

2020



# Guide to **Menopause**





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# Forward

At 42 years old, I was floored by how much women were suffering through menopause. I didn't realize that mood, anxiety, even rage would be some of the most reported symptoms. And the inability to sleep, seriously? That too?

I founded Gennev to help support women managing the changes in menopause, and it has given me the gift of awareness.

With this knowledge I can see patterns in my own health changing. My sleep is troubling. Falling asleep is not the problem; staying asleep is. It's like my mind becomes a worry factory of work stuff and personal insecurities. Thank goodness for sleep apps and CBD! I've had night sweats since I was 34, so PJ changes are common.

And, menstrual cramps now wake me up at night. Being 46, I'm even more determined to get eight hours of sleep, get out the door every morning for a run or walk, and jam veggies into my meals.

I've transitioned from having a marathon coach to having a health coach who helps me manage stress, sleep and diet. I want to look amazing, but even more, I want to feel fabulous!

Now at the age of 46, I crave healthy living. Besides, I have to keep up with my husband, three amazing stepchildren and their partners, and five grandchildren. Yes, I'm a grandma and it rocks.

I've got **No Time to Pause**, so this getting older thing is pushing me to be the boss of me.

Much of what I've learned from my team of menopause experts is captured in this 2020 Guide to Menopause. I hope you find it helpful and a resource for ongoing reference and support.



Jill Angelo, CEO and Co-founder



# About Us

**Gennev** is the first-of-its-kind online clinic for menopause. Our mission is to help women take control of their health in the second half of life. We provide access to menopause-expert OB/GYNs and registered dietitian coaches, wellness products, education and community. We're proud to say that all of our resources are vetted by physicians certified by the North American Menopause Society.

“Built for women, by women”

Jill Angelo, CEO and Co-founder



In 2019, we began offering women our [OB/GYN-designed Menopause Assessment](#), a list of questions designed by a North American Menopause Society (NAMS)-certified OB/GYN, to help us help women determine where they are in the menopause transition.

Not only did the Assessment allow us to begin targeting treatment to individual women, it allowed us to glean some real insights into how women generally experience this major transition.

In December 2019, we released our [Menopause Zeitgeist](#) – an infographic that depicted some of the most surprising learnings from our Menopause Assessment and another, smaller survey on women's experiences with menopause.

This 2020 Guide to Menopause is an even deeper dive into the questions women ask us, the solutions that are out there (and which ones work), what you need to consider now to stay healthy in the future, and what we're hearing from women that they want in 2020.

This second chapter of your life can be great – and it should be. You are a modern woman with [#NoTimeToPause](#), so let's get started:

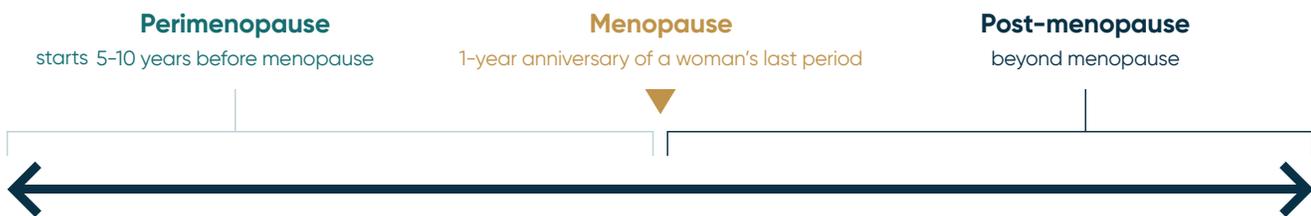
# What is Menopause

## Let's start with a few important statements:

1. You are normal and not "crazy."
2. Menopause symptoms are very real and can be very impactful.
3. You are not alone.
4. Menopause can be managed.

More than just the end of periods and the beginning of hot flashes, the menopause transition is a time of major hormonal changes in a woman's body.

**Perimenopause** is the first stage of this transition, and it can start as early as a woman's mid-30s. During this time, the ovaries stop producing the female hormones estrogen and progesterone in the same cyclical way a woman experiences in her peak reproductive years. A woman's supply of viable eggs is running low, so the body stops releasing them as regularly, and this triggers the reduction in hormones.



**Perimenopause can last 8–10 years, and in the last year or two, the drop in estrogen production can accelerate, meaning more symptoms.**

Because hormone production is irregular for a while, the first sign of the transition that a woman may notice is that her periods aren't consistent. Cycles may shorten, meaning women have more periods closer together; then they can space out, meaning fewer (and often heavier) periods.



## Things to know during perimenopause:

1. **You can still get pregnant**, so use of a [birth control method](#) until full menopause is achieved is advised.
2. **Unpredictability is the hallmark of perimenopause**, but tracking the cycles you have — [and discussing them with a menopause expert](#) — can help you identify where you are in the transition.
3. **Hormonal birth control or an IUD can help reduce menopause symptoms.** This can also mask where you are in the transition.
4. **Hormone level tests aren't particularly helpful.** Because your levels are in such flux during this time, [a test can only give you a snapshot](#) of right now. But things could be different in an hour.

### Key symptoms most prevalent in perimenopause:

- Fatigue
- Irregular periods
- Loss of libido
- Interrupted sleep
- Intensified PMS, cramps
- Emotional issues (such as depression, irritability, anxiety)

**Ultimately, periods stop. When a woman has had a full year of no periods, she has reached menopause.**

**Menopause** is technically one day — the 1-year anniversary of a woman's last period. The average age for reaching menopause is 51 in the US.

## Things to know in menopause:

1. **Natural pregnancy is no longer possible, but STDs are**, so use of a condom is still recommended.
2. **Symptoms of endometriosis may decrease or disappear.**
3. **Emotional instability tends to decrease after full menopause is achieved.**

### Key symptoms most prevalent in menopause:

- Vaginal dryness
- Weight changes (gain/loss and distribution)
- Hair, skin changes
- Pelvic floor issues (such as incontinence, prolapse)

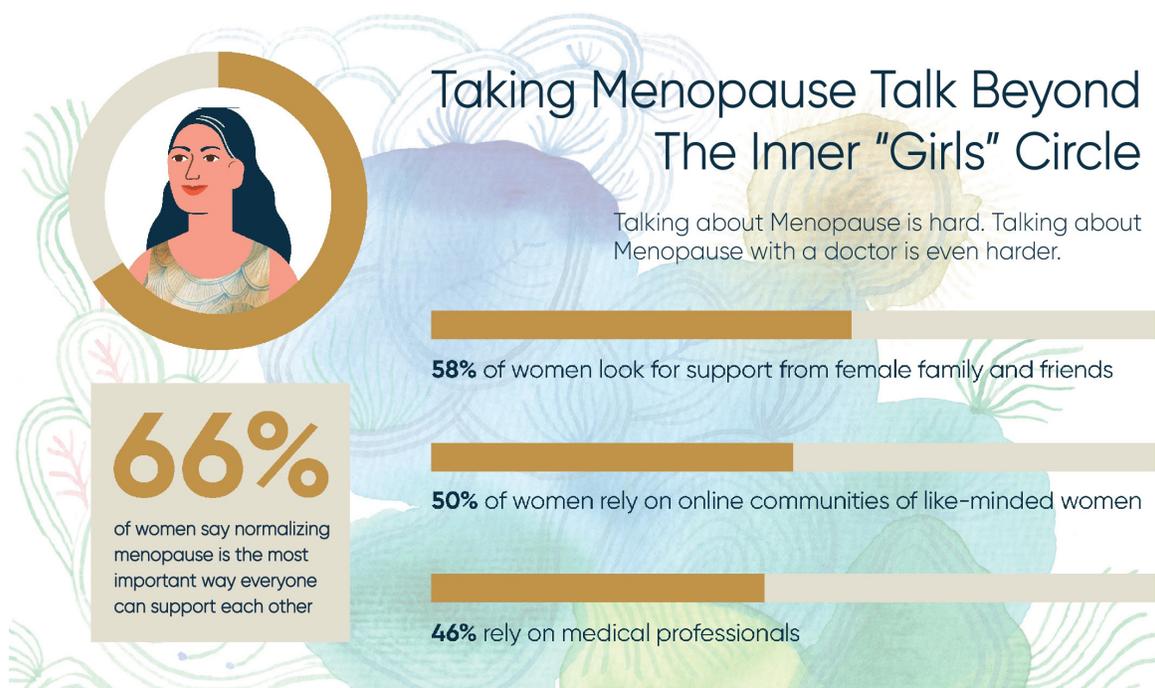
**Post-menopause** is forever. Your body begins to adjust to its new normal, and over time, many menopause symptoms decrease or disappear. Now is the time to really concentrate on taking care of yourself to preserve your health, strength, and independence for the many years ahead!

## Things to know in post-menopause:

1. **Your risk of heart disease begins to rise, equaling a man's risk at about 10 years post-menopause.**
2. **Osteoporosis (loss of bone density) can be a real problem.** More women die from complications due to osteoporotic hip fractures than from breast cancer.
3. **Women receive two of every three diagnoses of Alzheimer's disease,** so taking steps to reduce risk is important.
4. **Your risk of diabetes, high cholesterol, sleep apnea, and certain cancers increases after menopause,** so be sure to check with a doctor and get on a schedule of [regular screenings](#).

