

## COPING WITH MENOPAUSE and PERIMENOPAUSE

Not all women experience menopause the same way. For some, menopause can bring many distressing symptoms. Others may experience few if any discomforts. This information can help you manage your perimenopause and menopause symptoms and health.

### Hot Flashes/Night Sweats

- Identify and try to avoid your hot flash triggers. Common triggers include stress, caffeine, alcohol, spicy foods, tight clothing, heat, and cigarette smoke. Anxiety can trigger hot flashes and hot flashes can trigger anxiety. Hot flashes can cause heart palpitations which can lead to anxiety, which can make hot flashes worse. Not fair!
- Keep the bedroom cool. Use fans during the day. Wear light layers of clothes with natural fibers to allow you to cool off readily.
- Exercise daily. Walking, hiking, swimming, dancing, yoga, and bicycling (with a helmet!) are good choices. Try not to exercise too close to bedtime, this can make it harder, not easier, to get a good night's sleep.
- Add soy protein, from food (tofu, soy milk, soybeans), not supplements, to your daily diet in place of animal protein.
- Despite heavy sales, marketing and promises, Estroven, Promensil, isoflavone and a myriad of other soy-enriched tablets have not been shown to help menopausal symptoms better than placebo (sugar pills).
- Black cohosh (Remifemin and a host of other menopause supplements) are often used for hot flashes. There have been reports of liver toxicity with black cohosh use. Avoid kava kava and valerian root. Beware that most herbal products are not regulated in the U.S. and some (turmeric!) have been associated with liver toxicity.
- Antidepressants like Paxil (paroxetine, also sold under the FDA name Brisdelle), Effexor (venlafaxine), and Pristiq (desvenlafaxine) can help reduce hot flashes. So can Neurontin (gabapentin). All have risks and benefits.
- Hormone therapy (HT) is the most effective treatment for hot flashes and is FDA-approved for the management of menopausal symptoms. Any form of hormones, including 'bioidentical' hormones, has risks as well as benefits. This is why these medications require a prescription from a physician or other licensed medical care provider. Bio-identical and compounded hormones are still hormones and are not any safer than FDA-approved versions.
- A consultation regarding pros and cons of hormone therapy can be scheduled with a Fair Oaks Women's Health Ob/Gyn doctor. Please call the office. (626) 304-2626.

## Mood Swings, Anxiety and Depression

- Find a self-calming skill to practice, such as yoga, meditation, mindfulness.
- Avoid sedatives, sleep-aids, or tranquilizers if possible.
- Consider prescription anti-depressants.
- Engage in a creative outlet that fosters a sense of achievement.
- Stay connected with your family and community; nurture your friendships.
- Consider joining an online (or real world) support group.
- CBT – cognitive behavior therapy, can be helpful.
- Walk outdoors, find some forest or gardens to spend some time in.
- Hormone therapy – in many cases people starting hormones are able to get off their sleeping pills, anti-depressants and tranquilizers!

## Sleep Hygiene

- Decide how many hours of sleep you need per night. The usual is 7-8 hours. Decide what time you have to wake up in the morning. Calculate what time you need to fall asleep to get your 7-8 hours. Then go to bed 15-30 minutes before that.
- Go to bed and get up at the same time every day, even on holidays and weekends.
- Use the bed for sleep and sexual activity only, not for reading, watching television, or working. Do not watch TV or other videos in the bedroom, it confuses the brain. Train your brain that bed means sleep (or sex).
- Minimize device screen time, cell phone, iPad, etc., starting two hours before bedtime. Using devices close to bed time also trains your brain the wrong way, keeping it alert and active instead of preparing for sleep.
- Read something kind of boring, like non-fiction or a cookbook, before bedtime.
- Avoid napping during the day.
- If sleep does not begin within 20 to 30 minutes, leave the bed and return when drowsy.
- Keep the room quiet, cool, and dark.
- Use earplugs to decrease ambient noise.
- Avoid caffeine within 4-6 hours of bedtime.
- Avoid alcohol and smoking at least 2 hours before bedtime.
- Establish relaxation pre-sleep rituals, such as a warm bath or reading.
- Exercise earlier in the day, not within 2 hours before bedtime.
- Consider the use of an app or device (white noise, relaxing sounds or speech).
- Read "[Getting a Good Night's Sleep](#)" by Dr. Nancy Foldvary.
- Magnesium: consider magnesium glycinate (120 mg) or magnesium citrate (CALM-350 mg), one dose at bedtime. Mag Oxide is not as well absorbed, possibly causes GI side effects. Magnesium L-threonate, a “designer” magnesium, is expensive and heavily promoted for brain health, and is no better than less costly alternatives.
- Learn about Cognitive Behavioral Therapy (CBT-i) for insomnia. This is available online from many reputable providers such as Talk Space, Moona Health, Better Health.

