



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ047

WOMEN'S HEALTH

Menopause

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What is menopause?

Menopause is the time in a woman's life when she stops having menstrual periods. The years leading up to this point are called perimenopause, or "around menopause." Menopause marks the end of the reproductive years that began in puberty.

What happens as menopause nears?

As menopause nears, the ovaries make less **estrogen**. One of the earliest and most common signs that menopause may be approaching is a change in your menstrual periods.

Even though menstrual periods tend to be irregular around the time of menopause, you should be aware of bleeding that is not normal for you. This could be a sign of a problem (see the FAQ [Abnormal Uterine Bleeding](#)).

At some point, the ovaries stop making enough estrogen to thicken the lining of the uterus. This is when menstrual periods stop. You are not completely free of the risk of pregnancy until 1 year after your menstrual last period.

What else can trigger menopause besides age?

Menopause also can occur when a woman's ovaries are surgically removed. This may trigger severe symptoms because the hormone levels decrease all at once.

Although the removal of the uterus (a hysterectomy) ends menstrual periods, it will not cause menopause unless the ovaries also are removed.

What is the most common symptom of menopause?

The most common symptom of menopause is hot flashes. As many as 75% of menopausal women in the United States will have them. A hot flash is a sudden feeling of heat that rushes to the upper body and face. The skin may redden like a blush. You also may break out in a sweat. A hot flash may last from a few seconds to several minutes or longer.

Hot flashes can cause a lack of sleep by often waking a woman from a deep sleep. A lack of sleep may be one of the biggest problems you face as you approach menopause.

What vaginal and urinary tract changes occur during menopause?

Loss of estrogen causes changes in the vagina. Its lining may become thin and dry. These changes can cause pain during sexual intercourse. They also can make the vagina more prone to infection, which can cause burning and itching.

The urinary tract also changes with age. The urethra (the tube that carries urine from the bladder) can become dry, inflamed, or irritated. Some women may need to urinate more often. Women may have an increased risk of bladder infection after menopause.

How does menopause affect bone loss?

At menopause, the rate of bone loss increases. **Osteoporosis**, which can result from this bone loss, increases the risk of bone fracture in older women. The bones of the hip, wrist, and spine are affected most often.

How do decreased estrogen levels affect a woman's risk of heart attacks and stroke?

The estrogen produced by women's ovaries before menopause protects them from heart attacks and stroke. When less estrogen is made after menopause, women lose much of this protection. The risk of heart attack and stroke then increases.

What causes emotional changes during menopause?

The change in hormone levels may make you feel nervous, irritable, or very tired. These feelings may be linked to other symptoms of menopause, such as lack of sleep.

How may menopause affect my sex life?

Some women find that they have less interest in sex around and after menopause. Lower hormone levels may decrease the sex drive. It may affect your ability to have an orgasm, or it may take longer for you to reach orgasm.

Are there treatments that relieve the symptoms of menopause?

Hormone therapy can help relieve the symptoms of menopause. In some cases, you may begin hormone therapy before menopause. If you are taking birth control pills, they will be stopped when you begin treatment.

For women with a uterus, estrogen usually is given along with **progestin**—a synthetic version of the hormone progesterone. This helps reduce the risk of cancer of the lining of the uterus that occurs when estrogen is used alone.

What are the benefits of hormone therapy?

Estrogen is used to treat the main symptom of menopause—hot flashes. It also relieves vaginal dryness and can help to relieve some changes that can cause problems in the urinary tract. Estrogen protects against bone loss. Hormone therapy slows bone loss after menopause and helps prevent osteoporosis. Estrogen also can help reduce the risk of colon cancer.

What are the risks of hormone therapy?

Like any treatment, hormone therapy is not free of risk. In women with a uterus, using estrogen alone can increase the risk of endometrial cancer because estrogen causes the lining of the uterus to grow. Taking a progestin along with estrogen will help reduce the risk of uterine problems. The drawback of using a progestin is that it seems to increase the risk of breast cancer. Also, menopausal women may start bleeding again, although bleeding may occur only for a short time.

What other therapies are available for menopause?

If a woman does not take hormone therapy, there are some other options for preventing bone loss, such as bisphosphonates or selective estrogen receptor modulators (SERMs). A medication called calcitonin slows bone loss. It can be given by injection or nasal spray. Bisphosphonates are used to increase bone density and reduce the risk of fractures. Parathyroid hormone also is used for this purpose.

Glossary

Estrogen: A female hormone produced in the ovary that stimulates the growth of the lining of the uterus.

Hormone Therapy: Treatment in which estrogen, and often progestin, is taken to relieve the symptoms caused by the low levels of hormones produced by the body.

Osteoporosis: A condition in which the bones become so fragile that they break more easily.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

If you have further questions, contact your obstetrician–gynecologist.

FAQ047: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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