

Women Through the Ages Series—Part 2

INTEGRATIVE HEALTH APPROACHES TO MENOPAUSE

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So you're waking up drenched in sweat. More irritable than normal. Finding yourself stripping down to your camisole in the dead of winter, then bundling back into your sweater, then tossing it aside again. An uninterrupted night of sleep has become a distant memory. Your back and joints ache. Sex. . . well, not so much. And what the heck is going on with your periods? One month you're like a gushing geyser; the next month it's gone missing altogether; the next month you spend two weeks spotting.

Welcome to menopause. Actually, you're probably in perimenopause, that time just before you actually hit menopause, which is defined as the day you've gone 12 months without a period. Perimenopause can last a year or more (up to 10 years in some women) and no, it's not a fun time. Honestly, though, even the postmenopausal years can be fraught with hot flashes, sleepless nights, moodiness, and other menopausal symptoms.¹

It all comes down to shifting hormones that, in the end, signals the end of your reproductive years. But even as one chapter ends, another begins, one many women view positively. In one study, researchers asked 393 women to share their thoughts about passing through menopause. More than half mentioned positives about the transition, including relief that their periods and menstrual-related symptoms were over and that they didn't have to worry about pregnancy any longer. Many cited the personal growth and freedom to focus on themselves they felt. They talked about feeling stronger, having a greater connection with their inner feelings, experiencing fewer inhibitions, and feeling more confident in expressing themselves.²

Voices of Menopause²

“Physically I have obtained a great strength passing the menopause – my sexual life has become more fun – I know for sure what I want – I look forward to becoming a granny soon, I am about to change my job, and I look forward to it.”

“I really experience some wonderful years just now.”

“I experience it as a new phase in my life – without children, and more time to do what I want.”

DEALING WITH THE DOWNSIDE

Most of what we hear about menopause has to do with life-disrupting symptoms. That's because they're real. The most prevalent are vasomotor symptoms – hot flashes and night sweats, which about 80 percent of women experience. A third classify them as frequent, severe, and having a “profound impact” on their quality of life.³ Hot flashes often occur several times per day, with about 1 out of 11 perimenopausal and 1 out of 14 postmenopausal women experiencing more than seven a day.⁴ The good news is that they typically taper off within a few years after menopause.^{4,5}

Vaginal atrophy, defined as the thinning and drying of the vaginal lining, affects nearly half of all menopausal women. It also has a profound negative impact on quality of life and self-image, and can persist long after other menopause-related symptoms fade.⁶⁻⁹ In addition to making sex painful, it can also increase susceptibility to vaginal and urinary infections.⁶

Other common symptoms include anxiety, tiredness, stiff or painful joints, back pain, urinary incontinence, headaches, and heart palpitations, weight gain, and memory and other cognitive problems.¹⁰

GOING THE MEDICAL ROUTE

Menopause is a natural process, not a disease. Seeking relief from the medical route depends on how bothersome or severe your symptoms are. A common treatment for menopausal symptoms is hormone replacement therapy (HRT), patches, creams, or oral tablets that replace estrogen, progesterone, or both.^{3,11} It's excellent at improving hot flashes and has an additional benefit in its ability to prevent bone loss, or osteoporosis. However, it may also increase the risk of breast cancer, endometrial cancer, and blood clots in some women.^{3,12,13} That's why women with a history of cancer or an increased risk of cancers like uterine or ovarian shouldn't use it.³ Hormone therapy is also available in a cream or tablet to counteract vaginal dryness.

In 2013, the Food and Drug Administration approved the antidepressant paroxetine (Paxil), sold under the brand name Brisdelle, for hot flashes. It is taken once daily before bed, but don't use it if you've had breast cancer or are taking tamoxifen. Other non-hormonal medications that may have some benefits are gabapentin (Neurontin), venlafaxine (Effexor), desvenlafaxine (Pristiq), citalopram (Celexa), and escitalopram (Lexapro). None are FDA-approved for hot flashes, however.