### Vaginal Dryness and Painful Intercourse

- For everyday moisture, try vaginal moisturizers like Replens, KY Liquibeads or Silk-E or natural oils like coconut or vitamin E. These are not for sex.
- For sexual activity, use lubricants like Uberlube, Astroglide, KY-Liquid. Newer products are Hyaluronic Acid based: Revaree, Good Clean Love BioNourish Ultra Moisturizing Vaginal Gel, HYALO GYN®
- Local prescription estrogen treatments for the vagina/urethra include estradiol cream, estradiol vaginal tablets, or Estring vaginal ring (can be moderately costly). Other medications such as vaginal Imvexxy or IntraRosa or oral Osphena (60mg) are effective but can be very costly. Save money on medication at GoodRx online.
- For some patients, topical estradiol cream and/or testosterone cream (compounded 0.1%) applied to the vulva are helpful.
- Topical lidocaine cream prior to sex can be helpful if there is severe pain at the opening (5% lidocaine cream – on amazon).
- \*Warning – do not apply vaginal estrogen (estradiol) cream to the face. It easily enters the blood stream and can cause harm. Estriol (non-prescription) is far weaker than estradiol and probably safe, do not mix these up.

### Sexual Health

- App: <https://meetrosy.com/>. “Access a wealth of knowledge from medical experts at your fingertips in fun, easily digestible videos that mirror the experience on your favorite social media platforms.”
- “OMGYes” is a subscription site with in-depth sexual wellness education for women of all ages.
- Various sex aides (devices or “toys”) are available online. Clitoral stimulators are the newest devices that have been found to be effective for self-stimulation. Available on amazon as the “Satisfyer” or the “Womanizer” and other cute names.
- Find a Sex Therapist - Society for Sex Therapy and Research (SSTAR) or American Association of Sexuality Educators, Counselors and Therapists (AASECT).
- International Society for The Study of Women’s Sexual Health (ISSWSH). (<https://www.isswsh.org/>). Great resource for sexual health.

### Brain Health – Brain Fog

- Brain fog is not a medical term but refers to changes in how we think. The medical term is mild cognitive impairment (MCI). Symptoms of MCI include forgetting things like a person’s name, where you put something, or why you walked into a room. There might be more difficulty focusing, reading, or concentrating. It takes longer to find the right words when you’re talking.
- Brain fog is not dementia. Brain fog is forgetting where you placed your car keys. Dementia is not knowing what keys are for.
- Brain fog during menopause and perimenopause can be due to many factors, A common cause is sleep deprivation, often due to other menopause symptoms. Chronic stress contributes to brain fog.
- Brain health activities can help manage brain fog. Start with sleep hygiene and stress management.
- Omega 3 supplements have been shown to help brain health.
- Regular vigorous exercise helps reduce brain fog, and also helps people sleep better.

- Hormone therapy is one of the most effective treatments for brain fog due to menopause and perimenopause.
- Brain fog is not permanent. After a few years of menopause, even if you never use any hormones, it normally resolves.

