



Menopause support

A complete guide for
a healthy transition

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What is menopause?

Menopause is a natural biological phase in a menstruating person's life marked by the cessation (end) of menstrual periods. When a menstruating person goes through menopause, their bodies produce less of the hormones estrogen and progesterone. Their ovaries also no longer release eggs, which means they can no longer become pregnant. Menopause is considered complete after 12 consecutive months without a menstrual period.

Stages of menopause

The menopausal transition includes three main stages: perimenopause, menopause, and post-menopause. Some individuals may experience menopause earlier than expected, known as early or premature menopause.



Perimenopause

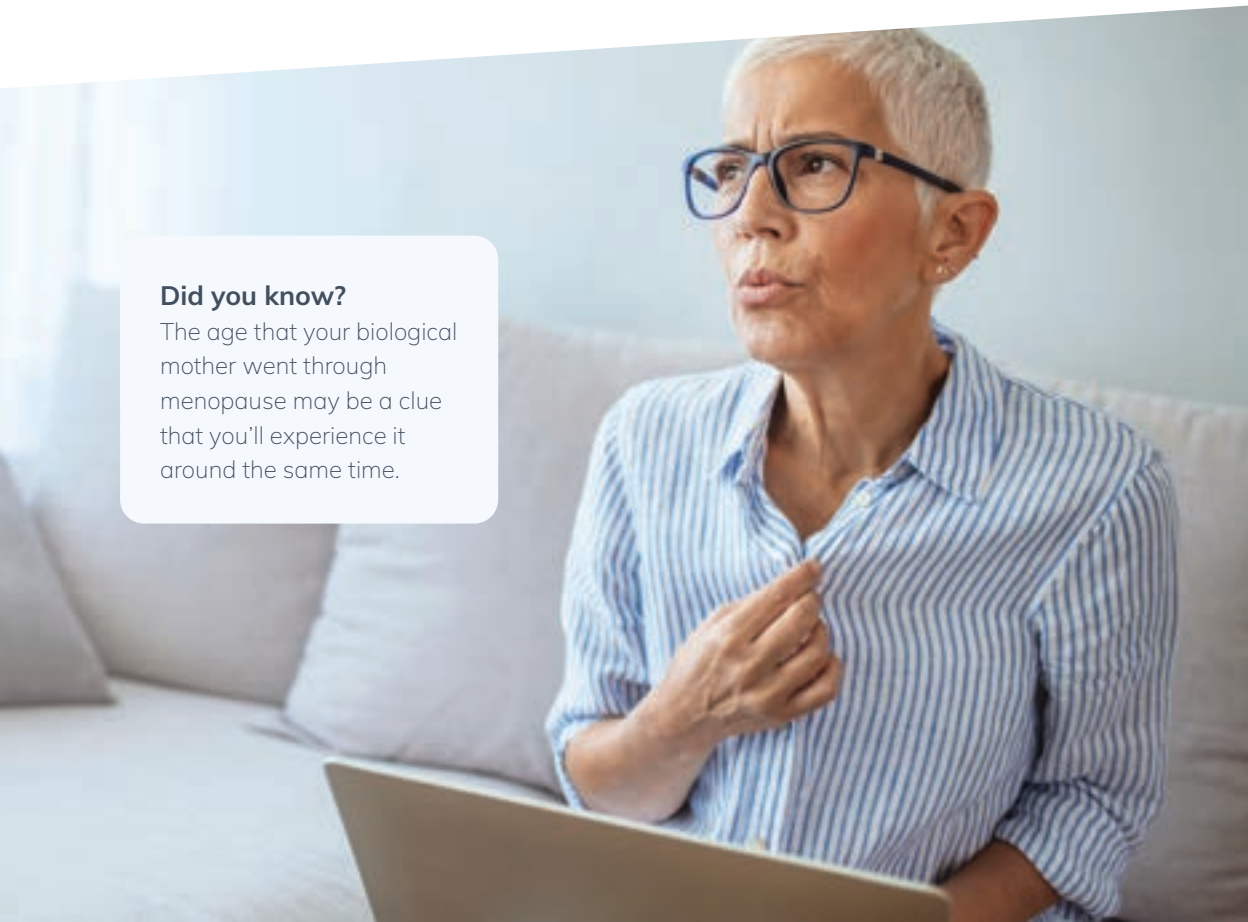
Perimenopause refers to the transition to menopause and a person's last menstrual period. This transition can last two to eight years and usually begins during a menstruating person's late forties. There are two stages of perimenopause: the early transition and the late transition. The early transition is characterized by menstrual cycles with few irregularities or interruptions, and the late transition involves periods of 60 days or more when there's an absence of menstruation.

