

MINDSETS ON MENOPAUSE

This article is sponsored by Pfizer Inc and weaves together three perspectives on menopause. Contributors were:

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A leading gynecologist and international expert on menopause. Dr Peterson has been the clinical director of a menopause and perimenopause clinic at the University of Pittsburgh, treating women for over 20 years and presenting at global congresses in women's health.

Shelagh Larson, APRN, DNP, NCMP, WHNP-BC

A Women's Health Nurse Practitioner. She has extensive clinical experience and over 30 years in practice. She also teaches, with a special interest in addressing communication challenges in menopause consultations.

Jennifer, now age 55*

Experienced her first perimenopausal symptoms – irregular periods – in her early 30s, which intensified in her early 40s. She has lived with menopausal symptoms for almost 20 years, most notably hot flashes and mood changes, which have impacted her personal relationships and job satisfaction.

*Her name has been changed for this article.

The great unknown

Ask a woman in her 30s or early 40s what menopause means to her. What will she say? Some women see menopause as a ticking clock – the horizon of their fertile years. Others will link menopause with certain symptoms, perhaps remembered from their mother or an older relative.

In Dr Mary Beth Peterson's experience, most women associate menopause with old age, loss of youth, a "turning point where things start going downhill."

Depictions of menopause in popular culture often show grey-haired grandmothers enjoying retirement in their late 60s and 70s. These bear little resemblance to the working-age women in their 30s, 40s and early 50s who may be experiencing their first perimenopausal symptoms.

As a Women's Health Nurse Practitioner, Shelagh Larson has seen this disconnect:

"Women are surprised because they think they are too young for perimenopause to be the cause of their symptoms."



Historically, women haven't been open about menopause with their sexual partners, or with their daughters and friends. Dr Peterson has found that her patients "have no idea what their mother went through because they never talked about it. They didn't talk about sex, they didn't talk about menopause, they barely talked about their periods." Shelagh agrees:

"women will say over and over that their moms never said anything...there is a big disconnect around conversations about menopause."

Although Jennifer feels able to talk openly with her friends and older women in her family, she believes this isn't the case for many of her peers: "I think a lot of women are embarrassed because they don't understand what's happening... I didn't understand until I started to go through it."

As a result, perimenopause remains a mystery for many younger women. They enter the transitional years of their reproductive life unprepared for the onset of symptoms and unaware of what it could mean for them.



Demystifying menopause



Menopause is defined as 12 months without a menstrual period, which happens at an average age of around 51 years old in the US.^{1,2}

Perimenopause is the period of change from having regular periods, leading up to menopause.³

The duration of perimenopause is variable, but can last between 2 and 10 years.⁴

Women may have symptoms for a few months or several years before their last period, with great variation from person to person.^{2,5} For some women, symptoms may start in their 30s or early 40s and continue for years. Others don't have any symptoms until they are in their 50s, and some have no symptoms at all.

When talking to patients in her menopause clinic, Shelagh uses an analogy: "If you're going down the highway of reproductive life, menopause is when you finally get off on an exit."

You don't just get off the highway, there is actually a transition, an exit ramp. And so, I describe the perimenopause as going off on the exit ramp. And that once you reach

the full year without a period, you're now coasting the country road."

Whenever it happens, perimenopause is a time of great hormonal fluctuations^{3,5,6} As Dr Peterson explains: "early in perimenopause, the ovaries are still functioning, but not quite as well. Follicle stimulating hormone (FSH) has to work harder to stimulate the ovary. Sometimes the ovaries are overstimulated, in which case too much estrogen is released, and periods may come closer together. Periods may be heavier, with more bloating and breast tenderness. As perimenopause progresses, the egg reserve gets lower, and periods may become less regular and lighter. Women may experience skipped periods and hot flashes." Hormonal changes can also contribute to weight gain during menopause.⁷

For some women, interrupted sleep may have a substantial impact on wellbeing^{5,8}, Dr Peterson explains: "If you're sleepy, you tend to not function as well. Your brain seems a little foggy. So, then you may start craving energy foods, and you can gain weight. And it can just start this whole cycle."

