WOMEN’S HEALTH: A PUBLIC HEALTH PERSPECTIVE

Unit 12: Menopause

Unit Objectives

• Understand the aging process among women, specifically menopause.

• Describe how menopause has been medicalized and influenced by societal norms about aging.
Menopause

HE JUST DOESN'T UNDERSTAND WHAT IT'S LIKE FOR ME TO GO THROUGH "THE CHANGE."
Discussion

- Do we talk about menopause?
  - Why or why not?

- What are some terms that you have heard of for menopause?

- How might you describe a woman who has entered menopause?
Defining Menopause

- **Menopause** = Cessation of regular periods, end of child bearing capability

- Normally occurs between the ages of 45-54

Changing Demographics

Source: U.S. Census Bureau

*Figure 1: Number of Persons 65+, 1900 - 2060 (numbers in millions)*

Source: U.S. Census Bureau
Perspectives on Menopause

- Most women today will live a 1/3 or more of their lives post-menopause
- Menopause is a confusing time for women
- Differing cultural values for menopause
  - Positive event
  - Negative event
- Why might a woman welcome menopause?

Four Stages of Menopause

- **Premenopause:**
  - entirety of a woman’s reproductive life, from first menstruation to menopause
- **Perimenopause:**
  - stage immediately prior to menopause where physical changes begin to occur
- **Menopause:**
  - once a woman has gone through 12 consecutive months without menstruating
- **Postmenopause:**
  - life after the final menstrual period
Menopause

- Majority complete menopause between ages of 45 to 55
  - Average age 51

- Age at menopause affected by several factors:
  - Earlier menopause
    - Smoking and never being pregnant
  - Later menopause
    - Family history, increased BMI, more than one pregnancy

Natural Menopause

- Menopause lasts a few months to 2-3 years
  - Ovulation is erratic, but pregnancy is still possible!

- About 2-8 years before actual menopause, the menstrual cycle begins to change

- Considered complete only when a woman has gone 12 consecutive months without menstruating
  - Possible signs/symptoms: heavier, more frequent periods, and/or light bleeding or spotting between periods
Surgically Induced Menopause

- Surgical removal of both ovaries, usually during a hysterectomy
  - When the ovaries are removed, a more abrupt and earlier menopause results
  - Resulting in more severe menopausal symptoms
    - Possible increased incidence of cardiovascular disease

Health Effects of Menopause

- Hot flashes (40%)
- Sleep disturbances (45%)
- Depression (29%)
- Vaginal dryness
- Vaginal atrophy
- Decreased libido
Health Effects of Menopause

- Weight, hair, skin changes
- Urinary tract infections
- Urinary incontinence
- Lower HDL levels and higher LDL levels may lead to higher risk of postmenopausal cardiovascular disease

85% of women have at least one symptom. 10% will visit a physician.

Management of the Effects of Menopause

- Medications
- Herbal supplements
- Other therapies
  - Regular exercise
    - Weight-bearing exercise (osteoporosis)
    - Aerobic exercise (CVD)
  - Proper diet

NOTE: Widespread availability of treatment options does not necessarily imply that all women should use them.
Hormone Replacement Therapy

- Two purposes:
  - Relief from symptoms
  - Risk reduction of CVD and Osteoporosis

- Two Primary Types:
  - Estrogen alone
  - Estrogen + progesterone

Effects of Hormone Replacement Therapy

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides relief from some symptoms</td>
<td>ERT (without progestin) ↑ risk of endometrial cancer in women with a uterus</td>
</tr>
<tr>
<td>Protects from bone loss</td>
<td>ERT ↑ risk of breast cancer (with long term use), but study results are conflicting</td>
</tr>
<tr>
<td>May protect from colorectal cancer</td>
<td>Progestin ↓ protection from CVD possibly provided by estrogen</td>
</tr>
<tr>
<td>Age-related macular degeneration (leads to blindness)</td>
<td>Progestin ↑ risk of breast cancer</td>
</tr>
<tr>
<td></td>
<td>Progestin side effects include bleeding, breast tenderness, mood swings, and bloating</td>
</tr>
</tbody>
</table>
Unclear Role of HRT in CVD

- From 1960–2000, HRT was considered protective against heart disease.
- ERA and HERS studies—showed no protection
- 2002—WHI—showed higher rates of heart disease, stroke, blood clots, breast cancer, and dementia with HRT
- 2003—Comparison of WHI and HERS—showed both risk and benefits
- 2006—WHI/Nurses Health Study—positive effect when estrogen is used continuously (starting in the perimenopausal period); negative effect when break is taken

Menopause Decision-Making

- “all women are not the same, and each should be treated as an individual. Each woman must understand her genetic history, her risk factors, and her lifestyle, and work with her physician to find the best healthy practices”
Strategies for HRT Decision-Making

- Review personal medical history
  - Breast cancer
  - Blood clots
  - Abnormal vaginal bleeding
  - CV conditions
  - Liver, gallbladder, or pancreatic disease

- Review menopausal symptoms and their severity
- Review risks and benefits
- Reevaluate decision periodically

Class Wrap-Up

- Key Words:
  - Menopause; Perimenopause; Hormone Replacement Therapy
- Individual Importance:
  - Medically managing menopause, particularly through HRT, comes with both risks and benefits.
- Public Health Importance:
  - Women progress through unique stages for aging, which deserve understanding.
- Socio/Economic Importance:
  - Society places high value on youth, and can medicalize the natural process of aging.