Menopause

Menopause officially occurs after 12 consecutive months of having no menstrual period, at which time the person stops having periods permanently. This is a natural and expected part of a menstruating person's life. During perimenopause, the body begins producing less of the hormones estrogen and progesterone, and once menopause occurs, these hormones decline even further. In the United States, the average age at which people experience menopause is 52, but the transition commonly occurs between the ages of 45 to 58 years old.

Did you know?

The age that your biological mother went through menopause may be a clue that you'll experience it around the same time.



Post-menopause

Post-menopause, which refers to the period after menopause, is characterized by the absence of menstruation and the inability to become pregnant. Although the body no longer menstruates during this time, menopausal symptoms such as hot flashes, trouble sleeping, and vaginal dryness may persist. Low estrogen and progesterone levels may also be associated with certain health risks during this time, such as osteoporosis, stroke, and heart disease.

If you experience vaginal bleeding post-menopause, speak with your healthcare provider right away. This could be a sign of a serious health problem and is not typical during this stage.

Early or premature menopause

For some menstruating people, menopause occurs earlier than average. If menopause occurs before the age of 40, it's considered premature menopause, and if it occurs between the ages of 40 to 45, it's considered early menopause. Menstruating people who were never pregnant may experience menopause earlier than people who were pregnant more than once.

Early or premature menopause can occur also occur as a result of certain surgeries, health conditions, or medications. The following reasons may contribute to early or premature menopause:

- Certain cancer treatments (e.g., chemotherapy or pelvic radiation)
- Certain health conditions (e.g., thyroid disease, rheumatoid arthritis, HIV and AIDS, chronic fatigue syndrome)
- Family history of early or premature menopause
- Missing chromosomes (e.g., Turner's syndrome)
- Surgery to remove the ovaries
- Surgery to remove the uterus

Individuals who experience premature or early menopause usually experience the same symptoms as those who go through menopause. However, because these individuals will experience the post-menopause stage for longer, they may have a higher risk of certain health conditions associated with post-menopause such as heart disease or osteoporosis. They may also experience more intense menopausal symptoms in general, such as feelings of depression related to the early onset of these bodily changes.

Signs and symptoms of menopause

Everyone experiences menopause differently, and symptoms of menopause may vary from person to person. A number of factors may influence the type and severity of symptoms experienced, including:

- Activity level
- Body mass index (BMI)
- Ethnicity
- Geographic location
- History of anxiety and depression
- Medications
- Medical history
- Smoking status



Did you know?

Menopausal hot flashes can be triggered by things like spicy food, alcohol, caffeine, a hot environment, or stress. Tracking your daily habits and hot flashes can help you figure out what triggers them and help prevent them in the future.

Vasomotor (temperature dysfunction), urogenital (affecting the urinary and genital tracts), and mental health-related symptoms are the most common types of symptoms that individuals experience during menopause. Specifically, possible signs and symptoms of menopause include:

- Changes in menstrual periods
- Changes in arousal, decreased interest in sex (libido), and/or difficulty achieving orgasms
- Difficulty maintaining bladder control
- Headaches or migraines
- Hot flashes
- Insomnia and sleep disturbances
- Irregular heart beat
- Joint pain
- Mood changes
- Night sweats
- Pain during sex
- Skin flushing
- Vaginal dryness
- Weight gain

Common menopausal symptoms



Changes in libido



Depression and anxiety



Hot flashes



Irregular periods or bleeding



Memory problems



Mood changes



Urinary problems
(e.g., infection, urinary incontinence)



Trouble sleeping



Vaginal problems
(e.g., infection, vaginal dryness)



Potential complications of menopause

During menopause, an individual's hormone levels are changing. As a result, they may be at an increased risk of experiencing certain health conditions or symptoms, such as heart disease, osteoarthritis, urinary incontinence, and oral issues.