### Key symptoms most prevalent in post-menopause:

- Vaginal dryness
- Skin, hair changes
- Loss of libido
- Social isolation



# Normalizing Menopause



The challenge of menopause isn't just the hot flashes, it's also the stigma that shames and silences women for their natural body processes. It's the culture that allows the medical industry to produce five oral drugs for erectile dysfunction but shrug helplessly at women with hot flashes, insomnia, heart palpitations, low libido, vaginal dryness, and anxiety.

"Normalizing" menopause, according to 66 percent of the women surveyed in [Gennev's 2019 Zeitgeist study](#), would go a long way to making this transition easier. And it might prompt more research, which could then result in more choices for treatment.

In that same study, a staggering 94 percent of women said they don't get the support they need through this challenging time. Partners, colleagues, friends, family, medical professionals, and society as a whole — we all need to do a better job understanding menopause and supporting the women going through it.

## How do we "normalize" menopause?

We talk about it. Because the more we talk, the more normal it seems, and the easier it'll be for us and the women coming up behind. Let's educate our partners, colleagues, friends, and family by sharing information (like this Guide) and being as open as we can about what we're going through. Let's teach our kids about it and encourage their schools to include it in sexual health classes. Let's ask our HR departments to get educated and figure out menopause-friendly workplace accommodations, such as flex time or work-from-home options.

**We normalize this utterly normal experience when we support other women who are speaking out as well as women who are struggling.**

# Symptoms Across the Journey

**Every woman's experience of menopause will be different from her friends', even from her mom's or sister's.**



Every woman's experience of menopause is as unique as she is. Her specific symptoms, their frequency and intensity, will be different from her friends', even from her mom's or sister's.

## **Why is that?**

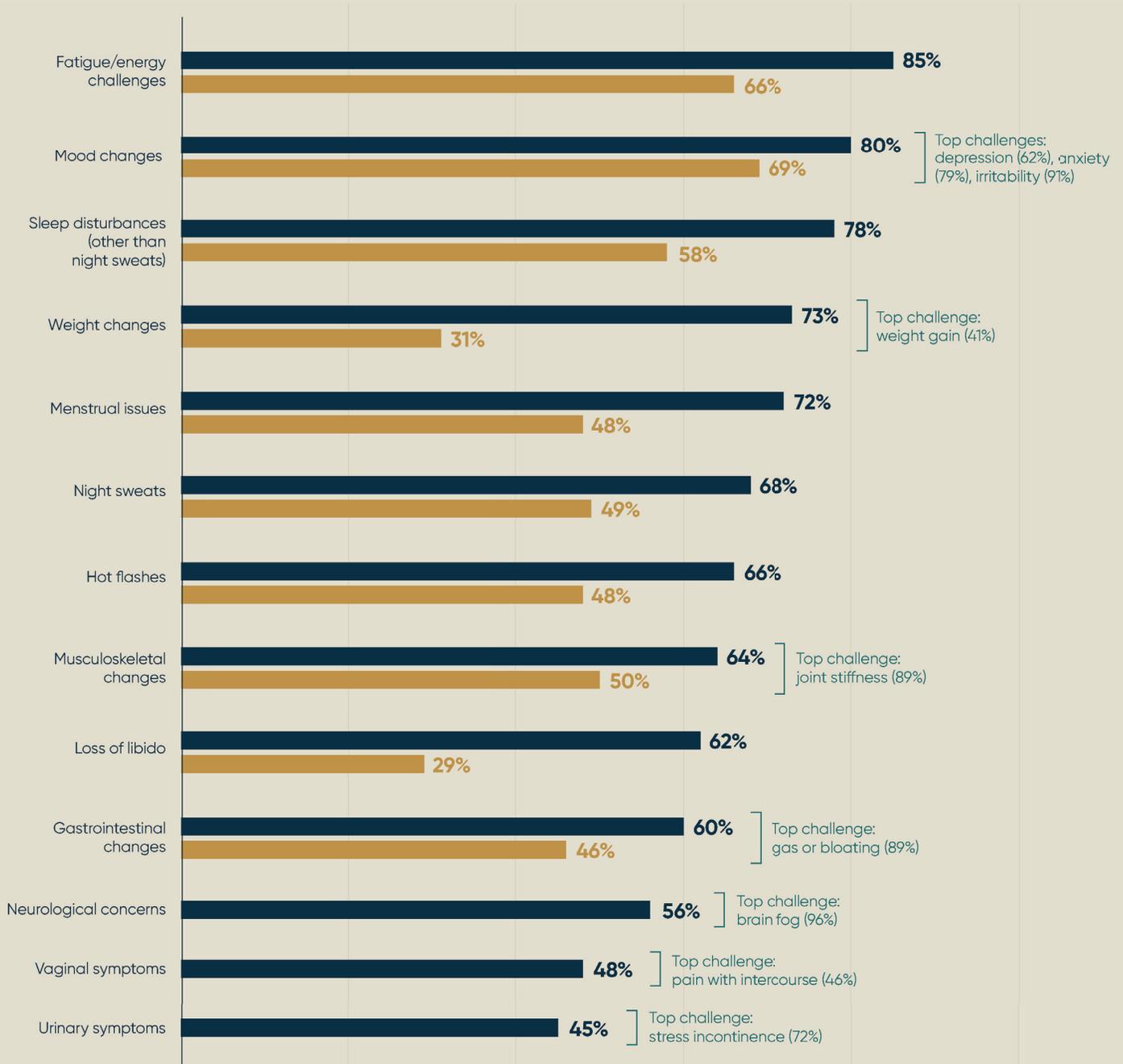
We don't really know, only that genetics, diet, exercise, stress levels, sleep, hydration, and attitude all play a role in her symptoms and in her experience of those symptoms.

We do know that some symptoms tend to be more common at specific points in the journey, so we've broken them up that way here. That does not mean, however, that if you're experiencing a symptom sooner or later than the average (or not at all) that there's something wrong, only that menopause is "funny" like that.

**These are the top symptoms women identified in 2019.**

# Menopause Symptoms are Real and Impact Quality of Life

% of women in perimenopause experiencing this symptom  
 % of women in perimenopause who have moderate to very high impact on their life



## Perimenopause > Post-menopause Symptoms

The symptoms at the top of this list are generally experienced earlier; those further down may start later.

### EARLY PERIMENOPAUSE

#### **Irregular periods:**

This is often the first sign of the change that's happening. Periods get closer together, PMS can feel more severe, and cramps may worsen. As you move through perimenopause, periods may get farther apart and fewer, but they can often be **quite heavy**, since your body has had more time to build up tissue before sloughing it off in a period. Usually lasts 1-3 years.

#### **Hot flashes and night sweats:**

While medical science is unsure of the exact reason vasomotor symptoms occur, it's thought that the hypothalamus — the part of your brain in charge of temperature regulation — can get confused without its regular input of estrogen. Its tolerance for temperature changes narrows, meaning it believes your body is overheating when it isn't, and it throws off heat to help you cool. These often start in the chest and spread to the neck and face and may come with profuse sweating, **heart palpitations**, even panic attacks. Can last as long as 10 – 14 years, though 4 years is considered "typical."

#### **Slower metabolism/weight gain:**

As we age, our caloric needs change, and we may find ourselves putting on weight while eating the same diet and maintaining the same exercise regimen we've been on for years. Also, hormones dictate where extra weight lands, and in midlife it settles less on hips and thighs and more on the belly. Losing weight may become more difficult. This tends to even out at achievement of full menopause, though losing the excess may be more difficult from here on.

#### **Increasing incontinence:**

In perimenopause, muscles lose some flexibility and strength, including those in the pelvic floor. Women may begin to experience some leakage during exercise or when laughing or coughing, or they may have urinary urgency, causing them to beeline for the bathroom to avoid accidents. For many women, getting up multiple times during the night can make a decent night's sleep impossible. Untreated, this can last the rest of your life.

## MID-PERIMENOPAUSE (5 YEARS IN)



**61% of menopausal women have sleep problems**

### **Mood challenges:**

Perimenopause is especially challenging for mood and emotional health. Even women who've never had emotional difficulties before may find themselves dealing with anxiety, depression, irritability, rage, and panic attacks. Women who've had issues previously, especially PTSD or hormone-related issues such as postpartum depression, may find them returning or worsening during this time. Many women feel relief from mood issues as hormones level out in full menopause.

*If you are in distress, we urge you to seek help right away. The US National Suicide Prevention Lifeline is 800-273-8255. You can also dial 988 in the US or text "hello" to 741741 in the US and 686868 in Canada.*

### **Sleep disturbances:**

According to the [National Sleep Foundation](#), 61 percent of menopausal women have sleep problems. "Problems" can include things like [Restless Leg Syndrome](#) or night sweats or racing thoughts that interrupt our nights. Some women find it difficult to fall asleep, others to stay asleep. Poor sleep has trickle-down effects such as weight gain, irritability, foggy brain, and daytime sleepiness. These issues may resolve somewhat at full menopause, though older folks generally need less sleep than younger, so you may simply have less quality and quantity of sleep from here on.

