

THE MENOPAUSE

Informing and reassuring

Acknowledgements

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Contents

<i>Introduction</i>	2
<i>Life changes</i>	2
Do all women experience problems with the menopause?	3
Can I become pregnant during the menopause?	3
When will I have the menopause?	3
How important is the menopause?	3
Life expectancy and age of menopause – Graph	4
<i>The Female Reproductive Organs – Diagram</i>	4
<i>Why the menopause?</i>	5
Changes in oestrogen levels with menopause – Graph	5
<i>Symptoms of Menopause?</i>	5
What are the signs that the menopause is near?	5
What are the symptoms of menopause?	6
Flushes and night sweats	6
Vaginal dryness	6
Urinary symptoms and stress incontinence	7
Libido	7
Depression, anxiety and panic attacks	7
What can I do about difficult symptoms?	8

<i>Looking after yourself</i>	8
Healthy eating	8
Special considerations	8
Food Pyramid and how to use it	9
Exercise	11
Health checks	11
Problems with bleeding	11
<i>Hormone Replacement Therapy</i>	11
How is it given	12
What does HRT involve?	12
Relief of symptoms	12
Side effects of HRT	13
Who should not have HRT	13
<i>The Menopause and Heart Disease</i>	14
<i>The Menopause and Osteoporosis</i>	14
<i>Oestrogen Deficiency and Alzheimers</i>	15
<i>Useful Information</i>	15

Introduction

This booklet provides information on the menopause and on the steps you can take to relieve difficult symptoms. It also contains some general information on healthy lifestyle choices and on important health issues like osteoporosis and heart disease which can affect women around this time.

While it may not provide answers to all your questions, we hope it will act as a useful guide. It is not, of course, a substitute for professional advice and you should not hesitate to consult your doctor about any difficulty you may have.

Life changes

The menopause means the end of monthly periods. It is often called “the change of life”, and with good reason, as it coincides with other life changes. Quite independent of the menopause, life can hold challenges for 40-55 year olds, men and women alike. Work may not seem so fulfilling. Important relationships with partner and family are often in a state of flux. Worries about elderly parents, a partner’s health or teenage children, bring their own stresses. Added to this may be a first, perhaps unwelcome awareness, of the ageing process. Coupled with the sometimes difficult or worrying physical symptoms of the menopause, it is hardly surprising that some women find this time difficult.

Even today, the menopause remains a subject surrounded by myths, most of them negative. Menopause is about changes in your body, it is not an illness. Not all women experience unpleasant or embarrassing symptoms. If you do experience severe symptoms, remember that these can be helped through healthy eating, exercise and modern therapies.

Don't forget that there are positive aspects to life after menopause. Periods will no longer be an issue and you won't have to think about pregnancy, if this has been a worry in the past. While the menopause signals the end of the childbearing years, it heralds the start of a new phase of life. You may find more time for yourself or start new projects. It is possible to come out the other side enriched by the experience.

Do all women experience problems with the menopause?

No. It is an individual experience for every woman. Many women have few or no difficulties at all. Most of the severe menopausal symptoms are due to lack of oestrogen.

Can I become pregnant during the menopause?

Yes. Around the time of the menopause it can be difficult to know when ovulation is occurring, especially if periods are irregular. The strictest advice is to use contraception for 24 consecutive months after the last period if it occurs before 50 years of age and for 12 consecutive months if this occurs after 50 years of age. You can discuss this matter and birth control options with your doctor or at a family planning clinic.

When will I have the menopause?

