

THE  
**EVERYTHING**  
HEALTHY  
LIVING SERIES

Menopause:  
Recognizing  
Menopause and  
Perimenopause

---

*The most important information  
you need to improve your health*



**adams** media

A division of F+W Media, Inc.

## **Thank you for downloading this Simon & Schuster ebook.**

---

Get a FREE ebook when you join our mailing list. Plus, get updates on new releases, deals, recommended reads, and more from Simon & Schuster. Click below to sign up and see terms and conditions.

**[CLICK HERE TO SIGN UP](#)**

Already a subscriber? Provide your email again so we can register this ebook and send you more of what you like to read. You will continue to receive exclusive offers in your inbox.

***The Everything® Healthy Living Series***  
**Menopause: Recognizing Menopause  
and Perimenopause**

*The most important information you need to  
improve your health*

Adams Media, an imprint of Simon & Schuster, Inc.



# Contents

## ***Introduction***

### ***Menopause, Me? — Accepting the Inevitable***

*The Facts: What Is Menopause Anyway?*

*When Will It Happen?*

*What Menopause Means for Your Hormones*

*What's New?*

*Your Body Isn't the Only Thing That's Changing*

*Your Mate May Be Menopausal, Too*

*Why Attitude Matters*

*Talking to Friends and Family*

### ***A Gateway to the Rest of Your Life***

*A Brief History of Menstruation*

*Fast Facts about PMS*

*What Causes Menopause?*

*Taking a Closer Look at Perimenopause*

*Emotional Concerns*

*Social and Family Concerns*

### ***Perimenopause — Adjusting to the Changes***

*The Journey Through Perimenopause*

*Recognizing the Symptoms*

*Physical Changes*

*Neurological and Cognitive Changes*

*Emotional and Psychological Changes*

*Other Perimenopausal Changes You May Notice*

*Also Available*  
*Copyright Page*

# Introduction

For more than 10 years, millions of readers have trusted the bestselling Everything® series for expert advice and important information on health topics ranging from pregnancy and postpartum care to heart health, anxiety, and diabetes. Packed with the most recent, up-to-date data, Everything® health guides help you get the right diagnosis, choose the best doctor, and find the treatment options that work for you.

The Everything® Healthy Living Series books are concise guides, focusing on only the essential information you need. Whether you're looking for an overview of traditional and alternative migraine treatments, advice on starting a heart-healthy lifestyle, or suggestions for finding the right medical team, there's an Everything® Healthy Living book for you.

## Menopause

Despite its reputation, menopause is more than just some annoying phase that women go through. Like puberty, it is a physical marker that ushers you into a new stage of your life, and (like puberty) it requires time and information to understand all the changes. If you are a woman experiencing the hormone swings and changes that accompany menopause, then the more you know about what's coming, the better you will be able to take charge of your transition.

Although the basics of healthy menopause boil down to the basics of all healthy lifestyles — exercise, diet, sleep, and state of mind — this book explores them as they relate to your journey through that last reproductive hurdle. It offers you choices for improving your health and well being, and ideas for making menopause the beginning of an exciting and enriching time. You have a continuing opportunity for improving your life, and

menopause is the perfect excuse to take stock and make the changes you've been meaning to make for years.

The baby boomers have had an enormous impact on American life in their every stage of development. As children they required more and better schools; as young adults they redefined sexual expectations and intimacy; as a workforce they have changed the landscape of “work environment”; and it only stands to reason that they will change our collective outlook on getting older. With so many women approaching menopause, there will be more attention to this important stage of life, and there is already more research and information than ever before on women's health over the lifespan. If you are approaching menopause or in the midst of it, you are in a lot of good company.

Above all, you need support and knowledge. You need information that teaches you about menopause and that helps you make the right choices for you. Keeping your perspective during a time of hormone shifts and life changes is no small matter. And keeping your health as you move through menopause and beyond will make the transition not a dreaded ordeal, but rather the open door to the rest of your life.

If you'd like to learn more about menopause, check out the print version of *The Everything® Health Guide to Menopause, 2nd Edition*, available in print (978-1-59869-405-5).

# **Menopause, Me? — Accepting the Inevitable**

Menopause is a topic some women would rather ignore than explore. Many younger women see it as “irrelevant,” but as they approach the age of menopause they look around for reassurance that it is not only survivable, but something to look forward to. The bad press may leave you worried or confused, but before you deny it, despair at it or try to dodge it, let’s take a look at what menopause really is.

## **The Facts: What Is Menopause Anyway?**

The simple answer is this: Menopause is when your period finally stops. But because your periods may become less regular and occur at greater intervals as you approach menopause, you don’t know you’ve gone through menopause until twelve months have passed since your last period.

### **Count the Months**

According to the Council of Affiliated Menopause Societies (CAMS), menopause is “The permanent end of menstruation. Menopause is not a disease but a natural event in a woman’s life that results from a decrease in the ovarian production of sex hormones — estrogen, progesterone, and testosterone. Menopause is confirmed when a woman has not had a menstrual period for twelve consecutive months.” By the time you know you’ve experienced natural menopause, you’re already saying, “So that was menopause?”

### **How Menopause Affects You**

Menopause doesn’t make a grand entrance — no fanfare, no fireworks. Menopause becomes a reality for most women through a series

of physical, mental, and emotional changes — some subtle, some more dramatic — that tend to emerge, evolve, intensify, and fade over a period of weeks, months, and years. What most women refer to as “menopause,” with symptoms such as hot flashes, memory problems, and mood swings, is actually the period leading up to menopause, called perimenopause. The changes are unique to each individual, so women don’t have a single “menopause profile” to compare themselves to. Menopause can have many faces, and there’s no one best way to prepare for or experience it. And it’s not as bad as you may think!

### ***Alert***

To avoid unnecessary worry and discomfort about menopause, don’t deny the obvious. Learn all you can about what’s happening to your body, and then take the necessary next steps to begin making your passage through menopause as painless and productive as you possibly can. You’ve made a great start by picking up this book!

## **When Will It Happen?**

Predicting when you will go through your menopause is definitely not an exact science. According to the North American Menopause Society (NAMS), the average age of natural menopause in the Western world is fifty-one. This of course is only an average, and women may experience menopause when they are as young as thirty, or well into their sixties. The good news about menopause is that the end of childbearing can mean the beginning of other sorts of productivity. With more leisure time, older, independent children, and a perspective broadened by experience, women can begin to engage in satisfying activities that they have either abandoned with the onset of responsibilities, or never been able to explore. Since most American women born after 1950 can expect to live until their mid-eighties, the majority of menopausal women in the United States today have one-half to one-third of their lives to live after they’ve gone through

menopause. Many factors determine your age at menopause, including which type of menopause you experience.

### **Natural Menopause**

As its name implies, natural menopause refers to the natural process of ceasing to menstruate. It occurs as your ovaries stop producing hormones, and usually occurs between the ages of forty-eight and fifty-five, with the average at about fifty-one and a half years.

### **Induced Menopause**

Induced menopause occurs when a woman has her ovaries surgically removed (with or without a total hysterectomy) or when ovaries stop functioning as a result of chemotherapy, radiation, drug therapy, or other medical treatments. Because induced menopause is the result of unexpected physical conditions or deliberate health decisions such as surgery or chemotherapy, it can happen at any age.

Whenever induced menopause is a possible side effect of medical care, it should be discussed with your medical provider so that you can prepare yourself for the sudden change in hormone levels. Because the onset of induced menopause is so abrupt, there is no gradual adjustment period to prepare for postmenopausal changes. Women who have had both ovaries surgically removed, for example, may experience dramatic, abrupt menopausal symptoms.