### **Musculoskeletal pain:**

Aching joints are quite common at this time of life, from estrogen withdrawal, from the onset of arthritis, and often from too much sitting or inactivity. Many women note increased pain in knees, hips, and ankles, and "frozen shoulder" is much more common in women in perimenopause and menopause. As menopause issues (excuse the expression) bleed into age issues, it's difficult to know if your joint pain is estrogen loss or aging or, most likely, some combination of both.

### **Brain fog:**

Concentrating, thinking clearly, remembering names or bringing the word you want up from the recesses of your memory may be more challenging for a while. Estrogen is a “master regulator” of your brain, and when there’s less of it, the brain has less energy to run on, and it takes some time to adapt. These tend to resolve significantly as our bodies and brains adapt to our new normal, but it may take a few years past the full achievement of menopause.

### **Skin and hair changes:**

With less estrogen, there’s less collagen in skin and hair, meaning both can begin to thin. Skin loses elasticity and some of the fat beneath the skin, causing it to sag and wrinkle. Skin can also get dry, itchy, and more sensitive to irritants. Less estrogen and progesterone means a higher balance of androgens, which can reduce head hair but increase hair on the face. You may also notice less body hair. Some changes are permanent, though hair loss will likely slow after full menopause.

## **LATE PERIMENOPAUSE > MENOPAUSE**

### **Vaginal symptoms:**

Less hydration, less elasticity — it hits our private parts too. This can mean painful sex for some, and daily discomfort for others. As vaginal flora changes, we can also experience more frequent UTIs (urinary tract infections) and yeast infections. Without treatment, vaginal issues will remain and likely worsen over time. One thing to note is that while all women not on hormones will experience change in vaginal tissues, only about 50 percent will experience symptoms.

### **Period stops:**

When you’ll reach your FMP or “final menstrual period” may depend on many factors: if you smoke or are very thin, you may start menopause a year or two early. Diet, exercise, stress, and of course, genetics, all play a role in determining your FMP date. Tracking periods as you move through the transition is important so you’ll know when you’ve hit your 12-month menopause day.



## Other Symptoms Can Include:

- Fatigue (not relieved by additional sleep)
- Breast tenderness
- Tingling in the fingers (paresthesia)
- Heart palpitations (flutters, missed beats, racing)
- Cold flashes
- Foot pain
- Pelvic organ prolapse (when pelvic organs droop into the vaginal canal)
- Headaches
- Ringing in the ears (tinnitus)
- Burning mouth
- Digestive issues (particularly bloating, gas, and constipation)
- Dry mouth and dental issues
- Blurred vision
- Brittle fingernails
- Increased allergies and sensitivities
- Body odor (change or intensification)

# Just because a symptom you're experiencing is on the list doesn't mean it's due to menopause

Other concerns such as thyroid dysfunction, autoimmune disorders, etc. can mimic menopause symptoms, so if something you're experiencing concerns you, please talk with a doctor.

Gennev telemedicine doctors are menopause experts, so if you have a (non-urgent) question that needs answering, be sure to set up an appointment.

Telemedicine is here!

Talk to a menopause practitioner

[Book an appointment](#)



**It's a long list, we know, but don't be disheartened.  
The good news is. . .**

Most if not all menopause symptoms can be managed — keep reading for tips and ways to develop your personalized menopause plan.

# Solving for Menopause

**When it comes to managing menopause symptoms, there are three paths we generally see women follow:**

## **1. Pharmaceuticals.**

Some women are perfectly comfortable with traditional hormone replacement therapy (HRT) or other allopathic treatments such as anti-depressants — Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), etc.

## **2. Lifestyle modifications.**

Some women prefer to control menopause with behavioral choices like better diet, increased exercise, stress reduction, sleep hygiene, etc.

## **3. Natural treatments.**

Many women find relief through herbal remedies and/or supplements, and by employing complementary methods such as acupuncture and mindful meditation.

At Gennev, we support all three models, but our favorite is #4: a mix of what works from each. And because treatment options are so varied — and women are so varied — we've set up our clinic so that women can get the best of all the options.

So let's talk about the options, then about how Gennev provides the best of all worlds, the Personalized Menopause Plan.

**We've organized the solutions sections by symptom, so you may see some treatments listed more than once.**



## Irregular Periods

Ah, welcome back to grade school or junior high, when you lived in fear of an unanticipated period. Ugh.

### Medical interventions for irregular periods

Many women find hormonal birth control or an IUD can help with irregular and/or very heavy periods as well as the PMS and cramps that can worsen during this time. If you prefer not to use hormones, ibuprofen can also help reduce the flow of a heavy period as well as ease cramps. Ask a [menopause doctor](#) about newer medications such as Lysteda, which can help with heavy periods and cramps.

### Lifestyle modifications for irregular periods

Staying prepared is probably the best advice for this time of life. Many women find having a menstrual cup is useful during heavy periods because they can contain more than a pad or tampon and can be emptied and reinserted.

Two caveats: be cautious if you have an IUD so you don't pull it loose when removing the cup, and also, you may not want to use a cup if you're not actually experiencing blood flow, as it can be painful to insert and remove without lubrication.

### Natural remedies for irregular periods

The science isn't really there to back this up just yet, but many women have found that ginger can relieve some menstrual symptoms. Taken just before or in the early days of a period, ginger might help reduce flow and relieve mood symptoms. Vitamin D and cinnamon have also been noted as helpful for regulating cycles, but be aware most studies of this type are small and done on women of pre-menopausal age, so these remedies may not work the same for women in perimenopause.



# Hot Flashes



**Hot flashes affect up to 80% of women**

The most commonly reported symptom, hot flashes affect up to 80 percent of women and can be a daily occurrence for years. For some women, they're barely noticeable; for others they can be disruptive enough to have a real impact on quality of life. Fortunately, there are effective solutions.

## Medical interventions for hot flashes

### Hormone replacement therapy (HRT):

The most effective treatment for troublesome menopause symptoms for many women is hormone replacement therapy (HRT). We know a lot of women are concerned about the risks of HRT, so let's address that first.

You've almost certainly been told somewhere along the line that HRT causes breast cancer. This myth came about due to a very flawed study by the Women's Health Initiative that was released in 2002. Subsequent reviews of their findings, plus other studies, just don't bear this out.

The North American Menopause Society (NAMS) is a non-profit organization of more than 2000 leading practitioners in women's health. With clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, epidemiology, pharmacy, and education, NAMS is uniquely qualified to speak on women's health issues from just about any angle.

According to [NAMS' 2017 hormone therapy position statement](#), the risk-to-benefit ratio shows that HRT is an effective, safe choice for most women when used correctly. However, all hormones have risks, so we encourage you to have a very frank and open conversation with a [menopause-expert doc](#) about your symptoms, your medical history, your risk factors, and your goals.

## Hormone Replacement Therapy is one of the most effective treatments for many women

If you're concerned about HRT and breast cancer, we strongly suggest you listen to our podcast on [HRT and breast cancer risk](#) by our own Chief Medical Officer, epidemiologist, and OB/GYN, Dr. Rebecca Dunsmoor-Su.

You might also check out this [podcast with oncologist Dr. Avrum Bluming and Dr. Nancy Tavis](#), who have been studying the effects of estrogen on breast cancer and release their own findings in their book, *Estrogen Matters*.

If you're ready to have the HRT conversation with your doctor or Gennev's menopause specialist OB/GYNs, [print out this list of questions to ask and information to have prepared beforehand](#).



Dr. Rebecca Dunsmoor-Su, M.D., MSCE, OB/GYN,  
NAMS-Certified Menopause Practitioner,  
Gennev Chief Medical Officer

