Menopause

Alice,

Could you please explain the changes a woman experiences when she experiences the onset of menopause to its completion?

— Approaching

Answer

Dear Approaching,

To answer your question fully, it’ll help to start at the beginning: Menopause occurs when a person no longer experiences menstrual cycles. The onset of menopause, referred to as perimenopause, typically starts for those in their 40s. Perimenopause is characterized by a gradual change in the menstrual cycle, which can include more frequent periods, skipped periods, or those that are more spaced widely apart. Once the ovaries stop producing eggs and ovulation ceases, there isn’t a need for the menstrual lining to build up each month. As such, menstrual periods will stop. Health care providers classify menopause as beginning twelve months following the last menstrual period. In the United States, the average age menopause begins is at 51 years old. While menopause is a natural part of aging, it’s also good to note that if someone has undergone a total hysterectomy (removal of uterus and ovaries), chemotherapy or radiation therapy, or has a genetic or autoimmune condition that causes what is called primary ovarian insufficiency, they may experience menopause symptoms as well. There are a number of symptoms associated with menopause, but there are also several ways, both medical and non-medical, to address them.

During menopause, both physical and psychological changes occur due to the reduction in estrogen production by the ovaries. The changes that accompany menopause include:

- Hot flashes
- Night sweats
- Changes in sexual desire
- Frequent urination
- Thinning hair
• Irritability
• Sleep difficulties
• Skin dryness
• Vaginal dryness
• Reduction in vaginal elasticity
• Metabolism slows down

List from Mayo Clinic [3].

In addition to these changes, menopause can increase the risk for certain health conditions as well. Bones lose calcium more rapidly during menopause, which can lead to an increase in bone brittleness, and as estrogen normally functions to maintain bone mass, reduced estrogen can lead to a decrease in bone density. As such, osteoporosis is of concern for those experiencing menopause. Cardiovascular disease risk also increases as estrogen production decreases. Due to the loss of vaginal and urethral elasticity, some may experience urinary incontinence and more frequent urinary tract infections. Additionally, due to the potential vaginal dryness and decrease in elasticity, some find sex to be less comfortable than it was previously. Finally, some people experience weight gain as metabolism slows down.

Approximately 70 percent of menopausal people experience hot flashes and night sweats that can intermittently occur over a two to five year period of time. Some of the most common psychological symptoms of menopause are anxiety, loss of concentration, and depression. Research indicates that these symptoms are likely due to a combination of changing hormones and a reaction to the physical symptoms of menopause. For example, night sweats may impede sleep, which can result in fatigue, headaches, and irritability. Also, these symptoms can be made more intense by life changes that may be occurring around the same time, such as shifts in family, lifestyle, or retirement status.

Medical approaches to menopause typically involve medications to increase estrogen (i.e., hormone replacement therapy), to decrease the experience of hot flashes (e.g., low-dose antidepressants), and to reduce and prevent osteoporosis. Above and beyond medications, many common healthy lifestyle behaviors are recommended as a means of at-home menopause management (i.e., eating a balanced diet, getting regular physical activity, not smoking, and getting plenty of rest). Dressing for comfort to accommodate any hot flashes and determining any possible hot flash triggers is also recommended. Over-the-counter vaginal lubricants or moisturizers may help treat discomfort associated with vaginal dryness and Kegel exercises may strengthen the pelvic floor and stave off urinary incontinence. The treatments that are most appropriate can vary for each person.

While many people don’t need to seek treatment for menopause, others find that they benefit from working with a health care provider to find ways to relieve particularly bothersome symptoms. For more information regarding menopause, check out the Menopause Years [4] from the American College of Obstetricians and Gynecologists or Our Bodies, Ourselves [5].

Alice!
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