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SEASON SMARTS

Daytime TV's

SHERRI SHEPHERD

normalizes hot flashes with
humor and a sound headspace

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WINTER 2024

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THE LATEST ON MENOPAUSE

NEWS FLASH

The most common menopause complaints—hot flashes, night sweats, sleep troubles, and mood changes—could each result from hormone changes. But it's also believed that vasomotor symptoms (that's hot flashes and night sweats) on their own may keep you awake and wreck your mood. More than 2,000 surveys from women in menopause and doctors who specialize in menopause showed that women with vasomotor symptoms were more likely to have sleep and mood problems. The more intense the vasomotor symptoms, the more severe the other troubles. It was the cluster of three symptoms (vasomotor symptoms, sleep troubles, and mood changes) that seemed to hurt quality of life—not hot flashes alone. Treating hot flashes could help relieve these other symptoms.

SOURCE: *Climacteric*

51

Average age when
menopause starts.

SOURCE: Mayo Clinic

40%

Amount of her lifetime
the average woman
can expect to spend in
postmenopause.

SOURCE: Cuyuna Regional
Medical Center

A COMMON STRESSOR FOR BLACK WOMEN

Black women are more likely to have hot flashes and night sweats than other women. The flashes and sweats are more frequent, more severe, and last longer, too. New research explores whether experiences of discrimination may trigger or worsen these vasomotor symptoms of menopause. The study found that women of any race or ethnicity who had experienced discrimination in the last 2 weeks were more likely to have had vasomotor symptoms at that time as well. Women who reported chronic discrimination were more likely to have a high load of vasomotor symptoms. When researchers adjusted rates of hot flashes based on rates of discrimination, it explained some but not all of the gaps in symptoms between Black women and White women.

SOURCE: *Menopause*

HOT FLASHES AND BONE HEALTH

Do you have hot flashes and night sweats? When was the last time you got your bone density checked? New research finds that women who have vasomotor symptoms of menopause seem to have lower bone mineral density. This is a measure of the strength of your bones and can predict your risk for breaks. It's important to know whether yours is low so your doctor can prescribe treatment if needed.

SOURCE: *Osteoporosis International*



STATS & FACTS

By Sonya Collins
Reviewed by Neha Pathak, MD,
WebMD Lead Medical Editor

1.1 BILLION

Number of women
expected to be
in menopause
worldwide by 2025.



40s

The ages when hot flashes
typically begin.

1 in 10

Number of people who
have hot flashes for
the rest of their life
after menopause.

3 in 4

Number of women
in menopause or
perimenopause who
have hot flashes.

7 to 10 years

How long people typically have hot flashes
after their last period.

3 in 5

Number of postmenopausal women
who have trouble sleeping.



1 in 2

Number of women in perimenopause
who have trouble sleeping.

SOURCES: UCLA Health, Johns Hopkins Medicine, *Sleep and Breathing*, Cuyuna Regional Medical Center

You can have fewer
HOT FLASHES
and more
NOT FLASHES

WITH 100% HORMONE-FREE


VEOZAH™
(fezolinetant) tablets 45mg

A prescription treatment for
moderate to severe Vasomotor Symptoms
due to menopause

Ready to start
turning down
the heat on
hot flashes?
**Start with the
quiz inside.**



What is VEOZAH™ (fezolinetant)?

VEOZAH is a prescription medicine used to reduce moderate to severe vasomotor symptoms due to menopause. VEOZAH is not a hormone. Vasomotor symptoms are the feelings of warmth in the face, neck, and chest, or sudden intense feelings of heat and sweating (“hot flashes” or “hot flushes”).

**Please see additional Important Safety Information throughout.
Please see accompanying Brief Summary.**

IMPORTANT SAFETY INFORMATION

Do not use VEOZAH if you:

- have cirrhosis.
- have severe kidney problems or kidney failure.
- are taking certain medicines called CYP1A2 inhibitors.
Ask your healthcare provider if you are not sure.

QUIZ

DO HOT FLASHES AND NIGHT SWEATS IMPACT YOU?

1. How many hot flashes and night sweats do you experience in a 24-hour period?

0 per day 1-5 per day

6-10 per day 10+ per day

2. I sweat when I'm having a hot flash.

Never Rarely

Often Always

3. My hot flashes make it difficult to continue my daily activities.

Never Rarely

Often Always

4. Hot flashes and night sweats impact my sleep.

Never Rarely

Often Always

Use this quiz to start a conversation with your healthcare provider.

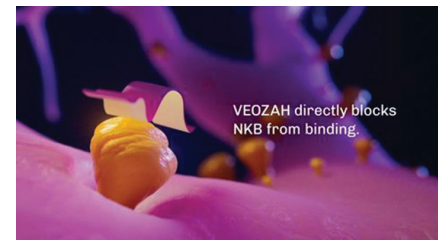
100% HORMONE-FREE VEOZAH

WHAT ARE VASOMOTOR SYMPTOMS?

Hot flashes and night sweats are a real condition, so they have a real medical name—VMS (Vasomotor Symptoms). They may happen during menopause.

