

Menopause is the technical term health essay

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In natural menopause, there is more than one phase.

Perimenopause

This is the transition period to menopause. During this time, your estrogen and progesterone levels will fluctuate and gradually decrease. Your periods will become more irregular in response to these hormonal changes. You may also experience some symptoms like hot flashes and changes in vaginal lubrication. These symptoms could go on for 2-8 years until your periods stop, according to [womenshealth.gov](https://www.womenshealth.gov). Remember if you are still having periods, you can still get pregnant so you have to protect against that concern.

Postmenopause

This is the period in a woman's life after menopause - basically the rest of your life. You have to adjust to the changes that your body has gone through, manage your health, and work to prevent any health problems. Some women develop symptoms of menopause before the age of 40. These women may suffer from premature menopause. Going into menopause too soon causes you to live a longer portion of your life without estrogen protection.

Symptoms

The changes leading to menopause can take several years as the estrogen and progesterone levels gradually or suddenly decrease; thus the symptoms can last for that long. These symptoms include: Changes in your period: Longer and longer periods of time between menstrual cycles until your periods stop. Your periods may also get heavier or lighter. Hot flashes: These

are sudden feelings of heat in your body. You may get flushed or develop blotches on your skin. Some episodes may lead to bouts of sweating then shivering; some women wake up in from sleep after a hot flash (night sweats). Insomnia: It may become more difficult to get a full night's sleep. Decreased interest in sex: The vagina walls may become thinner due to the lack of hormones which may affect comfort levels during sex. You may not produce as much lubrication in response to stimulation as well. Other women may lose interest in sex altogether. Headaches: These may be caused by changing levels of hormones. Memory issues: The exact cause of this symptom is not known. Bladder issues: Some women develop urinary incontinence. Mood swings: Mood swings occur during menopause but scientists do not understand the reason why. It may be associated with the lack of sleep, stress, or other issues. Weight gain and changes in metabolism: Menopause contributes to weight gain but aging and lifestyle changes also play a role. Thinning hair: Shifts in hormone levels can contribute to thinning hair.

Causes and Risk Factors

Menopause can be brought on by many reasons. Naturally: As you enter your late 30s, your ovaries start producing less estrogen and progesterone and your fertility gradually declines as well. By your 40s, your menstrual cycles begin to change - they may become heavier or lighter and vary in length - and may eventually become irregular. This continues until your ovaries stop producing eggs and your periods stop. Surgically: Having a hysterectomy that only removes the uterus and not the ovaries does not cause menopause. However, a hysterectomy that includes removal of the ovaries

can lead to sudden and severe menopausal symptoms because the source of hormones has been removed abruptly. After chemotherapy/radiation: These therapies can lead to menopause and associated symptoms. However, menopause in these situations may not be permanent and you may still be able to get pregnant so you should be careful. Premature menopause: Less than 1% of women may develop menopausal symptoms before the age of 40; this may be caused by primary ovarian insufficiency. The ovaries don't produce enough hormones because of genetic reasons or autoimmune causes. The treatment is hormone supplementation until closer to the normal age of menopause for its protective effect. Other risk factors that may speed up menopause in some women include having a low body mass index, smoking, hypothyroidism, and never having children. While menopause is a normal event, there are some potential complications of this change of life. Osteoporosis: Estrogen controls bone loss so when you start losing estrogen, you start losing bone mass. In osteoporosis, the bones become weak and at higher risk for fracture. Cardiovascular disease: Changing levels of estrogen also increase the risk of heart disease after menopause. But there may be other factors that contribute like getting older, gaining weight, or developing high blood pressure. After menopause, you may also be at an increased risk of colon and ovarian cancer, gum disease, weight gain, sexual dysfunction, urinary issues, and cataract formation.

Diagnosis

Most women can tell when the symptoms of menopause begin. Your physician can run a few tests to make the diagnosis but often that is not needed. Physical examination: As part of your examination, your physician

will perform a pelvic examination to look for changes in the walls of the vagina. Laboratory tests: Your physician may order an estradiol level (measures the levels of a form of estrogen in the blood), follicle stimulating hormone test (stimulates the production of eggs), and luteinizing hormone test (elevated levels of this hormone causes ovulation). Your thyroid stimulating hormone (TSH) may also need to be measured; if TSH is low, you may have symptoms that resemble menopause as well. At some point, your doctor may also order a bone density test to see if your bones have been affected by your decreased hormone levels.

