

Peri-Menopause and Menopause

Marie-Therezia Hadchiti, MD and Karl Jallad, MD

As part of the normal aging process, women undergo many biologic changes that affect their reproductive system and well-being. This is a spectrum that starts with puberty transitions through peri-menopause and ends in menopause.

The average age of menopause is around 51 years of age. Menopause is defined as the absence of menses (period) due to complete stopping of ovulation over a period of 12 months. The transition to menopause, called peri-menopause, can extend up to 3 to 5 years. It is associated with various signs and symptoms that might be experienced differently among women.

It is important that you get familiar with what is considered normal to be able to seek medical care when needed.



Courtesy of @eyeforebony via Unsplash

Symptoms of Peri-Menopause and Menopause

Menstrual cycle

The changes in the cycle are usually the most common complaint prompting women to seek medical care during this period. Estrogen levels decrease because there are fewer eggs in the ovaries. This leads to longer menstrual cycles with shorter bleeding days and less frequent menstruation. Then, when there are no more functioning eggs, periods will stop.

If your periods have stopped for a year or more and you experience excessive vaginal bleeding or spotting, you should seek medical care. There might be other reasons for this change in cycle.

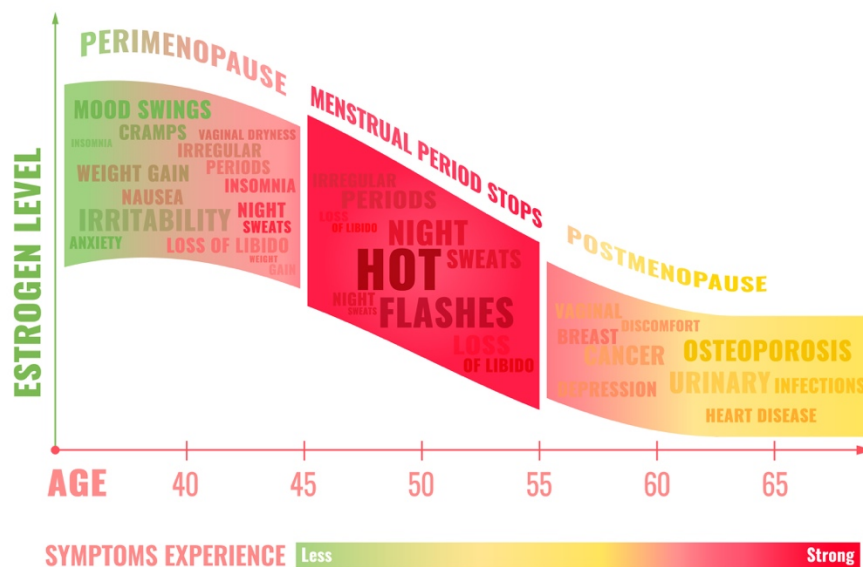
Hot flashes

These are the most common menopause symptom. As many as 60% - 80% of women experience hot flashes. They often occur spontaneously without warning, with a sudden overwhelming feeling of heat spreading all over your body. This may be followed by a cold or shivering sensation, lasting few seconds at various times during the day. Hot flashes are most common around the time the period stops, but can continue for up to 14 years after menopause.

If hot flashes affect your quality of life, various options exist to help you.

Vaginal dryness and itching

Estrogen is a key component responsible for the well-being of the vaginal area. As the level of estrogen goes down, you may notice itching, soreness and pain. This is because the skin of the vagina is becoming thinner. It can also make sex painful and cause irritation, burning or small tears during intercourse.



Decrease in libido and sexual problems

Multiple hormonal and psychological factors during this time can affect your sex life. You may notice that you have sex less often and/or have more difficulty having an orgasm. You might not enjoy sex as much. Less estrogen in your body can cause vaginal dryness. This dryness can lead to difficulty in arousal, and pain during sex. It is important for you to know that there are many treatments that can help you with these symptoms.