VEOZAH FOR VMS


VEOZAH is designed to directly block a source of VMS in the brain—reducing hot flashes and night sweats due to menopause.*





Watch a video on how VEOZAH works


WHAT CAN VEOZAH DO TO HELP YOU?

VEOZAH is a 100% hormone-free prescription treatment for moderate to severe VMS due to menopause that:

 Is proven to reduce the number and severity of hot flashes, day and night*

 Delivers relief that works fast—in as early as 1 week*†

 Reduced hot flashes by 63% (versus 42% for those taking placebo) at 12 weeks. (Based on 2 combined studies.)†

 Has convenient dosing: 1 tablet, once a day—as prescribed by your healthcare professional

*Based on clinical studies measuring efficacy at 4 and 12 weeks.

†Talk to your healthcare provider about what this could mean for you. Individual results may vary.

Nearly half of women going through menopause may experience moderate to severe hot flashes.



IMPORTANT SAFETY INFORMATION (cont'd)

Before you use VEOZAH, tell your healthcare provider about all of your medical conditions, including if you:

- have liver disease or problems.
- have kidney problems.
- have any medical conditions that may become worse while you are using VEOZAH.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. VEOZAH may affect the way other medicines work, and other medicines may affect how VEOZAH works.

VEOZAH can cause serious side effects, including:

- **increased liver blood test values and liver problems.** Your healthcare provider will do a blood test to check your liver before you start taking VEOZAH. Your healthcare provider will also do this blood test monthly for the first 3 months, at month 6, and month 9 after you start taking VEOZAH or if you have signs or symptoms that suggest liver problems. If your liver blood test values are elevated, your healthcare provider may advise you to stop treatment or request additional liver blood tests.

Stop VEOZAH and call your healthcare provider right away if you have the following signs or symptoms of liver problems:

- feeling more tired than you do usually
- nausea
- vomiting

IMPORTANT SAFETY INFORMATION (cont'd)

- itching
- yellowing of the eyes or skin (jaundice)
- pale feces
- dark urine
- pain in the right upper stomach (abdomen)

The most common side effects of VEOZAH include:

- stomach (abdominal) pain
- diarrhea
- difficulty sleeping (insomnia)
- back pain
- hot flashes or hot flushes

These are not all the possible side effects of VEOZAH.

Tell your healthcare provider if you have any side effect that bothers you or does not go away.

Call your healthcare provider for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For more information, talk to your healthcare provider and see accompanying Brief Summary for VEOZAH (fezolinetant).

Prescription Drug Facts

Rx Only

Active Ingredient

VEOZAH™ (fezolinetant) tablets 45 mg.....hot flashes due to menopause

Purpose

What is VEOZAH?

VEOZAH (vee-O-zah) is a prescription medicine used to reduce moderate to severe vasomotor symptoms due to menopause. VEOZAH is not a hormone. Vasomotor symptoms are the feelings of warmth in the face, neck, and chest, or sudden intense feelings of heat and sweating (“hot flashes” or “hot flushes”).

Do not use VEOZAH if you

■ have cirrhosis. ■ have severe kidney problems or kidney failure ■ are taking certain medicines called CYP1A2 inhibitors. Ask your healthcare provider if you are not sure.

Warnings

Before you use VEOZAH, tell your healthcare provider about all of your medical conditions, including if you:

■ have liver disease or liver problems ■ have kidney problems ■ have any medical conditions that may become worse while you are using VEOZAH.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. VEOZAH may affect the way other medicines work, and other medicines may affect how VEOZAH works. Keep a list of your medicines and show it to your healthcare provider and pharmacist when you get a new medicine.

Serious Side Effects

Increased liver blood test values and liver problems. Your healthcare provider will do a blood test to check your liver before you start taking VEOZAH. Your healthcare provider will also do this blood test monthly for the first 3 months, at month 6, and month 9 after you start taking VEOZAH or if you have signs or symptoms that suggest liver problems. If your liver blood test values are elevated, your healthcare provider may advise you to stop treatment or request additional liver blood tests.

Stop VEOZAH and call your healthcare provider right away if you have the following signs or symptoms of liver problems:

■ feeling more tired than you do usually ■ nausea ■ vomiting ■ itching ■ yellowing of the eyes or skin (jaundice) ■ pale feces ■ dark urine ■ pain in the right upper stomach (abdomen)

Most Common Side Effects

■ stomach (abdominal) pain ■ diarrhea ■ difficulty sleeping (insomnia) ■ back pain ■ hot flashes or hot flushes

Tell your healthcare provider if you have any side effect that bothers you or does not go away.

These are not all the possible side effects of VEOZAH.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I take VEOZAH?

■ Take VEOZAH exactly as your healthcare provider tells you to take it. ■ Take 1 VEOZAH tablet by mouth with or without food at about the same time each day. ■ Swallow the VEOZAH tablet whole with liquid. Do not cut, crush, or chew the tablet. ■ If you miss a dose of VEOZAH, take the missed dose as soon as possible on the same day, with at least 12 hours before the next scheduled dose. Return to your normal schedule the following day.

Keep VEOZAH and all medicines out of the reach of children.