Heart disease

Cardiovascular disease (CVD), also known as heart and blood vessel disease, encompasses different conditions related to the buildup of plaque in artery walls or the formation of a clot, hindering or blocking blood flow in the body. CVD is the leading cause of premature death in women in the United States and Canada, and the risk of developing CVD increases after menopause. Although menopause doesn't cause CVD, studies continue to investigate the relationship between the menopausal transition and the associated increased CVD risk.

The following factors may play a role in increasing the risk of CVD.

Menopause age: Compared to women who experience menopause after the age of 45, people who experience menopause before the age of 45 may have an increased risk of developing coronary heart disease (CHD). CHD is a condition in which plaque builds up in the arteries of the heart.

Type of menopause: People who have undergone a bilateral oophorectomy (BLO) at an early age (less than 40 to 45 years), a surgery to remove the ovaries, with no accompanying estrogen therapy, may be at higher risk of developing CHD compared to people who experience menopause at an older age or had a BLO at an older age.

Menopause stage: Blood pressure and cholesterol levels may rise more significantly during the late perimenopause and post-menopause stages than during pre-menopause or early perimenopause.

Estrogen levels: Estrogen is a hormone that helps regulate the menstrual cycle. Estrogen also protects against CHD by regulating cholesterol levels and the buildup of plaque in artery walls of the heart. When estrogen levels decrease during the menopausal transition, an increased risk of developing CHD or a stroke from the build-up of plaque in the arteries is possible. This relationship continues to be studied.

Hot flashes, sleep, and depression: Vasomotor symptoms (e.g., hot flashes and night sweats), poor sleep quality, and depression, have been linked to a higher risk of CVD.



A close-up photograph showing a person wearing a pink sweater massaging the knee of another person who is wearing blue jeans. The person being massaged is sitting on a light-colored, textured surface, possibly a couch or bed. The background is softly blurred, showing more of the person in the pink sweater.

Did you know?

As your bones break down more quickly after menopause, toxins stored in the bones throughout your life, such as lead, may be released into the blood and increase your risk of atherosclerosis, kidney dysfunction, and cognitive dysfunction.

Osteoarthritis

Osteoarthritis (OA), the most common form of arthritis, causes inflammation and pain as a result of the breakdown of cartilage between joints. OA is more common in people assigned as female at birth, with incidences of hand and knee OA increasing after menopause. It is believed that this is due to estrogen's role in the maintenance of bones and joint tissues. Because the ovaries stop producing estrogen in menopausal and post-menopausal individuals, this can make them more susceptible to osteoarthritis during and after menopause.