INTEGRATING THE TRADITIONAL AND ALTERNATIVE

These are not all your options, however. The growth in women's search for alternatives to hormone therapy really gained momentum in the early 2000s, after the release of results from the Women's Health Initiative, which involved 27,347 postmenopausal women. The study found higher risks of coronary heart disease, breast cancer, stroke, pulmonary embolism, dementia, gallbladder disease, and urinary incontinence in women using a particular oral form of estrogen/progestin.¹¹

Although the study and its findings were controversial, millions of women immediately stopped taking their hormones, only to find their hot flashes return. In one study of 6,383 women who had used hormone therapy, 80 percent of whom had stopped using it, most said they turned to one or more types of complementary or alternative medicine (CAM) approaches for their symptoms.¹⁴

The literature is rich with studies on alternative options to traditional medications for this most bothersome of menopausal symptoms. And many of these approaches also help with other menopausal symptoms. Not surprisingly, women who experience hot flashes are more likely to turn to CAM than women who don't.¹⁵

In this section, we provide you with an overview of complementary and alternative medicine (CAM) to safely manage your menopausal symptoms. If you go this route, you're not alone. One study estimated that slightly more than half (53 percent) of menopausal women used at least one type of CAM to help manage their symptoms.¹⁶ Another found a similar number of women used CAM and 60 percent said it helped their symptoms.¹⁷

Talk to Your Doctor

Whether it's supplemental vitamins or minerals, or herbal remedies, please tell your healthcare professionals, including pharmacists, about it. While generally safe, some can interfere with other medications you're taking or your doctor wants to prescribe. Unfortunately, most women don't tell their doctors when they opt for alternative therapies.¹⁷

When it comes to CAM for menopausal symptoms, there are three main categories: ¹⁸

- Mind-body practices, including hypnosis, cognitive behavioral therapy, [CBT], relaxation, biofeedback, meditation, and aromatherapy
- Natural products, such as herbs, vitamins, minerals, and dietary supplements.
- Whole system approaches, such as acupuncture, reflexology, homeopathy, and traditional Chinese medicine

Let's take a quick look at some.

Hypnosis. No, we're not talking about making you do silly things. Medical hypnosis puts you into a deep state of relaxation, making you more susceptible to suggestions – including your own. Two studies involving five sessions of hypnosis for hot flashes among breast cancer survivors found a significant reduction in their frequency and severity, about the same as with hormone therapy. ¹⁸ Other studies find hypnosis can also improve sleep quality and sexual function. Even the North American Menopause Society (NAMS) recommends hypnosis for menopausal symptoms. ¹⁹ You can find a medical hypnotist through the [American Society of Clinical Hypnosis](#).

Cognitive behavioral therapy (CBT). Cognitive behavioral therapy is short-term therapy in which you work with a therapist to reframe how you think about and react to your symptoms. One study found a 52 percent reduction in the impact of hot flashes on breast cancer survivors who received CBT compared to 25 percent in women who did not receive the intervention, even though the frequency of hot flashes felt about the same in both groups. ²⁰

Cognitive behavioral therapy is another intervention that NAMS recommends for reducing the impact of hot flashes and night sweats on quality of life, even if it doesn't reduce the frequency.¹⁹

Mindfulness training. This approach involves learning to recognize and discriminate more accurately between the thoughts, feelings, and sensations of an experience so you can be less reactive to them and observe them in a more dispassionate manner. In one randomized trial, 110 late perimenopausal and early post-menopausal women experiencing an average of five or more moderate or severe hot flashes (including night sweats) a day were randomized to attend eight weekly classes on biofeedback and relaxation, and one all-day class, or to no intervention.

After 20 weeks, women attending the classes saw the “bothersomeness” of their symptoms fall 22 percent compared to 10.5 percent for those who didn't get the training. The women in the first group also demonstrated significant improvements in quality of life, sleep quality, anxiety, and perceived stress, all of which persisted at least three months (the time period they were followed) after the intervention.²¹

Yoga. The emphasis on being in the moment as well as the movements and deep breathing inherent to yoga are likely behind the benefits that studies on yoga often find when it comes to the psychological symptoms of menopause, including quality of life, sexuality, and fatigue, although not hot flashes and other vasomotor symptoms.¹⁸

Aromatherapy. You may know that lavender can improve sleep (spray some on your pillow), but did you know it can also improve hot flashes. One 12-week study in 100 women, in which half received lavender essential oil and half a placebo for six weeks, after which they switched, found that the essential oil slashed the number of hot flashes in half compared to a less than 1 percent reduction with the placebo.²² A simple and safe procedure.

