation a pleasurable way to release sexual tension. Others enjoy it to explore and learn what arouses them and brings the most pleasure. Ask 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 (see page 10).

Consider vaginal estrogen. For some women, estrogen cream applied in and around the vaginal opening increases blood flow, muscle tone, and lubrication and decreases pain with intercourse. Other options are an estrogen-filled vaginal ring (Estring) or a tablet.

Pelvic Floor Muscle Exercises (Kegels)
Kegel exercises strengthen your pelvic floor muscles, which can improve your sexual function and help prevent frequent urges to urinate and incontinence (urine leaks). All women should do Kegels. Follow these steps:
- Practice stopping your urine stream and then restarting it. Feel the muscles around your urethra and anus squeezing and relaxing. After you have felt how your pelvic floor muscles work, don’t do this again; it can make it difficult to empty your bladder.
- Practice squeezing these muscles while keeping your stomach and buttocks relaxed.
- Squeeze your pelvic floor muscles and hold for 3 seconds; then relax for 10 seconds. This is 1 Kegel.
- Do 10 Kegel exercises in each set.
- Start with 1 set 3 to 4 times a week, holding for 3 seconds. Gradually build up to 3 sets every day, holding each squeeze for 6 to 8 seconds.
You can do Kegels anywhere and anytime. No one will know except you.

RELATIONSHIP HEALTH
The quality of your intimate relationship affects your health. If you’re in a difficult or abusive relationship, you’re under chronic stress that can contribute to a wide range of physical or mental health problems. Relationships that are loving, respectful, and safe improve immune function and overall health.
If you have urinary incontinence (urine leaks), it may help to know that you’re not alone. Millions of people have this problem. Usually incontinence can be managed or cured. Temporary incontinence can be caused by water pills (diuretics) and other common medications. Other causes include constipation, bladder infections, stones in the urinary tract, and long-term bed rest. When these underlying problems are corrected, incontinence is cured.

There are 3 types of ongoing (chronic) incontinence:

- **Stress incontinence** means that small amounts of urine leak out during exercise, coughing, laughing, sneezing, or other movements that squeeze the bladder. Women are most likely to get this type, though men may have it after prostate surgery. Kegels usually help improve or cure this type of incontinence.

- **Overactive bladder** means that the need to urinate comes on too quickly to have time to get to the bathroom. This is a common problem, and there is not always an obvious cause. It can be caused by bladder infection, fibroids and other tumors that may press on the bladder, Parkinson’s disease, and nerve-related disorders like multiple sclerosis or stroke.

- **Overflow incontinence** happens when the bladder can’t empty completely and small amounts of urine leak continuously.

**Self-Care Tips**

- Keep doing the things you like to do. If needed, you can buy absorbent pads or briefs in pharmacies and supermarkets.

- Avoid coffee, tea, and other drinks that contain caffeine, since these overstimulate the bladder. Drink other fluids as you normally would, as you need them to keep your body healthy.

- Practice double-voiding. Empty your bladder as much as possible, relax for a minute (or stand up and sit down again), and then try to empty your bladder again. Leaning forward while sitting can also be helpful.

- Use a schedule. For example, go to the bathroom every 3 to 4 hours during the day, whether you have an urge to or not. This may help you regain control.

- Ask your doctor or nurse practitioner about the Successful Bladder Control video or class, if interested. Your practitioner can also refer you to a pelvic floor physical therapist.
WHAT TO DO IF YOU’RE 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-SAFE (7233) or
1-800-787-3224 (TTY for hearing or speech impaired)

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 many women, menopause and midlife are a wake-up call. Some of the changes that come with the menopause transition can be challenging. But as you gain an understanding of your needs and learn to meet them, your well-being can increase. As a result, you may discover how to live a healthier, more fulfilling life.

Common emotional and mental changes during perimenopause (the time before and the year after your final menstrual period) include:

• Difficulty sleeping
• Tiredness
• Mood swings
• Irritability
• Depression
• Anxiety
• Trouble concentrating
• Forgetfulness
• Worsening premenstrual syndrome (PMS)

COPING WITH DEPRESSION

Can Antidepressants Help with Menopause Symptoms?

Antidepressants are prescription medications for treating depression. They can also help with irritability, anxiety, insomnia, and moodiness. Specific antidepressants also work as an alternative to hormone therapy for some women, relieving symptoms like hot flashes and mood problems. Talk with your doctor if you’re interested in learning more about this option.