Urinary incontinence

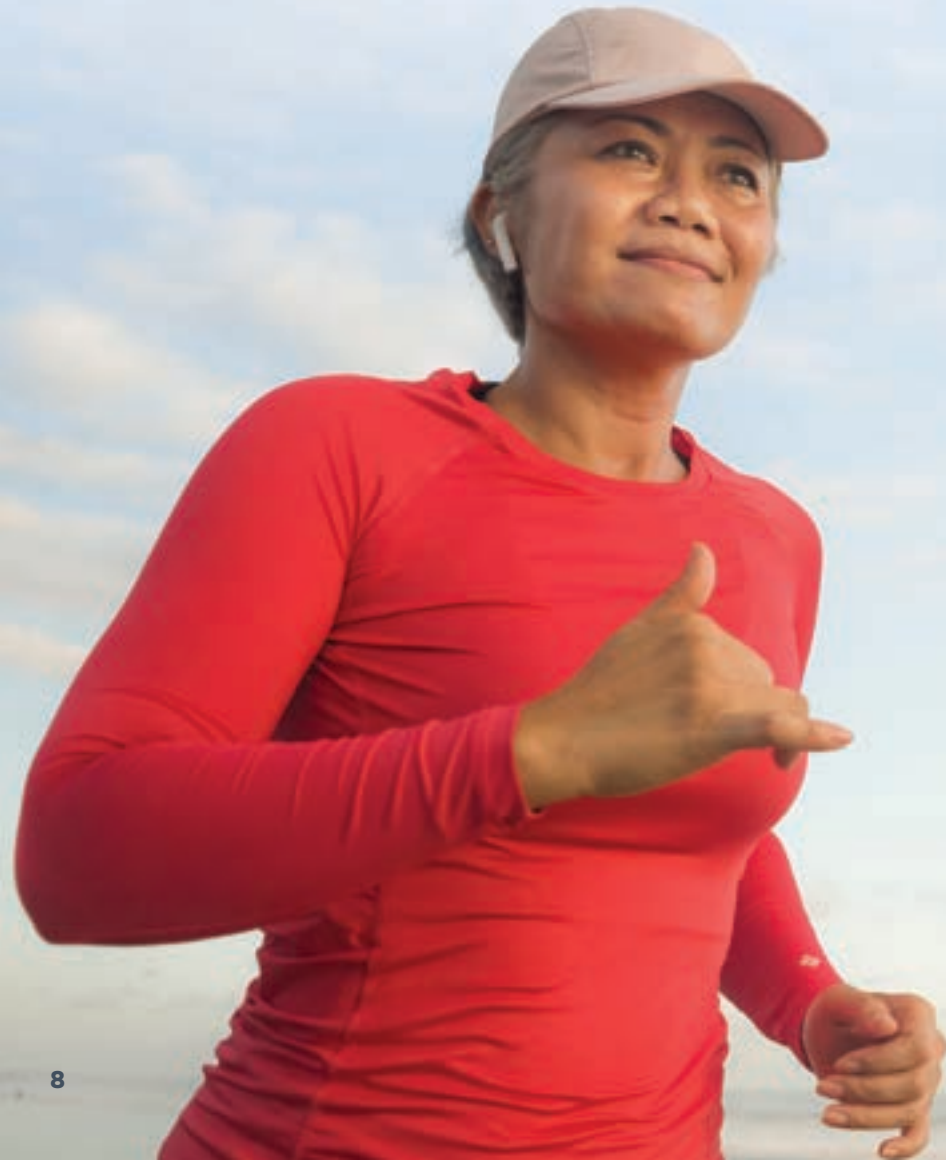
A decrease in estrogen levels may weaken the urethra (the tube that allows urine to pass out of the body) and contribute to urinary incontinence. Urinary incontinence is the loss of bladder control, causing urine to involuntarily leak. It is a common issue; about half of postmenopausal people in North America report having trouble holding in their urine.

Oral issues

Changes in hormone levels during and after the menopausal transition may lead to oral issues such as pain and inflammation of the gums (gingivitis), an increased risk of cavities, and a decrease in saliva production which can lead to a dry mouth and cavities.

How to feel your best during menopause

The menopausal transition will feel different to each person. Some may have a positive and uplifting experience as they enter this new life stage, and others may struggle with many of the new and often challenging symptoms. Maintaining a healthy diet, exercising regularly, getting adequate sleep, supporting your mental health, taking hormone therapy (for some), and maintaining sexual health are strategies that can help you feel your best during menopause.



Diet

During the menopausal transition, maintaining a healthy, balanced diet is important and may help you feel better both physically and emotionally. Adequate nutrition is necessary for maintaining various bodily functions, including energy production, tissue formation, cognitive function, and immune function. A healthy diet provides adequate energy (calories) and essential nutrients to maintain optimal health.