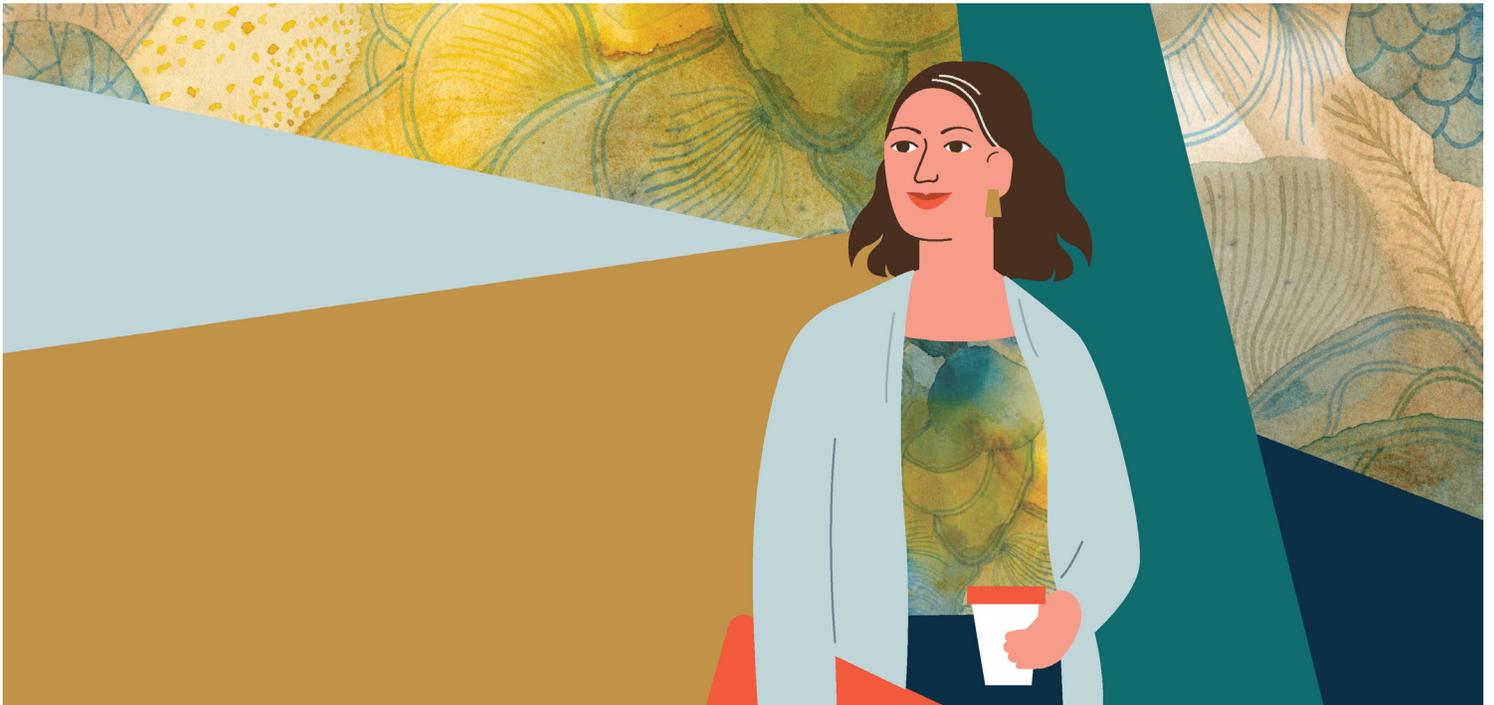
### HRT pros

For many women, HRT is the best treatment available for hot flashes and vaginal dryness. It may also be helpful for protecting your brain against dementia and your bones against osteoporosis. HRT may also help relieve muscle aches, improve sleep, and improve mood and depression. HRT is thought to reduce the risk of cardiovascular disease and colorectal cancer in some women. It may also help women retain muscle mass and stabilize hormonal migraines.

### HRT cons

The biggest risks with HRT are blood clots, stroke, breast and endometrial cancer, and gallbladder disease. For women at risk of blood clots, the risk is still quite low even with HRT, but any woman on HRT should be advised to stop smoking, keep moving, and manage her weight. HRT patches may be safer for women at risk of stroke. Women who still have a uterus should not take estrogen without progesterone or they will be at greatly elevated risk of endometrial cancer.

**Women with health concerns such as heart disease, stroke, blood clot risk, breast cancer or arterial disease should be monitored by qualified health professionals, but in most cases, a woman's health and quality of life are enhanced by HRT, not put at risk by it.**



*Please note that Gennev and its physicians do not make any profit from the prescription of HRT or any other medications. Our primary concern, always, is to provide women with the safest, most effective solutions and the very best evidence- and science-based information available.*

If you're interested in exploring HRT for yourself, know that there are many formulations and delivery systems, so you'll want to discuss all the options with a menopause specialist doctor. Our [HRT delivery systems resource sheet](#) can help you have that conversation and make an informed decision.

Note: Our doctors do NOT recommend compounded hormones generally. These are no more "natural" than traditional HRT, and dosing can be irregular, meaning the drugs can be much less safe.

## Antidepressants

Antidepressants (SSRIs/SNRIs) have been shown to provide some relief from hot flashes. The dose given for this purpose is often lower than that for managing depression. This is an “off-label” use of the drug, but they’re considered safe and effective, particularly for women for whom hormones are not a good option.

Some options include Effexor® (a good option for women taking tamoxifen), Pristiq®, Prozac®, Paxil® (may also help with sleep).

## Antidepressant Pros

These medications have been shown to be effective for hot flash relief particularly. Some may have additional benefits, like aiding with sleep.



## Antidepressant Cons

Many antidepressants come with side effects such as nausea, constipation, drowsiness, decreased libido, dry mouth, weight gain, and fatigue. Some can interact with medications, so be sure you discuss all the medications and supplements you’re taking with your doctor.

## Gabapentin

This anti-convulsant and pain reliever hooks on to estrogen receptors in the brain and has helped some women find relief from hot flashes. It can also be good for sleep.

## Lifestyle modifications for hot flashes

**Treating your body with greater care can go a long way toward helping reduce hot flashes and improving your response to having one. And best of all, there are no negative side effects to making better life choices!**

**Food and drink.** Eat healthy. Maybe reduce the spice a little, as spicy foods can bring on a hot flash. Try not to eat too close to bedtime. Alcohol and caffeine may trigger hot flashes, so you might want to cut back for a while. Sugar is also a trigger for many women, as is dairy. Keeping a journal of what you eat and drink and when you have a hot flash may help you identify your triggers.

**Movement.** Exercise is great for reducing hot flashes, so keep moving. Just not too close to bedtime, as elevated body temperature and raised heart rate can interrupt sleep and even trigger night sweats.

**Hydration.** Cool water can help cool you from the inside out and may help reduce the number of hot flashes you endure.

**Clothing choices.** Layers that can be mixed, matched, removed, and added back are a great way to handle the heat. Natural fibers or wicking materials are better than synthetics for moving heat and moisture away from your body.

**Stress.** Stress does all sorts of unpleasant things to your body, including increasing hot flashes. Employing mindful meditation during a hot flash can help you ride through it more easily; mindfulness when you feel one coming on may actually shorten its duration and reduce its intensity.

**Climate control.** As much as possible, take control of the thermostat. Sit by a window, if you can, or keep a fan on your desk and next to your bed.

## There are no negative side effects to making better life choices



## Natural remedies for hot flashes

**Black cohosh.** The most commonly used herb for hot flashes, it has been used medicinally by First Nation peoples for a very long time, says the [US National Institutes of Health](#), including for women's reproductive issues. A study published in 2018 in the *Journal of Education and Health Promotion* showed that [black cohosh decreased the number of hot flashes](#) and improved quality of life scores.

**Sage.** Yes, the stuff you've eaten at Thanksgiving has shown some effect on sweating as seen with hot flashes, as well as improving memory. However, excessive use of sage may cause rapid heart beat and seizures. In addition, it may lower blood sugar levels which could cause dangerous interactions with diabetic medications, so please talk with your doctor before taking sage as medication.

**Red clover.** Most studies seem to indicate red clover has no significant effect on hot flashes, though one study using fermented red clover made great claims of success. The North American Menopause Society says there are few reasons to be concerned about taking red clover except that in some animal studies, there was concern it "may have harmful effects on hormone-sensitive tissue," so those with a personal or family history of hormone-sensitive cancers should be sure to talk with a doctor first.

**Valerian root.** This herb helps to increase levels of the calming neurotransmitter GABA and so is known to help promote sleep and decrease anxiety. Some women have found relief from hot flashes in valerian root as well. There are several "do not take if" warnings to be aware of, namely that it can increase side effects of medications, so if you are taking any medications or have any health conditions, talk to your doctor before adding valerian. Also, it can make you sleepy and less functional, so don't take before driving.



**Maca.** This herb has gotten a lot of attention lately. A systematic review in 2011 of published papers on maca found four randomized trials that showed benefit, but the studies were too small to draw firm conclusions. The lack of data to support health claims and the lack of safety information poses a threat to consumers as well, so we suggest approaching with caution, if at all.



**Vitamin E.** Studies in the past have shown that vitamin E may help with mild hot flashes, says the Mayo Clinic. Supplements are OK; getting it from food is better. Nuts, seeds, and oils from nuts and seeds are good sources of vitamin E. But don't go crazy with the supplements — too much vitamin E can increase bleeding.

**Soy.** This staple of Asian diets has long been studied for its health benefits. The isoflavones isolated from soy have also been studied as a dietary supplement. Because the [concentrated isoflavones of soy supplements may be problematic](#) for those with breast cancer concerns, we strongly suggest that women eat soy foods rather than take soy pills. In its least-processed forms, such as tofu, edamame, or miso, soy is very nutritious and may actually help reduce the risk of breast cancer recurrence. Soy also may reduce hot flashes.