Jennifer recalls her menstrual cycle changes starting when she was age 33: "I started having all these weird symptoms...I would have a menstrual cycle and it would start one day and stop the next day. I had hot flashes and then they came to a screeching halt, and I didn't have any more for years."

At the time I didn't connect them with my irregular cycle." These symptoms re-appeared and intensified in her early 40s: "I would have a menstrual cycle, and it would stay on for a whole month. At the same time, my hot flashes got worse, and I had night sweats. I would have to get up and change the sheets because the bed was soaking wet. Things really changed, especially with my emotions and not wanting to have sex."

Recognizing the symptoms of perimenopause/ menopause is a first step towards managing them. One of the great difficulties for both women and healthcare providers is that symptoms vary so widely in intensity and impact and can change over time. Dr Peterson and Shelagh Larson have found that hot flashes are common reasons for women to seek medical help. However, other symptoms – sleep issues, acne, body aches and pains – are often not recognized as possibly being related to menopause. This may mean that women are seeking help from different providers to manage different symptoms.

As Shelagh observes:

"a lot of my colleagues will address each one of these symptoms and then not really step back and ask what is actually going on."



What should women (and healthcare providers) know about perimenopause/menopause?

Dr Peterson and Shelagh Larson both work in specialized menopause clinics and are very experienced at identifying, discussing, and managing symptoms. However, many women see an OB/GYN or family doctor with no specific interest in menopause.

Dr Peterson and Shelagh agree that there are **four messages** they would like all women to hear from their healthcare provider:

- 1 Perimenopause/menopause is normal
- 2 It's OK to talk about sex
- 3 You have options
- 4 It's time to focus on your health and wellbeing

1 Perimenopause/menopause is normal

Women should know what to expect in different menopausal phases – what's normal and what's not normal – particularly around bleeding patterns. For some women, it's enough just to know that what they're experiencing is normal. Shelagh recalls a consultation with one patient who broke down into tears saying:

"I thought I was going crazy. I just really thought there was something wrong with me."



"Sex was just like a no. I'm not interested. Don't touch me...Let's not even talk about it. I felt like that there was a kind of a wedge between the two of us and he didn't understand... I think that it played a part in me being depressed at times."

2 It's ok to talk about sex

Mood changes, lack of sexual desire, pain during intercourse, urinary leakage, sweating and vaginal dryness can impact intimate relationships and women's self-esteem. These are issues women may not be accustomed to discussing openly, even with their healthcare provider.

Shelagh believes conversations about sex are just as important as discussing other burdensome symptoms like hot flashes. "It's important to discuss sex and vaginal health openly," she says:

"I discuss vaginal health as if it's just like breathing and eating. Does it have any discharge? Is it wet? How do you clean it?"

Shelagh also says "A lot of women haven't ever had a talk with their mother or anybody else about sex. And so we talk about touching yourself, about masturbation and about using adult toys. We also talk about ways to reconnect with their partner."

If women find it difficult to discuss the sexual symptoms of menopause, this can cause problems in their relationship. Partners may feel excluded, upset or confused about why their partner no longer wants to have sex. Jennifer remembers what a big impact the loss of sexual desire had on her relationship with her husband:

Shelagh finds it useful to invite women to bring their partner into her clinics and discuss sexual issues as a couple:

"I've had many couples through the years that were on the verge of divorce...The conversations not only brought them together but made a stronger relationship."

In her menopause clinic, Dr Peterson also hears about the impact of low sexual desire on relationships. "You can't control that desire feeling. Many people are wanting to have sex for their partner. The women with supportive partners are motivated to find ways to make sex more comfortable."

Of course, some healthcare providers may not be comfortable discussing sex openly with a patient. Shelagh suggests using written information such as brochures as a starting point for the conversation. Questionnaires on sexual health issues can also be given to the patient before they come to the appointment so they can prepare.

