The Silent Shift: Making Sense of Perimenopause and Menopause

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We prepare adolescents for the changes of puberty with education and support—but when it comes to menopause, many are left to navigate this transition alone. It's time to break the silence and bring menopause into the conversation.

Perimenopausal Changes

Perimenopause can begin in your 30s, 40s, and 50s, lasting from a few months to several years.

How to know if perimenopause may be starting--

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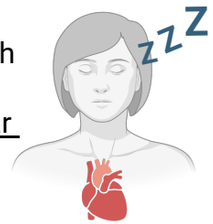
- Your periods have become irregular, shorter, lighter, or skipped.
- You have begun to experience hot flashes, night sweats, vaginal dryness, and mood swings.

What's less talked about--

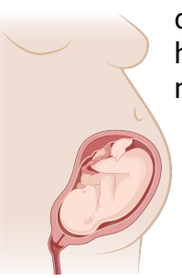


- Hair loss, needing to pee more frequently, skin changes, drop in libido, weight gain, increased risk of diabetes, sleep issues.
- Changes in bone and heart health occur, increasing the risk of osteoporosis and cardiovascular disease.

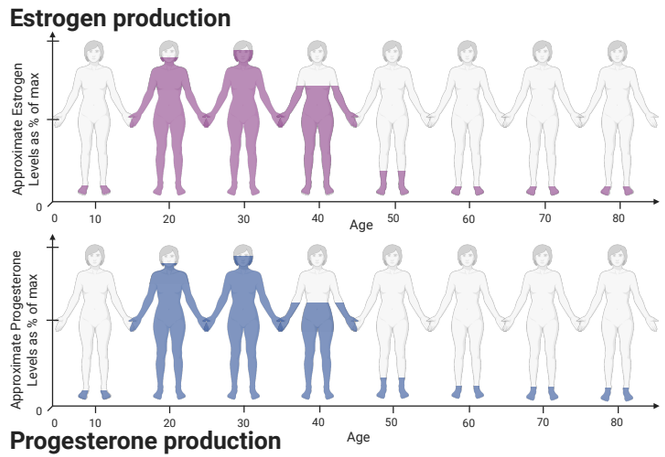
Impact on Fertility--

The **average age of menopause is 51**, but it's not abnormal for it to happen earlier.

- If you are **trying** to get pregnant:
  - Fertility declines, but you can still get pregnant.
  - Fertility apps can be useful.
    - At-home ovarian reserve tests may cause undo anxiety. Keep in mind: they have no predictive ability for chance of natural conception; and quality>quantity.
- If you are **not trying** to get pregnant:
  - Contraception is still needed until you've gone 12 full months without a period.



During menopause, your body naturally produces less **estrogen** and **progesterone**.



When to consider Hormone Replacement Therapy (HRT)?

- Most effective against hot-flashes, night sweats, mood swings, vaginal dryness
- Women with premature ovarian insufficiency
- Starting HRT relatively soon after menopause (within 10 years or before age 60) is often recommended.
- Average length of use is between 2-5 years.

What are the different types of HRT?

- Main Types: Combination- HRT (Estrogen + Progestin), Estrogen-only.
- Forms: patches, estrogen creams, vaginal rings, oral tablets/pills, implants.

Patient-specific considerations:

- A history of hormone-sensitive cancer (breast, endometrial), cardiovascular disease, stroke, clotting disorders, severe liver disease.

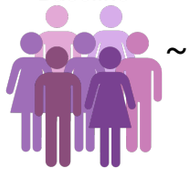
Breast cancer risk using hormone therapy?

Breast cancer risk differs depending on the HRT type, dose, and duration; along with individual health history.

At baseline:

- About 1 in 8 U.S. cisgender females (~ 13%) will develop invasive breast cancer over the course of a lifetime.

Baseline



~ 13/100

With combined estrogen + progestin HRT:

- Current users have about a 20–30% higher relative risk.
- For most patients, this means an absolute increase of ~1–3 extra cases per 100 over a lifetime, (~14–16%).

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HRT

Menopause and Brain Changes

Decreasing estrogen can lead to changes in--

1. **Thinking + Memory:** "Brain fog", memory lapses
   - But...It is advised against using HRT for the primary prevention of cognitive decline.
2. **Mood**: Increased Anxiety, Depression
   - Females are most likely to have a first episode depression around menopause.

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Natural ways to combat menopause-related brain changes--

- Exercise, social connection, group fitness classes, and sufficient sleep.

Normal Aging/Menopause or something else?

- It's important to know the difference between what is a part of normal aging/menopause and what may indicate cognitive disease, such as Alzheimer's.
- "Those with menopause-related brain changes still tend to score normally on cognitive screening tests, while those with Alzheimer's Disease will not" -- *J.Dumas* (PhD, Psychiatry; CHAMP Study)