Menopause is in the Eye of the Beholder

By Kira Zydell

A cross cultural lesson may be one of the greatest "cures"

“Wild Mexican yam cream is probably one of the most popular, and yams don’t have any estrogen in them but they have progesterone-like compounds in it. I think people feel safer because they are plant-based, but there’s nothing in it that’s actually proven to be effective (in helping with the symptoms of menopause).”

“People assume that because it comes from a plant it’s safe, but many of our chemotherapeutic agents come from plants too, and their job is to kill cells. There’s a lot of bizarre stuff out there on the internet so I think you just have to be careful,” she said.

It’s important for people to understand the definition and catalysts of menopause in order to understand the different emotional and biological interpretations and symptoms that can arise from menopause.

According to Dr. Lewison, menopause is typically defined by not having a period for 12 consecutive months. The word “menopause” takes shape from the ancient Greek term "pausis," which means cessation and "men" which translates to month.

“It’s simply a medical description of an event that occurs,” Dr. Lewison explained. “When patients come in to my office talking about menopause, they are usually talking about symptoms surrounding that event, and we call that ‘perimenopause’. Perimenopause can last anywhere from months to typically years.”

Although menopause can be surgically induced, the average age an American woman experiences menopause is 51, according to the National Institute on Aging. At Alpine Women’s Center in Whitefish, Dr. Lewison notes that 45 to 55 is the typical age range of patients she sees that experience symptoms of perimenopause and menopause.

What if menopause was a cruise ship that prepared to sail you away to a destination, only the choice where you would end up was yours. It could land you in heaven, hell, purgatory or some mixture of each.

In American culture, many would rescind the notion that menopause could be anything but hell. The reality, however, is that there are many cultures worldwide that view menopause as a positive and empowering transition in life, which often isn’t the case in America.

“Some cultures celebrate menopause, and women are revered for it,” explained Dr. Kathleen Lewison of North Valley Hospital’s Alpine Women’s Center.

A study published in Science Daily in 1998 illuminated the fact that Japanese women reported significantly fewer hot flashes and night sweats than their American and Canadian counterparts.

One of the mainstream results of this study was that American women looked to the Japanese diet for an answer to their menopausal "problems." What went overlooked in the mass soy marketing "solution" were the socio-cultural and biological factors that come into play. For example, although soy can be "heart healthy" based on its nutritional facts, it is also among the top 10 most common allergens in America, according to the Environmental Protection Agency.

Dr. Lewison explained that there is a significant internet market that capitalizes on notions of "treating" menopause.

"Unregulated promotion over the internet concerns me because patients show me tubs of creams they’ve purchased promising un-validated results. I don’t even know what’s in them," said Dr. Lewison.
“This (menopause and perimenopause) is a normal process and a normal transition, much the same way puberty is in our teenage years,” she explained. “We’ve tended to medicalize it and make it a disease. It’s not a disease. It’s a process that has a lot of symptoms that we can help treat.”

Although menopause is experienced differently both biologically and culturally across the world, Dr. Lewison explained that common symptoms she treats in her practice include: changes in menstrual cycle, heavier cycles, longer cycles, more pain associated with cycles and more sporadic menstrual cycles. “My patients often have emotional components, such as an increase in depression and anxiety. They experience sexual changes, change in libido, vaginal dryness, poor sleep and changes in concentration ability.”

Menopause and perimenopause fall within a timeframe in which the female body becomes more susceptible to a multitude of diseases and illness, which makes self-diagnosis problematic. “I think it’s important if you’re having these symptoms to not necessarily assume that it’s associated with menopause; thyroid abnormalities can mimic most of the changes of menopause as can some other conditions. When I am evaluating someone with those symptoms, I always test their thyroid,” said Dr. Lewison.

“I also think that the rate of depression is a lot higher in this age group than in most because of other lifestyle changes that occur at the same time. Their children are getting older. They could be having a divorce, or a new partner, problems with aging parents or experiencing career changes. A lot of times they will self-diagnose. The problem with menopause is that it’s coincidental with the onset of other diseases. In this age range we do see an onset of bone loss, osteoporosis and a risk of heart disease and diabetes. The symptoms of menopause are related to estrogen levels, and once estrogen levels decline, the correlation of an increased risk of heart disease happens.”

For younger women who experience surgical menopause, the resulting emotional and hormonal effects can be much more dramatic. “Surgical menopause is tough because it’s usually performed at a younger age and the change in hormone levels is more acute,” Dr. Lewison said. “Women in their 30s who have surgically induced menopause just feel awful. They often are sleepless, and report depression and anxiety. They just feel like they are going crazy.”

“For surgical menopause, I still use fairly high doses of estrogen because young women’s bodies make a lot of estrogen. The other thing that has come out over the last 10 years is that we are doing far fewer oophorectomies. In the 80s we would take out ovaries typically during a hysterectomy, but we have since learned that that can actually harm these women. So advances in surgical applications have made a big difference.”

Dr. Lewison said that recent advances in pharmaceutical research provides many new drugs that carry fewer side effects.

“The medications we’re using now are a lot more specific for the symptoms they are meant to control. There’s a lot of research in the designer estrogen market, and these are medications that are designed for specific estrogen receptors. We also now have things like rings for vaginal dryness,” she explained.

The advances in medicine prove promising for those experiencing menopause as a variation of hell. Women experiencing perimenopausal symptoms are encouraged to be proactive and take preventative measures concerning their health. “I recommend women in the 45-55 age group be seen by their healthcare provider because it’s an age where people have an increased risk for cancer, thyroid problems, heart disease, diabetes and cholesterol problems,” said Dr. Lewison.

For those who are experiencing perimenopause and menopausal symptoms, an array of techniques and medications can be utilized to make it a positive life transition. “There are some antidepressants that are really helpful in taking care of the emotional components. There’s also an antidepressant called Effexor that helps with hot flashes.”

“I have referred patients for acupuncture and yoga. There’s some good evidence out there that shows that women who meditate and do yoga have fewer hot flashes,” Dr. Lewison explained. “The way you view menopause really colors the way you go through it.”

In Mayan culture, women attain a new status after menopause, becoming spiritual leaders in their communities. Yet, scientific studies indicate that they report far fewer biological symptoms of menopause although their hormone levels are comparable to American women. Japanese women actually have a lower bone density on the whole than white American women, but they have an osteoporosis rate that is half of American women’s. What’s clear from the array of menopausal symptoms is that they are so varied that there isn’t a universal menopause experience for women. Genetics, nutrition, culture, geography, history and medicine play a huge role in interpretations and treatments of this biological transition in life.

For women in the 40s and 50s, however, the body’s transition into a new phase is a time when, according to Dr. Lewison, “The bottom line is maintaining a good rapport with your provider.”