3 You have options

Not all women need treatment for their symptoms, but it can be helpful for them to know that different options are available. For example, Dr Peterson says to her patients, "This may not be bothering you now, but it's not uncommon for this to happen down the line. And if that happens, there are these things that we can do." According to Dr Peterson:

"Patients may be told they are going through menopause and think they just have to live with it. And depending on the symptoms, that's not necessarily the case."

There are now a range of options for menopausal symptoms, says Dr Peterson: "We've learned so much about different delivery methods and types of hormone therapy. And there are nonpharmaceutical options that may help some women...We've got lots of options we can try."

Shelagh would like to encourage more colleagues to take a special interest in menopause, attend lectures, read papers, learn about the advances that have been made in the past 10 to 15 years in this field.

4 It's time to focus on your health and wellbeing

Women often take on a primary caring role in mid-life, looking after children or older parents, putting their own wellbeing down the priority order. Dr Peterson and Shelagh think that perimenopause/menopause is a time when women need to put themselves first – wherever possible – focusing on their physical health, mental health, diet, exercise and sleep hygiene.

Jennifer was advised to see a therapist during menopause, which helped her "unload and be able to have somebody listen to me with all the intimate things that were happening between me and my husband." She has learned that stress is a major trigger for her menopausal symptoms: "any little emotional thing can bring on huge hot flashes. If I'm sad, if somebody makes me mad, or whatever, it can bring on a hot flash, I can just feel like I'm about to evaporate."

Dr Peterson thinks a positive attitude can help. For example: "You don't have to accept that you'll gain weight. You might need to change how you exercise as you get older."

Shelagh advises some women in her menopause clinics to adjust the type of exercise they do: "Intense exercise in menopause can overload the body with the stress hormone cortisol, which can impair glucose control and slow metabolism." Some patients have a tendency to push themselves too hard. Shelagh says to these patients: "I need you to do more meditation. Breathe, give your body a rest, quit running and just sit and meditate."

Embracing the next phase of life

In previous generations, menopause happened towards the end of life. With an increase in life expectancy, women can now expect to live for decades post-menopause. Dr Peterson explains:

"Now we're only at half time. We've got a whole other part of our lives to live...It's an opportunity to reset and rethink."

Shelagh tells her patients: "This next phase is all about you. The first part was you growing, second part was you raising kids and now it's time for you to be liberated and not have to worry about periods and pregnancy."

This rings true for Jennifer. Although she still sometimes has hot flashes and mood swings at age 55, she is optimistic about the next phase of life: "I feel like things are beginning to level out." She is excited about a new direction she wants to pursue in her career and has developed a more open and supportive relationship with her husband: "I think he understands a little bit better now because he's getting older himself... at least he is nicer about it."



Empowering the next generation

In recent years, there is a perception that conversations around menopause have been improving. There is an increasing amount of information in the media and online. On top of this, the social stigma is gradually lifting so more women feel comfortable talking about menopause with their friends, partners and children. Dr Peterson thinks this is really important:

"Women should talk about menopause with their daughters... if your mom had really bad hot flashes, you may be more likely to have really bad hot flashes."

"Nobody knows my body better than I do," says Jennifer. "When my body started changing going into menopause, I didn't really understand. I feel like it's important to talk to your healthcare providers and to ask questions so that you can be educated and understand the process."

Shelagh agrees: "the most important thing we can do is educate, educate, educate...if we get more podcasts, more providers getting out there talking about sex and hot flashes and what's normal, then it's no longer shameful to go through menopause."



*If you would like to learn more about women's menopausal experiences, **menopause: unmuted** is a podcast series powered by Pfizer, exploring first-hand experiences of this life stage. Each episode shares deeply personal accounts of the different emotional and physical symptoms experienced. Visit <https://www.menopauseunmuted.com/>.*

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