

Chapter 1 : Menopause | Menopause Symptoms | MedlinePlus

Postmenopause is a great time for most women, but they are at higher risk for certain health conditions, such as osteoporosis. Learn more from WebMD about health care in postmenopause.

Sign up now Menopause weight gain: To minimize menopause weight gain, step up your activity level and enjoy a healthy diet. By Mayo Clinic Staff As you get older, you might notice that maintaining your usual weight becomes more difficult. In fact, many women gain weight around the menopause transition. You can reverse course by paying attention to healthy-eating habits and leading an active lifestyle. What causes menopause weight gain? The hormonal changes of menopause might make you more likely to gain weight around your abdomen than around your hips and thighs. Instead, the weight gain is usually related to aging, as well as lifestyle and genetic factors. For example, muscle mass typically diminishes with age, while fat increases. Loss of muscle mass decreases the rate at which your body uses calories, which can make it more challenging to maintain a healthy weight. Genetic factors also might play a role in menopause weight gain. Other factors, such as a lack of exercise, unhealthy eating and not enough sleep, might contribute to menopause weight gain. How risky is weight gain after menopause? Menopause weight gain can have serious implications for your health. Excess weight increases the risk of heart disease, type 2 diabetes, breathing problems and various types of cancer, including breast, colon and endometrial cancer. Simply stick to weight-control basics: Aerobic activity can help you shed excess pounds and maintain a healthy weight. Strength training counts, too. As you gain muscle, your body burns calories more efficiently — which makes it easier to control your weight. For most healthy adults, experts recommend moderate aerobic activity, such as brisk walking, for at least 30 minutes a week or vigorous aerobic activity, such as jogging, for at least 75 minutes a week. In addition, strength training exercises are recommended at least twice a week. If you want to lose weight or meet specific fitness goals, you might need to exercise more. To maintain your current weight — let alone lose excess pounds — you might need about fewer calories a day during your 50s than you did during your 30s and 40s. Choose more fruits, vegetables and whole grains, particularly those that are less processed and contain more fiber. Legumes, nuts, soy, meat, fish or chicken are healthy protein options. Replace butter, stick margarine and shortening with oils, such as olive or vegetable oil. Check your sweet habit. Added sugars account for nearly 15% of calories a day in the average American diet. About half of these calories come from sugar-sweetened beverages, such as soft drinks, juices, energy drinks, flavored waters, and sweetened coffee tea. Other foods that contribute to excess dietary sugar include cookies, pies, cakes, doughnuts, ice cream and candy. Alcoholic beverages add excess calories to your diet and increase the risk of gaining weight. Surround yourself with friends and loved ones who support your efforts to eat a healthy diet and increase your physical activity. Better yet, team up and make the lifestyle changes together. Remember, successful weight loss at any stage of life requires permanent changes in diet and exercise habits. Commit to lifestyle changes and enjoy a healthier you.

Chapter 2 : Menopause - Wikipedia

Menopause is a stage in life when a woman stops having her monthly period. It is a normal part of aging and marks the end of a woman's reproductive years. Menopause typically occurs in a woman's late 40s to early 50s. However, women who have their ovaries surgically removed undergo "sudden."

Weight gain and slowed metabolism Thinning hair and dry skin Loss of breast fullness Symptoms, including changes in menstruation, are different for every woman. Skipping periods during perimenopause is common and expected. Often, menstrual periods will skip a month and return, or skip several months and then start monthly cycles again for a few months. Periods also tend to happen on shorter cycles, so they are closer together. Despite irregular periods, pregnancy is possible. When to see a doctor Keep up with regular visits with your doctor for preventive health care and any medical concerns. Continue getting these appointments during and after menopause. Preventive health care as you age may include recommended health screening tests, such as colonoscopy, mammography and triglyceride screening. Your doctor might recommend other tests and exams, too, including thyroid testing if suggested by your history, and breast and pelvic exams. Always seek medical advice if you have bleeding from your vagina after menopause. Causes Menopause can result from: Natural decline of reproductive hormones. As you approach your late 30s, your ovaries start making less estrogen and progesterone – the hormones that regulate menstruation – and your fertility declines. In your 40s, your menstrual periods may become longer or shorter, heavier or lighter, and more or less frequent, until eventually – on average, by age 51 – your ovaries stop producing eggs, and you have no more periods. Although you no longer have periods, your ovaries still release eggs and produce estrogen and progesterone. But surgery that removes both your uterus and your ovaries total hysterectomy and bilateral oophorectomy does cause immediate menopause. Chemotherapy and radiation therapy. These cancer therapies can induce menopause, causing symptoms such as hot flashes during or shortly after the course of treatment. The halt to menstruation and fertility is not always permanent following chemotherapy, so birth control measures may still be desired. About 1 percent of women experience menopause before age 40 premature menopause. Menopause may result from primary ovarian insufficiency – when your ovaries fail to produce normal levels of reproductive hormones – stemming from genetic factors or autoimmune disease. But often no cause can be found. For these women, hormone therapy is typically recommended at least until the natural age of menopause in order to protect the brain, heart and bones. Complications After menopause, your risk of certain medical conditions increases. Heart and blood vessel cardiovascular disease. When your estrogen levels decline, your risk of cardiovascular disease increases. Heart disease is the leading cause of death in women as well as in men. This condition causes bones to become brittle and weak, leading to an increased risk of fractures. During the first few years after menopause, you may lose bone density at a rapid rate, increasing your risk of osteoporosis. Postmenopausal women with osteoporosis are especially susceptible to fractures of their spine, hips and wrists. As the tissues of your vagina and urethra lose elasticity, you may experience frequent, sudden, strong urges to urinate, followed by an involuntary loss of urine urge incontinence , or the loss of urine with coughing, laughing or lifting stress incontinence. You may have urinary tract infections more often. Strengthening pelvic floor muscles with Kegel exercises and using a topical vaginal estrogen may help relieve symptoms of incontinence. Hormone therapy may also be an effective treatment option for menopausal urinary tract and vaginal changes which can result in urinary incontinence. Vaginal dryness from decreased moisture production and loss of elasticity can cause discomfort and slight bleeding during sexual intercourse. Also, decreased sensation may reduce your desire for sexual activity libido. Water-based vaginal moisturizers and lubricants may help. Many women gain weight during the menopausal transition and after menopause because metabolism slows. You may need to eat less and exercise more, just to maintain your current weight.