**Gennev offers a six-week program designed to help women reduce hot flashes. Sign up for Gennev's [HealthFix subscription service](#) to get access to the program and on-demand support from Menopause Coaches.**

## Night Sweats

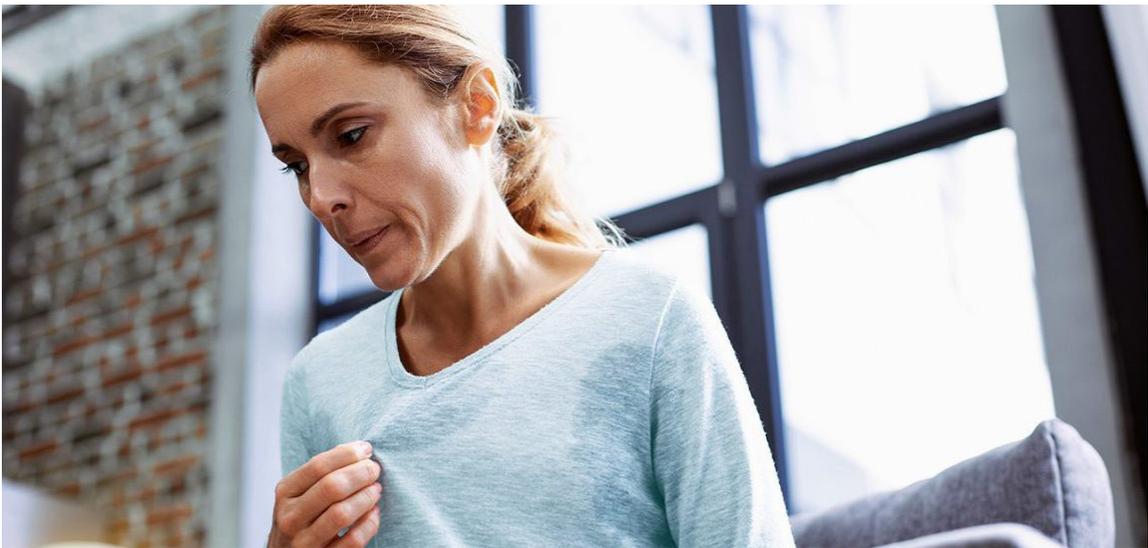
**Night sweats are basically hot flashes that happen during the night, so treatment of night sweats is the same as for hot flashes. Some additional tips might include:**

**No wine before bed.** Because alcohol is a trigger for many women, having wine, a beer, or a cocktail late in the evening could set off middle-of-the-night, sweaty wake-up calls.

**Exercise early.** You probably don't want to get your heart rate up too soon before bed, so if you're planning to exercise (good for you!), try to get it in earlier in the day.

**Cool showers.** If you prefer to shower at night, lower the temp a bit to keep your hypothalamus from deciding you're overheating and it needs to dump some heat.

**Plan for night sweats.** Have a cooling towel near your bed, and maybe a Thermos with ice water; wear wicking pajamas and have wicking sheets and a cooling pillow. Many women swear by a fan that sits under the covers and can be pointed on you and not your partner. Have spare PJs set out where you can find them easily, should you need an o-dark-thirty change out of sweaty nightclothes.



**Some women experience the heat and flushing of hot flashes without sweating, while others sweat so much they need a change of clothes.**

## Metabolism and Weight Gain

Many women find their standard eat-and-exercise routine no longer works for maintaining weight. The reality is, you've probably lost some muscle mass, and with it the higher metabolism that burns more calories faster.



**A weight gain of 10-15 pounds during the menopause transition is typical and may actually be protective.**

Body fat produces estrogen, so a little extra of the former means more of the latter to ease your transition and help protect your bones, brain, and heart.

That said, menopause also directs your body to put more of the excess weight on your belly, rather than it landing on your hips, thighs, and buttocks, as it did in your reproductive years. Belly fat is more problematic, because it can contribute to heart disease and [metabolic syndrome](#).

So, if you find you're gaining more than you're comfortable with, there are things you can do to re-rev metabolism and maintain a healthy weight.

A smart first step we always recommend is [talking with a doc](#) or a Registered Dietitian to find out what is truly a healthy weight for you. Talk about any risk factors you have for exercise and ask if any of your medications may be contributing to weight gain and could be safely swapped out for another without that side effect.

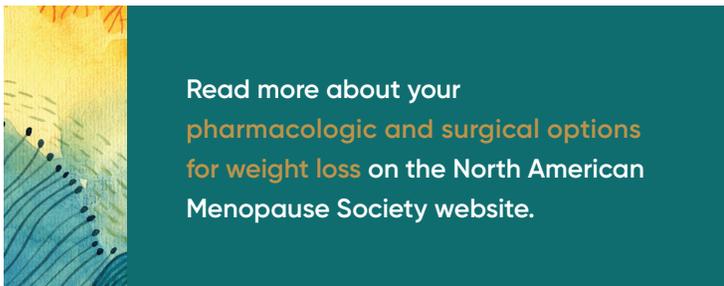
### Medical interventions for weight maintenance

Generally, docs won't prescribe medications or procedures for moderate weight gain, as better lifestyle choices and acceptance of your post menopausal body are the healthiest paths (hard as we know those can be!)

However, if weight gain becomes a serious health risk, there are some strategies to ask your doctor about. These can be pretty invasive and serious procedures, so if you decide to opt for one of the following, be sure to pair it with the best lifestyle decisions, an overall weight management plan, and a qualified bariatric or weight clinic.

**Balloons.** Yep. **Balloons.** Placed in the stomach and then filled with saline solution or gas, balloons take up space in your stomach, helping to suppress appetite. After a few months, the balloons naturally deflate and are removed or, in some cases, exit “naturally” courtesy of your digestive system. Another option is a pill that you take before meals that operates like a sponge, soaking up water and expanding in your stomach. Within hours, it dissolves, and you take another before your next meal.

Depending on your weight loss goals and your doctor’s advice, there are also drugs, injections, and surgeries that can help you achieve and sustain weight loss.



**If weight gain becomes a serious health risk, there are some strategies to ask your doctor about.**

## **Lifestyle modifications for weight maintenance**

**If you’re concerned this section will be all about how to make rabbit food edible, don’t worry – there will be some of that, but kale isn’t your only hope.**

The truth is, your body requires fewer calories to function now, meaning if you eat the same amount that you did in pre-menopause, you’re likely to gain weight. Also, perimenopause can suppress leptin (the satiety hormone), and ramp up ghrelin (the hunger hormone), [making you feel hungrier.](#)

The first lifestyle tip we can provide is probably the biggest: embrace and accept your changing body. It may be a little softer and rounder in spots, and that’s perfectly normal and OK. The mindset we have at Gennev is to focus on health. Looking good is great; feeling good is even better. So let’s concentrate on being healthy.

# If you eat the same amount that you did in pre-menopause, you're likely to gain weight

**Diet.** Obviously, this is a biggie. Now is the time to really pay attention to nutrients first and foremost to support brain, bone, and heart health in the years ahead. Fortunately, good food and beverage choices for those tend also to be good choices for minimizing menopause symptoms, including weight gain.

Not so much a “diet” as an eating pattern, the **Mediterranean diet** is the most healthful for women in menopause. It focuses on lots of veggies, with slightly fewer but still lots of fruits and whole grains and lean proteins, and fewer servings of processed sugars, carbs, and red meat. [This style emphasizes eating things closer to their natural state](#) (minimally processed) for the highest nutrient density and ease/efficiency of absorption.

The **DASH diet** has similar advantages to your body; in fact, it was devised specifically to help treat or prevent hypertension. In addition to many of the same foods advocated under the Mediterranean diet, DASH also advocates limiting salt.

Protein, fat, and fiber are how your body reaches satiation and stays there longer, so be sure you include enough of each (yes, FAT – just choose good fats like avocados and nuts over saturated fats).



**Food journaling.** When we're stressed or our hormones are doing strange things, it can be difficult to have a real idea of what we've consumed during a day. Keeping a journal helps us get a clearer picture of our eating (especially our snacking) habits. BONUS: Journaling may also be a way to uncover food sensitivities that didn't exist previously and that cause other issues like gas or inflammation.

**Hydration.** Believe it or not, what we think is hunger is often dehydration. Remember, you should be drinking half your body weight (in ounces) every day, so before you have a snack or seconds, drink some water and see if you're still hungry. If you are, eat! Hydration is so good for us, and you may need more of it if you're dealing with night sweats and hot flashes.

**Sleep.** There is a very strong association between not getting enough sleep and weight gain. And yes, sleep is a bear to get during perimenopause and menopause, so do the very best you can to practice smart sleep hygiene and maximize your chances of a good night's sleep. [Click here for a resource sheet on sleep hygiene: what it is and how to do it.](#)

**Exercise.** Even if you've been a dedicated exerciser, you may find that your usual routine no longer has the effects it once did when it comes to controlling weight. Changing up the balance of cardio vs strength training can help in lots of ways, to help you manage weight, sleep better, manage stress, and put some healthy demands on your bones.



Gennev Menopause Coach Stasi Kasianchuk is a Sports Dietitian and Exercise Physiologist. She's put together several exercise resource sheets to help you ramp up your activity levels safely and so you get the best bang for your buck when it comes to managing menopause. Download the resource sheets on [cardio](#), [core](#), and [resistance exercises](#), then [meet with a Menopause Coach](#) to get started.

