



Menopause and Midlife

A KAISER PERMANENTE GUIDEBOOK FOR WOMEN



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Making healthier choices in midlife can boost your well-being for years to come. Women experience a range of health changes in the years before and after menopause. When you understand and prepare for this transition, you'll move through it with more ease. You may also discover new ways to enhance your health.

Menopause and Midlife: A Kaiser Permanente Guidebook for Women is designed to give you:

- A stage-by-stage summary of health changes most women experience.
- Tips on lifestyle choices and complementary therapies to care for your body, emotions, mind, and relationships.
- An overview of medical conditions that can occur during midlife and menopause, with self-tests to help you check your risks.
- A summary of hormone-replacement therapy and other medical treatments.

This guide brings together the expertise of Kaiser Permanente specialists in women's medicine, health education, and complementary therapies. We've provided tools and information to help you make healthy choices throughout life.

Thank you for choosing Kaiser Permanente.

THE MENOPAUSE TRANSITION: AN OVERVIEW

Today many women think of the health changes that come with midlife as natural and manageable. Your midlife years—before, during, and after menopause—can be a positive time, even if you face some health challenges.

You'll be better prepared for the menopause transition if you know about the health changes to come. It's also wise to be aware of new risks you may face.

Each woman moves through midlife and menopause in her own unique way. Although some women have few problems as their bodies adjust to hormonal changes, most deal with uncomfortable symptoms at times (see page 4, [Table 1](#)). For some, serious health conditions may develop.

Whether your midlife path is smooth or rough, it's important to take excellent care of your health through these years. You'll feel better now and be able to age more gracefully.

WHAT IS MENOPAUSE?

The term "menopause" is commonly used to mean the entire health transition women go through in the years before, during, and after their last menstrual period.

The medical terms for the phases of this transition are **perimenopause**, **menopause**, and **postmenopause**.

Perimenopause includes the years before your final menstrual period and the first year after that final period. This phase usually begins

when women are in their mid-40s but may start as early as age 35.

During this time:

- Female hormones estrogen and progesterone decrease.
- Menstrual periods become shorter and lighter or longer and heavier. The interval between periods becomes unpredictable.

Hormonal changes can also cause uncomfortable symptoms. Each woman's set of symptoms is unique. Usually, symptoms don't occur all at the same time or continue nonstop throughout perimenopause.

Symptoms can include hot flashes, vaginal and bladder problems, mood changes, sleep problems, and difficulty with focus or concentration. Some or all symptoms:

- May continue for 2 to 8 years.
- Usually become milder after the final menstrual cycle.

Menopause technically means a woman's final menstrual period. When a full year has passed since your last period, you've completed menopause. On average, menopause occurs around age 51. But every woman has her own timeline. Some women stop

menstruating in their mid-40s, while others continue into their mid-50s.

Postmenopause is the phase that begins after a woman's final menstrual period.

MORE ABOUT SYMPTOMS

You can use self-care to manage many symptoms during your menopause transition. If your symptoms are disrupting your daily life, or you're concerned they may be serious, please talk with your doctor.

Irregular Bleeding

Your menstrual patterns may change. Your bleeding may become lighter or heavier and cycles may be longer or shorter. If you're worried or uncertain about your bleeding, we recommend keeping notes on your cycles for a few months. Include in your notes when your periods start and stop, when spotting or light bleeding occurs between your periods (if this happens), and other symptoms you often have during your menstrual cycles. You can use these notes when talking with your doctor.

Hot Flashes

Hot flashes are very common. You may feel flushed, or feel heat flowing through your face and nearby areas. Usually the sensations last for a few minutes.



Hot flashes that happen while you're sleeping are called night sweats. Sometimes night sweats can be strong enough to wake you up. To manage hot flashes:

- Use natural remedies. See the section Symptom Relief and Treatments: Self-Care and Complementary Therapies (pages 7–12) for helpful tips.
- Consider talking with your doctor about hormone treatments if you have frequent, intense hot flashes that impact your ability to sleep, work, or enjoy life. See the Symptom Relief and Treatments: Hormone Therapy and Other Medications sections (pages 12–16) for more information.

Vaginal and Bladder Symptoms

Many women have vaginal symptoms during and after menopause. The vagina and vulva (outer part of the vagina) tissues become thinner and dryer (vaginal atrophy). This is due to lower levels of estrogen during menopause and afterward. Some women also have bladder symptoms.

When vaginal and bladder symptoms occur at the same time, the condition is called genitourinary syndrome of menopause (GSM). Unlike other

Menopause Due to Cancer or Cancer Prevention Treatment

Women who are treated for female cancers (or to prevent specific cancers) usually have menopausal symptoms. This is because treatment can shut down production of female hormones. Female cancers affect the breasts, ovaries, and uterus.

Menopausal symptoms can occur after:

- Removal of the ovaries (surgical menopause). Symptoms almost always start immediately after surgery.
- Radiation or chemotherapy.

Talk with your doctor about your individual symptoms and needs. Together we can create a care plan to support your well-being.

You can also find more on self-care and treatment to manage symptoms at kpdoc.org/menopauseandcancer. Read useful information on:

- Caring for your vagina
- Relief for hot flashes and related symptoms
- Sexuality after cancer treatment (or preventive treatment)
- Hormone therapy after ovary removal for women with inherited cancer risks
- Key medical risks, screening, and lifestyle choices for cancer survivors

menopause symptoms, GSM can continue and worsen over time.

Vaginal symptoms can include:

- Itching and irritation
- Vaginal discharge

- Discomfort or pain during sex with penetration

Bladder problems can include:

- Urge to urinate more often (overactive bladder)

Table 1. WHAT'S HAPPENING IN YOUR BODY?

For most women, perimenopause includes several stages.

Age Range	Period Changes	Symptoms	Other Health Changes
Mid-30s to mid-40s	<ul style="list-style-type: none"> • Lighter or heavier bleeding may occur during periods. • Period cycles may be longer or shorter and less predictable. 	<ul style="list-style-type: none"> • Mood changes • PMS (premenstrual syndrome) • Hot flashes • Sleep pattern changes or problems 	<ul style="list-style-type: none"> • Getting pregnant is still possible but less likely. • Get a blood pressure screening every 1–2 years. • Begin blood cholesterol screening at age 40; get tested every 5 years. • From age 40 on, consider the risks/benefits of mammogram (breast cancer) screening. Talk with your doctor about what's right for you.
Mid-40s to mid-50s	<ul style="list-style-type: none"> • Skipping periods may begin in your 40s. • Periods may be as close together as every 3 weeks. • Periods become less frequent and eventually stop completely. • Ovaries produce much less estrogen for 6–8 months before menopause (the final period). • Most women complete menopause in this age range. • Other period changes continue. 	<ul style="list-style-type: none"> • Mood swings, irritability, anxiety, depression, forgetfulness, difficulty concentrating • Hot flashes, racing heartbeat, headache, joint and muscle aches • Breast discomfort, vaginal dryness, changes in sexual desire • Weight gain, bloating • Fatigue • Bladder problems • Hair loss or thinning • Symptoms may increase as you near your final period 	<ul style="list-style-type: none"> • Getting pregnant is still possible but less likely. • Continue heart health and breast cancer screenings (as above). • Get a mammogram screening every 1–2 years from age 50 to 74.
Mid-50s and beyond	<p>Menstrual bleeding ends. When a year passes since the last menstrual bleeding, menopause is complete.</p>	<ul style="list-style-type: none"> • Symptoms decrease or end for some women after menopause. • Others have them for up to 7 years. • Less often, hot flashes and sleep problems continue for up to 12 years. 	<ul style="list-style-type: none"> • Risks for heart disease and osteoporosis increase for most women. Talk with your doctor about your risks. • Continue heart health and mammography screenings (as above).

- Urine leakage when sneezing or laughing, or during strenuous exercise or activity (incontinence)
- Bladder infections

You can use self-care to relieve vaginal and bladder symptoms. If needed, we can recommend medicines and other treatment. Learn more about over-the-counter vaginal lubricants and moisturizers, Kegel exercises, and care for bladder problems in the section Symptom Relief and Treatments: Self-Care and Complementary Therapies (page 7–12).

Emotional and Mental Changes

It's useful to know how hormonal changes may affect your mood, emotions, and mind, though not all women have these symptoms. Menopause may also bring positive changes, such as freedom from pregnancy risk and more time for yourself, your health, and meaningful relationships.

Some women have problems with:

- Irritability, anxiety, or depression. These may worsen or occur for the first time.

- Premenstrual syndrome (PMS). Mood (emotional) and mental changes may worsen or start during perimenopause.
- Forgetfulness and concentration.
- Learn more in the Emotional and Mental Health section (page 23). Talk with your doctor or nurse practitioner if you have ongoing problems.

Sleep Disorders (Insomnia)

Exactly why women's sleep patterns change in midlife isn't yet known. One factor may be decreasing hormone levels.

You can find new strategies to get the sleep you need to feel well and stay healthy. Many of these tips also support your overall health:

- Cut back on or avoid foods and drinks that contain caffeine or alcohol, especially in the hours before bedtime.
- Get 30 minutes of aerobic exercise, such as walking, on most days of the week. Choose activities you enjoy.

- Avoid strenuous exercise in the few hours before bedtime.
- Check with your doctor on how to manage medications and mood changes that can affect your sleep.
- Learn more about restful sleep in the Symptom Relief and Treatments section (page 7).

If intense symptoms are interfering with your ability to work, sleep, cope with daily tasks, or enjoy life, consider talking with your doctor about hormone therapy and other medications. Learn more in the Symptom Relief and Treatments: Hormone Therapy and Other Medications sections (pages 12–16).

IMPORTANT SCREENING TESTS

Ask your doctor about:

- Screening tests they recommend for you now.
- Testing to help protect your health through midlife.
- Your risks for conditions and diseases that can affect women before and after menopause.

Here are general testing guidelines for several medical conditions that can start or worsen during midlife.

Breast cancer (mammography)

Here are the newest screening guidelines for women who aren't at high risk for breast cancer. Most women are average risk. This means they have no personal history of breast cancer or family history of a mother, sister, or daughter with breast cancer.

