



The midlife years, starting at age 40, offer a chance for reassessment and reinvention.

Menopause Confidential

Women can do better than merely surviving this change of life. With the right set of tools they can flourish and thrive. A doctor explains how. **By Davia Sills**

most women dread the onset of menopause symptoms, from the sudden hot flashes to the mental fogginess, because they think it means the rest of their life will be an inevitable downward spiral. They couldn't be more wrong. Midlife is the beginning of a new chapter full of opportunities for women to be healthier, sexier and happier. According to New York City gynecologist Tara Allmen, author of *Menopause Confidential: A Doctor Reveals the Secrets to Thriving Through Midlife*, women today have exceptional resources to navigate this life change smoothly with grace and humor. It all begins with the right information.

What is the first stage of menopause?

The perimenopause group is usually in their 40s and still having menstrual cycles. They will start experiencing changes in their cycles. Along with those changes comes the hormonal roller-coaster ride, which will bring all

of the symptoms that 40-somethings experience when they have no idea why they don't feel well: hot flashes, sweats and changes in mood, sleep and brain function.

And what happens to women when full-blown menopause sets in?

The menopause group is usually in their late-40s to 50s and has stopped having menstrual cycles altogether. I like to

group experiences the flashes, sweats, poor sleep and fatigue.

And what exactly happens to our minds?

This group starts to lack the estrogen that previously had been nourishing their brains. Memory, concentration, learning, problem-solving and reasoning skills all start to decline after age 50.

DURING TRANSITION TO MENOPAUSE, MANY WOMEN COMPLAIN ABOUT THEIR INABILITY TO RECALL WORDS.

think of that as ovarian retirement. I joke that we should thank our ovaries for their excellent service, but at some point, they do get to retire. At that point we're not making any estrogen, so it's not about hormonal fluctuations. It's really about low levels of estrogen. With lack of estrogen from the ovaries, this

So what can women do to counter symptoms of menopause and take back control of their body and mind?

The most important thing women must do is to improve their lifestyle choices. Everybody has to start there. It's that catch-22, though: If women don't feel well because we had a poor night's sleep,

MIDLIFE PERKS

Women in midlife experience challenges, but also benefit from enhanced confidence and freedom to explore.

When the kids are older and a career is set, adventure and accomplishment await.

Females in midlife can revel in these advantages:

They can explore their creative passions Midlife can be a time of transformation as women take a fearless inventory of their personal lives to date. Many well-known people have made a key change in midlife that led to greater success. Julia Child was 50 when she wrote and published her first cookbook and launched her new career as a celebrity chef.

They can experience greater sexual satisfaction Contrary to popular misconceptions, women over 40 don't just stop having sex. Freed from the worry of getting pregnant, the midlife woman can more fully express her sexuality. While older women may have fewer sexual encounters than their younger counterparts, their satisfaction also tends to be greater. After all, they are in touch with their body; they know what they want and how to ask for it.

They are more confident and decisive While 20- and 30-somethings are trying to figure out who they are and what they're supposed to be doing in life, older friends have developed self-knowledge about their values and what matters to them. They stop trying to please everyone else and focus instead on what will make them feel happy and fulfilled.



Women over 40 should consume at least 4.5 cups of fruits and vegetables each day.

and we wake up groggy and irritable, we are not likely to make excellent lifestyle choices during the day in terms of diet and exercise. We know we're supposed to engage in excellent sleep habits, but we just don't do this. We don't feel well, and we have other responsibilities. However, perimenopause or menopause is the perfect time in a woman's life to finally focus on herself and her lifestyle choices. In fact, there's a mathematical equation for exercise for heart health—the American Heart Association's 30 minutes of moderate aerobic exercise five days a week—and what's good for the heart is good for the brain. That's the easiest thing we can all do to stay well.

Are there any medical treatments available for women feeling ill from the symptoms of menopause?