Inactive ingredients

ferric oxide, hydroxypropyl cellulose, hypromellose, low-substituted hydroxypropyl cellulose, magnesium stearate, mannitol, microcrystalline cellulose, polyethylene glycol, talc, and titanium dioxide

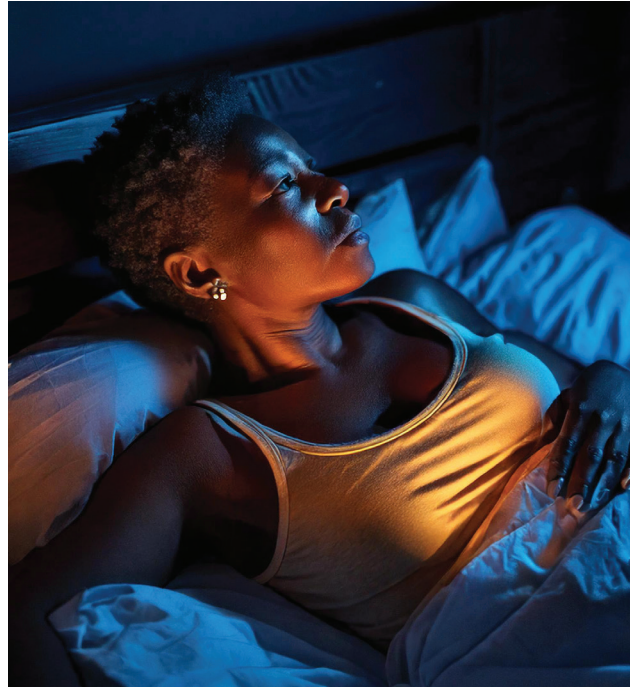
This information is not comprehensive. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about VEOZAH that is written for healthcare professionals. You may also go to www.VEOZAH.com for more information or call 1-800-727-7003.

MANAGE YOUR SYMPTOMS

From night sweats to mood swings, you've got options for your menopause

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



Menopause is inevitable, but you don't have to go through hot flashes, night sweats, insomnia, moodiness, and sexual problems without help.

HOT FLASHES AND NIGHT SWEATS

When estrogen plummets in menopause, hot flashes and night sweats may begin. A longstanding solution is estrogen pills, also known as hormone therapy.

“Just a pinch of estrogen—about an eighth of a birth control pill—will squash hot flashes,” says Maureen Whelihan, MD, a member of the Menopause Society and a gynecologist who specializes in sexual medicine at Florida Woman Care in Palm Beach County.

Estrogen controls a brain chemical called NKB that helps regulate body temperature. When estrogen drops, NKB goes haywire and you start sweating.

A new drug, called a neurokinin 3 (NK3) receptor antagonist, works directly on NKB without any estrogen. “Within a couple weeks on this medication,” Whelihan says, “patients, no matter what their age, whether they're 50 or 70, can manage their hot flashes.”

Herbal supplements containing Swedish flower pollen extract may help combat hot flashes, too.

There's some evidence that working up a sweat could help. “When you start sweating, which takes about 15 minutes, your body attempts to regulate and cool you down. That could keep your hot flashes at bay all day.”

TROUBLE SLEEPING

Treatment for night sweats could get you back to sleep. But if you're sleepless even without night sweats, your doctor might prescribe a conventional sleeping pill or progesterone.

Progesterone can make you sleepy, calm you down, and improve breathing.

As for natural or alternative approaches, Whelihan says, “Try good old-fashioned sleep hygiene, which means going to bed at the same time every night and so forth.”

MOOD CHANGES

It's normal in perimenopause and menopause to feel irritable, tearful, and sluggish. Depression and anxiety are common, too. Some women get mood benefits from estrogen. Others may need or prefer a prescription antidepressant or other mood stabilizer. As for natural options, Whelihan says, “There's nothing better than exercise for mood.”

SEXUAL PROBLEMS

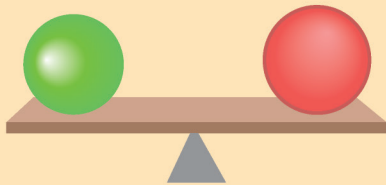
Menopause can sap your sexual appetite. Once you knock out hot flashes, you may get sleep, boost your mood, and feel frisky again. But if it's vaginal dryness and sexual pain that are holding you back, you might benefit from an estrogen cream applied directly to the affected area.

NEXT STEPS

Whether your concerns are many or just one, bring them to your doctor. They can help you sort out your issues.