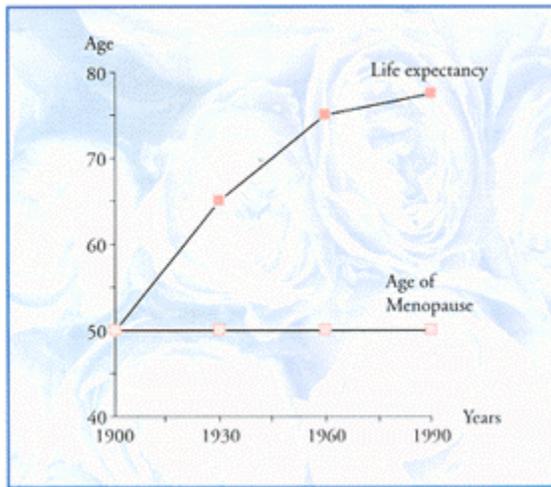
Menopause literally means the time when menstruation or monthly periods stop, and medically speaking it means when periods have been absent for one year. However, most women use the word menopause in a much wider sense to mean the years prior to and just after menopause itself.

On average, symptoms of the menopause last for 2-3 years, but these may last longer in some women. The average age when reaching the menopause is 50 but there are wide variations. When menopause occurs before the age of 40 it is termed "premature" and indeed this can happen from the teen years onwards. This can be devastating for a young woman. In this situation it is important to have special investigations carried out and to have long-term hormone replacement therapy. Early menopause may also occur following some forms of hysterectomy.

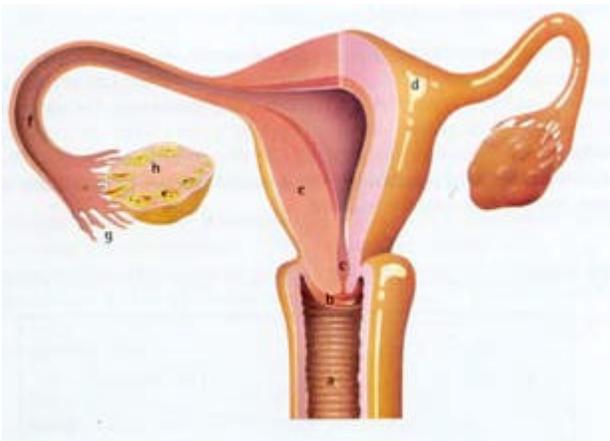
How important is the menopause?

Life-expectancy for both men and women has steadily increased over this century. The average Irish woman can now expect to live into the late seventies, thus spending one-third of her life in the aftermath of menopause. The quality of life in these years hinges on whether diseases partly linked to menopause – osteoporosis and coronary heart disease – develop. Women now see their mothers live into old age, and may seek in their own middle years to modify any factors which may impact on their later health.

Life Expectancy and Age of Menopause Over the last Century



The Female Reproductive Organs



a. VAGINA

The vagina connects the uterus to the exterior and provides the passage through which a baby is born. The Walls are ribbed and moist.

b. CERVIX

The opening from the vagina into the womb allows menstrual blood out and sperm in.

c. CERVICAL CANAL

The narrow passage from the cervix to the womb.

d. UTERUS

The uterus is the medical name for the womb, which is the size and shape of a pear.

e. ENDOMETRIUM

The thick velvety lining of the womb which thickens and is shed each month, except during pregnancy.

f. FALLOPIAN TUBES

The tube down which the egg travels from the ovaries to the womb.

g. FIMBRIAE

The frilly ends of the Fallopian tubes which wave constantly towards the ovaries and guide the released egg down the Fallopian tube.

h. OVARIES

The ovaries are oval shaped organs in which the eggs or ova are stored. They alternatively release an egg each menstrual cycle.

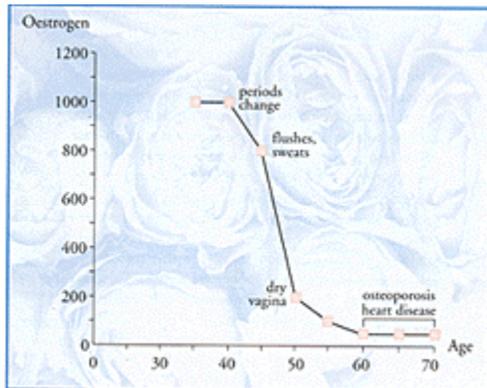
Why the menopause?

