

healthywomen

No PAUSE in
Menopause

ROUNDTABLE

Executive Report



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“What you need to understand is that every menopause journey is unique. I always say it’s like a fingerprint or a snowflake.”

— Ann Garnier

Executive Summary

Between October 7 and November 18, 2020, HealthyWomen, with the support of Astellas Pharma and Gennev, hosted a series of six virtual roundtables on menopause to address everything from hot flashes to postmenopausal sex. Several key themes emerged:

- * Talking openly about menopause is one way women can remove the stigma and taboo associated with it.
- * The loss of estrogen that occurs during menopause affects every aspect of a woman's health.
- * Menopausal symptoms and conditions are common but should not be dismissed as a normal part of aging. Treatments and lifestyle changes can address these changes and improve quality of life.
- * How a woman experiences menopause depends on her racial, ethnic, cultural and gender identities.
- * The results of the Women's Health Initiative study released in 2002 dramatically harmed perceptions around the safety of hormone therapy, with fear and concern continuing today. Many healthcare providers remain unclear about the benefits versus risks of hormone therapy, which results in women not receiving the most appropriate treatment for their menopausal symptoms.
- * Lifestyle behaviors and simple changes, such as maintaining a healthy weight, managing stress, and practicing good sleep hygiene are pivotal to achieving good health and reducing the frequency and severity of menopausal symptoms.
- * Only a small percentage of clinicians are trained in menopause care, so it's important for women to find clinicians who are knowledgeable in this area of medicine and will listen to and support them.
- * It's important for women to advocate for themselves and insist on being listened to and receiving the right treatments for their menopause symptoms.
- * There is not a one-size-fits-all treatment; many hormonal and nonhormonal treatments are available, and many exciting new options are in the pipeline, allowing for personalized treatment to fit a woman's unique needs.

Introduction

Menopause is a major life event every woman will go through and yet one that we still do not openly talk about. Menopause is stigmatized and misunderstood by the women going through it as well as by their families and society as a whole. Even many healthcare providers are misinformed or untrained in treating women during this stage of life.

Indeed, in our own [Aging Smart, Aging Well](#) survey we conducted with WebMD in 2019, one of the largest surveys on midlife women since the 1990s, we found that:

- * Menopause has a significant impact on the health and well-being of a majority of women.
- * Despite an overwhelming majority of women reporting menopausal symptoms, more than one-third of perimenopausal and nearly one-quarter of menopausal women say they have not talked to a healthcare provider about their symptoms.
- * White women are significantly more likely than Black women to have discussed cognitive symptoms of menopause, such as brain fog, fatigue or mood swings, and sexual health concerns, such as painful intercourse or vaginal dryness, with their healthcare provider.
- * Although women express concern over certain conditions as they age, such as heart disease and dementia, few women discuss these concerns with their healthcare providers. Only 3% of women had discussed dementia and 25% of women had discussed heart disease.
- * Nearly 37% of Hispanic women and 30% of Black women indicated they were not aware of hormone therapy for menopausal symptoms, and 46% of Hispanic women and 32% of Black women were unaware of vaginal estrogen therapy.

As difficult as it is for women in general to get comprehensive menopause care, even more barriers exist for women of color, who are less likely than white women to be screened for [bone loss](#) and other menopause-related health issues. Women who experience socioeconomic stressors may experience an even earlier onset of symptoms, and underinsured and uninsured low-income individuals often lack access to care completely.

This is why HealthyWomen launched “No Pause in Menopause,” a series of six online roundtables held from October 7 to November 18, 2020. Thanks to sponsorship from Astellas Pharma and contributing support from Gennev, we brought in some of the leading experts in women’s health to participate in our event and help bring the topic out of the dark. As Wendy Lund, moderator of our opening session and CEO of GCI Health at the time of our program, noted: Menopause should not be viewed as something to dread, but as an entry into a new part of your life.

Throughout the six sessions, we asked our panelists what they wanted women to know about life during and after menopause. Here’s what some of them said:

“You’re valuable, no matter how old you are, no matter how old you’re going to get, and you should be treated with respect your entire life ... I also want to encourage women to tell their stories, to shift the narrative out there around what it looks like to go through menopause, not just from a physical perspective, but also from a cultural, emotional and mental perspective. You’re not alone and there are folks out here to support you.”

— Omisade Burney-Scott

“Recognize how diverse our experiences are and how little we know. You may not know exactly when something is coming, but you should know when something is changing in you.”

— Dr. Octavia Cannon

“Don’t panic. And have a good relationship with your healthcare provider.”

— Dr. Mary Jane Minkin

“Menopause can be difficult, but it does not have to mean that it’s the end for women.”

— Dr. Sabrina Sahni

“Margaret Mead talked about the concept of menopausal zest. I also support the idea that as we are going to live over a third of our lives, now more like half of our lives, postmenopausally, we want to do it with zest and vitality — and there’s no reason not to. The idea that we’re old and useless is totally wrong ... It’s our time, so let’s use it wisely.”

— Sheryl Kingsberg, Ph.D.

Menopause Defined

“I remember the day that I first got my period, when I was about 12 or 13, and my mother packed me up and she threw me in a car and said, ‘We’re going to buy you some clothes and a diary, because I want you to write everything down because you’re now a woman.’ She was so proud and happy. And umpteen years later, when I entered menopause, nobody talked to me. There was nothing to read, I had no one to talk to. It is time to open that up and start being involved and really get women to begin talking about this.”

— Wendy Lund

Each year, an estimated 1.3 million women in the United States reach menopause, defined as 12 months without a period without any other obvious causes (women who have their ovaries removed while still of reproductive age enter menopause immediately). The average age of menopause in the United States is 51.3, and women will spend about 40% of their life in the postmenopausal phase.

“The term I use with my patients is that the ovaries are pooping out,” said Dr. Mary Jane Minkin, clinical professor of obstetrics, gynecology and reproductive sciences at Yale University School of Medicine. And that, in turn, means plummeting levels of the all-important estrogen and progesterone hormones, which contribute to nearly every aspect of a woman’s health. But it’s not a smooth decline. “Some days the ovaries work and some days the ovaries don’t work,” she said.