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 2 weeks or longer and have had several of the following symptoms:

• Persistent sadness
• Loss of interest in activities you usually enjoy
• Decreased interest in sex
• Ongoing tiredness or trouble concentrating
• Strong feelings of guilt, worthlessness, or helplessness
• Trouble sleeping
• Restlessness
• Change in appetite
• Suicidal thoughts or plans

If you’re thinking of harming yourself, call 911 or go to the nearest hospital. You can also call the Suicide Hotline: 800-SUICIDE (800-784-2433).
Self-Care Tips
You can help balance your mood changes and other menopausal symptoms by making good health choices. See on Staying Active and Eating Well (page 14) and Relieve Common Menopause Symptoms Naturally (page 6).

For more information on managing your mental health during menopause, try these resources:

- Office on Women’s Health—Menopause: womenhealth.gov/menopause/menopause-mental-health
- National Institute of Mental Health—Women and Mental Health: nimh.nih.gov/health/topics/women-and-mental-health

BOOST YOUR MEMORY
Gaps in short-term memory are common as we age. They’re rarely signs of a serious condition like Alzheimer’s disease. Try these tips to help you remember things:

- Repeat a new name or other 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 often misplace your keys or other items, keep them with your wallet.
- Use several senses to remember. Write down the information, look at it, and say it to yourself.
OSTEOPOROSIS

Osteoporosis is a condition that causes bones to become weak and brittle. This increases the risk of fractures. The risk of fractures for women in their 50s is generally low, but they can have very high bone loss in the 5 to 7 years after menopause (the final menstrual period). Half of all women older than age 50 fracture their hip, wrist, spine, or other bone due to osteoporosis. By following the prevention guidelines, you can keep your bones strong through menopause and beyond.

Help Prevent Osteoporosis with These Self-Care Tips

To help keep bones strong:
• Use calcium citrate rather than calcium carbonate as your calcium supplement if you take a proton pump inhibitor (such as Prilosec, Protonix, Prevacid, or Nexium).
• Do weight-bearing activities like walking to help maintain bone mass. Aim for at least 30 minutes most days of the week.
• Cut down on caffeine, salt, and alcohol. All 3 of these can reduce bone strength by causing loss of calcium in the urine. Experts recommend that women drink no more than 3 cups of coffee a day, limit salt intake to under 2,000 mg per day (less than 1 teaspoon), and drink only small amounts of alcohol.
• Consider medications. If you’re diagnosed with osteoporosis or you’ve had a fracture, your doctor may recommend taking bisphosphonates or other medications, such as SERMs (selective estrogen receptor modulators). Studies show that hormone therapy can decrease osteoporosis risk. But because of other risks related to hormone therapy, we don’t use it to treat women who don’t need hormones to manage menopause symptoms.

Prevent Falls

Many women fall and break a bone at some point in their lives. Use these tips from recent studies to help prevent falls:
• Maintain your balance, strength, and coordination (try walking, gentle yoga, tai chi, or swimming).
• Wear low-heeled shoes with nonslip soles.
• Use a cane if you walk unsteadily.
• 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 light-headed. Blood pressure medications sometimes cause dizziness.
• Keep your house well lit to avoid bumping into things.
• Use rugs with nonslip backing in your home and avoid throw rugs.
• 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 kitchen items.
• Avoid standing on chairs, step stools, or ladders.
• Take calcium and vitamin D daily.

Know the Warning Signs of Osteoporosis

• Loss of height
• Unexplained back pain
• Kyphosis or dowager’s hump (curving of the upper back)
• Fracture from a fall or bump from standing height or lower
• Frequent fractures

Bone Mineral Density (BMD) Test

This test uses small amounts of radiation or sound waves to measure bone density. The results help us know how much bone mass
you’ve lost and whether your bones have become weak, thin, or porous. All women should have a BMD test if they are 65 or older. Higher-risk women, including those who’ve had a fracture after age 50, may need a BMD test sooner. Talk to your doctor.

Medications for Osteoporosis

Bisphosphonates (Fosamax and Actonel) are drugs for preventing and treating osteoporosis and other bone diseases. They work inside bone cells to reduce bone breakdown. These drugs don’t have the same risks or benefits as hormones. New research suggests that taking bisphosphonates for more than 7 years can lead to thigh bone breaks in rare cases. Damage to the jawbone occurs rarely, in less than 1 per 1,000. It is usually related to injectable bisphosphonates that are given to patients to treat certain cancers. In almost all cases, the benefit of reduced fracture risk far outweighs the medication risks. Check with your doctor for the latest information.

