MiMi
Das Gesundheitsprojekt
Mit Migranten für Migranten
in Bayern

Ethno-
Medizinisches
Zentrum e.V.

The menopause

Towards an exciting new chapter in a woman's life

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Unser Beitrag zum

Masterplan
Prävention
Bayern

Initiator des Masterplans:

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What is the menopause?

The menopause is a natural transition to a new chapter in a woman's life. This process takes place over several years. After menopause, women can no longer bear children. Menopause is characterised by physical and psychological changes. These changes may cause discomfort. However, women can also use this time to take a new direction. They can develop a new relationship with themselves and their bodies.

This brochure contains important suggestions for everyday life during menopause. We explain what can be done about discomforts. For this purpose, we focus especially on women's health and wellbeing. We would also like to encourage readers to talk about this topic openly: menopause is an opportunity for positive and exciting change!

In scientific language, the menopause is also called the 'climacteric'. This word comes from ancient Greek and means 'step ladder'. It does not describe a medical problem, let alone an illness! Even if mentioning the menopause often makes people think of negatives like hot flushes, mood swings, and osteoporosis.

Different cultures also associate positive images and meanings with this natural phenomenon. For example, renewal and recovery, wisdom, leadership and self-confidence. These different experiences can help us look at this topic more comprehensively.

Culture has an influence on how women experience menopause. When people have lived part of their lives elsewhere, it influences this process also. This is especially important when it comes to women looking at their own health, and how they use the health care system in their new country of residence. Not all women have equal access to information.

Some weren't able to look after their own health very well along their life path and tend to experience more health problems. Language barriers and bureaucracy can make access to advice and treatment more difficult.

In general, women would like better information. And not just for themselves, but also for those around them. This applies to the health care system and employment in particular. Women want to be able to talk openly about their experiences with the menopause and any related discomforts. Better knowledge about menopause should lead to women's experiences being recognised, and to better consideration of their specific needs. Menopause is a natural and important stage in a woman's life.

How does the body change?

The 4 stages of the menopause

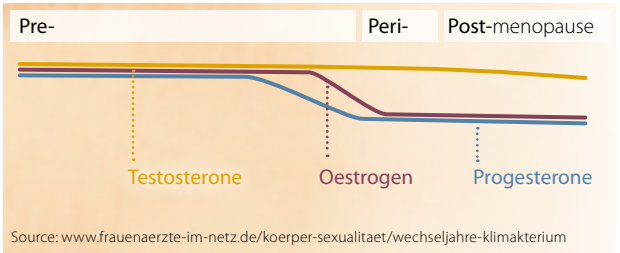
After puberty, the second big hormonal transition that women experience is the menopause. In the time between these two events, a complex system controls the female cycle of menstrual periods. The ovaries produce the hormones oestrogen and progesterone. The pituitary gland synthesises follicle-stimulating hormone (FSH). At the beginning of the menopause, ovulation becomes less frequent. Hormone levels begin to fluctuate more. These fluctuations can cause discomfort.

From about age 45, the body produces less oestrogen. During menopause, eventually the concentration of all sex hormones decreases, including that of testosterone.

This sequence is divided into 4 stages. **Pre-menopause** is the first. This stage comprises the last 1 – 2 years before a woman's last menstrual period. Only very few hormonal changes take place during this time. Because egg cells no longer mature as well, strong hormonal fluctuations can occur. Menstruation itself can also be disrupted. Some women report tender breasts and low mood during the second half of their menstrual cycle. The reason for these symptoms is an imbalance of hormones. Menstruation may be stronger or weaker at times, and the time intervals also change. Some women experience these symptoms as early as 10 years before their menopause, others have no discomfort at all. Fertility may be limited. Unexpected ovulations may also occur.

The second stage is called **perimenopause.** This is the time just before a woman's last ever menstruation. Hormone levels drop at this time (see diagram below). Hormonal fluctuations are very common. They often cause discomfort. Complaints include, for example, abnormal menstruation, very heavy or missing menstrual periods, tenderness in the breasts, mood swings, hot flushes, and sleep disorders. Some women, however, have hardly any symptoms during this stage.

