

# Menopause myths

Spotting misinformation, understanding symptoms key to finding safe, adequate care

By Jane Claspy Nesmith, for The Gazette

**H**ot flashes and night sweats. Brain fog and weight gain. Mood swings and low libido. The challenges of menopausal women are often played for laughs, but for women who are in the midst of this transition, they are no joke.

While some women sail through menopause with few bothersome symptoms, many spend years suffering or maybe just not feeling quite themselves. But is discomfort during the transition out of the childbearing years necessary?

“Some doctors will tell women ‘It’s natural,’ so they should just get through it naturally without any medical treatments,” said Sarah Norris, advanced registered nurse practitioner at Mercy Urology Clinic.

As a Menopause Society certified practitioner, Norris reassures her patients that there are ways

to address unpleasant side effects of the hormonal shifts during this time of life. She’s also noticed a shift in the way menopause is handled medically. More family doctors are taking menopause symptoms seriously, and more women are advocating for themselves.

Still, there are many myths about menopause and its treatments.

“I have an entire lecture on menopause myths,” said D. Holly-Marie Bolger, associate clinical professor at the University of Iowa in the department of obstetrics and gynecology.

Misinformation about menopause could prevent women from getting treatment or might promote treatments that are not helpful. It’s important for women to know what’s really happening to their bodies and which medical treatments are safe and effective to help them weather the change.

► TO PAGE 6S

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# Menopause / 'Spotting misinformation'

► FROM PAGE 3S

Menopause is the date when a woman has gone a full 12 months without a menstrual cycle, but symptoms usually begin years before this date.



**D. Holly-Marie Bolger**  
University of Iowa

"There's no magical formula to tell when that will be," Bolger said. On average, the transition of perimenopause begins when women are in their 40s and lasts for about eight to 10 years.

Hormones, particularly estrogen, don't simply stop when a woman transitions out of her fertile era. Instead, hormones fluctuate, sometimes wildly, during this long transition. As hormone levels fluctuate, a woman's entire body will be affected, not just her reproductive organs.

"Women have estrogen receptors all over our bodies," Norris said. "Hormones are a chemical messenger to the receptors. The hormone molecules fit into these receptors and tell the body what to do."

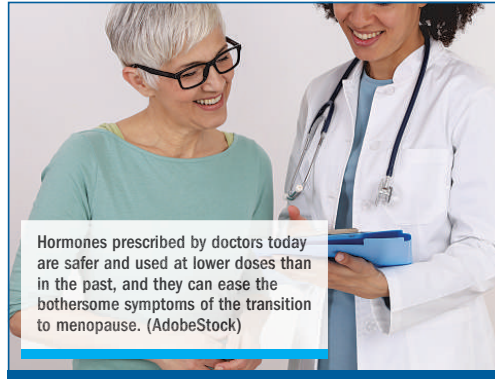


**Sarah Norris**  
Mercy Urology  
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Erratic estrogen levels cause hot flashes and night sweats, common perimenopausal symptoms, because there are estrogen receptors in the thermostat of the body, the hypothalamus gland. Disruptions in estrogen levels cause the hypothalamus to misinterpret temperature. This triggers a cascade of what are called vasomotor responses. A woman's skin heats up, her sweat glands activate and her heart rate speeds up: a hot flash or night sweats interrupt her life.

At one time, doctors thought the treatment for this disruption was simple: prescribe supplemental hormones for women. But a study in the 1990s and early 2000s — the Women's Health Initiative study — seemed to suggest that taking hormones could lead to an increased cancer risk of more than 20 percent. Women were alarmed, and doctors began to pull back on prescribing estrogen supplements for perimenopause.

Looking back today, health care professionals want to emphasize that the findings of that study weren't quite as dire as previously thought. The women in the study weren't going through perimenopause; they were in their 60s and 70s, when



cancer risks are already slightly higher. In addition, the increase in cancer risk among those taking hormones is miniscule. Women in their 50s have a 2.33 percent chance of getting cancer. When taking estrogen, the risk rises to just 2.94 percent.

In addition, FDA-approved hormones prescribed today are different from those in the study: they are biologically identical, or bioidentical, to women's own hormones, and they are effective when used in smaller doses.

There are some women who still should not take supplemental estrogen: for example, women who have a family history of estrogen-receptor positive types of breast cancer.

But for many women, taking estrogen during perimenopause is a safe and effective way to smooth out the roller coaster hormonal ride. Taking estrogen can have a calming effect throughout a woman's body.

Bolger has found that treating vasomotor symptoms — hot flashes and night sweats — with estrogen can often help women with other perimenopausal symptoms like brain fog, weight gain and insomnia.

A prescription for estrogen in the form of pills, patches or creams is a safe and effective way to treat vasomotor symptoms, and they can help resolve other symptoms, too.

For women who cannot take hormones, some

types of SSRIs, often prescribed for depression or anxiety, can ease vasomotor symptoms. Gabapentin, originally developed as an anticonvulsive medication, can be effective as well. New treatments involving the receptors in the hypothalamus are also promising.

Despite the good news about hormone therapy and other prescription therapies, there are many treatments out on the market that are ineffective and some that could even be harmful. Herbal supplements, like black cohosh, ginkgo biloba and St. John's wort, have not been shown to be beneficial in scientific studies.

"The Menopause Society does not recommend these because of limited safety on these products," Bolger said. Because they are not FDA-approved, there isn't oversight on how these supplements are made.

Soy supplements are often marketed as an alternative treatment for perimenopausal symptoms, but most North American women lack the enzyme necessary to metabolize the effective elements.

More worrisome, hormonal supplements are now being marketed online and through social media. Their selling point is that they are compounded bioidentical hormones, made by a particular company rather than by an FDA-approved lab.

Besides treating perimenopausal symptoms, these companies often claim without scientific evidence that their products give women fuller hair, younger skin and more energy, and the marketing is working. In 2016, compounding bioidentical hormonal therapy was estimated to be a \$1.3 billion business.

"Their products are expensive, often not covered by insurance, and require women to have to pay for multiple hormone tests," Bolger said. "But they are not medically recommended by any medical society because of concerns about safety." She cautions her patients to read the scientific literature carefully before purchasing any kind of medication online. "If their claims are not supported by reputable scientific journals, then don't buy it," she said.

For more information, both Norris and Bolger recommend the Menopause Society's "Find a Healthcare Practitioner" webpage as an important step toward getting good care during this time of life.