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 help with hot flashes, vaginal dryness, or other symptoms of menopause.
- Sometimes upset the stomach and need to be taken as instructed.
- Should be taken with calcium and vitamin D.

Use these tips to avoid stomach upset:

- Take medication with a full glass of water when you first get up in the morning.
• Don’t 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 to provide full benefit to your bones.
• Don’t 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.

**Raloxifene (Evista)** stops the effect of estrogen on the breasts but does not affect the uterus or vagina.

Other effects of raloxifene include:
• Lowers spine fracture risk.
• Decreases risk of breast cancer tumors that are sensitive to estrogen.
• Doesn’t cause bleeding in the uterus or require progesterone use.
• Doesn’t increase uterine cancer risk.
• Is about half as effective as estrogen at increasing bone density.
• Shouldn’t be used by women with blood clot problems (studies show an additional 7 cases of blood clots per 1,000 women) or an increased risk for heart attack or stroke.
• Slightly increases incidence of death due to stroke.
• Can cause hot flashes.
• Does not reduce vaginal dryness or other symptoms of menopause.

Raloxifene’s long-term effects are still being studied.

For more information, visit the National Osteoporosis Foundation at [nof.org](http://nof.org).

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**HEART DISEASE**

Did you know that heart disease kills more women in our country than any form of cancer, stroke, domestic violence, or AIDS?

Many women don’t recognize the early signs of heart disease. Some tests and procedures—including the exercise stress test and stress ECG (electrocardiogram)—may be less accurate in women than in men.

Heart disease is serious. Know the facts, symptoms, and risk factors. You can save your life with awareness, education, and prevention.

**Heart Disease Kills More American Women Than Men Every Year**

Only half of women in the United States are aware that heart disease is the number 1 cause of death among women. Your chance of developing coronary heart disease is 2 to 3 times higher after you complete menopause. Here are other facts you should know about heart disease:

• Five times more women die of heart disease than of breast cancer.
• One in 4 women dies within a year of having a heart attack, compared to 1 in 5 men.
• More women than men suffer a second heart attack within 5 years of their first.
• African American women are nearly a third more likely than Caucasian women to die of coronary heart disease.
• Women with diabetes are more than 2 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).
Are overweight.
Have a personal history of heart disease, stroke, or blood vessel disease in the legs.
Are older than age 55.

But these aren’t the only factors. Your risk also increases if you:

• Don’t see your doctor as recommended.
• Don’t give your own medical and health needs the same attention you give to others.
• 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. Be aware of the warning signs of a heart attack.

Heart Health Self-Care Tips
Although you may have some risk factors you can’t change, there are many positive steps you can take.

Lower high cholesterol. High cholesterol levels in your blood make it easier for cholesterol to build up in your artery walls. This leads 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 puts strain on the heart and damages the heart and blood vessels. Pregnant and postmenopausal women should be extra careful about monitoring and controlling their blood pressure.

Take time for yourself. Find ways to relax and reduce 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.

Know the Warning Signs
Women often seek help for heart attacks later than men do. This may be because women’s heart attack symptoms are often different than the well-known symptoms of chest or arm pain. Here are the warning signs that a woman may be having a heart attack.

QUIZ: ARE YOU AT RISK FOR HEART DISEASE?

Do you smoke?
☑️ yes ☐ no
Smoking is the number one 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 have nearly twice the risk of heart disease. We recommend 30 minutes of moderate physical activity, like walking, most days of the week.

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
The higher your total blood cholesterol level, the higher your heart disease risk. For all adults, it’s best to have a total blood cholesterol level lower than 200 mg/dL. Levels 240 mg/dL and over are considered high blood cholesterol. But even levels in the borderline-high category (200 to 239 mg/dL) can increase heart disease risk, depending on your ratio of HDL cholesterol to LDL cholesterol.

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.
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 light-headedness, 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, call 911 or go to the nearest hospital.

Does Hormone Therapy Help Prevent Heart Disease?
The Women’s Health Initiative study found that women older than age 60 or who are already at high risk for heart attack or stroke and start taking combined hormone therapy (HT) may further increase their risk of heart attack or stroke. For these women, starting hormones does not prevent heart disease.

