

Healthy Minds, Healthy Bodies



"I never had a hot flash," says Mary Sherman (c), 53, a fitness trainer in Mill Valley, Calif. She credits her symptom-free transition to menopause to a healthy diet and lots of exercise, including intense spinning classes like this one.

Women used to dread menopause, seeing it as a time of endings. Today, they are managing the symptoms and anticipating dynamic new beginnings.

Embrace "The Change"

AT 39, CAROLYN SCOTT BROWN, A motivational consultant in Seattle, didn't know what hit her. She couldn't sleep. Her periods grew heavier and longer. "Everything irritated me," she recalls. "I had no idea what was happening."

Now 52, Brown wishes she knew then what she knows today. "Since turning 50, I have felt better than I ever have. I went through a metamorphosis, changed my diet and lifestyle, and came out stronger and happier."

In the next two decades, 40 million American women will pass through menopause. "The baby boomers who transformed childbirth by demanding to be informed and involved are creating a sea change as they move through menopause," says Dr. Wulf Utian, founder of The North American Menopause Society

(NAMS). Ongoing research also is shattering many myths about a woman's no-longer-silent passage.

"The primary misconception is that menopause is terrible for all women," says Dr. Sherry Sherman, program officer of the National Institute on Aging's Study of Women's Health Across the Nation (SWAN), which began following 3300 midlife women in 1996. Until then, studies focused primarily on Caucasians seeking medical help for menopausal symptoms.

"When you look at healthy women, menopause is almost a nonevent," Dr. Sherman notes. "In terms of what actually affects their lives, their periods stop. That's it."

Increasingly, the end of the reproductive years marks the beginning of a dynamic new stage. "Today, a woman at menopause is still very sexy, very vital and definitely not old," says Dr. Gloria Bachmann, director of the Women's Health Institute at Robert

By
**Dianne
Hales**

Myths About Menopause

◆ **The "change of life" is disabling.** While 80% of women experience hot flashes and night sweats, they are severe and persistent in only about 10% of cases. Other common symptoms include abnormal bleeding, sleep problems, mood swings, diminished memory and concentration, and thinning bones.

◆ **Weight gain is inevitable.** Regular, vigorous exercise can hold the line on midlife gains.

◆ **Women lose interest in sex after menopause.** Although some women do report a drop in sexual desire, those who've had good sex lives before menopause and who exercise regularly usually have good sex lives afterward.

Wood Johnson Medical School in New Jersey. "She has a lot of life—an average of 35 years—ahead of her."

Moving Through Midlife

While the average age of menopause is 51.4, a woman's reproductive system can begin changing in her 30s with irregular menstrual cycles, then heat up in her 40s with hot flashes and night sweats.

For many, perimenopause—the four- to 10-year time before a woman's final period—is more baffling and bothersome than the years after. "Women become alarmed because they're having periods every three weeks or bleeding unexpectedly," says Dr.

Marian Damewood, president of the American Society of Reproductive Medicine, who says that hormonal fluctuations during perimenopause can be as great as during pregnancy.

About 80% of menopausal women report suffering from hot flashes and night sweats—but they are severe in only 10%. “Some women have frequent night sweats that disturb their sleep and make them more irritable,” says SWAN investigator Nancy Avis of Wake Forest University. At highest risk of psychological distress are women who have other stresses in their lives or a history of depression.

The study reveals racial and ethnic differences in how women experience menopause. “The myth was that all women are the same—but we’re not,” says epidemiologist Ellen Gold of the University of California, Davis. Black women report more hot flashes and night sweats yet have more positive attitudes toward menopause. Japanese and Chinese women report more muscle stiffness and fewer hot flashes but view menopause more negatively. Hispanics reach menopause a year or two earlier than Caucasians; Asians reach it a year or two later.

A woman’s habits and health history also have an impact. Smokers experience menopause at an earlier age and report more symptoms than non-smokers. Heavier women also report more severe symptoms.

After “The Change”

“Exercise is the best thing a woman can do for herself at midlife,” says Dr. JoAnn Pinkerton, director of the University of Virginia’s Midlife Health Center. “It improves heart function, so you have less chance of cardiac disease. It improves cognition, so you think better. It decreases your risk of breast cancer. It helps your mood. It lessens the likelihood of depression. It increases energy and protects your bones.”