Chapter 3 : How Hormone Depletion Affects You | Menopause

Home > For Women > Sexual Health & Menopause Online > Changes at Midlife > Changes in the Vagina and Vulva > Next Less estrogen may cause the tissues of the vulva and the lining of the vagina to become thinner, drier, and less elastic or flexible.

Long-term effects[edit] Menopause confers: A possible but contentious increased risk of atherosclerosis. Induced menopause occurs as a result of medical treatment such as chemotherapy , radiotherapy , oophorectomy , or complications of tubal ligation , hysterectomy , unilateral salpingo-oophorectomy or leuprorelin usage. The average age of the last period in the United States is 51 years, in the United Kingdom is 52 years, in Ireland is 50 years and in Australia is 51 years. In India and the Philippines , the median age of natural menopause is considerably earlier, at 44 years. Coeliac disease can present with several non-gastrointestinal symptoms, in the absence of gastrointestinal symptoms, and most cases escape timely recognition and go undiagnosed, leading to a risk of long-term complications. A strict gluten-free diet reduces the risk. Women with early diagnosis and treatment of coeliac disease present a normal duration of fertile life span. Other factors that can promote an earlier onset of menopause usually 1 to 3 years early are smoking cigarettes or being extremely thin. The functional disorders often significantly speed up the menopausal process. An early menopause can be related to cigarette smoking, higher body mass index , racial and ethnic factors, illnesses, and the surgical removal of the ovaries , with or without the removal of the uterus. The reasons for this are not completely understood. Transplants of ovarian tissue between identical twins have been successful in restoring fertility. Surgical menopause[edit] Menopause can be surgically induced by bilateral oophorectomy removal of ovaries , which is often, but not always, done in conjunction with removal of the Fallopian tubes salpingo-oophorectomy and uterus hysterectomy. Surgical treatments, such as the removal of ovaries, might cause periods to stop altogether. The symptoms of early menopause may be more severe. The time between surgery and possible early menopause is due to the fact that ovaries are still producing hormones. The menopausal transition, and postmenopause itself, is a natural change, not usually a disease state or a disorder. The main cause of this transition is the natural depletion and aging of the finite amount of oocytes ovarian reserve. This process is sometimes accelerated by other conditions and is known to occur earlier after a wide range of gynecologic procedures such as hysterectomy with and without ovariectomy , endometrial ablation and uterine artery embolisation. The depletion of the ovarian reserve causes an increase in circulating follicle-stimulating hormone FSH and luteinizing hormone LH levels because there are fewer oocytes and follicles responding to these hormones and producing estrogen. The transition has a variable degree of effects. During perimenopause approaching menopause , estradiol levels and patterns of production remain relatively unchanged or may increase compared to young women, but the cycles become frequently shorter or irregular. After menopause, estrogen continues to be produced mostly by aromatase in fat tissues and is produced in small amounts in many other tissues such as ovaries, bone, blood vessels, and the brain where it acts locally. In contrast to the sudden fall in estradiol during menopause, the levels of total and free testosterone, as well as dehydroepiandrosterone sulfate DHEAS and androstenedione appear to decline more or less steadily with age. An effect of natural menopause on circulating androgen levels has not been observed. While many sources continue to claim that hot flashes during the menopausal transition are caused by low estrogen levels, this assertion was shown incorrect in and, in most cases, hot flashes are observed despite elevated estrogen levels. The exact cause of these symptoms is not yet understood, possible factors considered are higher and erratic variation of estradiol level during the cycle, elevated FSH levels which may indicate hypothalamic dysregulation perhaps caused by missing feedback by inhibin. It has been also observed that the vasomotor symptoms differ during early perimenopause and late menopausal transition and it is possible that they are caused by a different mechanism. Ovarian aging[edit] Decreased inhibin feedback after hysterectomy is hypothesized to contribute to increased ovarian stimulation and earlier menopause. Hastened ovarian aging has been observed after endometrial ablation. While it is difficult to prove that these surgeries are causative, it has been hypothesized that the endometrium may be producing endocrine factors contributing