- **Age 39 and younger.** Routine mammogram screening isn't recommended.
- **Age 40 to 49.** Talk with your doctor about risks and benefits.
- **Age 50 to 74.** Get a routine mammogram every 1 to 2 years.



- **Age 75 and older.** Talk with your doctor about your specific benefits and risks.

Cervical cancer screening (Pap and HPV tests)

Talk with your doctor about your specific health needs. Here are general recommendations:

- **Age 21 to 65.** Cervical cancer screening every 3 years.
- **After age 65.** Cervical cancer screening is usually no longer needed.

Colon or colorectal cancer (FIT test or colonoscopy)

Colorectal cancer is common in the United States. We recommend using a home FIT kit test every year or having a colonoscopy every 10 years. If your risk is higher, we recommend colonoscopy rather than FIT.

General recommendations on when to start colon cancer screening are based on these risk factors. Start screening **at age 45** or earlier in midlife if you have a family history of colon cancer or personal history of advanced polyps.

Heart disease

Together, we'll look at your risk factors for heart disease. Then we'll decide when it's best for you to get baseline tests and how often to repeat them. The testing guidelines for most women are:

- **Blood pressure testing** every 1 or 2 years after age 40. If you know your risk is higher than average, get screened every year.
- **Blood cholesterol level testing** every 5 years beginning at age 40 if you don't have risk factors. Screen more often if your cholesterol is above the normal range.

Osteoporosis (bone thinning)

A screening test called bone mineral density (BMD) is strongly recommended for women age 65 and older. If your risk for osteoporosis is higher, start screening at age 60. Risk is higher for women with any of these factors: low body weight, a strong family history of osteoporosis, or smoking (tobacco or cannabis).

Learn more about breast cancer, heart disease in women, and osteoporosis in the Health Risks After Menopause section (pages 25–31).

Learn more about menopause and health risks by visiting:

- North American Menopause Society at [menopause.org](https://www.menopause.org).
- My Doctor Online at [kp.org/mydoctor](https://www.kp.org/mydoctor) for information on women and heart disease, breast cancer, colorectal cancer, and osteoporosis.





SYMPTOM RELIEF AND TREATMENTS

Many studies show that making healthier choices helps women move through menopause with more ease and less discomfort.

SELF-CARE AND COMPLEMENTARY THERAPIES

Basic self-care includes staying active and eating well. You may also want to explore:

- Mind-body methods, such as gentle movement (yoga, qigong), relaxation breathing, and mindfulness.
- Herbs and supplements (complementary therapies)

For help with specific symptoms, see the chart on page 9 of this Guide to learn which methods have proven most effective.

The benefits of healthier choices, mind-body methods, self-care, and complementary therapies can continue long beyond your menopause transition. You can use them whether or not you also decide to try hormone therapy for symptom relief.

Kaiser Permanente offers many online and class resources. You can search My Doctor Online at kp.org/mydoctor for podcasts, interactive programs, and videos on many of the topics covered in this section.

Self-Care for Specific Symptoms

Hot flashes, sleep problems, and mood changes

These tips help with all three symptoms:

- Keep the air around you cool, using fans for air flow.
- Get daily aerobic exercise, such as walking or swimming.
- Practice yoga, mindfulness meditation, or similar mind-body methods regularly.
- Take a stress management class.
- Limit your use of caffeine and alcohol, especially close to bedtime.
- Consider trying supplements and herbs. See pages 11–12.
- Talk with friends going through menopause, or join a support group.
- Keep a journal.
- Find a creative activity to enjoy.

If you feel stressed during the day, take a few minutes (or more) to breathe and relax. Slowly breathe in and out, filling and then emptying the lungs and belly.

More on relief for hot flashes

- Drink cool beverages.
- Wear layers of cotton clothing or other natural fabrics.
- Lose weight (if needed) to reduce the length of time you'll have hot flashes. Losing even a small amount can help.
- Eat soy foods, such as tofu, tempeh, soy milk, or soybeans.

Track your **hot flash triggers**. Find out what yours are and avoid them.

Possible triggers include:

- Strong emotions
- Caffeine
- Alcohol
- Spicy food
- Specific clothing

More on restful sleep

- Sleep in a cool room with good air circulation.
- Use only cotton mattress pads and bed linens, if possible. Cotton is more comfortable than synthetic fabrics.
- Avoid sleeping pills. Instead, consider supplements (see page 11).
- Take a warm bath or shower at bedtime.
- Drink warm milk or chamomile tea before bedtime.
- Take an insomnia class at your local Kaiser Permanente Health Education Center.

More on easing mood swings and anxiety

- Set aside 15 minutes every day just for worrying. Think about the things that make you anxious. Through the rest of your day let go of your worries. Writing down what's on your mind may also help.

- Consider cognitive behavioral therapy (CBT), a method of working with your thought patterns to reduce negative emotions. CBT can be done one-on-one with a therapist or in a group. A variety of Kaiser Permanente classes use CBT methods, including classes on managing anxiety, depression, or anger.

Learning to manage and relieve stress also helps. You can:

- Find ways to change or avoid stressful situations to lower your anxiety. For example, if sitting in traffic causes you stress, plan to take public transit or listen to an audio book or music while you're in the car.
- Change the way you react. If something unfair or upsetting happens, choose to take a 5-minute break (outdoors, if possible) instead of getting stuck in frustration or anger.
- Be prepared. Think of how you want to respond to difficult situations that may come up. You'll probably feel less overwhelmed.
- Reward yourself after you've coped with stress. Give yourself a treat, such as a bubble bath, a facial, time with a good book, or a walk in the park.

Vaginal and Bladder Symptoms

Vaginal moisturizers and lubricants

Moisturizers and lubricants are easy to use and effective for relieving vaginal dryness. They can help you feel more comfortable in daily life and during sexual intimacy. Ask your doctor about products that are stocked by most Kaiser Permanente pharmacies.

Moisturizers. These help prevent and relieve vaginal soreness,

itching, burning, and other discomforts. If your vulva is dry or painful, use a vaginal moisturizer there also. Apply it every 3 to 4 days and expect some discharge at first. Regular use can give you longer-lasting symptom relief. Look for the ingredient hyaluronic acid (hyaluronan), which increases moisturizing benefits.

Lubricants. Unlike vaginal moisturizers, lubricants are only used during sex and need to be used every time. Many of them feel like women's natural moisture. The main types are:

- **Water-based.** This type is safe to use with latex condoms and can be used with sex toys. The lubricant may need to be reapplied or refreshed with a small amount of water.
- **Silicon-based.** This type lasts longer than water-based types and doesn't need to be reapplied as often. This type is best when intimacy includes vaginal penetration. It's safe to use with latex condoms, but can damage sex toys. It's often more expensive than water-based types.
- **Combination** (water and silicone ingredients). This type can offer benefits of both water and silicone lubrication. It's safe to use with condoms but can damage sex toys.
- **Oil-based.** Olive oil and coconut oil can be used as lubricants. Don't use them with latex condoms.

You can experiment with several products to see what you prefer.

Most moisturizers and lubricants are available over the counter (without a prescription). Follow these precautions to make sure you get safe, reliable products:

- Read labels and don't buy products that contain parabens (methylparaben, butylparaben), perfumes, flavoring, or warming ingredients (menthol, L-arginine). Also avoid glycerin in lubricants, as it can trigger yeast infections in some women.
- Be careful with products that contain petroleum or mineral oil. If you use them, look for signs that they've caused irritation or other discomfort. These ingredients are irritating for some women.

Vaginal estrogen

Vaginal estrogen products can help relieve symptoms in the vagina and bladder. These prescription-only products release low-level estrogen and support a healthy vagina and urinary tract (bladder). They have little impact on the body as a whole. Vaginal estrogen can be used as vaginal creams, tablets, suppositories, or slow-release rings.

If your menopause symptoms are due to treatment for female cancers or to prevent specific female cancers, talk with your doctor about whether vaginal estrogen may be beneficial for you. It's not yet fully approved by the FDA (US Food and Drug Administration) for use in women with specific cancers.

Kegel exercises (pelvic floor muscle exercises)

Kegel exercises for your pelvic floor muscles can help relieve and prevent some vaginal and bladder symptoms. The pelvic floor muscles support your vagina and bladder. Doing Kegels regularly can help:

- Increase your enjoyment of sexual intimacy.
- Reduce or prevent bladder symptoms, such as urine leaks and frequent urges to urinate.

You can use these steps to learn Kegel exercises and how often to do them.

To feel your pelvic floor muscles, practice stopping your urine stream and then restarting it. Feel the muscles around your urethra and anus squeezing and relaxing. After you've felt how your pelvic floor muscles work, don't do this again while on the toilet; it can make it difficult to empty your bladder.

- Practice squeezing these muscles while keeping your stomach and buttocks relaxed.
- Squeeze your pelvic floor muscles and hold for 3 seconds; then relax for 10 seconds. This is 1 Kegel.
- Do 10 Kegels in each set.
- Start with 1 set 3 to 4 times a week, holding for 3 seconds. Gradually build up to 3 sets every day, holding each squeeze for 6 to 8 seconds

Additional self-care for bladder problems (urine leaks, overactive bladder)

Remember that you don't need to be embarrassed about urine leaks. Talk with your care team about a care plan and what's causing your specific problems.

- Keep doing the things you like to do. If needed, you can buy absorbent pads or briefs in pharmacies and supermarkets.
- Avoid coffee, tea, and other drinks that contain caffeine, since these overstimulate the bladder. Drink other fluids as you normally would, as you need them to keep your body healthy.
- Practice double-voiding. Empty your bladder as much as possible, relax for a minute (or stand up and sit down again), and then try to empty your

bladder again. Leaning forward while sitting can also be helpful.

- Use a schedule. For example, go to the bathroom every 3 to 4 hours during the day, whether you have an urge to or not. This may help you regain control.
- Ask your care team about Bladder Control classes that may be available in your area. If needed, your doctor can refer you to a pelvic floor physical therapist.

