

Peri- and Postmenopause

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What is the difference between peri and postmenopause?

Perimenopause literally means around menopause and it refers to the time before menopause when a woman's body begins to make the transition from her reproductive years to her postmenopausal years. Perimenopause usually begins about 4 years earlier than menopause, but some women can experience symptoms for even longer.

The definition of menopause itself is the cessation of menses for twelve months. The average age of menopause in the USA is 51 years old. Pre-mature menopause occurs when women go through menopause before the age of 40. Postmenopause refers to the time after a woman goes into menopause. Symptoms are often present during this time and can last up to 5-10 years.

What are the common signs and symptoms associated with peri- and postmenopause?

The most common signs and symptoms are menstrual irregularities, hot flashes and night sweats, urinary tract changes, mood swings, including depression, insomnia, fatigue, decreased libido, headaches, changes in memory, skin and hair changes, vaginal dryness, weight gain, and the beginning stages of osteoporosis and heart disease. Symptoms can be mild, moderate or severe and vary from woman to woman. Some women's symptoms will be subtle and infrequent, while those of other women will be overt and increasingly problematic for years to come.

Many of these changes are due to hormone irregularities. As a woman's body ages, there are fewer and fewer ovarian eggs. This means that fewer follicles grow each menstrual cycle resulting in a shorter follicular phase and thus a shorter menstrual cycle. An increasing number of cycles become anovulatory resulting in lower progesterone levels that accounts for many of the symptoms as well as missed periods. Also the relative level of estrogen in relation to the decreased progesterone level can account for several symptoms. FSH (Follicular Stimulating Hormone), the hormone that regulates follicular growth and estrogen secretion, begins to rise. A rise in FSH over baseline levels can be one of the first signs of reproductive aging, although this is not always accurate. As menopause approaches, the ovaries make less estrogen. Eventually, estrogen levels drop low enough that there is not enough uterine tissue build-up to produce a menses and menstruation stops altogether. Finally imbalances or low adrenal and thyroid hormones can also contribute to weight gain, muscle loss, thinning skin and memory loss.

More about the specific symptoms of Peri and postmenopause:

Menstrual Irregularities: Irregular bleeding can mean shorter or longer cycles, shorter or longer bleeding times, lighter or heavier bleeding and random spotting. Of most concern is heavier or excessive bleeding which may mean endometrial hyperplasia, an overgrowth of endometrial tissue that may become cancerous. Pelvic ultrasounds can assess the thickness of the endometrial lining and help rule out or determine if further biopsy and treatment are necessary to rule out cancer. Always inform your physician if you are experiencing any excessive bleeding or if bleeding occurs postmenopausally.

Hot Flashes: Vasomotor symptoms refer to hot flashes and night sweats and these are the most predominant symptoms of perimenopause for women in the USA. Feelings of anxiety and heart palpitations may accompany these vasomotor symptoms. The incidence of women who experience hot flashes and night sweats varies from 28% to 65%. Hot flashes can vary in intensity and frequency and are often inconsistent and unpredictable. Hot flashes can be aggravated or even triggered by stress, heat, warm drinks, caffeine, alcohol, salt and spicy foods.

Vaginal Dryness and Thinning: An actual decrease in vaginal lubrication and vaginal tissue results in dryness and thinning that can lead to itching, burning, pain with sexual intercourse, bleeding after intercourse, vaginal infections and urinary symptoms including urgency, frequency and even urinary tract infections. Vaginal dryness becomes more apparent once you have reached menopause.

Mental and Emotional Changes: Such changes include anxiety, depression and memory loss and may result from hormonal changes but also a woman's personal response to any physical symptoms she may be having problems with.

Skin and Hair Changes: Many skin changes are due to collagen loss and include dry skin, wrinkling, easy bruising and brown spots. Acne may appear on the face. While hair may be lost from the head, hair growth may increase on the face due to changing hormone levels overall and changing hormone levels in relation to each other.

Bone Mineral Changes: Bone mineral changes or loss that occurs around perimenopausal age often begins as early as age 35 when bone breakdown may begin to exceed bone building. Some women may lose 10-15% of their total bone mass by the time they reach menopause. These changes can eventually result in osteoporosis in later years. It is important to begin screening for bone mineral changes especially for those women who are at higher risk for osteoporosis.

Blood Lipid Profile Changes: Increases in LDL, cholesterol and triglycerides have been associated with higher risk for the development of cardiac disease. Early screening for changes is important, especially for those women who have other risk factors for cardiac disease.

Treatments Options: The goal of overall treatment and changes is to provide relief from symptoms and also to prevent osteoporosis, heart disease and other diseases associated with aging. Many women going through perimenopause and postmenopause will not need hormone replacement therapy as their symptoms can be adequately relieved by diet, exercise, stress reduction, nutritional supplements and botanical formulas.

Hormone Therapy: Those who have more moderate to severe hot flashes and who aren't finding relief from botanicals may need to try hormone therapy. Bio-identical hormones are compounded in a pharmacy and made to look like what the body produces. They are thought to be safer on the body, but there is currently no research stating that this is true. Hormone therapy should only be used for a few years until hormones become more stable and then can be decreased slowly so that there are no return of symptoms. There are different hormonal formulations and doses based on the severity of symptoms.

Prevention: Why wait until your in menopause. There are things you can do in your twenties and thirties to prevent some of the symptoms of menopause and changes that occur in the body during this time.