This time when the body is changing is called perimenopause, and it can be a roller coaster of physical and emotional changes. This transition phase can take five or more years until menopause is reached. Women are considered postmenopausal (a term used interchangeably with menopausal) once they’ve had a full year without a period.

Every woman experiences menopause differently depending on her individual identity, said Omisade Burney-Scott, creator and curator of the podcast, “The Black Girl’s Guide to Surviving Menopause.” That includes her gender identity as well as ethnicity, race and culture. “I think about menopause being a continuation of a spectrum of reproductive justice,” she said, adding that “reproductive justice” is a combination of reproductive health, reproductive rights and an intersectional framework. “As long as you are alive, you are operating with multiple identities. Some of those identities come with privilege and some of those identities don’t.”

So women will experience menopause differently depending where they are culturally and socially. "So," she asked, "how are you experiencing the changes in your personhood, in your identity as you age, in a society that doesn't value people who are older?"

Perimenopause and menopause may be a time of significant health-related challenges, thanks to those falling estrogen levels. "Women have estrogen receptors nearly everywhere: in their brain, their skin, their bones, breasts, blood vessels and genitals," explained Dr. Barb DePree, who directs Midlife Women's Health at Holland Hospital in Michigan and founded the website, MiddlesexMD.

"For 40 years, this important hormone has been playing a very influential role in managing and allowing us to thrive and do well," she said. "Then you have this experience of a fairly abrupt endocrine organ failure. With the loss of that major source of hormones, estrogen and progesterone, but primarily estrogen, your body begins some compensatory work in trying to regain and renew ways of operation. But there can be a really difficult transition in there — late perimenopause into early menopause — where women become symptomatic."



From Hot Flashes to Vaginal Dryness: Understanding the Signs and Symptoms of Menopause

One hundred percent of women go through menopause. There are symptoms associated with menopause. It's normal, speak up, speak out, and get the advice and help you need."

— Dr. Lynn Seely

Hot Flashes and Night Sweats

The most common symptom of menopause is hot flashes, or vasomotor symptoms, experienced by 70% to 80% of women. Hot flashes typically start a year or two before the final menstrual period and end five to seven years later, although some women continue to experience them for the rest of their lives. Hot flashes tend to be worse in the year or two *before* menopause and get better with time.

A hot flash results from temperature dysregulation, explained Dr. Lisa Larkin, founder and CEO of Ms. Medicine. "It's a dramatic sensation of heat that ascends to your face," and it often leaves women drenched in sweat. "So when you see cartoons or hear that your friends are sticking their head in the freezer, that's a very common reaction to this very significant event," she said.

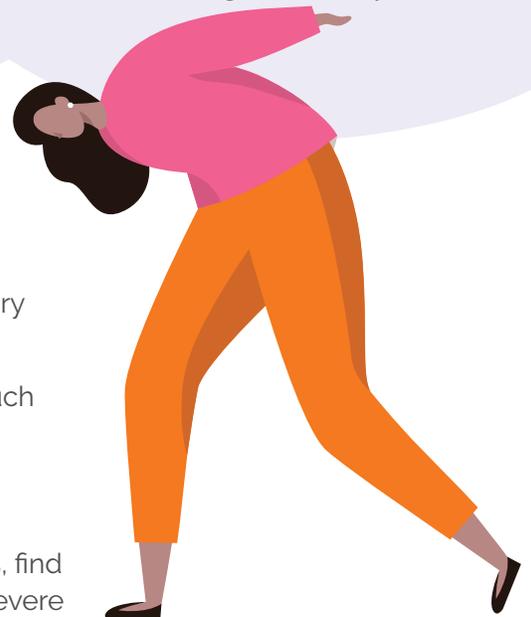
Larkin added that hot flashes can affect areas of your life such as sleep and mood. There's also some correlation between the severity of hot flashes and night sweats and the risk of cardiovascular disease.

Our survey with WebMD, as well as numerous other studies, find that Black women tend to experience more frequent and severe

Symptoms of Menopause

The hormonal changes that are happening in a woman's body are broad-reaching. It has been estimated that there are 34 different symptoms, which include:

- * Hot flashes
- * Night sweats
- * Vaginal dryness
- * Bladder issues
- * Irritability or mood swings
- * Insomnia
- * Achiness and joint pain
- * Hair loss
- * Dry skin
- * Cognitive changes (such as brain fog or memory loss)



hot flashes and night sweats, something clinicians should be aware of, said Dr. Octavia Cannon, co-owner of Arboretum Obstetrics & Gynecology.

Managing Hot Flashes

One way for women to manage hot flashes is by making lifestyle changes. That includes dressing in layers and keeping a dry nightgown by their bed at night for a quick change if they soak the one they're wearing. If they're hot and their partner is cold, they can try a dual-control heated blanket. Knowing and avoiding hot flash triggers can help as well. Some women find caffeine, spicy foods or alcohol trigger vasomotor symptoms and disrupt sleep.

In addition, maintaining a healthy body weight, engaging in regular exercise, and practicing stress management techniques (such as meditation or yoga) may also help.

Even employers can provide some relief, Minkin noted, by allowing women to change the temperature in the office or installing water fountains and water bottle refill stations.

But the most effective treatment for hot flashes currently available is hormone therapy, either estrogen alone for women who no longer have a uterus, or estrogen plus progesterone. "Nothing has the same effect on hot flashes and night sweats that hormone therapy does," said Pauline M. Maki, Ph.D., professor of psychiatry, psychology and obstetrics and gynecology at the University of Illinois at Chicago, who has conducted several studies on the topic.

The Facts About Hormone Therapy

"If there's one message that I'd love to get through today, it's that hormone therapy is not all bad — even though that's what you may be reading and you may be hearing."

— Sheryl Kingsberg, Ph.D.