## Natural remedies for weight maintenance

**If someone advertises a supplement for weight loss, please regard it with caution, and remember: “natural” doesn’t automatically mean “safe.” Tornadoes are “natural,” after all. There are some good things you can do to manage weight that are guaranteed safe.**

The best among them is probably mindful eating. “Mindfulness” is the art and science of being fully present and in the moment, and when it applies to eating, it can really help you eat better and less. Being mindful when menu planning and grocery shopping add to the bounty of goodness this practice delivers because you won’t get home to discover some bags of empty calories, salt, sugar, chemicals, and saturated fat mysteriously ended up in your cart.

**Mindful eating** means not doing other things while eating — no TV, no Internet, no phone calls or emails or magazines. Instead, be aware of the now: the smell of your food, the colors, the sizzle of heat, the shine of glaze.

As you eat, note not just the taste but the mouthfeel and texture. Try to separate out the component flavors: is there a hint of thyme? The more aware you are, the slower you’ll eat and the better you’ll recognize when you’re satiated.

**Green tea** has helped many women with menopause symptoms, including weight gain. Possibly the catechins in green tea accelerate metabolism ever-so-slightly or boost the burning of calories. There isn’t sufficient research to say how or even if green tea works its magic, but it might be worth adding a cup to the early half of your day (it’s caffeinated, so maybe drink before noon). Some suggest limiting green tea consumption to a cup or two a day because too much can — like any caffeinated beverage — cause anxiety, rapid heartbeat, and trouble sleeping.



**Drinking green tea can help you with weight gain**

## Incontinence

Leaking urine when you cough or laugh or exercise or move – it's embarrassing and uncomfortable, no question. So how do we deal with the slackness in our pelvic floor muscles that often comes with menopause?

There are two types of incontinence commonly seen in women in menopause:

1. **Stress incontinence:** Caused by weak pelvic floor muscles, this is the kind that causes leakage when we cough or jump.
2. **Urge incontinence:** Generally caused by bladder irritation or hyperactivity, this is what causes us to dart for the bathroom and hope we make it in time.

### Medical interventions for incontinence

For many women, **topical estrogen** can help revive and rejuvenate tissues in the vagina and urethra, making it easier to control urination.

**Anticholinergics** are medications that can calm an overactive bladder. **Mirabegron** relaxes bladder muscles, allowing the bladder to hold more and helping you to empty your bladder completely.

In other treatments, the **Mona Lisa Touch** laser can rejuvenate vaginal tissue without hormones, and there are published studies showing the **Mona Lisa Touch** to be effective against mild to moderate incontinence.

**Electrical stimulation**, gently applied via electrodes in the rectum or vagina, can help strengthen pelvic muscles and return control of urination.

Devices such as a **urethral insert** act as a sort of plug to stop the flow out of the body; **Botox injections** to calm an overactive bladder are another option.

There are also multiple surgical procedures that can help with urinary incontinence, so be sure to discuss those options with your doc or ours.

However, unless a doctor advises otherwise, it's best to exhaust all your lifestyle options before settling on surgery.

## Lifestyle modifications for incontinence

Hands-down the best place to start with lifestyle and behavior options for incontinence is to find yourself a pelvic-specialist physical therapist (PT). Beyond just Kegels, DPTs (doctors of physical therapy) and PTs have a wealth of knowledge to help fix the leak.

**Pelvic floor muscle exercises.** Kegels are the go-to for urinary incontinence and for strengthening the pelvic floor generally. Having a toned pelvic floor is also a good defense against [pelvic organ prolapse](#) and can help you experience better orgasms. It's important to learn to do Kegels correctly both in form and repetition, so a PT or DPT can help you get the most of your exercises.

There are **devices** like the [Elvie](#) that can help you do the exercises correctly as well as make doing them a bit more entertaining.

For urinary urgency, avoiding leakage may be as simple as **training your bladder** to go less often, "double voiding" — going twice in quick succession to ensure the bladder is empty — and peeing on a schedule.

Another great way to reduce incontinence is to **reduce bladder irritation**. Keeping a food and drink journal can help you determine if certain foods (tomatoes, spicy food, citrus) or liquids (coffee, orange juice) are irritating your bladder.

**Quit smoking**, as coughing can put pressure on your pelvic floor; **don't hold your breath** doing everyday activities like bending to tie your shoes or lifting things. Breathing through activities reduces the pressure on the pelvic floor. **Treat constipation** because straining isn't at all good for your pelvic floor.

Finally, **managing weight** and **exercising regularly** can help, but do exercises that don't impact the pelvic floor in a negative way (we see you, crunches and sit ups).

**Pilates** can be very helpful in strengthening your core. Excess weight can mean having fatty tissue on your bladder which means additional downward pressure.



**Learn to do Kegel exercises correctly in both form and repetition**

## Mood and Emotional Issues

*If you're having thoughts of suicide, please call the National Suicide Prevention Hotline at 800-273-8255 immediately. You matter.*

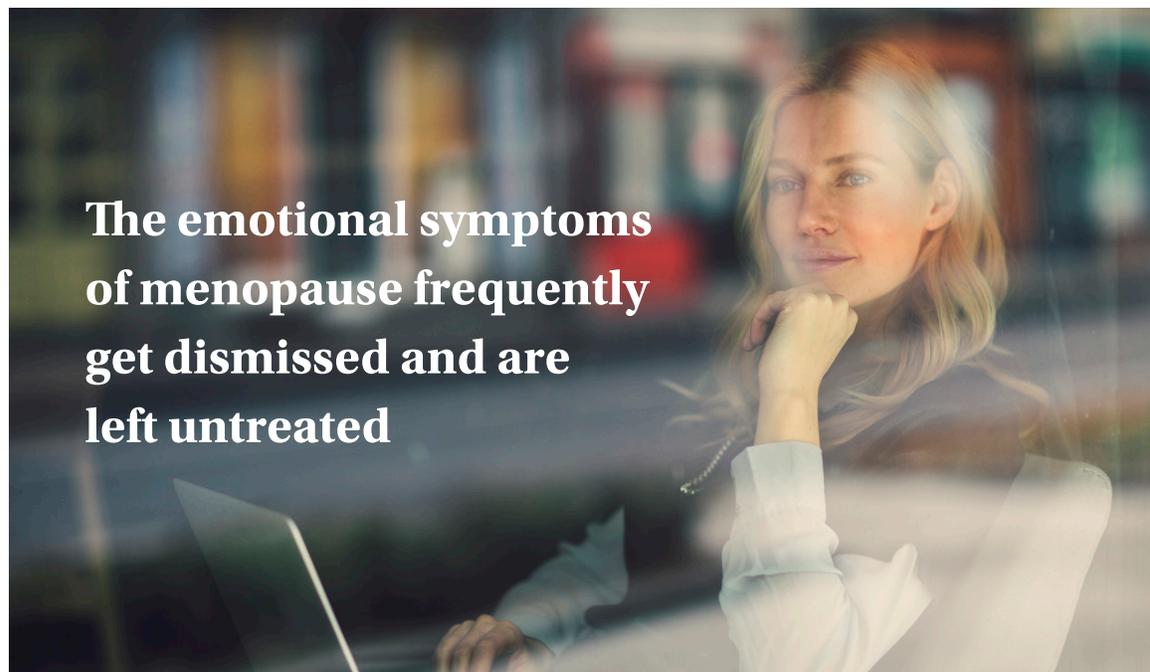
Depression, irritability, anxiety, and rage. Waning or non-existent libido. Panic attacks. Suicidal ideation. Largely invisible on the outside, the emotional impacts of menopause are just as real and as potentially debilitating as the physical. Yet, because they are “invisible,” the emotional symptoms of menopause frequently get dismissed and are left untreated.

Women on the hormonal roller coaster of perimenopause may be particularly vulnerable to dramatic, even dangerous shifts in mood and emotional health.

**Not OK.** According to [Good Housekeeping](#), “Female suicides are now most concentrated between ages 45 to 54” — the years when perimenopause and menopause symptoms are often at their most intense. Even if mood symptoms don't rise to this level, they can be incredibly impactful on quality of life.

Clearly, it's critical to women's health that we don't write everything off as “mood swings,” and assume women should just grit their teeth and hang on and hope they'll be better tomorrow.

And of course, your mental and emotional challenges probably affect others in your life as well as you. Many of us have withdrawn or lashed out at friends, family members, colleagues, and strangers, then had to deal with the consequences.



**The emotional symptoms  
of menopause frequently  
get dismissed and are  
left untreated**

While we may not want to tell that stranger we just yelled at that we're going through menopause, open conversations with those we're in regular contact with can be extremely helpful. To that end, we've created a [resource sheet for family and friends](#) that can help them be more informed and can help you start the discussion.

## Medical interventions for mood and mental health

**Anti-anxiety medications and antidepressants** are regularly prescribed to women in perimenopause and menopause, especially since SSRIs come with the added bonus of possibly reducing hot flashes. These medications, while very effective for many, can have side effects such as reducing libido. Medications for mood generally work best when used in conjunction with therapy and lifestyle modifications.