to the endocrine feedback and regulation of the ovarian stimulation. Elimination of these factors contributes to faster depletion of the ovarian reserve. Reduced blood supply to the ovaries that may occur as a consequence of hysterectomy and uterine artery embolisation has been hypothesized to contribute to this effect. Primordial follicles are immature primary oocytes surrounded by a single layer of granulosa cells. An enzyme system is present in oocytes that ordinarily accurately repairs DNA double-strand breaks. This repair system is called "homologous recombination repair", and it is especially effective during meiosis. Meiosis is the general process by which germ cells are formed in all sexual eukaryotes; it appears to be an adaptation for efficiently removing damages in germ line DNA. Human primary oocytes are present at an intermediate stage of meiosis, termed prophase I see Oogenesis. Diagnosis[edit] Ways of assessing the impact on women of some of these menopause effects, include the Greene climacteric scale questionnaire, [57] the Cervantes scale [58] and the Menopause rating scale. The official date is determined retroactively, once 12 months have passed after the last appearance of menstrual blood. The menopause transition typically begins between 40 and 50 years of age average. The reason for this delay in declaring postmenopause is because periods are usually erratic at this time of life. Therefore, a reasonably long stretch of time is necessary to be sure that the cycling has ceased. At this point a woman is considered infertile; however, the possibility of becoming pregnant has usually been very low but not quite zero for a number of years before this point is reached. A period-like flow during postmenopause, even spotting, may be a sign of endometrial cancer. Management[edit] Perimenopause is a natural stage of life. It is not a disease or a disorder. Therefore, it does not automatically require any kind of medical treatment. However, in those cases where the physical, mental, and emotional effects of perimenopause are strong enough that they significantly disrupt the life of the woman experiencing them, palliative medical therapy may sometimes be appropriate. Hormone replacement therapy[edit] Main article: Hormone replacement therapy menopause In the context of the menopause, hormone replacement therapy HRT is the use of estrogen in women without a uterus and estrogen plus progestin in women who have an intact uterus. The most commonly prescribed SERMs are raloxifene and tamoxifen. Raloxifene exhibits oestrogen agonist activity on bone and lipids, and antagonist activity on breast and the endometrium. Raloxifene prevents vertebral fractures in postmenopausal, osteoporotic women and reduces the risk of invasive breast cancer. Vaginal moisturizers can help women with overall dryness, and lubricants can help with lubrication difficulties that may be present during intercourse. It is worth pointing out that moisturizers and lubricants are different products for different issues: Those who need only lubricants do well using them only during intercourse. Low-dose prescription vaginal estrogen products such as estrogen creams are generally a safe way to use estrogen topically, to help vaginal thinning and dryness problems see vaginal atrophy while only minimally increasing the levels of estrogen in the bloodstream. In terms of managing hot flashes, lifestyle measures such as drinking cold liquids, staying in cool rooms, using fans, removing excess clothing, and avoiding hot flash triggers such as hot drinks, spicy foods, etc. Individual counseling or support groups can sometimes be helpful to handle sad, depressed, anxious or confused feelings women may be having as they pass through what can be for some a very challenging transition time. Osteoporosis can be minimized by smoking cessation, adequate vitamin D intake and regular weight-bearing exercise. The bisphosphate drug alendronate may decrease the risk of a fracture, in women that have both bone loss and a previous fracture and less so for those with just osteoporosis. Menopause has been described as a subjective experience, with social and cultural factors playing a prominent role in the way menopause is experienced and perceived. Within the United States, social location affects the way women perceive menopause and its related biological effects. Research indicates that whether a woman views menopause as a medical issue or an expected life change is correlated with her socio-economic status. Women who understand menopause as a medical condition rate it significantly more negatively than those who view it as a life transition or a symbol of aging. American women of different ethnicities report significantly different types of menopausal effects. One major study found Caucasian women most likely to report what are sometimes described as psychosomatic symptoms, while African-American women were more likely to report vasomotor symptoms. Historically, *konenki* was associated with wealthy middle-class housewives in Japan, i. Menopause in Japan was viewed as a symptom of the inevitable process of aging, rather than a "revolutionary transition", or a

"deficiency disease" in need of management. Diverging from these conclusions, one study appeared to show that many American women "experience this time as one of liberation and self-actualization ". This is a medical calque ; the Greek word for menses is actually different. The word "menopause" was coined specifically for human females, where the end of fertility is traditionally indicated by the permanent stopping of monthly menstruations. However, menopause exists in some other animals, many of which do not have monthly menstruation; [99] in this case, the term means a natural end to fertility that occurs before the end of the natural lifespan.

Chapter 4 : Menopause - Symptoms and causes - Mayo Clinic

Every woman experiences her midlife years differently. The changes that occur during this period, including changes in sexual well-being, are typically caused by a mix of both menopause and aging, as well as by typical midlife stresses and demands.