What You Should Know About

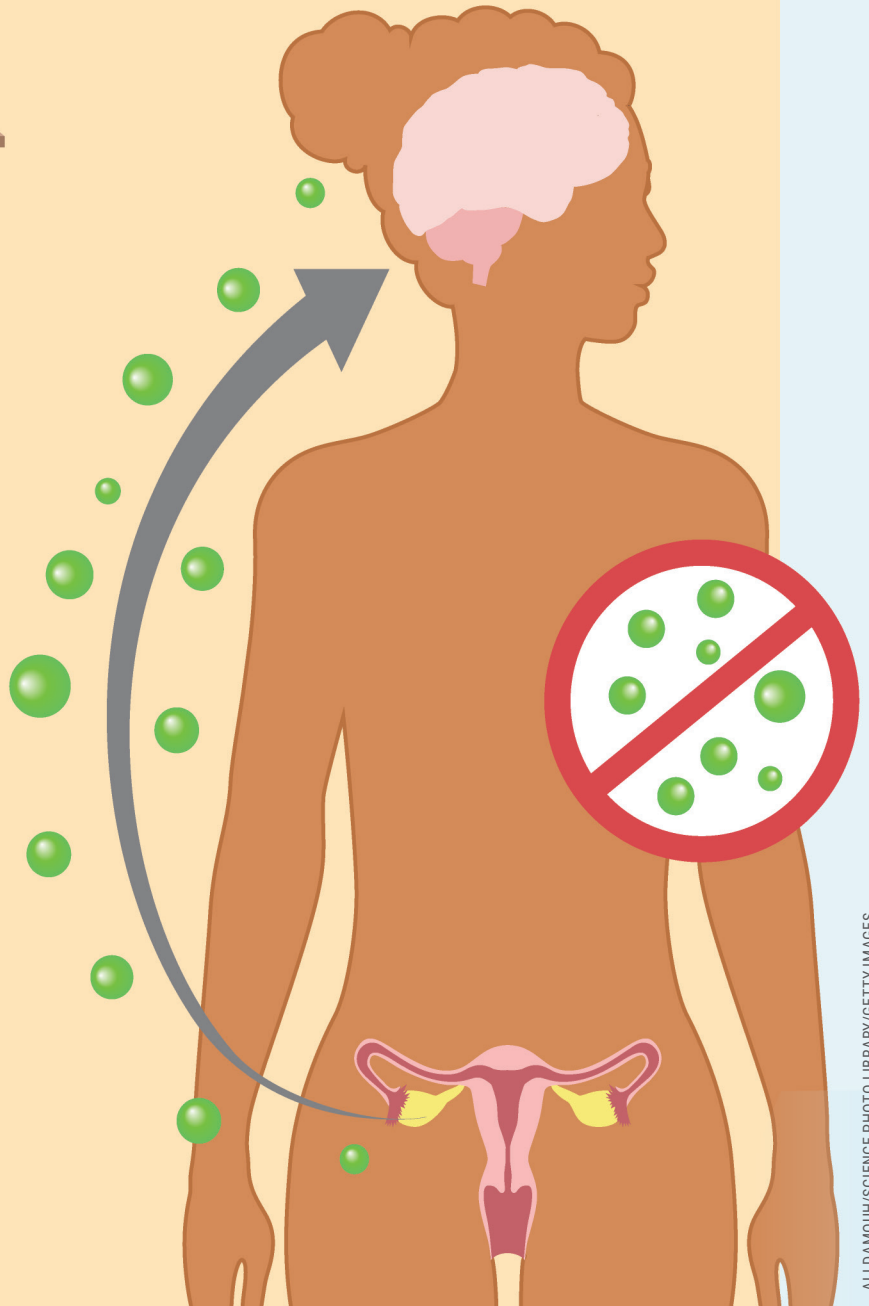
Premenopause



Before menopause, estrogen helps control body temperature in the brain by blocking the action of neurokinin B (NKB). This chemical lives mainly in the brain's hypothalamus—the body's thermostat center. The balance between estrogen and NKB helps keep your body temperature in check.