#### Brain Health – Dementia

- Dementia is scary. The most common form of dementia is Alzheimer's Disease (AD). The lifetime risk of AD for women is 1 in 5, average age of diagnosis is about 80.
- Women in their 60's are twice as likely to develop AD as breast cancer.
- In 2002, WHI announced that HRT increases the risk of dementia! This was the opposite of numerous studies done prior to WHI and many more published since WHI. It may be difficult to believe, but WHI data has been re-analyzed and again the authors exaggerated the risks and misinterpreted the data when they concluded that HRT increases the risk of dementia. Many books on menopause and perimenopause explain this very well.
- Today, many experts believe that HRT, if started soon after menopause, can lower the risk of AD. We're not able to say this conclusively, more studies are being done, but the biology of estrogen supports that it is extremely important for long-term brain health.
- Can AD be prevented? Some experts say no, others say YES! The first step is to learn if you are at increased risk for AD.
- Learn what your APOE genotype is. The APOE gene (we all have this, and we all have 2 copies of it) can be e2, e3 or e4. Most people have e3/e3. Some have e3/e4 and some have e4/e4. E3 is normal, but e4 predicts increased risk of AD. Double e4 is worse than a single e4. You can lower your risk of AD by making lifestyle and health changes. If you learn that you're carrying the APOE e4 gene (there are books written about this) then these changes are critical.
- How can you lower your risk of AD? You already know, and you've heard it before. Here we go: don't smoke, avoid alcohol, get enough sleep, exercise more than 150 minutes per week, eat a diet high in omega 3 and low in saturated fat, have a great social life, continue to learn new things no matter how old you are, manage your diseases such as high blood pressure, high cholesterol, diabetes. Take your meds. Avoid environmental toxins (drink clean water, don't eat burned food, avoid second-hand smoke, etc.). If female, consider HRT.
- Search online for a recent Lancet article about 14 ways to lower your risk of dementia.

## Preventing Osteoporosis

- Bone health is rarely emphasized when teaching people about what's best for their health and nutrition. Bone mass should be built up as best as possible starting in your twenties and thirties. Tell your kids and your friends how extremely important it is to develop good bone mass when they're young. Bone mass peaks at age 25-30 and decreases steadily after that for the rest of your life.
- Many factors affect bone mass such as diet, genetics, physical activities, substance use or abuse, medications, and body size, shape and height. Some of these are not modifiable but many are.
- Calcium and vitamin D can slow bone loss and may decrease fractures. Consume 600-1,000 milligrams of calcium a day in divided doses. Get as much calcium as you can from food, not pills. Good sources of calcium are dairy products; green leafy vegetables such as broccoli, kale and spinach greens; almonds; and plant milks like soy, almond, oat milk (for plant milks read the label, make sure it says calcium-fortified). Calcium CITRATE (like Citracal-D or CalTrate) is well absorbed with or without food/stomach acid and is the preferred calcium supplement in women on stomach acid blockers and women with a history of kidney stones.
- Vitamin D aids in the absorption of calcium and stimulates bone formation. Consume at least 600-1,000 IU international units of vitamin D a day and up to 5,000 IU daily if you have been found to be low on a blood test. Do not stay on 5,000 units daily for longer than 6 months.
- What is a "normal" serum level of Vitamin D? There is not an agreed-upon answer. MD's usually say anything above 20 is good. Labs will flag any level below 30 as abnormal. Gurus and "Functional" clinics want you to be at 50, even 70! Note that levels of 100 can be toxic. Too much of a good thing is not always good.
- Alcohol and smoking are terrible for bone health. Drinking cola, which has phosphates, pulls calcium out of the body. Vegan diets are often low in calcium. People with eating disorders are at high risk for osteoporosis at a young age. Medical diseases such as celiac, malabsorption (Crohn's), hyperthyroidism, or excess cortisol can increase the risk of osteoporosis. Medications such as steroids, acid-blockers, and some anti-depressants have been correlated with bone loss.
- Exercises that increase bone mass are the ones that make the muscles work against gravity. Walking is not as helpful for bone as previously thought. Muscle-building exercise may reduce bone loss and fractures and improve balance. High impact activities like jumping, carrying a load (walking uphill, walking while wearing weights-called rucking), have been shown to be far more effective activities for bone health than aerobic activities like swimming, walking, and running.
- The Bone Health & Osteoporosis Foundation (BHOFF) is the leading health organization dedicated to preventing osteoporosis and broken bones, promoting strong bones for life. VISIT: <https://www.bonehealthandosteoporosis.org/>

