

# Body & Spirit

## HOPE FOR THE CHANGE

HOW TO MAKE SURE YOUR JOURNEY THROUGH PERIMENOPAUSE AND MENOPAUSE IS A SMOOTH ONE

BY JEANNINE AMBER

PHOTOGRAPHY BY MONICA STEVENSON

Sometimes even your doctor can fail to see the signs.

**D**enise talks about her hot flashes the way a florist might speak of roses—each variety separate and distinct. There was the one she calls The Whoosh that first struck in her late thirties. “I thought my chair had caught on fire,” she says. And there’s the one that felt as though she were inside a furnace. Still others felt like tiny pins pricking her skin. Sometimes she thought she’d pass out. Other times, the corporate professional would find herself suddenly in tears over nothing. All these symptoms, and Denise wasn’t even 40. “I associated menopause with women my mother’s age,” she says. “So the whole thing took me by surprise.”

Most of us think of hot flashes, night sweats and mood swings as symptoms women on the back end of 50 have to endure. But while menopause—defined by missing 12 consecutive cycles—typically begins in a woman’s early fifties, experts say the phase leading up to it, called perimenopause or transition, is when the worst symptoms occur, sometimes even as a woman is still getting regular periods. “A lot of women are caught off guard,” says Karen Giblin, founder and president of redhotmamas.org, an online support group. “Even their doctors don’t recognize the signs. That’s when it helps to talk to other women so you can compare notes.”

Some sail through the transition with barely any discomfort, but for many Black women—who, studies show, enter menopause earlier and suffer more symptoms than other groups—this can be a challenging time. Doctors are unclear about why Black women experience the transition differently but agree getting ready for the change is key. “Perimenopause symptoms can start in your mid-thirties,” says Marilyn Hughes Gaston, M.D., coauthor of *Prime Time: The African-American Woman’s Complete Guide to Midlife* ▷

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*Health and Wellness* (One World). “They can last from a few months to more than a decade, and women need to be prepared.” Here, experts share their tips:

## Brain Fog

“Sometimes I forget entire conversations,” says Jennifer, 48, of the memory problem that has plagued her for the past two years. “I feel like I am in a daze.”

“THE HORMONES IN MENOPAUSE SEEM TO HAVE A DIRECT EFFECT ON THE BRAIN.” —PAULINE MAKI

“Menopause fog,” or the decrease in memory and the ability to concentrate that can happen during perimenopause, is very real, says Pauline Maki, professor of psychiatry and psychology at the University of Illinois, Chicago. “About 52 per-

cent of women report an increase in forgetfulness as they transition.” So what causes the haziness? It’s a combination of the sleep disturbances that almost 40 percent of women experience during midlife and hormonal changes. “The hormones in menopause seem to have a direct effect on the brain,” explains Maki. “We found the more hot flashes a woman has, the worse her memory.”

**WHAT TO DO:** Research shows the best way to improve brain function is exercise. “Forty minutes of brisk walking three times a week is sufficient,” Maki says. For many women, the brain fog lifts after menopause when hormones stabilize.

Having trouble concentrating? It could be hormonal.

## Mood Swings

At 46, Gina, a fitness instructor, started noticing she would get upset over the smallest things. “Something that would have been insignificant in the past was suddenly a major deal,” she recalls. Just as suddenly she began experiencing overwhelming anxiety. “When I looked up anxiety attacks, one of the Web sites mentioned perimenopause,” she says. “I linked to the site and discovered I had about 15 different symptoms on the list.”

Just as some women suffer intense mood swings before their periods, perimenopause, marked by intense hormonal fluctuations, can cause women to feel anxious, depressed or irritable. According to the 15-year Study of Women’s Health Across the Nation (SWAN), almost 30 percent of the more than 3,000 women surveyed experienced some mood changes during the early years of transition. And almost 34 percent of Black women suffered at least one major depressive episode (compared with 30 percent of White women).

Ivy Alexander, a professor of nursing at Yale University and author of *100 Questions & Answers About Menopause* (Jones and Bartlett), published a 2005 study on Black women’s experience of menopause. She points out that focus group participants often complained of “rage.” “The feeling was, *I’ve been carrying the load for how many years, and I’ve had enough*,” she says, noting that sleep disturbances caused by night sweats and hormonal fluctuations

contribute to irritability. “The reserve of patience a woman may have had in the past just isn’t there,” she says.