Problems sleeping

32% - 40% of menopausal women complain of sleep problems. You may experience an inability to sleep or interrupted sleep cycles. We don't know for sure why this happens. It may be related to hot flashes, which are common at night. Or, you may feel depression that can affect your sleep. While temporary disruption of sleep may be normal, if the problem persists, you should mention it to your doctor.



Courtesy of @linkedinsalesnavigator via Unsplash

Memory problems

Some people experience memory problems before, during and after menopause. This may be caused by the decrease in estrogen. Estrogen is associated with cognition and brain function. Try to train yourself by reading and by writing down important information and appointments in order to avoid missing anything. If you feel that despite all your efforts your memory problems are getting worse, make sure you talk to your doctor about it.

Mood changes

It is normal to feel mood changes before, during, and after menopause. These may be caused by hormonal changes. There is also stigma that comes along with menopause that can be difficult. You might feel irritable or have crying spells. It is important to note that mood changes are not the same as depression. Talking to your doctor is crucial.

Depression and anxiety

Some feelings of depression or moodiness are relatively common during menopause. The intensity of symptoms can change throughout the day. They may get worse during the night and affect your sleep quality. In fact, menopause doubles the risk of depression in women even with no history of mental illness. Certain people are at higher risk for menopausal depression. These people include:

- 🌱 those who have previously suffered from depression, such as postpartum depression

- 🌱 those who have had severe premenstrual syndrome (PMS)
- 🌱 those who have had their ovaries removed (surgically-induced menopause)

If you are experiencing sleep or concentration problems, changes in your appetite or loss of interest in life, do not hesitate to contact your doctor. Your mental wellbeing is essential for your physical health.

Urinary symptoms

It is common for menopausal women to lose control over their bladder and start experiencing a constant need to urinate. They may feel a decrease in sensation of the bladder fullness, incontinence and painful urination. These symptoms are due to the decrease in estrogen and its effect on the bladder and urethra. The changes also create an environment favorable for bacterial overgrowth that can lead to more common urinary tract infections. If you are experiencing any of these symptoms, it is important to seek help. You might be having a urinary tract infection or other problems that require evaluation and treatment.

Take Home Points

- 🌱 Menopause is part of the reproductive life-cycle of most women. It happens around age 51.
- 🌱 Perimenopause is the time leading up to menopause and can last 3 to 5 years.
- 🌱 There are many changes that happen during menopause. One of these is decreased estrogen in the body.
- 🌱 Symptoms of less estrogen include:
 - Hot flashes
 - Vaginal dryness, soreness and itching
 - Decreased sex drive
 - Less enjoyment during sex
 - Sleep problems
 - Memory problems
 - Mood changes
 - Depression and anxiety
 - Higher risk for urinary tract infections
- 🌱 There are treatments for many of these symptoms, including estrogen replacement. Talk to your doctor about your options, especially if you feel that the symptoms are affecting your quality of life.

About the Authors



Marie-Therezia Hadchiti, MD is a fourth-year resident in Obstetrics and Gynecology at the LAU Medical Center in Lebanon. She received her medical degree from the Gilbert and Rose-Marie Chagoury School of Medicine in Lebanon after which she started her residency at their affiliated medical centers with a plan to pursue a fellowship in reproductive endocrinology and infertility following her graduation.

No conflicts of interest to report.



Karl Jallad, MD, FACOG is an Assistant Professor of Obstetrics and Gynecology at the LAU Medical Center in Lebanon. He completed his residency in Obstetrics and Gynecology at MedStar Washington Hospital Center/Georgetown University in Washington DC, followed by a fellowship in Female Pelvic Medicine and Reconstructive Surgery at the Cleveland Clinic in Ohio. Dr. Jallad has published several manuscripts, videos and book chapters. He serves on the editorial board of the Female Pelvic Medicine and Reconstructive Surgery Journal and is a peer-reviewer for Obstetrics and Gynecology, International

Urogynecology Journal, Journal of Minimally Invasive Gynecology, and Female Pelvic Medicine and Reconstructive Surgery Journal.

No conflicts of interest to report.