

Midlife



Wellness Guide

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*Menopause
Wellness*



SAMPLE



Age of perimenopause

Usually around age 35 a woman's estrogen and progesterone levels begin a very gradual, unnoticeable decline. PMS becomes more common and intervals between one period and the next may be shorter. The perimenopause gearing-down process becomes

obvious in the mid-40s. Estrogen and progesterone levels, which have been fluctuating, drop dramatically. The menstrual cycle becomes more irregular, until it eventually stops.

Menopause can occur earlier among women who smoke cigarettes. Other factors that can cause early menopause include living at high altitudes, eating a vegetarian diet, having poor nutrition, or lower body weight. Women who experience menopause before they turn 40 should be evaluated by an endocrinologist or other physician for an autoimmune disorder like diabetes, thyroid disease, or lupus.

Signs of perimenopause

Most women pass through perimenopause and menopause with only slight problems. About 15 percent have no problems at all. About 15 percent have severe symptoms. Here are some common signs that menopause is approaching.

Menstrual cycle irregularities are experienced by 90% of women. It is normal for to menstruate less often, experience shorter and lighter periods, or skip some periods altogether. Heavier bleeding should be checked. Premenstrual syndrome or PMS is often experienced by women 35 to 45.

Hot flashes happen to 75-85 percent of women in midlife. They can be as mild as a blush. At other times the face and neck become flushed and red blotches appear on the chest, back, and arms. They occur more frequently and with greater intensity at night (night sweats), and often disrupt sleep. They may occur rarely or as often as every hour. Most last 2 to 5 minutes. Palpitations (pounding, irregular heartbeats), vertigo (a floating or spinning sensation), weakness, perspiration, and anxiety can accompany hot flashes. Smoking and high body mass index (BMI) may make them more severe.

MANAGING MENOPAUSE WITH HORMONE THERAPY

Menopause is a natural process that does not necessarily require medical treatment. Your doctor may discuss hormone therapy if you have moderate to severe menopause symptoms. The benefits and risks of hormone therapy vary from person to person. Every woman is encouraged to personally make an informed decision about its use, with input from her health care providers.

Types of hormone therapy

Estrogen Therapy (ET) is treatment with estrogen alone. Estrogen alone may be prescribed for women who experience “surgical menopause” after a hysterectomy or an oophorectomy removing both ovaries.

Estrogen + Progestin Therapy (EPT) is a combination of the female hormones estrogen and progestin. A physician may prescribe this combination therapy for healthy women with a uterus to reduce the symptoms of menopause.

Hormone therapy prescriptions can be oral (pill), vaginal (cream, pill, or ring) or transdermal (skin patch).



Generations of menopause therapy

Estrogen therapy in high doses was first offered to menopausal women in the 1940s. In the mid-1970s, estrogen was discovered to stimulate growth of the inner lining of the uterus. This can ultimately cause endometrial cancer.

In the 1980s, the dosage of estrogen was lowered. Synthetic forms of progesterone called progestin are now added to reduce the risk of uterine cancer. Studies around this time suggested that estrogen decreased the risk or seriousness of osteoporosis, heart disease, and Alzheimer's. In the 1990s estrogens were being prescribed not just to relieve menopause symptoms, but to prevent these other conditions.

The U.S. Pharmacopeia (USP) program helps inform and protect consumers who use dietary supplements including herbals. The certification mark appears on the product label.

Women should check with their health care provider before using herbs to treat perimenopausal symptoms. There are many different types of products that vary widely. Herbs can interact with other drugs you are taking or that your doctor might prescribe.

Plant estrogens or phytoestrogens have a tiny fraction of the strength (.005% or less) of human estrogens. Sources of plant estrogens are apples, yams, potatoes, almonds, bean sprouts, wheat, sunflower seeds and soy products like tofu, tempeh, soy milk and soy nuts. Studies suggest that soy may reduce the frequency of mild hot flashes in some women.

Other herbal products include black cohosh, red clover, hops, dong quai, and flax seed. Studies on these agents either show no value for treatment of menopausal symptoms or have not been completed. A division of the National Institutes of Health is funding research on herbs that may reduce menopausal symptoms.

Vitamin supplements have also been suggested for relief of perimenopausal symptoms. Benefits have not been scientifically documented. Again, always check with your health care provider.

