

Alliance Obstetrics & Gynecology
PERIMENOPAUSE
AND WHAT TO DO ABOUT IT

The transition from predictable cycles to no periods is like canoeing from one lake to another. Sometimes a brisk paddle, sometimes a hair raising, rapid-shooting ride, perimenopause lasts 2 to 10 years. Once you've had no bleeding for one year, you've made it to the other side, and usually feel settled and content. Here are some strategies for negotiating the river.

HOT FLASHES: If they are not disrupting life, try to enjoy them! If they are severe, especially at night, start a soy supplement. At least half of women get good relief from this – ask for our “Soy Packet” of information. Progesterone cream helps many women. We recommend Progonal or Progest brands, and sell them at cost at the front desk. Black cohosh (brand name Remifemin) can be helpful also – check the health food store.

FREQUENT PERIODS: Cycles get closer together in the early parts of perimenopause, usually with only 20 to 24 days from the beginning of one cycle to the beginning of the next. Usually they are fairly regular until a year or so before the last period, and then they start to jump around and space out. Try progesterone cream from ovulation to the onset of flow each month. Prescription natural progesterone can help also, as can birth control pills. Set up a visit if periods totally lose their pattern or you have bleeding between periods or excessively heavy flow.

SLEEP DISTURBANCE/FATIGUE: If you are tired due to lack of sleep from hot flashes, treat these first. Otherwise, try Valerian from the health food store, or Sleepytime EXTRA Tea. Occasional Tylenol PM or benadryl over the counter works also. Most women don't get enough sleep, and have built up a huge sleep debt by their 40's. Be sure to get at least 8 hours of rest each night. Read “Power Sleep” by Maas – it's quick, interesting, and useful.

LOW LIBIDO: Decreased interest in sex is common and normal in perimenopause. Mother Nature knows you are still fertile, and also knows it's not a good time for a newborn, so she reduces interest when pregnancy is unwise (post partum and when there are lots of little ones around too). Men, on the other hand, stay interested. So you have to negotiate a new framework for yourselves. Keep communicating, set aside time for the two of you, increase the romance, and ask about testosterone supplementation if nothing else works. If you have vaginal dryness we can fix that, just ask. Supplemental testosterone can be helpful in some women where libido issues seem to be mostly hormonal.

FUZZY BRAIN: Difficulty remembering everyday things is a common complaint in perimenopause. Some of this is from sleep deprivation, so correct this first. Over-scheduling and lack of “down time” contributes as well – pencil private time into your schedule if that's what it takes to get it. As a last resort, make lists (and don't lose them!).

IRRITABILITY/MOODINESS: Again, this is a complaint that has many causes. PMS gets worse in perimenopause, good quality sleep is rare, life is too busy, parents are aging and kids are teenagers. Of course we're irritable! Try to identify the issues that are contributing and then work on the ones you can actually change. Family meetings, job re-evaluation, short term counseling, more exercise, time alone, progesterone cream, birth control pills or other hormones, antidepressants at low doses all can be helpful. Remember, perimenopause usually magnifies problems that have been there a long time – it's a good opportunity to clean them up.

Once you're a year or so past the last period, most women feel great. In fact, women rate the 50's as "the best decade" of them all. Good luck on your journey to the new improved you – call us if we can help.