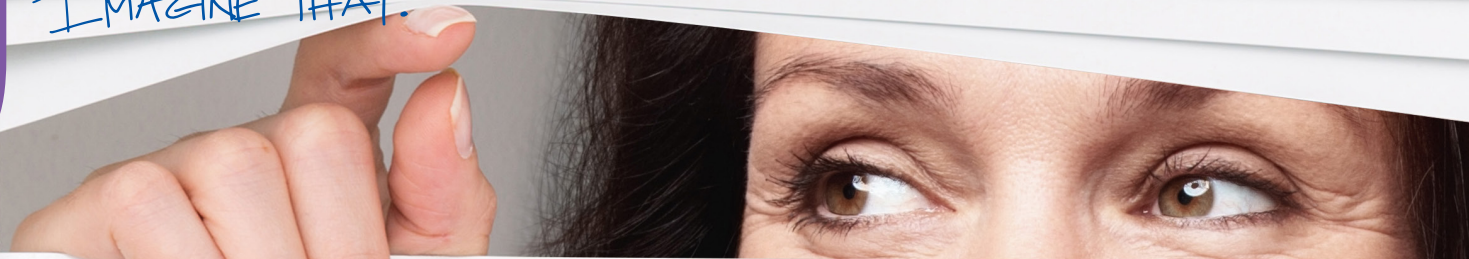




better you

IMAGINE THAT.



FEELING OUT OF SORTS:

MENOPAUSE & YOUR MIND

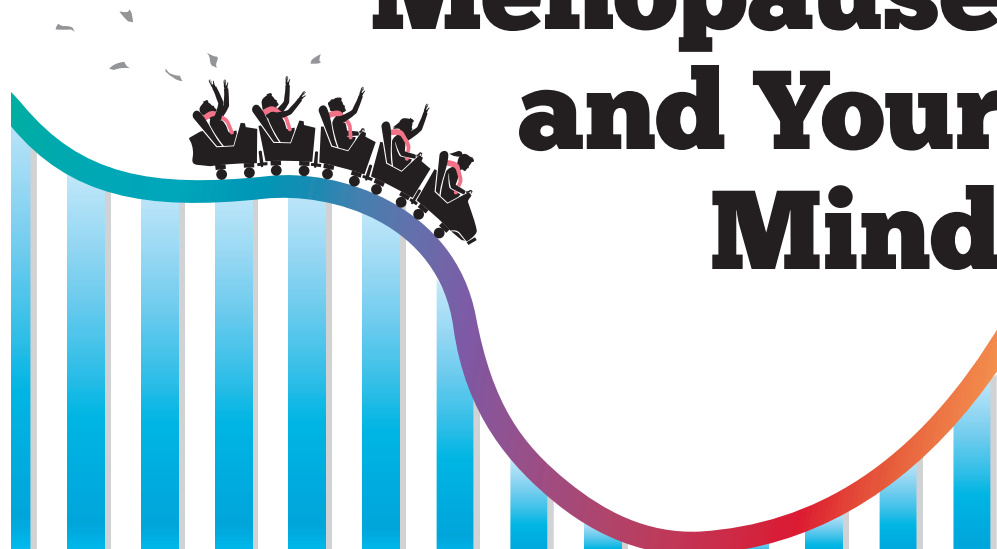
Night and Day Sweats?

Help for Hot Flashes

What Women Want: Hormonal Harmony

June 2018
CHIhealth.com

Feeling Out of Sorts: Menopause and Your Mind



Hold on, ladies. In addition to menopause's physical twists and turns, your mood might also rise and plummet without warning.

Menopause can be an emotional ride.

"Women can experience an increase in anxiety and depression starting in perimenopause. That's four to five years before menopause," said Meaghan Shanahan, MD, CHI Health obstetrician/gynecologist. "It can continue four to five years after the date of menopause, which is 12 months after your last period."

This long period of mental mayhem is driven by decreasing estrogen levels which affect the brain chemistry that controls emotions.

"Definitely there's a connection between menopause and depression," Shanahan said. "Women are two times more likely to be diagnosed with depression during menopause."

Unfortunately, many simply try to hang on. Sometimes, they get better along the way.