The reasons for the menopause lie with the body and its hormones.

Even before a baby girl is born, the oocytes (eggs) in her ovaries begin to decline in number. As a teenager, when menstruation begins, several thousand are stimulated each month by the pituitary gland in the brain. The monthly changes in the womb are controlled by the female sex hormones, oestrogen and progesterone. Generally only one egg is released in the monthly cycle (ovulation) and if the woman does not become pregnant the level of hormones drops and the lining of the uterus comes away in the form of bleeding (a period). Each month, with ovulation, oestrogen and progesterone hormones are released by the ovary. As women get older, ovulation becomes more difficult, which is why fertility declines with age. As menopause approaches, the release of oestrogen and progesterone can become erratic as ovulation may not always occur. At the change of life, the ovaries gradually diminish in size and function, and production of oestrogen is greatly decreased. Eventually there are no oocytes remaining which can respond to stimulation, and ovulation stops. For this reason, the release of oestrogen and progesterone hormones also virtually stop following menopause. This process is normal and occurs in every woman.

The fluctuation in hormones and the final very low levels of hormones are responsible for many of the problems associated with menopause. If your ovaries slowly wind down, you may not even realize you have reached the menopause, except for the fact that your periods have stopped. However, if the ovarian activity and hormonal changes are erratic, the result may be the symptoms discussed further on.

Changes in oestrogen levels with menopause and ageing, and correlation with bodily changes



Symptoms of menopause

What are the signs that the menopause is near?

- Periods can be further apart and shorter
- Periods may be longer and heavier
- Periods can be regular until they come to an abrupt stop
- Premenstrual Syndrome (PMS)

Short or chaotic menstrual cycles and heavy or prolonged periods may result in anaemia, leading to tiredness and loss of energy. **Short cycles** and any **irregular bleeding** should be discussed with your doctor.

Bleeding after lovemaking is not normal and should be reported to your doctor as soon as possible.

PMS involves swelling/bloating, headaches and mood changes over one to two weeks before a period. Younger women can also suffer but it affects women in their 40s most severely. The good news is that it ceases with the menopause.

There may however be other reasons why you feel unwell. True PMS should only cause problems in the last week or so of the cycle, and will be relieved when you have your period. Try keeping a daily record noting uncomfortable physical and mood changes to see if this is the pattern.

What are the symptoms of menopause?

Many women go through this period of their lives without any particular problems, especially if there aren't too many other stresses in their lives. It's not usual, however, to experience uncomfortable **hot flushes**, if only for a short period of time. The second common symptom is **vaginal dryness**. There may also be urinary symptoms.

Although they may not be related to the menopause itself, around this time some women experience mood swings or depression, a change in libido, and physical symptoms like stress incontinence.

Flushes and night sweats

The hot flush is the most characteristic symptom of menopause and generally appears some months or years before periods actually stop. It is a sensation of heat in the face, neck and chest, accompanied by a red flush, and followed by sweating all over. It is often brought on by company or anxiety, and therefore tends to happen at the most inappropriate times. Hot drinks, especially tea and coffee, and spicy foods tend to precipitate hot flushes.

Hot flushes occurring at night are referred to as "night sweats". They can disturb your sleep, making you feel tired the next day. Not surprisingly, this can affect your ability to concentrate and also your energy levels.

While most women who experience hot flushes will only do so over a short while, some women – 20% in some studies – will be experiencing these five years after menopause.

If hot flushes present a serious problem, they can be relieved by Hormone Replacement Therapy which is discussed later.

Vaginal dryness

Vaginal skin is heavily dependent on oestrogen for its thickness, numbers of glands and secretions produced, and is therefore particularly sensitive to lower oestrogen levels. After the menopause, your ovaries and other glands may well go on

producing enough oestrogen to prevent drying of the vagina. If this isn't the case you may find a decrease in moisture and elasticity of the vagina, making lovemaking uncomfortable around this time (dyspareunia). Using water based lubricating jelly should be of help.