Well, those in the perimenopausal group still have ovarian function—a little kick in their step, a little zest. I like to think of the perimenopausal ovary as either being slightly deaf or rogue, not listening to the signals of the brain. Besides all the lifestyle changes, which will really improve sleep and mood and weight and brain health, the only way to quiet down that hormonal roller-coaster ride is with a continuous, low-dose birth control pill for women who are not smokers. Women can safely do this until they're 55. That word

“continuous” is very important: That means that you don't get a week off, which is traditionally how birth control pills were built in the 1960s. And that little week off was just there for fun. It wasn't there for scientific reasons. During that week, your symptoms will just recur; you'll just start feeling lousy again one week out of every month for no good reason. The next question will be: Well, then, how will I know when I'm menopausal? You won't. You won't know you're menopausal. You'll take that journey nicely, your ovaries will take a vacation and stop ovulating, you'll get off the roller-coaster ride and on to the tram.

What about for the menopause crowd?

For the youngest, symptomatic menopause crowd, it's clear (there's no controversy here) that estrogen is very brain health protective. There is a window of opportunity for symptomatic menopausal women—and I very precisely use the words “symptomatic menopausal women” if there's flashing and there's sweating—for them to protect all their bits and pieces from head to toe, from hair to toenail. Estrogen is absolutely safe to use for the treatment of their symptoms, which also, by the way, will confer protection for their brain tissue. That window of opportunity

closes 10 years after that last menstrual period. So consider estrogen therapy earlier rather than later. It is not FDA-approved for the prevention of dementia, but it's very clear that it has benefit to specific issues that the menopause crowd will notice: focus, forgetfulness and fogginess. (Estrogen therapy is not considered safe for women who have had breast cancer.)

Fight meno-fog by lowering stress and doing some form of exercise for at least 30 minutes 5 days every week.

What can young women do to protect themselves from bad menopause symptoms early on?

Never start smoking. I hear all the time from my perimenopausal patients: “Yes, I was a smoker. I smoked in college. Not that much. Just on weekends when we'd go to parties.” It makes an impact on brain health and overall health: for sure heart health, pulmonary health, lung health. Smoking does accelerate your journey through menopause. It will harm ovarian function.

Why is it so hard for women to make the lifestyle changes that they know can have such a huge impact?

I don't think that women deeply fear heart disease. It is the number-one killer of women in the U.S. And I don't think women really appreciate how imperiled we are as we age if we haven't set up some basic, heart-healthy habits earlier in life. You know, we start laying down our atherosclerotic plaques in this country in our 20s by eating the American diet that we enjoy. Who doesn't love a cheeseburger with fries? We all will have to start our Mediterranean diets sooner.

I don't think women really become conscious of their own health and wellness until they start to feel unwell, and that usually happens in perimenopause. They just don't feel well, and they can't figure out why. And that usually is the entrée to, “All right,

A daily low-dose birth control pill can boost your memory and cognitive sharpness.



well, I guess I'm not doing all of these things." We have to get scared straight. We know not to do heroin, but we don't know to do aerobic exercise.

Is there a link between genetics and menopausal health risks?

There absolutely is a relationship with the age that our mothers journeyed through menopause. As a reminder, menopause is when our ovaries are all done ovulating, and we no longer have menstrual cycles; therefore we no longer make estrogen very specifically. We also don't make progesterone, and at some point, we'll stop making testosterone, too. It is the estrogen, however, that is the most brain protective. If your mother journeyed through menopause

as a younger woman, in her 40s, you might also start in your 40s. That's important to know.

ONLY 30% OF WOMEN CAN METABOLIZE ESTROGEN-RICH SOY, SO ENJOY BUT DON'T USE IT FOR SYMPTOM RELIEF.

What action plan should we consider to enhance well-being if earlier menopause is in the cards?

It's not too late to ask our mothers about the "Big Three": brain health, bone health and heart health. That's what you've got to make sure you're thinking about. As a 40- and

50-something, you're looking into your future, and you want to have a clear eye on those three things and make your decisions now so that you land as an 80-something with all your brain health, bone health and heart health. It's really actually pretty easy. Why are women not doing this every day? That's a big question to ask.

To address these issues, should we switch our medical team when menopause begins?