The third 'stage' is more accurately a point in time: the last menstruation. It is called **menopause.** It is the end of menstrual periods. A menstruation is called menopause if



Source: www.frauenaerzte-im-netz.de/koerper-sexualitaet/wechseljahre-klimakterium

Hormonal changes during pre-, peri-, and post-menopause

no further menstruation follows it for at least 12 months. At what age the actual menopause occurs varies greatly. Its timing is often similar to that experienced by the woman's own mother. Some women experience a regular menstrual cycle right up to their menopause. For others, menstruation stops only during the colder half of the year. Some women experience a menstrual cycle of 3 to 4 months. This cycle may stay the same for a period of several years. After menopause, no new pregnancy can develop.

The fourth and last stage is called **post-menopause.** During this time, hormone levels slowly reach their new equilibrium. This means that the potential discomforts can also last up until this point.

The onset of each stage, and the overall duration of menopause can vary a lot. For some women, the entire process lasts 3, for others 10 years. On average, it amounts to 5 to 8 years. In most women, the hormonal situation stabilises after menopause. Some women are glad that they no longer menstruate.

The diagram shows how hormone levels drop permanently. However, each menstrual cycle contains significant changes in hormone concentrations from one day to the next. These are often even more pronounced during perimenopause.

In some exceptional medical circumstances (e.g. when menopause starts very early), gynaecologists can measure hormone levels in the blood. This is how they determine if menopause has started. Normally, hormone tests don't signify anything regarding health complaints or treatment options. Neither do they indicate whether the woman concerned can still become pregnant or not.

Discomforts and physical changes

Menopause is often characterised by physical and psychological changes. However, some of them may be related to normal ageing or to women's status in society. Different cultures have different perspectives on these changes and discomforts.

Not all women experience problems related to menopause. Around one third of women do not notice any discomfort. Another third notice mild discomfort, but are not bothered by it. During pre-menopause, tenderness in the breasts and mood swings occur more frequently before menstruation. Disturbed sleep may add to this during the perimenopause. Hot flushes mainly occur during post-menopause.

Only one third of women report that these symptoms are stressful and limit their quality of life. In these cases, medical interventions can help alleviate the discomfort. However, even medical professionals can't predict when exactly these discomforts will occur and how long they will last. The most frequent physical symptoms during menopause are hot flushes and sweats. A hot flush is a sudden sensation of heat that has nothing to do with the ambient temperature or physical exertion. Sweats often occur during the night, but also during the day. Both these symptoms can put a strain on everyday life. Disturbed sleep can be an additional symptom. Disturbed sleeping patterns lead to tiredness, headaches, reduced performance and other discomforts.

Physical changes during menopause include:

- **The mucous membranes of the genital area become thinner and dryer.** They are more susceptible to infections. Itchiness may also develop. Sometimes, the body does not produce enough moisture during sex. An additional lubricant may become necessary for sexual intercourse.
- **Dry eyes:** hormonal changes can lead to dryness of the eyes. Artificial tears in the form of eye drops can help.
- **Dry skin:** the skin changes as people age. It gets looser and dryer. The right care can help look after aging skin, too.
- **Bladder infections (UTI):** these can become more frequent because of hormonal changes. A lower hormone level also exacerbates the bladder weakness often associated with older age.
- **Changing body shape:** some women become rounder in the chest, belly and waist areas. People gain weight because they use fewer calories in older age. Because fat tissue also produces oestrogens, this may not be a bad thing during menopause. The general recommendations for a healthy bodyweight, exercise and a balanced diet are important here as well.
- **Reduced bone mass:** bone density decreases in older age. Reduced oestrogen levels exacerbate the loss of bone mass. Bone mass drops below a certain limit during the post-menopause in about a third of women. In medical terms, this is called osteoporosis. Genetic factors and certain medications also promote osteoporosis. Women can prevent osteoporosis even before menopause begins. This involves a healthy diet with plenty of calcium, sufficient vitamin D and exercise.

- **Reduced protection from high blood pressure and cardiovascular disease:** oestrogen protects blood vessels and reduces blood pressure via HDL (High Density Lipoprotein), a type of cholesterol. Reduced cholesterol levels during menopause can therefore exacerbate the risk of high blood pressure, heart attack and stroke. Exercise and weight control can help prevent them.
- **Increased growth of facial hair:** the balance of sex hormones controls facial hair. Changes to this balance during menopause can promote facial hair.