If the vaginal dryness is severe and is related to lack of oestrogen, your doctor can prescribe an oestrogen cream or hormone replacement therapy.

Small degrees of prolapse (exaggerated dropping or coming down of the uterus when the ligaments are weakened) which are very common after childbearing can also become problematic now as the skin is thinner and more sensitive.

Urinary symptoms and stress incontinence

The skin of the bladder lining and neck of the bladder is similar to that in the vagina and likewise depends on oestrogen for its health. Low oestrogen levels can result in frequent passing of water during the day and at night and in a burning sensation on passing water. This can seem like cystitis but there is no infection.

Stress incontinence – a small leakage of urine (wetting) on exertion like sneezing, laughing or lifting – is a common experience for any age group. There are simple exercises you can do to strengthen the weakened muscles which frequently cause stress incontinence. Tightening up and holding your front and back passages inside you is one such exercise which should be practiced daily.

Libido

Some women find they are now less interested in lovemaking than before. This could be the result of any one or a combination of personal, physical or environmental factors in your own or your partner's life and may not be related to the menopause at all. Interest in sex can return when other stresses have gone. However, vaginal dryness after menopause can cause dyspareunia, and night sweats may lead to tiredness, both of which will interfere with libido. It can help if you and your partner talk to each other about any worries, whether physical or emotional, either of you may have.

Decreased libido is not a universal problem. Some women, freed from the fear of pregnancy, find they can relax and enjoy this side of their relationship to a greater extent than previously.

Depression, anxiety and panic attacks

Depression and anxiety are usually due to background stresses in work or at home rather than to the menopause itself. However, night sweats can cause poor sleep patterns and exhaustion makes it difficult to cope with stress.

A panic attack is a sudden onset of intense fear and inability to cope. Panic attacks may appear at menopause for the first time and can be particularly distressing and frightening. They generally occur outside the home, while shopping or travelling.

Try to establish if you are feeling low because of physical reasons or if there are other causes.

- *Don't be afraid to express your feelings*
- *You may find it helpful to talk to your partner, a close friend or family member about what you are experiencing. This could help you and people close to you to understand it better.*
- *Self-help groups operate in some areas and they can provide invaluable support and reassurance*
- *Take each day at a time and remember to take time out for yourself*
- *Reward yourself in some way for each task done*
- *Don't forget to take care of yourself – healthy eating and taking regular exercise improve the way we feel.*
- *If you are worried, talk to your doctor*

What can I do about difficult symptoms?

Most of the more severe symptoms of the menopause can be helped by self-help or medical treatment or a combination of both.

Information also plays a part in successful treatment and prevention of symptoms.

Looking after yourself

It is important that you look after yourself throughout your life. Extra care should be taken during the menopause to ensure that you eat a healthy diet, have adequate exercise and have regular medical check-ups. Smoking is harmful to your health. Alcohol should only be taken in moderation.

Healthy eating

Eating a wide variety of foods, in the correct amounts, ensures that you get all the nourishment and energy you need during the menopause. Use the Food Pyramid to plan your daily healthy food choices. Most of your food should come from "Bread, Cereals and Potatoes", and from "Fruit and Vegetables", with a smaller but important contribution from milk, cheese and yogurt and from meat, fish and alternatives. Fats, biscuits, cakes, confectionery and high fat snacks foods can also be enjoyed as part of healthy diet, but in limited amounts. Choosing foods from each shelf of the Food Pyramid in the amounts suggested will provide you with the balance of nutrients you need daily – extra energy should be obtained from bread, cereals and potatoes as required. Variety comes from not always selecting the same foods from each shelf.