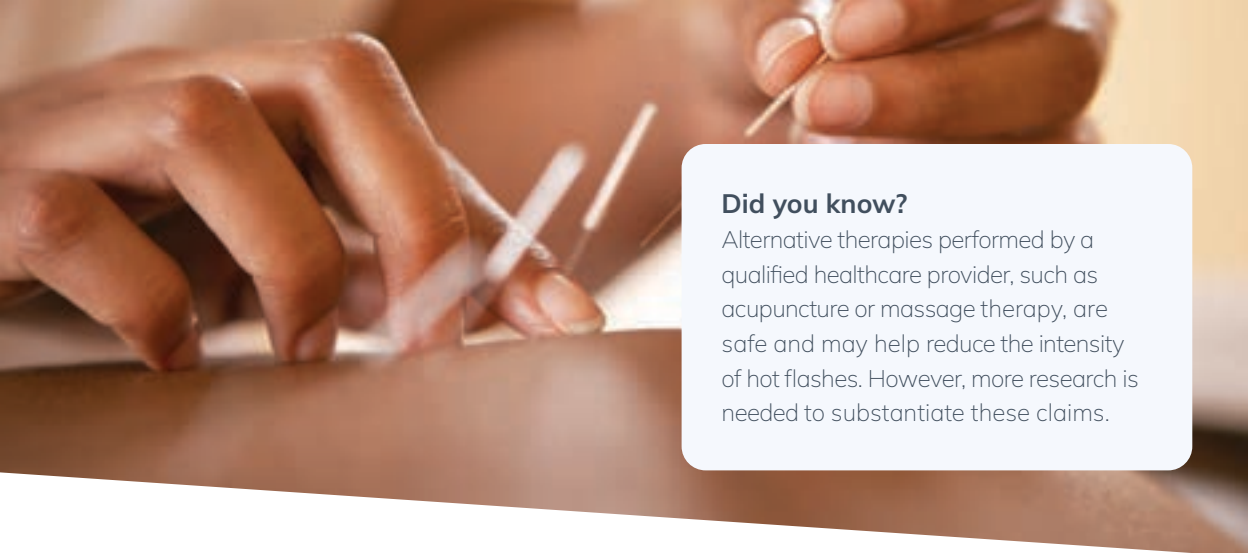
Studies evaluating diet quality as it relates to menopause indicate an association between a higher intake of vegetables, unprocessed foods, and whole grains, and a lower intensity of sleep disorders as well as mood changes, hot flashes, bladder issues, and physical symptoms such as pain during menopause. Intake of highly processed foods (e.g., fast food, convenience foods), saturated fats (e.g., red meat, butter), and sugars had also been associated with increased intensity of these symptoms.

Based on your individual needs, your practitioner may also recommend a specific type of diet.

The following image shows an example of a healthy diet based on the USDA's Dietary Guidelines for Americans. You can use this to build a balanced meal that includes all necessary food groups. Refer to the Appendix section for a grocery list to help guide healthy choices when shopping for food.

Dietary Guidelines for Americans: MyPlate





Did you know?

Alternative therapies performed by a qualified healthcare provider, such as acupuncture or massage therapy, are safe and may help reduce the intensity of hot flashes. However, more research is needed to substantiate these claims.

Exercise

Engaging in regular exercise can help prevent various chronic conditions and maintain muscle and bone mass as well as general strength. Participating in regular exercise can help you manage the physical and psychological changes that occur during menopause. The U.S. Department of Health and Human Services recommends that adults and older adults do at least 150 minutes of physical activity per week, spread throughout the week. For example, you could exercise 30 minutes per day, five days per week.

Types of exercise that may be helpful for menopausal and post-menopausal individuals include:

- Aerobic exercise (e.g., brisk walking, hiking, biking)
- Balance exercises (e.g., single leg stands, squats, yoga)
- Resistance exercises (e.g., body weight exercises, banded exercises, weight training)
- Tai chi or yoga

Perform any exercise safely by following these tips.

5 tips for exercise safety



Begin slowly



Consider your climate



Drink water



Listen to your body



Use proper form and equipment

Sleep hygiene

Insomnia is a common symptom of menopause, and other symptoms such as hot flashes and night sweats can also cause sleep disturbances. Because sleep is essential for our body and brain to recover from daily activities, disturbances can impact quality of life and overall health.

Having good sleep hygiene can help you manage insomnia and minimize sleep disturbances. Sleep hygiene includes pre-bedtime practices that help create the most sleep-conducive environment and routine possible.

Sleep hygiene practices



Avoid or limit substance use

Substances such as alcohol, caffeine, cannabis, and nicotine are all known to disrupt sleep and should be minimized or avoided, especially close to bedtime.



Create an environment suitable for sleep

Light exposure and noise can disrupt sleep and keep you awake. Using blackout curtains, a sleep mask, or sound-masking strategies such as a white noise machine can prevent unnecessary light and noise from disrupting your sleep. Keeping your room at a comfortable temperature can also help improve sleep.



Exercise regularly

Engaging in regular physical activity can help improve your sleep. Regular exercise has been shown to improve sleep in both healthy individuals as well as those who have chronic insomnia or experience regular sleep disturbances.



Have a consistent bedtime and wake-up time

Inconsistent sleep and wake times can disrupt your circadian rhythm, the daily patterns of sleep and wakefulness in your body. Sleeping and waking at the same time everyday can therefore minimize sleep disturbances.



