



Weill Cornell Medicine

— NewYork-Presbyterian



Let's Take A Pause To Talk About Menopause

The
Women's
Midlife
Program
at Weill
Cornell
Medicine

<https://weillcornell.org/menopause>

Menopause is the end of a woman's menstrual cycle—it's official when a woman has gone 12 consecutive months without a period.

The number of eggs in the ovary decline as women age. The eggs produce hormones including estrogen, progesterone and testosterone, and their monthly release causes the menstrual cycle.

Most women reach menopause between age 40 and 58 , but the average age of menopause in the United States is 51.

Each woman experiences menopause differently. Some women don't experience menopausal symptoms at all, while others find them to be significant, and some women consider them to be mild. They may include:

- Hot flashes and/or night sweats
- Problems sleeping
- Mood swings or irritability
- Vaginal dryness
- Uncomfortable or painful sex
- Weight changes
- Bone loss

Some women welcome relief from menstruation and the need for birth control, and find menopausal symptoms tolerable. Others may feel their quality of life has been disrupted. A knowledgeable practitioner can help navigate this transition.

Perimenopause occurs before menopause.

As menopause nears, women start to experience hormonal shifts, a one to 10-year transition called perimenopause.

In the years before the final menstrual period, ovarian function declines and hormonal release from the ovary may become erratic.

It can cause many of the same symptoms as menopause, as well as some irregularity of the menstrual cycle.



Women often reach menopause around the same time as mothers and sisters. Women who smoke tend to reach menopause about two years earlier than non-smokers.

Sometimes women may experience the onset of menopause before age 40. This is called premature menopause, or primary ovarian insufficiency (POI). This condition means lower estrogen levels for a longer time, which can lead to early bone loss and a possible increased risk for heart disease. For these women, a timely diagnosis and consideration of hormonal therapy is important.

Only about 5% of women will experience menopause before age 40.

IT IS IMPORTANT TO DISCUSS ANY MENSTRUAL CHANGE WITH YOUR PROVIDER.

Relief from menopausal symptoms is possible.

We'll evaluate your symptoms, personal health history and family history to create a personalized plan for treating your menopausal symptoms.

- **Hormone treatments** may be used to treat hot flashes, night sweats, and vaginal dryness during menopause. Hormone therapy isn't right for every patient. Your healthcare provider can help you weigh the risks and benefits of hormone therapy.
- **Non-hormone treatments**—Certain drugs, such as those used to treat depression or pain help manage symptoms such as hot flashes, night sweats, and mood changes.
- **Vaginal treatments** are sometimes used to treat vaginal dryness or urinary symptoms. These can include creams, rings, suppositories, or lubricants, some of which are hormonal.
- **Lifestyle changes**—such as modifications in sleep, nutrition, alcohol and caffeine intake, and stress management—can be enough for some women to see an improvement in menopausal symptoms.
- **Alternative treatments**, such as acupuncture or meditation, may offer relief for some women who experience symptoms of menopause. Your practitioner will help you determine which alternatives are safe, effective, and FDA-approved.



What is Hormone Therapy (HT)?

Hormone Therapy (HT), also known as hormone replacement therapy, can be an effective treatment for some symptoms of menopause, including hot flashes, night sweats, insomnia, and vaginal dryness. HT also can be used to treat osteoporosis, and, in some cases, may be one component of therapy for perimenopausal anxiety and depression.

It is not recommended that all women take HT just because they are menopausal. But it can be a viable and effective treatment option for patients with symptoms of menopause who are not at increased risk for adverse effects.

HT consists of two hormones—estrogen and progesterone. Women with a uterus must take estrogen plus progesterone. Women who have had a hysterectomy can take estrogen alone. Estrogen can be given as a pill; as a patch, cream or spray; or as a vaginal ring. Progesterone can be used as a pill, a patch with estrogen, or an intrauterine device (IUD). For women who are still menstruating, the oral contraceptive pills can be used for the symptoms of perimenopause.

What are the Health Benefits and Risks of HT?

In addition to experiencing relief from menopausal symptoms, combination HT users have a decreased risk of fractures, diabetes, and colorectal cancer. However, HT also can be associated with an increased risk of invasive breast cancer, coronary heart disease, blood clots or stroke, dementia, and gallbladder disease. Cardiovascular side effects of HT are more likely to occur when it's started 10 or more years after menopause, and less likely to occur in women starting HT at the time of menopause. On average, a woman using HT for 20 years will have about a one to two percent higher risk of breast cancer. Women without a uterus taking estrogen alone appear to have a lower risk of breast cancer, though this is not well-understood.

Women with the following health conditions are generally advised to avoid HT:

- history of breast or uterine cancer
 - unexplained uterine bleeding
 - liver disease
 - history of blood clots
 - cardiovascular disease, including heart disease or stroke
 - cigarette smoking
-

In otherwise healthy women, the risks and benefits of HT are balanced; overall, HT users have neither an increase nor a decrease in overall mortality.

YOUR HEALTHCARE PROVIDER CAN HELP YOU DETERMINE IF HT IS RIGHT FOR YOU AND, IF APPROPRIATE, WILL PRESCRIBE CUSTOMIZED, EVIDENCE-BASED HT REGIMENS IN ACCORDANCE WITH FDA-APPROVED INDICATIONS.