Unfortunately, there are myths and misinformation surrounding hormone therapy that prevent many women from getting the relief they need. The medical equivalent of a tsunami hit the world of women's health in 2002 when the large Women's Health Initiative (WHI) study, designed to see if hormone therapy could reduce heart disease risk in postmenopausal women, was abruptly halted after data showed a slightly increased risk of breast cancer in women receiving one form of the therapy.

Nearly overnight, thousands of women tossed their hormone therapy and healthcare providers stopped writing prescriptions.

The problem? The study was poorly designed and the results were poorly communicated.

For one, the women in the study were, on average, 12 years past menopause, or 63 years old, said Minkin. Later studies of women who started on hormone replacement closer to the time they reached menopause showed some protective cardiovascular benefits with no increased risk of breast cancer, she said. There's also the timing hypothesis — that estrogen has differing effects in younger women who do not have established vascular disease compared with older women who already have some level of cardiovascular disease.

In fact, according to Larkin, "Estrogen has positive effects in women who take it when they're younger, including cardiovascular prevention; improved life expectancy and reduced mortality; and improved sexual health, bone health, hot flashes, sleep, and mood."

In addition, the study had two arms: one where participants received a combination estrogen/progesterone pill and the other where women without a uterus received estrogen only. After 18 years of follow-up, women randomized to the estrogen-only arm had a *lower* risk of breast cancer.

This suggested that the culprit in the combination arm was the synthetic progestin used, Minkin said. Today, research shows no increased risk of breast cancer when natural progesterone is used with estrogen. There are also treatments that can protect the uterine lining that are not progestins, such as selective estrogen receptor modulators (SERMs). "We have a lot of new developments out there that are a lot more breast-friendly," she said.

Yet the damage from the WHI persists. "There's a lot of misinformation and a lot of legacy from the WHI that has led to misunderstanding about the risks," said Maki, both among women and their healthcare providers. To address that, leading women's health societies throughout the world published a global consensus statement in 2013 on menopausal hormone therapy. It confirmed that the benefits of hormone therapy in women between ages 50 and 60 generally outweigh the risks, particularly for women with vasomotor symptoms.

However, it's important to stress that estrogen therapy is not recommended for everyone, including women with a history of breast cancer, clotting disorders, stroke or heart disease or for those living with obesity or who smoke.

The other lingering effect of the WHI, as pointed out by the panelists in our roundtable, is that doctors who are not experts in menopause still do not understand the data. And that means that even women who are ideal candidates for hormone therapy are not offered hormones or even encouraged to have a discussion about it. In fact, most doctors do not understand many aspects of menopause even though it affects every woman, said Maki. "They get more training in things that affect less than 1% of the population than they do in something that affects 100% of the population. It's a great disservice to women."

In addition to systemic hormones in the form of oral pills, patches, sprays and gels, localized hormone therapy can be used in the form of creams, suppositories and rings inserted into the vagina. Vaginal suppositories with DHEA, a hormone

produced by the adrenal glands, have been shown to also reduce vaginal dryness and pain during sex without raising systemic hormone levels.

Vaginal moisturizers with hyaluronic acid and lubricants can also be used as temporary methods to relieve pain or discomfort.

Women also lose up to 50% of circulating testosterone as their ovaries decline. So, adding in androgen therapy can be helpful for women managing hot flashes, night sweats and loss of sexual desire.

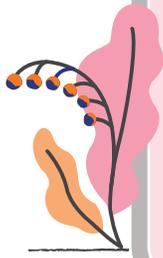
"I think the key thing for women to realize is that not everything is created the same, and if you say, 'Yeah, I really am interested in hormone therapy,' we've got lots of options for you to choose from," Minkin said.

Compounded Bioidentical Hormones

One long-lasting effect of the WHI is the popularity of compounded bioidentical hormone therapy, which is individually prepared for women by special pharmacies. The term "bioidentical" means the drug has the same molecular structure as a hormone the body produces. However, there is a misperception that compounded bioidentical hormones are somehow safer than FDA-approved bioidentical hormones (estradiol and micronized progesterone), said Larkin. "There is no data to back that up," she said.

Indeed, the lack of oversight of compounded pharmacies can be dangerous. She said she sees women getting huge doses of hormones for a long time and exhibiting related side effects. Women are being misled, she said. "They don't have adequate information to make a good decision."

Larkin said there's no need to turn to a compounding pharmacy. "We now have FDA-approved bioidentical hormones that are the same type of hormone your body makes and are safer than compounded hormones," she said.



Nonhormonal Therapies

For women who cannot take hormone therapy, there are options that can provide at least some relief. These include antidepressants, such as venlafaxine, used for hot flashes. But one side effect may be reduced sexual interest, said Larkin, which menopausal women often already experience.

The anti-seizure medication gabapentin can also help, but it can also be sedating and lead to weight gain at higher doses. Oxybutynin, approved for overactive bladder, has also shown some benefit in reducing hot flashes. However, there's a trade-off. Side effects include dry mouth and constipation, Larkin said, and "there are some concerns about dementia with long-term use."

The good news is that there are several new exciting therapies for hot flashes in late-stage clinical trials that do not involve hormones, including therapies that counteract the effect that loss of estrogen has on the neurotransmitters in the brain that regulate temperature.

What About Supplements?

There are a huge number of nutritional supplements on the market, and although some may be beneficial for women, data on efficacy and safety are lacking. Therefore, it is difficult for healthcare providers to guide patients on their use.

"My concern about supplements is that women think that if it's over the counter, it's safe," said Sheryl Kingsberg, Ph.D., professor of reproductive biology and psychiatry at Case Western Reserve University School of Medicine, "and that's absolutely not true."

"Generally, I don't recommend a lot of the over-the-counter [supplements] because we don't have a lot of good long-term data on how they affect our body and chronic disease risk," said Dr. Sabrina Sahni, clinical assistant professor of obstetrics, gynecology and reproductive biology at the Cleveland Clinic's Lerner College of Medicine. Plus, she said, some are not very effective. For instance, the herb black cohosh is often touted for its benefits for hot flashes. Yet none of our panelists said they would recommend it.