Special considerations

Extra care should be taken during the menopause to ensure that you get enough calcium in your daily food choices - choose **at least** three servings from the milk, cheese and yogurt shelf of the Food Pyramid. Vitamin D helps your body absorb calcium from food. Your body makes vitamin D from sunlight, so try to get outdoors every day. Oily fish, fresh or tinned, eaten regularly together with a wide variety of foods from the Food Pyramid should provide you with sufficient vitamin D.

Use The Food Pyramid to Plan your Healthy Food Choices

How to use the Food Pyramid

Each represents one serving. The number of servings needed each day for adults and children is indicated on the Food Pyramid. Servings in each group or shelf are interchangeable. For example, to get at least 4 servings from the Fruit and Vegetable shelf you could have:

1/2 glass fruit juice	= 1
1 portion vegetables	= 1
1 apple	= 1
1 banana	= 1
	= 4

Others sparingly

Fats and Oils – Use about 1 oz low fat spread/low butter or 1/2 oz margarine /butter each day. Use oils sparingly.

Sugars, Confectionary, cakes, biscuits and high fat snack foods – If you drink or eat snacks containing sugar, limit the number of times you take them throughout the day. Eat high fat snacks only in small amounts and not too frequently. Choose low fat, sugar-free alternatives.

Alcohol – In moderation, preferably with meals – and have some alcohol-free days.

Meat, Fish and Alternatives

Choose any two of the following each day.

- ▶ 2 oz cooked lean meat or poultry or
 - ▶ 3 oz cooked fish or
 - ▶ 2 eggs (not more than 7 per week) or
 - ▶ 2 tablespoons cooked peas/beans or
 - ▶ 2 oz Cheddar type cheese (preferably low fat) or
 - ▶ 3 oz nuts (not suitable for children under 5 years)
- Choose three servings during pregnancy

Milk, Cheese and Yogurt

Choose any three of the following each day.

- ▶ 1/3 pint of milk or
- ▶ 1 carton of yogurt or
- ▶ 1 oz Cheddar cheese or (Blarney/Edam)

Choose low fat choices frequently*

Choose at least four servings for teenagers

Choose five servings for pregnant and breast-feeding women

*Low-fat milk is not suitable for young children

Fruit & Vegetables

Choose *at least* four or more of the following each day.

- ▶ ½ glass fruit juice or

- ▶ 2 tablespoons cooked vegetables or salad or
 - ▶ Small bowl of homemade vegetable soup or
 - ▶ 1 medium sized fresh fruit or
 - ▶ 2 tablespoons cooked fruit or tinned fruit (preferably in own juice)
- Choose citrus fruits and fruit juices frequently.**

Bread, Cereal, Potato, Rice, and Pasta

Choose *at least* six or more of the following each day.

- ▶ 1 Bowl of breakfast cereal or
 - ▶ 1 slice of bread or
- ▶ 2 tablespoons of cooked pasta/rice or
 - ▶ 1 medium potato – boiled or baked

Choose high fibre cereals and breads frequently.

If physical activity is high, up to 12 servings may be necessary.

Drink water regularly – at least 8 cups of fluid per day.

In addition to eating the recommended servings from the Food Pyramid, use these healthy eating tips as part of everyday living.

Try to

- *Eat a variety of foods using the Food Pyramid as a guide*
- *Eat the right amount of food to be a healthy weight, and exercise regularly*
- *Eat four or more portions of fruit and vegetables every day*
- *Eat more foods rich in starch – bread, cereals, potatoes, pasta and rice.*
- *Eat more foods rich in fibre – bread and cereals (especially wholegrain), potatoes, fruit and vegetables*
- *Eat less fat, especially saturated fats. Make lower fat choices whenever possible*
- *If you drink or eat snacks containing sugar, limit the number of times you take them throughout the day*
- *Use a variety of seasonings – try not to rely on salt to flavour foods*
- *If you drink alcohol, drink sensibly and preferably with meals.*

ENJOY YOUR FOOD!