Female reproductive anatomy What is menopause? Menopause is a stage in life when a woman stops having her monthly period. However, women who have their ovaries surgically removed undergo "sudden" menopause. What are the hormonal changes during menopause? The traditional changes we think of as "menopause" happen when the ovaries no longer produce high levels of hormones. The ovaries are the reproductive glands that store eggs and release them into the fallopian tubes. They also produce the female hormones estrogen and progesterone as well as testosterone. Together, estrogen and progesterone control menstruation. Estrogen also influences how the body uses calcium and maintains cholesterol levels in the blood. As menopause nears, the ovaries no longer release eggs into the fallopian tubes, and the woman has her last menstrual cycle. How does natural menopause occur? Natural menopause is the permanent ending of menstruation that is not brought on by any type of medical treatment. For women undergoing natural menopause, the process is gradual and is described in three stages: Perimenopause or "menopause transition. Perimenopause lasts up until menopause, the point when the ovaries stop releasing eggs. In the last years of perimenopause, the drop in estrogen accelerates. At this stage, many women can experience menopause symptoms. Women are still having menstrual cycles during this time, and can get pregnant. Menopause is the point when a woman no longer has menstrual periods. At this stage, the ovaries have stopped releasing eggs and producing most of their estrogen. Menopause is diagnosed when a woman has gone without a period for 12 consecutive months. These are the years after menopause. During this stage, menopausal symptoms, such as hot flashes, can ease for many women. But, as a result of a lower level of estrogen, postmenopausal women are at increased risk for a number of health conditions, such as osteoporosis and heart disease. How long does perimenopause last? The average length of perimenopause is four years, but for some women this stage may last only a few months. Perimenopause ends when a woman has gone 12 months without having her period. What is premature menopause? Menopause, when it occurs between the ages of 45 and 55, is considered "natural" and is a normal part of aging. But, some women can experience menopause early, either as a result of a surgical intervention such as removal of the ovaries or damage to the ovaries such as from chemotherapy. Menopause that occurs before the age of 45, regardless of the cause, is called early menopause. Menopause that occurs at 40 or younger is considered premature menopause. What are the symptoms of menopause? You may be transitioning into menopause if you begin experiencing some or all of the following symptoms: Breast tenderness Worsening of premenstrual syndrome PMS Irregular periods or skipping periods Periods that are heavier or lighter than usual Some women might also experience: Racing heart Joint and muscle aches and pains Changes in libido sex drive Difficulty concentrating, memory lapses often temporary Weight gain Hair loss or thinning These symptoms can be a sign that the ovaries are producing less estrogen. Not all women get all of these symptoms. However, women affected with new symptoms of racing heart, urinary changes, headaches, or other new medical problems should see a doctor to make sure there is no other cause for these symptoms.

Chapter 5 : Menopause & Osteoporosis | Cleveland Clinic

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. These symptoms.

Breast changes As you age, the tissue and structure of your breasts begin to change. This is due to differences in your reproductive hormone levels caused by the natural process of aging. As a result of these changes, your breasts begin to lose their firmness and fullness. Also with age comes an increased risk of developing growths in the breast such as fibroids, cysts, and cancer. Keep in mind that women of any age can develop these conditions, however.

Causes Natural decline of estrogen One of the main causes of aging changes in the breasts is a natural decline of the female reproductive hormone estrogen. This reduced amount of estrogen causes the skin and connective tissue of the breast to become less hydrated, making it less elastic. With less elasticity, the breasts lose firmness and fullness and can develop a stretched and looser appearance. Dense breast tissue is replaced by fatty tissue as the aging process continues.

Menopause Most changes in the breast due to age occur around the time of menopause. Menopause is a natural process during which a woman ceases ovulation and menstruation, and after which she can no longer have children. This transition normally occurs between the ages of 45 and 55. A woman is officially in menopause once she has not had a period for 12 consecutive months. Other causes Women who have had their ovaries surgically removed can have changes in their breasts at any time due to the loss of hormones.

Common changes that occur in the breast due to age include: Puckering, redness, or thickening of breast skin, a pulled in nipple, nipple discharge, breast pain, or hard lumps are not considered normal aging changes. See your doctor if you notice any of these conditions, or if one breast looks significantly different than the other.

Treating and managing breast changes Many breast changes are a normal part of the aging process. If you are significantly distressed by the changes in your breast tissue, you may want to consider cosmetic surgery. Cosmetic surgery can replace the fullness of the breasts as well as the position of the nipples. When it comes to stretch marks, there is no definitive treatment. Some topical products may be useful in minimizing their appearance though. In some studies, the herb *Centella asiatica* along with the prescription medication tretinoin has been effective in reducing the appearance of stretch marks. Laser treatments are available as well. Discuss these options with your doctor to find out which is best for you. Not smoking or quitting smoking is important for good skin and tissue health, however. Being as kind to your body as possible, throughout your life, is important too. By getting adequate and regular sleep, eating a healthy diet, and participating in regular exercise, you can do your best to promote a gentle aging process.

Hormone therapy may also be an effective treatment option for menopausal urinary tract and vaginal changes which can result in urinary incontinence. Sexual function. Vaginal dryness from decreased moisture production and loss of elasticity can cause discomfort and slight bleeding during sexual intercourse.