Complementary Therapies for Symptom Relief

Many women find it useful to include complementary therapies in their care plan for symptom relief. It's important to use complementary therapies along with (not instead of) treatment methods recommended by your menopause care team.

Complementary therapies can benefit your mind, body, and spirit.

This chart lists mind-body and other complementary therapies that studies have found effective for symptom relief. Benefits vary, depending on women's individual needs. You may also benefit from a therapy that's not included here.

	Herbs	Supplements	Mind-Body Therapy (Meditation, Mindfulness)	Acupuncture	Manual Therapies (Chiropractic / Massage)	Yoga
Insomnia	•	•	•	•		
Hot Flashes / Night Sweats	•	•	•			•
Cognition / Memory Issues	•	•	•			
Stress and Anxiety	•	•	•		•	•
Depression (short-term)		•	•			•
Hypertension			•	•	•	•

These therapies can:

- Improve symptoms.
- Make medical treatment more comfortable.

You can decide whether to try several complementary therapies, or none. Learning about and choosing therapies can feel overwhelming. It can help to:

- Start by trying therapies that can help relieve your most bothersome symptoms.
- Talk with your care team to learn what therapies best fit your care plan.

Aromatherapy and similar enjoyable therapies can also brighten your day—a good enough reason to try them.

It's fine to use proven complementary medicines along with your care plan, but never as an *alternative* or *substitute*.

It's a good idea to check with your care team before you start any new therapy or stop a current treatment.

MIND-BODY THERAPIES

It's fine to learn and use some of the therapies listed here on your own. For others, you'll need the support of a clinician or certified instructor.

Mindfulness-based stress reduction, clinical hypnosis, and acupuncture are promising methods for relieving sleep and mood problems and other menopause symptoms. Work with a trained professional if you decide to try any of these methods.

Massage therapy uses healing touch to relieve pain, stimulate circulation, release tension, and reduce stress.

Yoga helps keep you strong and flexible and may improve your responses to stress.

Humor can reduce stress-related chemicals in the body and boost your immune system's ability to resist disease. Watch a funny movie and let yourself laugh.

Aromatherapy is the therapeutic use of oils and extracts from plants, like lavender, to promote relaxation and help reduce a variety of symptoms.

Visualization (or guided imagery) involves focusing your mind on an enjoyable image or imagining you're in a peaceful place. These practices promote relaxation.

Prayer, meditation, and relaxation can be practiced in many different forms. Ask your local Kaiser Permanente Health Education Center about resources.

Music can influence body, mind, and emotions. Put on your favorite music. Relax and enjoy.

Where to Find Complementary and Mind-Body Therapies

Kaiser Permanente offers many complementary therapies at your local medical center. Ask your care team about services.

You may also want to go outside of Kaiser Permanente for complementary therapies. To help you, Kaiser Permanente members can use **choosehealthy.com**. It's an online program and directory of complementary health providers. Discounted rates may be available for:

- Massage therapy
- Acupuncture
- Chiropractic care
- Fitness club membership



Supplements, Herbs, and Other Over-the-Counter Products

Some women are concerned about the potential medical risks and side effects of hormone therapy. You may instead decide to try herbs or other dietary supplements to relieve

your symptoms (see [Tables 2 and 3](#) on pages 11 and 12).

Please review these important points before using herbs and dietary supplements:

- The Food and Drug Administration (FDA) does not

regulate herbs and dietary supplements, so it's hard to know for certain about the quality of a product. Levels of active ingredients may vary between similar herbal products or may not even be present.

Table 2. SUPPLEMENTS AND HERBS WITH PROVEN EFFECTIVENESS

Name	Symptom Relief and Notes
ERr 731 (rhubarb, <i>Rheum rhaponticum</i> , root extract)	May reduce general menopausal symptoms. Don't use in leaf form.
Maca (<i>Lepidium meyenii</i>)	Provides general symptom relief, especially hot flashes, night sweats, and mood.
Melatonin	Helps those with insomnia and other sleep disorders fall asleep (initiate sleep).
Progesterone cream	The effects are mild and unpredictable. Don't use to replace prescription progesterone if taking prescription estrogen.
S-equol (soy isoflavone derivative in a form most women can use)	May provide general symptom relief. Use recommendations for breast cancer survivors are not available.
Soy (isoflavones)	Lowers heart disease risk (cholesterol) and may reduce hot flashes.* <ul style="list-style-type: none"> • Studies show mixed results for hot flash relief.* • Don't consume more than 25 grams per day. Overconsumption may be unsafe. • Use recommendations for breast cancer survivors are not available.
St. John's wort	Improves mild (but not major) symptoms of depression and may improve menopausal symptoms related to sleep, hot flashes, and quality of life. <ul style="list-style-type: none"> • Benefits are seen when used for more than 8 weeks. • Don't use for longer than 2 years. • Side effects include stomach upset, tiredness, and extra sensitivity to sunlight. • This herb alters the absorption and effectiveness of other medications and supplements. Don't use with anticlotting drugs or prescription antidepressants.
Valerian	Improves sleep quality and shortens time needed to fall asleep (latency). May reduce anxiety. May also reduce hot flashes.*
Vitamin D	Helps relieve short-term depression.

*Note: No supplements or herbs have proven strongly effective for relief of hot flash symptoms.

Table 3. SUPPLEMENTS AND HERBS WITH **NO** PROVEN EFFECTIVENESS

Many herbs and supplements *are not proven effective*. In some cases they are linked to health risks. We **do not** recommend taking any of the supplements or herbs listed in this table.

Name	Notes of Effectiveness and Risks
Black cohosh	<ul style="list-style-type: none"> • A large study showed no benefits. • There are no known risks for taking this herb.
DHEA (hormone)	<ul style="list-style-type: none"> • Kaiser Permanente does not recommend this supplement. • Marketing effectiveness claims go far beyond available study data. • DHEA changes into estrogen and testosterone in the body. • Side effects include acne, voice deepening, liver problems, and a possible decrease of “good” cholesterol. • High-dose usage is linked to heart disease risk in women.
Dong quai	<ul style="list-style-type: none"> • Kaiser Permanente studied this traditional Chinese medicine (TCM) herb and found no effectiveness for hot flashes. TCM doctors say they use dong quai with other herbs to improve women’s health. • Risks include blood clotting issues. Don’t use if you have blood clotting or fibroid problems.
Evening primrose oil	<ul style="list-style-type: none"> • Studies show no evidence of effectiveness. • Side effects include nausea and diarrhea. • Risks include blood clotting problems, immune system problems, and inflammation.
Kava	<ul style="list-style-type: none"> • The FDA recommends against use due to potential liver damage. • This may cause mild euphoria and relaxation, similar to the effects of alcoholic drinks. • Kava is potentially addictive.
Red clover (isoflavone source)	<ul style="list-style-type: none"> • Studies show no evidence of effectiveness.

- Some herbs don’t work well with other herbs, medications, or over-the-counter drugs. Make sure to talk to your doctor or pharmacist if you’re taking medications and plan to start herbs, or vice versa.
- Be aware that some products may contain contaminants from the production process.
- Herbs and supplements are sold over the counter. Kaiser Permanente pharmacies carry only herbs that studies have shown to be potentially

effective in treating specific medical conditions.

If you have questions or need more information, talk with a pharmacist.

HORMONE THERAPY

Some women’s lives are seriously affected by menopause symptoms. You may have tried to cope by changing your nutrition and exercise and adding other self-care and complementary therapies. If you continue to have severe symptoms, you may want to consider hormone therapy (HT) or other medications.

HT can ease uncomfortable symptoms like hot flashes and vaginal dryness. Some women feel better in general while taking HT. Their skin quality may also improve.

HT replaces hormones that your body stops making as your menopause transition progresses. The most common type of HT combines the hormones estrogen and progesterone. This combination helps prevent uterine cancer. If you’ve had a hysterectomy and no longer have a uterus, you can use estrogen therapy (ET) alone.

If you choose to take HT, create a treatment plan with your clinician that will offer you the highest benefit with lowest risks. The plan can include hormone dose, delivery method, and length of treatment. Check with your clinician regularly about your risks and benefits and whether to continue HT. Once you stop HT, many benefits disappear quickly, but so do the risks (see [Table 4](#) on page 14).

TYPES OF HT

Hormone therapy is available in 2 main forms, “systemic” or “local.”

Systemic HT. Hormones are released into your bloodstream. They affect the organs and tissues throughout the body to help relieve a range of menopausal symptoms, such as hot flashes. This type of HT is available in many forms, including pills, skin patches, creams, and sprays. If progesterone (progestin) is also prescribed, it can be given alone or combined with estrogen in one prescription.

Local HT. Hormones are applied directly to certain areas of the body such as the vagina. It can relieve specific menopausal symptoms, including vaginal dryness, pain during sex, and some bladder problems. Local HT is available in creams, tablets, and rings. Vaginal estrogen can usually be used safely. But women who’ve had breast cancer or blood clots need to talk with their doctor before using any form of estrogen.

How Hormones Affect Your Body

Estrogen is made by your ovaries. It affects many areas of your body, including the breasts, uterus, vagina, skin, bones, liver, arteries, and brain. Your estrogen levels drop during the menopause transition, although your ovaries continue to produce it.



Progesterone levels increase each month when your ovary releases an egg during your fertile years. This hormone protects the lining of the uterus. If you have a uterus and want to use HT, take progesterone along with estrogen to prevent increased risk of uterine cancer.

Medroxyprogesterone (Provera) and norethindrone and micronized progesterone (Prometrium) are commonly prescribed forms of progesterone. Prometrium is sometimes called natural progesterone because it’s made from yams and soy. For some women a hormonal IUD (Mirena or Skyla) can be used instead of progesterone pills. This IUD directly thins the lining of the uterus.

It’s important to take a precise dose of progesterone. You can’t be sure you’re getting the correct dose if you use over-the-counter types or compounded progesterone. “Compounded” means that the hormone formulation is done by a “compounding” pharmacy. (Learn more about compounding pharmacies in the next section on bioidentical hormones.)

