

In Health Naturopathic Medicine

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MENOPAUSE OVERVIEW

Definitions:

- ❖ *Perimenopause*: the period of time leading up to true menopause. Women begin experiencing symptoms of menopause.
- ❖ *Menopause*: the permanent cessation of menstruation following loss of ovarian function. Menses absent for 12 consecutive months.

Biological Changes:

- ❖ Number of oocytes decreases drastically.
- ❖ The menstrual cycle changes – usually shortens (though flow may increase and lengthen).
- ❖ Follicle stimulating hormone (FSH) increases (though levels often normal in perimenopausal women).
- ❖ Ovarian estradiol, progesterone (P), and testosterone (T) decrease with onset of true menopause.
- ❖ Near menopause, estrogen (E) rises very high then drops very rapidly; lower E levels are not reached until 6 mos-1 year after true menopause. Decrease in P precedes the decrease in E. Symptoms may be caused by E, P, or the relative change between them.
- ❖ Low E levels do not allow the development of endometrium (which is shed during menstrual flow).
- ❖ The specific reason menopause occurs is the ultimate loss of follicles in the ovary. This causes the loss of P production & decreased E influence. This coincides with an increase in FSH and luteinizing hormone (LH).

Symptoms:

- ❖ *Hot flashes, Night sweats, Insomnia & Palpitations* (Vasomotor symptoms): The physiology is still not understood. Occurrence of hot flashes is highest in first 2 years post menopause. There is a definite cultural influence on occurrence (maybe due to dietary phytoestrogens). Hot flashes are the body's response to a sudden transient downward resetting of the body's thermostat. It is unknown what precisely triggers this but is probably related to E. Waking at night is usually due to the hot flash and sweating.
- ❖ *Depression & Anxiety*: Depression is moderately associated with perimenopause and is transient. Often depression will be worse in those women who have had depressive episodes prior to menopause. E hormone replacement therapy (HRT) can elevate mood and works best vs. E plus progestins (though this can case increased risk of endometrial cancer in women who have not undergone hysterectomy).
- ❖ *Loss of Memory & Cognition*: Rapid E withdrawal causes short term memory loss. Memory and cognition changes are exacerbated by poor sleep and sleep

- interruptions. Thyroid imbalance can also impair cognition. HRT may increase cognition and reduce the risk for Alzheimer's disease.
- ❖ *Vaginal Dryness, Thinning & Urinary dysfunction:* Usually not troublesome until several years postmenopause. E is responsible for thickened, elastic, lubricated tissue of the external genitalia. The vagina also shortens and narrows, the walls become thin & less elastic & pale in color. Women are more prone to infection and mechanical injury from penetration. Urethral tissues can also atrophy which can increase incidence of bladder infection, incontinence & bladder, rectum, or uterine prolapse. This can progress to increased urgency or difficulty holding urine.
 - ❖ *Change in Sexual Response & Sex Drive:* Androgens are synthesized by both the adrenal glands and ovaries. Ovaries also produce a small amount of DHEA. At menopause, the total E production decreases by approximately 70-80% while androgen production decreases by approximately 50%. The androgen decrease is not due to decreased ovarian production. Most sexual problems are due to the change in vaginal tissue from E loss &/or change in vaginal tone. Women who have undergone oophorectomy (removal of the ovaries) benefit most from testosterone (T) supplementation. With out actual androgen deficiency, addition of T may be of little benefit.
 - ❖ *Acne, Facial hair & Hair loss:* Due to androgen excess, increase in skin enzymes that convert T & change in receptor sensitivity to T.
 - ❖ *Irregular Bleeding:* The aging ovary is less efficient in completing the ovulatory process. Initially, decrease in P causes shorter cycles. As ovarian aging progresses, ovulation becomes less frequent leading to variable length of menstrual cycles and length of flow. The longer a woman goes without ovulating, she is in an E dominant state with too little P (ovulation must occur to produce P). Excess E disrupts the normal pattern of menstruation.
 - ❖ *Osteoporosis:* Low E causes increased rate of bone loss.
 - ❖ *Heart Disease:* Coronary heart disease is the leading cause of death in women. It is a commonly held belief that decrease in E postmenopausally is what causes the greatest increase in risk. Actually, the risk of developing heart disease is a steady progression with increasing age and does not show a rapid increase post menopause. HRT does not decrease risk of heart disease, in fact, it may increase it.

Treatment Overview:

Goals:

- ❖ Provide relief from menopausal symptoms
- ❖ Prevent osteoporosis
- ❖ Prevent heart disease and other diseases of aging & do this without increasing the risk of Breast cancer.

When determining treatment, remember:

- ❖ The management of symptoms of menopause is distinct from disease prevention.
- ❖ Determine individual risk factors for significant diseases: osteoporosis, Alzheimer's, breast cancer, and heart disease.
- ❖ Use current testing methods to evaluate bone and heart health.

- ❖ *What you decide today is not permanent* – you can change treatment decisions based on changing health, change in medical understanding and research, & the availability of new treatment options.

The Naturopathic Approach

After determining individual risk factors for osteoporosis, Alzheimer's, breast cancer, and heart disease, an appropriate treatment plan will be developed utilizing six basic treatment considerations:

1. Diet, exercise, lifestyle & stress management
2. Nutritional supplementation
3. Botanical supplementation
4. BioIdentical hormone preparations

General treatment strategies for prevention of osteoporosis and heart disease are as follows:

Low Risk:

- ❖ Diet changes
- ❖ Aerobic and weight-bearing exercise
- ❖ Nutritional supplementation
- ❖ Botanical therapies

Moderate Risk:

- ❖ Diet changes
- ❖ Aerobic and weight-bearing exercise
- ❖ Nutritional supplementation
- ❖ Natural hormone options with varying dosages

High Risk:

- ❖ Diet changes
- ❖ Aerobic and weight-bearing exercise
- ❖ Nutritional supplementation
- ❖ Friendlier conventional hormones or less-friendly conventional hormone and non-hormone drugs

Prevention:

- ❖ Do regular aerobic and weight-bearing exercise
- ❖ Eat a healthy diet: low fat (i.e. saturated fat); increase soy foods, fish, whole grains, fruits, veggies, legumes, nuts and seeds; avoid sugar and refined carbs & alcohol; small amount of low-fat dairy, if desired.
- ❖ Maintain ideal body weight.
- ❖ Stop smoking.
- ❖ Utilize stress management techniques such as meditation and yoga.
- ❖ Have regular annual physical exams.
- ❖ Request bone density testing if you are concerned about your risk for osteoporosis.
- ❖ Utilize nutritional/herbal supplement recommendations for prevention of heart disease and osteoporosis.
- ❖ Carefully consider risks and benefits of HRT for your situation now and over a long duration of use.

Summarized from: Hudson, Tori. *Women's Encyclopedia of Natural Medicine*. Keats Publishing, Los Angeles. 1999.