#### ***Essential***

Having a hysterectomy doesn't mean you'll go through menopause. If your uterus is removed but your ovaries remain, your body will continue to produce hormones. In this case, you don't experience menopause as a result of your surgery, even though you won't have monthly menstrual bleeding. On the other hand, women who have a surgical menopause (ovaries removed) have a more sudden hormone change and don't have the same time to adjust to the changes. Their symptoms may be more dramatic!

### ***Hysterectomy***

Surgical removal of the uterus alone will not cause menopause as long as the ovaries remain in place and are not damaged by the surgery. What does disappear, however, is the visible signal that you are going through menopause — changes in your monthly cycle. While you stop bleeding each month — often a welcome effect of surgery — you may not realize that your perimenopause is underway.

### ***Chemotherapy***

Chemotherapy, the use of drugs to treat cancer, may not result in immediate menopause, but it can damage the ovaries. Depending upon the types of drugs your treatment involves, your ovaries might recover and function normally some time after treatment ends. In some cases, chemotherapy damages ovaries so severely that they cannot produce adequate amounts of hormones. In those cases, menopause may occur months or even years after the therapy has ended. Doctors can't always predict whether damaged ovaries will recover.

### ***Radiation***

Pelvic radiation therapy can cause permanent ovarian failure (and therefore, premature menopause) when the ovaries are the target of high doses of radiation, for example, as treatment for cervical cancer. Since radiation therapy is a tightly targeted therapy, it often has no effect on ovarian function. If ovaries receive only low doses of radiation, they're likely to fully recover their functions.

## **Other Factors Influencing the Timing of Menopause**

There are some factors that may influence the timing of your menopause. Often women will go through menopause at the same age as their mothers or sisters do, suggesting a genetic link to the timing. If you are overweight or have had more than one pregnancy, you may experience menopause a bit later than you would have otherwise. On the other hand, if

you have never had a baby, if you have cardiac disease, or if you were treated for certain types of childhood cancer, you may have your menopause earlier. And if you are a smoker, you may experience menopause as much as two years earlier than if you hadn't smoked at all.

## **What Menopause Means for Your Hormones**

Your body produces dozens of hormones, but three of them play a major role in your reproductive cycle. Those three are estrogen, progesterone, and small quantities of androgens (testosterone, for example).

Each hormone has a job to do. The three types of hormones that affect your cycle have distinctive roles to play:

- Estrogen is a growth hormone that stimulates the development of adult sex organs during puberty; helps retain calcium in bones; regulates the balance of “good” and “bad” cholesterol in the bloodstream; and aids other body functions, such as blood sugar level, memory functions, and emotional balance.
- Progesterone balances the effects of estrogen. It aids the maturation of body tissues and limits their growth; stimulates the uterus, breasts, and fallopian tubes to secrete nutrients necessary for the body to prepare for growing an embryo and bearing a child; and raises both body temperature and blood sugar levels.
- Androgens are male hormones produced in small quantities by the ovaries and adrenal glands — with the greatest quantities occurring at the midpoint of a woman's cycle — that contribute to a healthy libido by fostering a desire for sex.

### ***Essential***

As the frequency of your ovulation decreases, the follicle-stimulating hormone (FSH) levels in your bloodstream increase. In fact, your doctor can test the level of FSH in your blood to determine if it is elevated, which may indicate that you are nearing menopause and may be helpful in

determining fertility. There are also home test kits to measure this hormone in your urine.

## **Lower Hormones Equal Big Changes**

If each hormone plays such an important role in your reproductive life, what happens when the levels begin to drop? That is a complicated question, and the short answer is: menopause. But as a woman goes through the menopausal years, the changes in these hormone levels cause many changes in her body and in her life. For each woman it will be a different story, and her approach will be different depending on her specific response to these changes.

## **What's New?**

Now that Baby Boomers are entering into menopause and postmenopause it is being studied as never before. There are 38 million “boomer” women between the ages of forty and fifty-eight. This generation of women who were never going to “trust anyone over thirty” are having understandable struggles with accepting the aging process. The good news is that resources are now being devoted to studying the health risks of the menopausal years.

## **The Women's Health Initiative (WHI) Study**

In 1992, the landmark Women's Health Initiative (WHI) study was launched by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH). This study is the largest long-term study of menopausal women's health ever done in the United States and focuses on the major causes of death and disability in postmenopausal women. It includes over 161,000 women from diverse racial and ethnic backgrounds from around the country, and provides scientific and practical information on the causes and risks of chronic disease so that women and their care providers can make informed choices.

## **Hormone Therapies**

For decades, it was accepted medical practice to offer women some sort of hormone replacement therapy to ease the transition into postmenopause and to lower the risks associated with the transition, such as cancer, heart disease, and osteoporosis. One of the most dramatic results from the WHI study was the discovery that not only is estrogen replacement not always protective, it may even increase the risk of disease in female patients. These remarkable findings caused confusion in the medical community about the wisdom of menopausal hormone therapies, and follow-up studies are still sorting out the risks and details.

## **Exercise**

Exercise has long been recommended for general health improvement, and menopause only underlines the value of it for women. New research shows just how important exercise can be for improving not only general health, but also quality of life and reduction of many menopausal symptoms. It affects mood, flexibility, bone density, joint comfort, heart health, and cancer risk. And you don't have to be a marathon runner or triathlete to benefit from adopting exercise into your routine. Many types of activity — from strength training to simple walking — can make noticeable improvements in your menopausal health. Knowing the facts can help you make good choices about the type of exercise that will work for you.

## **Sexuality**

It's not too surprising that the generation that authored "The Sexual Revolution" seems determined to continue the pleasures of a healthy sex life. With the development of drugs for erectile dysfunction and increased focus on women's sexual response, sexual activity is seen as a normal part of life well into later years. Menopause can have a marked impact on your approach to this aspect of your life as mood changes, vaginal dryness, and decreased libido begin to rear their heads. Managing these and other

symptoms is acceptable now that women are voicing their dissatisfaction with their sex lives around menopause. Research in the areas of sexuality offers hope and choices for making this a free and satisfying time of life for you and your partner.

## **Chronic Disease**

As women move through the menopause and on to the rest of life, they are at increasing risk for chronic diseases like diabetes, heart disease, cancer, and arthritis. With the right attitude and information, you can minimize these risks and make simple lifestyle changes that can make an enormous difference in your quality of life and even your lifespan! As research focuses on the differences between women's health and men's health, it is clear that many health conditions can be minimized or prevented if you learn about them early.

## **Your Body Isn't the Only Thing That's Changing**

Most perimenopausal and early postmenopausal women today are Baby Boomers, and some of them are Generation Xers (born between 1961 and 1981). These graying generations are among the largest and most influential of the current U.S. population, and they're taking America with them through the menopause experience. If you're in perimenopause or have experienced menopause, you're certainly not alone.

Many women today enter their most productive years after the age of forty. Careers are established, children more independent, and a stronger sense of self emerges. Women begin to care less about what others think; inner strength and self-awareness blossom. Although youth and beauty are often considered inseparable, cultural ideas about beauty are changing to include older women. Women are seeing themselves as attractive into their later years, and this attractiveness contributes to the growing self-confidence that often accompanies this period.

But most women of forty are also approaching a decade of dramatic personal, physical, and psychosocial change, a new stage of life that may be occurring at a time when they may be uninterested in — and maybe even resistant to — preparing for it. As personal as each woman's perimenopause may be, no woman is alone as she enters this phase of her life.

### **Fact**

According to the U.S. Census data, there are about 37.5 million women at or near menopause (age forty to fifty-nine). Every year, the population gets proportionately "grayer" — so don't worry, you have lots of company!

## **Your Kids Are Maturing**

Other women your age aren't your only companions in incredible change during these years. If you have children in your mid- to late twenties or early thirties, by the time you begin experiencing the first signs of perimenopause, it's quite likely that your children may be going through puberty and adolescence.