Bioidentical hormones are chemically identical to those made by our bodies. The chemicals in

bioidentical hormones come from animals and plants, including soy and yams. They’re available as pills, patches, creams, and sprays. Kaiser Permanente pharmacies carry FDA-approved bioidentical hormones.

You may have heard that bioidentical hormones are more natural or better than “medical” hormones. But no studies have shown that one hormone therapy type is safer or more effective than another. Some alternative hormone products combine different types of estrogen, which can be labeled “tri-est” or “bi-est.” These products use a weak form of estrogen.

Keep in mind that risks for breast cancer, stroke, and heart disease apply to all forms and types of estrogen (except vaginal estrogen products used to treat vaginal dryness).

Be sure to check with us before using **compounded bioidentical hormones, as they aren’t FDA approved.** Compounded hormones may be appropriate if you and your doctor or another care practitioner decide you need an unusual dose of estrogen or progesterone.

Testosterone is sometimes used to treat decreased sexual desire.

Table 4. HORMONE THERAPY HEALTH RISKS

Condition	Health Risks	Risk Details
Heart disease	<ul style="list-style-type: none"> • No increased risk at ages 50 to 59 • Small increased risk at ages 60 and older 	Women with no uterus who take estrogen therapy (ET) only and start within 10 years of completing menopause have lower risk of coronary artery calcification (associated with heart disease).
Breast cancer	<ul style="list-style-type: none"> • Increased risk if HT taken longer than 5 years at ages 50 to 59 • Dense breast tissue may develop and affect breast cancer diagnosis 	Women with no uterus have no increased risk within 10 years of starting ET, but risk increases with taking ET for more than 10 years.
Uterine cancer	<ul style="list-style-type: none"> • Increased risk if taking estrogen only, except in women without a uterus 	Women with a uterus need to take progesterone with estrogen.
Blood clots	<ul style="list-style-type: none"> • Increased risk if taking oral (pill) estrogen with progesterone • Lower risk for estrogen patch or some types of progesterone 	Prolonged sitting (or other inactivity), such as during air travel, increases risk. Get advice from your doctor about stopping and restarting HT when you plan to travel.
Stroke	<ul style="list-style-type: none"> • Increased risk from HT or ET 	Starting HT or ET after age 60, or more than 10 years after completing menopause, increases risk. Continuing HT or ET after age 60 also increases risk.
Memory loss	<ul style="list-style-type: none"> • Research is inconclusive about benefits or risks of HT for memory loss or dementia at ages 65 and older 	

You may think that testosterone is a male hormone. But women also produce it in their ovaries and adrenal glands.

As you age, or if your ovaries are removed, the body produces less testosterone. This may lower your sexual desire. Taking testosterone sometimes helps with this. But it can also have negative side effects and risks.

Topical testosterone cream or gel is absorbed through the skin. This product:

- Isn't FDA-approved. There's no long-term safety information or data on breast cancer risk.
- May cause hair loss, facial hair growth, or acne.

- May cause rarer side effects such as voice deepening or clitoris enlargement.

Oral testosterone hasn't been thoroughly studied in women. Some studies show only mild positive effects. Only one oral medication that combines testosterone and estrogen is currently available. It's FDA-approved for menopausal symptom treatment, but not for low libido.

Benefits of HT

HT can:

- Reduce frequency and severity of hot flashes.
- Help with sleep problems.
- Relieve vaginal dryness and soreness.

- Reduce breast tenderness and irregular bleeding.
- Prevent bladder-related problems, such as frequent urinary tract infections, urges to urinate, and urine leaks.
- Prevent bone loss and lower the risk of hip, spine, and wrist fractures.
- Slow the loss of skin collagen, which enables skin and muscle to stretch.

Risks of HT

HT risks are related to each woman's age, when HT is started during the menopause transition, and how long HT is taken. Short-term use in early menopause is generally less risky than starting HT later in menopause.

Here's a summary of the main HT risks reported by research.

Heart disease

- Women ages 50 to 59 who use HT have no increased risk of heart disease.
- Women who start HT after age 60 are at slightly higher risk for heart attack.
- Women without a uterus who take estrogen only (ET) and start HT within 10 years of completing menopause have lower risk of coronary artery calcification (associated with heart disease).

Breast cancer

- Breast cancer risk is higher in women ages 50 to 59 who take HT for longer than 5 years, and risk rises gradually with additional years of use.
- Women who use HT are more likely to develop dense breast tissue. This makes mammograms harder to read, which could lead to more breast biopsies and delay breast cancer diagnosis.
- Women ages 50 to 59 who have no uterus have no increased risk of breast cancer within 10 years of beginning ET. Risk is likely to increase slightly if ET is taken for longer than 10 years.

Uterine cancer

- Estrogen taken alone increases uterine cancer risk (except in women without a uterus).
- Women who have not had their uterus removed need to take progesterone with estrogen.

Blood clots

- Taking estrogen and progesterone in pill form (orally) is linked to risk for blood clots in the legs and lungs, which can be life-threatening.

- Risk of blood clots is lower when estrogen is received in patch form rather than pills (taken orally).
- Risk increases with prolonged sitting (or other inactive periods), such as air travel. Do leg exercises when sitting for long periods. It may be helpful to stop HT for 1 to 2 weeks before a long plane flight, road trip, or period of bed rest. Get advice from your doctor or another clinician on when to restart HT.

Stroke

- Beginning HT or ET after age 60, or more than 10 years after completing menopause, is likely to increase stroke risk.
- Continuing to take hormones after age 60 also appears to raise risk.

Memory loss

- Current research is inconclusive on whether HT improves or decreases memory loss and dementia.
- One study found increased dementia rates in women who started HT between the ages of 65 and 79.

Side Effects of HT

Side effects include:

- Irregular vaginal bleeding
- Swollen or tender breasts
- Headaches, nausea, or bloating
- Leg cramps
- Vaginal discharge

Side effects may go away after you've taken HT for a while. Talk to your doctor or other main practitioner about side effects that bother you or go on too long. Adjustments to your medication may help you feel better.

If you've been treated for breast, ovarian, or uterine cancer (or treated to prevent cancer) and have menopausal symptoms, talk with your doctor about your specific situation. Some women must avoid hormone therapy, while others can benefit from it.

For example, some women have surgery to remove their ovaries as preventive treatment to reduce their risk of breast or ovarian cancer. Their risk is higher due to inheriting specific genes, such as BRCA1 or BRCA2. HT can benefit these women as long as they don't already have hormone-sensitive breast cancer.

Learn more by visiting:
<https://kpdoc.org/menopauseandcancer>

If you start hormone therapy during early menopause you may continue to have monthly periods. You may also have irregular bleeding. Please see your doctor if this happens.

Deciding about HT

Each woman is unique. Only you know how severe or distressing your menopause symptoms are. In making your decision, consider both your quality of life and the potential risks of HT.

Talk with your doctor or other care practitioner about your specific risks and benefits. You can also discuss other options for managing your symptoms. Learn as much as you can about your choices before starting HT.

Hormone therapy needs to be individualized to meet each woman's needs. If you decide on HT, tell your doctor about your symptoms and health status at every appointment. HT doses can be adjusted or stopped, as needed.

Hormone Testing

We don't recommend saliva or blood testing to check your hormone levels. Your levels change daily, even during menopause. If you're several years past your last period, your hormone levels will test low.

Testing doesn't help us decide what's needed to help you feel better. In our treatment method, we adjust your hormone therapy based on your symptoms. How you feel is most important, not the level of hormones in your blood.

When is it best to stop HT?

HT-related risks start to increase after 5 years of treatment. We recommend stopping HT after 4 to 5 years, if possible. Some women choose to continue beyond 5 years due to the impact of their menopausal symptoms. Their estrogen dose needs to be reduced to the lowest level that provides relief.

We usually recommend slowly reducing HT over 2 to 3 months. This gives your body time to adjust. There's no one best way to stop hormone therapy. As you reduce HT, continue taking progesterone, if you're taking estrogen by pill

or skin-absorption form (patch). If you've had a hysterectomy, you may be taking estrogen only (ET). Vaginal estrogen creams, tablets, or rings can be used as long as needed for vaginal dryness and pain during sex.

OTHER MEDICATIONS

Antidepressants

Although prescription antidepressants were developed to treat depression and anxiety, we've learned that specific antidepressants reduce some menopause symptoms. This includes hot flashes and night sweats. In very low doses they can be an effective alternative to HT with few or no negative side effects.

These medications are called SSRIs/SSNRIs (selective serotonin [norepinephrine] reuptake inhibitors). If you have troubling mood changes, learn more in the Emotional and Mental Health section (page 23).

Talk with your doctor about which antidepressants may be helpful to ease menopause symptoms. Also ask about other potential benefits and side effects of these medications.

Other Prescription Medications

Clonidine is a medication that lowers blood pressure and comes in patch and pill form. It relieves hot flashes and night sweats for some women. Low doses often don't cause side effects. It can be taken by women who don't have high blood pressure. Dry mouth is a side effect for some women.

Gabapentin was developed to prevent seizures and is prescribed for chronic pain. It can also improve sleep and decrease hot flashes and night sweats. Dizziness and daytime sleepiness are side effects for some women.



SEXUALITY AND RELATIONSHIP HEALTH

Sexuality includes the desire for physical and emotional closeness and the need to feel and give affection and pleasure. Your interest in sex can last your entire life.



SEXUALITY

Many women have questions about their sexual health. You might ask: Am I having enough sex? Am I having too much sex? My partner seems to want it all the time, and I'm just not in the mood. Is something wrong with me?

The truth is there is no "normal" for all women. Some women want to have sex daily, some weekly, some monthly, and some rarely or not at all. A woman's experience of her sexuality can change significantly as she goes through her life's stages, including the transition to menopause.

Will You Lose Your Desire?

Your sexual desire depends on many factors, including your emotional makeup, physical health, social and cultural background, and hormone levels. In midlife and after menopause, your hormone levels gradually decrease. Your sexual desire and arousal from sexual stimulation may also decrease.