These drastic changes can leave many women confused on what to expect and how to monitor their health. Here are some frequently asked questions about postmenopause that every woman should have the answers to: Can I still get pregnant now that I am postmenopausal? When you have gone without a period for a year, chances are you will not be able to get pregnant. However, you should always use a contraceptive until you have been tested to confirm you are postmenopausal. A simple blood test, measuring your follicle stimulating hormones FSH will determine whether or not you are postmenopausal. If you are unsure, ask Dr. Ayalon to conduct this test. What are Hot Flashes? Women can experience hot flashes several years before and after menopause, while some women never experience hot flashes at all. Hot flashes are characterized by intense heat, rapid heartbeat, and sweating, and each occurrence may last as long as thirty minutes. The cause of hot flashes is linked with the decreased levels of estrogen in the body as a result of menopause. If you are not of the age to experience menopause and have had hot flashes, this is a sign of a problem with the pituitary gland. How can I Treat Hot Flashes? The most common treatment of hot flashes is in the form of hormone therapy. Hormone replacement therapy should only be used to treat hot flashes and other menopause symptoms in the short term. Long term use of hormone replacement therapy has been linked to other serious health problems like strokes, breast cancer, and uterine cancer. Hormone replacement therapy should be evaluated every year. Estrogen treatment can be in the form of oral pills, a patch, or a cream. It is recommended that women take the lowest dose of estrogen needed to relieve symptoms for the shortest time necessary. Women who still have their uterus should not take estrogen without progestin. Estrogen causes the lining of the uterus to thicken, but if taken without progestin, estrogen can cause the cell lining to overgrow and progress into cancer. Progesterone is what prompts these cells to shed each month, helping to eliminate the risk of cancer development. Women taking progesterone may experience bleeding each month. However, women who have had a hysterectomy and no longer have a uterus do not necessarily need to take progesterone. If you are unsure of which treatment is best for you, consult Dr. Ayalon to ensure you find the safest and most effective treatment for your body. What changes might occur to my body now that menopause is over? The good news for women who are postmenopausal is that the tiredness will fade and energy will begin to return. As a woman experiencing bodily changes post-menopause, there are new concerns that you should be aware of. Women in the postmenopause stage are especially at risk for health conditions related to the hormonal changes in their bodies like osteoporosis and heart disease. Women who smoke, drink caffeine and alcohol, and consume excessive salt and sugar are at higher risk for these conditions. The best way to prevent these diseases, is to live a healthy lifestyle far before menopause; but to decrease your risk you should exercise regularly, eat a balanced diet, and take a dietary supplement with calcium, B and D-vitamins. How can I prevent vaginal dryness? Over the counter vaginal lubricants are available to make sexual intercourse more comfortable for you and your partner. If these are not successful, topical estrogen is another alternative which can help other symptoms of menopause and postmenopause like hot flashes. If you are interested in topical estrogen solutions, consult Dr. Ayalon about your options. What is postmenopausal bleeding? Postmenopausal bleeding is any vaginal bleeding which occurs after going twelve months without a period due to menopause. Somewhere between 20 and 30 percent of all women experience postmenopausal bleeding. In most cases there is nothing to worry about, but no matter how little or brief postmenopausal bleeding is, you should schedule an exam with Dr. Ayalon to ensure that the bleeding is not a more serious problem. Will I still need to see my gynecologist now that I am postmenopausal? Even though you no longer experience a menstrual cycle this does not mean you should skip regular checkups and screenings with your gynecologist. Even postmenopausal women should have regular pelvic exams, Pap smears, and mammograms to keep track of any changes in their bodies. Each woman has a different medical history and the frequency of your exams will depend on your

individual needs. If you are postmenopausal, check with our office to see how often you will need to schedule checkups based on your medical history. We hope this list of frequently asked questions helped clear up any confusion you have about postmenopause. If you have any questions or concerns that have not been discussed, feel free to contact our office. We would be happy to help you learn more about postmenopause and what to expect in this new stage of life.

Chapter 7 : 14 Common Causes for Post Menopausal Bleeding - All about Menopause: Well-being and Symptoms

Women Reveal What Sex After Menopause Is Really Like Since I wrote a piece about sex after menopause, almost women (and some men) have written me to share their experiences.

Some of the emails have been agonizing to read, while others have been inspiring. What I now know about midlife sexuality is that no two women have the same story. Grace, a diabetic, is one of them. However, many women by midlife have struggled with medical challenges: I have chosen to share these stories because I want to show a range of experiences, not just those who have been fortunate to traverse midlife without a health hitch. I experienced the symptoms of vaginal atrophy almost immediately after menopause. It generally resulted in some minor tearing and bleeding no matter how careful my husband and I used to be. My gynecologist did provide estrogen cream which I used for three or four months but that petered out no pun intended because I was tired of dealing with that gross mess it left in my underwear. Besides that, the cream is not cheap! My libido all but disappeared in a puff of smoke. Any TV show that we see that includes sex, or any reference to sex elsewhere, makes me feel guilty and uncomfortable. We used to have a rollicking good sex life which has all but evaporated. Helen, 78 I had a hysterectomy and oophorectomy in my late 40s because of fibroids and endometriosis. No one told me that even postmenopausal ovaries make testosterone, responsible for libido and response in women. There is a drug, Covaryx, that is both estrogen and testosterone, and it is fantastic for restoring libido and sexual response. But for me it has a side effect of acne which is intolerable. Some women can do postmenopausal sex just fine, but others do have problems. My ex never had a sex drive, and, after awhile, the rejection plus many other issues made the thought of having sex with him really unappealing. While I did sometimes enjoy solitary fun, it never involved penetration. Then I bought ben wa balls about one to two inches in diameter. And when I remembered that vaginal exams were excruciating, I started reading about vaginal atrophy and worrying about the hymen regrowing and, in general, started freaking out. I researched vaginismus and finally went to a gynecologist. She also wrote and recommended a prescription for Vagifem, a local estrogen replacement therapy. I started using the Vagifem and after while I was able to get the ben wa balls in. Meanwhile, I met someone. To the contrary, I had many, many orgasms. Now, I continue using the Vagifem. There are no adverse side effects and I was sensitive to them because I was a fitness freak and know that estrogen can interfere with strength gains. I also can get very wet and excited without lube, although lube, of course, has its own benefits. Also, I continue to be multi-orgasmic. What I want people to know is that sex post-menopause can be awesome and the HRT recommended low dose, local can have few or no side effects. Please consult your physician before starting any treatment for menopausal symptoms.