You went through puberty, so you know what your kids are going through when they reach adolescence. Their bodies and minds are in turmoil. As kids pass through relatively rapid physical changes (some they see as good, others horrify them), they also begin that important first round of "Who am I?" introspection and exploration. They may feel confused, angry, loving, hateful, homely, childlike, adultlike, happy, depressed, bored, excited, and lonely — and that's all just in the first fifteen minutes after they wake up in the morning. If you think the dynamic of an adolescent's raging hormones can wreak havoc on a household, what about combining that loaded pistol with the fluctuating hormonal shifts of a perimenopausal mother?

When you and your child are both trying to figure out who you are and what you want from life, even as you're trying to cope with changing

physical and mental patterns in your life, the atmosphere is ripe for conflict.

Of course, you also have a rare opportunity to connect with your child on a whole new level that women who aren't experiencing perimenopause are unlikely to enjoy. But doing this requires a great deal of effort, patience, and creativity on your part. You may or may not be able to turn this dual passage into a positive phase in your family's development, but it's certainly worth a try. You might want to take this opportunity to realize that you and your child are both going through big changes simultaneously and that this is an opportunity to connect with your children on that level.

## **Your Mate May Be Menopausal, Too**

You don't have to be in a same-sex relationship to experience couple's menopause. Though the phenomenon of male menopause was first the subject of research in the 1940s, even twenty years ago you would have had to search for scientific references to male menopause. Today, the medical and psychological communities treat the subject with much more respect.

### ***Alert***

Don't feel put off if other women in your family didn't (or don't) share your signs and symptoms. Every woman is unique in her perimenopausal experience — even within her own family.

## **Men Have Their Own Change**

You've probably heard the worn-out jokes about men going through a midlife crisis — a syndrome that somehow manifests itself in the form of a hairpiece, a twenty-something trophy wife, or a shiny red sports car. Well, many men do experience a psychosocial passage known as a midlife crisis, triggered by flagging sexuality, career plateaus, and the realization that

“having it all” isn’t all it was cracked up to be. But that midlife event, as important as it may be, isn’t the same as male menopause.

Male menopause, known as andropause in the medical community, reportedly affects nearly 40 percent of men between the ages of forty and sixty. All men begin producing less testosterone after the age of forty. As testosterone levels decrease, men may find that they experience fewer erections, that the erections are more difficult to sustain, and that they experience longer intervals between erections. Male menopause can result in a wide range of symptoms in men including lethargy, depression, mood swings, insomnia, hot flashes, irritability, and decreased sexual desire.

Diminishing testosterone in the bloodstream isn’t the only culprit behind male menopause. Other factors include obesity, excess alcohol consumption, hypertension and the medications used to treat it, lack of exercise, and other “middle-age plagues” that damage health. While medications have been developed to treat erectile dysfunction, testosterone therapy is one of the few non-behavioral medical treatments available for combating male menopause.

### ***Fact***

Sexual dysfunction isn’t the only marker of male menopause. Studies show that nearly 51 percent of men ages forty to seventy experience some level of impotence in varying degrees of severity and persistence — and that’s many more than the number who exhibit symptoms of male menopause.

## **Two Women Does Not Equal an Easy Time**

If you are in a same-sex relationship, the chances are very good that at some point you and your mate may both be experiencing symptoms of approaching menopause. Although it may seem that sharing a household with another menopausal woman could lead to increased conflict, you also have a life-partner who may be better able to understand your experience. Both of you will need to remember, however, that every woman’s

menopause experience is unique, so neither of you can expect the other to have the same symptoms or reactions to those symptoms.

So what does this have to do with your passage through perimenopause and menopause?

If you and your mate are both experiencing the mood swings, irritability, and other negative effects of menopause at the same time, both of you may have a rougher time dealing with the experience. Your partner may or may not understand or accept her own struggle with midlife passage, and that could put extra demands on your patience and understanding — at a time when you won't feel particularly well endowed with either. The message here is that your partner may not have the reserves of patience and support necessary to help you through all of the rough patches of menopause, and at times you may have to draw on your deepest supply of those qualities to avoid throwing gasoline on the smoldering fires of family discord.

## **Why Attitude Matters**

At no previous time in history has society known more about both the biology and psychology of menopause and aging. There have never been as many therapeutic options for taming the symptoms of menopause. People now have an unprecedented understanding of diet and nutrition and the roles they play in healthy aging.

### **Pay Attention to Your Notions**

As you approach menopause, you may not have evaluated your attitude toward the transition you are making. The way you think about menopause, aging, change, and your own self-worth is vital at this time of physical and emotional transition. There is a growing body of research showing that “expectation physiology” has enormous impact on outcome. What you think is what you get! While it may be easy to believe the worst

about menopause, it's also possible to see menopause for what it is — and what it can be.

## **Rearrange Your Thinking**

Now is your chance to evaluate some of the “truths” you’ve learned about menopause and aging over the years, and how those ideas can affect your attitude toward your own experience. You can also take a closer look at some of the myths and fears that surround menopause even in today’s enlightened social climate and learn some simple techniques for tracking unhealthy beliefs to their source and cleaning them out of your mental closet.

## **Talking to Friends and Family**

Old schools of thought tell you that, like a fairy tale monster that feeds on fear, menopause exists only in the imagination and is best defeated by denying its existence. According to this philosophy, you won’t have any problems with perimenopause if you simply ignore it. Nice try, but perimenopause doesn’t really work that way.

Perimenopause and menopause are real medical and psychological events, with some actual indicators and symptoms. Perimenopause is unique to each woman, so no one can know what you’re feeling and experiencing during this time. You may experience no symptoms of perimenopause, or you may have hot flashes or mood swings that you are certain everyone around you must notice. Bottling up your feelings and trying to hide your perimenopausal symptoms from your family or your close friends may seem like the best thing for them, but in fact it’s unlikely to help anyone — particularly you — understand and deal with the realities of this time in your life.

One of the most important things you can do to make your perimenopausal experience sane and healthy (for you and your family) is to communicate openly with them about your physical and emotional

condition. Talk about your symptoms and how they affect your mood, concentration, ability to sleep, level of anxiety, or whatever applies to your experience. Answer their questions and ask for their understanding. If perimenopause is making you irritable and impatient, try to establish some mutual rules for resolving family issues and avoiding unnecessary conflicts. Ask those you care about to help you find a way for everyone to move through the experience and emerge in one piece.

### **When It's a Family Affair**

If you're sharing a life-changing moment with your child, you're going to have to be patient, strong, and attentive. Your spouse or partner may have to step in and take a more active role in parenting, to relieve you of some of the stress and responsibility during certain phases of your perimenopausal changes. You may find that you need a mediator to work through some family difficulties — a relative, counselor, teacher, or family friend.

You and your mate may have to spend more time listening to each other and learning new patterns of behavior. Things are evolving in your life and, therefore, in your relationship. Take this opportunity to revisit the way you think about your lover, life-mate, partner, and friend and to begin interacting with that person on a deeper, more meaningful level.

You can rest assured that your mother and older female relatives have shared at least some portion of your experience in perimenopause. This experience may offer an opportunity to relate to your family in entirely new ways — and, with any luck, at least some of those ways will be positive!

### **Give Everyone a Break**

Most importantly, try not to waste time judging yourself or your loved ones on the success rate of your communications and relationships during this time. If perimenopause teaches anything, it is that you continue to be a work in progress. Every day will offer new challenges and perhaps

some new insights and opportunities to learn something about yourself, your family, your coworkers, and the ways you interact with all of them. If you cut yourself a little slack — accept the fact that once in a while you won't feel and act exactly as you may wish you could — you're more likely to give those around you a little more breathing room, too. Everybody's learning as they go; but when you enter perimenopause, your body signals to you that your life lessons are about to become much more interesting.