Your desire can also be affected if having intercourse becomes painful or if you're bothered by menopausal symptoms, such as hot flashes, vaginal dryness, insomnia, or irritability. Most symptoms can be managed with self-care and complementary or medical therapies. See the suggestions in

this guide. Talk with your physician about your questions and concerns.

Will You Have Less Interest in Sex?

Your interest in sex can change for many reasons, including:

- Pain during intercourse due to vaginal dryness. This is related to lower levels of estrogen. See Symptom Relief and Treatments: Vaginal and Bladder Symptoms (page 3) for information on vaginal moisturizers and lubricants.
- Emotional changes, major life events, stress, depression, or fatigue.
- Perimenopausal symptoms, including hot flashes, irritability, or sleep problems.
- A partner's changing sexual abilities or interest.
- A serious illness or surgery.
- Lack of time with your partner or problems in the relationship.
- Boredom with your sex life.
- Weight gain or loss, or poor body image.
- Side effects of medications.
- Alcohol or drug use.
- Lack of a partner.
- Concerns about pregnancy or sexually transmitted diseases.

Self-Care

You can overcome sexual challenges and enjoy a fulfilling sex life by trying these tips.

Spend more time in foreplay.

Learn about your body and what makes you feel sexually excited and communicate this to your partner. Women's desire is usually increased through physical touching and lovemaking, which also increases vaginal lubrication. You can enjoy rediscovering each other's bodies and experimenting with new pleasuring techniques.

Start exercising. Physical activity can increase blood flow to the vagina and also boost your body image. This can help relieve any negative feelings you have about your changing body that are interfering with your enjoyment of sex.

Enjoy sex in the morning or afternoon. You'll have more energy. At night you and your partner are likely to be tired.

Make dates with your partner. Take a walk, go out for dinner and a movie, or just relax and talk. Nourishing emotional intimacy and closeness is important for strengthening sexual intimacy.

Don't give up on sex. Instead of waiting until you feel desire, let

QUIZ: ARE YOU IN A HEALTHY RELATIONSHIP?

Is my partner willing to communicate openly when there are problems?

yes no

Does my partner give me space to spend time with other people?

yes no

Is my partner kind and supportive?

yes no

If you answered yes to these questions, it's likely you are in a healthy relationship. Studies show that this kind of relationship leads to better physical and mental health and longer life.

QUIZ: ARE YOU IN AN UNHEALTHY RELATIONSHIP?

Does my partner call me names or humiliate me?

yes no

Does my partner control where I go, whom I talk to, and how I spend my money?

yes no

Has my partner threatened to hurt me?

yes no

Has my partner forced me to have sex against my will?

yes no

If you answered yes to any of these questions, your health and safety may be in danger.

yourself be willing. You may not start out being “in the mood,” but most women can get in the mood. You can prepare yourself, get help from a supportive partner, and keep your communication open. Keeping sexually active with your partner or by self-stimulation increases blood flow to the vagina and helps maintain elasticity and moisture, decreases discomfort, and brings many other benefits.

Explore erotic books and videos. They may enhance sex for you and your partner.

Masturbate (self-stimulate). Many people find masturbation a pleasurable way to release sexual tension. Others enjoy it to explore and learn what arouses them and brings the most pleasure. If you don't have a partner, masturbation can relieve some of the pressure of searching for one.

Ask about testosterone. The ovaries produce small amounts of testosterone. It's the “desire” hormone in both men and women. With aging, a decrease in testosterone may mean that desire also decreases. Adding testosterone to hormone therapy is helpful for some people.

Consider vaginal estrogen. This treatment option is available by prescription only. Some women find it useful for improving vaginal muscle tone and lubrication. This can help increase comfort during sex with penetration (intercourse). Learn more about vaginal estrogen on page 8.

RELATIONSHIP HEALTH

The quality of your intimate relationship affects your health. If you're in a difficult or abusive relationship, you're under chronic stress that can contribute to a wide

range of health problems, such as depression, weight gain, headaches, chronic back or belly pain, high blood pressure, heart disease, or other physical or mental health problems. Relationships that are loving, respectful, and safe actually improve immune function and overall health.

WHAT CAN YOU DO IF YOU'RE IN AN UNHEALTHY RELATIONSHIP?

If your safety is at risk, here's how you can protect yourself:

- Develop a safety plan.
- Prepare an emergency kit for a situation in which you have to leave suddenly (include keys, money, legal and important documents, medicine, etc.).
- Talk to someone you trust about what's going on.
- Let your doctor know about your situation.
- In addition to getting safe, reduce the effects of stress through exercise, meditation, yoga, or other strategies that work for you.
- Call 911 if you are in immediate danger.

If you are being hurt by your partner, it is not OK. You deserve to be safe and healthy. For toll-free, 24-hour support in safety planning, housing options, legal advice, and local referrals, call the **National Domestic Violence Hotline at **1-800-799-SAFE (7233)** or **1-800-787-3224 (TTY for hearing or speech impaired)** or visit ndvh.org.**



STAYING ACTIVE AND EATING WELL

While the benefits of exercise and nutrition are well known, women in midlife have even more reasons to stay active and eat well.



Getting regular physical activity and eating healthy during menopause can help you sleep better, lift your mood, and benefit your overall well-being. Your risk for osteoporosis (bone loss), heart disease, and breast cancer may also be reduced by your healthy choices.

STAYING ACTIVE

For women, midlife may be the most important time of life to be active.

Healthy weight. Your metabolism, the rate your body burns calories, naturally decreases as you age. But regular exercise reverses this. It boosts your metabolism and is one of the best things you can do for your health. You burn calories while exercising and for several hours afterward.

Bone strength. After menopause, women's bones lose density, so the bones aren't as strong. This is a major cause of fractures in older women. These injuries make older women less mobile, and their quality of life worsens.

The best way to maintain bone strength is weight-bearing exercise, like walking or dance aerobics.

Balance and fall prevention. Yoga, tai chi, and similar forms of exercise can improve balance and make falls less likely.

Body shape. After menopause, your body weight may shift—usually moving toward the stomach and midsection. You may also lose muscle, which supports bones and joints and keeps your body looking firm. Exercise can strengthen and tone your muscles.

It's Never Too Late to Start

Even if you haven't been exercising, start getting active now. It can make a big difference in your health and well-being for the rest of your life.

Start where you are. Gradually increase how long, how often, and how hard you exercise. Work toward 30 minutes of moderate physical activity on most days. Make sure some of your exercise is weight bearing to help keep your bones strong. Include weightlifting for the upper body.



Keep it fun. Mix up your activities to strengthen different body parts and avoid boredom. Try walking on Monday, aerobics on Tuesday, lifting weights and stretching on Wednesday, etc. Or go out dancing with friends for a change of pace.

Try these ideas to keep it interesting:

- Exercise with a friend. You'll be surprised by how many people will want to join you.
- Start a neighborhood walking club or a lunchtime walking group at work.
- Walk in beautiful places or on different routes to keep you interested and motivated. Try local hiking trails.
- Try new activities that sound like fun. How about Zumba, tennis, yoga, or biking?
- Listen to music or audio books while you exercise.
- Focus on how good it feels to be fit and active.

Always exercise in a safe place with good lighting. If you have pain, choose a different activity. Try water aerobics or swimming.

For more information about exercise, visit your local Kaiser Permanente Health Education Department or Center.

Making Time for Exercise

Look for ways to be more active throughout each day. Take the stairs instead of the elevator. Take short walks or do stretches during work breaks. Walk or bike when doing errands.

In general, the more active you are, the better. It's best to be physically active for at least 30 minutes on most days. These tips can help you get there:

- Make it a priority. Schedule exercise on your calendar and stick to it.
- Pick something you can easily do at home or near your home, like gardening or walking.
- Meet a friend for a walk instead of lunch. Try a walking meeting.
- Buy, borrow, or rent exercise videos. Choose different ones, suited for your fitness level, so you don't get bored.
- Walk or ride a bike instead of driving. Trips to the bank or the store are good times to leave the car behind.
- Fit in mini-workouts throughout the day. Lift light weights first thing in the morning or take a few short walks during the day.
- Dedicate half your lunch breaks to walking or other exercise.
- Plan longer workouts and active events, such as hikes or longer bike rides, on weekends when you have more time.

Benefits of Regular Physical Activity

- Lowers your risks for osteoporosis, heart disease, and cancer
- Helps manage arthritis pain
- Boosts your immune system
- Raises your self-confidence and self-esteem
- Helps you feel both energetic and relaxed
- Improves your sleep
- Lifts your mood

EATING WELL

What you eat can have a big impact on your health. Good nutrition lowers your risk of some of the most common diseases in women: heart disease, cancer, bone loss, obesity, stroke, and diabetes. For peak health, recent studies on women's nutrition recommend these guidelines.

Eat vegetables and fruits. They are naturally low in fat, delicious, and nourishing. Eat a variety of fruits and vegetables every day in servings that fill half your plate.

Eat more whole grains. Whole-wheat breads, whole grains (such as brown rice), and cereals add vitamins and fiber to your diet. Other foods high in fiber include oats, bran, beans, and prunes.

Eat more fish. Fish is rich in nutrients that protect against heart disease. Two to 3 fish-based meals per week along with a low-fat diet will benefit your health. Be aware that many types of fish contain traces of mercury. Don't consume high quantities of these fish. Low-mercury fish include shrimp, canned light tuna

(not albacore), salmon, flounder, tilapia, pollock, and catfish.

Check montereybayaquarium.org/seafoodwatch to learn more about sustainable seafood and avoiding mercury.

Limit high-fat foods. Sticking with low-fat foods will help control your weight, keep your heart healthy, and reduce your risk of cancer. Avoid saturated fats and hydrogenated fats, which increase heart disease and cancer risks. Animal proteins such as meats and whole-fat dairy foods, are high in saturated fats. Margarines, cookies, crackers, chips, and fried foods often contain hydrogenated fat, so avoid them, too. It's okay to use small amounts of olive or canola oil (monounsaturated fats), or use a zero-calorie nonstick spray, when cooking.

Limit or skip alcoholic drinks.