For women in perimenopause, **hormonal birth control**, with its steady supply of estrogen and progesterone, may help ease mood swings and other mental health issues.

If you think a prescription might help you find relief, definitely [talk with your doctor or ours](#) about the right medication for you.

A non-pharmacological option is **CBT**, or Cognitive Behavioral Therapy. CBT is a psychotherapy that teaches patients to retrain their brains to stop negative thought patterns and find coping strategies. It may be helpful in overcoming depression, and sleep and sexual issues, and it's even shown some promise in reducing hot flashes. Its promise for managing anxiety is still being researched. [Find a CBT therapist.](#)



**Exercise is probably the #1 self-help tool in your kit**

## Lifestyle modifications for mood symptoms

**For mild to moderate mood issues, there are lots of things you can do on your own to manage.**

**Exercise** is probably the #1 self-help tool in your kit. According to several mental-health docs and experts we've interviewed, the [endorphins of exercise](#) are nature's antidepressant, and they can be extremely effective with little more than a brisk walk. **Nature** is also a natural mood-enhancer, as is a **canine** companion, so a daily [walk in the woods](#) or a nearby park may provide the drug-free stress relief you need.

**Diet** is also critical. Scientists call your gut flora your “second brain” because it plays such a key role in so many body processes, including mood regulation. Eating well and including plenty of fiber to feed your healthy gut can actually benefit your mental state. Plus, when our bodies feel good and healthy, that makes it easier for our minds and moods to follow suit. Being **hydrated** is important too, since we know our brains rely on good, nourishing water to function and not fatigue.



**Social stimulation** is more important than we give it credit for. Spending time with other people is actually really good for our health, especially our mental health. A lot of women self-isolate during this time, unwilling to leave the house when periods can be unpredictable, or digestive issues cause embarrassment, or hair loss or weight gain make them feel too self-conscious to enjoy time with friends. Online communities can provide some good support, but there’s really nothing to replace face-to-face friend-time.

There are lots of **apps** that can help calm anxiety, guide you through a meditation, and provide good, complementary [mental health support](#). (We like [Personal Zen](#) for anxiety.)

**Supplements.** While the research isn’t necessarily there to make the claim that [magnesium glycinate](#) eases anxiety, many women in our community swear by it. Taken at night, a magnesium capsule may help you sleep as well as avoid the morning anxiety that seems so common among women at this time.

## Natural remedies for mood challenges

Probably the most common natural remedy for mood is St. John's Wort. However, because of its many potential interactions with medications as well as other side effects, we don't recommend this herb.

For safer relief, we recommend being sure you get enough **vitamin D** — many of us don't. Be sure to get out into the sun every day for at least some exposure (not too long, though, to avoid sun damage; 15-20 minutes is usually enough). If you can't, or if there's little sun to be got, consider a supplement. Vitamin D can be hard to get through food, but you can find it in fatty fish, liver, some dairy, and in fortified foods like cereals.

**Yoga** and **meditation** both show great promise for helping women with mild to moderate mood symptoms. **Ginseng**, **maca**, and **red clover** have also been reputed to help with mood. We recommend always adding new herbs to your regimen with caution, and if you take medications, with your doctor's knowledge and blessing. Review your medications and supplements for possible interactions with a [Gennev telemedicine physician](#).



**Of course, if you fear your mental health issues are more extreme, please seek professional help immediately. And while the above suggestions are good, and doing any or all can take you a long way towards feeling better, combining them with therapy and/or medication as prescribed by a doctor is probably best of all.**

## Sleep

**In some ways, sleep issues may be the most important symptom to solve for many of us, since a good or poor night's sleep can have such a “trickle down” impact on other symptoms.**

When we're rested, we make better decisions about what we eat, whether we exercise, how we interact with others, and on and on. Good rest can elevate mood and even help us be calmer during hot flashes and other disruptions. Poor sleep can elevate our adrenals, shorten our fuses, and short-circuit our good intentions.

One of the first steps for solving for sleep is to find out what the real problem is. Is it night sweats? Anxiety? Or could it be the onset of [sleep apnea](#), which can emerge or worsen in menopause? If your sleep patterns have dramatically changed, it's worth [having a conversation with a doc](#) to ensure there's nothing going on that requires immediate medical intervention.

## A good night's sleep can have a “trickle down” impacts on daily living and menopause symptoms

**So here are some ways to get better sleep:**

### **Medical interventions for sleep**

Depending on what's causing your sleepless nights, there are a few routes open to you via traditional medicine.

**Hormone replacement therapy** can be a good treatment for poor sleep in menopause, so, particularly if you have other symptoms like hot flashes and vaginal dryness, HRT might be an option to explore.

If hot flashes are keeping you awake, **antidepressants** may help relieve them enough to get you through the night.

Over-the-counter sleep aids are not recommended for regular use and should be used as sparingly as possible since their effectiveness can diminish with use.

**Cognitive Behavioral Therapy (CBT)** can really help you retrain your brain for sleep. Talk with a doctor or therapist about how to practice CBT, then download a CBT app for your phone. The [CBT-i Coach](#), created by the Veterans Administration's National Center for PTSD (in partnership with Stanford University's Medical Center and others), is a free, publicly available app that can help you understand your sleep patterns better and improve your sleep.



## Lifestyle modifications for better sleep

There are a lot of things you can do to try to increase the quantity and quality of your sleep.

1. **Avoid alcohol in the evenings.** While a glass of wine may make you sleepy at first, you'll likely wake more during the night as well as suffer more hot flashes.
2. **Exercise.** A body that's tired from exercise is a great invitation to your brain to rest.
3. **Practice good sleep hygiene.** Be sure you [check off all the items on the checklist](#) every night: regular routine, consistent sleep and wake times, bedroom that's optimized for sleep, no screens, etc. These really work, but you have to be committed and consistent.
4. **Don't eat a big dinner.** A lighter meal, especially if you tend to eat late, may be more conducive to sleep.



## Natural remedies for sleep

Many of the Gennev community like [magnesium glycinate](#) for sleep. Other remedies that are often talked about on our community forums are melatonin and CBD.

**Melatonin.** This hormone regulates our sleep/wake cycle (circadian rhythms), and production of melatonin is triggered by dark (which is why screens before bed are not a great idea). While many swear by melatonin supplements for sleep, there's not much research to support the claim.

Also, melatonin is not good for folks taking medication for epilepsy, those on blood thinners, or anyone with dementia. If you decide to take melatonin, be sure to get it and all [supplements from a reputable source](#). Supplements are not regulated, so the contents may not match the label.

**CBD.** Again, there's mostly anecdotal evidence to support the use of [CBD for sleep](#), but it has shown promise in aiding sleep and easing pain and anxiety. If you decide to try CBD, be sure to get it from a reputable provider. CBD products that are derived from hemp don't contain THC (the hallucinogenic compound of marijuana), and most are legal even where pot isn't.

## Many of the Gennev community like magnesium glycinate for sleep.

## Musculoskeletal Pain

**Joint pain is one of the most common complaints of menopause. Knees, ankles, shoulders, hips, sacral joint: It seems like something new hurts on a daily basis.**

How much is due to estrogen decline, how much to wear and tear of aging, how much to the onset of arthritis or an inflammatory diet is a bit of a tangle, but when it hurts, it hurts, so let's talk about it.

First, you probably need to untangle the source of your pain. Joint pain due to the loss of estrogen is often worse in the morning and improves as you move. The pain is described as stiffness, sometimes shooting pain and burning, and there may be some swelling. A conversation with your doctor can help you narrow in on the source and eliminate other, more concerning possibilities.

### Medical interventions for musculoskeletal pain

Estrogen reduces inflammation, so this may be another use for **HRT**. If you're taking hormone replacement therapy for another reason, it may also help with joint pain.

Over-the-counter pain meds such as **ibuprofen** may provide relief, though it's not advised to use these on a daily basis long-term as ibuprofen can be hard on the stomach and intestines.

If the pain is truly interfering in your life, **surgery** such as arthroscopy might be recommended, but let's try some less-invasive solutions first.



**Motion is lotion  
for joints**

### Lifestyle modifications for joint pain

Perhaps counter-intuitively, **exercise** is a really great remedy for joint pain. The more you move your joints, the more natural lubrication is produced (though it's less than when you were younger). Impact exercises can help bones, but if running hurts or isn't your thing, yoga, biking, or swimming may be a bit gentler on aching joints.



For more information on following an anti-inflammatory diet, [check out our resource sheet.](#)

**Diet.** The [Gennev HealthFix subscription](#) provides unlimited access to Menopause Coaches, who are also registered dietitians. They recommend following an [anti-inflammatory eating style](#). Joint pain is largely due to inflammation, so choosing foods that soothe rather than irritate can go a long way to relieving pain.

Typical **inflammatory foods** include sugars and high fructose corn syrup; foods with trans fats (usually found in processed foods, look for “partially hydrogenated” oil on the label); and some vegetable oils. It’s thought that our ratio of omega 3s to omega 6s is a bit out of balance in the Western diet, so try to boost 3s and lower 6s. Whether this helps with inflammation isn’t known, but we know 3s are good for brain health, so go ahead and boost them anyway. Highly refined carbs (white flours that have had the fiber removed, for example) and excessive alcohol can be problems for inflammation. And finally, meat — particularly cured meats like lunch meats, sausages, etc. — can cause inflammation. Soda may also pose a risk.