# A Gateway to the Rest of Your Life

Menopause is the gate through which you pass to the next third of your life. It has been preceded by other phases that have set the stage for your next decades. Let's take a look at the phases you have already passed through, and take a closer look at the perimenopause as you prepare to find your way through yet another life-altering stage.

## A Brief History of Menstruation

Women in their teens, twenties, and early thirties usually experience regular monthly menstrual cycles. Some people label this time frame “the reproductive years,” but it's important to remember that as long as you ovulate and have periods, you are fertile and you can conceive. Just think of that life stage as that of early adulthood, which lasts, for the average woman, into her forties.

By the time most women reach their late teens, they ovulate regularly, and their bodies establish their “normal” reproductive cycle. Although the length and regularity of the monthly cycle varies from woman to woman, you can think of the typical reproductive cycle as occurring in two main phases:

- **Buildup** — (follicular phase), the time when the ovaries begin developing a group of follicles, each containing an egg, starting on the first day of menstrual bleeding and continuing until midway through the cycle when one egg has become fully developed and ovulation occurs. This is also the time that the uterine lining begins to thicken again after it is shed with menstruation.
- **Premenstrual** — (secretory phase), the time following ovulation when the uterine lining matures and prepares for the implantation of a

potential fertilized egg.

Every month, through a complex series of hormonal changes, you get ready to be pregnant. Then, if you aren't, you shed the lining of your uterus and start all over again. You know this as your menstrual cycle and, love it or hate it, it has marked the passage of time since the day you started your first period.

Here are some helpful terms for discussing your periods:

- **Menstruation, menses, and menorrhoea:** Terms for the monthly bleeding that you call your period
- **Menarche:** The beginning of menstruation marked by your first menstrual period
- **Amenorrhoea:** Absence of periods
- **Dysmenorrhoea:** Painful periods

### **Menarche: The Beginning**

In the United States, the average age of a girl's first period is twelve years old, but you may have started anywhere from age eight to age sixteen, and it would still be considered normal. The timing of your first period is determined by a number of things, including whether you were well nourished, the age of your mother's first period, whether you had enough body fat to start the necessary hormone production, and whether you were ill or had certain birth defects. You probably remember the day of your first period and can recall how people around you reacted to the event. This was the beginning of your outlook on menstruation, and even formed some of your ideas about being a woman.

### **Your Periods**

If you are approaching menopause age, you have been having periods for almost thirty years! By now you have formed some pretty strong ideas about what those periods mean to you. Do you call it "The Curse?" Or do

you see it as the hallmark of being a woman? What does fertility mean to you? Does it mean monthly pain, or the chance to have your wonderful children? Or both?

You probably have had a cycle somewhere between twenty-one and thirty-five days long, and have bled from four to seven days each time. These fertile years have been a defining part of you for your entire adult life. Fertility can be the cause of pain or joy, sometimes in the same day. As menopause appears on the horizon, you will have to adjust your way of thinking about yourself.

### ***Essential***

According to some studies, your menstrual cycles may shorten sometime around age forty, then lengthen slightly as you approach menopause. So, while your period may occur every twenty-six days when you're forty years old, as you reach forty-five, thirty-five-day cycles may become normal for you.

Beyond what your periods mean to you as a woman, you have also learned how they affect your everyday life. Maybe your personality changes during different parts of the month, maybe you are more interested in sex mid-cycle and not at all immediately before your period, or maybe you are even-tempered and easy going all month long. All of these are normal, and by now you can pretty well predict what is normal for you. With the upcoming changes of menopause this may all be turned on its head. You may become unpredictable to yourself, having to learn about your new body and change your expectations of yourself. Something like adolescence, but without the growth spurt.

### **Fast Facts about PMS**

Even when you've established your own individual cycle and are in the height of your reproductive years — from your late twenties through mid-thirties — your monthly cycle may not be a smooth ride. Most women

experience some symptoms around their menstrual periods including cramps, swollen and tender breasts, mood shifts, and headaches. These symptoms can also happen — along with others — in premenstrual syndrome (PMS). Some research indicates that PMS can include as many as 150 separate systems, but all symptoms of PMS fall into two major categories:

- Physical symptoms of PMS include bloating, water retention, pelvic pressure or cramping, clumsiness, and headaches or migraines.
- Emotional symptoms can consist of irritability, anxiety, mood swings, difficulty concentrating, and food cravings.

### **The Many Degrees of PMS**

Some women never have PMS, while others — some studies estimate as many as 75 percent of all women — may have episodes of it throughout their adult lives. These women often find that PMS is more frequent and severe during their thirties. On the other hand, some women who have never experienced PMS or have had only occasional minor symptoms, report severe PMS phases as they enter perimenopause.

#### ***Alert***

Although PMS symptoms can occur anywhere from midway through your cycle to the day you begin your period, no one symptom should ever last more than two weeks (by definition, if symptoms occur after the start of your period, it may not be PMS). If you have any symptom longer than fourteen days, or symptoms that disrupt your ability to cope with life, report it to your doctor.

### **Premenstrual Dysphoric Disorder**

A less common but even more severe type of premenstrual syndrome is premenstrual dysphoric disorder (PMDD). Women who suffer from PMDD often experience severe depression, anxiety, sleep disturbances, and fatigue in addition to a wide range of physical disturbances. The

symptoms can be serious, and sometimes include suicidal thoughts. Women who have Seasonal Affective Disorder (SAD) usually have PMDD as well. Though PMS and PMDD differ in severity, diagnosis, and treatment, both seem to be linked to the way the body processes and responds to reproductive hormones.

Doctors diagnose PMS and PMDD based on when a woman's symptoms occur, not just the symptoms themselves. If you want to track your own premenstrual symptoms, you can keep a menstrual journal. If symptoms repeat at specific intervals, they may indicate PMS.

## **What Causes Menopause?**

The average woman has about 400 reproductive cycles during her lifetime. As time goes on, the reproductive organs begin to respond to lowering hormone levels, causing periods to become first irregular, and then stop altogether. Every woman does this at her own rate, but the progression is somewhat predictable.

### **Follicles and Hormones**

In every cycle, the woman's pituitary gland produces follicle-stimulating hormones (FSH) that trigger the follicle cells (small pouches) in the ovary that surround the developing eggs to produce estrogen, which in turn prepares an egg (usually just one) for fertilization. Each month, as the body's level of estrogen increases, the pituitary gland stops producing FSH and starts producing luteinizing hormone (LH), which causes the ovary to ovulate (release the egg) and produce progesterone, which in turn prepares the uterine lining to accept the fertilized egg.

The mature egg is only one of several "candidates" available each month. Those that don't mature (develop enough to be available for fertilization) are reabsorbed by the body. If the mature egg isn't fertilized, it, too, is reabsorbed and the lining of the uterus is shed during your

period. The body's level of estrogen then dips, which triggers the FSH production that starts the whole cycle again.

### **“Running Out” of Eggs**

Until recently it was thought that every woman was born with a set number of eggs, ranging from 400,000 to 700,000, and that half of those eggs deteriorated and were reabsorbed by each girl's body before she reaches puberty. Scientists are still researching whether this is accurate and how it works. Some new studies in mice suggest that there may be “germ cells” that develop into eggs throughout a woman's life. Whether these germ cells replenish your eggs or not, it does seem that over time your follicle cells stop responding to FSH, and you stop ovulating. As a result — over a period of years — you stop menstruating and your ovaries stop making estrogen and progesterone. You may continue to have menstrual periods after you stop ovulating, since your body continues to produce some estrogen. Most women notice a change in the frequency, duration, and flow of their periods during the three to four years before they stop menstruating completely. That's why you can't truly know that you've gone through menopause until a full twelve months have passed since your last period.