Chapter 8 : Women Reveal What Sex After Menopause Is Really Like | HuffPost

The loss of estrogen and testosterone following menopause can lead to changes in a woman's body and sexual drive. Menopausal and postmenopausal women may notice that they're not as easily aroused.

Fortunately, there are steps you can take to prevent osteoporosis, and treatments are available to slow the rate of bone loss if you have osteoporosis. Contact Us What is osteoporosis? Osteoporosis is a disease that weakens bones, increasing the risk of sudden and unexpected fractures. Literally meaning "porous bone," it results in an increased loss of bone mass and strength. The disease often progresses without any symptoms or pain. Generally, osteoporosis is not discovered until weakened bones cause painful fractures bone breakage , often in the back causing chronic back pain or hips. Unfortunately, once you have an osteoporotic fracture, you are at high risk of having another. These fractures can be debilitating. Fortunately, there are steps you can take to prevent osteoporosis from ever occurring. Treatments can also slow the rate of bone loss if you have osteoporosis. Though we do not know the exact cause of osteoporosis, we do know how the disease develops. Your bones are made of living, growing tissue. An outer shell of cortical or dense bone wraps trabecular bone, a sponge-like bone. When a bone is weakened by osteoporosis, the "holes" in the "sponge" grow larger and more numerous, weakening the inside of the bone. Until about age 30, a person normally builds more bone than he or she loses. After age 35, bone breakdown overtakes bone buildup, which causes a gradual loss of bone mass. Once this loss of bone reaches a certain point, a person has osteoporosis. How is osteoporosis related to menopause? There is a direct relationship between the lack of estrogen after menopause and the development of osteoporosis. After menopause, bone resorption breakdown overtakes the building of new bone. Early menopause before age 45 and any long phases in which the woman has low hormone levels and no or infrequent menstrual periods can cause loss of bone mass. What are the symptoms of osteoporosis? Osteoporosis is often called the "silent disease" because bone loss occurs without symptoms. People may not know that they have osteoporosis until their bones become so weak that a sudden strain, bump, or fall causes a fracture or a vertebra to collapse. Collapsed vertebrae may be first noticed when the person suffers severe back pain, loss of height, or spinal deformities such as stooped posture. Important risk factors for osteoporosis include: After maximum bone density and strength is reached generally around age 30 , bone mass begins to naturally drop with age. Women over the age of 50 have the greatest risk of developing osteoporosis. In fact, women are four times more likely than men to develop osteoporosis. Research has shown that Caucasian and Asian women are more likely to develop osteoporosis. Additionally, hip fractures are twice as likely to occur in Caucasian women as in black women. However, women of color are more likely to die after a hip fracture Bone structure and body weight. Petite and thin women have a greater risk of developing osteoporosis because they have less bone to lose than women with more body weight and larger frames. Similarly, small-boned, thin men are at greater risk than men with larger frames and more body weight Family history. Heredity is one of the most important risk factors for osteoporosis. If your parents or grandparents have had any signs of osteoporosis, such as a fractured hip after a minor fall, you may be at greater risk of developing the disease How can I know if I have osteoporosis? A painless and accurate test can provide information about your bone health before problems begin. Bone mineral density BMD tests, or bone measurements, are X-rays that use very small amounts of radiation to determine bone density. In addition to measuring bone health, the test can determine how severe any osteoporosis is. Please note that women with no other risk factors whose BMD T-scores are below Women with BMD T-scores below Your doctor will talk to you about your own risks for fracture to determine if you need medication. Who should have a bone mineral density test? All post-menopausal women who suffer a fracture that is suspicious for osteoporosis. All post-menopausal women under age 65 who have one or more additional risk factors. All post-menopausal women age 65 and over, regardless of additional risk factors. How is osteoporosis treated? Weight-bearing exercises which make your muscles work against gravity Calcium and vitamin D supplements Prescription medications such as: Hormone therapy HT is believed to be useful in preventing or decreasing the increased rate of bone loss that leads to osteoporosis. Hormone therapy is generally recommended for postmenopausal women who have: An early