TIPS AGAINST HOT FLUSHES

- Run your wrists under cold water.
- Wear several layers of clothing that are easy to take off. You can then get changed more easily, depending on how hot you feel.
- Select clothing made from absorbent fibres that can soak up sweat.
- Wear colours that don't show up sweat marks as much.
- Carry a fan, and a light scarf or shawl.
- Have towels/fresh bedlinen/fresh nightwear at hand during the night. Then you don't have to interrupt your sleep as much if you need to get changed.
- Use relaxation techniques. This helps to ensure that fear of the next hot flush doesn't end up triggering one.
- Coffee, tea, tobacco, alcohol, and hot spices can exacerbate hot flushes. Every woman responds differently. Find out what stresses you, and avoid it.

No one needs to be left on their own with questions regarding discomforts during menopause. Doctors can determine whether health complaints are related to the hormonal changes during menopause or have another cause. General practitioners as well as gynaecologists can help you through menopause.

Mental health responses?

Mental health and emotional wellbeing can change during menopause. Hormones directly influence the emotions. Physical changes and potential discomforts during menopause are stressful for some women.

The lives of women also often change at the age when menopause occurs. It might be that the focus changes between career, relationship and family. Less responsibility for children may mean more responsibility at work. Women's self image can also change. Many women better recognise their own strengths and demand their rightful place in society. Cultural traditions and views of women play a role here, too. In some cultures, older women have a higher status in the community than those who are younger. On the other hand, change can also be unsettling, for example when a woman's role as a mother becomes less important. Caring for your own parents can be an additional challenge at this age.

All these changes can influence mood and emotional wellbeing every day, and be unsettling for the woman.

These responses, feelings, and mental health issues can be related to menopause:

- More annoyance, anger, grief, fear and worry: change often leads to feelings that are stronger than usual. Some women feel generally irritable, dissatisfied or disappointed. If a woman's self-confidence is strongly dependent on superficial attractiveness, signs of the menopause can cause her to doubt her own worth.
- Depression: there is no evidence that menopause causes depression. Previous depressive episodes are more likely to recur during menopause, however.
- Disturbed sleep: hormones can cause disturbed sleeping patterns. Hot flushes and night sweats are also possible causes. Disturbed sleep can cause affected women to be less resilient. As a result, general mood and emotional wellbeing may deteriorate.
- Changes to sexuality: hormonal realignment is rarely the reason for changes in women's sex lives. Sometimes, however, the desire for sex also changes during menopause. This can also be due to changes in relationships. Often, it is liberating not to have to worry about unwanted pregnancy any longer. Sexual experiences can be enhanced as a result.

Being informed about menopause leads to feeling more secure. Exchanging experiences with others who are affected can help. Seek psychological support if emotional distress is affecting your quality of life. Even without physical or emotional discomfort, a conversation with your gynaecologist can be helpful.

However, menopause not only has its challenging aspects, it also offers opportunities. After menopause, you still have an entire third of your lifetime ahead of you! Perhaps your body and soul need more attention during this time, but there are also advantages and opportunities. Menstrual

periods finish, and with them the worry about unwanted pregnancy. Those who see these natural changes in a positive light can re-evaluate and rebalance their priorities and activities in life. There are many reasons to embrace menopause confidently and with joy!

Maintaining health, promoting wellbeing

Menopause draws attention to health and wellbeing. It presents a good opportunity to go through a personal health checklist for this new stage of life. Whether you feel good or bad at the time. A healthy lifestyle combined with additional measures can help prevent osteoporosis, cardiovascular disease and cancer. The following recommendations can provide some guidance.

Relaxation, healthy sleep and self-reflection

Meditation, yoga, Qi Gong, breathing exercises and other methods can relax body and mind. They can also support healthy sleep. Some women have already been using them, others start during their menopause. There are often special

services on offer for women, and for certain age groups. This can help with getting started.

Physical exercise

Regular physical exercise supports healthy sleep and general wellbeing. Sport builds muscle mass, strengthens bones, uses up energy and lifts the mood. In this way, exercise helps to prevent numerous health issues, for example heart attack, osteoporosis, depression and dementia. Many women find exercise easier when they meet up with other women for this purpose. This is true especially when starting a new activity.