### **Taking a Closer Look at Perimenopause**

Perimenopause, which means “around menopause,” can last anywhere from two to ten years and usually begins sometime in a woman's mid- to late forties, and lasts until a year or so after the last period. Eventually, your ovaries completely stop all egg production and menstruation permanently ceases — that's menopause. Though perimenopause differs for every woman it generally marks a time of less-frequent ovulation and fluctuating levels of hormones, including estrogen, progesterone, and FSH.

**Fact**

The term premenopause is no longer used to refer to the years preceding menopause, because all the years of a woman's life that precede menopause are premenopause. Today, "perimenopause" is used to describe the years when a woman's reproductive system slows down as it approaches menopause.

## **Your Very Own Trip**

But knowing when and why you stop menstruating doesn't help you prepare to take an active part in managing your health through the perimenopause journey. In fact, it's more like being prepared for a trip to France knowing only your airport names and flight times. Hearing that you fly out of LaGuardia, spend five hours in the air, land at Charles de Gaulle airport, spend ten days in France, and then return to LaGuardia from Charles de Gaulle doesn't do much to help you plan a good trip. And the average statistics of the menopause journey don't tell you much either. Though no one can describe exactly what your experience in perimenopause and menopause will involve, some key bits of information about what others have experienced can help you prepare for the journey.

## **Orient Yourself for the Journey**

The information in this section and the next is your perimenopause orientation session. Understanding what's ahead will help you feel more comfortable and relaxed when you experience menopause so that you're better able to pass smoothly through every stop along the way, ready and able to deal with any problems you may encounter.

## **Health Concerns**

Women in the perimenopause period understandably become very aware of their health. Some of this awareness is from the symptoms they experience as their estrogen levels drop, and some arises from the health risks that occur after forty. Symptoms of perimenopause can be distressing and bothersome, but they are usually temporary and decrease over time, or can be treated. Genuine health risks that can cause chronic disease or

serious illness must be detected and managed as soon as possible so that they do not shorten your life.

### **Common, but Manageable**

The most common physical symptoms of the perimenopause are hot flashes, irregular and heavy menstrual periods, incontinence (leaking urine), heart palpitations, and weight gain. These are not only common but also usually treatable. Although not life threatening, they can impact your everyday life in significant ways. You may not die if you wet your pants, but you will probably be “embarrassed to death.” When these symptoms begin to affect your quality of life, it is time to talk with your medical provider about how to deal with them.

### **More Serious Symptoms**

Serious health issues may also arise at this time of your life. These are not just a nuisance, they can also lead to life-altering disability. Some of the most common serious conditions to be on the lookout for are high blood pressure, diabetes, heart disease, cancer, arthritis, and osteoporosis. It is easy to dismiss early signs of these conditions as just “aches and pains of old age.” But paying attention early on can save you a lot of discomfort and even save your life.

If you notice that there is a significant change in any area of your physical ability, check it out with your provider. Be on the lookout for these symptoms:

- Shortness of breath
- Losing or gaining weight although you haven't changed your eating patterns
- Inability to move as easily as you used to
- Feeling extremely tired
- Inability to walk or stand as much as you could a year ago
- Thirst and needing to urinate frequently

If you suffer from any of these symptoms, be sure to talk to your medical professional. These are all signs that something serious could be going on, and the earlier you know the sooner you can do something about it. Continue to have pap smears and mammograms. Get a colonoscopy at fifty to rule out and prevent future colon cancers. Have your health provider listen to your heart and lungs. Get your blood pressure taken and your blood work checked. Any and all of these can help you head off serious illness.

### ***Alert***

If you have a sudden onset of extreme symptoms — such as severe headaches, extremely heavy bleeding, chest pain, difficulty breathing, severe fatigue, and unusual bloating or weight loss — see your health care provider. Severe, sudden, or long-lasting symptoms may be related to some serious illness or disease. You need to report them right away.

## **Emotional Concerns**

Many women (or their partners) say that they become “more emotional” as menopause approaches. As hormone levels drop, and particularly if you are someone who suffers marked emotional changes premenstrually, you may notice that you don’t seem to have the same control over your emotions as you used to. This may be a temporary response to physiologic changes, or it may be the sign of serious mental health concerns. It’s worth a discussion with your health provider to sort that out. If your provider is someone who sees lots of perimenopausal women, he or she has a broad experience with the range of symptoms around menopause. You may need some help deciding whether you are “going crazy” or just passing through perimenopause.

At the same time that your hormones are fluctuating, you may also be going through truly trying emotional times. Losses such as children moving out, parents ill or dying, divorce, or job changes can overwhelm

your ability to cope. Grief and depression may interfere with your day-to-day life and need to be addressed. If you have a family history of depression, or have struggled with it in the past, stay alert to the possibility that you could become clinically depressed and might need treatment.

### **Serious or Not?**

Some of the symptoms of fluctuating hormones can be mistaken for, or can trigger, more serious mental health issues. Occasional anxiety is not the same as panic disorder; having a “blue” afternoon is not as ominous as having suicidal thoughts; irritability can be a normal variation, while rage is not. Sometimes it is difficult to sort through your experience of these emotional changes without professional help.

### **Grieving Your Youth**

Another loss that women feel at this time and may be reluctant to discuss is the loss of their youth. As your children become more adult and involved in their own lives, and as you see the early signs of aging in your face and body, you begin to realize that you are no longer a youngster. In a culture where youth is valued (worshipped!), it is easy to think of yourself as less valuable. If you were always appreciated for your looks, you may feel a loss of power over your life. If your energy is beginning to lessen, you may think you are losing your ability to compete. Even though you may feel more confident in your life, you may still feel the loss of your youth, and that can provoke sadness, grief, and even depression.

#### ***Essential***

Don't confuse depression — feelings of despair, hopelessness, lack of energy, and a diluted interest in life around you — with mood swings. When feelings of despair last more than a few weeks, you should consult your doctor. Untreated depression can damage your life and future.

## **Social and Family Concerns**

Midlife is a time of family and social upheaval for many women. There are many aspects of life that shift or change as you go through your forties and fifties. Your marriage, your children, your parents, your job situation, and your peer group can all present challenges.

### **Your Marriage**

Midlife can bring many changes to your marriage or relationship. Even if you have been together for many years, you may discover that busy lives and separate jobs have made you strangers to each other. While many couples look forward to an “empty nest” in order to enjoy the peace and privacy of being a couple again, others find that they are uncomfortable spending more time together. It is a time for reassessment of life priorities and can be very unsettling as people define their future together. If your relationship has been rocky in the past but children or careers distracted you from seeing the flaws, midlife can be an uncomfortable awakening. And if you have longed for more time together, it can be a second honeymoon. Like everything about the menopause journey, it is highly individual and there are lots of opportunities for reinventing your life and love relationships.

### **Your Children**

If you have children, they are getting older, too. They may be leaving for school or work, and slipping out from your watchful eye and protection. The range in your children’s ages can be anything from toddlers to independent adults as you go through this passage of menopause. Obviously, this can be the source of both worry and delight. You may be anxious about the money to put your kids through college, or worried about how to get services for a special needs child or grandchild. You may have grown children living with you who want their own freedom and control over their lives but don’t yet have the means to live on their own. Your energy may be fading and you may not enjoy the conflict that raising teenagers can sometimes provoke. If your job has

become increasingly responsible, you may have less time to spend at home, managing the needs of your children.

Sometimes this can be the perfect moment to begin teaching your children the skills of independence. But if you are still responsible for children of any age, it will take time and energy. Find resources to support you with your parenting. Extended family, social services, local children's hospitals, company employee-assistance programs, and friends can all offer suggestions for whatever type of parenting support you might need.

