

WIMS Tip Sheet: Navigating Menopause

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Key Definitions	<p>Perimenopause: The transitional phase leading up to menopause, characterized by a \pm7-day difference in cycle length (early perimenopause) or 2-12 months of amenorrhea (late perimenopause) until 1 year after the final menstrual period (FMP).</p> <p>Menopause: Diagnosed after 12 consecutive months without a menstrual period, usually occurring between age 45 and 55 (average 51.4), marking the end of reproductive years.</p>
Common Symptoms	<p>Physical Symptoms: Abnormal uterine bleeding, vasomotor symptoms (hot flashes, night sweats), the genitourinary syndrome of menopause (genital dryness, painful sex, urinary problems), sleep disturbance, weight gain, palpitations, and changes in skin and hair.</p> <p>Emotional Symptoms: Mood swings, irritability, anxiety, depression, and decreased sexual interest.</p> <p>Cognitive Symptoms: Difficulty concentrating, memory difficulties, and brain fog.</p>
Accelerated Health Risks	<p>Cardiovascular disease (2 to 3-fold increase), HTN (2-fold increase), weight gain (0.8 to 1.5 pounds/year in the 8 years before FMP until 2 years after), decrease in bone density (0.5%/year in perimenopause, 1-2%/year post menopause), and sarcopenia (3-10% muscle loss per decade).</p>
Lifestyle Modifications	<p>Nutrition: Follow a low-fat, whole-food, plant-forward diet that is rich in protein, fiber, calcium, and vitamin D. Stay hydrated and avoid smoking and alcohol.</p> <p>Exercise: Engage in regular physical activity, including strength training (heavy weights, at least 2 days/week), aerobic activity (>150 minutes/week, moderate-intensity), flexibility, and balance exercises. Prevent falls.</p> <p>Sleep Hygiene: Maintain a consistent sleep schedule (>7-8 hours/night) and create a restful environment.</p>
Medical Interventions	<p>Menopausal Hormone Therapy (MHT): For women aged younger than 60 years or who are within 10 years of menopause onset and have no contraindications, the benefits of MHT for treatment of bothersome VMS and prevention of bone loss outweigh risks. Women with surgical or early menopause (<age 45) should be treated with HT until the natural age of menopause. Low-dose vaginal estrogen is first-line for the treatment of GSM.</p> <p>Nonhormonal Interventions: Cognitive-behavioral therapy, clinical hypnosis, selective serotonin reuptake inhibitors/serotonin-norepinephrine reuptake inhibitors, gabapentin, fezolinetant, oxybutynin, weight loss, and stellate ganglion block are evidence-based nonhormonal treatments for VMS.</p>
Menopause and the Workplace	<p>The Facts: Adverse work outcomes related to menopause symptoms include a compromised ability to work, reduced work productivity, absenteeism, and even loss of employment or an early exit from the workforce.</p> <p>Take Action: Inquire about workplace policies and resources available to help with menopause symptoms. Discuss flexible work arrangements or adjustments with your supervisor to manage symptoms effectively. Consider starting or joining an employee resource group not only for peer support but also to engage with others in providing recommendations on how the work environment could be more menopause friendly. Prioritize self-care practices to maintain your well-being and productivity.</p>
Learn More	<p>The Menopause Society - Menopause Education</p> <p>My Menoplan</p> <p>Let's Talk Menopause website</p>
OSU Menopause Providers	<p>Lauren Baker, DO; Cynthia Evans, MD; Michaela Ward, CNM; Lily Zimmermann, CNM</p>