
Judith Golden

Physiologiquement pour les femmes, la ménopause est aussi naturelle que la menstruation; or, jusqu'à la fin du 19e siècle, peu de femmes vivaient assez longtemps pour faire l'expérience de la ménopause. Au début du 20e siècle, comme elle arrivait vers la fin de la vie d'une femme, elle fut associée à la mort. Et maintenant, bien que nous vivions plus longtemps, nous associons encore la ménopause avec une diminution de la valeur des femmes en tant que personnes.

Après avoir expliqué ce qu'est la ménopause et quels en sont les symptômes, l'auteure discute des différents traitements possibles. Les femmes doivent assumer une plus grande responsabilité pour comprendre leur corps, et ont besoin d'écrire et de parler de leur expérience de la ménopause.

Women were born to be in the menopause! Menopause is as much a natural physiological characteristic of women as is menstruation, pregnancy, and lactation. Yet there is a veil of mystery surrounding this natural womanly function. At worst it is labelled a disease and shrouded in fear. At best menopause has become a catchall for all the physical and emotional problems of women between the ages of forty and fifty-five. Most doctors, therapists, and health-care givers are woefully uninformed about menopause and are neither interested nor motivated in researching this area. "You're just in the menopause" is often the answer given to a patient who comes to a doctor reporting depression, anxiety, headaches, loss of libido, etc.

Until the late 1880s it was rare for a woman to experience menopause. Women did not live long enough to enter this phase of life. When women's life span lengthened to include menopause, doctors could only look at the absence of a menstrual period as an indication that something was amiss with their patients. Thus menopause was thought to be a disease,

You're just in Menopause

and the inevitable remedies of the day, such as bleeding and leeching, were applied in order to bring back the menstrual period. When symptoms were severe or simply presented themselves, total hysterectomies were performed. The doctors did not know that a surgical menopause, where the ovaries and uterus are both removed, results in the severest menopause of all!

In the early 1900s menopause came toward the end of one's life, and thus menopause and death were often connected in women's minds. Now, although we no longer die shortly after menopause, our most valued societal function, that of reproduction, comes to an end. In addition, there is the implication that because our sexuality and our ability to bear children are so closely linked, our sexual desirability is also finished. These changes collide with the external realities of our children leaving home and our elderly parents dying. Thus in one fell menopausal swoop, our culture eliminates us as valuable people, with no predetermined role. Menopause continues to be feared as a statement to women of their redundancy.

Exactly what is menopause? During the course of a woman's life, about a half million egg cells are produced. Three or four hundred are released through the natural process of ovulation. From the age twenty-five, however, fewer egg cells are produced every month. The female hormones, estrogen and progesterone, are released by the egg cells that are manufactured by the ovaries. As fewer egg cells are produced, there is a corresponding decrease in the production of these hormones. So the hormone estrogen is on the decline for about twenty years before menopause. At the age of menopause, the decrease in egg cells is very rapid; thus there is an overwhelming decline in estrogen and progesterone. Over the course of about two years women experience major changes in their periods. In some months, periods are absent. Sometimes they are very light and sometimes heavy. At times there are six weeks between them and at other times there might be twenty days. The amount of female hormones produced fluctuates rapidly, and the body tries to accustom itself to this change. Before the time of meno-

pause, the ovaries, pituitary, adrenal, and thyroid glands all worked together to produce fairly predictable bodily functions. But now the relay system is out of synchronization. The glands await their cue from the ovaries. But the cue just isn't there, and thus there is the need to adjust to the decrease in estrogen and keep our bodies functioning without a former member of the team.

Just what can women expect during menopause, i.e., during those years in which the periods are rapidly changing until a woman has gone for a year and a half without a period? All women will have one symptom, that of no more periods. For 20 per cent of women, this will be their only symptom. They just stop menstruating. Of the 80 per cent of other women, about 10 to 20 per cent will have severe symptoms, usually related to hot flashes and their accompanying signs — dizziness, palpitations, numbness in hands and feet. We still don't know what causes hot flashes. But the latest theory ascribes certain chemical changes to the brain. Hot flashes are often at their worst in the night, when women are awakened from sleep by the brain disturbance, then have the hot flash and then the cold sweats that accompany them. At this time, women experience sleeplessness and insomnia. They often need to change their night clothes and sheets several times during the night; there is no wonder that they become irritable. Exercise, stress releasers, and non-hormonal medications are possible relievers of hot flashes. Korean ginseng, long used by the Chinese as a temperature reducer, has provided many women with relief of this symptom. There is nothing wrong with having a hot flash. It is simply nature's way of telling you that your body is adjusting to the decrease in estrogen.

Though over 50 per cent of women experience hot flashes, about one in four develops osteoporosis. This is a decline in the production of cal-

cium in the bones. The bones then become more brittle and more susceptible to fracture. Unfortunately, many women do not know they have osteoporosis until there is a breakage. Once the calcium has been lost, it cannot be replaced. But women can be tested for evidence of this disease, if they request it. Once again, good nutrition with calcium supplements and exercise are preventatives.

Less than 50 per cent of women have some vaginal changes. The walls of the vagina become thinner and the vagina is dryer. There is some shrinkage in the vagina and outer lips, as well. Many women who do not have the sexual experience of intercourse are unaware of these changes. Those who have intercourse experience burning and irritation. Sexually, women remain responsive all their life. They never lose their ability to lubricate and to have orgasms. As they age, however, the lubrication response is slower, which should only be a problem for women who are in a rush or who might have an insensitive sexual partner. There are vitamin E oils and other lubricants that can be used. Of course, regular sexual activity, through self-pleasuring or through partner sex, is highly desirable.

