

EVERYTHING ABOUT

Menopause

Understand the transition. Recognize the symptoms. Choose evidence-based care.

Prepared for AGGSO 2000 Set Alumni Group

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**A natural life stage—
not a disease,
and not something
to suffer through
silently.**

What have you heard about menopause?

Quick show of hands

Which statement sounds most familiar?

“It is only hot flashes.”

“Hormones are always dangerous.”

“Nothing can be done—just endure it.”

“Every woman experiences it differently.”

Menopause is one day within a longer transition

Perimenopause

Cycle changes and symptoms begin; pregnancy is still possible.

TRANSITION

Menopause

Confirmed after 12 straight months without a menstrual period.

12 MONTH MARK

Postmenopause

The years afterward; some symptoms ease while bone and heart health deserve attention.

NEW LIFE STAGE

Natural menopause commonly occurs between ages 45 and 55, but timing varies.

Fluctuating hormones affect many body systems

Ovarian hormone patterns become less predictable

Estrogen	fluctuates, then declines
Progesterone	declines as ovulation becomes irregular
Androgens	change gradually across age and health

This helps explain why symptoms may involve:

- temperature control
- sleep and mood
- vagina and bladder
- bone and muscle

Symptoms extend far beyond hot flashes

Body temperature

Hot flashes • night sweats

Sleep & energy

Insomnia • fatigue

Mind & mood

Irritability • anxiety • low mood • brain fog

Periods

Irregular, heavier, lighter, closer or farther apart

Sexual & urinary

Dryness • pain with sex • urgency • recurrent UTIs

Body changes

Joint aches • body-composition changes •
headaches

Bleeding changes: know the red flags

Common in perimenopause

- Skipped or unpredictable periods
- Flow that becomes heavier or lighter
- Cycles that become shorter or longer

Call a clinician promptly

- Any bleeding after 12 months without a period
- Very heavy bleeding, dizziness or weakness
- Bleeding between periods or after sex
- Bleeding that is new, persistent or concerning

Hot flashes are real—and they are treatable

A sudden wave of heat, often with sweating, flushing, chills or palpitations

01

Notice

Track timing, severity and triggers

02

Adjust

Cool room, layers, fan, paced breathing

03

Discuss

Medication if symptoms disrupt life

Treatment decisions should be based on symptom burden—not on a need to ‘prove’ suffering.

Sleep, mood and concentration often interact

Night sweats → broken sleep → fatigue → irritability and poor concentration

Sleep

Regular schedule • cool room •
limit late caffeine/alcohol

Mood

Talk therapy, social support and
medication when indicated

Brain fog

Reduce multitasking • use
reminders • protect sleep and
movement

Seek urgent help for thoughts of self-harm or inability to stay safe.

Vaginal and urinary symptoms may worsen without treatment

Genitourinary syndrome of menopause (GSM)

- Dryness, burning or irritation
- Pain with penetration or reduced sexual comfort
- Urinary urgency, discomfort or recurrent infections

Options to discuss

- Vaginal moisturizers regularly
- Lubricants during sexual activity
- Low-dose vaginal estrogen or other prescriptions
- Pelvic-floor care when appropriate

These symptoms are common, medical and deserving of care—not something to be embarrassed about.

Midlife health changes are not caused by menopause alone

Aging, sleep, activity, genetics, medications and hormone changes all matter.

Blood pressure



Know your number

Blood sugar



Screen based on risk

Cholesterol



Review the full lipid profile

Waist & strength



Track function, not only weight

**Protect the
heart**

**Move
Don't smoke**

**Sleep
Eat well
Treat risk
factors**

Bone and muscle become priority health assets

Build and preserve

- Weight-bearing activity
- Resistance training 2+ days/week
- Adequate protein, calcium and vitamin D
- Fall prevention and balance work

Ask about bone screening

- Age and personal risk determine timing
- Earlier screening may be needed with risk factors
- Do not self-prescribe high-dose supplements

Strength supports bones, metabolism, mobility and independence.