**WHAT TO DO:** Mood swings are normal, but if your state of mind is interfering with your quality of life, speak to your doctor. For anxiety, Maki advises adding soy to your diet. “You can also take 100 grams of the supplement isoflavone, which is a plant-derived estrogen usually made from soy or red clover,” she suggests. If you have a medical condition that’s affected by hormones, such as fibroids or breast cancer, speak to your doctor before taking any supplements.

Depression also warrants a medical evaluation. Hormone therapy, which is used to treat hot flashes, may improve your mood, but it’s not recommended for depression alone. If depression is your only troubling symptom, your doctor may prescribe an antidepressant.

## Hot Flashes

Hot flashes, which can vary in intensity from a sensation of warmth to a blast of heat that leaves you drenched in sweat, are caused by hormonal fluctuations that affect the hypothalamus, the region of the brain that controls body temperature. Some women have them only occasionally, others experience dozens in a day. Flashes can start before you’ve noticed any changes in your menstrual cycle and continue into postmenopausal years (although for most women they ▸





The good news: Menopause means shrinking fibroids.

decrease in intensity and eventually disappear). Alexander notes that some women also experience paresthesia, the sensation of pins and needles, or formication, which feels as though something is crawling on your skin. "Women don't talk about it because they're convinced people will think they're crazy" says Alexander. "They feel like there are bugs all over them and they keep flicking them away."

**WHAT TO DO:**

**If you are experiencing hot flashes, find your triggers so you can avoid them, advises Margery Gass, M.D., executive director of the North American Menopause Society (menopause.org). "Some women have flashes when they're near bright lights," she says. Others burn up when they get upset. Studies show regular exercise can reduce the frequency of hot flashes, as can maintaining a normal body weight; women who are overweight report suffering seven times as many hot flashes. Caffeine, alcohol, sugar and smoking should also be avoided, says Alexander, as they can worsen symptoms.**

**Courtney Witherspoon, a New York nutritionist and doctor of oriental medicine, counsels patients to take natural supplements. "When you look for menopause formulas in the health food store, you want something that contains vitex, sage, dong quai, black cohosh and lemon balm," she advises. (Consult a licensed naturopath about which supplement is best for you.) If your flashes are interfering with**

Weight gain can be avoided.

**sleep and making it difficult to function during the day, hormone therapy has been shown to reduce hot flashes by up to 90 percent. Gloria Richard-Davis, chair of Meharry Medical College in Nashville, understands many women are nervous about taking hormones but says for perimenopausal women with severe hot flashes, "hormones are prescribed at the lowest dosage and for the shortest amount of time" and their benefits outweigh the risks.**

**Loss of Libido**

"My sex drive just vanished," says Sarah, 44. "It caused a lot of conflict with the man I was dating, but I was too embarrassed to tell my doctor. I didn't realize it was my hormones until about a year ago, when I started getting hot flashes and connected the dots."

A loss of sex drive is a

**“SCHEDULE SEX. HAVING MORE SEX WILL ACTUALLY INCREASE YOUR SEX DRIVE.” —JENNIFER LANDA**

common complaint that can start in perimenopause, when a woman's progesterone drops, explains Jennifer Landa, M.D., author of *The Sex Drive Solution for Women* (Atlantic Publishing Group). "That's the first hormonal change that many women experience."

**WHAT TO DO: Lifestyle changes can rev up a lagging sex life, says Landa. "Schedule sex. Having more sex will actually increase your sex drive." Landa also advises reducing your stress. "Cortisol is produced**

**when we are under stress, and that can really interfere with hormone levels and make all your symptoms worse." Adds Jan Shifren, M.D., associate professor of ob-gyn and reproductive biology at Harvard Medical School: "I tell my patients that one of the greatest predictors to having great sex is a good relationship. Couples who work on building their relationship out of the bedroom will have a more satisfying relationship in the bedroom."**

**Weight Gain**

Carol-Ann, 44, says she's had to adjust to what the passage of time has done to her body. "All my adult life I was in that sexy, thick zone," she says. "Then almost overnight, without changing anything in my diet or exercise, I gained more than 30 pounds. I've had to accept that I wasn't going to be the

sexiest girl at the party." What causes women to gain weight around menopause "is the million-dollar question," says Shifren. "We are still not sure. It could be due to hormonal fluctuations or the changes in metabolism with aging." What experts do know is that the better a woman's fitness level, the easier it will be to maintain her weight as she approaches menopause.

