

What Every Woman Should Know About Menopause

Perimenopause - Part 3

Excerpts taken from *The Silent Passage* by Gail Sheehy

The earliest phase of menopause is perimenopause. At the apex of one's adulthood, one has to worry about surprise periods, hot flashes, night sweats, insomnia, incontinence, sudden bouts of waistline bloat, heart palpitations, crying for no reason, temper outbursts, migraines, itchy, crawly skin, memory lapses - my God, what's going on?

Perimenopause refers to the time before and following the menopause. This is a transitional phase when ovarian function and its hormone production are declining. The decline of ovarian function goes on for years, but the cessation of menses is an unmistakable biological marker for the loss of reproductive function. The average age at menopause in the United States is approximately 51.4 years.

It is during perimenopause - in their forties - that women feel most estranged from their bodies. The important thing to know is that for two to three years the female body is out of sync with its own chemistry.

Half of all women who have hot flashes will begin feeling them while they are still menstruating normally, starting as early as age forty. Studies show that most women have hot flashes for two years. One quarter of women have them for five years. And ten percent have them for the rest of their lives.

The first sign of perimenopause, however, is very often not hot flashes but gushing: a sudden heavy flow of blood that may be dark or clotted and that may seep through the normal protection. Dr. Allen tells patients in their forties, "Your cycle will get longer or shorter, lighter or heavier, closer together or farther apart. This is all normal." She adds, almost everybody bleeds erratically during perimenopause.

One month a woman may have a heavy period, another month nothing; all of a sudden she may develop cysts in her breast, or functional ovarian cysts, and two months or a year later she may be back to normal. The reason for all the volatility is that hormone levels are surging and falling in frantic response to desperate signals from the brain to the pituitary. Her menstrual cycle not only becomes erratic but is uncoupled from her temperature and sleep cycles and affects her appetite, sexual interest, and overall sense of well-being. The body's whole balance is thrown off. While this can be very unsettling, it is a temporary phenomenon, and one should not be railroaded into a hysterectomy or onto hormones.

A vast majority of women have no idea they are in something called "perimenopause." Yet a woman's attitude and awareness going into this momentous passage have a profound impact on how it is experienced. "I

think I'm going crazy" is a frequent frightened admission a doctor often hears. These are women whose hormones are falling and spiking and falling again, six times a day or even a half dozen times within an hour. They feel - and, in fact, they are - out of control of their bodies.

Depression.

It is the women in their mid-to-late forties who show a peak in minor mental symptoms in the five years immediately prior to the end of their cycles. Something changes profoundly, then, between the years of entry to this passage and the completion of it, when the hallmark is a euphoric burst of new energy. Yet the conviction persists in Western culture that the menopause precipitates a marked deterioration in mental health. And cultural attitudes swing tremendous weight in influencing how a woman copes at this time of life.

Dr. C. B. Ballinger, an eminent Scottish psychiatrist, academic researcher and consultant at Royal Dundee Life Hospital, found in his study that women aged forty-five to forty-nine years and still menstruating had the highest levels of negative mental effects.

Neurobiologically estrogen has chemical effects on the brain that are similar to antidepressants. The most experienced researchers say that when estrogen levels in the blood are very low, a woman might start to feel a bit sad or blue or notice irritability, or mood swings, but not of a clinical magnitude.

Unless there are also underlying causes, the blues that may color the years leading up to menopause are a temporary phenomenon.

Facing the entry way of any new major passage in the life cycle is always far more daunting than actually moving through the transition.

The passage of menopause is inextricably bound up with other common life events and cultural determinants. Harsh losses such as a parent's life-threatening illness or death are new and real around this time. The inescapable evidence of physical aging and the cruel penalties of ageism also register. Women are brutally premature in disqualifying themselves as no longer attractive to men, simply because they are no longer young. The menopausal identity crisis is exaggerated if one begins at the same time to lose social contact through divorce, retirement, or widowhood.

So, despite the danger zone through which most women will pass in their late forties, a mobilization usually begins shortly after menopause, and a profound change in self-concept begins to register with rising exhilaration for many women as they move into their fifties. They often break the seal on repressed angers. They overcome the habits of trying to be

perfect and of needing to make everyone love them. They may shed the terror of living without a man that trapped them in a dead or destructive marriage. Many women, during the decade of the Mid-Forties to the Mid-Fifties, find the sustained courage to extricate themselves from lives of desperate repetition.