Visit the NIH National Center for Complementary and Alternative Medicine for the latest findings at www.nccam.nih.gov



Sexual risks

It is more common today for midlife women to engage in sexual activity with a new partner. A greater number of women delay marriage and childbearing until later in life. Women live longer than men do, so the male partner may die. And the divorce rates increase in the 45 to 65 age bracket.

All women who are sexually active and not in a monogamous relationship (and especially those with a new sexual partner) should follow safer sex practices and use latex condoms or the female condom to protect against sexually transmitted diseases, including HIV infection.

The possibility of pregnancy

About 75 percent of pregnancies are unplanned in women 40 and older. You are not free from the risk of pregnancy until one year after your final period — one year after you reach menopause.

All contraceptives have risk factors so talk with your health care provider about birth-control alternatives if you do not wish to become pregnant. No matter what birth control method you choose, you may want to talk to your doctor about emergency contraception.

- **Combination birth-control pills**, are recognized as safe birth control options up until menopause for healthy midlife women who do not smoke. They relieve hot flashes, decrease vaginal dryness and anemia, lower the risk of ovarian and endometrial cancer, and protect bone density. Some women may have side effects like headaches, breast tenderness, or nausea. IUD, patches and vaginal rings
- **Hormone DMPA injections** (every three months) may be better suited for midlife women who smoke or who have cardiovascular risk factors. However, long-term use can lead to a decrease in bone density.
- **Barrier methods** (diaphragm, male and female condoms, and spermicides) are more reliable in older women who are less fertile.



Tips for eliminating stress in daily life

- ✓ Have a healthy lifestyle. Get plenty of exercise. Get enough sleep. Eat right. Limit caffeine. Cut down or eliminate alcohol, tobacco, drugs.
- ✓ Listen to your body and find out what's causing stress. Pinpoint tasks or situations that pressure you. Tip: If your hands are warm, you are probably relaxed. Cold hands can mean stress.
- ✓ Keep things in perspective. Look beyond the event. What is the worst thing and how likely is it to happen? Have you done what you can? Will you even remember it years from now?
- ✓ One task at a time. Divide a large project into several small tasks. Put them in order. Check off each one as it is completed and go to the next. Set realistic goals.
- ✓ Be realistic about what you can change. Don't worry about things you can't control, like weather. Work on what you can control.
- ✓ Learn to say "no." Drop activities that are not crucial. Spend your time on what really matters.
- ✓ Lighten up and be prepared to compromise. If you find constant opposition, rethink your position. If you know you are right on an important issue, stand your ground calmly.
- ✓ Share your feelings. A conversation with friends or family may let you know that you are not the only one having a bad day. Let others give love, support, and guidance.
- ✓ Insist on help with regular chores. Decide which tasks are important and which are a waste of energy. Don't be a perfectionist. Resist watching over coworkers too closely.
- ✓ Allow yourself regular leisure time. Set aside 30 minutes or an hour each day to be alone. Sit quietly and daydream a little, start your day with some personal time, or end it with a soak in a warm bath. Do something you enjoy. A sport, hobby, music, reading, gardening, painting, or just walking around the block can all be safety valves.



PROTECTION AGAINST STROKE

Stroke or brain attack occurs because blood vessels bringing oxygen and nutrients to the brain clog or burst. Brain cells in the affected area are damaged or die within minutes. The activities controlled by that part of the brain may no longer function. About one in three strokes is fatal, one in three causes permanent damage or disability, and one in three has no lasting ill effects.

To prevent strokes

The risk factor for strokes and ways to prevent them are similar to heart disease on page 42.

Know the warning signs of a stroke and ACT!

If you have one or more of these symptoms, call 911 immediately. If not available, have someone drive you to the hospital right away.

- Transient ischemic attacks (TIAs) known as temporary or “mini-strokes” may occur days, weeks, or even months before a major stroke
- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance/coordination
- Sudden, severe headaches with no known cause

A stroke is a major medical emergency, so don't delay. Call 9-1-1 immediately. Prompt medical treatment can stop or sometimes even reverse damage to brain cells. Every minute counts because the longer a stroke goes untreated, the greater the damage. Check the time so you'll know when the first symptoms appeared. If given within three hours of the start of symptoms, a clot-busting drug can reduce long-term disability.

