



Diagnosis

Menopause can usually be assumed if menstruation has stopped for 12 months or more in older women. This is likely to occur between 45 and 55 years of age. Hot flushes are a common indicator of menopause, as this symptom appears in upward of 80% of all women around the time of menopause.

Surgical menopause is when both ovaries are removed in women who have not yet had natural menopause. This procedure almost always occurs with a hysterectomy (removal of the uterus). Women who have both ovaries removed after experiencing natural menopause will not have surgical menopause, and will not feel anything different. Women with surgical menopause are at increased risk for cardiovascular disease and osteoporosis.

Associated symptoms of menopause

There are many symptoms of menopause. They can include easy bruising, nose bleeds, tiredness to extreme fatigue, anxiety, irritability, insomnia, depression, decreased concentration, tearfulness, decreased libido, cold hands and feet, headaches, night sweats, dry skin, nails and hair, rheumatic pains, increased number of bladder infections and hot flushes.

Other signs can include loss of bone density and varicose veins.

How is surgical menopause different natural menopause?

Surgical menopause occurs very suddenly; one day a woman is having menstrual cycles, and the next day, after surgery, she is postmenopausal. Women with natural menopause have a gradual transition that can take many years.

Women with surgical menopause often experience more intensity in their symptoms than women with natural menopause and are most likely younger than women with natural menopause.

Women with surgical menopause are recovering from major surgery when it begins, so they have to heal both physically and mentally to adjust to what has happened to their body.

Management of surgical menopause

Your doctor will explain the potential consequences of your surgery and make a plan for symptom management and your long-term health. Use of Menopausal Hormone Therapy (MHT), also known as Hormone Replacement Therapy (HRT) may be helpful provided that you do not have other medical concerns that may be affected by HRT. Treatment usually continues until the average age of menopause (51 years) but can be reviewed earlier if you like. Your doctor can discuss these options with you.

Managing symptoms

There are several ways that some symptoms can be managed without hormones.

Exercise:

At all stages of menopause (before, during and after) regular exercise is important. It has been shown to relieve hot flushes and depression, slow bone loss, lower cholesterol, balance stress responses and improve mood, oxygen levels, cardiovascular fitness, circulation, nutritional status, self-esteem and energy levels. Weight bearing exercise (resistance training), along with aerobics (cardiovascular exercise), is vital for maintaining bone strength. Essentially, exercising 3 to 5 times per week, for 30 minutes or more at each session, will help to alleviate many of the symptoms associated with menopause.

Diet:

The following items can help when included in your diet:

- broccoli, cabbage, cauliflower and brussel sprouts (high levels of Indole-3-carbinole which is anti carcinogenic, plus help to eliminate excessive levels of the hormone estrone). Organic sources are preferable
- moderate amounts of soy foods such as tofu, soy milk, tempeh and miso
- nuts, seeds and free range eggs
- good quality oils such as linseed and olive oil (virgin, cold pressed), fresh fish
- celery, parsley and fennel (mildly estrogenic)
- foods containing boron such as apples, grapes, sultanas, dates, almonds, pears and peaches
- calcium-rich foods such as yoghurt, cottage cheese, sunflower seeds, cheese and leafy green vegetables
- magnesium-rich foods such as garlic, fish, unmilled wheat germ, figs, corn, apricots and apples
- vitamin E-rich foods such as avocados, spinach, vegetable oils, seeds, wheat germ, broccoli and whole-grain cereals.



Limit or avoid:

- alcohol, coffee, soft drinks, chocolate, tobacco
- processed and refined foods, deep fried foods, meats such as pork, beef, chicken and processed meats
- table salt, high solanine foods (as they are calcium inhibitors) such as tomatoes, eggplants, potatoes and capsicum.

Alternative or herbal therapies

There is little solid scientific evidence to prove effectiveness, however many women report benefits and decrease in symptoms.

- Herbal or plant supplements with the key ingredient phytoestrogens.
- Black cohosh has been shown to reduce hot flushes, but to be used with caution as there have been reports of liver damage.
- Vitamin E - has been reported to be helpful in reducing hot flushes.

Antidepressants

Several types of antidepressants have been noted to reduce symptoms.

- Venlafaxine and desvenlafaxine are Serotonin - Noradrenaline Reuptake Inhibitors (SNRI's). Serotonin and noradrenaline are important natural chemicals in the body which are known to affect mood, sleep, memory and thermo-regulation.
- Paroxetine, fluoxetine, fluvoxamine, sertraline and citalopram are called Selective Serotonin Reuptake Inhibitors (SSRI's) and have also been shown to be useful in managing menopausal symptoms.