Treatment and Management

You don't have to receive treatment for menopause; if your symptoms are not too bothersome, you can just ride the changes out. If your symptoms are more of a problem, there are different steps you and your physician can take to cope.

Lifestyle Changes

You can make several changes to deal with some of the symptoms of menopause.

Dietary

Consume less alcohol, caffeine, and spicy foods. These may serve as triggers for hot flashes for many women. Eat more foods that contain soy. Soy contains phytoestrogens which may have some effect on your symptoms. Be sure to tell your physician if you would like to try this step because there are some questions about long-term effects. It might also affect the medications

that your physician may prescribe. Eat more foods that contain calcium and vitamin D or take supplements to protect your bones.

Physical or Other

Do weight-bearing exercises like walking or jogging to protect your bones. Practice Kegel exercises to strengthen your pelvic floor and improve urinary symptoms. Don't smoke. Smoking can harm your bones as well. Use water-based lubricants if you have problems with vaginal dryness.

Managing Hot Flashes

Use relaxation techniques to cope with hot flashes. Dress in layers. Try to figure out what triggers a hot flash for you so you can avoid it.

Medical Treatment

Available medical treatments are aimed at managing symptoms and preventing possible complications. Hormone therapy: Depending on your medical history, your physician may start you on estrogen replacement therapy. If you still have your uterus, you would need progesterone added to the regimen to protect your uterus. Estrogen protects your bones. There are some concerns about the safety of replacement hormones (risk of breast cancer, heart attacks, strokes, and blood clots) so your doctor may prescribe them short-term to help you deal with your symptoms. Vaginal estrogen: You can also place an estrogen tablet or cream in your vagina to help with vaginal dryness. This small amount of estrogen is only absorbed by the vaginal walls. Antidepressants: Some women may use a low dose of an antidepressant (often a selective serotonin reuptake inhibitor (SSRI)) to help deal with hot flashes especially if estrogen is not an option. Gabapentin: This

medication is used to treat seizures but may also help with hot flashes.

Clonidine: This blood pressure medication may also help with hot flashes.

Bisphosphonates: These medications are used to treat and prevent osteoporosis. The common ones are risedronate (Actonel), alendronate (Fosamax), ibandronate (Boniva), and zoledronate (Zometa). Selective estrogen receptor modulators (SERMs): This medication improves bone health similar to the way estrogen does but doesn't have the same side effects. One of these drugs, raloxifene (Evista), has been approved for use in this indication.

Alternative Therapies

There are few scientific studies that establish the effectiveness of many of the proposed alternative therapies but many people still believe in them.

Some popular ones include: Phytoestrogens: These plant estrogens appear normally in foods. One type of phytoestrogen, isoflavones, is found in chickpeas, soybeans, and other beans; this form has some weak estrogen-like effects. If you have had breast cancer, you need to speak with your physician before increasing your soy intake. Flaxseed contains a different type of phytoestrogen; speak to your physician about whether it is an option for you. Bioidentical hormones: These are substances that are chemically-identical to the hormones you normally have. However, since these are created in compounding pharmacies, the quality and composition may vary from product to product. There are some FDA-approved formulations that your doctor may think are appropriate for you. Black cohosh: This herb may relieve some of the symptoms of menopause like hot flashes, mood swings, and irritability but scientists do not know how it works. Women who are at

risk of hormone-related cancers should only use this under a doctor's watchful eye. This herb also may interact with other medications so check with your doctor before starting it. Yoga: The practice of yoga may help decrease the number of hot flashes. Acupuncture: Acupuncture may modify hot flashes and mood swings.

Prevention

You can't prevent menopause but you can work to avoid any long term complications like heart disease and osteoporosis of the changes. Eat a healthy low-fat diet Exercise Don't smoke Take calcium/vitamin D supplements Consider medications to combat osteoporosis Menopause is a normal part of life for all females. Although you can't usually control the timing of menopause, you can control and manage other aspects of this condition. By making lifestyle adjustments and working with your physician, you can survive and thrive through menopause and beyond.