Black cohosh. Black cohosh, or *cimicifuga racemosa*, is possibly the most-studied herbal remedy for hot flashes. But here's the thing; although most studies show significant improvements in menopausal symptoms, the improvements aren't much different from that of placebo.

Nonetheless, the authors of a review of 16 studies concluded that while there wasn't enough evidence to *recommend* the use of black cohosh for menopausal symptoms, there *was* enough evidence to suggest more studies should be conducted.²³ We should point out, however, that the findings in that review were considered somewhat controversial.²⁴ Plus, as the North American Menopause Society notes, black cohosh is “relatively low risk.”

Meanwhile, a study focused only on the effects of black cohosh on sleep in 42 women just after menopause found significant improvements in sleep in the women who received the herb versus those who received placebo.²⁵ As with any herbal treatment, be sure to talk with your physician, nurse practitioner or pharmacist before trying it, especially if you are on other medications, to be sure it does not interact or interfere with those medications.

Phytoestrogens. Phytoestrogens are plant-based estrogens found in soy and red clover. They are often touted as “natural estrogens” and, indeed, they can contain large amounts of the isoflavones genistein and daidzein that may produce “estrogen-like” effects. While clinical trials are mixed, often showing no difference between placebo and the phytoestrogen on menopausal symptoms, NAMS notes that they can reduce menopausal symptoms with no evidence of increased risk of breast or endometrial cancer. In fact, diets high in soy are associated with a lower risk of breast and endometrial cancer.^{19,26}

Acupuncture. Acupuncture is an ancient Chinese healing system used throughout the world. Practitioners insert hair-thin needles into specific points along the meridians or at the tender points in the body. A year-long, federally funded study found that acupuncture may significantly reduce hot flashes and other menopause-related symptoms, including memory, anxiety, and sleep quality, with the benefits lasting at least 6 months after the acupuncture treatments ended.²⁷ Numerous other studies also show benefits for hot flashes, sleep, and somatic symptoms such as pain and fatigue.¹⁸

Other herbs with some potential benefits for various menopausal symptoms include St. John's wort for hot flashes and sleep;^{28,29} ginseng for hot flashes and overall well-being, including depression and sexual dysfunction;²⁹ and flaxseed for hot flashes.²⁹

Lifestyle Changes for Hot Flashes³⁰

Lifestyle changes, including nutrition and exercise, are an integral part of any integrative health approach. When it comes to hot flashes, here are some things you can try:

- Dress in layers, which can be removed at the start of a hot flash.
- Carry a portable fan to use when a hot flash strikes.
- Avoid alcohol, spicy foods, and caffeine, which can make hot flashes worse.
- Quit smoking, not only for menopausal symptoms, but for your overall health.
- Maintain a healthy weight. Women who are overweight or obese may experience more frequent and severe hot flashes.

Parsing the Placebo Effect

The placebo effect means that using an inert substance like a sugar pill results in similar benefits to a real drug when the person goes through the ritual of getting and taking it. Placebos are used in clinical trials to determine if a therapy has greater effect than the ritual of therapy whether it involves a drug, a surgery, or an herbal remedy or other integrative approach. The reality, however, is that using even a “fake” intervention can result in healing properties, particularly when it comes to subjective conditions like pain, depression, anxiety, and yes, hot flashes.^{31,32}

So just because, say, black cohosh (or any other treatment) doesn't perform better than placebo, doesn't mean that using it is not going to work. If your symptoms improve, there's nothing wrong with trying a treatment, provided it is safe, does not adversely interact with other treatments you are using, or is too expensive for you.

CONCLUSION

While this section primarily focused on the downsides of the menopausal transition and how to manage them, I don't want you to focus only on the negatives. Definitely find the help you need to improve menopausal symptoms and restore your quality of life. But also look within yourself to identify and embrace the positives of this next phase of your life and the new opportunities now available to you.

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