



THE BIG

managing the symptoms of menopause

... and some others

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The Statistics

By 2020 over 50 million women in the United States will be 51 years old and over. Fifty-one is a very significant number for women, as it is the average age at which menopause occurs. [1]

Worldwide by 2025 there will be 1.9 billion women entering menopause.

That's a big number. [8]

Now let's do some math.

Q: If the preliminary stage of menopause (called peri-menopause) begins five to ten years before a woman hits menopause, then doesn't that indicate there are mega numbers of women going through those crazy fluctuating-hormone years right now?

A: Yep.

The BIG 7? ... who knew?

Turns out the joke is on us. First we came up with the catchy title The BIG 7, and confidently said how hard could it be to research what The BIG 7 menopause symptoms are...

So here's the beauty of research - although we didn't identify The BIG 7, we were knocked on our butts and greatly humbled by this one great big juicy fact, presented by Alan Altman MD, in the award winning documentary *Hot Flash Havoc*:

"Estrogen is the key hormone in a woman's body affecting over 400 functions, and helping with many things like hair, joints, breasts, bones, blood vessels, heart, brain, vaginal health and sexuality." [8]

Four hundred functions! This guide will give you an excellent idea of some of the more common symptoms, but the lesson here is to be supportive of each other. What you are experiencing is probably very different from what your best friend is experiencing.

how can I manage my symptoms?



The first thing that needs to be stated is that you may not experience any symptoms, or symptoms that are severe enough to warrant any type of treatment. Sometimes all you need is that souvenir fan you picked up while on vacation, and your sense of humour. Just be mindful that menopause symptoms present in various forms and are often difficult to measure. Think in terms of mild, moderate and severe. Are these symptoms affecting your quality of life and those around you?

The purpose of this paper is to raise your awareness of how impactful menopause can be (or not), and to provide you with reference points about when to use non-drug measures and when to consult your doctor for more vigorous treatment options other than that souvenir fan. Also be aware that it's not an either/or choice for treatment. There are non-drug choices, hormone replacement choices, and choices in between.

... and always keep the sense of humour.

should I use non-drug measures or **hormone replacement therapy**?



HOW SEVERE ARE YOUR SYMPTOMS	HAS IT BEEN LESS THAN A YEAR SINCE YOUR LAST PERIOD?	HAS IT BEEN MORE THAN A YEAR SINCE YOUR LAST PERIOD
MILD	Consider non-drug measures	Consider non-drug measures. If ineffective consider HRT* <small>(If there are no contraindications*)</small>
MODERATE-SEVERE	Consider non-drug measures	Consider HRT* If there are no contraindications*
CONTRACEPTION NEEDED	Be mindful of your options Discuss with doctor	
CONTRACEPTION NOT NEEDED	If there are no contraindications* you could consider HRT*	



* Contraindications are specific conditions that can make drug or procedures harmful when used together. Consult your doctor about your options.

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HOT FLASHES & NIGHT SWEATS



Manage Your Symptoms

What Are They?



Healthy Eating

According to the Women's Health Initiative, healthy eating can decrease hot flashes and night sweats.

What To Do:

Reduce your fat intake, increase your vegetables, fruits, and whole grains. Minimize spice foods. [1]

Hot flashes and night sweats, also known as Vasomotor Symptoms (VMS), are a form of temperature dysfunction that occur because of changes in the sex hormones. [6]



Weight Loss / Keep Fit

Weight loss can also decrease hot flashes and night sweats.

What To Do:

Swimming, yoga, stretching, and for the adventurous, pole dancing (3X week for 30 minutes each time). Pace your respiration. [3][4]

What To Do?

- » Eat healthy.
- » Lose weight / keep fit.
- » *Stop smoking.
- » *Decrease alcohol intake.



Stop Smoking & Decrease Alcohol

Studies show that smoking and alcohol are determinants of hot flashes and night sweats. [1]

What To Do:

If you are a smoker, consider stopping. Decrease alcohol intake. [1]

*Studies show that smoking and alcohol are determinants of hot flashes and night sweats. [7]

See Figure 1 for more on how to decrease hot flashes and night sweats.