Women have often been told that during the menopause they will become very depressed or even go crazy. The facts are that 6 per cent of women are depressed before menopause and 7 per cent are during menopause, and less than either of these figures after menopause. There has been no direct connection made to the loss of estrogen and depression. But many women are very angry during menopause as they ponder what lies ahead for them now that they have done what they have been expected to do, i.e., borne and raised children. This is a difficult time for women as they think about their role and what they might want to do. Unfortunately, for many of them, their day to find something

for themselves might be far away. For this is also the time of life that aged relatives need them more. Although children may have left home, at no time does it ever seem that parents have been asked to parent more than now, for such an extended period of time. Women in the work force are often faced with the dead-end nature of their jobs in very unsatisfactory and boring positions that are also low-paid. Their retirement becomes a necessity for which to plan financially. Women who have worked in the home and have middle-aged husbands are watching them go through their mid-life crises and facing the fact that others' problems are always seemingly greater than theirs. Why not be sad and depressed when we add fears of aging, death of friends, and what society has prescribed for us, our invisibility?

No discussion of menopause can be complete without some words on estrogen and progesterone therapy or hormone-replacement therapy (HRT). There is considerable controversy over whether or not to prescribe HRT for menopausal and postmenopausal women. The facts are not clear as to the connection between estrogen-replacement therapy (ERT) and cancer of the uterus. By law in the United States, every prescription of ERT must be accompanied by a list of forty side effects, which include clotting and coronary disease. In the last few years, however, ERT has given way to HRT, which means that women take a combination of estrogen and progesterone in order to replicate a natural period. Indeed, women do continue to have menstrual periods with this combination as long as they take it. But since they are not ovulating, there is no risk of pregnancy. HRT is recommended in short term at the lowest possible dosage for severe symptoms. Women with hot flashes, osteoporosis, and vaginal changes can be helped with HRT. Depression is unaffected by this medication. But sooner or later the body must ad-

just to the loss of estrogen on its own. While HRT might relieve the severe times, some symptomatology will be present when HRT is discontinued. There are many contra-indications for HRT, and it must be used only after a detailed physical examination and careful consideration with an informed physician.

Just as society has prescribed fear and mystery for menopause, we can change that prescription. Women need to become responsible for understanding their own bodies and to know about exercise and proper nutrition. Keeping track of one's physiological and mental changes are the best way to refute "you are just in the menopause." We cannot pass off our many problems to menopause if we know what to expect at this time. We need to write more about women over the age of fifty. Who are we? What are our values and joys? We must become visible so that we can tell each other and our daughters who we are. We need to validate our wisdom and experience. And if ever there was a time for sharing responsibilities with families and extended families, it is now. Can we build on the supports that are there in our lives, or must we continue to hold on, not to let go of the small area of control that has been our domain? If menopausal women validated themselves and spoke out for themselves, we would become a powerful force. Let's show the physical and mental aliveness that Margaret Mead captured in the phrase "post-menopausal zest"!

Suggested Reading:

Jane Page, *The Other Awkward Age*, Ten Speed Press, 1977.

Rosetta Reitz, *Menopause: A Positive Approach*, Chilton Book Company, 1977.

Barbara and Gideon Seaman, *Women and the Crisis in Sex Hormones*, Bantam, 1977.

Penny Wise Budoff, *No More Hot Flashes and Other Good News*, G.P. Putnam's Sons, 1983.

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SEX AND THE SILENT

Diane Palmason

Tous les chercheurs s'entendent pour affirmer qu'il vaudrait mieux prévenir l'ostéoporose que la soigner, car c'est une maladie qui peut être en grande partie évitée. En fait, la forme la plus commune, l'ostéoporose de post-ménopause, peut être totalement évitée!

Les femmes commencent une perte osseuse à 35 ans (les hommes à 50 ans) et cette perte s'accélère rapidement après la ménopause. Vingt-cinq p. cent de la population féminine canadienne de plus de 50 ans souffre d'ostéoporose et la moitié d'entre elles subit des fractures. Toutes les femmes devraient suivre un régime qui contient des produits laitiers pour le calcium, et faire régulièrement de l'exercice. L'activité physique aide non seulement à prévenir l'ostéoporose, mais elle est également efficace pour la traiter. Une vie active physiquement est donc un des moyens pour les femmes d'éviter que le "voleur silencieux" — l'ostéoporose — ne les attaque quand elles vieillissent.

Although there is much controversy among researchers as to the causes and methods of treatment of osteoporosis, they all agree on one point: that it would be far better to prevent this condition from developing than to attempt to treat it, and that it is largely preventable — certainly that the most common form, postmenopausal osteoporosis, is completely preventable. Both men and women lost bone as they age, but loss of bone begins sooner in women (thirty-five years) than in men (fifty years), and proceeds far more rapidly, especially after the menopause (0.4 per cent of bone lost per year in men; 2 per cent to 3 per cent in women).¹ This, combined with the fact that far more women than men live to an age at which this process begins to become manifest as vertebral, wrist, and hip fractures, makes osteoporosis a disorder that affects women much more than men. In Canada,



Photo: Diane Palmason