

Menopause: A Time to Change

The menopausal transition spans three to nine years, typically starting around age 45, with a range of age 44-56. The transition is dynamic, beginning with longer cycles, then increasing times of amenorrhea until the woman reaches menopause, defined by 12 months without a period. During this time, estrogen fluctuates and becomes low around the time of menopause and post menopause. The many fluctuations of hormones affect the brain, which in turn affects the hormones.

This dynamic, plus a time in our life where other changes occur such as children leaving home, career changes, aging parents and their eventual death, leaves us in the place of increased stress, difficult choices, and challenges. It is also a time when we have the opportunity to think about our own self-care, how we want to create the second half of our life, and opportunities to express our creativity. I see this transition and all of its storms as a passage into the stage of life of wisdom. Each of us has lived many years and it is our time to pass on what we have learned to younger women and men.

Menopausal experiences are individual and yet there are symptoms that appear to affect us all including hot flashes, night sweats, poor sleep, emotional sensitivity, joint pains, vaginal dryness, and moments of losing words. The physical body becomes our guide as we seek support, health, well being, and balance. There are many options to support each of us during this transition.

The beginning of the change is an opportune time to see your physician for a complete physical, labs, and conversation about your unique symptoms, medical history,



All's Well
Health for Body, Mind, Spirit

by Moira Fitzpatrick, PhD, ND

lifestyle and current stressors. This is also an important time to assess your cardiovascular risk, vitamin D level and osteoporosis risk.

I imagine that your first concern is to decrease symptoms that are affecting your current life. During early peri-menopause irregular bleeding and heavy bleeding are often issues. I have found maca (*Lepidium peruvianum*) to be helpful in stabilizing

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menses. *Lepidium peruvianum* is an adaptogen that works to balance the hypothalamic pituitary ovarian and adrenal axis. It may also help to restore balance with other symptoms such as irritability, depression, hot flashes and fatigue. Soy and flaxseeds have been found

to improve cognitive function, reduce vaginal dryness, and improve bone mineral density.

Other supplements to improve cognition include fish oil, Huperzine A, Galantamine and Acetyl-L-Carnitine. I have often treated fatigue with adaptogens such as rhodiola, maca, glycyrrhiza, ginseng and ashwaganda. Some herbs to improve sex drive include damiana, ashwaganda and maca. Hot flashes and night sweats may improve with black cohosh, red clover and maca. Sleep is a common issue during the menopausal transition. I work with sleep using herbs such as kava, valerian root, hops, and passionflower. Sometimes I suggest 5-HTP, melatonin, and if a woman is on hormone therapy, taking her progesterone right before bed. I will also

utilize hypnotherapy and Emotional Transformation Therapy to facilitate entering into the sleep state.

DHEA, the precursor to sex hormones, gradually decreases with age. Supplementing with DHEA can be helpful for women to increase vitality, improve the stress response and for some improve sex drive. A recent study, Labrie et al (2009)¹ demonstrated that local DHEA applied to the vagina improved sexual functioning in postmenopausal women.

What about bio-identical hormones? Are they safe? Bio-identical hormones are identical to your hormones. They are FDA approved for moderate to severe vasomotor symptoms (hot flashes, night sweats). What is currently known from recent studies

suggest that estrogen and progesterone are safe for women close to the menopausal transition for approximately five years and estrogen alone for approximately eight years.

If a woman has a uterus, she must take progesterone with her estrogen. It is recommended that estrogen be given in a transdermal form. There is a risk for venous thromboembolic events with oral estrogen.

Transdermal estrogens come in the form of patches, creams, gels, and sprays. There are two ways that bio-identical estrogens are made, one is a synthetic made by pharmaceutical companies the other is compounded. The primary difference is that

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