## Preventing Heart Disease (Lowering your risk)

- Eat a variety of vegetables, fruits and whole grains, including soy foods (not supplements). Minimize ultra-processed carbs, minimize sugar or pure starchy foods like pasta, potatoes, breads, and other baked goods. No sugary drinks. Avoid fructose and agave, these are low glycemic but poison for the liver.
- Consume foods rich in omega 3 fats such as flaxseed, fish, tuna, salmon, and walnuts and almonds at least twice a week. Learn about good fats and bad fats, there is new information that might surprise you. Eggs are good for you for example!
- Vegan diets can lower heart disease, depending on what you eat. Tortillas, potato chips and french fries might be vegan but are not healthy.
- Ideally get at least 30-60 minutes of moderate exercise every day! 150 minutes per week is promoted as a goal, this is the minimum you need for good heart health. 300 minutes per week is far better.
- Engage in activities that result in a sustained or intermittent increase in heart rate: gardening, walking, dancing, stair climbing, roller blading, any aerobic exercise. The activity period does not need to be continuous. Consider getting a sensor to monitor your activity and strive to walk at least 10,000 steps a day. Typically, about 2,000 to 2,200 steps is one mile. Walking pace of 3 miles per hour means you can walk 1,000 steps in about 10 minutes.
- Do NOT smoke. Even 1-2 cigarettes a day increases your risk of bone loss, lung and other cancers, and cardiovascular disease (heart attack and stroke).
- Avoid being sedentary during the day. This can be as bad for your heart long-term as smoking one pack a day.
- Maintain a healthy weight. Know your BMI (body mass index) and strive to keep it in the normal range (20-25).
- Control or manage high blood pressure. Even numbers above 130/80 should be managed or treated.
- Diabetes prevention and control is important as diabetes is a 'heart disease equivalent'.
- Learn about insulin resistance. Elevated fasting Triglycerides can be due to insulin resistance. You can have a normal HbA1c and still potentially be insulin resistant.
- If Cholesterol is high, meaning high LDL and low HDL, then lowering this has been shown to reduce the risk of heart disease.
- Consider having a HS-CRP (high sensitivity C-Reactive Protein) blood test for further cardiac risk assessment if you have borderline elevations in the blood lipids/fats.
- Consider a CAC test (coronary artery calcium score).
- Ask for an advanced lipid panel. Check your LDL particle size and number, check for apoB and Lp(a) (Lp(a) is not reduced by most medications and is genetically determined. High Lp(a) is an independent risk factor for cardiovascular disease).
- Take vitamins or supplements with some physician guidance. Choose ones that contain antioxidants including vitamins E and C and B complex, like Centrum Silver. Avoid beta-carotene supplements. If menopause, do NOT take vitamins with extra iron. It can accumulate in the body and damage organs like the heart or liver. Omega-3 supplements can be helpful, they are anti-inflammatory and can help improve heart health.

### Managing Urinary Leakage (incontinence):

- Drink modest (not large) amounts of fluids: 4-6 glasses of 8 ounces in 24 hrs is fine unless you are perspiring heavily due to exercise, weather, or maybe hot flashes (see HF advice above). Too many people drink too much water daily, leading to excessive trips to the restroom to eliminate the unnecessary extra water ingested.
- Stop (or minimize) drinking fluids after dinner.
- Empty the bladder regularly, almost on a schedule. Don't wait until the last minute. Start every 2-3 hours. If you stay dry, increase the time between urinations. If you leak, decrease the time between trips to the restroom.
- Do Kegel exercises. Try to follow the 5-5-5 rule. Hold the Kegel muscle for 5 seconds, do 5 in a row, repeat this 5 times a day. Do not do Kegels when emptying the bladder. It can “confuse” the complex bio-neuro-muscular process known as micturition (“peeing”).
- Keep a voiding log. During a typical day write down fluid intake, when you urinate, any accidents and when they occur (after coughing, sneezing, laughing, because you were not able to reach the bathroom in time, etc.). Ask the doctor to review it with you.
- Avoid bladder irritants such as smoking, caffeine, acidic foods or juices (tomatoes!), spicy foods.
- If you decide to try a medicine, take it regularly as prescribed. Specialized medications can help the bladder relax and hold urine better.
- Try to avoid constipation, avoid coughing if possible, minimize jumping or carrying heavy loads.
- For stress urinary leakage (with laugh, cough, sneeze), there is an over-the-counter disposable vaginal device, that is inserted like a tampon but is not absorbent, called Poise Impressa. It can be worn for up to 8 hours per day and is available over the counter. [www.impressa.com](http://www.impressa.com).
- Urologists have many additional strategies, and we can discuss a referral as needed.