An antidepressant Shanahan prescribes for hot flashes has helped women who were suffering with depression – but didn't realize it or didn't think it was bad enough to mention.

"They come in and say, 'The antidepressant helped some with the hot flashes, but my mood is so much better,'" Shanahan said.

That underscores why women should speak up if menopause has them feeling anxious or upset.

"It can cause significant distress for women," Shanahan said. "It's always good to get a handle on it as soon as possible."

Besides considering an antidepressant and treating side effects like hot flashes, intense emotions are another reason to discuss hormone therapy.

"I'm definitely a proponent of estrogen/progesterone replacement therapy," Shanahan said. "You do see an improvement."

Strategies to Smooth the Ride

- Exercise and eat healthy.
- Address stress in your life, such as caring for older children and aging parents.
- Take up yoga, meditation, rhythmic breathing.
- Use alcohol sparingly, avoid tranquilizers.
- Find a creative outlet.
- Connect with family and community.
- Nurture friendships, particularly with other women going through menopause.

In the Fog: Menopause & Memory



Walk into a room and forget why? Can't place the name of a familiar person? Struggle to concentrate at work?

Meaghan Shanahan, MD, CHI Health obstetrician/gynecologist, hears those complaints and more from patients going through menopause.

"Women note bothersome symptoms, like feeling foggy and floating through the day," she said. "It's definitely a hot topic right now, how estrogen influences cognition. What we know is that estrogen is important for memory and learning."

What's not clear, yet, is how hormone therapy affects memory.

"My advice is to utilize your brain, read, do crossword puzzles," Shanahan said. "As always, exercise is recommended."

The good news? As menopause passes, your mind will return to normal.



Romance on Pause? Libido Lifters for Ladies

A lagging libido can go hand-in-hand with menopause. But it doesn't have to. That's why obstetrician/gynecologists often start the conversation.

"If you're not comfortable talking about it, find an OB/GYN who makes you comfortable talking about it," said Meaghan Shanahan, MD, CHI Health OB/GYN.

Together, you can improve the side effects – fatigue, hot flashes, depression – which dampen desire.

You can also address physical changes – vaginal dryness, thinness and lack of elasticity – which can cause discomfort.

"I really like vaginal estrogen, it quickly improves dryness and vaginal atrophy," said Shanahan.

Be open with your partner, who might also be experiencing age-related problems.

"What I hear sometimes is 'It's been so long...,'" Shanahan said.

It's never too late to rekindle that flame.



For more, visit CHIhealth.com/MenopauseIntimate

Are We There Yet?

The Road to Menopause

The menopause journey with its starts, stops, twists and turns is different for every woman. Some have a direct route, others are full of detours, warning lights and overheated engines. But according to Jessica Leibhart, DO, CHI Health obstetrician/gynecologist, there are a few signs and experts along the way to help you navigate the path ahead.

“Each stage of the three-stage process brings with it rewards and challenges. It is intended to be gradual to help the body adapt to change. At the very least, the process can be inconvenient, but it’s more likely agonizing for those experiencing symptoms,” Leibhart said.

While menopause is a natural sign of aging, it is also an indication that a visit to your doctor is in order. “It’s a misconception that women have to ‘live with’ menopause symptoms. We have great options available,” Leibhart said.

