



Symptoms

No two women experience menopause in the same way. Some may have difficulties, while others may be symptom-free. A variety of treatment options are available to help women manage their symptoms and continue to live an active, full life.

Common symptoms

Although women experience menopause differently, generally fluctuating hormone levels can lead to:

- Hot flashes
- Fatigue
- Aches and pains
- A change in sexual desire
- Changes to skin texture and appearance
- Bladder control difficulty
- Vaginal fluid changes (dryness)
- Disruption of sleep patterns (difficulty sleeping)
- Mood swings
- Memory loss
- Irregular periods
- Night sweats

Lifestyle choices and hot flashes

Basic lifestyle choices such as regular exercise, quitting smoking and practicing relaxation techniques can help women manage sleep disruptions, night sweats and hot flashes. Any practice that reduces your core body temperature (e.g., fans, loose-fitting clothing and cold drinks) can help combat the effects of hot flashes.

Mood swings

Women can experience a range of unpleasant physical and emotional changes during perimenopause and menopause. Irritability, tearfulness, anxiety, depression, lack of motivation and poor concentration are among them. Prolonged periods of sleep disturbance can also

cause changes in mood. Serious mood disorders can be treated with anti-depressants, sometimes in combination with hormone therapy (HT). Talk to a health-care provider for expert advice on areas of concern.

Hormone therapy

HT is sometimes prescribed to boost hormone levels and provide relief from menopause symptoms. The *2006 Menopause Consensus Report* published by the Society of Obstetricians and Gynaecologists of Canada (SOGC) recommends short-term, lowest-dose HT to treat symptoms.

HT may be recommended for women with moderate to severe menopause symptoms, or for those who have had a hysterectomy or reached menopause at a young age (before 50). HT helps restore balance in a woman's body after her ovaries have stopped producing estrogen and progesterone. An HT program may involve the use of estrogen alone (estrogen therapy, or ET), or estrogen and progesterone in combination (EPT). Women who have undergone a hysterectomy (and therefore no longer have a uterus) are typically prescribed ET, while other women are more likely to be given EPT. Progesterone offers the added advantage of protecting the uterus' lining from endometrial cancers.

Hormone therapies may involve oral medications, skin patches, or gels to address symptoms such as hot flashes. Other HTs are applied locally to problem areas; for example, a cream, tablet or ring may be recommended to deal with vaginal symptoms.

For more information on the effectiveness of HT and risk factors, please refer to the SOGC factsheet, **Hormone Therapy**.

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Natural treatments

A range of non-hormonal prescription and non-prescription therapies are available. Research into additional menopause therapies is ongoing. Complementary and alternative medicines, including black cohosh and red clover, may be recommended to ease hot flashes and night sweats. Unfortunately, there is little data pertaining to the long-term effectiveness and safety of these products and therapies, so it is important to consult with a trusted health-care provider.

More information about alternative menopause treatments is listed at www.menopauseandu.ca.

The SOGC has developed a collection of information materials for women with menopause-related concerns, however your health-care provider remains the best front-line resource to answer your questions.

Visit www.menopauseandu.ca for more information about menopause and other women's health issues.