When it comes to how much exercise to do: every bit of physical activity counts and helps! For example, you can build more physical exercise into your everyday life: take the stairs more often, avoid the lift. Run small errands on foot or by bicycle. Go for a walk during your lunch break. An additional minimum of 2 to 3 hours per week of physical exercise are recommended: weight training and sports that put pressure on the bones strengthen them. A combination of strength and endurance training, complemented by coordinated movement such as dance, is ideal.

Exercise is always easier when it's fun! Each person experiences this differently. It is worth trying out different options – by yourself or together with others!

A balanced diet

A balanced diet supplies the necessary energy for everyday life. It provides the body with everything it needs to stay healthy. To eat a balanced diet means to give the body all important nutrients at the correct ratio. This is how you achieve and maintain a healthy body weight. A balanced diet and exercise are related because they are particularly effective in combination.

Women's caloric requirement drops slightly from about age 50. This means that they will slowly gain weight, even if their diet and exercise routine remain the same. Menopause is therefore a great opportunity to check and adjust your eating habits. Of course, this varies from person to person: for people who are underweight, natural weight gain is beneficial. It is worth discussing this topic with your doctor. Nutritionist advice can help with a change in diet.

A BALANCED DIET IN BRIEF

- Drink water and unsweetened herbal teas
- Plenty of fruit and vegetables of all shapes and colours
- Regularly eat peas, beans, lentils and nuts
- Prefer whole grain products (bread, pasta, rice, flour)
- Choose vegetable oils
- Dairy products every day
- Oily fish every week
- No more than 300g of meat and smallgoods per week
- Avoid hidden sugars, salt and fats
- Eat slowly (with others) and enjoy!

Menopausal women do not generally need a special diet. The recommendations of the German Nutrition Society (Deutsche Gesellschaft für Ernährung, www.dge.de/gesunde-ernaehrung/gut-essen-und-trinken/dge-empfehlungen) apply. They include calcium-rich foods that help strengthen bones and thus contribute to the prevention of osteoporosis.

A sufficient supply of vitamin D is also important for the prevention of osteoporosis, either through exposure to sunlight or vitamin D intake. Your doctor will assess your personal vitamin D requirements.

Sex and contraception

Sexual pleasure is a natural part of life. Regular sexual activity – whether alone or with others – relaxes and promotes mental wellbeing. Menopause means a fundamental change to avoiding unwanted pregnancy. Important to note: only when a woman under 50 years of age has not menstruated for two years, or a women over 50 years of age has not menstruated for one year, can pregnancy ordinarily no longer occur. This point in time cannot be predicted and varies from woman to woman.

Women and their partners decide which method of contraception suits them best. However, some recommendations differ because of the hormonal changes during menopause.

CONTRACEPTION DURING MENOPAUSE

- From about age 40, the risk of heart attack, stroke, and thrombosis increases when using contraception containing oestrogen ('the pill'). It is best to discuss this with your doctor.
- Hormonal coils (intrauterine systems, IUS) that deliver progestogen can cause menstruation to stop alltogether. This may obscure the natural point of menopause.
- Thinner mucous membranes mean increased risk of sexually transmissible infections. Condoms provide protection.
- When ovulation becomes more irrelgular, 'natural' contraception methods become less reliable. These include methods based on temperature and cervical mucus, as well as contraceptive apps.

Preventive health care

Those over the age of 35 can get a free health check every three years. It is covered by statutory health insurance. Among other things, it serves the early detection of cardiovascular disease, kidney disease and diabetes. Always bring your vaccination certificate to the health check. This allows your general practitioner to update your vaccination status in line with current recommendations. Prevention of osteoporosis and cancer prevention are particularly important during and after menopause.

Osteoporosis is a possible consequence of menopause. But it also depends on many other factors. About a third of women over 50 are affected. Doctors take all risk factors into account and recommend bone density testing if required. Other measures may include vitamin D supplements, medication and physiotherapy.

Maintaining bone stability and muscle strength is important for all older people. This prevents bone fractures.

Prevention includes:

- **Balanced diet with enough calcium:**
  Use the calcium calculator available at www.gesundheitsinformation.de/kalziumrechner.
- **Physical exercise:**
  Put sufficient strain on the skeleton and muscles. If you are underweight, weight gain is beneficial.
- **Falls prevention:**
  Eliminate trip hazards in your living environment. Do exercises for balance, responsiveness, coordination and muscle strength.