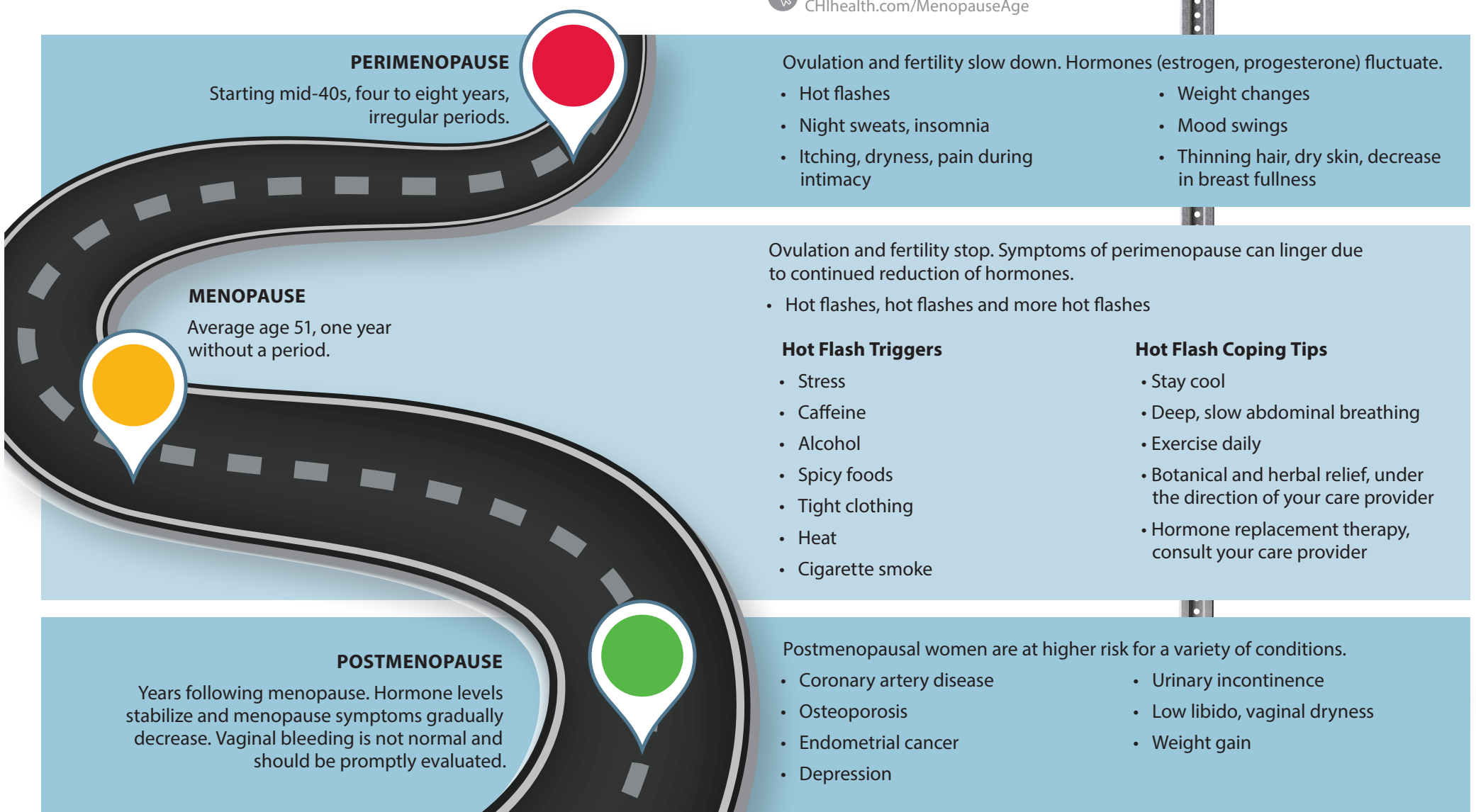
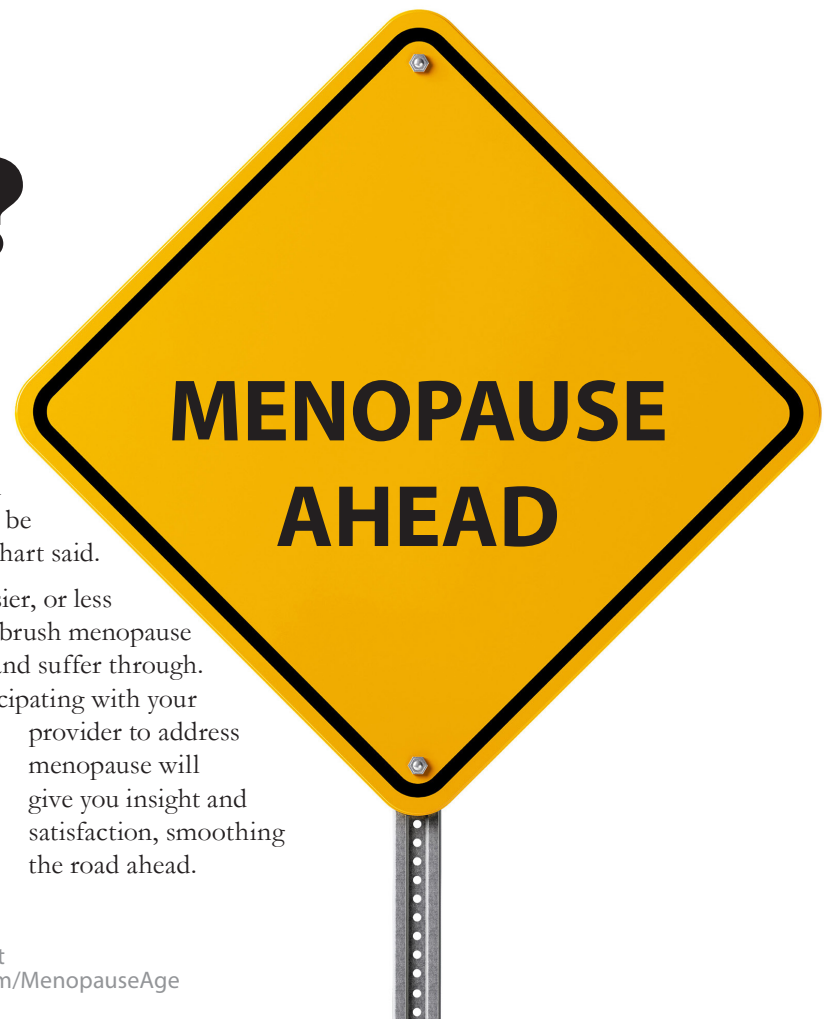
What some women also don’t realize is a decrease in estrogen increases their risk of serious health problems.

