

Few women look forward to menopause with its bothersome symptoms. But consider this. About 200 years ago, less than 30 percent of women even lived to reach menopause! Today, about 90 percent of women reach menopause. Those who take good care of themselves can help prevent or ease certain conditions that may develop during this time of change.



Menopause



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Menopause

About

The word 'menopause' comes from the French, which gets its origins from the Greek "meno" meaning month and "pause" meaning cessation. And every woman experiences the end of her monthly cycle differently. Some sail right through it, relieved to be free of concerns about birth control, pregnancy and pads and tampons. For others, menopause is an upsetting time, signifying an end to their childbearing years and the official passage into being an "old" lady. So it's not surprising that your attitude, along with your overall health, plays a huge role in how well you'll manage the transition.

All the unwelcome symptoms of menopause are related to estrogen decline. While we tend to think of this hormone being solely linked to a woman's reproductive area and breasts, there are estrogen receptors in literally every part of a woman's body—including her bones, heart and brain. So a lack of estrogen can literally affect you from head (brain fog) to toe (dried out nails).

Hormone production doesn't just suddenly stop overnight. There are 3 stages to menopause. The perimenopausal period is the time when the body is transitioning to menopause. This is when the ovaries stop releasing eggs, and estrogen production starts to waver. It usually begins in the 40s, lasting several years, and is often marked by irregular periods, hot flashes and sleep problems.

As for menopause, that just refers to the time your period officially ends. How do you know it's over? When you go one year with no periods, you can say you've been through menopause. On average, this is age 51 for most women.

Post menopause refers to years after menopause. During this stage, symptoms such as hot flashes usually ease for most women. But with an absence of estrogen, postmenopausal women are at increased risk for a number of health conditions such as osteoporosis and heart disease.



Treating Symptoms

Preparing yourself for the changes can help you preserve your health—and sanity—during menopause. This can include everything from exercising more, to eating healthier foods, to meditating, to trying alternative therapies.

A note of caution: Menopause therapy is rife with magic cure-alls, with so-called miracle botanical and herbal remedies touted to cure everything from hot flashes to mood swings. In many cases, there is little scientific effort to support these claims. As well, natural remedies may have side effects or interact with other medications you are taking. So it's important to talk to your FHCP pharmacist before taking any of these products. He or she can help you read product labels, and point out what has been proven to work, and what hasn't. Also check with your doctor before taking any natural remedies that mimic hormones.

Common Myths about Menopause

Myth: Menopause is a miserable experience for all women.

Fact: While women may experience hot flashes, night sweats, and mood swings that are severe enough to interfere with their daily functioning, misery and menopause don't necessarily go hand in hand. For many women, the symptoms are mild, and for some, the only obvious symptom is the absence of a period.

Myth: Menopause means you're officially old.

Fact: Back in the (maybe-not-so-good) old days when a woman's role was defined by being a mother and housewife, this may have been considered the norm. But with our aging demographics, many women are redefining old age. Think of menopause not as an end, but as a new beginning, a time when you can discover more of what you want out of life. All this can lead to what world-renowned anthropologist Margaret Mead called PMZ—postmenopausal zest. Having said that, depression can be a very debilitating symptom of menopause. Talk to your doctor if you're experiencing low self-esteem or deep psychological distress.

Myth: Most women need to take hormone replacement (HRT) therapy after menopause.

Fact: HRT has 2 primary purposes: to prevent osteoporosis and heart disease and relieve menopause symptoms. However, large clinical trials have shown that hormone therapy can increase the risk of heart disease, stroke, and breast cancer in some women. As a result, today's doctors are very cautious about prescribing HRT. When it is used, experts recommend taking the smallest dose possible for the shortest amount of time. Ask your doctor about your risk.

Feeling the Heat

The sudden prickling of the skin, a quick feeling of heat, and sometimes a red, flushed face and sweating. All come courtesy of the hot flash, one of the most common—and often embarrassing—symptoms of menopause. At least two-thirds of women going through menopause experience them.



