

Perimenopause
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“Am I going through the change?”

This is becoming one of the most common questions that gynecologists are asked. It reflects not only how much attention the menopause is being given in the media but also how closely a woman's sense of well being is tied to the rhythm of her hormonal cycle. Yet, although aging and the menopause are linked, they are not synonymous. Indeed, many of the concerns come not from patients who are in the menopause- which is defined as the cessation of periods and ovarian function for at least a year- but from women who are in a preliminary phase called the perimenopause which can last for years before the periods finally stop.

The menstrual cycle not only affects the way a woman feels (and sometimes everyone within shouting distance!) but it also reflects the way a woman is feeling. Stresses, both physical and emotional can change, or stop, the menstrual cycle. So can illness, weight changes and some medications.

The ovarian cycle is controlled by a delicate balance of signals being traded by the brain, the pituitary gland and the ovaries. A change at any level can have an effect. Interestingly, all of a woman's eggs are present at the time of birth. Although over half a million eggs are in a newborn girl's ovaries only about 500 will reach ovulation during her lifetime. Each month many start out along the path to ovulation but usually only one reaches full maturity. The others degenerate in a process called atresia and are no longer eligible to ovulate. The hormones produced by the ovaries are primarily manufactured by a cluster of cells surrounding the egg that will ovulate.

So why the biology lesson? Well, let's skip ahead to a woman in her forties. All of the eggs (and their surrounding hormone-producing cells) have been there since before she was born. These eggs have resisted ovulation month after month. Now, they are the only ones left. Not only are they older but they may be a different group. They may take a stronger signal from the pituitary gland to be pushed to ovulation. They may not quite make it and a period may be skipped. Or the cluster of hormone-producing cells may produce a different mix of estrogen and progesterone leading to a heavier or lighter period. Sometimes the ovary will just take a rest and not work at all for a while- neither ovulating nor producing hormones. The woman may experience hot flashes and

all of the symptoms of the menopause only to be startled a few months later when the symptoms disappear and the cycle begins again!

All of this means that a woman's system becomes more sensitive to changes and less predictable as she enters middle age. This is not a disease and nothing is wrong. So when should she worry? How can she tell when to see a doctor? A basic guideline that I use is that periods that last longer than ten days, are closer together than twenty one days (from the start of one to the start of the next), or spotting between periods warrants a visit to the doctor.

The diagnosis of the perimenopause is made by an experienced physician after a careful history and physical. Lab work plays a surprisingly small role. In general we can not predict how long the perimenopause will last, but, since the menopause occurs on average at age 52, it makes sense that the closer a woman is to her fifties the shorter will be this phase of transition.

So what about the mood swings? Is it the ovaries or have you just put up with too much too long? Here there is no easy answer. The mind-body connection goes two ways. Yes, a change in hormones can effect your sense of well being, deprive you of sleep, make headaches worse and in general shorten your fuse. But it's also true that the many changes that commonly occur in middle age- kids leaving home, a divorce, job changes, money problems, chronic illness- can all have an effect on the ability of the ovaries to produce their hormones.

Is there anything that a woman can do to ease the transition? Eat well, optimize your weight, get enough rest and enough exercise and don't smoke. Learn how to avoid the stress you can and live with the stress you can't. On this, doctors are starting to sound a lot like your mother- whose advice comes at a much lower price!

But there may be occasions where hormone supplements, even low dose birth control pills, may be just the ticket to unscramble those heavy, unpredictable periods. And on occasion there may be other causes for the menstrual irregularity such as growths in the uterus that will have to be looked into.

So we've talked about changes called the perimenopause that aren't The Change. The only thing predicable about it is that it is unpredictable! But sometimes knowing what is happening helps. And knowing what to expect- even if we can't tell you when to expect it- can put your mind at ease.