## **Your Friends**

Many women consider friends to be their lifesavers in times of turmoil. If you have friends who are in the perimenopausal years, they will relate to your experience and be your companions on the road. Younger and older friends, too, can enrich your life and offer you perspective. Tell your friends what your menopausal experience is like for you. Help them understand the changes, and let them support you when you need a little boost.

Find friends who are positive and helpful. If you are feeling sad or irritable, work with your friends to find ways to make sure that your mood won't damage your friendships. A sense of humor shared with a friend can see you through tough times. Cranky teenagers and aging parents are all handled better if you have a friend to confide in.

### ***Essential***

Being a caretaker is hard work — don't go it alone. If you are responsible for an aging parent, you will need support. The U.S. Department of Health and Human Services has an Eldercare Locator that can help you explore the services available in the area where your parent lives. You can contact them at [www.eldercare.gov](http://www.eldercare.gov) or by calling their toll-free number at 800-677-1116.

## **Your Parents**

They don't call this life stage the "sandwich generation" for nothing. It is very common for people of this age to be parenting their own children while becoming increasingly responsible for aging or fragile parents. If your parent lives nearby, you may become their caretaker, and if they live far away, you may find yourself worrying about their health and well-being. This is not an easy or simple responsibility, and it may take family time and resources to support them in their later years.

As with other relationships, this is a time of life to find a comfortable place emotionally with your parents. The time spent with them can be a source of memory building and friendship. You will be trying to respect their need for autonomy and still protect them from hazards such as falling and disease. Although the role reversal can be trying, it is also a chance to rework your connection as adults. Most importantly, keep yourself healthy within it. Make use of any informal and professional supports available to you to preserve your health and sanity. Set up Meals on Wheels for your widowed father. Get your mother's weekly grocery list, and arrange for delivery via Internet if it is available in her town. Take it on as a family project, if your family is able, and have your teenagers spend time doing errands for their grandparents. Sit down with your family and let them help you think about ways to assist your parents respectfully in their time of failing health. Your family may surprise you with their creative suggestions for dealing with grandma or grandpa. And you are modeling for your children how to cope with the situation. Someday they may be in your shoes, helping you make decisions. Show them how it can be done.

# **Perimenopause — Adjusting to the Changes**

Like adolescence, perimenopause is full of surprises for you and your body. Suddenly your physical responses are unpredictable, and it can be a little unnerving. Your adolescence was marked by a growth spurt, new ways of thinking, sudden emotional responses, and a body becoming sexual in appearance and sensations. Now hot flashes, sudden emotional responses, and a body changing in its appearance and sexual response mark your menopause.

## **The Journey Through Perimenopause**

Every individual menopause, like every adolescence, is its own story. On average, women begin perimenopause at age forty-seven and experience it for about four years. But women can enter perimenopause in their late thirties or early fifties, and it can last from a few months to eight or ten years. You have no way of knowing precisely when or how you'll begin noticing the changes that announce your coming menopause. Instead, you're more likely to find yourself one day connecting the dots of a number of odd symptoms and changes that eventually add up to the fact that you are, indeed, moving toward menopause.

## **Whew, It's Just Menopause!**

Whenever it happens, you're likely to have a difficult time accepting the idea that you actually are perimenopausal, but the realization can be a relief. You may have decided that you were losing your mind or developing an odd and difficult-to-diagnose illness, when in reality the symptoms you experience are normal, manageable demonstrations of a natural stage in your body's development.

## **Uh-oh, It's Menopause!**

The opposite reaction is also common. Once you realize that you are not coming down with a tropical fever or going over the edge with a mental disorder, you may find yourself worried or fearful that you are entering a scary, unknown land of hot flashes and brittle bones. This book should help you sort out what is normal and expected. The more you know about the possibilities, the better you can cope with them. And just as with adolescence, a list of “typical” symptoms will only give you some ideas about what might happen. Your own passage will be unique to you, and you will be the one to decide when you need support to deal with the changes, and which ones you can ride out on your own.

## **Recognizing the Symptoms**

So what can a woman expect from perimenopause? What kinds of symptoms are common — or even possible — and what do they mean? If you have to listen to your body in order to understand its condition and needs, how do you interpret the messages of perimenopausal symptoms? And how do you know if your symptoms are related to perimenopause or some other part of the aging process?

## **You Are the Expert on What's Normal for You**

First, it's important to understand that, if you think it may be perimenopause, it probably is. No one is more familiar than you are with your body's feelings and reactions during your monthly cycles. As the following sections demonstrate, women have reported a wide variety of symptoms during and after perimenopause. Remember, some women experience no symptoms at all.

It's also important to keep in mind that everyone can expect to experience some physical and mental signs of aging. As women age, many of their physical changes are triggered or exacerbated by hormonal fluctuations. The good news is, any overt symptom that is associated with

changing hormone levels can be temporary — and may even be diminished through diet, exercise, or other healthy options.

Perimenopause isn't like measles; you don't wake up one day with a clear sign that you've come down with a case of waning estrogen. So identifying when you enter perimenopause isn't always easy. If you start noticing obvious changes in the length of your periods, the intervals between them, or the heaviness of your flow, and you're between the ages of thirty-five and sixty, you should start checking for other signs of perimenopause.

### **Other Early Changes**

Changes in your cycle may not be your first indicator that perimenopause is approaching. Many women report symptoms of perimenopause while their periods remain much the same. Most women feel some or all of the following symptoms as their bodies prepare to stop ovulating:

- Hot flashes
- Mood swings
- Decreased sexual drive
- Weight gain
- Difficulty concentrating
- Heart palpitations
- Migraine headaches
- Irregular and/or heavy periods
- Involuntary urine release and bladder urgency
- Insomnia
- Vaginal dryness and painful intercourse
- Anxiety or panic attacks

Add to that list everything from aching joints and muscles to the onset of chin whiskers and you've still only started to talk about the wide variety

of symptoms perimenopausal women have reported. Though some women report no symptoms of approaching menopause, most women do experience symptoms so chances are good that you will too. Thinning hair, hot flashes, aching joints — these and other symptoms may seem like inevitable side effects of the aging process. But many symptoms of the aging processes can be triggered or exaggerated by the hormonal fluctuations of perimenopause.

### ***Essential***

Don't dismiss symptoms or make up your mind that you're going to tough it out no matter what. You have options for alleviating symptoms — lifestyle changes, behavior modification, hormone therapy, or dietary changes. Do yourself a favor and explore your options.

If the preceding list paints a scary picture of perimenopause, it's also important to mention that even among women who experience one or more of these symptoms, their effects can be mild, transient, or otherwise bearable. Your body is adjusting to varying rates of hormones during perimenopause; the signs and symptoms of that adjustment are often temporary and disappear after your body has acclimated itself to its new hormone levels. The following sections offer you a closer look at these symptoms so that you have a better idea of what to expect.

## **Physical Changes**

Your body will tell you when you are entering perimenopause. You may not listen to it at first, or you may try to dismiss physical symptoms as “getting a bug” or some other familiar event. But once it gets your attention, you can tune in to your body and manage some of the physical changes before they get the best of you. Here are some common changes to watch for.

### **Hot Flashes (Including Night Sweats)**

Along with irregularities in menses, hot flashes have to earn the dubious honor of being one of the symptoms most commonly reported by women during perimenopause. Nearly 75 percent of women who report perimenopausal symptoms list hot flashes among them. Hot flashes can come at any time of the day or night, but when they occur during sleep, they're usually referred to as night sweats.

Hot flashes can be mild or severe, but in general, they involve a fast-spreading sensation of warmth in your neck, shoulders, and face that may last a few seconds or as long as thirty minutes or more. This sensation may begin at the top of your scalp, behind your ears, on your chest, or even across your nose. Hot flashes don't have to limit themselves to your head and shoulders; many women have also reported flashes occurring across the breasts, below the breasts, or all over the body.