Minimize blue light exposure

Exposure to blue light from computers, phones, and TV screens near bedtime may prevent your body from producing adequate melatonin, a hormone that helps your body fall and stay asleep. Minimizing screen use close to bedtime or using blue-light-blocking glasses may help to minimize the effects of blue light.

Refer to the Appendix section for a sleep diary to help you track your sleep quantity, sleep quality, and other symptoms.

Mental health and stress management

During perimenopause, menopause, and post-menopause, people may experience worsening mental health or mental health issues for the first time due to fluctuating hormone levels and associated physical changes (e.g., hot flashes or trouble sleeping).

During the menopausal transition, you may experience symptoms of:

- Cognitive impairment (e.g., memory issues)
- Depression
- Anxiety

Did you know?

Individuals who experience high levels of anxiety before perimenopause are more likely to experience hot flashes during perimenopause.



Habits and practices that will help you feel your best during the menopausal transition will depend on your symptoms, unique health needs, and interests. Consider some of the following methods to help maintain strong mental health during and after the menopausal transition.



Sexual health

During the menopausal transition, the body no longer produces the same levels of estrogen and progesterone. As these hormone levels decrease, changes such as thinning of the vaginal wall, vaginal dryness, and a loss of vaginal elasticity typically occur. These changes may also decrease desire for sex, make sex less enjoyable, or even make sex painful.

However, there are many strategies that can be implemented to maintain and improve sexual health during the menopausal period, including:

- **Avoiding substances:** Alcohol and recreational drugs can negatively impact how your body responds negatively to sex.
- **Avoiding smoking:** The chemicals found in cigarettes can make it difficult to get aroused as they can limit blood flow to the vagina and decrease the effects of estrogen.
- **Engaging in foreplay:** Engaging in foreplay allows more time for you to become aroused before sex. The moisture from being aroused acts as a protective barrier for vaginal tissues and makes sex more comfortable and enjoyable.
- **Having sex regularly:** Having sex regularly can keep the vaginal muscles healthy and strong as it increases blood flow to the area.
- **Practicing pelvic floor exercises:** Pelvic floor exercises can strengthen the muscles involved in orgasm by increasing blood flow to the vagina.
- **Staying active:** Engaging in regular physical activity can improve energy levels, mood, and self-esteem—all of which can increase your desire for sex.



Hormone replacement therapy

Menopausal hormone therapy (MHT), or hormone replacement therapy (HRT), is a treatment that involves taking hormones similar to estrogen and progesterone as tablets, gels, patches, or vaginal treatments. A healthcare provider might prescribe MHT to a menopausal person to address different biological changes that have occurred during menopause due to declining progesterone and estrogen levels (e.g., hot flashes).

MHT may improve the quality of life for menopausal people by alleviating or reducing the severity of hot flashes, night sweats, and vaginal dryness. It may also help prevent osteoporosis and improve mood and memory.

Make sure to speak with your healthcare provider when considering MHT. MHT is associated with an increased risk of different health effects such as:

- Breast cancer
- Dementia
- Hip and vertebral fractures
- Stroke, blood clots, and heart attack
- Urinary incontinence
- Vaginal bleeding

It's important to note that the risk of heart and blood vessel disease can be influenced by when MHT is first started. Studies have shown that starting MHT ten years after the onset of menopause or after the age of 60 is associated with a greater risk of heart disease. However, when MHT is started within ten years of menopause it was found to be protective.

Distinct from MHT and HRT, bioidentical hormone replacement therapy (BHRT) is defined by the Endocrine Society as compounds that have the exact molecular structure of hormones produced by the human body. However, the term bioidentical hormone does not have a standard definition, and BHRT compounds can vary depending on their source, materials, and manufacturing methods.

BHRT can be prescribed by a qualified healthcare provider to address biological changes that occur during menopause due to declining hormone levels. BHRT compounds should always be approved by your healthcare provider and local government's drug administration before use.

Note: There are currently no clear guidelines for how long a person should take MHT. Be sure to follow your healthcare provider's recommendations and schedule regular visits to monitor your health when taking hormone therapy.