“Heart disease, cancer – these are serious health risks that need to be monitored,” Leibhart said.

It may seem easier, or less embarrassing, to brush menopause symptoms aside and suffer through. But actively participating with your provider to address menopause will give you insight and satisfaction, smoothing the road ahead.

In fact, a new study suggests that hot flashes, especially when accompanied by night sweats, may increase the risk of developing diabetes.

For more, visit CHIhealth.com/MenopauseAge



Great Balls of Fire:

Menopause can cause misery

Hot flashes, night sweats, sleep problems and no more periods. You knew the hormonal rollercoaster was coming but you didn't expect to be this miserable.

Most women expect the hot flashes and night sweats that accompany menopause (80 percent of women going through menopause have them) to disappear after a year or two. But a new study found that they can last seven years on average (Study of Women's Health Across the Nation, published in JAMA Internal Medicine). Some women may have the hot flashes that are followed by a drenching sweat for 11 years or more. No matter how long hot flashes last, they can wreak havoc with quality of sleep.



There are some things you can do to get better shuteye, according to CHI Health Obstetrician/Gynecologist Gina Harper-Harrison, MD:



» Keep the bedroom cool. The best temperature is 65 degrees.



» Learn other self-help strategies. These include deep breathing, meditation and mindfulness.



» Don't take hot baths or showers before you head to bed.



» Seek solutions with your care provider.



» Avoid caffeine and alcohol for several hours before bed.

For more, visit CHIhealth.com/MenopauseTired



WHAT WOMEN WANT: Hormonal Harmony

One of the most common treatments for relieving hot flashes and other menopause-related problems is hormone replacement therapy (HRT). There are different types, some with one hormone and others with two. They can come as pills, vaginal creams, rings and skin patches.

But is HRT right for you? It's very effective at relieving hot flashes and night sweats.

But there can be risks. Long-term treatment carries an increased risk for breast cancer, stroke, blood clots and other health problems.

"That's why you must discuss hormone replacement with your doctor to determine the treatment that is right for you," said Gina Harper-Harrison, MD, CHI Health OB/GYN.

If you have questions or concerns, or just need an additional resource for information, check out the North American Menopause Society's (NAMS) website menopause.org/.

Sweating Between the Sheets...

Help for Hot Flashes

It's a question many of us can't answer: can your pajamas or bedsheets help tame night sweats?

Apparently they can. The Good Housekeeping Institute tested different brands of sleepwear which claim to help women who have night sweats. The clothes were made from the lightweight polyester fabrics used in active wear. And sure enough – they "wicked" away moisture from the body faster and better than regular fabrics. The special sleepwear is available on many popular websites.

