



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES



National Institute
on Aging

Menopause: Treatment for Symptoms *Tips from the National Institute on Aging*

Larissa is 52. She's excited to be starting a new phase of her life as her children leave home and she has more time for her other interests. She's looking forward to traveling and taking a computer class.

But, recent health changes have been getting in the way of her plans. Larissa has been having irregular periods for the past few months. Now, she's getting hot flashes and having trouble sleeping. The hot flashes, which cause her body and face to heat up quickly and uncomfortably, are waking her up several times a night. Larissa is tired and irritable from lack of sleep and fed up with the hot flashes. She is ready to talk with her doctor about finding some relief.

Larissa is experiencing the menopausal transition, a normal part of aging. It is not a disease or disorder. After the menopausal transition, many women feel relieved they no longer have to worry about painful periods, cramps, or getting pregnant.

Some women don't have any trouble with menopausal symptoms. For others, the menopausal transition can bring hot flashes, trouble sleeping, moodiness and irritability, pain during sex, or depression. Some may decide to talk with their doctor about treatments for their symptoms.

There are many factors to consider when thinking about treating menopausal symptoms.

What Is Menopause?

The menopausal transition most often begins between ages 45 and 55. It usually lasts about 7 years but can last as long as 14 years. During the menopausal transition, the body's production of estrogen and progesterone, two hormones made by the ovaries, varies greatly. Bones also become less dense, making women more vulnerable to fractures. During this period, too, the body begins to use energy differently, fat cells change, and women may gain weight more easily.

This time in a woman's life is often full of other transitions—not just physical ones. Women may be caring for aging parents or relatives, supporting their children as they move into adulthood, or taking on new responsibilities at work.

Is It Menopause?

If you are having symptoms commonly associated with the menopausal transition, your doctor may ask questions about your age, symptoms, and family history to determine if it really is the menopausal transition causing your symptoms. In some cases, your doctor may suggest a blood test to check your FSH (follicle-stimulating hormone) and estradiol (E2) levels to rule out any other causes for the changes you're experiencing.

The menopausal transition, sometimes called perimenopause, begins several years before a

woman's last period. During this time, women may experience spotty menstrual cycles, hot flashes, and other changes. While this time is commonly referred to as "menopause," menopause doesn't happen until 1 year after the final menstrual period.

After menopause, women enter post-menopause. Post-menopausal women are more vulnerable to heart disease and osteoporosis. At this time, it is important to eat a healthy diet and make sure you get lots of calcium to keep your bones strong.

A woman who doesn't want to get pregnant should continue to use birth control for at least a full 12 months after her last period.

What Are the Symptoms of Menopause?

Many women experience very mild symptoms that are easily treated by lifestyle changes, like avoiding caffeine or carrying a portable fan to use when a hot flash strikes. Some women don't require any treatment at all. Other symptoms can be more problematic. Common symptoms include:

- Hot flashes
- Disturbed sleep
- Mood swings, depression, or anxiety
- Vaginal dryness and pain during sex

In addition, in some women, symptoms may include aches and pains, headaches, and heart palpitations. Since menopausal symptoms may be caused by changing hormone levels, it is unpredictable how often women will have hot flashes and other symptoms and how severe they will be. Talk with your doctor if these symptoms are interfering with your everyday life. The severity of symptoms varies greatly around the world and by race and ethnicity.

This tip sheet explores treatment options for common symptoms of the menopausal transition.

Hot Flashes: What Can I Do?

Hot flashes are uncomfortable and can last for many years. When they happen at night, hot

flashes are called night sweats. Some women find that hot flashes interrupt their daily lives. The earlier in life hot flashes begin, the longer you may experience them. Research has found that African American and Hispanic women get hot flashes for more years than white and Asian women.

You may decide you don't need to change your lifestyle or investigate treatment options because your symptoms are mild. But, if you are bothered by hot flashes, there are some steps you can take. Try to take note of what triggers your hot flashes and how much they bother you. This can help you make better decisions about managing your symptoms.

Lifestyle Changes to Improve Hot Flashes

Before considering medication, first try making changes to your lifestyle. Doctors recommend women make changes like these for at least 3 months before starting any medication.

- **If hot flashes are keeping you up at night,** keep your bedroom cooler and try drinking small amounts of cold water before bed. Layer your bedding so it can be adjusted as needed. Some women find a device called a bed fan helpful.
- **Carry a portable fan** to use when a hot flash strikes.
- **Avoid alcohol, spicy foods, and caffeine.** These can make menopausal symptoms worse.
- **If you smoke, try to quit,** not only for menopausal symptoms, but for your overall health.
- **Try to maintain a healthy weight.** Women who are overweight or obese may experience more frequent and severe hot flashes.
- **Try mind-body practices like yoga or other self-calming techniques.** Early-stage research has shown that mindfulness meditation, yoga, and tai chi may help improve menopausal symptoms.