Tips and resources for success

Lifestyle tips for addressing hot flashes

Hot flashes and night sweats can be uncomfortable and begin unexpectedly. Consider some of the following tips to help mitigate any discomfort during a hot flash.



Avoid alcohol



Avoid smoking cigarettes



Consider clinical hypnosis



Try cognitive behavioral therapy (CBT)



Exercise regularly



Follow a healthy, balanced diet



Reduce stress



Use air conditioning when possible



Wear light clothing



Frequently asked questions (FAQs)

How do I know if I'm going through menopause?

If you're experiencing menopausal symptoms such as trouble sleeping, irregular periods, or hot flashes, speak with your healthcare provider. Tracking your menstrual period using an app or on a calendar is also helpful. Your healthcare provider may test your hormone levels using a blood test.

Should I continue to use birth control during the transition to menopause?

Because you can still get pregnant during perimenopause, you should continue to use birth control during this time if you'd like to avoid becoming pregnant. However, birth control is not recommended after menopause because the daily estrogen dose is several times higher than the minimum dose required for menopausal symptom relief.

Although you can't get pregnant after menopause, you can get a sexually transmitted infection (STI) from a partner. Certain birth control methods such as male condoms or a dental dam can be used for protection against STIs.

How can my family and friends support me throughout my transition to menopause?

It's helpful to reach out for support when you need it. Trusted family and friends can better support you if they understand what you're going through. Tell them how you've been feeling and about your symptoms, and allow them to ask questions and offer assistance.

What can I do if I'm experiencing vaginal dryness?

Menopause may lead to the vaginal tissue becoming thinner and drier, which can make intercourse painful. Consider using a water-based vaginal lubricant during intercourse if you're experiencing vaginal dryness, or speak with your healthcare provider about possible medications if the dryness is severe.

I'm not experiencing long, intense hot flashes during the menopausal transition. Is this normal?

Yes. Everyone experiences menopause differently. For some, hot flashes can be quick and mild, while for others, they can last several minutes and feel more intense.

How do I speak with my partner about menopause and intercourse?

Lower hormone levels as well as emotional (e.g., depression) and physical (e.g., hot flashes) changes may lead to you being less interested in sex. Speak with your partner about any concerns you have, what changes you may have to make to feel more comfortable during intercourse, and what feels good and what doesn't. You may also consider massage or other ways to enjoy a physical relationship.



Are there certain tests I should be getting done post-menopause?

Speak with your healthcare provider about which tests you should take. People assigned the female sex at birth who are over 50 years old may be recommended to test or have screenings for blood pressure, cholesterol levels, diabetes, breast cancer (mammogram), cervical cancer, colorectal cancer, HIV, osteoporosis, or sexually transmitted infections.

How do I know if menopause hormone therapy during the menopausal transition is right for me?

Always speak with your healthcare provider about whether MHT is right for you. This can depend on your age, menopausal stage, family history, health status, symptoms, and other factors.

How can I manage urinary incontinence?

Speak with your healthcare provider for help with a plan of action. They may recommend seeing a pelvic floor therapist who can help you strengthen your pelvic floor (muscles within the pelvis between the tailbone and the pubic bone). Training your bladder, changing your diet, quitting smoking, addressing constipation, and reducing your body mass index may also be recommended.

Appendix

Menopause resources



Grocery shopping list

The [healthy diet grocery guide](#) includes foods that can be incorporated into a healthy, balanced diet. Always speak with your healthcare provider about your specific dietary needs. This list can be printed and used as a resource when grocery shopping.



Sleep diary

Using a [sleep diary](#) to track your sleep can be helpful for improving sleep quality.

Helpful apps

A mobile app can be a useful tool to use during the menopausal transition.

Managing menopausal symptoms and connecting with others



Menolife symptom tracker

[App Store](#) | [Google Play](#)



Stuff that works

[App Store](#) | [Google Play](#)



Stella

[App Store](#)

Mindfulness and sleep



Balance: Meditation & Sleep

[App Store](#) | [Google Play](#)



Headspace: Mindful meditation

[App Store](#) | [Google Play](#)

Exercise



Down Dog: Yoga

[App Store](#) | [Google Play](#)



FitOn: Workouts and fitness plans

[App Store](#) | [Google Play](#)



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Updated: February 2023