Belly Bloat: How to Beat the BULGE

You were planning to wear that little black dress to the party tonight but your stomach feels like you swallowed a basketball. The pants that were comfortable this morning now pinch at the waist.

Welcome to belly bloat.

It's a temporary and uncomfortable condition that occasionally plagues most of us. The cause? Intestinal gas.

You can avoid it with these easy tips:

- Eat a diet high in fiber to avoid constipation.
- Slow down when you eat.
- Eat more frequent, smaller meals.
- Avoid carbonated drinks.
- Limit beans and other gassy foods.



Sabotaging Your Weight: Those Pesky Hormones

You've cut calories, bought a Fitbit and even suffered through Zumba class. But the scale won't budge.

Even worse, belly fat has accumulated where you never had it before. Putting on your old jeans leaves you frustrated.

"Weight gain and changes in fat distribution often occur at the beginning of menopause," said CHI Health Obstetrician/Gynecologist John Cote, MD. "Both chronological age and ovarian aging contribute to the increase in weight and changes in distribution during menopause."

According to the International Menopause Society (IMS), a 45-year-old woman typically will gain about a pound a year. That means she would be 10 pounds heavier at age 55.

Hormones also play a big role in what the scale reads, Cote said. They control every aspect of your weight loss, from appetite and cravings to metabolism and where fat settles on your body.

Changes in hormones are inevitable during menopause and can sabotage even the most committed women. But there are ways to fight back:

- Experts recommend eating fewer processed foods and more protein.

Protein includes lean meat, chicken, fish and vegetables.

- Do your best to control stress. The stress hormone cortisol increases belly fat and can wreak havoc with your appetite and cravings. Learn some relaxation techniques and get seven to nine hours of sleep every night.
- Increasing your activity level is a must. Studies show that just walking 6,000 steps a day can improve health. Resistance training is a smart move, too, because women lose muscle mass during menopause – but muscle burns more calories than fat.

Step Up Your Game to Build Brawn

It starts about age 30 and really picks up around age 40. It's sarcopenia, or the natural decline of muscle mass that comes with age.

Why does it matter? The more muscle mass you have, the more calories you burn. So when you lose muscle mass as you approach midlife, your body burns fewer calories, slowing your metabolism. Hello, fat!

Check with your doctor for help with sarcopenia. You'll want to add strength training and resistance exercises to your regimen. Consider working with a personal trainer or physical therapist to tailor workouts to your needs.

For more, visit CHIhealth.com/MenopauseDietExercise





Cycle Won't Stop? Speak Up

When your monthly period goes from manageable to massive – requiring pads, tampons and hourly bathroom breaks – it's time to ask for help.

You don't have to suffer in silence.

Heavy menstruation, known medically as menorrhagia, can be uncomfortable and inconvenient. It's also completely addressable.

The point at which women should seek medical advice?

"When it bothers them," said Sami Zeineddine, MD, CHI Health obstetrician/gynecologist.

For women age 40 and above, a simple hormonal process is often the culprit. At this age ovulation can become irregular,

inhibiting the release of progesterone. It's estrogen and progesterone together which regulate the uterus lining.

You don't have to suffer in silence.

"If we do not have that progesterone, the estrogen overflows. The excess of unbalanced estrogen leads to excess thickening of the inside of the uterus or lining of the uterus. That is why we have the unpredictable spotting and bleeding," Zeineddine said.

Several factors can cause irregular ovulation, such as perimenopause, stress, weight fluctuations, even gastric bypass surgery.

"Those are the common causes and we can treat those with hormones," Zeineddine said.

Other medical conditions that can cause heavy periods include polyps, cysts, fibroids, adenomyosis (endometrial tissue grows into uterine wall, mainly due to prior pregnancies and uterine surgeries such as C-sections), infections, sexually transmitted diseases, thyroid conditions, pre-cancer and cancer.

All of those possibilities make it imperative to speak up if you're experiencing irregular or heavy periods.

"We can talk through what's going on with you, and do further testing if necessary," Zeineddine said.



Questions to Ask Your Doctor

• Is there medication I can take?

Yes. There are several hormonal and non-hormonal medication options that can be prescribed to regulate heavy menstruation. High-dose ibuprofen is sometimes used to slow the blood flow during your period as well.

Certain medications may not be appropriate for women at risk for blood clots (smokers, women with high blood pressure, migraine sufferers, prior history of blood clots, and genetic disorders that increase the changes of clots). Talk with your doctor about the best option for your particular needs.

• I don't really want to take medication, but I also don't want to have surgery. Is there anything else I can do?

For some women, an outpatient procedure that removes the uterine lining is an option. This nonsurgical procedure is called "endometrial ablation" and can curb bleeding or stop it altogether. This is done in your provider's office, surgery center or hospital.

• What if I've tried everything except surgery, and nothing has seemed to help control my heavy periods?

For some women medication interventions and non-surgical procedures may not be effective. In such cases a partial or full hysterectomy may be necessary. Talk with your doctor for more information on this surgical intervention.

For more, visit CHIhealth.com/MenstrualBleeding



What's Normal - What's Not?

A regular period can last three to six days. "Anything more than that is considered a heavy period," said Sami Zeineddine, MD, CHI Health obstetrician/gynecologist.

Using more than one pad every hour to 90 minutes, or needing to use pads and tampons simultaneously? That's also considered a heavy period.

Women shouldn't hesitate to talk to their OB/GYNs about heavy or irregular periods.

"In fact, if women are overweight, they shouldn't wait for it to bother them, because they are at a higher risk of pre-cancer or cancer of the uterus. So if you're obese and your period is changing, it's worth raising the question."

Other signs you should seek help: "If you're tired, having headaches, or if you are missing school or work," Zeineddine said.

Not Your Mother's Menopause: Tips to Master the Transition

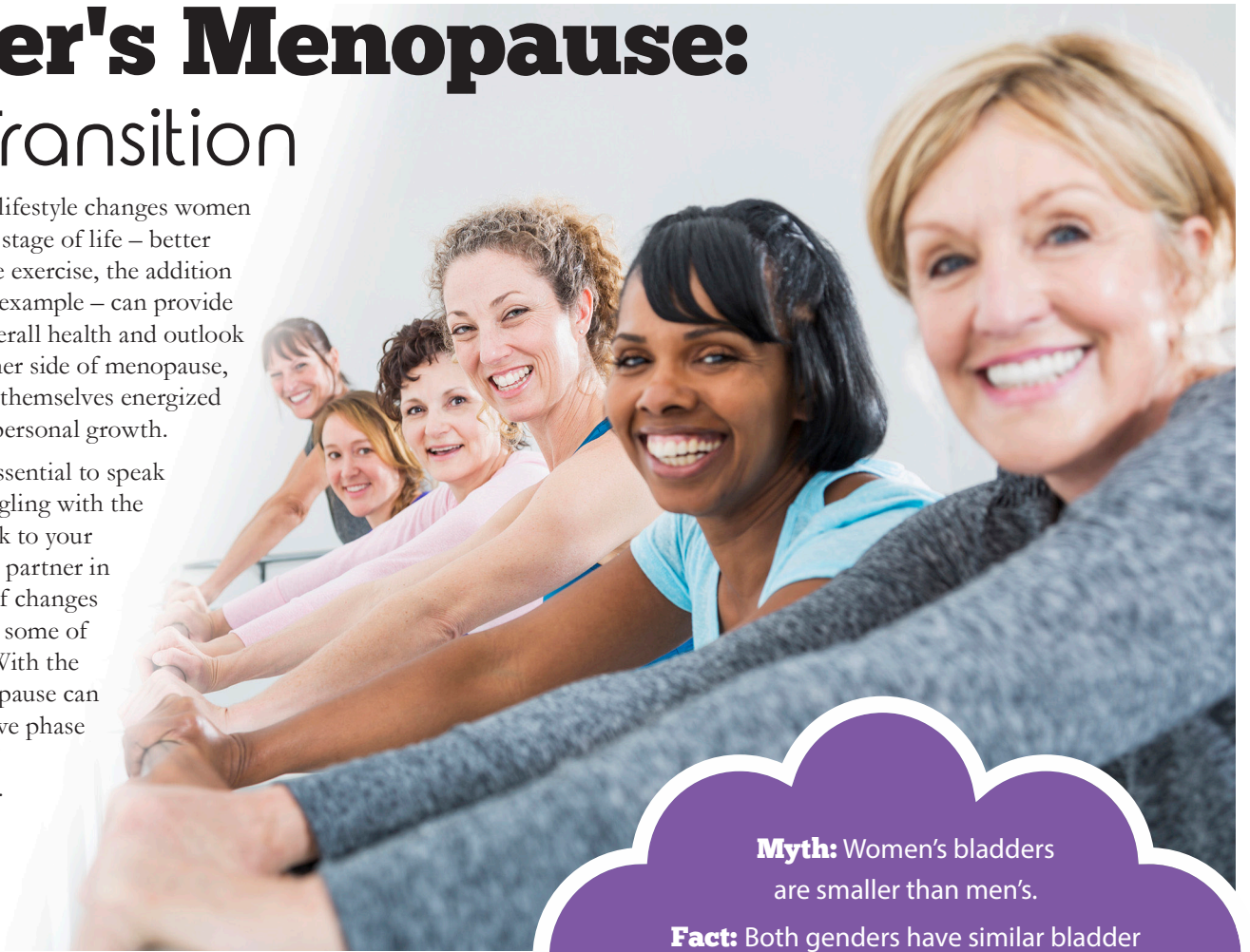
While the average woman understandably dreads the thought of menopause – and many of the unpleasant symptoms that typically precede it – failing to consult with a physician during this major life transition isn't advised.