Menopause can be a good time for women to understand age-related health changes and evaluate their overall health.

Menopause can be associated with certain medical conditions.



Heart Disease & Stroke

Menopause—along with lifestyle, age, and family history—can be an underlying factor in heart disease and stroke risk. Estrogen helps keep blood vessels relaxed and open, and allows the body to maintain a healthy balance of good cholesterol (HDL) and bad cholesterol (LDL). Your practitioner can help monitor your risk of heart disease and stroke and help design a treatment plan that can include changes to lifestyle and medication to reduce your risk.

Osteoporosis

Physicians also evaluate patients for signs of bone loss, which can accelerate during the menopause transition.

Urinary Incontinence

Lower estrogen levels can weaken the urethra and vagina; and be associated with increased urgency, frequency, and an inability to hold urine.

Oral Issues

Dry mouth and an increased risk for cavities are more common after menopause. Be sure to see your dentist regularly for check ups and cleanings.

Body Weight

Many women gain weight during the menopause transition, much of which can be related to aging and lifestyle factors. As body composition and fat distribution change during menopause, women may see an increase of fat around the abdomen, which can increase the risk of cardiovascular disease and diabetes, and cause other health problems.

Medical care continues after menopause.

Here's a medical screening checklist so you can enjoy post-menopausal life in good health.

Breast Cancer Screenings

may include mammogram, ultrasound, and/or MRI, depending on personal risk, family history, and examination

Pap Smears

(yes, even after menopause)

Height Measurements

to detect loss of height due to bone loss

Blood, urine, and other tests

to screen for diabetes and heart disease

Blood Pressure

menopause can cause blood pressure changes

Blood Lipids

Levels of good and bad cholesterol may shift during menopause.

Your practitioner may recommend additional tests—including colonoscopy, bone density, and thyroid levels.



PLEASE ASK YOUR PROVIDER IF YOU SHOULD RECEIVE VACCINATIONS TO HELP PREVENT FLU, PNEUMONIA AND SHINGLES.

Mid-life transitions can be challenging emotionally for some women.

Some women in menopause experience a sense of liberation from periods and pregnancy concerns. Others find the transition to menopause bittersweet—even emotionally painful—and experience anxiety, irritability, sadness and/or depression.

Here's how to start on your own:

- **Return to "basics"** | That's a call for balanced nutrition, sufficient sleep, and exercise. No need to tackle all of these factors at once, but consider making lifestyle changes one at a time.
- **Consider time management** | Set reminders, take breaks, and ask for help.
- **Embrace self-care** | "The basics" aren't always sufficient—sometimes it's time for an hour off, a free day, or a change of scenery.
- **Drop the perfection myth** | The instinct to get everything done right away, perfectly, and for everyone is strong. Sometimes it's important to reset priorities and reevaluate what needs to be accomplished.
- **Check in with your support network** | Whether you contact friends, family, and/or mental health professionals, reaching out goes a long way toward lifting stress.
- **Consider alternatives** | [An integrative approach](#) to menopause can help some women evaluate what may be out of balance in their lifestyle. We can tell you about data-driven options and help you make an informed decision.

WE ARE HERE TO HELP. PLEASE INCLUDE A HEALTHCARE PROVIDER INTO THE DISCUSSION IF YOU EXPERIENCE EMOTIONAL UPHEAVAL. ADJUSTING LIFESTYLE IS NOT A SUBSTITUTION FOR A CONVERSATION WITH A PROFESSIONAL.

Be your own advocate.

Discuss your menopause symptoms with your healthcare provider.

Your practitioner can explain the full range of treatment options, and help you understand how certain medications and lifestyle changes may improve your symptoms.



Ask questions, even if you think they'll make you or your provider uncomfortable.

Find out if it's "normal".

Face this issue. It's not awkward for us —we're professionals.

Explain the length and severity of your symptoms.

Ask about your health risks.

Let your physician know what treatments you've used in the past.

You'll be more satisfied with your medical care if you express your concerns when you speak with your provider: Patient self-advocacy and self-compassion have been shown to be positive predictors of patient satisfaction.

Source: <https://self-compassion.org/wp-content/uploads/2018/05/Ramos2018.pdf>

START THE CONVERSATION WITH YOUR MEDICAL PROFESSIONAL TODAY.

Varied experiences throughout menopause call for individualized care.

Weill Cornell Medicine's experienced healthcare providers offer attentive and personalized care. We understand that your symptoms, experiences, and medical needs are unique.

We are committed to:

Listening

to your needs

Improving

your health outcomes

Addressing

your questions, symptoms, and concerns

Helping

you enjoy life in good health

We provide collaborative, multi-disciplinary and compassionate care so our patients can enjoy life fully, and in good health, at every stage.



**Let's start
answering
your
questions.**

**Please call the
Midlife Program
at the Department
of Obstetrics
& Gynecology at
646-962-4222
to make an
appointment.**

Weill Cornell Connect

If you are an established Midlife Program patient, you can also Sign into your Weill Cornell Connect Account to schedule an appointment with your physician. If you don't have an account, go to:

weillcornell.org/connect

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