### **Irregular and/or Heavy Periods**

Changes in your period are usually the very first sign that the perimenopause has arrived. Even if your periods have always been as regular as clockwork, you can expect some irregularities to occur in the years preceding menopause. The levels of estrogen and progesterone produced in your body can flag and surge, contributing to unusually light or skipped periods, or periods that flow for weeks at a time. Some women experience spotting — or even phases of heavy bleeding — for a few days between periods. In other words, you may find that irregularity becomes the norm in your perimenopausal cycles.

#### ***Alert***

If periods come less than twenty-one days apart, last more than a week, are unusually heavy, and maintain these irregularities for more than two cycles, make an appointment with your doctor or health care professional for a gynecological checkup.

Having said that heavy periods and ongoing irregular bleeding are not uncommon during perimenopause, it's also important to have them checked out by your health care provider. Heavy bleeding or bleeding that continues for a long time can be more than an inconvenience. Nonstop heavy bleeding can leave you tired, weak, and anemic — a prime candidate for getting a cold, flu, or infections. Even more importantly, heavy bleeding may have nothing to do with simple hormonal ebbs and flows. Heavy bleeding could be a sign of abnormal tissue in the uterus, precancerous conditions, or even endometrial cancer. Don't take chances that your period irregularities are just part of the change. If your irregularities are dramatic, see your health care professional.

### **Fact**

According to some studies, your menstrual cycles may shorten before age forty, then lengthen slightly as you approach menopause. So while your period may occur every twenty-six days when you're forty years old, as you reach forty-five, thirty-five-day cycles may be normal for you.

## **Heart Palpitations**

Heart palpitations are the sudden uncomfortable awareness that your heart is pounding, often at a more rapid rate than normal. Heart palpitations can be frightening, but remember that they aren't uncommon in perimenopausal and menopausal women. Certainly, these women aren't the only ones to experience palpitations — many men and women have them after exercising, when frightened, or while taking some medications. But at menopause, the incidence of heart palpitations seems to rise in women.

Women describe heart palpitations differently, but in general a heart palpitation feels like your heart is beating rapidly, out of sequence, too strenuously, or in some other abnormal fashion. A heart palpitation can feel like no more than a brief fluttering in your chest that passes within a

matter of a few seconds. Other, stronger palpitations can feel like a distinct pounding in your chest that lasts a few minutes and can leave you feeling light-headed or short of breath.

### ***Essential***

Caffeine, cigarettes, and excess sugar can overstimulate your system and be a contributing factor in heart palpitations. Perimenopause is a great time to cut back on your intake of these.

## **Involuntary Urine Release**

If you've ever experienced urinary tract infections (UTI), you might feel as though they're back with a vengeance during your transition into menopause. And if you've never had urinary tract problems, you might develop them during perimenopause. According to some estimates, nearly 20 percent of all women over the age of forty-five develop some urinary tract problems. Those problems can include UTIs, stress urinary incontinence (caused by a stressor such as sneezing, coughing, or laughing), and urge incontinence (caused by a bladder spasm that forces urine out, even when the bladder is not completely full).

## **Weight Gain**

The results are in: weight gain is commonly seen as people of both sexes age. The term "middle age spread" was coined decades ago to describe the tendency of the post-forty body to take on excess weight. Of course, not everyone gains weight during perimenopause and after menopause, and not everyone who does gain weight gains debilitating amounts. But the fact is that the majority of women report weight gain at this time. Even women who don't gain weight may experience a change in their body shape. Many women in middle age gain softer, rounder abdomens, larger hips, thicker waistlines, and even extra weight on their shoulders, arms, and thighs.

## **Neurological and Cognitive Changes**

As your hormone levels change, your brain function may show signs of faltering. This can be a frustrating and unsettling side effect of the menopausal process, and sometimes it's best to relax and realize it can also be normal.

### **Difficulty Concentrating**

If you're approaching fifty, and it seems as though you aren't quite as sharp mentally as you used to be, it's probably because you aren't. Though fuzzy thinking, forgetfulness, difficulty concentrating, and memory problems are common complaints of perimenopausal and menopausal women, these issues are linked as closely with the aging process as they are to changing ovarian functions. Today, doctors and health care professionals recognize that certain cognitive problems are due to depleted estrogen levels and other changes in the aging brain.

How does this fuzzy thinking manifest itself? In ways you've probably experienced most of your life, for example, losing your car keys, forgetting what you were about to say, recognizing a face but failing to recall the name, searching fruitlessly for the right word, being easily distracted, or losing your train of thought. As women reach the age of menopause (around age fifty), however, they can suffer an increase in these sorts of problems. You may have heard people refer to these lapses as "senior moments," and if you're approaching the age of menopause you're likely to be experiencing them yourself.

### **Memory Loss**

As your estrogen rises and falls during perimenopause, memory may be impacted. This is usually transitory and will improve once the body adjusts to new lower levels of hormones. It is a symptom that women can find annoying, or even alarming, if they are worried about dementia. Although some memory loss is very common with aging, especially short-term memory, these initial memory lapses should not be a cause for alarm

unless they are serious enough to affect day-to-day activities. Stress can make memory problems worse, so take that into account when you are assessing whether this is a problem for you.

### ***Alert***

If your heart palpitations are severe or produce significant discomfort or side effects, you need to talk to your doctor or health care provider about them. Some palpitations are a warning sign of an impending heart attack. Pay attention to the number and frequency of your palpitations, and be prepared to discuss these and your heart history when you talk with your doctor.

## **Insomnia**

Interruptions in normal sleep patterns are common complaints of perimenopausal and postmenopausal women. During the years approaching menopause, many women find that they wake once or twice during the night and then have a difficult time returning to sleep. Other times, women find that it takes longer for them to fall asleep when they go to bed at night or that they awaken an hour or two earlier than they used to. Whatever form it takes, insomnia leaves women feeling tired, irritable, and out of touch with their surroundings.

Fortunately, many women find that insomnia is a transient problem that may last no more than a few months. For others, insomnia during perimenopause may be so severe that it hampers their performance and sense of well-being during the day. As always, if your symptoms become severe, consult your doctor or health care professional. You can combat insomnia, so don't allow it to drag you down during this important transition phase.

## **Migraines and Other Headaches**

Some medical experts will tell you that migraine headaches aren't truly a symptom of menopause. Nevertheless, many women who have

never experienced a migraine in their lives begin having them during perimenopause. These hormonally related migraines are often experienced by younger women in the first few days of their periods, or during pregnancy. In both cases, fluctuations in your body's estrogen levels seem to be a cause.

Though both sexes suffer from migraines, women are three times more likely to have them. Migraines are intensely painful headaches thought to be associated with constricted blood vessels in the brain. Women who suffer migraines describe them as pounding headaches that can cause nausea, vomiting, and a strong sensitivity to light, noise, and odors. Some migraine sufferers — about twenty percent — report a certain premonition, or aura, for several minutes before the actual pain begins. This aura can include flashing lights, certain odors, changes in their vision, or numbness in a hand, arm, or leg. Migraines usually last four or more hours, and they can last as long as a week.

Migraines aren't the only kind of headaches that seem to accompany perimenopause. In general, women report having more frequent and severe headaches during this time. These are usually simple stress or muscle tension headaches, and are often relieved by over-the-counter analgesics such as aspirin and acetaminophen.

## **Emotional and Psychological Changes**

Women report various emotional and psychological shifts during perimenopause. Sometimes their partners or families complain about this symptom. As with other perimenopausal symptoms, these changes can be temporary, but they can also be unnerving.