An added bonus is a boost in sexual interest and satisfaction. In a study that continued

Taking Our Pulse

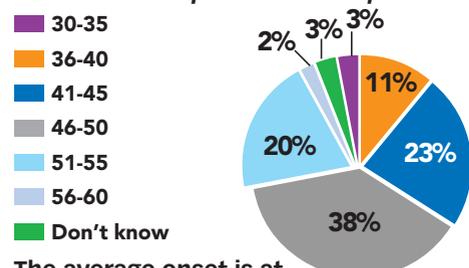
The PARADE/Research!America Health Poll

What Women Say

This poll, the fourth in a series, looks at women’s health concerns, particularly those covered in this special issue. The poll was conducted by the Charlton Research Co. Here are some of the results:

Menopause

What do you think is the average age that women experience menopause?

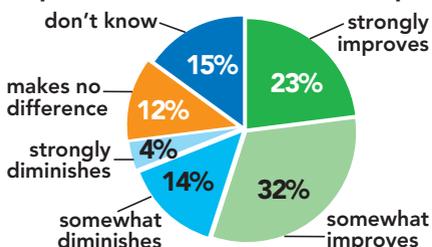


The average onset is at 51½, but women may experience symptoms of perimenopause in their late 30s.

Overall, how well do you feel you are coping, or did cope, with menopause? (Asked only of women now experiencing or who have experienced menopause.)

62% said “very well”
27% said “somewhat well”
10% said “not well”
1% said “don’t know”

Do you think a woman’s quality of life improves or diminishes after menopause?



Have you ever taken female reproductive hormones, such as estrogen or progesterone?

64% said “no”; 35% said “yes”
1% said “don’t know”

If you have taken hormones, has the news about hormone replacement therapy in recent years caused you to change or stop this therapy?

56% said “no”
40% said “yes”
4% said “don’t know”

Human Papillomavirus (HPV)

Do you know what the primary cause of cervical cancer is?

82% said “don’t know”
15% said “yes” and gave an incorrect answer
3% correctly said, “yes, human papillomavirus”

Has your doctor, nurse or other health-care professional ever talked to you about having an HPV test, which is different than a Pap smear?

85% said “no”
13% said “yes”
2% said “don’t know”

Skin Care

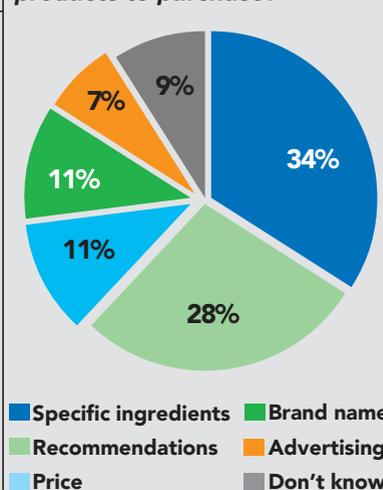
Have you ever seen a dermatologist?

54% said “no”
46% said “yes”

Do you routinely wear sunscreen?

52% said “yes”
48% said “no”
Women 55 and older were least likely to use sunscreen. Those in the West were more likely to use it than women in other parts of the country, as were women in higher income brackets. In fact, women in the two highest income brackets were almost twice as likely to use sunscreen routinely as those in the lowest bracket.

Which of the following things is most important to you when deciding which skin-care products to purchase?

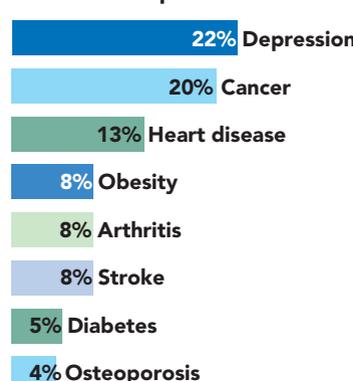


Attitudes About Health Research

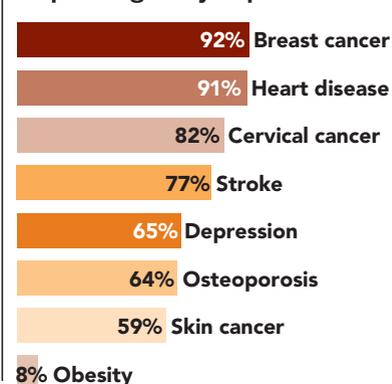
Which disease do you believe is the most common cause of death in women?

47% said “heart disease”; 42% said “cancer”; 7% named some other disease; and 4% said “don’t know.” In previous polls, the leading answer to this question was “cancer.” These results show a growing awareness among women that heart disease is their No. 1 killer.

Which health issue do you think has the most impact on the quality of women’s lives? The top choices:

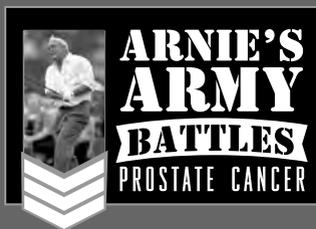


How important is it for research to be conducted on these women’s health issues? Percent responding “very important”:



Research!America is a nonprofit public education and advocacy group. For more results of this poll, visit www.researchamerica.com on the Web. Visit www.parade.com for online resources on health topics in this issue.