"I tell my patients, 'I wish I could give you more data about effective supplements.' I think it's lacking, but if you've tried something, if you find it effective, by and large they're not going to be harmful, and I can be supportive if you have found it to be beneficial to you," said DePree. "Don't underestimate the placebo effect," she said. "Almost everything has about a 30% response rate as a result of the placebo effect."

Most of the panel agreed, however, that women can take vitamin D3, as there are not a lot of good dietary sources. Calcium can be obtained through a balanced diet, including dairy, leafy greens, nuts and seeds; however, a calcium supplement can be taken if needed. Panelists also agreed that it was important to tell your healthcare provider about any supplements you're taking.

Genitourinary Syndrome of Menopause (GSM)

Dryness. Soreness. Urinary tract infections. Blame it on estrogen, or the lack thereof.

There are three layers of cells in the urogenital tract, explained Kingsberg, and the top layer is dependent on estrogen. "With estrogen, tissue in and around your vagina is thick, pleated, and provides lubrication and buoyancy," she said. "Without it, your vagina starts to look like a desert, very thin and dry, and it hurts."

Changes that occur during menopause can include vaginal dryness, narrowing of the urogenital tract, thinning of the labia (the folds of skin outside the vagina), and pain with intercourse. And, unlike hot flashes and night sweats, these changes do not go away. In fact, the longer your body is deprived of hormones, the worse they can get, she said.

"Women don't understand that the symptoms they're experiencing, like painful intercourse, urinary symptoms like leakage or urinary tract infections, may be related to the genitourinary syndrome of menopause, or GSM," said Kingsberg.



And few clinicians ask about it. "It's kind of invisible; you can see a hot flash, but you may not see GSM."

The North American Menopause Society (NAMS) coined the phrase "genitourinary syndrome of menopause," in 2014 to replace "vulvovaginal atrophy." The new definition, Kingsberg said, more accurately described the condition since GSM affects the entire genitourinary system, not just the vulva and vagina. In addition, the term "atrophy" has negative connotations.

The last reason is particularly important because, as several panelists noted during our roundtables, GSM is rarely talked about and healthcare providers rarely ask their patients about it. Too many women learn to live with GSM, believing that it's a normal part of aging and is supposed to happen. So getting the word out about it is important since there are several effective treatments. These include over-the-counter vaginal lubricants.

Localized estrogen therapy, in the form of creams, tablets, vaginal pills and rings inserted into the vagina, is safe even for women who should not take systemic hormone therapy, Kingsberg said. Even so, only a very small percentage of women with GSM are on a prescription localized hormone therapy. "What is everybody else doing?" she asked. "We cannot get that fear of hormones out of our head. It has entered into our culture and it's hard to change that, even for localized therapy."

Cognitive and Mood Changes

"During my own menopause journey, I experienced firsthand the symptoms like brain fog and anxiety, but I also experienced the lack of support and solutions for what is really such a pivotal and complex life stage that every woman is going to experience."

— Ann Garnier

A considerable number of women experience memory loss during the menopausal transition and yet cognitive changes related to menopause are underrecognized and undertreated, panelists said. In fact, during the discussion, Dr. Gayatri Devi, attending physician at Lenox Hill Hospital/Northwell Health and nationally recognized neurologist specializing in memory loss, spoke of two middle-aged women in her practice who were misdiagnosed with dementia when their memory loss was related to menopause.

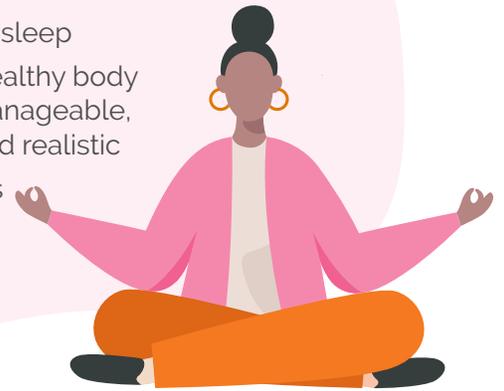
The link between menopause and memory is borne out in studies showing that women who undergo surgical menopause report trouble finding words, short-term memory loss, and difficulties multitasking immediately after surgery, findings that resemble early Alzheimer's disease.

"Women are verbal people, we're not grunting people," said Devi. "We talk and we get to where we are, and suddenly we find that the very words that helped us get to where we were are now failing us. We start saying 'carpoing the shampet' instead of shampooing the carpet, we start to misplace things. I want people to be aware that there is this memory loss that's documented, that's objective, that can be found on testing, that looks like early Alzheimer's, but that's not," she said. "It's related to menopause and it can be treated."

Lifestyle Changes for Cognitive Health

Our panelists listed several lifestyle changes women can make that could help with memory and brain health (as well as other symptoms of menopause). These include:

- * Following a healthy diet, such as the Mediterranean diet, composed of lean proteins, healthy fats, fruits, vegetables, whole grains, and nuts
- * Engaging in regular physical exercise that increases the heart rate and mental/emotional exercise such as yoga or meditation
- * Reducing alcohol intake
- * Exercising the brain with reading, learning a new language, or trying a new hobby
- * Maintaining heart health with healthy blood pressure and cholesterol levels
- * Getting enough sleep
- * Maintaining a healthy body weight that's manageable, maintainable and realistic
- * Managing stress



In addition to memory loss, many women experience significant mood swings during the menopausal transition. This can be the result of the fact that they are dealing with so many issues, including aging parents, young adult children, job security and chronic disease, on top of the symptoms menopause itself brings. Women with a history of depression have a high risk of experiencing a recurrence during perimenopause, Maki said. Other women report that they just do not feel good. They tell her that they do not feel as happy or engaged.

"It turns out that epidemiological studies show that this is very, very typical in the menopausal transition," she said, beginning with changing menstrual cycles. "So that's the first hint that it's the variability in estrogen and progesterone levels that contribute to this disruption in mood."

The issue of sleep is also intertwined with those of mood and memory, Devi said. Given hot flashes and night sweats, uninterrupted sleep becomes difficult. This, in turn, interferes with the ability to remember things because sleep is vital to memory. Poor sleep also contributes to poor diet, irritability, mood changes and weight gain, especially the abdominal weight gain so many women experience during this time.