Medications: Non-Hormone Options for Treating Hot Flashes

If lifestyle changes are not enough to improve your symptoms, non-hormone options for managing hot flashes may work for you. They may be a good choice if you are unable to take hormones or if you are worried about their potential risks.

The U.S. Food and Drug Administration (FDA) has approved the use of paroxetine, a low-dose selective serotonin reuptake inhibitor (SSRI) antidepressant, to treat hot flashes. Researchers are studying the effectiveness of other antidepressants in this class.

Women who use an antidepressant to help manage hot flashes generally take a lower dose than those who use the medication to treat depression. Side effects depend on the type of antidepressant you take and can include dizziness, headache, nausea, jitteriness, or drowsiness. As with any medication, talk with your doctor about whether this is the right medication for you and how you can manage any possible side effects.

Medications: Treating Hot Flashes and Night Sweats With Hormones

Some women may choose to take hormones to treat their hot flashes. A hormone is a chemical substance made by an organ like the thyroid gland or ovary. During the menopausal transition, the ovaries begin to work less and less well, and the production of hormones like estrogen and progesterone declines over time. It is believed that such changes cause hot flashes and other menopausal symptoms.

Hormone therapy steadies the levels of estrogen and progesterone in the body. It is a very effective treatment for hot flashes in women who are able to use it. There are risks associated with taking hormones, including increased risk of heart attack, stroke, blood clots, breast cancer, gallbladder disease, and dementia. The risks vary by a woman's age and whether she has had a hysterectomy. Women are encouraged to discuss the risks with their healthcare provider.

Women who still have a uterus should take estrogen combined with progesterone or another therapy to protect the uterus. Progesterone is added to estrogen to protect the uterus against cancer, but it also seems to increase the risk of blood clots and stroke. Hormones should be used at the lowest dose that is effective for the shortest period of time possible. (See *What Are the Risks of Using Hormones for Hot Flashes?* on page 4.)

Some women should not use hormones for their hot flashes. You should not take hormones for menopausal symptoms if:

- You have had certain kinds of cancers, like breast cancer or uterine cancer
- You have had a stroke or heart attack, or you have a strong family history of stroke or heart disease
- You have had blood clots
- You have had problems with vaginal bleeding or have a bleeding disorder
- You have liver disease
- You think you are pregnant or may become pregnant
- You have had allergic reactions to hormone medications

Talk with your doctor to find out if taking hormones to treat your symptoms is right for you.

Should I Take Hormones for My Hot Flashes?

Hormones can be very effective at reducing the number and severity of hot flashes. They are also effective in reducing vaginal dryness and bone loss.

Hormone treatments (sometimes called menopausal hormone therapy) can take the form of pills, patches, rings, implants, gels, or creams. Patches, which stick to the skin, may be best for women with cardiac risk factors, such as a family history of heart disease.

There are many types of hormones available for women to treat hot flashes. These include estradiol, conjugated estrogen, selective estrogen receptor

modulators (SERMs), and compounded or synthetic hormones. It is a common misconception that synthetic (“bioidentical”) hormones mixed by a compounding pharmacist are safer and less risky than other hormone therapies. This is not the case. We must assume they have the same risks as any hormone therapy.

Some of the relatively mild side effects of hormone use include breast tenderness, spotting or return of monthly periods, cramping, or bloating. By changing the type or amount of the hormones, the way they are taken, or the timing of the doses, your doctor may be able to help control these side effects or, over time, they may go away on their own.

What Are the Risks of Using Hormones for Hot Flashes?

In 2002, a study that was part of the Women’s Health Initiative (WHI), funded by the National Institutes of Health, was stopped early because participants who received a certain kind of estrogen with progesterone were found to have a significantly higher risk of stroke, heart attacks, breast cancer, dementia, urinary incontinence, and gallbladder disease.

This study raised significant concerns at the time and left many women wary of using hormones.

However, research reported since then found that younger women may be at less risk and have more potential benefits than was suggested by the WHI study. The negative effects of the WHI hormone treatments mostly affected women who were over age 60 and post-menopausal. Newer versions of treatments developed since 2002 may reduce the risks of using hormones for women experiencing the menopausal transition, but studies are needed to evaluate the long-term safety of these newer treatments.

If you use hormone therapy, it should be at the lowest dose, for the shortest period of time it remains effective, and in consultation with a doctor. Talk with your doctor about your medical and family history and any concerns or questions about taking hormones.

Buyer Beware: Unproven, Nonscientific “Treatments” for Hot Flashes

You may have heard about black cohosh, DHEA, or soy isoflavones from friends who are using them to try to treat their hot flashes. These products are not proven to be effective, and some carry risks like liver damage. At this time, it is unknown whether herbs or other “natural” products are helpful or safe. The benefits and risks are still being studied. Always talk with your doctor before taking any herb or supplement to improve your hot flashes or other menopausal symptoms.

Sleep Problems and Menopause: What Can I Do?