### **Mood Swings**

The good news about mood swings is that you may never experience them during perimenopause. Still, mood swings are a common complaint of perimenopausal women, and among women who cite symptoms in

perimenopause, nearly 50 percent say mood swings are among the symptoms that bother them the most.

Whether you think of them as moodiness, temporary depression, or simply the blues, mood swings can be minor “speed bumps” in your day — or they can leave you feeling totally down and out. The experiences are as individual as the women who have them, but mood swings tend to take the form of intensified emotional reactions. Sometimes, the swing can take you high, and you feel a particularly strong delight in everything around you — the weather, a movie, your dinner companion. Other times, however, mood swings can take you on a wild roller-coaster ride of emotions, such as intense sorrow, despair, love, anger, anxiety, general depression, or fear. A typical anger response during a mood swing can leave your heart pounding, your face flushed, and your head throbbing. Mood swings can trigger bouts of crying and cause deep, dark feelings of hopelessness. Then, however dramatic they might be, mood swings may pass rather quickly, leaving you feeling a bit shaken and confused by the emotional ride.

### ***Alert***

Although it is tempting to drink alcohol when feeling anxious, it is a very bad idea for menopausal women. Not only does it cause insomnia and trigger hot flashes, according to the North American Menopause Society, women who drink heavily have a higher death rate from alcohol abuse, and are at a higher risk for stroke, liver disease, and cancer.

Though mood swings seem to be emotional responses, they can, in fact, be a direct physical response to the changing hormonal levels in your bloodstream. In fact, many perimenopausal women experience mood swings along with other common symptoms of premenstrual syndrome (PMS), even when those women have never before suffered from PMS symptoms. Those symptoms include a wide range of physical and

emotional markers, including gastrointestinal distress, headaches, pains in muscles and joints, fatigue, heart pounding, hot flashes, exaggerated sensitivity to sounds and smells, agitation, and insomnia.

## **Depression**

Depression is a serious condition that should not be confused with brief episodes of feeling sad or overwhelmed. It is not a normal part of perimenopause, although many women use “depressed” to describe their quickly changing moods or tendency to cry easily. If you find yourself feeling hopeless, desperate, or sad for long periods of time, see your health care provider or counselor to determine if this is part of adjusting to new hormone levels or something more serious.

### ***Fact***

Most health care professionals agree that certain lifestyle habits contribute to insomnia at any time in your life. Get regular exercise and try not to consume any alcohol, sugar, caffeine, or rich foods within the two to three hours before bedtime.

## **Changes in Libido**

Few things are more individual than libido. Everyone has a unique attitude toward sex and sexuality, and we all differ in our sexual habits and desires. While this undeniable (and delightful!) individuality may seem to contradict any generalizations about how sexual desire can change during menopause, many women do experience some types of changes during this time.

Many studies — including those of the famous Alfred Kinsey — indicate that both men and women can experience gradually declining sexual desire as they age. Pay special attention to the “can” in that last sentence. While not everyone undergoes a noticeable change in libido during menopause, many women report changes in their level of sexual desire. Some say they have more interest in sex and enjoy it more, while

others say their desires have diminished, and still others say they find sex increasingly unappealing — even painful.

## **Other Perimenopausal Changes You May Notice**

Recognizing the unique experience each of us has as we age, most of us can expect to experience other physical changes during — and perhaps as a result of — the physical changes of perimenopause. If perimenopause occurs during a woman's forties, for example, here are some of the changes her body might be undergoing:

- Muscles may lose mass more easily and become harder to tone during your forties, so your old workout plan may not be enough to maintain the strength and body weight you enjoyed in your thirties. You may need a new workout program during this time.
- Bones can start to lose calcium as estrogen levels recede and the body becomes less efficient at absorbing calcium from food. You may need to adjust your diet to include more vitamin D and calcium, or consider taking supplements.
- Eyes become less efficient as the lenses lose elasticity and their controlling muscles weaken, making focusing close-up more difficult. Estrogen helps keep eyes and muscles elastic, so diminishing levels of estrogen contribute to this degeneration.
- Skin and hair can begin to thin in response to lowered levels of estrogen; most people start to get some gray hair in their forties. Estrogen also helps maintain the collagen content (the basic protein bridgework) of your skin, thus keeping it youthful and elastic. Your strong ally in the battle against this aging factor is a healthy diet and lots and lots of water.
- Metabolism slows down during your forties, so weight gain can creep up on you. Typical dieting methods are unlikely to work as well for

you at this age, so maintaining or losing weight may require additional exercise and calorie cutting.

- Propensities for certain conditions such as diabetes and asthma can accelerate during this time, due to changing hormone levels, lowered resistance to stress and infections, and other factors of aging. Medical checkups and health maintenance are more essential than ever at this point.

Don't be put off by this list; yes, the perimenopause may be an introduction to the beginning of the aging process and the toll it takes on your body's systems. But there's never been a time when medicine and health care, public information, and healthy life practices have been better able to contribute to everyone's pursuit of a healthy, active middle age. You have more control than any generation that's preceded you in how quickly or slowly your body loses ground to the aging process. You can learn ways to manage the effects of perimenopause and its role in the aging process.

### ***Essential***

If you've been casual about your health until you hit forty (which most people are), now is a perfect time to get serious about preparing for a long, healthy life ahead. Diet, exercise, lifestyle changes, and regular medical checkups are your strongest agents for maintaining a strong, healthy body.

### **Stay on Top of Your Symptoms**

It's important to remember that you may experience none, some, or all of these symptoms — or others that aren't even listed. To be certain that you are doing all you can to maintain peak health during this important time of transition, pay close attention to your body, and don't ignore the messages it sends you. Many of the symptoms that initially seem par for the course for middle age may be symptoms of problems

requiring serious and quick medical treatment. So don't ignore any ongoing problem because you think it's just "the change." Work closely with your health care provider to make sure that your body gets any and all of the help that it needs to stay strong, fit, and healthy.

For more Adams Media ebooks, visit the Adams Media online bookstore by clicking on the logo below.



[www.adamsmedia.com](http://www.adamsmedia.com)

Copyright © 2012 Simon and Schuster

All rights reserved.

This book, or parts thereof, may not be reproduced in any form without permission from the publishers: exceptions are made for brief excerpts used in published reviews.

*Menopause: Recognizing Menopause and Perimenopause* contains material adapted and abridged from *The Everything® Health Guide to Menopause, 2nd Edition* by Kate Bracy Kalb, RN, MS, ARNP, copyright ©2003, 2007 Simon and Schuster, ISBN 10: 1-59869-405-7, ISBN 13: 978-1-59869-405-5.

Published by  
Adams Media, an imprint of Simon & Schuster, Inc.  
57 Littlefield Street, Avon, MA 02322 U.S.A.  
[www.adamsmedia.com](http://www.adamsmedia.com)

ePub ISBN 10: 1-4405-6167-2

ePub ISBN 13: 978-1-4405-6167-2

**Library of Congress Cataloging-in-Publication Data**

Is available from the publisher.

This book is intended as general information only, and should not be used to diagnose or treat any health condition. In light of the complex, individual, and specific nature of health problems, this book is not intended to replace professional medical advice. The ideas, procedures, and suggestions in this book are intended to supplement, not replace, the advice of a trained medical professional. Consult your physician before adopting any of the suggestions in this book, as well as about any condition that may require diagnosis or medical attention. The author and publisher disclaim any liability arising directly or indirectly from the use of this book.

## **We hope you enjoyed reading this Simon & Schuster ebook.**

---

Get a FREE ebook when you join our mailing list. Plus, get updates on new releases, deals, recommended reads, and more from Simon & Schuster. Click below to sign up and see terms and conditions.

**[CLICK HERE TO SIGN UP](#)**

Already a subscriber? Provide your email again so we can register this ebook and send you more of what you like to read. You will continue to receive exclusive offers in your inbox.