Alcohol can increase some hormones in your body, especially estrogen. This can increase your breast cancer risk. Limit yourself to one drink (5 ounces of wine, 12 ounces of beer, or 1.5 ounces of hard liquor) per day (or less) to minimize your risk. Alcohol adds calories and can make you gain weight.



Some studies show that moderate use of specific types of alcohol may lower heart disease risk.

Eat foods rich in calcium and vitamin D. Calcium and vitamin D can help reduce the risk of osteoporosis (bone loss). The recommended daily intake of calcium is 1,000 mg for women ages 19 to 49 and 1,200 mg for women 50 and over. Vitamin D recommendations are debated by experts. Total daily intake of vitamin D (at least 1,000 IU/day), preferably vitamin D3, is recommended for all pre- or postmenopausal women (and men) aged 50 or older.

You can get calcium from foods and supplements. Good food sources of calcium include low-fat dairy products, such as yogurt, cheese, and milk. Each serving contains about 300 mg. Other sources include salmon, sardines, catfish, almonds, soy products, and green, leafy vegetables.

Calcium and vitamin D supplements are available in Kaiser Permanente pharmacies. See the Health Risks After Menopause: Osteoporosis section (pages 25–27) for more information about calcium and vitamin D.

Go easy on salt and sodium.

Eating too much sodium, which is found in salt, may cause loss of calcium via urination and can increase your blood pressure. Healthy adults need to limit their salt to 2,000 mg or less (less than a teaspoon of salt daily). Women with high blood pressure may need to limit their sodium even further. Check with your doctor.

Include soy foods. Foods made from soybeans, including tofu, tempeh, roasted soy nuts, soymilk, or isolated soy protein, are high

in phytoestrogens. They help protect you from many menopausal symptoms. They're also low in fat and can add variety to your diet.

How to Start Eating Healthier

Instead of trying to change everything at once, make small changes in your eating habits. Here are ways to get started and things to look out for:

- Add 1 fruit or vegetable to any of your meals or as a snack until you have reached 5 servings a day. Add a handful of blueberries or another favorite fruit to your cereal or yogurt.
 - Be aware of portion sizes:
 - A whole piece of fruit is 1 serving.
 - A big green salad with lettuce and about a cup of vegetables, like cucumbers and tomatoes, is 2 servings.
 - A half cup of rice or pasta or half a bagel is 1 serving of grain.
 - One cup of milk or yogurt or 2 slices of cheese is a serving of dairy. A serving of meat is about the size of the palm of your hand.
- Choose smaller portions of meat or fish. Try skinless chicken or lean red meat, like tenderloin or bottom round.



A Word on Women and Weight

As women get older, they experience an increase in body fat and a decrease in the rate they burn calories. Unchecked, this is a recipe for weight gain. While it's best to age gracefully, it's also important to stay at a healthy weight.

Extra weight raises risks of developing heart disease, diabetes, hypertension, and problems like low back and knee pain.

For people who are overweight, small weight losses—just 8 to 10 pounds—can significantly improve diabetes, high blood pressure, and other medical conditions. Also, studies show that women who lose 10 or more pounds during menopause stop having hot flashes sooner.

If weight is a struggle for you, don't lose hope. We have classes and other resources to help. Visit kp.org/mydoctor/healthyweight.



- Eat less fat. Have fish at least once a week. Remove fat from meat before eating.
- Broil or bake instead of frying. Use sprays and nonstick pans.
- Limit butter, cream, dressings, and sauces.
- Eat calcium-rich foods, like nonfat or low-fat dairy products, 3 to 4 times a day.
- Snack healthy with fruits, vegetables, nuts, yogurt, cottage cheese, whole-grain bread, or low-fat crackers.
- Don't shop for groceries when you're hungry. Make a list ahead of time that focuses on healthier foods.
- When eating out, beware of large portions and added calories. Order salad dressings, sauces, and gravies on the side so you can decide how much to put on your food. Consider sharing entrées or ask for half portions.
- Avoid hydrogenated fats, or trans fats, by looking closely at food labels.
- Choose foods that are high in fiber and whole grain.
- Substitute brown rice or whole-wheat pasta for white rice and pasta.

For more information on healthy eating, contact:

- American Dietetic Association at eatright.org or call 1-800-877-1600
- U.S. Department of Agriculture at choosemyplate.gov or call 1-888-779-7264



EMOTIONAL AND MENTAL HEALTH

As you go through the menopause transition, you may face many physical, mental, and emotional changes. These changes may be greater than any you've experienced since adolescence.



For many women, menopause and midlife are a wake-up call. Some of the changes that come with the menopause transition can be challenging. But as you gain understanding of your needs and learn to meet them, your well-being can increase. As a result, you may discover how to live a healthier, more fulfilling life.

Common emotional and mental changes during perimenopause (the time before and the year after your final menstrual period) include:

- Difficulty sleeping
- Tiredness
- Mood swings
- Irritability
- Depression
- Anxiety
- Trouble concentrating
- Forgetfulness
- Worsening premenstrual syndrome (PMS)

COPING WITH DEPRESSION

Can Antidepressants Help with Menopause Symptoms?

Antidepressants are prescription medications for treating depression. They can also help with irritability, anxiety, insomnia, and moodiness. Specific antidepressants also

work as an alternative to hormone therapy for some women, relieving symptoms like hot flashes and mood problems. Talk with your doctor if you're interested in learning more about this option.

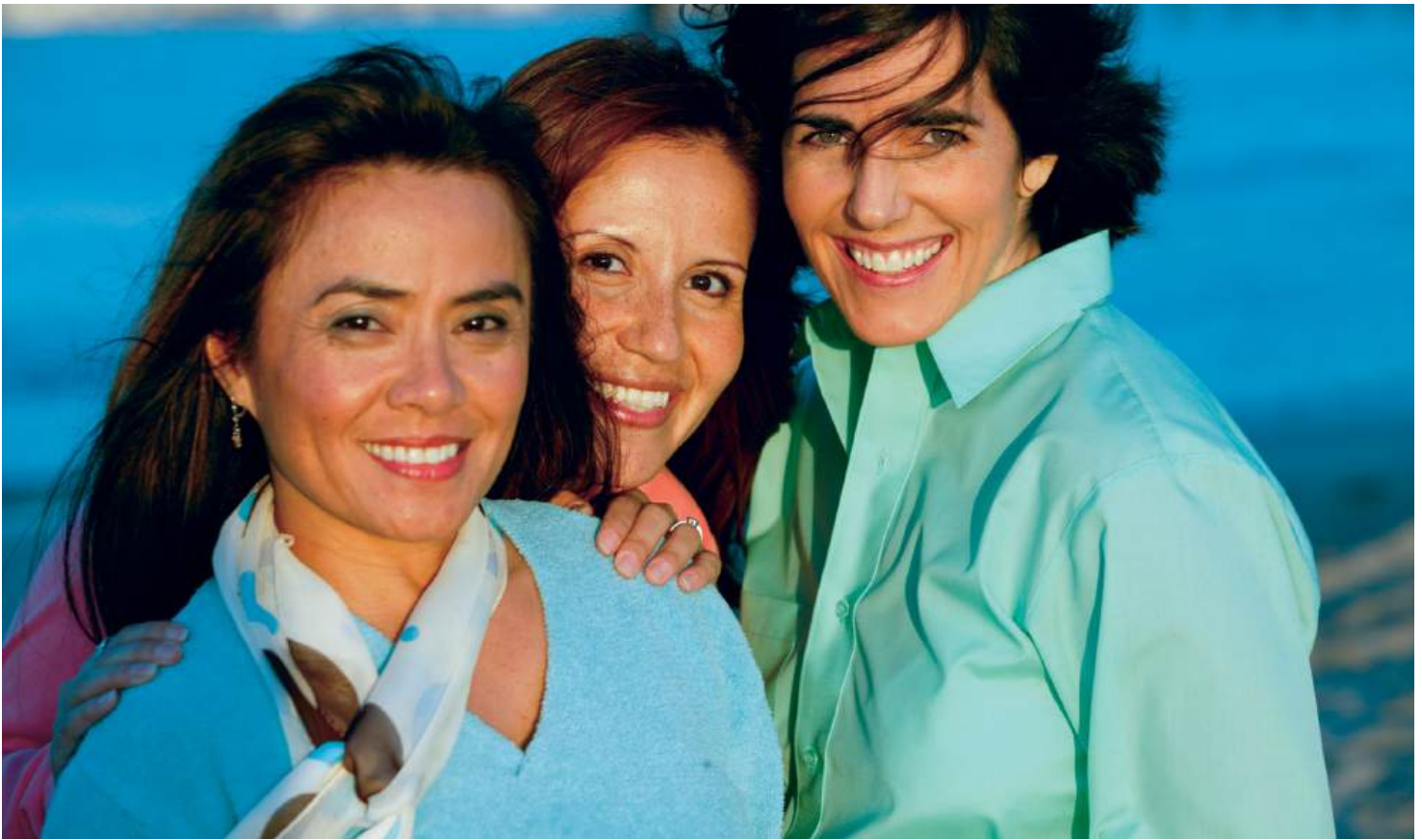
Know When to Seek Professional Help

Although you can often take steps to improve your mental and emotional states on your own, sometimes you may need assistance. Clinical depression is much more than just feeling sad. Seek out professional help if you've been depressed for 2 weeks or

longer and have had several of the following symptoms:

- Persistent sadness
- Loss of interest in activities you usually enjoy
- Decreased interest in sex
- Ongoing tiredness or trouble concentrating
- Strong feelings of guilt, worthlessness, or helplessness
- Trouble sleeping
- Restlessness
- Change in weight
- Suicidal thoughts or plans





BOOST YOUR MEMORY

Gaps in short-term memory are common as we age. They're rarely signs of a serious condition like Alzheimer's disease. Try these tips to help you remember things:

- Repeat a new name or other information as soon as you get it. Write it down if possible.
- Make lists and post them where you'll easily see them—on your refrigerator, computer screen, or calendar.
- Keep your keys and other items with your wallet, if you often misplace them.
- Use several senses to remember. Write down the information, look at it, and say it to yourself.