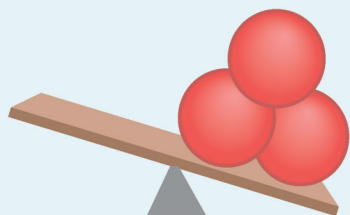
 **ESTROGEN**

 **NKB**



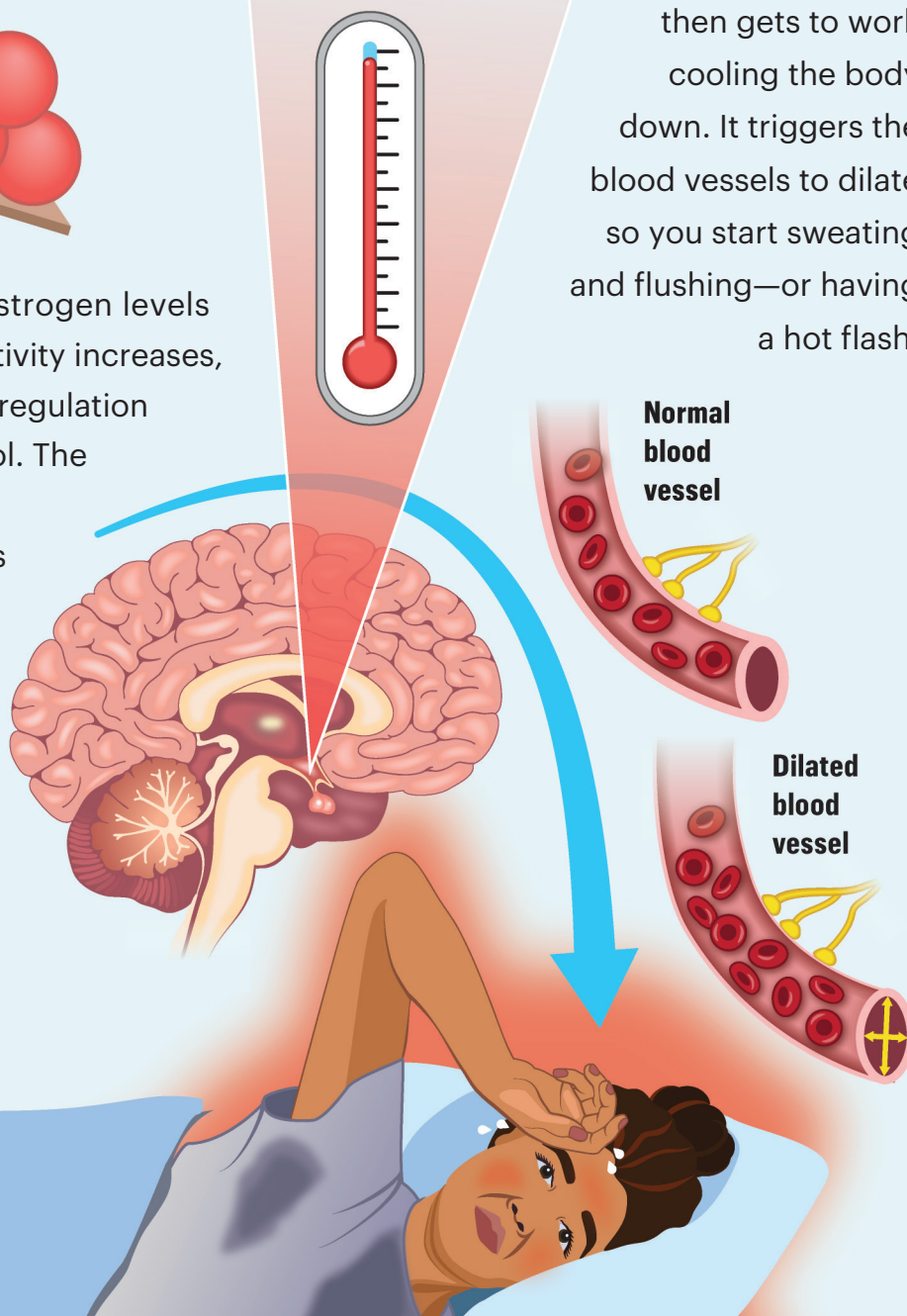
VASOMOTOR SYMPTOMS

Menopause



In menopause, estrogen levels go down, NKB activity increases, and temperature regulation gets out of control. The chemical acts on the hypothalamus as a fire alarm. It signals to the hypothalamus that your body is too hot. But it's a false alarm.

The hypothalamus then gets to work cooling the body down. It triggers the blood vessels to dilate so you start sweating and flushing—or having a hot flash.



SOURCES: *Brain Research*, Rush University Medical Center, *Cell Reports*

MENTAL HEALTH AND STRESS

Hormone changes and other factors are hard on your brain, too

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

With perimenopause, you expect your periods to get less regular or even erratic. Hot flashes and night sweats will pop up, too. But your changing hormone levels affect organs throughout your body, including your brain.

“This is a window of vulnerability,” says Rajita G. Patil, MD, a gynecologist and director of the Comprehensive Menopause Care program at UCLA Health in Santa Monica, CA. “We see a spike in clinical mental health symptoms and disorders around this time. The No. 1 reason is hormonal changes that are happening, especially a decline or fluctuation in estrogen. It has a profound impact on neurotransmitters in the brain.”

MANY COMPLEX FACTORS

At the same time, Patil says, the reason for mental health challenges during this time in your life isn't the result of any one thing. For instance, she says, “Sleep is another huge factor.”

Vasomotor symptoms, including hot flashes and night sweats, can keep you up at night. What sleep you do get may not be deep and restorative. You may find yourself waking up often and feeling poorly rested. When you're sleep deprived, it's hard on your mental health.



WHERE TO FIND HELP

If you're battling with your mental health, let your primary care doctor know. Ask for a referral to a mental health professional.

If you or a loved one is having thoughts of suicide, **call or text the 988 Suicide & Crisis Lifeline at 988 or chat at 988Lifeline.org**. If someone's life may be in danger, call 911.



MENTAL HEALTH SYMPTOMS TO KEEP AN EYE OUT FOR

As you're approaching menopause, watch for these signs:

- + Frequent or persistent feelings of sadness, hopelessness, or irritability
- + Not eating enough or eating too much
- + Sleeping too much or trouble sleeping
- + Fatigue
- + Lack of motivation
- + Losing interest in activities you used to enjoy
- + Trouble making decisions
- + Trouble processing information

the woman going through a time of life when there's a lot going on. Your late 40s to early 50s can be an extraordinarily stressful time."

Your kids may be leaving home, she says, or perhaps worse, they may be coming back home after being away. You may be dealing with aging parents and in-laws while also facing stress at work in a culture that worships youth, she says.

A BRIGHTER FUTURE

The bottom line, Minkin says, is that "menopause is a time that can bring depression out." She notes that it's more likely if you have a history of depression, including postpartum depression or PMS. But some women get depressed in perimenopause when they've never had those feelings before.

The good news is that you may feel better naturally as your hormones stabilize over time. But, Minkin says, "that doesn't mean you don't treat it." While some women will respond to antidepressants, Minkin says that studies have shown that a combination of treatments to address the hormone changes, hot flashes, and other symptoms along with antidepressants is often best.

"Many people don't know they are perimenopausal," Minkin says. "They may not be skipping periods. They may be unaware of changes in their bodies and baffled by what is happening." If you're struggling with your mental health, see your doctor to find out if hormone changes may be a factor.

LOST SLEEP AND LIFE STRESS

Mary Jane Minkin, MD, a gynecologist at Yale School of Medicine in New Haven, CT, says that alleviating sleep deprivation hormonally—not with sedatives—is often a helpful first step for improving mood without treating those symptoms directly. However, your menopause-related symptoms are likely compounded by everyday life stressors that sleep alone can't solve.

"You can't just treat the menopause," Minkin says. "It's

MEDICAL THERAPY FOR MENOPAUSE

Medicines that can help manage your symptoms

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Although some people have little to no trouble moving into menopause, for many, the transition comes with big physical and emotional changes that disrupt quality of life. But you don't have to suffer through your symptoms.

"You don't have to wait until you haven't had a period for a year and are miserable to go in for help," says JoAnn V. Pinkerton, MD, a professor of obstetrics and gynecology and director of the Midlife Health Center at the University of Virginia Health in Charlottesville. "If you're having bothersome symptoms, whether it's hot flushes or night sweats or mood changes or just erratic

periods, bring it up to your provider so they are able to tell you what your options are."

There are safe and effective medications that can ease the discomforts of menopause, including:

HORMONAL OPTIONS

Hormone therapy (HT) is a common treatment that supplies your body with lab-made versions of estrogen and progesterone. Your body stops making these hormones during menopause. If you're under the age of 60, healthy, and within 10 years of menopause and have bothersome symptoms or a risk of bone loss, hormone therapy is an effective and safe option for many people.

Pinkerton says HT can be particularly beneficial at menopause because it addresses several different symptoms at once.

"It not only treats hot flushes and night sweats, but it also improves the dream sleep—REM sleep—and can help improve joint aching, prevent bone loss, help vaginal dryness, and help mood and anxiety," Pinkerton says.

You take these medications either systemically—as a pill, skin patch, ring, gel, cream, or spray—in higher doses (systemic levels) or as a lower-dose cream, tablet, or ring you apply to your vagina, which treats local vaginal and urinary symptoms.

Some have only estrogen in them, and others are a combination of estrogen and progesterone, which could be bioidentical progesterone or a synthetic progestin. If you have your uterus, your doctor will likely suggest taking the combination of progestin and estrogen to avoid increasing the

WHO SHOULDN'T TAKE HT?

HT may not be right for you if you have or have had:

- + Unexplained vaginal bleeding
- + Certain cancers such as breast cancer or uterine cancer
- + A blood clot, stroke, or heart attack
- + A bleeding disorder
- + Liver disease
- + Allergic reactions to hormone medicine



DECIDING WHAT'S BEST

JoAnn Pinkerton, MD, lists factors to consider as you and your doctor choose a treatment:

- + Severity of your symptoms
- + Stage of menopause
- + Need for birth control
- + Other health issues (comorbidities)
- + Personal preference

risk of cancer in the lining of the uterus (endometrial cancer).

“There are a lot of options and a large dosing range so that we can really individualize both the type of hormone, the dose, and the way it’s given,” Pinkerton says.

Low-dose hormonal birth control in pill, ring, or (less commonly used) patch form may be an option to reduce hot flashes, ease vaginal dryness, and steady your mood if you’re in the years leading up to your final period. It can also decrease heavy bleeding and regulate menstrual cycles, which can fluctuate during the years leading up to menopause.

NONHORMONAL OPTIONS

If you shouldn’t take hormonal medications because of your health history or risk factors, there are two FDA-approved nonhormone menopause treatments. Both are medications you take as a pill.

The newest option is in a family of drugs called neurokinin receptor antagonists. It blocks the neurokinin 3 receptor, which

affects the brain’s regulation of body temperature.

“There’s been significant research about what actually causes a hot flash, and being able to identify the NK3 receptor has allowed researchers to develop a medication to block that,” says David Soper, MD, an obstetrician/gynecologist at MUSC Health in Charleston, SC.

The other choice, low-dose paroxetine, is a selective serotonin reuptake inhibitor (SSRI). SSRIs typically treat depression but may help with hot flashes for some people in menopause.

Doctors sometimes prescribe other medications off-label, meaning they’re not FDA approved specifically for treatment of hot flashes. These include low-dose antidepressants, an anticonvulsant medication, a sedative and antihypertensive drug, and a bladder relaxant.

Leave It to Laughter

Daytime TV's "feel-good queen" Sherri Shepherd strides toward menopause with mic in hand

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Sherri Shepherd learned at a very young age that she had a gift for making people grin. Growing up in Chicago, she'd hold court with a microphone in hand, cracking jokes at the family talent show. And the audience wasn't just humoring her because she was kin—they had high standards.

"Here's the thing: my family, the Shepherds, they're all funnier than me, and they won't hesitate to remind me that I'm just the one making money doing it," Shepherd says.

In the decades since those living room laugh-ins, Shepherd, 57, has grown into an entertainment industry powerhouse. Accomplished stand-up comedian, TV and film actor, author, NAACP Image award-winner, and daytime talk show host, she does it all.

These days, she's busy hosting her nationally syndicated, Emmy-nominated talk show *Sherri*, which is sailing through its third season with a trail of smiles and accolades in its wake.

"I love when I sit in that host chair and I say, 'This



"I just got to stop talking right now because I'm hot. I can feel it coming through my wig. Who else here is hot?"

—Sherri Shepherd

is coming from Auntie,” Shepherd says. “It connects not only with young people who love hearing wisdom, but also people of a certain age who have a difficult time being seen. I get them, and they get me. It’s great to make people feel good through laughter.”

FINDING THE FUNNY

If there’s one thing Shepherd knows how to do, it’s to create humor in the midst of hardship. When infidelity ended her marriage, Shepherd turned the story into a TV sitcom. After learning she had type 2 diabetes—a diagnosis she says “saved her life” by helping her appreciate her health in an entirely new way—her comedy sets were rife with diabetes-related jokes.

“As a stand-up, you look at things in a very different way than most other people do. I get onstage and talk about it,” Shepherd says.

And now that she’s in perimenopause, new material abounds.

“I feel like getting a period at my age is like eating corn,” says Shepherd. “It has no nutritional value. It is an inconvenience that I still have these damn pads and tampons taking up space in my bathroom. I will get to the 11th month with no period, and then right before that month is over, I look down and I’ve bled through my pants like I’m 16. And then I’m mad all over again. It’s like my body is pranking me.”

NORMALIZING A NEW SEASON

Growing up, all Shepherd heard of her mother’s menopause experience was coded language she couldn’t decipher.

“People used to say things like, ‘Oh, your mama’s having her own private summer,’” Shepherd says. “I was like, ‘Well, why is her summer different from my summer? We live in the same house. What’s private about it?’ Other times my mom would just say her nerves were bad.”

Now that she’s going through it herself, she says she understands what it must have been like for all the women who went before her.

“I’ll be sitting in my chair on my show and go, ‘I

just got to stop talking right now because I’m hot. I can feel it coming through my wig. Who else here is hot?’ And every woman in my audience will start nodding and waving their hands and showing me their fans. It’s so important to talk about it.”

Through this open and honest dialogue, Shepherd is helping to change the script. A friend connected her to a gynecologist who made her feel “not so crazy” by normalizing her hot flashes and mood swings and talking through her treatment options once menopause happens for her.

And in her feel-good way, Shepherd is still able to see the positive. Just like her diabetes diagnosis shifted her world view, perimenopause has been a wake-up call to look at things differently.

“As long as you wake up, you get another chance to work this life thing out,” Shepherd says. “I always say to run toward the very thing that you fear because all of the blessings are on that other side.”

AGING WITH GRACE

Sherri’s tips for living well after 50.

- + **Be curious.** I just had dragon fruit for the first time the other day. I was like, “What the hell is this *Game of Thrones* thing in my bowl?” But it opened up my world a little more.
- + **Move your body.** As we get more seasoned, we have to exercise. We can’t put it off like we did when we were 20. You gotta stretch those flexors.
- + **Learn your gifts.** Ask the people you love and trust to list your strengths, and then lean into them.
- + **Take risks.** Don’t live with regret. Failure is just a chance to shift gears.

WAS IT SOMETHING I ATE?

How your diet can affect your menopause symptoms

By Sonya Collins

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs



Besides hot flashes, perimenopause and menopause can bring sleep trouble, sexual dysfunction, weight gain, moodiness, joint pain, bladder problems, and more. When you don't feel like yourself, you might wonder whether a change in diet could help.

While “there’s not a magical combination of nutrients that ward off menopausal symptoms,” says Monica Christmas, MD, director of the Menopause Program at UChicago Medicine, a healthier diet, she explains, may ease menopause symptoms and lower risk for the diseases that become more common at this age.

ANTI-INFLAMMATORY FOOD

Falling estrogen levels can increase bodily inflammation, which may make menopause symptoms worse.

Most foods either fuel inflammation or help fight it. French

fries? Inflammatory. Baked sweet potato? Anti-inflammatory.

“Avoiding inflammatory foods, such as fast food, processed food, or foods high in trans fat, has benefits in menopause and beyond,” Christmas says. An anti-inflammatory diet may lower the risk for heart disease, obesity, arthritis, and Alzheimer’s and ease symptoms of menopause. Research has linked an anti-inflammatory diet to less severe menopause symptoms, especially sexual dysfunction.