Other Things to Do:

Reduce the temperature in your bedroom (open windows, air conditioner). Wear breathable clothes or no clothes at all.

Figure 1. Hot Flashes and Night Sweats



WEIGHT GAIN

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What Is It?

Weight gain is an increase in body weight. It is one of the common signs that can indicate a transition into menopause.

What To Do?

- » Regular exercise.
- » Eat right.
- » Set manageable goals.

See Figure 2 for more on how to deal with weight gain.

Manage Your Symptoms

Regular Exercise

Regular exercise has many benefits. During menopause, it can also alleviate hot flashes and improve sleep

What To Do:

Exercise 3X a week, 30 minutes each time. Choose something fun (pole dancing, Zumba, belly dancing, etc.).



Eat Right

Eating right goes hand-in-hand with regular exercise. Find a healthy balance that is appropriate for your lifestyle.

What To Do:

Reduce your fat intake. Increase your fruits, vegetables, and whole grains. Minimize spicy foods



Set Manageable Goals

Make practical goals that are easy to accomplish for your lifestyle.

What To Do:

Consider simple lifestyle changes like parking further away from your destination and walking the distance, or taking the stairs instead of the elevator.



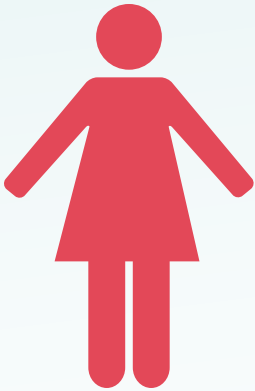
Figure 2. Weight Gain

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LOSS OF BLADDER CONTROL



Manage Your Symptoms



Kegel Exercise

The kegel exercise involves squeezing the pelvic muscles (pretending like you are stopping the stream of urination).

What To Do:

Hold muscles in place for 5 seconds, release for 5 seconds; repeat for 5 minutes several times a day.

What Is It?

Loss of bladder control, also known as urinary incontinence, occurs when the bladder can no longer hold urine due to loss of voluntary control over the muscles (urinary sphincters) around the opening of the urine tube (ureter).

What To Do?

- » Kegel exercise. [1]

Figure 3. Loss of Bladder Control

See Figure 3 for more on kegel exercise.



THINNING OR WRINKLING SKIN

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four

What Is It?

Thinning or wrinkling skin occurs due to a decrease in the estrogen hormone, which is vital in the collagen and elastin network of the skin.

What To Do?

- » Take dietary supplements.
- » Moisturize your skin regularly.
- » Get facial massages.

See Figure 4 for more on how to deal with thinning or wrinkling of the skin.

Manage Your Symptoms

Dietary Supplements

Omega-3 fatty acids and antioxidants are two dietary supplements that can help to stop thinning or wrinkling skin.

What To Do:

Take omega-3 fatty acids and antioxidants according to your doctor's recommendations.

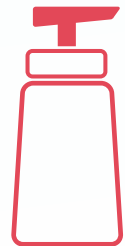


Moisturize

Use a hydrating moisturizer or cream to make your skin stay hydrated and healthy.

What To Do:

Moisturize your skin multiple times a day to prevent thinning or wrinkling.



Facial Massages

Facial massages can stimulate sufficient blood flow to the surface of the skin.

What To Do:

Consider getting a facial massage frequently.



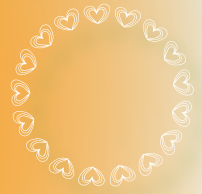
Other Things to Do:

Avoid the sun, wear mineral sunscreen that does not absorb into the skin, practice healthy sleeping habits, and stop smoking.

Figure 4. Thinning or Wrinkling of the Skin

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VAGINAL DRYNESS & PAINFUL SEX



Manage Your Symptoms



Sexual Activity

Sexual stimulation increases blood flow to the vagina. You do NOT need to have sexual intercourse – in fact, if it's too painful, avoid it! ANY sexual activity can help moisturize the vagina.

What To Do:

Any sexual activity.