A little tip I give in my book is you have to graduate from your obstetrician's office when you're done having babies, because that office is not the right place for you anymore. That office is focused on the younger reproductive-aged woman. And your journey through perimenopause and menopause is not a priority for a practice that is focused on the delivery of babies. It's just the way it is. Don't feel badly about it, and don't get mad about it. Women are often mad when they find out there's somebody like me who focuses on midlife women's health: Why didn't my doctor tell me about that? And it's because not every OB-GYN cares deeply about this part of the journey.

Do you have any parting advice for our readers?

Don't be a lazy bones. Physical activity plays an important role in the prevention of osteoporosis and fracture. Many of us have been doing aerobic exercises for years. Now we have to add in strength

training and targeted exercises for fall prevention. The secret is to add light weights and core balance exercise to your regimen at least several times a week. Start as young as you can, and get your daughters involved. The secret to lifelong bone health starts with regular physical activity in childhood.

XXFACTOR ESSAY

The Routine Question

With each transition in life, the doctor's questions change. **By Kate Haas**

It was a routine check-in, the medical assistant and me in a small exam room, attending to the preliminaries before I saw my doctor. We'd covered blood pressure, temperature and current medications when she glanced up from her keyboard and asked another question.

"What?" I said, surprised into awkward laughter. The question had changed. Until now, it was the settings that changed, never the question. I heard it at my college health center; the HMO I joined with my first job; a Planned Parenthood clinic during a stretch of unemployment. Eventually it followed me to my current medical office, uttered inevitably during each intake check: What do you use for birth control?

For a long stretch during my 20s, the question elicited a bitter laugh. I'd broken up with a long-term boyfriend, and the horizon held no prospect of romance. Too shy for bars, weary from teaching high school, I hunkered down with my books, half-convinced I would never fall in love—much less into bed—with anyone again.

A minor chronic medical issue required quarterly doctor's visits, and there it was again, the inquiry into my contraceptive methods. In the eyes of the medical profession, a 20-something like me was tripping through a wonderland of sex and fending off pregnancy on the regular. Maybe, the question made me think hopefully, that would be me someday.

The man I would marry showed up a few years later, a surfer who

wooded me with hand-drawn cards and goofy poems. The question was unchanged, but my answer at those appointments was different now, a subtle reminder of life's mutability—and my own good fortune.

When we decided to try for a child, my response to the question changed again. "Nothing at all," I said joyfully. It felt startling that after years of vigilance, I could now embark on a spree of unprotected sex.

By the time our son was a few months old, those heady days seemed like ancient history. Home with the baby, a lanky little boy who never napped, I struggled with loneliness, fatigue and the conviction I was doing this all wrong.

"You have got to be kidding," I told the nurse at a postpartum check-up, when the question arose. "I have a 9-week-old. No one sleeps. There's zero going on in that department."

The nurse smiled tolerantly. "People get in the mood at the unlikeliest times. So let's have you discuss options with the doctor, unless you'd like another baby soon?" I shuddered.

A few years later, I gave birth to a second boy. We'd planned him, but with a newborn, a toddler and a partner in graduate school, life felt

overwhelming. "We're done," said my husband after one particularly difficult day.

There's a special nod of acknowledgement when you answer the question about birth control with the word "vasectomy." Nurses flashed congratulatory smiles. And they weren't the only ones experiencing satisfaction. My children were sleeping through the night now, and I was feeling more like the woman I used to be.

That is, until another visit, when the medical assistant startled me with a new question. Are you still getting your period? Menopause would arrive eventually, I knew. I had vivid memories of my own mother ripping off her sweater at the dinner table and announcing a hot flash to her mortified teenagers.

But I was in my early 40, still as regular as I'd always been. On the drive home, I thought about my disquiet back in that office. Was I still invested in seeing myself as a woman who could bear another child—even if she didn't want to? Had I, in the midst of parenting, work and sustaining a long-term marriage, slipped over an invisible border without realizing it? That ritual query had trailed me through all my changes, from single to partnered, from sleep-deprived new mother to multitasking parent of teens. Now the question had changed again, signaling that I, too, would be changing and should be open to whatever lay ahead.