Most people do not need a hormone test

For most people over 45 with typical symptoms:

Cycle pattern + symptoms + medical history

Tests may be useful when:

- Symptoms begin unusually early
- Pregnancy or another condition is possible
- Bleeding pattern is abnormal
- The diagnosis is uncertain

**FSH can
fluctuate widely
during
perimenopause.**

**A single result may
mislead.**

Lifestyle care is foundational—but it is not a moral test

01

Move most days

02

Strength twice weekly

03

**Eat minimally
processed foods**

04

Protect sleep

05

**Limit smoking and
excess alcohol**

06

Stay socially connected

Lifestyle can reduce risk and support symptoms; needing medication is not a failure.

Match treatment to symptoms, risks and preferences

01

Start with the goal

What symptom most affects daily life?

02

Review health history

Uterus? bleeding?
cancer? clot, stroke,
heart or liver history?

03

Compare options

Lifestyle,
nonhormonal
medicines, local
therapy or systemic
HT

04

Reassess

Benefits, side effects
and changing needs
over time

There is no single 'best' menopause treatment for everyone.

Hormone therapy is most effective for hot flashes

Systemic therapy

- Treats hot flashes and night sweats
- May improve sleep related to symptoms
- Helps prevent bone loss while taken

The uterus changes the plan

Estrogen alone

Usually for those without a uterus

Estrogen + progestogen

Usually needed to protect the uterine lining

Benefits generally outweigh risks for many healthy women younger than 60 or within 10 years of menopause onset who have bothersome symptoms—after individualized review.

Hormone therapy requires an individualized safety review

Discuss alternatives or specialist input with a history of:

Breast or endometrial cancer

Stroke, heart attack or blood clots

Unexplained vaginal bleeding

Liver disease

High cardiovascular risk

Other complex medical conditions

Route, dose, age, timing and personal history affect risk. Reassess regularly.

Effective nonhormonal and local treatments are available

For hot flashes

Certain SSRIs/SNRIs
Gabapentin
Fezolinetant
Other clinician-selected
options

For vaginal/urinary symptoms

Moisturizers and lubricants
Low-dose vaginal estrogen
Vaginal DHEA or ospemifene,
when appropriate

For sleep or mood

Treat the driver
CBT and sleep care
Condition-specific medication
when needed

Natural does not automatically mean safe or effective

MYTH

Compounded 'bioidentical' hormones are always safer.

FACT

FDA-approved bioidentical options exist; compounded products lack the same standardization and safety oversight.

MYTH

A supplement cannot interact with medication.

FACT

Herbal and dietary products can cause side effects, vary in quality and interact with medicines.

Bring every supplement and hormone product to your clinician or pharmacist for review.

Know when to book care—and when to seek urgent help

Book a routine visit

- Symptoms disrupt sleep, work or relationships
- You want to review treatment choices
- Periods become unusually heavy or unpredictable
- Vaginal, sexual or urinary symptoms persist

Prompt or urgent assessment

- Any bleeding after menopause
- Chest pain, severe shortness of breath or stroke symptoms
- Severe bleeding, fainting or marked weakness
- Thoughts of self-harm or inability to stay safe

Take these five ideas home

01 **Menopause is natural; suffering in silence is not required.**

02 Symptoms are diverse and highly individual.

03 Postmenopausal bleeding always deserves evaluation.

04 Both hormonal and nonhormonal treatments can help.

05 **The best plan is personalized and reviewed over time.**

Reliable resources for continued learning

- 1 World Health Organization — Menopause fact sheet**
<https://www.who.int/news-room/fact-sheets/detail/menopause>
- 2 American College of Obstetricians and Gynecologists — The Menopause Years**
<https://www.acog.org/womens-health/faqs/the-menopause-years>
- 3 ACOG — Hormone Therapy for Menopause**
<https://www.acog.org/womens-health/faqs/hormone-therapy-for-menopause>
- 4 The Menopause Society — Patient Education and Hormone Therapy**
<https://menopause.org/patient-education/menopause-topics/hormone-therapy>
- 5 U.S. Preventive Services Task Force — Menopausal Hormone Therapy for Primary Prevention**
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/menopausal-hormone-therapy-preventive-medication>

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