Use An Estrogen Cream

Since low levels of estrogen causes vaginal dryness, use an estrogen cream to relieve the symptoms.

What To Do:

Use an estrogen cream 2-3 X weekly to relieve symptoms of vaginal dryness and painful sex.

Use Water-Based Lubricants

Water-based lubricants can also be used prior to sexual activity.

What To Do:

Consider using a water-based lubricant to relieve symptoms of vaginal dryness and painful sex.



What Is It?

Vaginal dryness and painful sex have been directly linked to decreased estrogen levels.

Low levels of estrogen hormone can cause vaginal dryness and thinning of the vaginal tissue, commonly known as **vaginal atrophy**. [2]

What To Do?

- » Any sexual activity. [2]
- » Use an estrogen cream.
- » Use water-based lubricants.

See Figure 5 for more on how to deal with vaginal dryness and painful sex.

Figure 5. Vaginal Dryness and Painful Sex



INSOMNIA



What Is It?

Insomnia is the inability to obtain an adequate amount or quality of sleep. Insomnia is a common symptom of menopause.

What To Do?

- » Healthy sleep practices. [1]
- » Avoid alcohol and caffeine.
- » Stay asleep.

See Figure 6 for more on how to deal with insomnia.

Manage Your Symptoms

Healthy Sleep Practices

Reserve the bedroom solely for sleep and sex. Have a set time for waking up and going to bed.

What To Do:

Sleep only in the bedroom, do something soothing (e.g. a bath) before bedtime, do not exercise within 2 hours prior to sleep.



Avoid Alcohol & Caffeine

Alcohol is a depressant that will make you feel sleepy but reduce the quality of your sleep. Caffeine is a stimulant and it will keep you awake.

What To Do:

Avoid alcohol and caffeine. Avoid caffeinated products within 4 hours of desired sleep time.



Stay Asleep

The challenge for a lot of people is not falling asleep, it is staying asleep.

What To Do:

If you wake up in the middle of the night, try not to "watch your clock". If you are tossing after 15 minutes, try doing something less thrilling than watching TV. Have you ever considered reading the phone book or the dictionary?



Figure 6. Insomnia

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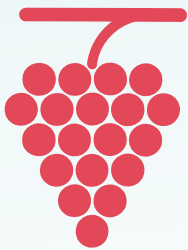
MEMORY LOSS



Manage Your Symptoms

Eat Right

Certain food have been found to boost brain function and overall brain health.



What To Do:

Eat brain foods rich in *omega-3 fatty acids, colored fruits and vegetables, and **green tea**, ***grape juice or wine (in moderation).

Aerobic Exercises

Aerobic exercises (also known as Cardio) stimulates blood flow, which in turn keeps the brain healthy and active.



What To Do:

Swimming, walking, jogging, running, water sports, treadmill, and elliptical trainer.

Healthy Sleep Practices

Reserve the bedroom solely for sleep and sex. Have a set time for waking up and going to bed.



What To Do:

Sleep only in the bedroom, do something soothing (e.g. a bath) before bedtime, do not exercise within 2 hours prior to sleep.

What Is It?

Memory loss (amnesia) is an unusual forgetfulness that may either be short-lived (transient) or more permanent.

During the transition to menopause, a lot of women report having memory problems.

What To Do?

- » Eat right (brain foods).
- » Aerobic exercises.
- » Healthy sleep practices.

See Figure 7 for more on how to deal with memory loss.

* **Foods rich in omega-3 fatty acids** include fatty fish, flaxseed, kidney beans, spinach, broccoli.

** **Green tea** contains polyphenols (antioxidants) and may enhance memory & alertness.

*** **Grape juice or wine** contains flavonoids that may improve blood flow to the brain.

“empowered with the right information”

Menopause is not a phase in your life that should come with fear or trepidation. It is a normal part of life, and like every season in life, you just need to be empowered with the right information.

It is normal to find yourself asking, "How do I know when to treat my symptoms?"

Hopefully this guide has helped you understand how to manage symptoms of menopause through non-drug measures, and given you the confidence to consult your doctor about further treatments such as Hormone Replacement Therapy (HRT).