menopause A low bone mass, as measured by a bone density test and menopausal symptoms Several other risk factors for osteoporosis, such as: Breast cancer Blood clots High blood pressure in some women If you are using HT to prevent osteoporosis, be sure to talk to your doctor so that you can weigh the benefits of HT against your personal risk for heart attack, stroke, blood clots, and breast cancer. If needed, your doctor can prescribe different treatments to prevent osteoporosis and fractures. Estrogen therapy alone has been shown to have less risk than combination hormone therapy. Your doctor can provide you more information about how your health history fits in with the risks and benefits of hormone therapy. Are there alternatives to hormone therapy for osteoporosis? For those women who cannot take hormone therapy for health reasons, or who choose not to for personal reasons, there are alternatives: Fosamax, Actonel, Atelvia, Boniva. These drugs belong to a class of drugs called bisphosphonates, which prevent bone breakdown. They are used to prevent and treat osteoporosis. They have been shown to slow bone loss, increase bone density, and reduce the risk of spine and non-spine fractures. They may be considered in postmenopausal women who are at risk of developing osteoporosis who wish to maintain bone mass and to reduce the risk of fracture. Boniva is also available in intravenous IV, by needle form, given every 3 months by a nurse. Atelvia is a weekly delayed-release formulation which eliminates the need to take the medication on an empty stomach Reclast. This is an IV bisphosphonate therapy that can be given once a year to treat osteoporosis, or once every other year for prevention in patients with osteopenia reduced bone mass. Reclast is a good alternative for patients who have problems taking bisphosphonates by mouth. It reduces bone loss, and reduces the risk of both spine and hip fractures Fortical, Miacalcin. These drugs are made up of a naturally occurring hormone called calcitonin. In women who are at least five years past menopause and have osteoporosis, these drugs slow bone loss and increase density in the spinal bone. Women report that they also ease the pain of bone fractures. However, these drugs are rarely used anymore because there are very few studies about how effective they are. Also, it has been reported to the FDA that there may be a link between these drugs and cancer Evista. It is approved for prevention and treatment of osteoporosis and can prevent bone loss at the spine, hip, and other areas of the body. Studies have shown that Evista can decrease the rate of vertebral back fractures by 30 to 50 percent. This medication has been shown to reduce breast cancer risk. It has the same risk of blood clots as hormone therapy Prolia. This is an antibody that helps stop the development of bone-removing cells before they cause bone loss. Patients taking Prolia might be at greater risk for infection How can I prevent osteoporosis? There are many ways you can protect yourself against osteoporosis, including: Exercise on a regular basis. Exercise makes bones and muscles stronger and helps prevent bone loss. It also helps you stay active and mobile. Weight-bearing exercises, done three to four times a week, are best for preventing osteoporosis. Walking, jogging, playing tennis, and dancing are all good weight-bearing exercises. In addition, strength and balance exercises may help you avoid falls, decreasing your chance of breaking a bone Eat foods high in calcium. Getting enough calcium throughout your life helps to build and keep strong bones. People over 50 should get 1, to 1, mg of calcium each day. Excellent sources of calcium are milk and dairy products low-fat versions are recommended ; a variety of seafood, such as canned fish with bones like salmon and sardines; dark green leafy vegetables, such as kale, collards and broccoli; calcium-fortified orange juice; and breads made with calcium-fortified flour Supplements. If you think you need to take a supplement to get enough calcium, check with your doctor first. Calcium carbonate and calcium citrate are good forms of calcium supplements. Be careful not to get more than 2, mg of calcium a day very often. That amount can increase your chance of developing kidney problems Vitamin D. Your body uses vitamin D to absorb calcium. You can also get vitamin D from eggs, fatty fish like salmon, cereal and milk fortified with vitamin D, as well as from supplements. Most people over age 50 can usually safely take , IU of vitamin D a day. However, some patients do not need any vitamin D supplementation. More than 10, IU of vitamin D each day is not recommended unless your caregiver suggests it because it may harm your liver and even lower bone mass. You should talk to your doctor about your individual vitamin D needs Estrogen. Estrogen, a hormone produced by the ovaries, helps protect against bone loss.

Chapter 9 : Menopause weight gain: Stop the middle age spread - Mayo Clinic

The body's largest and most visible organ, your skin, undergoes changes during menopause. The reduction of estrogen at menopause decreases the water-holding ability and elasticity in the skin, leading to dryness, itching, and an increase in wrinkling and sagging.