Try to include red meat 3-4 times a week in your diet. Red meat is a good source of iron and one of the best sources is liver.

It is important to avoid becoming over-weight. "Middle-age spread" is not inevitable and obesity is a serious health hazard. Crash diets are not the answer to long-term weight control. To help reduce the risk of becoming over-weight, eat a wide variety of different foods, using the Food Pyramid as a guide and taking particular care to limit foods high in fat. The "Be a Healthy Weight" booklet, available from the Health Promotion Unit, provides helpful tips and low fat recipes. Regular exercise is very important for a healthy weight.

Exercise

In addition to household and workplace activities, a brisk twenty minute walk every day (or whenever possible) or swimming or cycling will help keep you in good health. Competitive sport is best played with people of about the same age. This is also true of participation in aerobic or other exercise groups. Remember that getting enough rest is as important as exercise.

Health checks

Time should be set aside for the following health checks:

Blood pressure

You should have your blood pressure checked regularly, particularly if you are on Hormone Replacement Therapy (HRT) or have a history of high blood pressure.

Cervical smear test

It is recommended that you have a regular smear test. Talk this over with your doctor or at your family planning clinic.

Problems with bleeding

Your bleeding pattern may change during the menopause. Should any of the following occur, however, it is advisable to consult your doctor.

- Bleeding occurring between periods
- Bleeding occurring after intercourse. As mentioned earlier, this is **NOT** normal and should never be ignored
- Bleeding occurring more than a year after your last period
- Flooding or clotting

Hormone Replacement Therapy

Medical treatment for hot flushes and vaginal dryness, the major symptoms of the menopause, is usually Hormone Replacement Therapy (HRT). While HRT will relieve many of the physical problems associated with the menopause, it cannot cure the other problems.

HRT is designed to provide extra oestrogen to maintain constant levels of this hormone in the body. The two main forms of HRT are oestrogen on its own, which is given to women who have had a hysterectomy, and oestrogen combined with a second hormone progestogen, which is similar to your own progesterone. Progestogen is medically necessary for women who have not had a hysterectomy, to balance the effects of the oestrogen.

Your doctor is in the best position to advise you on your requirements and the methods by which you can take this therapy.

How is it given?

It is given in the following forms:

- In **pill** form
- As a **cream, pessary or tablet** – to be absorbed through the skin of the vagina. These therapies are helpful for vaginal dryness and urinary symptoms,
- As a **hormonal implant** inserted under the skin and
- As a transdermal **patch or gel** where the hormone is released across the skin into the bloodstream.

What does HRT involve?

HRT is similar to the Contraceptive Pill but the hormonal doses are lower and it is not a contraceptive. Unlike the Pill, oestrogen in HRT is either oestradiol, identical to the hormone produced in the body, or animal derived "equine" oestrogen. These substances are many times less powerful than the synthetic oestrogen in the Pill and are given in very small doses. For these reasons they have less side effects on the body.

If progesterone is used, the lining of the uterus comes away each month in several days of "withdrawal bleeding", like a period. Progestogen, which can cause side-effects as well as this bleeding, is often looked on as the "nuisance" element of HRT. However, omitting to taking the progestogen can lead to more serious problems. Therapy using oestrogen and progestogen in combination, which eliminates regular bleeding, has now been developed.

Your doctor can tell you in detail about the different forms and combinations of HRT.

You should also ask what to expect from HRT and how long you will be having the therapy. The length of time varies on an individual basis, and while many women will not require it for longer than two years for menopausal symptoms, some may wish to take it into the long term. Directions for taking HRT vary, depending on the form in which it is taken and the combinations used. It is very important that you follow the medical directions of your prescription.

A thorough medical examination – blood pressure, breasts and smear test if not recently done - is standard practice before starting HRT. Regular monitoring is necessary and checkups should accompany repeat prescriptions.