“A lot of women might not realize that their life expectancy here in America is now in the 80s, which means that they can actually end up living more of their lives in menopause than they will in their reproductive years (ages 14-45),” said Jimmy Khandalavala, MD, CHI Health obstetrician/gynecologist. “Because of that, menopausal issues need to be addressed.”

What if you could be even better at midlife than you were before? You can be, if you face it head on. This is a time not only to address side effects of menopause, but also manage your overall care. Screenings and preventative strategies are important to get ahead of cardiovascular disease, diabetes, osteoporosis, cancer and more.

As a result, the lifestyle changes women often make at this stage of life – better nutrition and more exercise, the addition of meditation, for example – can provide a boost in your overall health and outlook on life. On the other side of menopause, women often find themselves energized and in a phase of personal growth.

That's why it's essential to speak up if you are struggling with the transition, and look to your OB/GYN as a key partner in making the kind of changes that set you up for some of your best years. “With the proper care, menopause can be a very productive phase of a woman's life,” Khandalavala said.



Myth: Women's bladders are smaller than men's.
Fact: Both genders have similar bladder capacity. It's the pressure of the uterus that causes women to run to the bathroom more often.

Myth: Breast cancer is always hereditary.
Fact: Fewer than 10 percent of women with breast cancer have a known gene mutation that increases risk. More than 75% have no family history of the disease.

Myth: If your mom has wrinkles, you will too.
Fact: Just 10 percent of the way you age is caused by genetics; 90 percent is determined by environmental factors like sun exposure and diet.

Are You Losing It? Hair, Bone and Bladder Control

While the number of studies on treatment of women with symptoms during perimenopause is relatively small, Jimmy Khandalavala, MD, a CHI Health obstetrician/gynecologist, said many of them show that the available treatments can make a noticeable difference. Some key areas of interest to most women:

BLADDER CONTROL — Khandalavala estimates that about 33 percent of perimenopausal women deal with this issue. “The lack of estrogen can definitely affect the pelvic floor tone,” he said. “The female pelvic floor has tons of estrogen receptors and when the estrogen goes away, the tone of the entire pelvic floor is affected. This brings a risk of prolapse and a risk of incontinence of urine.”

BONE DENSITY — Although Medicare doesn't cover bone density testing until after age 65 in patients with no risk factors for osteoporosis, Khandalavala said testing can be started as

early as age 55 if a woman has risk factors. He added that the list of risk factors is lengthy, meaning many women can get an early start on bone density testing.

HAIR LOSS — “It's not so much hair loss as the quality of the hair that many women dislike,” Khandalavala said. “Women may begin to notice that their hair is more brittle or doesn't have the natural sheen that it once had. Also, they tend to find the quality of the skin decreases – there's more wrinkling and the skin can get more fragile.”



Myth-busting Women's Health



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