If any symptoms affect your quality of life, make sure you consider adjusting your lifestyle to relieve your symptoms and always seek medical advice from healthcare providers that are knowledgeable about menopause.

For further information and help go to www.vergowoman.com to see our complete menopause education program:
Vergo – the interactive program to surviving menopause.



wait... here is another one...

DEPRESSION & MOOD SWINGS

Depression is commonly caused by an imbalance or changes of biochemicals in the central nervous system. Early treatment can reduce the risk of recurrence. [1]

This is one of those times when you don't want to mess around avoiding doctors. If you feel that you are experiencing depression, then find a trained mental health professional. In Canada you can go to the Canadian Mental Health Association for more information. In the United States there is the National Institute of Mental Health. Both of these sites have extensive information on how to cope with the spectrum of mood disorders.

Again, it is estrogen and progesterone, our hormone friends, that are fluctuating and contributing to mood swings. There are estimates that between 50% and 75% of menopausal women experience mood swings.

A mood swing and depression are not the same thing. There is a big difference between:

1. an emotional up and down episode, the stereotypical mood swing;
2. dealing with a life-changing event like a death, or divorce, where you are very sad for an appropriate and probably extended period of time; and
3. clinical depression where there is a chemical imbalance requiring pharmacological therapy. [9][1]

The important thing is to seek medical help and be self-aware and honest about your symptoms. There are many other symptoms impacting mood swings like lack of sleep for one example, and life stresses for another. You need to know what treatment options are available and which ones will be the most effective for you. Seek the help of a healthcare professional.

can't leave this one out ...

LOSS OF LIBIDO

How is this for a staggering statistic?

75% of menopausal women report sexual problems.^[8]

Libido is the desire to have sex. Loss of libido is not wanting to have sex. Why is that? ...turns out it's pretty damn complicated.

The ability to get answers is hindered by the fact that human sexuality was not studied scientifically until Dr Alfred Kinsey in the 1950's. Sexology is only recently coming into its own as a recognized academic body of study.

The following article was written by Adam Dachis for Lifehacker. He has used some excellent examples of scientific sexual research to bust some sex myths. It's located at:

<http://lifehacker.com/10-stubborn-sex-myths-that-just-wont-die-debunked-by-1522576378>

Speaking of myth busters, here's a thought starter:

Do women lose their libidos during the menopause transition?

Or are there 101 other reasons why desire wanes at mid-age for women?

The most commonly accepted cause of loss of libido for menopausal females is hormone imbalance. The production of estrogen, progesterone, and testosterone is ...bluntly stated ...one hot mess. How can it not be interfering with desire? ^[8]

The North American Menopause Society (NAMS) says not-so-quick. They say there is significant evidence to suggest that low libido at middle age is due to decreased testosterone levels as an aging issue, and not menopause related. They also think the role of testosterone in female desire needs to be questioned. They've seen studies that show sexual desire in women is not related to testosterone levels. ^[9]

NAMS is questioning this common belief that low libido can be attributed to menopause. Could it be other issues? Could it be any combination of the other 101 lifestyle stressors, relationship challenges, and physical changes occurring during the aging process?

The bottom line is these are all good questions. Science just doesn't have clear answers right now. Does that mean most women are destined to be asexual beings in middle age?

Nope.

It means women need to become myth-busters. Be aware that the hot mess of changing hormones probably is influencing your sexual desire, but perhaps not to the extent you might think it is. Be very aware that there are 101 other possibilities, both the romantic and the practical, to make it better.

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remember, you're not in this alone

In closing this paper, there are a couple of exceptional resources we want to share with you that we discovered during our research process.

If you want more information about menopause symptoms and all around expertise on menopause we suggest you visit **The North American Menopause Society** at www.menopause.org.

And last, our outstanding favourite resource (after our own Vergo program of course), is the **award winning documentary narrated by Goldie Hawn — *Hot Flash Havoc***.

You can find it at: www.hotflashhavoc.com.

Get your gal pals together and have an evening!