Self-Care Tips

You can use healthier choices to help balance your mood changes and other symptoms. See the sections Staying Active and Eating Well (pages 19–22) and Symptom Relief and Treatments: Self-Care and Complementary Therapies, and Mind-Body Therapies (pages 7–10).

Cognitive behavioral therapy (CBT) is a method of working with your thought patterns to reduce negative emotions and help relieve depression and anxiety. CBT can be done on your own with a therapist or in a group. This method is included in a variety of Kaiser Permanente classes. Contact your local Mental Health Department for more information.

Here are more resources for managing your emotional and mental health during menopause.

- Office on Women's Health—Menopause: [womenshealth.gov/menopause/menopause-mental-health](https://www.womenshealth.gov/menopause/menopause-mental-health)
- World Health Organization—Gender and Women's Mental Health: [who.int/mental_health/prevention/genderwomen](https://www.who.int/mental_health/prevention/genderwomen)
- National Institute of Mental Health—Women and Mental Health: [nimh.nih.gov/health/topics/women-and-mental-health](https://www.nimh.nih.gov/health/topics/women-and-mental-health)



HEALTH RISKS AFTER MENOPAUSE

Know your risks for 3 conditions that women are more likely to develop after menopause: osteoporosis, heart disease, and breast cancer.



OSTEOPOROSIS

Osteoporosis is a condition that causes bones to become weak and brittle. This increases the risk of fractures.

The risk of fractures for women in their 50s is generally low. But they can have very high bone loss in the 10 years after menopause (their final menstrual period). Half of all women older than age 50 fracture their hip, wrist, spine, or other bone due to osteoporosis. By following the prevention guidelines, you can keep your bones strong through menopause and beyond.

Self-Care Tips to Help Prevent Osteoporosis

To help keep bones strong:

- Do weight-bearing activities such as walking to help maintain bone mass. Aim for at least 30 minutes most days of the week. Learn more in the *Staying Active and Eating Well* section (page 19).
- Cut down on caffeine, salt, and alcohol. All 3 of these can reduce bone strength by causing loss of calcium in the urine. Experts recommend that women drink no more than 3 cups of coffee a day, limit salt intake to under 2,000 mg per day (less than 1 teaspoon), and

drink only small amounts of alcohol (less than 2 drinks a day).

- Stop smoking (and vaping), if you smoke. Smoking reduces bone strength. Ask your doctor or nurse practitioner about classes and other resources.
- Consider medications. If you're diagnosed with osteoporosis or you've had a fracture, your doctor may recommend taking bisphosphonates or other medications, such as SERMs (selective estrogen receptor modulators). Studies show that hormone therapy (HT) can decrease osteoporosis risk. But because of other HT risks, we don't use it for women who aren't taking hormones to manage menopause symptoms.
- Use calcium citrate rather than calcium carbonate as your calcium supplement if you take a proton pump inhibitor (such as Prilosec, Protonix, Prevacid, or Nexium).

Prevent Falls

Many women fall and break a bone at some point in their lives. Use these tips from recent studies to help prevent falls:

- Maintain your balance, strength, and coordination (try

walking, gentle yoga, tai chi, or swimming).

- Wear low-heeled shoes with nonslip soles.
- Use a cane if you walk unsteadily.
- Get your vision checked regularly, and wear glasses or contacts if needed.
- Review your medicines with your doctor. Let your doctor know if you feel dizzy or light-headed. Blood pressure medications sometimes cause dizziness.
- Use good lighting in your home to help you avoid bumping into things.
- Use rugs with nonslip backing in your home. Avoid throw rugs.
- Keep floors and hallways clear of boxes, papers, clothing, and electrical cords.
- Install handrails and nonslip mats in your bath and next to your toilet.
- Make sure you can easily reach all kitchen items.
- Avoid standing on chairs, step stools, or ladders.
- Take calcium and vitamin D daily.

QUIZ: ARE YOU AT RISK FOR OSTEOPOROSIS?

Do you have a family history of osteoporosis?

- yes no

As with many other conditions, having this disorder in your family history can mean you're more likely to get it. This is especially true if your mother had a hip fracture.

Have you had a bone fracture after the age of 50?

- yes no

Women who have fractured a bone as an adult may have weaker bones, which raises their risk for osteoporosis. Don't count fractures of the fingers, toes, and facial bones.

Do you weigh less than 127 pounds or have a BMI (body mass index) less than 21?

- yes no

Studies show that risk of osteoporosis is higher in women with these characteristics.

Do you smoke?

- yes no

Smoking and moderate to heavy alcohol drinking can damage the bones. Smoking also decreases estrogen levels, which leads to more bone loss (osteoporosis). Smoking is the number 1 preventable heart disease risk factor for women.

Are you Caucasian or Asian?

- yes no

Caucasian and Asian women are more likely to have fractures and develop osteoporosis because their bone density is lower than women in other ethnic groups.

Did you experience menopause early (before age 40) due to natural causes, surgical removal of your ovaries, or radiation or chemotherapy treatment?

- yes no

Women who go through early menopause are at higher risk because their estrogen levels are lower for longer.

Do you exercise less than three 30-minute periods per week?

- yes no

Exercise, especially weight-bearing activities, strengthens bones.

Is your diet low in calcium?

- yes no

Getting at least 1,200 mg per day of calcium, through food and supplements, slows bone loss.

Are you taking steroid medications or medications for hyperactive thyroid disease, blood clots, or seizures?

- yes no

Steroid medications can cause bone loss, raising your risk for osteoporosis. Inhaled steroids have less effect on this risk.

If you answered yes to any of these questions, your risk for osteoporosis may be higher than normal. The more "yes" answers you have, the greater your risk. Talk to your doctor at your next visit.

Know Osteoporosis Warning Signs

- Loss of height
- Unexplained back pain
- Kyphosis or dowager's hump (curving of the upper back)
- Fracture with only minimal impact or accident
- Frequent fractures

Get a Bone Mineral Density (BMD) Test

This screening test is strongly recommended for women age 65 and older. If your risk for osteoporosis is higher, start screening at age 60. Risk is higher for women with any of these factors:

low body weight, a strong family history of osteoporosis, or smoking (tobacco or cannabis).

BMD testing uses small amounts of radiation to measure bone density. The results help us know how much bone mass you've lost and whether your bones have become weak, thin, or porous.

Medications for Osteoporosis

Bisphosphonates (Fosamax and Actonel) are drugs for preventing and treating osteoporosis and other bone diseases. They work inside bone cells to reduce bone breakdown. These drugs don't

have the same risks or benefits as hormones.

New research suggests that serious side effects of taking bisphosphonates are rare. In almost all cases, the benefits of reducing risk of bone fractures far outweigh the rare risks of this medication. Check with your doctor for the latest information.

Rare risks of bisphosphonate medications include:

- Thigh bone breaks when medication was taken for more than 7 years (extremely rare).
- Jawbone damage, reported in fewer than 1 of 10,000 patients.

This was nearly always related to higher doses of injectable bisphosphonates given to patients with specific cancers.

Benefits of bisphosphonate medications include:

- Maintain total body bone density, including in the spine and hip.
- Reduce the risk of fractures by about half.
- Have no effect on heart disease, cholesterol, or the risk of blood clots.
- Have no effect on the uterus, breast, or risk of breast cancer.

Bisphosphonate medications need to be taken with calcium and vitamin D. These medications can cause stomach upset, so take them only as instructed. These tips can help prevent or reduce stomach upset:

- Take medication with a full glass of water when you first get up in the morning.
- Don't lie down, eat, drink, or take any other medication for at least 30 minutes after taking bisphosphonates. This helps your body fully absorb the medication to provide full benefit to your bones.
- Don't break pills in half.

If you forget to take your medication in the morning, don't take it later in the day. Skip it and take the usual dose the next morning. If you have side effects, tell your doctor.

Also, bisphosphonates don't relieve hot flashes, vaginal dryness, or other menopause symptoms.

Raloxifene (Evista) stops the effect of estrogen on the breasts but doesn't affect the uterus or vagina.

Other effects of raloxifene include:

- Lowers spine fracture risk.
- Decreases risk of breast cancer



tumors that are sensitive to estrogen.

- Increases bone density, with about half the effectiveness of estrogen.
- Slightly increases incidence of death due to stroke.
- Can cause hot flashes.

Raloxifene does not:

- Reduce vaginal dryness or other symptoms of menopause.
- Cause bleeding in the uterus or require progesterone use.
- Increase uterine cancer risk.

Don't use raloxifene if you have blood clot problems or increased risk for heart attack or stroke. Studies show an additional 7 cases of blood clots per 1,000 women in women taking this medication

Raloxifene's long-term effects are still being studied.

For more information, call the National Osteoporosis Foundation at 1-800-231-4222 or visit nof.org.

HEART DISEASE

Heart disease kills more women in the United States than any type of cancer, stroke, domestic violence, or AIDS.

Are you aware that heart disease is the number 1 cause of death among women in the US? Only about half of US women realize this. After menopause, your risk of heart disease is 2 to 3 times higher.

Here are more important facts about US women and heart disease:

- Five times more women die of heart disease than of breast cancer.
- One in 4 women dies within a year of having a heart attack, compared to 1 in 5 men.
- More women than men have a second heart attack within 5 years of their first.
- Having diabetes more than doubles women's risk of dying of cardiovascular disease (heart and blood vessel disorders).

QUIZ: ARE YOU AT RISK FOR HEART DISEASE?

Do you smoke?

- yes no

Smoking is the number one preventable heart disease risk factor for women.

Do you have a family history of heart disease?

- yes no

A family history of heart disease is an important risk factor for heart disease. Did your father or brother have heart disease before age 55? Did your mother or sister have heart disease before age 65?

Are you physically inactive?

- yes no

People who are inactive have nearly twice the risk of heart disease. We recommend 30 minutes of moderate physical activity such as walking most days of the week.

Do you have diabetes?

- yes no

Women with diabetes have twice the risk of heart disease.

Do you eat foods that are high in saturated fat?

- yes no

Eating too much unhealthy (saturated) fat can increase heart disease risk.

