

Frequently Asked Questions About Menopause and Genitourinary Syndrome

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Frequently Asked Questions About Menopause and Genitourinary Syndrome

What is menopause?

Menopause is a normal time in a woman's life when menstruation, your period, stops. The changes of menopause start when hormone levels drop due to age. There are several hormones, but the one called Estrogen, is also responsible for typical female characteristics such as breast development, menstruation, and the ability to get pregnant. As a woman ages, Estrogen levels naturally fall until a woman reaches menopause, when estrogen levels are very low.

When do menopausal symptoms start and how long do menopausal symptoms last?

Menopause is when a woman has stopped getting her periods permanently. For American women, this happens usually between ages 45 and 55. The actual time of menopause can be affected by the woman's family history. If her sisters or mother went through menopause earlier, she could start earlier too. Menopausal symptoms can start 5 to 10 years before a woman has stopped getting her periods. She might continue to have these symptoms for more than 10 years after her periods stop. Sometimes women can go into menopause after having their ovaries removed in surgery, or after receiving medications that make the ovaries stop making hormones. Smoking can also cause women to go into early menopause.



What are symptoms of menopause?

The most common and bothersome symptoms of menopause are hot flashes, mood changes, sleep problems, and decreased desire for sex as well as decreased pleasure with sex. Hot flashes are when a woman suddenly feels very hot, usually in the face, neck, and chest, and can last 1 to 5 minutes. Sometimes she might also feel chills, sweating, anxiety, and very fast heart beating. Hot flashes often occur at night, which is called night sweats. Mood changes can also happen, and they include feeling more irritable than normal, feeling sad or depressed, feeling anxious or feeling stressed. Some women have

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sleep problems like difficulty falling asleep, not sleeping well, and waking up frequently. Many women can experience headaches and muscle aches too.

How common are hot flushes?

Hot flushes are the most common symptom of menopause, 8 out of 10 women who are in menopause also have hot flushes. Most women experience hot flushes every day. More African American women experience hot flushes than women of other races and ethnicities. Women who are overweight, are smokers, have negative or depressed mood, have anxiety, or have higher stress levels also are more likely to experience hot flushes.

What is genito-urinary syndrome of menopause?

Genitourinary syndrome of menopause is a group of vaginal and bladder symptoms that can occur when women go through menopause. Vaginal symptoms include pain with sex, decreased lubrication, decreased desire for sex, bleeding, burning, irritation, and feelings of dryness at the vaginal area. Bladder symptoms include pain when urinating, frequent bladder infections and urinating very often.

How common is depressed mood during menopause?

Women are 3 times more likely to have depressed mood as they go through menopause. The chances of having problems with mood during menopause are higher if you already have a history of depression or anxiety. Depressed mood could be due to the hormonal changes of menopause, but it can also happen because as women get older, they also have more stress from health problems, “empty nest” feelings and marriage issues, financial problems, and decreased exercise.

Will I go through menopause if I have a hysterectomy?

A hysterectomy is a surgery to remove the uterus. Sometimes doctors will also need to remove your ovaries. If you are not in menopause and you have both ovaries removed, then you will go through menopause immediately after surgery. If you only have your uterus removed, and one or two ovaries are saved, then you may go through menopause as normal or 3-4 years earlier.

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What tests should I have if I have menopause symptoms?



Your clinician does not usually need to perform a blood test or imaging study to figure out if you are in menopause or to help you with your symptoms. Menopause is diagnosed based on your age, your history, and your symptoms. If you are experiencing pelvic pain or abnormal bleeding, your clinician may recommend a biopsy of the uterus and an ultrasound. An ultrasound uses sound waves to produce an image of the uterus, bladder, and ovaries. It can be done by placing a sound probe on the lower abdomen or through the vagina. An ultrasound is helpful to figure out why you may be having pain or bleeding. Although your clinician may recommend checking hormone levels to see if you are in menopause, this is rarely helpful and sometimes confusing. Hormone levels can vary a lot throughout your life, from month to month and from day to day. Some women can have menopause symptoms even if they have normal hormone levels. Others do not have any symptoms with low hormone levels. So, your clinician will use your symptoms to help make the diagnosis and guide treatment.

Is there anything I can do on my own to feel better?

There are many things you can do to help your menopause symptoms. Maintain a healthy lifestyle with regular exercise such as yoga. Control or reduce stress and anxiety because they can make menopause symptoms worse. Try to decrease stress by relaxing in healthy ways such as reading a book, having quiet time, or spending time with friends. Get lots of sleep and rest. Avoid or quit smoking because it can make your menopause symptoms a lot worse. Practice slow and deep breathing from your belly for 15 minutes every day to help with stress and hot flashes. You can also practice meditation which improves sleep and decreases anxiety.