If you do have a fall, make sure you determine the cause of the fall together with your doctor! This applies especially when the fall resulted in a bone fracture.

Cancer prevention is also important during menopause and afterwards. How to stay healthy: annual cancer screening at the gynaecologist's, and mammography screening every 2 years for women between the ages of 50 and 75. Recommended are also regular skin cancer and bowel cancer screenings for early detection. Your general practitioner can advise you further.

A supportive environment – at home and at work

Menopause is sometimes still a taboo subject. Feeling shame can prevent women from talking about it. This means that women can end up being left alone with their discomforts in the family, at work or in their circle of friends.

Many women have sick days at work during their menopause. Some women even decide to work less, or to stop altogether. But a lack of assistance with problems is only part of how society turns a blind eye. It also means that the positive aspects of this life stage, such as increased self-confidence, wisdom, and leadership qualities are pushed to one side.

Especially in the world of work, women would like to see more attention on this topic. More flexibility, working from home options, quiet spaces and healthy food options are some examples of how women could be supported in this situation.

Hormone replacement therapy and the importance of individual consultation

Sex hormone levels change during menopause. This is normal and not an illness. However, some women experience temporary discomfort. Hormone Replacement Therapy (HRT) compensates the loss of natural hormones through the use of synthetic equivalents. This treatment can be prescribed when health complaints severly affect a woman's quality of life.

Everything revolves around the individual patient: doctors will ask in detail about health matters and complaints. They also provide information about the advantages and disadvantages of HRT.

For example, HRT is not suitable for women with a history of breast cancer or pulmonary embolism. The same applies to women at increased risk of coronary heart disease, stroke and thrombosis.

HRT uses oestrogen and progestogen. Women who no longer have a uterus receive only oestrogen. The hormones are administered in the form of a gel, tablets, patches, a nasal spray or injections. HRT should only be used after individual counselling and risk assessment by the doctor. The dosage should be as low as possible, and used for a short period only.

As a general rule, women are advised to discuss any physical changes or discomforts during menopause, such as dry mucous membranes or frequent urinary tract infections, with their doctor.

Referrals, references and further information

Gynaecologists and general practitioners are the first port of call for questions about menopause. Some gynaecological practices support women through menopause holistically. Advice and support are also available in pharmacies, women's health centres and counselling centres such as pro familia. Self-help groups offer women mutual advice and support.

Federal Ministry of Health
(Bundesministerium für Gesundheit, BMG)
www.bundesgesundheitsministerium.de/fileadmin/user_upload/RKI_Gesundheitliche_Lage_der_Frauen_in_Deutschland_Screen.pdf

Bavarian State Ministry of Health, Care and Prevention
(Bayerisches Staatsministerium für Gesundheit, Pflege und Prävention)
www.wechseljahre.bayern.de
www.bestellen.bayern.de/stmgp_frauenges_023

Bavarian State Ministry for the Environment and Consumer Protection
(Bayerisches Staatsministerium für Umwelt und Verbraucherschutz)
www.vis.bayern.de/essen_trinken/zielgruppen/ernaehrung_wechseljahre.htm

Bavarian Centre for Prevention and Health Promotion
(Bayerisches Zentrum für Prävention und Gesundheitsförderung)
www.zpg-bayern.de/files/material/gesundheit_praevention/osteoporose.pdf

Gynaecology Network, the professional association of gynaecologists in collaboration with the German Society for Gynaecology and Obstetrics
(Frauenärzte im Netz, Berufsverband der Frauenärzte e. V. in Kooperation mit der Deutschen Gesellschaft für Gynäkologie und Geburtshilfe)
www.frauenaerzte-im-netz.de/koerper-sexualitaet/wechseljahre-klimakterium

gesundheitsinformation.de (vom Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen)
www.gesundheitsinformation.de/wechseljahrsbeschwerden.html

Women's Health Portal of the Federal Institute of Public Health
(Frauengesundheitsportal des Bundesinstitutes für Öffentliche Gesundheit)
www.frauengesundheitsportal.de/themen/wechseljahre

German Nutrition Society
(Deutsche Gesellschaft für Ernährung e. V.)
www.dge.de

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