One unfortunate menopause symptom that many people fall prey to is the belief that life is over after menopause. Post menopausal bleeding occurs when a woman of menopausal age has had 12 months without a period amenorrhoea and then has unscheduled i. Post menopausal bleeding can occur for a number of reasons, the most common of which is hormone replacement therapy. The supplemental hormones used in this kind of treatment stimulate the uterine lining in the same manner as would the natural hormones found in a healthy pre-menopausal female. The frequency and amount of bleeding will vary from woman to woman, but adjusting the dosage of the hormone replacement treatment is usually all that is required to alleviate the bleeding. There are many other reasons why a woman would experience post menopausal bleeding when not undergoing hormone replacement therapy. However, do not consider even a little spotting as normal after menopause. If you have postmenopausal bleeding, be sure to make an appointment to see your doctor as soon as possible. While in most cases, it does not indicate a health related issue, it still could be an early indication of particular health related problems, some of which are serious. Better be safe than sorry! What is the concern with post menopausal bleeding? For the majority, there is an innocent cause for the bleeding. However, the most common presenting symptom of an endometrial cancer is post menopausal bleeding. Postmenopausal bleeding should always be taken seriously even if it amounts to no more than a small blood stained discharge. Note that even when the bleeding is related to cancer, if it is diagnosed early there is a very good chance that the disease can be cured. What are the general causes of post menopausal bleeding - PMB? Hormonal change or rebalancing is one of the primary reasons for post-menopausal bleeding. Women changing, adding, or weaning off their HRT may experience unexpected bleeding events. Any woman with a preexisting build-up of tissue inside the uterus may initially experience new spotting after initiating any kind of progesterone or progestin therapy, including the popular low-dose progesterone creams. This does not mean the cream caused the bleeding, but rather allowed the uterus to shed the build-up that was already there. Nutrition and insulin resistance. One of the best natural ways for post-menopausal women to support their evolving hormonal balance is to clean up their diet and add a high-quality daily multivitamin. Many insulin resistant women tend to be highly estrogenic, converting any mobilized progesterone into estrogen. The ratio of estrogen to progesterone is thrown off, which can lead to a number of symptoms and conditions, including weight gain and unusual bleeding. One thing is for sure, these women see huge improvement when they begin a program of rich nutrition, daily exercise and watch their intake of processed sugar, fats, and simple carbs. Post-menopausal bleeding may also occur with a drastic weight loss and reduction in body fat, which I have seen on occasion with my own patients. Bleeding may also occur with weight loss as estrone E1, one of three main types of estrogen naturally occurring in the body, which relies largely on fat as its source, is reduced as weight loss occurs, resulting in a shift in the relationship between estrogen and progesterone. This rebalancing of hormones, among other health reasons, is why we say gradual weight loss is usually best. Bleeding after menopause can also occur during a particularly stressful or emotional event or due to an unexpected spurt of hormones. There are some known cases for menopausal women to menstruate again when their daughter comes home from college for the summer, or for the extreme grief or anxiety. Cervical and endometrial polyps are the growths, usually noncancerous, that can develop in the uterus, on the cervix, or inside the cervical canal, and may cause bleeding. Endometrial atrophy thinning of the endometrium. The endometrium, the tissue that lines the uterus, can become very thin after menopause because of diminished estrogen levels, and may cause unexpected bleeding. Endometritis is inflammation of the endometrial lining of the uterus. In addition to the endometrium, inflammation may involve the myometrium and, occasionally, the parametrium. It is considered as the most common cause for the post menopausal bleeding. Generally there are two states of this condition: While they are the same condition the when the condition becomes symptomatic this can be for

a number of reasons 1 severe loss of estrogen and 2 secondary infection caused by yeast candida overgrowth or bacterial infection secondary to a host of opportunistic bacteria that are normally in or around the vagina but start to overgrow because of injury or inability of the vagina to defend itself. In this condition, the lining of the uterus becomes thick, usually as a result of too much estrogen and too little progesterone, and bleeding may occur as a result. Some patients with endometrial hyperplasia may have abnormal cells that can lead to endometrial cancer cancer of the uterine lining. Urethral caruncles, which often originate from the posterior lip of the urethra, may be described as fleshy outgrowths of distal urethral mucosa. They are usually small but can reach cm in diameter. Most urethral caruncles are asymptomatic; however, some may be painful, and others may be associated with dysuria. Larger necrotic lesions may bleed. Some caruncular lesions may look like urethral carcinoma. Endometrial cancer uterine cancer. Bleeding after menopause can be a sign of endometrial cancer. Endometrial cancer is the most common type of uterine cancer. Although the exact cause of endometrial cancer is unknown, increased levels of estrogen appear to play a role. Estrogen helps stimulate the buildup of the lining of the uterus. Studies have shown that high levels of estrogen in animals result in excessive endometrial growth and cancer. Most cases of endometrial cancer occur between the ages of 60 and 70 years, but a few cases may occur before age Ovarian cancer is cancer that starts in the ovaries, the female reproductive organs that produce eggs. The cause is unknown. The risk for developing ovarian cancer appears to be affected by several factors. The more children a woman has and the earlier in life she gives birth, the lower her risk for ovarian cancer. Women with a personal history of breast cancer or a family history of breast or ovarian cancer have an increased risk for ovarian cancer. Older women are at highest risk. About two-thirds of the deaths from ovarian cancer occur in women age 55 and older. Cervical cancer occurs when abnormal cells on the cervix grow out of control. The cervix is the lower part of the uterus that opens into the vagina. Other, not listed causes might include infection of the cervix, abnormalities in the fallopian tube or ovary, use of certain medications, such as blood thinners, and other types of cancer, which can also cause postmenopausal bleeding in some cases. Occasionally, haematuria blood in the urine or rectal bleeding may mistakenly present as "post menopausal bleeding". Women frequently present to their gynecologist with a period-like bleed when they have previously fulfilled the criteria for the menopause. Premenstrual type symptoms such as breast discomfort may have preceded the bleeding. Appropriate clinical examination and investigation is imperative. Once a pathological disease cause for the bleeding has been excluded, it would seem logical to conclude that the woman might have been correct in her belief that she had experienced menstruation again. Presumably this must have followed maturation of an egg which was scheduled to occur a year or more after the previous period. Sources and Additional Information: