



Maintaining health and preventing disease after the menopause

Make lifestyle changes today for a healthier life tomorrow

After menopause the probability of developing chronic diseases increases. Prevention is the key; managing your lifestyle will lower the risks and will enhance quality of life.

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As women age, the likelihood of developing chronic diseases increases. Prevention is the key; managing your lifestyle will lower the risks and will enhance quality of life.

The menopause is an important stepping stone for women and is an inevitable part of her life. It heralds the end of the reproductive years and occurs when the production of sex hormones decreases and monthly periods cease. In some instances, menopause may be associated with adverse symptoms, although each woman's experience will be different. Natural menopause is said to have been reached when she has been without a period for over 12 months continuously, after which she enters into the postmenopause. The perimenopausal phase represents the years leading up to the final menstrual period plus the 12 months that immediately follow. In Caucasian women, the average age of menopause is between the ages of 50 and 52 years ^[1., 2.], although in some societies or ethnic groups the average age is several years earlier. ^[3.] Menopause occurs at a younger age when it is induced by surgical removal of the ovaries or by irradiation or chemotherapy used in cancer treatment.

Common symptoms of the menopause transition include

- Irregular periods, which maybe heavy
- Hot flashes (hot flashes)
- Night sweats
- Trouble sleeping
- Aches and pains
- Racing heartbeat
- Increased need to go to the toilet
- Mood changes, such as irritability or feeling low
- Trouble concentrating



Menopause is a natural development and cannot to be prevented. The chances of developing some illnesses, however, increase, and preventative measures should be taken to improve quality of life, enhance longevity, and lower the risks of age-related illnesses.

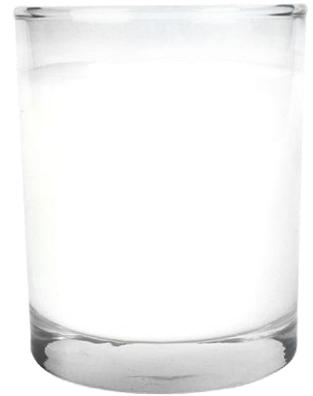
The menopause transition should be used as an opportunity to visit your healthcare professional for a check-up, assess potential risks and proactively start to manage later life. Obesity, diabetes, cardiovascular disease, osteoporosis and osteoarthritis, cognitive decline and dementia, depression, and cancer are the key diseases to address.

Preventing Cardiovascular Disease (CVD) post menopause

CVD, particularly coronary heart disease (CHD), is the most common cause of death for women over the age of 50 years. High blood pressure is the single, most important, treatable risk factor for heart disease and stroke. By managing and reducing blood pressure, the risk of stroke is reduced by 30 - 40%. Myocardial infarctions risk is reduced by 20 - 25% and heart failure is reduced by 50%.

Regular screening for CVD after menopause is extremely important. Lifestyle factors such as smoking and weight control can also play a big part in reducing risk. The American Heart Association has outlined diet and lifestyle recommendations to reduce CVD, resulting in better health, based on a variety of prospective studies. ^[4., 5.] In the PREMIER trial, the 10-year CHD risk was substantially reduced by 12 - 14% by lifestyle intervention. ^[6.]

If Menopausal Hormone Therapy (MHT) is being used to manage the menopause, it may also contribute to the prevention of CHD. If you are less than 60 years old and / or you are within 10 years since transitioning through the menopause, the benefits of MHT outweigh the risks involved for most healthy women. ^[7.]



Reducing the risks of osteoporosis and osteoarthritis post menopause

Osteoporosis is a common disease which increases with age and leads to an increased risk of fractures. ^[8.] Approximately 70% of women have osteoporosis of the hip, lumbar spine or wrist by the age of 80. ^[9.] Other factors, such as low body mass index (BMI), smoking, and alcohol, among others, may reduce bone density and strength and increase the risk of fracture. ^[10.]

Lifestyle and diet is the key strategy for preserving bone mass after menopause. Smoking and excessive alcohol use are toxic to bones and should be avoided. Moderate daily weight-bearing exercise strengthens bones and is recommended.

A well-balanced diet is essential to maintain healthy bones. Postmenopausal women are encouraged to aim for a calcium intake to 1200mg a day. Vitamin D also plays a vital role and is essential to help the body absorb the calcium. About 60% of older patients may have inadequate levels of vitamin D because of age-related skin changes and inadequate sunlight exposure.

It has been known for many years that menopause-associated bone loss can also be prevented by the use of MHT. A recent statement by the world's leading menopause societies stated that MHT is effective and appropriate for the prevention of osteoporosis-related fractures when initiated within 10 years of the onset of menopause.

Osteoarthritis can be particularly debilitating and is a major cause of disease for many women after menopause. Osteoarthritis will affect 59.4 million people in the USA by 2020; for knee osteoarthritis alone, the incidence is 240 per 100 000 person per year. ^[11.] While osteoarthritis is more common in men than women before menopause, it is higher in women after menopause. The identification of women with a family history of arthritis or those who are beginning to have stiff joints and immobility at the start of menopause is important and may allow for interventions, such as physical therapy, weight loss, physical exercise and anti-inflammatory agents. ^[12.] There is some data suggesting that estrogen may have a role in improving or decreasing the risk of osteoarthritis. ^[13.]

Reducing cognitive decline post menopause

Dementia, even more than cancer, is the principal health concern of many older adults. During the natural menopause transition and early post menopause, some women notice forgetfulness or other cognitive symptoms, which can raise concerns of mental decline. During the menopause transition, there may in fact be modest reductions in aspects of attention ^[14.], but natural menopause does not appear to lead to poorer memory. ^[15.]

Alzheimer's disease is the most common cause for dementia. The incidence is age-related and is rare under age 60 years. More women will develop this disease than men. Around 36 million people worldwide suffer from Alzheimer's disease and other forms of dementia. This figure is projected to more than double by 2030. ^[16.]

Current evidence, unfortunately, does not strongly endorse any particular risk-reduction strategy ^[17.] but does support some approaches over others. Brain health should be bolstered through reducing cardiovascular risk factors; cognitive reserve should be increased through mentally stimulating activities associated with occupation, leisure activities and social engagement; and Alzheimer pathology should be attacked through regular aerobic physical activity. ^[18.] Depression should be recognised and treated, and women in their sixties or older should not start MHT. Research continues in this area.

Preventing cancer post menopause

With aging, the incidence of all cancers is expected to increase. ^[19.] For women, the most important cancers are breast, colon, endometrial, ovarian and lung cancer. Also, in the developing world cervical cancer is a major cause of death in women. Possible prevention of these cancers by lifestyle changes and appropriate screening gains more importance after menopause. ^[20., 21.]

In 2012, there were 6.7 million cases of cancer in women world-wide out of a total of 14.1 million. [22.] The total number is expected to rise to 24 million in 2035. Breast cancer is the most common cancer (1.67 million new cases in 2012) followed by colorectal (614 000), lung (583 000), cervix (528 000), stomach (320 000), endometrium (320 000), and ovary (239 000).

Cessation of smoking and reduction in alcohol consumption are important to decrease the incidence of cancer. [23.] A lower fat, higher fibre, reduction in red meat diet is recommended; exercise has also been studied in clinical trials and is specified in the American Cancer Society Guidelines. [24.]

Use of MHT should not be thought of as a strategy to decrease cancer risk. However, older observational studies have suggested a decrease in cancer mortality with MHT [25.]. There is also strong evidence for a protective effect for colon cancer with MHT.

Preventing metabolic effects post menopause

In 2008, 14% of the global female population (300 million women) were obese. [26.] Although women frequently report weight gain at midlife, studies across different populations have consistently shown that weight gain is primarily influenced by age, not menopause. [27., 28.] The abrupt reduction in estrogen at menopause results in an increase in abdominal fat distribution. [29., 30., 31.] This menopause-associated change in body composition is seen across all women. [30.] The accumulation of abdominal fat in postmenopausal women is a critical factor in the development of insulin resistance, which in turn is a major risk factor for progression to type 2 diabetes. Furthermore, abdominal weight gain after menopause is associated with the development of other age-related conditions in postmenopausal women, namely CVD, dementia [32.] and breast cancer. [33.]

The most effective intervention for obesity is lifestyle modification [34.]; physical activity, calorie-controlled diet or bariatric surgery are all options that can help to reduce the risk. Complementary and alternative treatments, such as acupuncture, yoga, and herbal supplements may also aid in weight loss. [35.]

Research has shown that MHT reduces the risk for the development of type 2 diabetes [25.] so prescribed medications should be considered with your healthcare professional.

Top 10 prevention tips for chronic disease in later life

The first 10 years post menopause is an important window for intervention and is where preventative measures can be most effective:



1. Smoking cessation
2. Reduction of alcohol consumption
3. Regular aerobic exercise
4. Healthy diet
5. Control of body weight
6. Participation in mentally stimulating activities
7. Regular screening for cancer
8. Consideration of MHT in women younger than age 60, not only to help manage hot flashes and other symptoms of the menopause transition but also potentially, to help prevent CHD
9. Consideration of specific prevention therapies for other diseases if you are at higher risk because of family history or other personal risk factor
10. Be sure to discuss your options and prevention strategies with your healthcare professional.

If you have any concerns or would like to discuss any areas highlighted in this leaflet, please visit your healthcare professional.

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