**WHAT TO DO: Los Angeles endocrinologist Eva Cwynar says there's a simple formula for maintaining weight in midlife: Increase** ▸



your energy output by 10 percent while decreasing your caloric consumption by 10 percent. “And it’s not an either-or,” she says. “It’s the combination.”

If you are trying to lose weight, give yourself an attainable exercise goal, such as walking for 30 minutes after work, and increase your distance every week. Walking will also help prevent osteoporosis and heart disease, both of which increase in risk as women enter menopause.

## Vaginal Dryness

Vaginal dryness is the symptom no one wants to talk about. “Yet it’s very common,” says Gass, especially in Black women, who, studies show, suffer from dryness more frequently than other women. “It can lead to discomfort during intercourse for both the woman and possibly her partner.” For women who are not sexually active, dryness can be compounded by another unwelcome change they may only discover when they get into a new relationship. “Without sexual activity, the vagina will constrict,” says Gass explaining a condition called vaginal atrophy. “Then you’ve got two problems: a dryness problem and a tightness problem.” According to the Mayo Clinic, it’s estimated that half of all postmenopausal women experience vaginal atrophy, but very few seek treatment.

**WHAT TO DO:**  
A good lube, such as Astoglide or K-Y Brand Jelly, can be a meno-

pausal girl’s best friend. Another goodie to pick up at the drugstore: vaginal moisturizer. “Use it regularly, just as you would a moisturizer on other parts of your body,” says Gass. If that doesn’t help, Shifren suggests asking your doctor to prescribe low-dose vaginal estrogens. Landa recommends bioidentical hormones, which are derived from plant sources such as soy and yam, to her patients. “But they need to be carefully prescribed by a well-trained specialist,” explains Landa.

Regular intercourse or self-stimulation with a dildo can also help keep the vagina flexible during menopause.

## Growing Fibroids

It’s estimated that as many as 75 percent of Black women have fibroids. The good news is fibroids, which need estrogen to grow, shrink after menopause. The bad news: During the years leading up to menopause, as estrogen levels fluctuate, fibroids can grow in spurts, causing heavy bleeding and discomfort. Some women are prescribed medication to temporarily shrink their fibroids. But the side effects are hot flashes, mood swings and insomnia.

**WHAT TO DO:**  
If you have fibroids, have your doctor monitor their growth as you move through your transition. If your fibroids are large or obstructing other organs, your doctor may advise surgery to remove them.

## MENOPAUSE: THE MAN-UAL

POINT OUT THESE SANITY-SAVING TIPS TO YOUR GUY

**Learn the terrain.** You can’t understand what’s happening to your woman if “woman talk” makes you squirm. Man up and ask to go along to her doctor’s appointment so you can become educated about the transition.

**Know when to hold her—and when to walk away.** Some women crave comfort when they have a hot flash. Others just need space. Ask her what role she’d like you to play.

**Learn her triggers.** If spicy food sets off her hot flashes, go easy on the hot sauce. If bright lights kick off her secret summer, keep the lights on dim. And learn to live with the AC switching from full blast to off several times an hour. Remind yourself that her transition will pass. —Beth Howard

## Osteoporosis

Bone density decreases in all women after 35, but after menopause the rate of bone loss accelerates, putting women at a greater risk for osteoporosis. In the past it was thought that Black women, who have denser bones, did not suffer from osteoporosis, says New York’s Verna Brooks-McKenzie, M.D., a certified menopause practitioner. “It turns out we are at risk, but we get it later,” she says. “And because we often have other health issues, such as diabetes or heart disease, when we break a hip we die more quickly.”

**WHAT TO DO:**  
Ask your doctor for a bone density test, especially if you are 65 or over,

or someone in your family suffered a hip fracture. Doing yoga will improve balance and help prevent falls. Not up for downward dog? Try this move: Stand on one foot for two minutes. Switch sides. Also important, says Brooks-McKenzie, is to ensure you get enough calcium and vitamin D. “A half-hour walk outside every day will give you your vitamin D,” she says. For calcium try dairy products and dark leafy vegetables. If you take supplements, Brooks-McKenzie advises 800 to 1,000 IU of vitamin D and 1,000 milligrams of calcium a day.

Jeannine Amber is a senior writer for ESSENCE.