If you have hot flashes, you should try to dress in layers that are easy to remove to cool yourself when you feel hot. Also, keep a hand fan or electric fan nearby. At night, lower the room temperature, put a cold pack under your pillow, turn on the fan or keep a fresh towel and change of nightclothes at the bedside. Some women have triggers that set off their hot flashes. Some triggers include spicy foods, alcohol, and caffeine. Avoiding these things may improve your symptoms.

If you are having pain with sex or if you feel dry during sex, you should use a vaginal lubricant before and during sex. If you have vaginal irritation or burning, you should use a vaginal moisturizer daily but not use lubricants or moisturizers that have perfumes or dyes. If your

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vaginal pain does not get better with lubrication or it is severe, make sure you discuss it with your clinician.

When should I see a doctor about my symptoms?

Although there are no cures for menopausal symptoms, there are medications that can decrease the frequency or severity of your symptoms. If your symptoms are very bothersome even though you have tried to do things on your own to improve your symptoms, you may need to talk to your doctor about starting medications such as hormone therapy.

What are treatments for menopausal symptoms?

Hormone therapy is the most effective for decreasing hot flashes. It is generally safe to take for healthy women under 60 years old who are entering menopause. You will need to discuss your medical history with your clinician before starting hormone therapy. Women who have breast cancer, uterine cancer, liver disease, heart disease, heart attack, stroke or clots in blood vessels should not take hormone therapy. There are non-hormonal medications that can also help with hot flashes. These include certain types of antidepressant, anti-seizure, and anti-high blood pressure medications. For women with mild symptoms there are also some natural remedies that can help.

What are treatments for genito-urinary syndrome of menopause?

Symptoms of genito-urinary syndrome of menopause can improve with daily vaginal moisturizers or using vaginal lubricants before and during sex. If you continue to have bothersome symptoms, you can speak with your doctor about start vaginal estrogen, which can be prescribed as a pill, cream or ring that is inserted into the vagina. These medications contain very low dose of estrogen and are safe to take for most women.

What is “bioidentical” hormone?

“Bioidentical” hormones are hormones that look the same as the hormones produced by the human body. These hormones are produced in a lab. They are different than “Equine” hormones which are obtained from female horses or “natural” or “phytoestrogens” which are hormones obtained from plants. Many persons, including clinicians, use the word “Bioidentical” and “natural” to describe hormones that are created in various doses and combinations by compounding pharmacies. This is not correct and confusing for many reasons. First, compounded hormones can be bioidentical, equine, or natural. Second, a bioidentical hormone has the same risks as an equine hormone, which means that one is not safer than the other. Third, natural or plant hormones have very little effect because they are not very similar

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to human hormones. Fourth, compounded hormones, regardless of whether they are bioidentical, equine, or natural, are not regulated by the US Food and Drug Administration (FDA), so their quality, dosage and safety cannot be guaranteed. Sometimes, the dosage can be much higher than what is recommended, which can be dangerous to your health. It is important to know that many of the commonly prescribed hormone pills, patches and rings produced by pharmaceutical companies contain bio-identical hormones so you do not need a compounding pharmacy to create “bioidentical” hormones. If you choose to use compounded hormones, be sure to do it only with the help and supervision of a doctor. Also remember that hormone therapy should not be forever. Instead, you should assess the risks and benefits of being on hormone therapy at regular visits with your clinician.

What are risks and benefits to my health if I take hormone therapy?

Hormone therapy that contains estrogen and progesterone hormones can increase the risk of heart attacks, breast cancer, blood clots, and strokes in older women who have gone through menopause for many years. There is no increased risk of heart attack for woman who became menopausal less than 10 years before starting hormones or were younger than age 60.

Hormone therapy that contains only estrogen can increase the risk of stroke and blood clots, but not the risk of heart attacks or breast cancer. However, if you did not have a hysterectomy and you take estrogen-only hormone therapy, you are at risk of developing uterine cancer. If you take progesterone, then you will not have this increased risk.

How long should I take medications for menopausal symptoms?

You should take the lowest dose of hormone therapy that you need to control your menopausal symptoms. You should start to decrease or stop your hormone therapy after 3 to 5 years.

How long does it take for medications to work?

You should start to see an improvement in your symptoms after taking medications for 2-4 weeks. Your doctor may need to adjust the dosage of your medication depending on your response after this time. If you decide to stop your hormone therapy, decrease slowly (wean) over several weeks to make sure you do not experience rebound symptoms.