

# **Well Being Institute of Australia**

**Put the bounce back into your life!**

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## **MENOPAUSE**

### **Definition of Menopause**

Menopause is marked by the cessation of menstruation for 1 year. Menopause is generally a normal biological and physiological event that occurs in women at an average age of 50; it is considered premature if it occurs prior to age 40. This change is dependent on diminished oestrogen production and does not occur abruptly. The transitional time leading up to complete termination of menses is called perimenopause – this phase can last up to 4 years, and is characterised by irregular menstrual cycles and gradual increase of menopausal symptoms.

Menopause is characterised by a loss of ovarian function and a variety of endocrine, somatic, and psychological changes. The experience of menopause varies enormously between individuals and among cultural groups. Variations in diet and/or other aspects of lifestyle may account for these differences: it has also been suggested that the discrepancy may be due to different cultural attitudes toward ageing.

The cause of menopause is the lack of production of oestrogen by the ovaries. This can happen in one of two ways:

1. The ageing process leading to depletion of follicles.
2. Surgical removal of both ovaries.

In both cases the loss of oocytes (eggs) leads to a gradual decrease in production of oestradiol since the ova are the primary site of production of this hormone. It is this deficiency that leads to the physiological changes commonly associated with menopause.

### **Causes and Risk Factors for Problematic Menopause**

Factors that can hasten the occurrence of menopause and worsen the symptoms experienced include

Premature ovarian failure

Bilateral oophorectomy

Smoking (hastens follicular depletion)

Radiation and/or chemotherapy used to treat a malignancy

Hypothyroidism

Adrenal insufficiency

Stress

Toxicity (pesticides, smoking, alcohol, heavy metals)

Diet / Insulin Resistance

Certain medications

## **Symptoms & Signs of Menopause**

Common signs and symptoms of menopause include the following:

Irregular and/or absent menses.

Hot flashes (flushing of face, neck, and upper trunk; may be accompanied by palpitations, dizziness, headaches).

Night sweats (which may contribute to depression and irritability from insomnia).

Cold hands and feet.

Vaginal atrophy and dryness which may result in dyspareunia and/or postcoital bleeding.

Vulvar pruritus (itch).

Urinary tract atrophy, resulting in increased frequency, burning, nocturia, incontinence, and infection.

Insomnia

Mood changes such as depression, irritability, tension.

Sleep disturbances.

Memory impairment and loss of ability to concentrate.

Skin changes including loss of skin tone/integrity leading to wrinkles.

Weight gain and increased central adiposity.

Breast tissue atrophy due to decreased oestrogen.

## **Diet and Lifestyle Advice For Menopause**

Dietary and lifestyle guidelines that may assist in the management of menopause include:

Consume dietary phyto-oestrogens and Selective Oestrogen Receptor Modulators (SORMs) for improvement in bone density and prevention of osteoporosis – examples include soy foods, linseeds, etc.

Do regular weight-bearing exercise to increase bone mineral density.

Eat a diet low in saturated fats and high in essential fatty acids.

Acupuncture and Traditional Chinese Medicine can help to reduce menopausal symptoms.

Relaxation techniques can help diminish symptoms associated with menopause.

Smoking cessation

Reduced caffeine consumption

Reduce exposure to endogenous and exogenous antigenic material, using an ABO Blood Type Diet in conjunction with a digestive repair and liver regeneration program.

Increase dietary intake of vitamins, minerals, water, fibre, fresh vegetables, fruit, nuts, seeds, whole grains and complete proteins.

Control blood glucose levels with a Zone-friendly eating plan.

Drink at least 2 litres of water each day.

## **Pathology Tests**

### **Follicle Stimulating Hormone (FSH)**

FSH stimulates follicle development in the ovaries and is often used as a gauge of ovarian function.

Normal Values

Menopausal female: 20-100U/L

### **Luteinizing Hormone (LH)**

LH triggers the release of the ovum from the ovary – increased levels are seen in menopause.

Normal Values

Menopausal female: 15-100U/L

## **Oestradiol (E2)**

Oestradiol is the main oestrogen produced by the ovaries in response to LH and FSH.

Normal Values

Menopausal female: 70-200pmol/L

## **Progesterone (P4)**

Progesterone is produced by the corpus luteum after ovulation and is required to stimulate endometrial growth. Reduced progesterone levels are seen in menopause due to anovulatory state.

Normal Values

Menopausal female: <6nmol/L

## **Adrenal hormones**

Salivary, urinary or serum tests can be used to determine levels of adrenal hormones and can indicate degree of adrenal activation.

Normal Values

Serum cortisol levels (a.m.): 200-650nmol/L

Serum cortisol levels (p.m.): 80-400nmol/L

## **Pharmaceutical Treatments For Menopause**

Hormone Replacement Therapy (HRT): Hormones (oestrogen, progesterone, or both) are given to women after menopause to replace the hormones no longer produced by the ovaries. Also called menopausal hormone therapy.

Oestrogen: included as part of HRT treatment, this hormone relieves hot flashes and vaginal atrophy, improves lipid profiles, and retards osteoporotic bone loss, lessening the incidence of fractures. Oestrogens are available in natural (equine) and synthetic forms. However, studies on the use of synthetic oestrogen suggest that it increases the risk for breast cancer, uterine (endometrial) cancer, thromboembolic events, gallbladder disease, and asthma. Side effects include bloating, nausea, and breast tenderness. Oestrogen can be administered in varied ways: oral; sublingual; transdermal patch; vaginal cream, suppository, or ring; or injection.

Progesterone: Progesterone, like oestrogen, may be natural or synthetic. Synthetic forms—progestogens—are included as part of HRT treatment, in combination with oestrogen in women with a uterus to prevent endometrial cancer. Side effects of progestogen use include bloating, depression, and breast tenderness. The addition of progestogen to the hormone regimen may obviate the potential cardiovascular benefits of oestrogen.

Testosterone: provides another option to menopausal women if used in small amounts in combination with oestrogen. The addition of testosterone may improve bone mass, sexual drive, and mental alertness. Side effects include hirsutism, acne, fluid retention, anxiety, and depression.

## **Natural Therapies For Menopause**

Dr Pete can give you an individualised Wellness Program which addresses diet and lifestyle and includes appropriate natural vitamins, minerals and herbs.