The years of the menopausal transition are often a time when there are other changes in a woman’s life. You may be caring for aging parents, supporting children as they move into adulthood, and reflecting on your own life journey. Add hot flashes on top of all this, and you may find yourself having trouble sleeping at night.

Not getting enough sleep can affect all areas of life. Lack of sleep can make you feel irritable or depressed, might cause you to be more forgetful than normal, and could lead you to have more falls or accidents.

Some women who have trouble sleeping may use over-the-counter sleep aids like melatonin. Others use prescription medicines to help them sleep, which may help when used for a short time. But remember, medicines are not a cure for insomnia. Developing healthy habits at bedtime can help you get a good night’s sleep.

Getting a Good Night’s Sleep During the Menopausal Transition

To improve your sleep through the menopausal transition and beyond:

- **Follow a regular sleep schedule.** Go to sleep and get up at the same time each day.
- **Avoid napping in the late afternoon or evening** if you can. It may keep you awake at night.
- **Develop a bedtime routine.** Some people read a book, listen to soothing music, or soak in a warm bath.
- **Try not to watch television or use your computer or mobile device in the bedroom.** The light from these devices may make it difficult for you to fall asleep.
- **Keep your bedroom at a comfortable temperature,** not too hot or too cold, and as quiet as possible.
- **Exercise at regular times each day** but not close to bedtime.
- **Avoid eating large meals close to bedtime.**
- **Stay away from caffeine** (found in some coffees, teas, or chocolate) late in the day.
- **Remember, alcohol won't help you sleep.** Even small amounts make it harder to stay asleep.

If these changes to your bedtime routine don't help as much as you'd like, you may want to consider cognitive behavioral therapy. This problem-solving approach to therapy has recently been shown to help sleep disturbances in women with menopausal symptoms. Cognitive behavioral therapy can be found through a class or in one-on-one sessions. Be sure that your therapy is guided by a trained professional with experience working with women during their menopausal transition. Your doctor may be able to recommend a therapist in your area.

Having Sex Is Becoming Painful: What Can I Do?

Some women have vaginal dryness when their bodies experience the menopausal transition. This can make sex painful. Women may also experience a tightening of the vaginal opening, burning, itching, and dryness (called vaginal atrophy). Fortunately, there are options for women

to address these issues. Talk with your doctor if you are having this problem—he or she can suggest treatment options.

Treating Vaginal Dryness and Pain During Sex

Pain during sexual activity is called dyspareunia. Like other symptoms of the menopausal transition, dyspareunia may be minor and not greatly affect a woman's quality of life. However, some women experience severe dyspareunia that prevents them from engaging in any sexual activity.

You may find relief from vaginal dryness using water-based lubricants or vaginal moisturizers, which can be found at most grocery and drug stores. Vaginal moisturizers differ from lubricants. They are to be used regularly—not just during sex—to replenish vaginal moisture and relieve vaginal dryness. Do not use petroleum jelly for this purpose; oil-based products can cause irritation.

If your symptoms are not improved by using water-based lubricants or vaginal moisturizers, hormones may help. Local vaginal treatments (like estrogen creams, rings, or tablets) are often used to treat this symptom and provide lower hormone doses to the rest of the body than a pill or patch.

Hormones aren't the only option for treating vaginal dryness and dyspareunia. The FDA has approved a non-hormone medicine (called ospemifene) to treat moderate to severe dyspareunia caused by vaginal changes that occur with menopause. Your doctor can tell you about the risks and benefits of this medicine.

Other Menopause Symptoms and Treatments

For most women, hot flashes and trouble sleeping are the biggest problems associated with menopause. But, some women have other symptoms, such as irritability and mood swings, anxiety and depression, headaches, and even heart palpitations.

Many of these problems, like mood swings and depression, are often improved by getting a better night's sleep. Discussing mood issues with your doctor can help you identify the cause, screen for severe depression, and choose the most appropriate intervention. For depression, your doctor may prescribe an antidepressant medication.

If you want to change your lifestyle to see if you can reduce your symptoms, or if you decide any of your symptoms are severe enough to need treatment, talk with your doctor.

Treating Menopause Symptoms: What's Right for Me?

Deciding whether and how to treat the symptoms of the menopausal transition can be very complicated and personal. Discuss your symptoms, family and medical history, and preferences with your doctor.

No matter what you decide, see your doctor every year to talk about your treatment plan and discuss any changes you want to make.

For More Information About Menopause

American College of Obstetricians and Gynecologists

1-800-673-8444 (toll-free)
resources@acog.org (email)
www.acog.org

National Institutes of Health

www.nih.gov/PHTindex.htm

National Library of Medicine MedlinePlus

www.medlineplus.gov/menopause.html

North American Menopause Society

1-440-442-7550
info@menopause.org (email)
www.menopause.org

U.S. Food and Drug Administration

1-888-463-6332 (toll-free)
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