Some studies suggest that starting HT closer to menopause (the last menstrual period) may help keep blood vessels healthy and prevent heart attack. But researchers don’t know whether this is a long-lasting effect or if heart attack risk may increase in women who use HT long-term. Small studies suggest that transdermal estrogen (patches, creams, or gels applied to the skin) may be safer than pills.

The U.S. Preventive Services Task Force recommends against the use of HT for the prevention of heart disease. Check with your doctor for more information. See Symptom Relief and Treatments: Hormone Therapy and Other Medications on (pages 10–13).

Contact your local Kaiser Permanente Health Education Center for health information, programs, and other resources. Other resources for heart health include:
• 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
• California Smokers’ Helpline: 1-800-NO-BUTTS (1-800-662-8887)
BREAST CANCER

Breast cancer is the most common form of cancer in women, after nonmelanoma skin cancer. Although breast cancer can’t 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 symptoms such as a new lump in your breast, 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. Breast cancer screening options include:

• **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 based on your age and risk.

• **Clinical breast exam.** This is an examination by your doctor.

• **Magnetic resonance imaging (MRI).** This scan of the breast takes a long time, can result in many false positives, and has not been proven to save lives. 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’s breast cancer screening recommendation for you will depend on your age and risk factors. You may need more frequent screening if your or your family’s health history means that you’re at higher risk. Look at the high-risk list below, and talk with your doctor about how often you should get a mammogram. Keep in mind 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 history of breast cancer 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. They include mammography and clinical breast

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**QUIZ: ARE YOU AT RISK FOR BREAST CANCER?**

**Do you have a family history of breast cancer?**

☐ yes ☐ no

Having a first-degree relative (a mother, sister, or daughter) who was diagnosed with breast cancer increases your risk. A small number of women who have 2 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.

**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.

**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.
exam. Check with your doctor about how often you should be screened for breast cancer. Studies show it’s important for women between the ages of 50 and 74 to have a mammogram every 1 to 2 years.

High-risk screening guidelines
“High risk” refers to a woman who has one or more of these risk factors:
- Previous breast cancer
- A breast biopsy showing an irregularity, such as atypical ductal hyperplasia (ADH) or lobal carcinoma in situ (LCIS)
- A mother, daughter, or sister (first-degree relative) with breast cancer
- An aunt, niece, grandmother, or granddaughter (second-degree relative) who had breast cancer
- A first- or second-degree relative who had ovarian cancer
- A known BRCA gene mutation in either herself or her close family members
- Chest radiation therapy

If you’re high risk, you should have annual exams and discuss your screening schedule with your doctor. If your ethnicity is Ashkenazi Jewish and you have a family history of breast and/or ovarian cancer or if any men in your family have had breast cancer, discuss this with your doctor or nurse practitioner. After reviewing your history, your care practitioner may recommend genetic counseling and possible testing for a breast cancer gene mutation.

Self-Care Tips
There isn’t much solid research on whether what we eat affects breast cancer. We do know being overweight increases breast cancer risk. If you’re overweight, losing weight may lower your risk.

See the Staying Active and Eating Well section (page 14). Also, follow these suggestions:
- Eat fewer high-fat foods and especially avoid saturated fats.
- Move to a more plant-based diet that includes vegetables, fruits, whole grains, soy foods, flaxseed, and fish.
- Maintain a healthy weight.
- Limit alcohol to one drink a day or less.

Does Hormone Therapy Increase Your Risk of Breast Cancer?
Combined hormone therapy (HT) contains estrogen and progesterone, which appears to increase your breast cancer risk if used longer than 4 to 5 years. Although the risk is small at first, it increases the longer a woman takes HT.

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 and possibly longer. Using ET for longer may increase risk, though this hasn’t been confirmed yet.

Talk with your doctor about your specific risks and benefits of using any type of hormone therapy. See the section Symptom Relief and Treatments: Hormone Therapy and Other Medications on (pages 10–13).

What Effects Do SERMs Have on Breast Cancer?
Tamoxifen and raloxifene are selective estrogen receptor modulators (SERMs) that are approved by the U.S. Food and Drug Administration for use in preventing breast cancer in women at high risk. These drugs also help prevent osteoporosis (see Health Risks After Menopause: Osteoporosis on pages 23–25). They don’t relieve hot flashes or other menopausal symptoms. No information on the long-term effects of these drugs is available at this time.

For more information, check out these resources:
- American Cancer Society: cancer.org
- Susan G. Komen organization: komen.org

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