Navigating perimenopause

Perimenopause can be a time of hormonal fluctuations, but there are positive ways to find relief.

The hormonal shifts of perimenopause can sometimes feel as changeable as the weather. One day there may be sudden heatwaves (such as hot flushes or night sweats). The next, cloudy skies (think tears or mood swings for no obvious reason).

Women know there’s a forecast for big changes with menopause, which happens around the age of 50 to 52 – the average age when our periods stop completely. Yet so much less is said about the stage before menopause – perimenopause.

As a result, women often blame stress or age for symptoms actually caused by seesawing sex hormones – the fluctuations of oestrogen and progesterone – in the years leading up to menopause.

Hormonal highs and lows

During perimenopause your ovaries are winding down. This means that some months you will ovulate, sometimes twice in a cycle, while in other months, no egg will be released.

“The pattern of hormonal fluctuations can become quite erratic and feel chaotic,” says Jean Hailes endocrinologist, Dr Sonia Davison. “Flashes and
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Night sweats may occur some months and not others. They are often triggered by a drop in oestrogen before the menstrual period. Then oestrogen can shoot back up again causing issues like swollen, tender breasts.”

Perimenopause typically starts in a woman’s 40s, but may also occur in 30-something women. Symptoms can come in waves, increasing and receding for months at a time. Though four to six years is average for most women, perimenopause can be as short as a year or last for more than 10 years. Next stop? Menopause.

For some, perimenopause causes few health issues. But around 20% of women experience moderate to severe symptoms, which can include:

- Hot flushes
- Night sweats
- Problems with falling asleep, staying asleep and sleep quality
- Breast tenderness
- Itchy/crawly/dry skin
- Exhaustion
- Trouble concentrating
- Irregular periods
- Vaginal dryness
- Loss of libido (sex drive)
- Migraines
- More pronounced pre-menstrual tension
- Mood changes – these may include feeling more teary and irritable. Chronic or increased anxiety may also occur
- Weight gain, despite no changes to diet or exercise. “This may be because hormone shifts cause a slowing of a woman’s metabolism – the rate at which she burns kilojoules,” Dr Davison explains.

Menstrual fluctuations
Changes to your menstrual cycle can be one of the most obvious clues that perimenopause is taking place. “Periods may become more irregular, spaced further apart, lighter, heavier or have a different pattern every month or every few months,” says Dr Elizabeth Farrell, gynaecologist and Medical Director of the Jean Hailes Medical Centres.

This doesn’t mean you should presume perimenopause is responsible for every bodily change. “If bleeding becomes very heavy, there is spotting between periods, pain or extremely erratic periods, women should see their doctor to rule out underlying causes, such as fibroid growths, changes to the lining of the uterus or [in rarer cases], cancer,” says Dr Farrell.

Surprisingly, research shows that some women ovulate twice a cycle during perimenopause – once during ovulation and once again during their menstrual period. This means that contraception is still needed because pregnancy can still occur.

Managing symptoms
If “I’m over this” or “I’m miserable and exhausted” become your daily mantra, you don’t just put up with it. “If symptoms of perimenopause are disrupting your quality of life, it is important to see your GP,” says Dr Davison. “Treatments are available that can provide some relief.”

5 THINGS TO KNOW
1. During perimenopause, women’s ovaries are winding down
2. Symptoms of hormonal fluctuations last an average of four to six years before menopause
3. Contraception is still needed
4. Low oestrogen levels before menstruation can cause hot flushes and night sweats
5. Treatments such as hormone therapy can help
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Treatments that might be able to help with hormonal issues include:

- Cyclic or continuous hormone therapy – this involves taking oral pills of oestrogen daily and progesterone for 10-14 days of the month. Alternatively, oestrogen and progesterone are delivered daily via a pill or skin patches.
- The contraceptive pill – this is an option for women who don’t smoke and have a healthy weight and blood pressure. But a low-dose pill may not be enough to alleviate issues such as hot flushes in some women.

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Helpful health checks

In your late 40s or early 50s, when perimenopause usually occurs, it’s a good time to see your GP and get up to date with these important health checks:

- Clinical breast exam
- HPV test – in May 2017 this will replace the Pap smear and needs to be done every five years until age 74
- Blood lipids (fasting blood test) to test cholesterol for heart health
- Blood pressure measurement
- Blood glucose (fasting blood test) for type 2 diabetes
- Skin cancer mole and spot changes check
- Weight and waist measurement (over 80cm for women, the risk of heart disease goes up)
- Bone density scan to check for osteoporosis, if needed

Over age 50:

- Bowel cancer stool sample (faecal blood occult test)
- Mammogram (every two years until age 74)
- An IUD (such as Mirena), with or without oestrogen therapy, to treat heavy bleeding
- Antidepressants – options such as Lovan or Prozac can be helpful to alleviate mood swings, teariness and hot flushes in some women.
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LIFESTYLE SUPPORT
Tweaking daily habits can boost your health, support your body through the changes of perimenopause and reduce chronic-disease risk.

1. Making healthy food choices
Jean Hailes naturopath Sandra Villella suggests these tips to help maintain energy, stable blood glucose and weight:
• Fill half a plate with vegetables and have a palmful of lean protein at meal times
• Eat more whole grains like brown rice
• Include calcium-rich foods like yoghurt, canned sardines and parmesan cheese
• Include healthy fats from fish, olive oil, seeds and nuts, such as linseeds and macadamias
• Always eat breakfast
• Minimise triggers for hot flushes such as alcohol, sugary snacks and caffeine.
• Choose foods with a low glycaemic index (GI), which cause less of a spike in blood sugars and insulin. (See the Healthy Living section of our website at jeanhailes.org.au for more on this.)

2. Engage in regular physical activity
“Active women have fewer and less distressing perimenopausal symptoms,” says Dr Helen Brown, head of Translation, Education and Communication at Jean Hailes.

In our next issue of the Jean Hailes Magazine we will discuss treatments and self-help strategies for menopause.

Dr Davison notes however that the use of ‘compounded bio-identical hormones’ to manage symptoms have yet to be backed by science. “Unlike conventional hormone therapy, very little research has been done on their safety and effectiveness, so the claims about them are not backed up by scientific evidence,” says Dr Davison.

Complementary therapies
Some women also use traditional herbs to manage their symptoms. Due to the variable nature of some of the symptoms of perimenopause, Jean Hailes naturopath Sandra Villella recommends seeking advice from a trusted practitioner, rather than self-prescribing:

“Herbs such as black cohosh, dong quai and ginseng have traditionally been used during perimenopause,” says Ms Villella. “Not all of these herbs have undergone vigorous clinical trials although there is good evidence that chaste tree may be useful for PMS [premenstrual syndrome].”

Black cohosh is the most researched of the herbs. “While it helps low oestrogen symptoms, the herb doesn’t contain plant oestrogens but works on the same pathways as the chemical messengers of the brain,” she says.

Read more about perimenopause

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