"People will often say to me, 'I have trouble sleeping.' ... That difficulty sleeping affects daytime alertness, Devi said. "When that happens, we're not paying more attention, we're not focusing on things better, we're not able to take in the information enough so that we can consolidate that memory and then retrieve it later when we need it."

While hormone therapy can help with sleep, behavioral adjustments are important as well. She said, "You must also elevate sleep to an important level in your daily routine and not disregard it. We're all experts at sleeping. But many of us have unlearned how to sleep well, and during the menopausal transition, other events make it much harder."

Simple things such as turning off cell phones in the evening and not keeping them in the bedroom can help, as can regular exercise. And psychotherapy can also help address such issues.

Pelvic Floor Disorders

Add pelvic floor disorders to the long list of health-related changes as women age. Dr. Cheryl B. Iglesia, professor of obstetrics/gynecology and urology at Georgetown University School of Medicine, explains that the pelvic floor acts like a bowl for pelvic organs. Pelvic support problems such as prolapse or urinary and bowel incontinence or leakage can all affect a woman's quality of life and lead to social isolation, embarrassment and shame.

"It's a very vulnerable part of the body," Iglesia said. About one in four women can have a pelvic floor disorder in their forties or younger and about a third of women in their fifties and older. By the time women reach age 80, she said, about half of all women are dealing with this.

"I want women to take their pelvic floor in their own hands and take control," she said. "It's beyond Kegels. I'm talking about your sex life, I'm talking about your bladder function, your bowel function, your bleeding." Iglesia advised expressing that the condition is bothering you and talking to your healthcare provider about it. "If you don't think you're getting the respect you need or the right answers — or they're just kind of blowing you off — seek more help."

This is particularly important because there *are* options to improve pelvic floor health.

Women with severe prolapse, called laxity, may be able to take advantage of technology that can shrink tissues or, if they suffer from vaginal dryness, expand tissues. However, there is little data comparing these more expensive procedures, which may not be covered by insurance, to treatments known to work, such as localized estrogen, lubricants, weight loss and pelvic floor muscle exercises. "Unfortunately, I've seen it where women have been duped. [One patient had] stage 3 prolapse and someone said, 'I can put this laser in there; it's going to cost \$2,000. You're going to get all better,' and it didn't do anything." Iglesia performed reconstructive surgery on the woman and that wound up solving her problem.

Iglesia advises that it's a good idea to go to healthcare providers who are performing a high-volume of these surgeries and also offering plenty of options for treatment.

Incontinence

The new buzzword for incontinence is "light bladder leakage," said Iglesia. "But some of us know that it's not always just light."

There are several different types of incontinence:

- * **Stress incontinence** — leakage that occurs while coughing, laughing and sneezing. The leaking is a result of weak pelvic floor muscles or tears in the connective tissue that supports the bladder neck (where the urethra connects to the bladder). This form is more common during perimenopause.
- * **Urge incontinence** — uncontrolled urine leakage that occurs after an urgent need to urinate. This type becomes more common with age.
- * **Overflow incontinence** — when a small amount of urine leaks out of a full bladder. Over time, the amount of urine lost is large, but it happens in small amounts over a long period of time.
- * **Functional incontinence** — the result of a cognitive or physical impairment, such as Alzheimer's disease or paralysis.
- * **Mixed incontinence** — a combination of types of incontinence.

"It takes an astute clinician to figure out how much of that urge is related to the lack of support to the bladder and to determine how to treat it," Iglesia said. Physical therapy is one option, but so are surgery and certain medications, including Botox. Even localized estrogen in the vagina can help reduce incontinence in certain cases.

But in order for any of these options to work, women have to seek help first. "The average woman is probably waiting five years to seek help because they're so embarrassed by it," Iglesia said. Then they may be socially isolating, missing out on many activities they typically enjoy.

"Don't wait to be asked about it," she said. "Raise your symptoms with your doctor."

Jill Angelo, CEO and co-founder of Gennev, agrees. "The importance of going in prepared to that appointment with a list of questions or a list of the things that you're experiencing is key because you have a finite amount of time with that practitioner."

Abnormal Bleeding

Many women find their periods changing during perimenopause. They may skip one or more months, experience more cramps, or have lighter or heavier bleeding. The bleeding can even be so heavy that it causes anemia.

What is **abnormal** can vary from person to person and, according to Dr. Lynn Seely, former CEO of Myovant Sciences, most women do not even know what a normal period is, so they do not know what abnormal is either — or when to seek help from a healthcare provider.

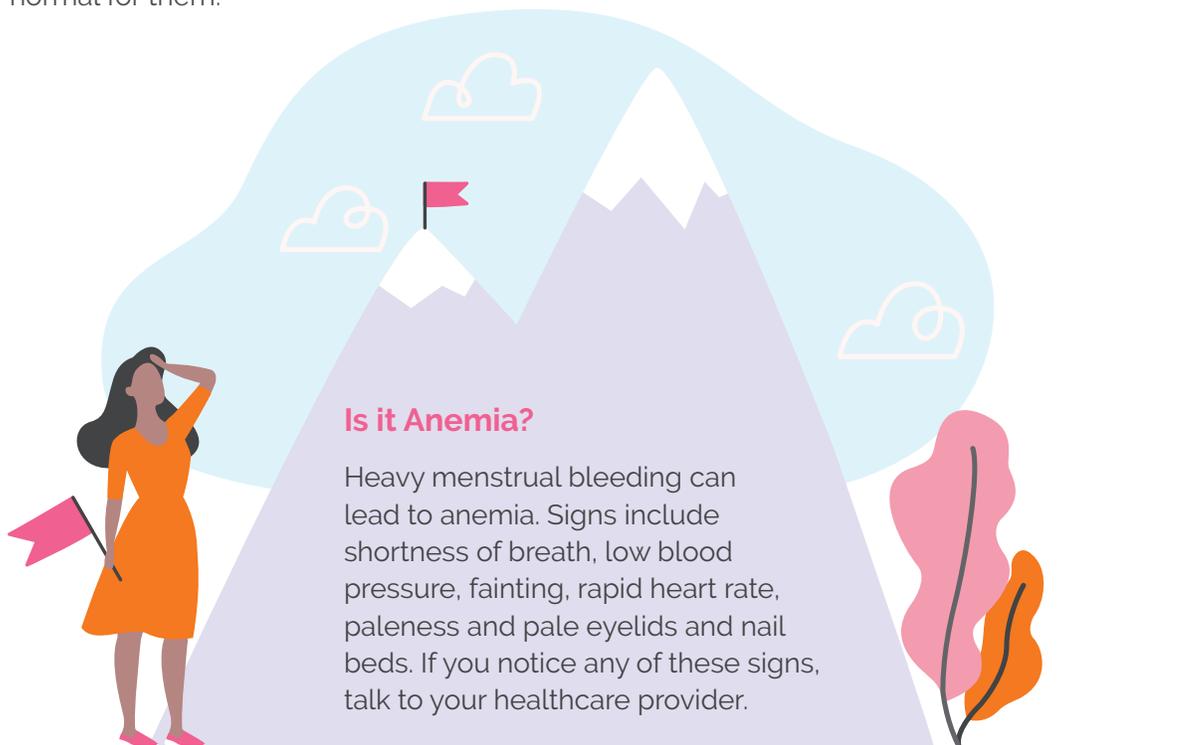
A good rule of thumb is that if you find your periods changing from what you're used to, it's important to talk to your healthcare provider who can help you determine whether your symptoms are a normal part of perimenopause.

"Women tend to normalize this and just say, 'Oh, I must be getting older, this is just a normal part of aging,'" Seely said. "In fact, that's often not the case because there are many other things that can cause abnormal bleeding or heavier bleeding."

Causes of abnormal bleeding can include **uterine fibroids** or benign tumors in the uterus, particularly among African American women. These become more common in the perimenopausal period as women age, but they're not something to overlook. Abnormal bleeding can also occur with **adenomyosis**, a condition where the uterine lining grows into the uterine wall. And bleeding can also occur from vaginal dryness, and if the uterus, bladder or other organs **prolapse**, or sag, into the vagina.

"If you're sensing changes in your body, if your bleeding is changing, your periods are changing, you're developing other [symptoms] like incontinence or painful intercourse, talk about it to your physician," Seely urged. "Many of these conditions can be managed."

Women can also download period trackers to their devices to help them monitor the amount of bleeding and discomfort they're having and get a sense of what is normal for them.



Is it Anemia?

Heavy menstrual bleeding can lead to anemia. Signs include shortness of breath, low blood pressure, fainting, rapid heart rate, paleness and pale eyelids and nail beds. If you notice any of these signs, talk to your healthcare provider.

Disease Risk and Menopause: Keeping the Whole Body Healthy

With age comes an increased risk of cancer, heart disease, osteoporosis and other medical conditions. What role does menopause play in these conditions?

Cancer and Menopause

The good news is that your risk of cancer is not directly related to menopause, said DePree. "What does have a significant direct impact on cancer risk is aging and, then, obesity ... However, there is a connection between menopause and weight gain. So, in that regard, there might be some connection between becoming menopausal and having increased risk of cancer. But primarily it's going to be just the fact that we're aging."

That's because aging affects the ability of cells to repair damage that occurs during cell division, damage that lies at the heart of cancer.

In the United States, one in three women will develop some type of cancer in their lifetime, DePree said, and one in eight women will be diagnosed with breast cancer. Breast, colorectal and cervical screenings are important preventive measures to stay on top of, as they can identify potential cancers early, and early diagnosis often improves outcomes.

Osteoporosis

Osteoporosis is a condition that makes your bones weak and brittle. Normally, bone breaks down and builds up pretty evenly with a nice equilibrium, according to Sahni. As estrogen levels fall, that breakdown happens much more quickly than the buildup, leading to fragile bones that are prone to fracture.

Women can lose up to 20% of bone density during the first five years of menopause. "So it is pretty significant," said Sahni. The risk of osteoporosis is higher in women taking certain medications, such as steroids and medications for acid reflux. White and Asian women also have a higher risk of osteoporosis than Black women, who experience about half the rate of osteoporotic fractures.

Lifestyle behaviors, such as weight-bearing exercises and calcium-rich foods in your diet, can help maintain bone health. Women can also speak with their healthcare providers about hormone therapy, as well as the need for a bone density scan, as they age.

Heart Disease

"Clearly, heart disease is the number one killer for everybody," said Dr. Manish Chauhan, an interventional cardiologist at St. David's Heart and Vascular. Women tend to develop coronary artery disease 10 years later than men, in part because of the protective effects of estrogen. As estrogen levels fall, though, women quickly catch up to men in terms of rates of cardiovascular disease.

"We know that women who have early menopause tend to have a greater cardiovascular risk than women who develop menopause at the normal age or later in life," he said. That's because low estrogen affects the vascular system, changes the body's fat distribution (more abdominal, i.e., dangerous fat), and affects how the body responds to glucose and blood pressure changes.

"So it becomes more relevant to evaluate the cardiovascular risks in perimenopausal women," he said.

Those include several modifiable risk factors for heart disease, such as high blood pressure, high cholesterol, diabetes and smoking. Risk factors that cannot be changed include age and family history. If women understand their risk factors, they are able to make lifestyle changes to reduce their risk of developing heart disease.

Change Your Lifestyle, Change Your Risk of Disease

Lifestyle changes are the most important action women can take when it comes to reducing cardiovascular risk, said Chauhan — especially exercise, which also can help with some of the emotional challenges midlife women may face. Aim for 150 minutes a week, or 30 minutes a day five days a week, of moderate physical exercise like brisk walking or biking (even in 10-minute increments). If you do not have the time, up the intensity and try to get at least 75 minutes per week of heavy, vigorous exercise. Yoga and meditation are also important for helping with stress.

Another benefit to exercise? "We know there's a direct correlation between breast cancer risk and women who exercise, even regardless of weight, since obesity is a risk factor for breast cancer in and of itself. But women who may [have obesity] but exercise regularly can significantly reduce their risk of breast cancer," DePree said. Exercise can also reduce the risk of high blood pressure, high cholesterol and diabetes, all of which contribute to cardiovascular disease.

Exercise is also important to maintain muscle mass, which tends to shrink with age but is critical for healthy bones, among other health-related benefits, DePree said.

"A lot of women think they have to go to the gym and pump iron and do all these heavy weight-lifting exercises," said Sahni. "Using your own body weight is perfectly fine. Even just five to 15 minutes of yoga at home can help improve bone density."

And do not forget about the mental health benefits of exercise, DePree said.

"We absolutely see an increased risk for women to be more anxious, irritable, depressed. How can we help women best address that? It's going to be exercise."

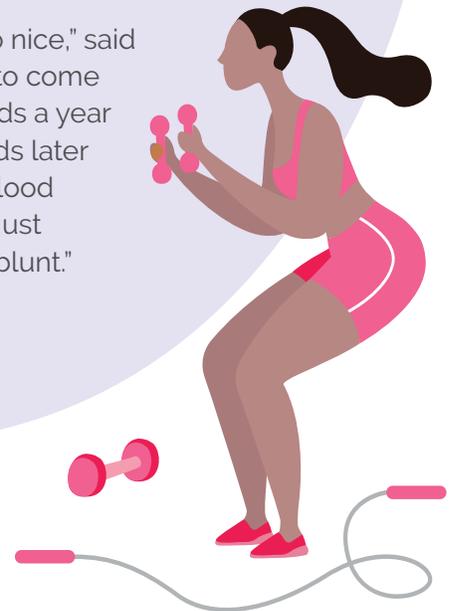
Maintaining a Healthy Weight

Sahni noted that many of her patients gained weight during the quarantine. "The first thing I say in this unprecedented time is that we need to give ourselves some grace; this is un-navigated territory." Many ask her about fad diets like Keto or Paleo. "I tell people the best diet is going to be one that you stick to and that is lifelong and sustainable for you. It's not going to be one of those super-elimination diets. Cut out processed foods and refined sugars."

"You can't try to get an ideal weight just because it's a number," said Chauhan. "I think getting to a healthy weight that's manageable, that's maintainable, that's more important."

He also noted that the metabolism slows with age and it can be more difficult to maintain a healthy diet. "I think all diets work," he said. "It's how well can you maintain?" Most diets, he said, are very hard to maintain. What's important, he said, is that women have honest conversations with their healthcare providers about what they eat. "I think the biggest barrier is communication with the clinicians."

"Sometimes as providers we're a little too soft or too nice," said DePree. "We don't want to be harsh. We don't want to come across as being critical, so we let three or four pounds a year go by for five, eight years, and here we are 30 pounds later and now there's hip pain and Type 2 diabetes and blood pressure is going up. So I do think we, as providers, just need to try to be more empathetic, but honest and blunt."



The Sex Talk: Maintaining an Exciting Sex Life After Menopause

“You should be living your best life in menopause. You should be having great sex. We don’t have to worry about getting pregnant anymore, and we shouldn’t be worrying about leaking during sex, we shouldn’t be worrying about making noises during sex unless you want to, and you shouldn’t be worrying about it hurting or having the dryness.”

— Dr. Cheryl B. Iglesia

Just because you're in menopause does not mean your sex life is over. “It is really critical for women to continue to feel vital and youthful and engaged, both in terms of their own development and their relationships,” said Dr. Sharon J. Parish, professor of medicine in clinical psychiatry at Weill Cornell Medical College.

“I found that, in my forties, when I was in perimenopause, all of a sudden I realized, ‘Hey, I have no sex drive and my libido just walked away and it didn’t even wave good-bye,’” Barb Dehn, a women’s health nurse practitioner and an award-winning author, said. “I thought, ‘Is this just me? Is this my partner? What the hell is going on here?’ I felt very alone and I wasn’t sure who to talk to.” She wants women to know that they’re not alone.

Parish pointed out the distinction between something being common and normal. “Telling women that sexual concerns and questions and even problems are common... It’s normal to ask, but it’s not normal to accept that it has to stay that way. We don’t have to say, Oh, this is just a normal part of aging.”

“It’s very reassuring for women to know it’s not you, it’s not your partner. It’s biology,” Dehn said. “All those estrogen receptors get really thirsty, and things get smaller, drier, tighter and there’s less natural lubrication. I call it puberty in reverse.”

A specialist in sexual pain, Kingsberg sees many women with vaginal dryness, itching, irritation and pain who think they simply have to deal with it. “My message is you don’t have to deal. There are so, so many things that we can do in medicine, even over-the-counter products that really help with desire, arousal, orgasm and pain.” Other options include prescription medications and vaginal dilators.

But, the right diagnosis is key. For instance, women with severe sexual pain may be experiencing vulvodynia, said Susan Kellogg Spadt, Ph.D., who directs the Female Sexual Medicine Center for Pelvic Medicine. “In one type, the nerve

endings in the vulva come to the surface and even a very soft touch causes burning, horrible pain," she explained. In another type, the muscles under the vulvar skin are too tight, robbing the area of blood flow and preventing an opening for penetration. There are other medical issues that may occur, she said, like skin disorders of the vulva.

In addition, said Parish, there can also be more complex psychological and emotional factors at work when women begin losing their libido. "Sometimes there are very deep wounds that start to come out as women become more mature, even trauma or long-term hurts or religious messages that have confused them." In addition, she said, women may be facing psychological or psychiatric conditions like depression or anxiety or having difficulty with alcohol.

"So if you feel like what you've been treated with isn't quite enough to help you," Kellogg Spadt advised, "keep looking because there are answers."

The Language of Sex

It's important to understand that desire and intimacy happen within a sexual response cycle in women, Parish said. "The idea is that people move through phases or stages in engaging in a sexual idea or even a sexual experience." It starts with anticipation or wanting, which grows into desire. This is the libido part of sexuality.