Relief of symptoms

Hot flushes and night sweats are the first symptoms to be relieved and an effect may be noticed within the first two weeks. Sometimes occasional flushes will persist, regardless of the dosage of HRT used. The improvement in sleep pattern may be gradual but the "tonic" effect from sleeping better is noticed by many women who have had severe problems with night flushes. Vaginal dryness, depending on the severity, will be alleviated within six to eight weeks, and urinary symptoms will also take about this length of time.

Side effects of HRT

Not all forms of HRT agree with all women and therapy may need to be individualized. Side effects may include breast tenderness, nausea, unscheduled or "breakthrough" bleeding and PMS-like symptoms. If the first preparation doesn't agree with you, talk to your doctor about changing how it is taken or the levels of progestogen. Don't forget, however, that minor side effects can often resolve themselves and that it can take some time before the positive effects of HRT may be felt.

Pains in the leg are common whether you are taking HRT or not. If you experience pains in the leg attend your doctor for examination and reassurance.

There is considerable uncertainty as to whether HRT increases the risk of breast cancer. However, long-term therapy may be associated with an increase in the risk of breast cancer. The causes of this are not known. One reason may be because the cancer is more likely to be diagnosed in women using HRT as they have more frequent breast examinations, tend to examine their own breasts, and to have mammography more often. The increased risk has been found with treatment periods of ten years or more.

Once again, your doctor is the best person to talk to you about the benefits or otherwise of HRT.

Who should not have HRT?

You should not have HRT if

- You have had cancer of the breast
- You are pregnant or think you may be pregnant
- You have undiagnosed bleeding between periods
- You have recently had cancer of the uterus

Women who have had cancer of the womb are not given HRT initially as this is an oestrogen-dependent tumour. However, HRT has not been shown to cause recurrence of the cancer and if you have been free of the disease for some time you may safely have HRT.

Recent reports indicate a possible increased risk of blood clots in women on HRT. This needs to be clarified further, but clots are not frequently seen with therapy, and the actual risk is thought to remain very small. If you have a history of high blood pressure or blood clots you should have a thorough check-up with your doctor before taking treatment. If you have had a history of endometriosis or fibroids and are on HRT, close medical supervision is needed. Varicose veins are very common and are not a barrier to having HRT. If you have difficult menopausal symptoms and are not suitable for HRT, your doctor will advise you on what treatment is best for you, depending on your symptoms and medical history.

Remember that the simple measures discussed earlier regarding smoking, sensible drinking, healthy eating and exercise can benefit all women.

The Menopause and Heart Disease

Cardiovascular disease is the major cause of death in Ireland and the second most frequent cause of death in the under 65 age group. The common perception that heart disease is a predominantly "male" condition is not true. The statistics show that women suffer from heart disease as well. Risk factors for heart disease include smoking, being overweight, high blood pressure, high cholesterol levels, previous heart problems and a family history of heart disease.

Measures to improve your lifestyle, such as exercise and a healthy diet, are very important in reducing the risk of high cholesterol and high blood pressure, two factors which contribute to heart disease. There is also evidence to suggest that women who use HRT have a reduced risk of coronary heart disease. Oestrogen has an effect on cholesterol in the bloodstream, increasing high density lipoprotein cholesterol (HDL) which carries cholesterol from the arteries in the heart and disposes of it, reducing the risk of heart disease. Oestrogen reduces the amount of the "bad" part of cholesterol, low density lipoprotein cholesterol (LDL) which circulates to the arteries in the heart. It also reduces another fatty protein (lipoprotein a) which circulates in the blood. By doing this, oestrogen reduces the risk of hardening and clogging of the coronary arteries and is therefore associated with reduced risk of heart disease.