While no one knows the exact cause of hot flashes, experts believe it may be related to changes in circulation, causing dilation of blood vessels close to the skin. When this happens, a woman may sweat to cool down her body. Nocturnal hot flashes—called night sweats—can also interfere with sleep.

While you probably can't avoid hot flashes, there are triggers that may bring them on or cause them to be more severe. These include heat, stress, caffeine, alcohol, spicy foods, tight clothing and cigarette smoke.

What can you do to keep hot flashes at bay? Try to prevent overheating. For example, keep your bedroom cool at night by using fans during the day. Wearing light layers of clothes with natural fibres such as cotton allow your skin to breathe. Also try deep, slow abdominal breathing (6 to 8 breaths per minute) at the onset of hot flashes.

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Putting Sleep Disturbances to Rest

Fluctuating hormones can play havoc with both the quantity and quality of your sleep. In fact, studies show that insomnia is a common complaint in menopausal women. And when you're short on shut-eye, daytime irritability and mood swings can get even worse.

The solution? Try to wind down 20 to 30 minutes in a relaxing activity before you go to bed. Avoid hot and spicy foods, as well as any caffeine for at least several hours before bedtime. They may keep you awake and increase hot flashes even in your sleep.

Replacing your nylon PJs or nighties with sleepwear made with natural cotton fibers can help too. That's because synthetic fabrics can retain body heat that may cause you to wake up more easily if you have a hot flash in your sleep. Sweat also lingers longer on man-made fabrics, which encourages the growth of odour-causing bacteria.

Finally, exercise for better sleep. Along with keeping you fit, it boosts the brain's production of calming chemicals. And it doesn't take much to get the benefits. One study showed that 45 minutes of aerobic exercise 3 times a week is all you need to improve sleep quality after menopause.

Coping with Dry Spells

Estrogen has a huge influence on many of your body's functions. When it starts to go, so does its ability to stimulate oil production, which helps keeps your skin elastic and supple. Declining estrogen levels also reduce your body's ability to retain moisture. That's why dry, itchy skin is a common symptom of menopause.

Fortunately most dry skin problems can be smoothed out with proper moisturizing. Slather on your moisturizer after your shower to retain moisture, making sure you don't miss your elbows. Also keep in mind that hot water can strip skin of its natural oils. So if your skin is really scratchy, switch from long, steamy, hot showers and baths to shorter, warm ones.

Your eyes, too, are susceptible to menopause's drying effects. This is because diminished hormone levels are believed to affect the composition of tears your eyes usually produce, leading to dry-eye syndrome. Common symptoms include dryness, blurred vision, burning, and light sensitivity.

Artificial tears are a mainstay in treating dry-eye symptoms, and there are many types available— from drops that provide quick-acting relief to gels made for longer use. Make sure you use products specifically formulated for dry-eye, and avoid drops that "get the red" out, as these can cause rebound redness and dryness if you use them too long.

Finally, there is the delicate subject of vaginal dryness. If it's keeping you from enjoying sex, look into lubrication aids that can make intimate contact more comfortable. Your FHCP pharmacist can help you find the right products to end your dry spells.

Fighting Menopausal Spread

One of the most unwelcome menopausal symptoms is the dreaded "menopot." Most women store fat around their hips and thighs, but as menopause approaches, the midsection can start to thicken. Even if you still weigh the same, you may notice that your pants are starting to fit more snugly.

Like most symptoms of menopause, plummeting estrogen levels are the culprit, shifting the body's fat storage to the midsection. Along with not looking good, excess belly fat is definitely not good for your health. That's because it's metabolically active, churning out stress hormones and inflammatory substances that could put you at an increased risk of type 2 diabetes and heart disease. And that's not all. A recent study showed that the hormones in belly fat could break down bone. So women with higher levels of belly fat are at a greater risk of developing bone loss.

How do you battle the belly bulge? Step up the cardio workouts. One study showed that people who did the equivalent of jogging 12 miles a week shrank belly fat more effectively than people who just focused on resistance training. Building muscle mass will also help you burn calories more efficiently.

What's on your plate?

Of course, amping up the exercise can only do so much if you're consuming a lot of refined carbs. Studies show that even a modest reduction in consumption of carbohydrate-rich foods may promote a loss of belly fat. Your best bet is still the Mediterranean diet with plenty of heart—and waist—healthy olive oil, fish, nuts and fresh fruits and vegetables. However, because menopausal women are at an increased risk of bone density loss, it's important to keep up with your daily calcium requirements too—especially if you're trying to lose weight.



Q&TA

Ask Your Helpful FHCP Pharmacist

Q. Can I get pregnant after menopause?

A. No. Once you have reached 12 consecutive months without a period, you don't need to worry about getting pregnant anymore. However, during the beginning stages of menopause when you're still having an occasional period, you can get pregnant. So if you've been using a birth control method, you still need to use it during perimenopause. To be safe, you need to practice birth control until at least a year after your very last period.

Q. Since I've entered menopause, I've been getting migraines. Is this common?

A. It could be. New research shows that migraine attacks get worse in the years before and after menopause, due to dropping estrogen levels. They can last from 4 hours to 3 days, have a throbbing quality, and come with nausea and sensitivity to light and sound. Anti-inflammatory drugs like ibuprofen and naproxen can help in milder cases. But if they are truly making you miserable, and forcing you to bed 3 or more times a month, see your doctor for a prescription painkiller like sumatriptan. Raising estrogen levels with a short course of HRT therapy may also help decrease headaches. However, you should discuss the benefits and risks with your doctor.

Q. Can menopause affect my oral health?

A. Yes. When your estrogen levels drop, your entire body, including your mouth, gets drier. And dry mouths are ideal breeding ground for harmful bacteria, causing tooth decay and bleeding or receding gums. Ignoring your oral problems could lead to cavities, gingivitis and even possible tooth loss down the road. So practice good dental hygiene, and drink plenty of fluids to keep your mouth lubricated.



A Healthy Position

Basic Guidelines for Menopause

Get a bone density test. Menopausal women are at greater risk for the bone-thinning disease osteoporosis. To find out whether you should be concerned, get a bone mass measurement test. This test uses a machine to estimate the amount of bone in your hip and spine. Based on your test results your doctor can determine whether you need to take extra precautions to protect your bones.

Get enough calcium. Aim to consume 2 to 4 servings of dairy products and calcium-rich foods a day. These include yogurt, fish with bones, broccoli and legumes. If you need to take a supplement, experts recommend 1,200 milligrams. Since the body can only absorb 500 milligrams of calcium at any time, split your dose into 2 or 3 a day. Look for supplements that also contain vitamin D, which is essential for calcium absorption.

Drink plenty of water. A shortage of estrogen can create a drying effect throughout your entire body. Drinking 8 glasses of water daily can keep you well hydrated.

Manage stress. Stress can exacerbate menopause symptoms—especially those of irritability and depression. Try to carve out time for yourself to relax, and practice stress-reduction techniques.

Check-Up Challenge

Remember—when it comes to remedies for treating symptoms, natural doesn't always mean safe. Check with your doctor before using any supplements that claim to have estrogen-like effects—especially if you have a family history of breast cancer.

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Next Month's Feature!

JE 2015

Sun Care

Few things feel as good as lying on a beach soaking up a few rays. But nothing damages the skin more. Wrinkles, age spots and various carcinomas all come courtesy of sun exposure—and you don't have to be outdoors to experience its harmful effects. In fact, new research shows we should be more vigilant about sun protection—wherever we are.

In next month's feature find out more about:

- Common types of sun damage
- How sun ages skin
- Common skin cancers
- Using sunscreen properly
- Protection from winter sun

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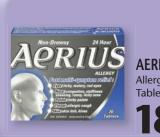
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