Bone Loss

The acceleration of bone loss also begins during the perimenopausal phase, as do other changes in the long-term health status of the older women. "The problem is, nobody feels the bone they're losing until it's too late," says Dr. Lindsay. "That is, osteoporosis is without symptoms until it becomes disease."

"Women really start to lose bone mass at forty," says Richard Bockman, head of the Endocrine Department at the Hospital for Special Surgery in Manhattan. Bone loss occurs rapidly even before the menopause, then accelerates during the menopause as hormones fall off. It tapers off about ten years after the onset of menopause.

Silent changes in the blood vessels that nourish the heart begin taking place during perimenopause. Estrogen makes a woman's blood vessels more elastic. When a woman stops producing estrogen, her good cholesterol (HDL) level falls. Bad (LDL) cholesterol starts increasing during the transition into menopause. Thus begins the narrowing of arteries that will gradually expose women to the cardiovascular disease from which estrogen protected them during their fertile years.

In addition to noticing a lessening of lubrication in the vagina, many women notice bladder problems or suffer the embarrassment of feeling a sudden urge to urinate before they can reach the bathroom. This "urge incontinence" is common. Also the uterus changes shape as women get older and may come to press on the organs of the urinary tract. A drug-called Ditropan reverses this bladder instability and change a menopausal woman's life.

Cystic breasts are not uncommon at this stage. Dr. Hiram Cody, one of the top breast surgeons at New York Hospital, explains, "During the perimenopausal period breasts can become lumpier and more tender than before, due to surges of excess estrogen. It subsides within a year after periods stop."

Should women who are suffering the worst symptoms of menopause and accelerated health deficits be able to start home replacement therapy during perimenopause? The old dogma says no.

"We know now that there are good medical reasons for some women to begin hormone replacement therapy during the perimenopause years," is how Dr. Allen summarizes current practice. "Acceleration of bone loss

begins, risks for coronary artery disease start to increase, atrophy of breast and genital tissue starts. And so most doctors now believe that a woman who is bothered by menopausal symptoms, if she chooses HRT, should be treated before the cessation of her periods."

As women wake up to perimenopausal problems and ask for treatment, American gynecologists are increasingly recommending low-dose combination birth control pills to women in their forties. Oral contraceptives deal with the continuing risk of pregnancy even as they alleviate hot flashes and irregular or heavy bleeding.

Taking Yourself Through a Natural Menopause

The greatest reward of fifty-plus years of experience is mental efficiency. Maintaining a high level of intellectual capacity and freedom is another great reward. The attitude, "Well if I'm not right, I'm not right," can give you a sense of freedom you may never have experienced before. This new attitude can release you from restricting feelings that you harbored as a young girl, such as - no longer being a sexual object, you're no longer trying to please anybody. At this point what is important is elegance. And elegance has nothing to do with sex!

Don Quai, the Chinese herb, has proven to be very effective in relieving symptoms of menopause. A Chinese herbalist can make up a mixture to assist with your hot flashes.

Siberian ginseng is possibly helpful in opposing fatigue and depressive symptoms. It is available in health food stores, or easily taken as Ginseng tea.

Renowned homeopathic, Shyan S. Singha, finds the agnus castus herb particularly helpful in rebalancing estrogen and progesterone levels. He also recommends dolomite, a mineral rich in magnesium and calcium.

Some women report they obtain relief from hot flashes and sweats with acupuncture. Vitamin E is commonly used to relieve hot flashes. Primrose oil is another long standing remedy.

The best natural defense against osteoporosis is to keep the acidity of your blood in proper balance. If you don't, your body will, removing calcium from your bones to defend the pH balance in the blood. Blood acidity is caused, first and foremost, by chronic stress. Therefore, it is of the utmost importance for woman faced with high-stress professional or personal demands, to commit herself to some restorative relaxation measure. It might be biofeedback, yoga, or routine meditation. The single most important aid to continued health through the menopausal transition is proper rest. When you're pushing yourself too hard, take a rest.