Although the oestrogen in HRT is not a "cure-all", it can help reduce cholesterol levels and is considered to be beneficial for women at high risk of, or with already developed, coronary heart disease. This would include women with high blood pressure on treatment. There are limited grounds for prescribing HRT for the prevention of coronary disease in women who are not at significant risk. In addition, most forms of HRT are designed for women who have not had a hysterectomy, and these involve oestrogen with progestogen.

In the past, the progestogen was thought to counteract the effects of oestrogen, but current evidence tends to suggest that combined therapy may be just as beneficial.

Advice on how to prevent heart disease is available from your doctor. If you have had a heart attack, angina or heart failure, in the past your doctor will be in the best position to advise you on your lifestyle and medical care.

Osteoporosis and the Menopause

Osteoporosis, sometimes called brittle bones, is a condition associated with the menopause and later life. Both men and women start to lose calcium from their bones as they get older. This process is accelerated in women at the time of the menopause when some (but not all) women lose it more quickly as their oestrogen levels drop. This calcium loss results in loss in bone strength, most crucially at the spine, the hip and the wrist. As the bones become weaker and more brittle, they are liable to break more easily. Osteoporosis can predispose post-menopausal women to fracture of the hip and it is estimated that 12 per cent of women will sustain a hip fracture by the age of 85 years. Women who have a low bone mass when they reach

their menopause are at highest risk of osteoporosis. For those at risk, low bone mass can now be estimated by a bone density measurement at the hip and spine, using modern scanners and a routine x-ray is no longer considered a good test of bone density.

Smoking is a risk factor for osteoporosis as women who smoke have a 10 percent reduction in bone mass. Other risk factors are poor intake of calcium, lack of regular exercise and prolonged steroid therapy. If you are taking thyroxine, control of your medication is particularly important. Heredity also plays a very important part.

A good diet (including at least three servings from the milk, cheese and yogurt shelf of the Food Pyramid) together with plenty of exercise and sunshine are the best preventive measures. If you drink alcohol, you should only do so in moderation.

Vitamin or mineral supplements are generally not necessary if you are eating a balanced diet as shown in the Food Pyramid. To help protect against the risk of osteoporosis, eat plenty of foods rich in calcium and vitamin D.

- Three servings from the milk, cheese and yogurt group will meet your daily requirement for calcium
- Oily fish (herring, tuna, salmon and sardines), fortified milk, breakfast cereals, margarine and eggs are rich sources of Vitamin D.

Your body also needs Vitamin D from sunlight. This can be a problem in our climate and you should try to get outdoors every day.

Bone loss due to oestrogen deficiency after the menopause is curtailed by HRT, which typically contains oestrogen. Prolonged HRT reduces the risk of bone fracture and the benefit to bone health lasts as long as HRT is taken. The extent to which it helps women is varied because there are many other lifestyle related factors which contribute to bone loss.

Oestrogen Deficiency and Alzheimer's Disease

A possible link between menopause, oestrogen deficiency and Alzheimer's Disease is beginning to emerge. Alzheimer's Disease occurs more commonly in women, and it appears to present at a later stage in women who have used HRT. There are also reports of women with Alzheimer's Disease improving on being given HRT. Further studies however need to be carried out before the true extent of this effect is known.

Useful Addresses

The Irish Osteoporosis Society
Emoclew, Batterstown,
Dunboyne, Co. Meath.
Tel (01) 825 8159

The Arthritis Foundation of Ireland
1 Clanwilliam Square,
Grand Canal Quay,
Dublin 2
Tel (01) 661 8188

The Irish Heart Foundation
4 Clyde Road,
Ballsbridge,
Dublin 4
Tel (01) 668 5001

The Irish Cancer Society
5 Northumberland Road,
Dublin 4.
Tel (01) 668 1855

The Alzheimer Society of Ireland
43 Northumberland Avenue,
Dun Laoghaire,
Co. Dublin
Tel (01) 284 6616

The Health Promotion Unit
Department of Health and Children,
Hawkins House,
Dublin 2
Tel (01) 635 4000

Your General Practitioner or local Health Board