Our poll of 1000 women, representing a cross-section of Americans, has a sampling error of ±3.1%.



ARNIE WANTS YOU!



WHAT CAN YOU DO?

Join the Arnie's Army Battles Prostate Cancer campaign and help organize or participate in a one-day, fun-filled Par-3 Shootout at your local golf club to raise funds for the Prostate Cancer Foundation (PCF). Tens of thousands of men will participate in 2004!

Ask your club professional to schedule a Par-3 Shootout. Here are the details:

- Format** A closest-to-the-pin contest on a pre-selected par-3 hole at your host club
- Support** All materials will be supplied, encouraging participation in the event.
- Entry Fee** \$20 per shot, per player, to participate, which supports the Arnie's Army program and the PCF.
- Awards** Everyone wins! The player whose shot was closest to the pin will receive a golf prize, and all entrants will be awarded a one-year subscription to Golf Digest, an Arnie's Army token of appreciation and a prostate cancer awareness scorecard. But most important, every player will leave with the satisfaction of dealing another blow to prostate cancer.

"We must find a way to beat all forms of cancer, particularly cancer of the prostate. Join this challenge, see your doctor and get tested."

Arnold Palmer

Golf Digest
The #1 golf publication



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Prostate
Cancer
Foundation

For more information, please call toll-free
1.866.586.5585
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Embrace "The Change" | continued

followed 57 postmenopausal women aged 45 to 51 for five years, exercise was the *only* factor that had a consistent positive effect on their sex lives. "The more women exercised, the greater their sexual interest, frequency and overall satisfaction," says psychologist Judith Gerber of the University of Vermont. "Exercise increases blood flow to genital tissues

and maintains a woman's capacity for orgasm. Women who had good sex lives before menopause and who exercise can expect to have better sex lives afterward."

Women's outlooks also tend to brighten after menopause. In one NAMS survey, women reported feeling most fulfilled between 50 and 65, compared to earlier ages. "There's no fear of pregnancy, the kids are grown, and women are more established in their careers and relationships," explains Dr. Utian. "By then, women know who they are and what they are about."

Managing Menopause

- **Educate yourself.** "Menopause is unique to females, like childbirth," says Dr. Marcie Richardson, a specialist in Boston. To understand yours, check out books and Web sites such as *menopause.org* (the NAMS site).
- **Exercise.** Working out should be something you do routinely every day.
- **Watch your weight.** Gaining weight is common, *not* inevitable. "Take action once you

put on 5 or 10 pounds," says Dr. Pinkerton. "Don't wait until you gain 50."

- **Embrace it with attitude,** suggests Carolyn Scott Brown, a co-author of *The Black Woman's Guide to Menopause*. Set new goals. Get involved in a cause that excites you. Explore your spirituality. Become the woman you want to be as you grow older. 

Should You Take Hormones?

"For a while, the sense was that no woman should take hormones," says Dr. JoAnn Pinkerton of the National Women's Health Research Council. "Today, we understand the risks better and have a clear idea of who should and shouldn't take hormones."

In July 2002, the Women's Health Initiative (WHI)—a series of clinical trials on postmenopausal women begun in 1991—announced that combination estrogen-progestin therapy increased the risk of breast cancer, heart disease, blood clots and stroke. Since then, women have questioned whether to stop, start or even consider hormone replacement therapy. Today, experts take a more moderate view: The FDA recommends hormone therapy for women with acute symptoms, but in the lowest possible dose and for the shortest possible time. Consider these key factors—with your doctor—when deciding:

Age. The women studied in the WHI trial were, on average, 63 years old and had started taking hormones many years after menopause. The study's findings may not apply to younger women in good health with acute symptoms.

Risks. Combination-hormone therapy was reported to increase the relative risk of breast cancer by 26%. "In actual numbers, in one year there were eight more breast cancers per 10,000 women in the hormone-therapy group than in those on placebo," says NAMS President Dr. Bruce Kessel. "You have to decide if that's an acceptable risk or not."

Symptoms. Some women suffer more than others. "Hormone therapy may play an important role in relieving menopausal symptoms," says Dr. Kessel. New formulations and lower doses are now available, but their long-term safety is still unknown.

Nonhormonal options. Alternative treatments for hot flashes include *gabapentin*, an epilepsy drug, and *venlafaxine*, an antidepressant. They reduce flashes by 50% to 60%. But studies have found little benefit from soy and the herb red clover. Clinical trials on black cohosh are under way.