Next comes arousal, which she defined as the bridge between wanting and then engaging and feeling mentally and genitally excited. That is followed by the orgasmic response, or climax, which differs among women.

"There are biological, psychological, social and cultural contributors to every phase," she said. But hormones play the biggest role in libido and desire, along with neurological and vascular functions. So medications and psychosocial factors, as well as how women feel at the moment play a role in the ability to reach climax and to fully intensify the pleasure of the experience.

And the phases may come in a different order, noted Kellogg Spadt. "Sometimes, during a woman's phases in her life, arousal will predate desire. So she'll have to kind of get started and then once she's started, she truly feels desire and wants to continue."

It's also important to note that women do not always start from a position of spontaneous sex hunger, said Parish, but want to have sex for other reasons, like building the relationship and being emotionally close.



Body Image and Sex

Kellogg Spadt explained that many women are very aware of how their body has changed over the years. "I find that they don't feel sexy, that sexy doesn't come from within because they're being really critical of the changes in their body."

Interestingly, she said, during couples therapy, the partner is usually not at all bothered by the changes and is very interested in hearing how the woman feels. "We look at our partners through the eyes of love," she said. "Partners are not particularly upset about changes because those are expected changes and *they* look different from when you first met, too." After all, she said, "if your partner is interested in having sex with you, they're obviously not that upset about any physical changes because they're showing you that they're desirous of you."

Plus, she said, "There's nothing that says sex always has to happen naked. There is no law that I'm aware of at least that says you couldn't have a night shirt or a cute nightie or something like that and have sex with some part of clothes on if it makes you feel freer and sexier."



You and Your Healthcare Provider: Time for a Talk

“Don’t just assume your issues are normal or that they are not questions for your OB-GYN.”

— Dr. Octavia Cannon

The issue of talking to your healthcare provider about menopause came up numerous times during the six roundtables. The consensus: healthcare providers, even OB-GYNs, receive little training in menopause.

Particularly lacking, panelists said, was clinician knowledge about current recommendations for hormone therapy. “Clinicians received very little training on menopause after the WHI,” Maki said. “We’ve lost almost two decades of trainees in this very important topic.”

Our panelists stressed that women need to advocate for themselves. “Anything that happens to you is something that’s important and something that matters,” said Devi, “and your practitioner needs to be a partner in helping you find the right solution for you. So never let anyone dismiss you.”

Larkin agreed. “I would encourage women really to use their voice and advocate for themselves and not to suffer in silence,” she said. Women should not believe that all hormones are bad. For many women, she said, the data shows it would be a great treatment option. “Find the right provider who can really talk to you about the data and risks and benefits in a way that makes sense.”

To find one, check out NAMS, which certifies physicians specially trained in menopause. Most provide telehealth today, which can make it easier to connect with a specialist if there are none in your area.

It’s not a substitute for an in-person visit,” said Ann Garnier, founder and CEO of Lisa Health. “But given where we’re at with the pandemic, it’s better to at least get that online visit than to not get help at all.

Conclusion

In the end, our panelists left participants with a lot of useful advice about moving forward. They urged women to appreciate themselves and understand that the quality of their life after menopause matters. It was clear from the six roundtable discussions that it's important for women to take control of their health by making healthy choices, which can mitigate the effects of menopause on their physical and mental health.

Our panelists counseled women to value themselves and the changes in their bodies, to be kind to themselves. And they suggested that intimacy with a partner, be that a dinner out or a long hike, is just as important as physical lovemaking.

The panelists and participants of our No Pause in Menopause series also clearly conveyed that it is time to "flip the switch" and shine a light on this most important part of a woman's life. We need to talk about menopause — beginning years before we reach it — so we can prepare for the changes, manage our symptoms, and improve our mental health and wellness.

Angelo said, "We have to impart on women and even young girls to just explore and understand our health to a deeper degree than we're taught to."

Specific steps that healthcare providers and women's health organizations can take include:

- * Encouraging more discussion about menopause in the media, including movies, television and social media
- * Educating clinicians on the latest science about menopause, its symptoms and current and novel treatments
- * Providing greater support to empower women to speak up about their menopausal transition and ensure they find the care they deserve

When Burney-Scott said was asked what she would want women to know about menopause, she named a wide range of things. She thinks it's important for women to understand more than just what they're experiencing physically. "This is a holistic change that you're going through. It's not just around the hot flash or the vaginal dryness or the insomnia. I want [women] to understand what intimacy looks like for people who are either perimenopausal, menopausal, postmenopausal, what ... pleasure look[s] like — and not always pleasure derived from sexual expression, but also what are the things that you do that actually bring you pleasure? A lot of relationships shift and change and transform as you age, so how are [they] managing that grief — grief of marriages or partnerships that end, friendships that change ... and what does it mean to be a menopausal person in the workplace?"

"Having an intentional space where people get to have this conversation with each other and share their journey and reflect on what they're hearing from each other is such a powerful and important thing to have."

About HealthyWomen

HealthyWomen is a unique and progressive not-for-profit organization that has inspired and empowered millions of women to take a proactive role in their health and the health of their families for 30 years. Over the years, HealthyWomen has developed an extensive library of information on topics ranging from heart disease and breast cancer to sexuality and wellness — with hundreds of lifestyle and condition-oriented topics in between. With clinical information that is reviewed by leading health experts to ensure that accurate and reflects the latest scientific advances, HealthyWomen is a proven and trusted resource for consumers. Notably, HealthyWomen prides itself on its 24/7 multichannel media platform with award-winning educational content as well as advocacy, awareness campaigns. HealthyWomen delivers information that women can learn from and act upon via informative, motivating and shareable content. HealthyWomen continues to be a rich resource with a broad reach among a highly engaged community, reaching over 1.5 million women each month; engaging over 60,000 healthcare providers (60% RNs and NPs, 40% OB-GYNs, general practitioners and MDs); and proudly partnering with dozens of local and national organizations.

