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Sue Ann Says: Relieve Your Menopause Symptoms for Quality of Life

This past November we held our annual Women's Health Research Luncheon fundraiser in Milwaukee. The topic, *Healthy Menopause & Beyond*, was chosen by popular demand. So, we went to work securing speaker, Dr. Lila Nachtigall, professor of OB-GYN and director of the Women's Wellness Program at New York University Langone Medical Center, and one of the world's most noted menopause experts.

Her discussion on the impact that lifestyle and genetics have on healthy aging and the significant role menopause plays in the process was informative, fascinating, at times uncomfortable, and very encouraging. Her closing comment, "It's time we focus on adding life to our years, not just years to our life," really resonated with the women in our audience.

But it was her discussion of menopause and the re-emergence of Hormone Replacement Therapy (HRT) that was captivating – and I've devoted this month's column to her views on the subject.

What Is Menopause

It's helpful to define the stages of menopause. Technically, perimenopause is the span of six to ten years during which your body moves toward menopause. And menopause is really just one day in your life: the 365th day from the date of your final menstrual period.

What Happens to Our Bodies during Menopause

During menopause, your body makes less of the female hormones, estrogen and progesterone. This change in hormone balance may result in annoying symptoms such as hot flashes (a sudden flush or warmth, often followed by sweating), sleep problems, lack of sex drive and vaginal dryness. Many women have little or no trouble with menopause. Some have moderate to severe discomfort.

Menopause Treatments for Adding Life to Our Years

According to Dr. Nachtigall, women do have options when it comes to treating hot flashes and other symptoms of menopause, and these still include the short-term use of hormone replacement therapy (HRT) using estrogen alone.

"Hormone replacement therapy should be considered a very reasonable option for recently menopausal women who have moderate-to-severe hot flashes or night sweats," said Dr. Nachtigall.

HRT was widely used up until 2002. That year, however, the estrogen-plus-progestin arm of the Women's Health Initiative (WHI) trial was stopped early after women who took the formulation were

found to have an increased risk for heart disease, strokes, breast cancer and blood clots. Use of HRT plummeted soon after the news was announced.

However, analysis of the estrogen-only arm from the same trial showed that younger postmenopausal women who had had a hysterectomy could take estrogen for up to six years without significant risks.

As a result, the pendulum may be swinging back toward the use of supplemental estrogen – in low doses and for short periods of time – to relieve some of the symptoms of menopause. According to Dr. Nachtigall, older women need to be more proactive when it comes to relieving the symptoms of menopause, and HRT provides the best results for treating hot flashes and night sweats. Fully 90 percent of women are symptom-free within three months of the therapy, she said. Many women will see relief from symptoms and improved quality of life with estrogen.

However, some women are **not** candidates of HRT, including those with no menopausal symptoms and women with a history of hormone-sensitive cancers such as endometrial or breast cancer or a history of heart attack, stroke or blood clots in their legs, heart or lungs. In these cases, antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), which include Celexa, Prozac, Paxil and Zoloft, might be used to treat symptoms.

"If a woman has symptoms and there is no reason to advise against it, we should be using estrogen again," Dr. Nachtigall believes. "We use the lowest dose for the shortest period of time that reaches the therapeutic goal." She said that goal is typically the relief of menopausal symptoms.

"You need to look at an individual's family history and personal history, and make the most intelligent decision about their menopause treatments," she said.

Whatever treatment a woman decides to use, however, Dr. Nachtigall hopes that all women take an active role in their medical care. It is important that they schedule an appointment with their doctor to discuss their symptoms and talk about the pros and cons of all of the treatment options.

"Women should be involved with their health care provider in deciding which option is best for them and weighing the risks and benefits of each treatment for both the short- and long-term," she said.

Because it all begins with a healthy woman...

Sue Ann Thompson is founder and president of the Wisconsin Women's Health Foundation (WWHF), a statewide non-profit organization whose mission is to help Wisconsin women and their families reach their healthiest potential. WWHF provides programs and conducts forums that focus on education, prevention, and early detection; connects individuals to health resources; produces and distributes the most up-to-date health education and resource materials; and, awards grants and scholarships to women health researchers and related community non-profits. To learn more, visit wwhf.org or call 1-800-448-5148.

((sidebar)) Easing Menopause Symptoms with Hormone Replacement Therapy (HRT)

Up to 20 percent of menopausal American women use HRT because they believe the benefits outweigh the risks. Women **MUST** base their decisions on their individual and family medical histories.

Benefits

- May prevent osteoporosis
- Eliminates hot flashes
- May improve energy, mood, and sense of well-being
- May decrease insomnia
- May decrease risk of heart disease
- May restore sexual desire
- May reduce the risk of Alzheimer's disease
- May reduce the risk of colorectal cancer
- May improve concentration and memory

Risks

- May cause symptoms like PMS
- May increase risk for breast cancer
- May have other undesirable side effects, including: Vaginal bleeding, fluid retention, nausea, loss of hair, headaches, itching, increased cervical mucus, and corneal changes