Anti-inflammatory food is the stuff you already know is healthy: whole fruits and vegetables, whole grains, and lean protein that’s baked, steamed, roasted, or grilled rather than fried.

Studies show the Mediterranean diet, an example of an anti-inflammatory diet, helps with menopausal weight gain and may reduce the severity of numerous menopause symptoms and, as a result, improve quality of life.

BOOST PROTEIN

As you move toward and through menopause, Christmas says, “You’re losing muscle and replacing it with fat.” You can’t build and hold on to muscle without protein.

In a study of 24,417 postmenopausal women, those who ate at least 1.5 grams of protein per pound of lean body mass (LBM) per day (twice what the USDA recommends!) had better overall physical strength and function.

LBM is your body weight minus the fat. Use an LBM calculator online. If yours is 100 pounds, you’d need 150 grams of protein per day. That’s about three chicken breasts.

DON'T FORGET FIBER

Women need about 25 grams of fiber a day regardless of their menopause status. But the nutrient can help relieve several menopause-related symptoms. It can help you avoid weight gain or even lose weight by keeping you satisfied for longer and steadying blood sugar. Research shows higher fiber intake is associated with fewer depressive symptoms during this time of life, too. Fiber-rich foods include fruit, vegetables, whole grains, beans, peas, and lentils.

PRO TIP FOR NUTRITION

No idea how much protein and fiber you’re getting every day? Dozens of smartphone apps will tell you! Add one to your phone, and start logging your meals and snacks to stay on track.

PRACTICAL TIPS TO STAY COOL

Explore proven options for managing your hot flashes

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Hot flashes can be severe, getting in the way of your everyday activities. They can lead to poor sleep, mood changes, trouble concentrating, and more. Some women have more risk than others, according to Makeba Williams, MD, a gynecologist and menopause specialist at the Washington University School of Medicine in St. Louis, MO.

“African American women experience more severe symptoms and have a longer duration of symptoms—10 years on average compared to 6 years for White women—and are half as likely to be treated,” Williams says. “Failing to appropriately address VMS [vasomotor symptoms] can perpetuate health inequities, especially in populations who already have poorer health outcomes and those who are at risk for cardiovascular disease.”

TREATMENT OPTIONS

The good news is that there are steps you can take to keep cool. Williams says treatments for hot flashes should be guided by your symptoms, health history, other risk factors, and your preferences. Your doctor can talk you through your approved hormonal and nonhormonal options. Although they aren't approved for hot flashes, some

antidepressant medicines also might help to calm hot flashes.

WEIGHT LOSS

Exercise is good for your overall health, but on its own it won't relieve your hot flashes, according to Williams. At the same time, obesity is linked to hot flashes that are both more severe and more frequent. Clinical trials have shown that losing extra weight can help with your VMS, Williams says.

COGNITIVE BEHAVIORAL THERAPY

Cognitive behavioral therapy (CBT) is a form of psychological treatment that's used for a wide range of issues, including depression. There's evidence it also can help to alleviate VMS, Williams says. Choose between in-person therapy or apps you can use from the comfort of home.

GET EXPERT HELP

If what you've tried already isn't enough, don't suffer in silence. Williams recommends reaching out to a certified menopause practitioner with the needed expertise.

“By the time patients show up in my office, many have already explored several nonmedication therapies,” Williams says. “They have bought cooling bed linens, they are wearing fans or sleeping under fans, and many have already begun to avoid any identified triggers of their VMS. These things are often not effective treatments of VMS and not recommended, though they might provide comfort.”

EXPLORE ALTERNATIVES



Many alternative treatments aren't backed by solid evidence, but they may help you ease stress to feel better. Options include:

- +Acupuncture
- +Yoga
- +Mindfulness
- +Breathing exercises
- +Relaxation techniques

HOW MUCH DO YOU KNOW ABOUT MENOPAUSE?

Take our test to find out

By Kendall K. Morgan Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



1. Perimenopause, the time leading up to menopause when your periods become more unpredictable, can start as early as your:

- A. 40s
- B. 30s

2. The most common symptom of menopause is:

- A. Hot flashes
- B. Mood swings

3. Perimenopause and related symptoms can last up to:

- A. 5 years
- B. 8 years

4. Most symptoms in the transition to menopause happen because of a drop in:

- A. Estrogen
- B. Progesterone

5. Your doctor can tell if you're in perimenopause based on:

- A. Blood tests
- B. Your symptoms

ANSWERS:

1. B. Some people won't enter perimenopause until they are in their 50s. But you may notice signs of perimenopause as early as your mid-30s.

2. A. Hot flashes are the most common menopause symptom by far. About 75% of women have them.

3. B. The transition to menopause can take as many as 8 years. For most people, it lasts closer to 4 years.

4. A. During this time, your body will make less estrogen and progesterone. But a big drop in your estrogen levels causes most of the symptoms, including hot flashes.

5. B. There's no blood test that can tell you you're in perimenopause because your hormone levels will vary too much. Your doctor will rely on your age and symptoms to help you figure it out.