Do you have uncontrolled high blood pressure?

- yes no

High blood pressure (equal to or greater than 140/90) can increase risk of heart disease.

Is your HDL ("good") cholesterol lower than 50 mg/dL, or is your LDL ("bad") cholesterol higher than 130 mg/dL?

- yes no

The higher your total blood cholesterol level, the higher your

heart disease risk. For all adults, it's best to have a total blood cholesterol level lower than 200 mg/dL. Levels 240 mg/dL and over are considered high blood cholesterol. But even levels in the borderline-high category (200 to 239 mg/dL) can increase heart disease risk, depending on your ratio of HDL cholesterol to LDL cholesterol.

Are you overweight?

- yes no

People who are 30 percent or more overweight are at greater risk of heart disease.

If you answered yes to any of these questions, your risk for heart disease may be higher than normal. The more "yes" answers you have, the greater your risk. Talk with your doctor at your next visit.

If you're African American or Latinx, please also know that:

- Approximately 50,000 African American women die of cardiovascular disease each year.
- Nearly half of African American women age 20 and older have heart disease.
- Latinx women develop heart disease 10 years earlier than other ethnicities, on average.

Most women don't recognize the early signs of heart disease. Some tests and procedures—including the exercise stress test and stress ECG (electrocardiogram)—can be less accurate in women than in men.

Heart disease is serious. Know the facts, symptoms, and risk

factors. You can save your life with awareness, education, and prevention.

Your risk for heart disease is higher if you:

- Smoke.
- Have diabetes.
- Don't get regular exercise.
- Have high cholesterol.
- Have high blood pressure.
- Have a parent or sibling with heart disease or who had a heart attack under age 55 (male) or under age 65 (female).
- Are overweight.
- Have a personal history of heart disease, stroke, or blood vessel disease in the legs.
- Are older than age 55.

But these aren't the only factors. Your risk also increases if you:

- Don't see your doctor as recommended.
- Don't give your own medical and health needs the same attention you give to others.
- Think of heart disease as something that happens mostly to men.

If you have one or more of these risk factors, you could be at higher risk for heart disease. Be aware of the warning signs and symptoms of heart attack in women. Some symptoms are different than those you may have heard about for men.



Self-Care Tips for Heart Health

Even if you have some risk factors that you can't change, there's still much you can do to boost your heart health.

Reduce cholesterol, if it's too high. High cholesterol levels in your blood make it easier for cholesterol to build up in your artery walls. This leads to heart attack or stroke. A low-fat diet, weight loss, and exercise can lower cholesterol levels. Take cholesterol-lowering medication if your doctor recommends it.

Reduce high blood pressure. High blood pressure puts strain on the heart and damages the heart and blood vessels. Pregnant and postmenopausal women need to be extra careful about monitoring and controlling their blood pressure.

Take time for yourself. Find ways to relax and reduce everyday stress. Take a walk, listen to music, or talk to someone about how you feel. Friends are good medicine.

Know Heart Disease Warning Signs

Women often seek help for heart attacks later than men do. This may be because women's heart attack symptoms are often different than the well-known symptoms of chest or arm pain. Here are the warning signs that a woman may be having a heart attack.

Common signs:

- Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest lasting more than a few minutes
- Pain spreading to the shoulders, neck, or arms
- Chest discomfort with light-headedness, fainting, sweating, nausea, or shortness of breath
- Shortness of breath and difficulty breathing

Less common signs:

- Abnormal chest, stomach, or abdominal pain
- Unexplained anxiety, weakness, or fatigue

- Palpitations, cold sweats, or paleness
- Nausea or dizziness
- Feeling very sick, in an unfamiliar way

If you experience any of these symptoms, you may have an emergency medical condition.*** Don't take chances. **Call 911 or go to the nearest hospital.**

Does Hormone Therapy Help Prevent Heart Disease?

Some studies suggest that starting HT closer to menopause (the last menstrual period) may help keep blood vessels healthy and prevent heart attack. But researchers don't know whether this is a long-lasting effect or if heart attack risk may increase in women who use HT long-term. Small studies suggest that transdermal estrogen (patches, creams, or gels applied to the skin) may be safer than pills.

A Women's Health Initiative study found that women who are older than age 60 (or are already at high

risk for heart attack or stroke) and start taking combined hormone therapy (HT) may further increase their risk of heart attack or stroke. For these women, starting hormones does not prevent heart disease.

The U.S. Preventive Services Task Force currently recommends against the use of HT for the prevention of heart disease. Check with your doctor for more information. Also see the Symptom Relief and Treatments: Hormone Therapy and Other Medications sections (pages 12–16).

Contact your local Kaiser Permanente Health Education Center for health information and programs.

Other resources for heart health:

- WomenHeart: The National Coalition for Women with Heart Disease: womenheart.org
- American Heart Association: heart.org
- National Heart, Lung, and Blood Institute (NHLBI): www.nhlbi.nih.gov
- California Smokers' Helpline: 1-800-NO-BUTTS (1-800-662-8887)

BREAST CANCER

Breast cancer is the most common form of cancer in women, after nonmelanoma skin cancer.

Although breast cancer can't be prevented, it can often be treated effectively if caught early through regular screening.

Most breast symptoms are not related to breast cancer, which usually has no symptoms. However, if you have symptoms such as a new lump in your breast, nipple discharge, redness, or another change in your breast tissue, call your doctor immediately. Most



lumps aren't cancer, but always get them checked. Breast cancer screening options include:

- **Mammography.** This special X-ray exam of the breast can show tumors that are too small to be felt. Kaiser Permanente recommends a schedule of regular mammograms based on your age and risk.
- **Clinical breast exam.** This is an examination by your doctor.
- **Magnetic resonance imaging (MRI).** This scan of the breast takes a long time, can result in many false positives, and has not been proven to save lives. For these reasons, MRI is recommended only for women at very high risk for breast cancer.

When to Get Breast Cancer Screenings

Kaiser Permanente's breast cancer screening recommendation for you will depend on your age and risk factors. See the Important Screening Tests section (page 4). Most women are at average risk for breast cancer. They don't have a personal history of breast cancer or family history of a mother, sister, or daughter with breast cancer.

You may need more frequent screening if your or your family's health history means that you're

at higher risk. Look at the high-risk list (below) and talk with your doctor about how often to get a mammogram. Keep in mind that many women who are not at high risk also get breast cancer.

High-Risk Screening Guidelines

"High risk" refers to a woman who has one or more of these risk factors:

- Previous breast cancer
- A breast biopsy showing an irregularity, such as atypical ductal hyperplasia (ADH) or lobal carcinoma in situ (LCIS)
- A mother, daughter, or sister (first-degree relative) with breast cancer
- An aunt, niece, grandmother, or granddaughter (second-degree relative) who had breast cancer
- A first- or second-degree relative who had ovarian cancer
- A known BRCA gene mutation in either herself or her close family members
- Chest radiation therapy

If you are high risk, get annual exams and talk with your doctor about when to get screened.

If your ethnicity is Ashkenazi Jewish and you have a family history of breast and/or ovarian cancer or if any men in your family have had breast cancer, discuss this with your doctor or nurse practitioner. After reviewing your history, your care practitioner may recommend genetic counseling and possible testing for a breast cancer gene mutation.

Self-Care Tips to Help Reduce Breast Cancer Risk

There isn't much solid research information on whether what we eat affects breast cancer. We do know being overweight increases breast

QUIZ: ARE YOU AT RISK FOR BREAST CANCER?

Do you have a family history of breast cancer?

- yes no

Your risk is higher if you have a first-degree relative (a parent, sibling, or child) who has been diagnosed with breast cancer. A small number of women who have 2 or more relatives on the same side of the family who have had breast cancer before age 50 may have a genetic risk. Ask your doctor for more information if this applies to you.

Do you have a personal history of breast cancer?

- yes no

A woman who has had breast cancer is more likely to develop breast cancer again.

Have you had a breast biopsy that was benign (noncancerous) but reported that you had atypical hyperplasia or lobular carcinoma in situ (LCIS)?

- yes no

If so, you may be at higher risk of developing breast cancer at some point in your life.

Did you start your menstrual period early (before age 12) or have your final menstrual period (menopause) after age 50?

- yes no

Early menstrual periods or late menopause may indicate that your body has been exposed to higher than average amounts of estrogen. This may place you at higher risk for breast cancer.

Have you never given birth, or was your first pregnancy after you were 30 years old?

- yes no

Many studies have shown that early pregnancy protects against breast cancer. Women who haven't had children or who had their first pregnancies after age 30 haven't received the protective effects of early pregnancy.

If you answered yes to any questions, your risk for breast cancer may be higher than normal. The more "yes" answers you have, the higher your risk. Talk with your doctor at your next visit.

Women on hormone therapy who have had a hysterectomy take estrogen alone (ET). Studies have shown no increase in the risk of breast cancer among women taking ET for up to 7 years and possibly longer. Using ET for longer may increase risk, though this hasn't been confirmed yet.

Talk with your doctor about your specific risks and benefits of using any type of hormone therapy. For more information, see the Symptom Relief and Treatments: Hormone Therapy and Other Medications sections (pages 12–16).

For more information on breast cancer, check out these resources:

- American Cancer Society: 1-800-ACS-2345 (1-800-227-2345) or cancer.org
- Susan G. Komen organization: 1-877-GO-KOMEN (1-877-465-6636) or komen.org



cancer risk. If you're overweight, losing weight may lower your risk.

See the Eating Healthy and Staying Active section (page 19). For breast health, it's especially important to:

- Eat fewer high-fat foods and especially avoid saturated fats.
- Move to a more plant-based diet that includes vegetables, fruits, whole grains, soy foods, flaxseed, and fish.
- Maintain a healthy weight.

- Limit alcohol to only one drink a day.

Does Hormone Therapy Increase Your Risk of Breast Cancer?

Combined hormone therapy (HT) contains estrogen and progesterone, which appears to increase your breast cancer risk if used longer than 4 to 5 years. Although the risk is small at first, it increases the longer a woman takes HT.