While some foods inflame, others soothe. Adding some good **anti-inflammatory foods** can help reduce the swelling and heat. Some on [Harvard Health’s list](#) include tomatoes, olive oil, leafy greens, nuts like almonds and walnuts, fatty fish, and berries, particularly blueberries. And in the Really Good News column: coffee and tea may both be helpful in reducing inflammation. As with so many bodily things, sticking pretty closely to the [Mediterranean diet](#) may do you the most good.

Because every body is different, what operates as an inflammatory in some may be perfectly fine for others. Keeping a **food and drink journal** to identify triggers may help you decide what foods work for and against you.

**Quitting smoking** is also helpful for (everything) joint pain, as is maintaining a **healthy weight**.

## Natural remedies for joint pain

If you're looking for natural solutions to pair with your lifestyle choices and/or medication, there are several that can help.

**Hot/cold therapy.** Reduce pain and stiffness with a warm shower or bath; ease swelling and heat with a cooling pack.

**Acupuncture** is a centuries-old treatment for pain relief and bonus: it may help relieve hot flashes as well.

**Fatty acids and GLA.** Again, bumping up those omega 3s might help; gamma-linolenic acid (GLA) is found in the seeds of certain plants and has something of a following. As ever, when adding a new supplement to your diet – especially if you have health issues or take medications – be sure your doctor knows and has informed you of any potential interactions or concerns.

**Massage.** You might want to quiz your LMT to be sure they are experienced with mature bodies (especially if you also have osteoporosis), but a good massage can often relieve pain and the stress that comes with it.

## What operates as an inflammatory in some, may be perfectly fine for others



**Turmeric.** Not just delicious, this spice contains curcumin which needs further testing but has shown some promise for joint pain. And there's nothing to lose by adding it to the right recipe!

## Brain Fog

### The term “brain fog” seems to cover quite a bit of ground:

memory lapses, difficulty focusing on tasks, a general feeling of just not being as sharp and quick as usual. “Working memory” – the memory that allows you to do math in your head, for example, may be a bit slower or less operational than usual.

Many of us hesitate to admit to this one, afraid others will assume we’re not as capable of doing things as we’ve been in the past. The truth is, we haven’t lost our experience or wisdom or education, but a little extra support and accommodation while things are a bit fuzzy would certainly be welcome.

What’s happening? According to neuroscientist and Gennev Health Advisor Dr. Lisa Mosconi, **estrogen is a “master regulator”** of the brain, and when levels decline, our brains are literally fatigued. It can take time for the brain to adapt to the new normal (and **studies show it does adapt**, in time). As brains are adjusting, we’d be wise to take some steps to help things along.

### Medical interventions for brain fog

Many women find that giving the brain the estrogen it’s missing is a good “bridge” to the new normal, so they may choose **hormone replacement therapy (HRT)**.





## Lifestyle modifications for brain fog

Taking care of your brain looks a whole lot like taking care of your body.

**Eat well** ([Mediterranean diet](#) is best) and be sure you get some good omega 3s.

**Hydration** is extremely important to brain function, according to Dr. Mosconi, and spring water or mineral water are best.

**Keep moving.** Exercise to keep your blood moving and your brain happy.

**Quit smoking**, as smoking can impede blood flow.

## Natural remedies for brain fog

One theory is that brain fog can be due at least in part to **food sensitivities** and the inflammation caused by them. The research isn't out there to support that claim, but since inflammatory foods cause other issues, there's no reason not to try an [anti-inflammatory diet](#). Track what you eat and drink for a week or two and see if there's any correlation between what goes in your mouth and what happens between your ears.

**Self-care** is also a great thing to do, whether or not science can directly correlate it to better brain function. Massage, meditation, time with friends or just on your own with a book and a cat are all great ways to rest and reset. Your brain is feeling fatigued, after all; don't we rest the things that are tired?

**Brain games** may or may not help with mental acuity and brain fog, but they can't hurt, and building new neural pathways is never a bad idea. Some popular apps like Luminosity give your brain something to work on, stimulating different areas. Again, the research isn't necessarily conclusive, but these apps certainly won't do any harm (unless you do them while driving; please don't).

## Skin and Hair Changes

Changes don't just affect our insides. As hormone levels decrease, head hair can become dry, brittle, and thin. Due to a greater proportion of androgens (male hormones), you may notice some hair on your face that's more like male facial hair, particularly on the jaw line. You may also notice a decrease in body hair, including the pubic area.

In menopause, skin loses elasticity and hydration and becomes thin, dry, and loose. Many women find they have [acne](#) again, for the first time since puberty. Skin becomes more prone to rashes and bruising and may heal more slowly.

Frankly, we're all for respecting the changes of age and learning to see the beauty in every body, but we understand wanting to preserve the glow and shine of youth for as long as possible. Unwanted changes are frustrating, but there are things you can do to protect your skin and hair.

### Medical interventions for hair

For [unwanted facial hair](#), options include **topical treatments**, but these can be expensive and require continued use or the hair grows back. **Depilatory creams** can be bought over the counter, but they may be a bit stringent for the face, particularly as skin gets more sensitive with age. **Lasers** shoot beams of light over the skin, overheating the hair follicles and destroying them so the hair doesn't regrow, but this can take several treatments to become permanent, and it doesn't work on fine or light-colored hairs. Zapping them with electrical current in **electrolysis** is expensive and slow because it can only destroy one hair at a time. It's permanent, but can take a long time to complete, hurts, and can potentially scar.

For wanted and thinning head hair, there aren't a great many good options. The good news is the loss generally slows as hormones level out. But if hair loss is hitting you right in the self-esteem (and we don't blame you), there are some options. **Minoxidil** (Rogaine) can help you regrow some hair, though you have to keep using it. **Anti-androgens** may work for some women for whom Minoxidil is a non-starter. For some women, an **iron deficiency** may be partly responsible, so an iron supplement can be helpful. **Hair transplants** have come a long way since hair plugs and can be quite effective in filling in patches where hair has thinned.

**Popular medical interventions for hair include topical treatments, depilatory creams, lasers, anti-androgens, iron supplements and hair transplants**

## Medical interventions for aging skin

Before you do anything, we recommend locating a dermatologist who has experience with women in menopause, as skin is different and should be handled with real care. Note that some procedures work best on skin that's aged from sunlight rather than from estrogen loss.

Some options include prescription-level **retinoid skin creams**, made from vitamin A extract. **Peptide creams** use amino acids (though these are probably less effective than retinoids). **Microdermabrasion** encourages new skin growth by destroying the top layer – time consuming and expensive and the effects only last 3-5 days. **Laser resurfacing** of the skin uses high-intensity light to tighten loose skin, improving the look of wrinkles. Newer **nonablative laser resurfacing** doesn't cause wounds to the skin, so recovery is quicker. **Chemical peels** kill off the upper layer of the skin and encourage new growth.

**Reduce sun exposure, use gentle products, hydrate, don't smoke, and shower with cooler water**

## Lifestyle modifications for skin and hair

Probably the best thing you can do for skin and hair is to protect what you have. **Reduce sun exposure.** Use **gentle products** that don't strip away the remaining moisture. **Hydration** is huge. Drink plenty of good, nutritious water to hydrate your body from the inside out. **Don't smoke.** Shower with **cooler water** for less drying of your skin.

**Moisturize skin, condition hair.** Replacing the moisture you've lost isn't entirely possible, but you can help.

When it comes to skin, we strongly advise getting to know your skin very, very well. Checking your skin every month for changes can perhaps mean catching a potentially serious problem like skin cancer, still in its early and more treatable stages.

## Natural remedies for skin and hair

For unwanted facial hair, **sugaring, tweezing, waxing, and threading** may be slow and tedious, but they can be less expensive, less potentially damaging to skin, and reasonably effective, if a bit painful.

To preserve head hair, use **gentle styling techniques** that require less heat and pulling. **Shampoo with zinc or selenium** might help with a dry and itchy scalp. **A shorter hair style** might help make hair appear fuller.

Some say eating **estrogenic foods** such as soy, dried fruits, and flaxseed can help, though there's no research to back that up. Others take **collagen or biotin supplements**, which won't hurt you, though there's little evidence they'll help with this particular problem.

## Vaginal Symptoms

**Among the most common menopause issues – and unfortunately, the most difficult to discuss – are vaginal symptoms. We've dealt with incontinence previously, so let's talk about vaginal dryness, atrophy, and lichen sclerosis.**

**Vaginal dryness** can happen periodically throughout a woman's life, during different parts of her cycle, while breastfeeding, when taking certain medications, etc., but these are temporary and resolve when the trigger is gone. In menopause, the concern is vaginal atrophy – when vaginal walls thin, dry, and can become inflamed.

### **What exactly is happening? Our Chief Medical Officer, OB/GYN Dr. Rebecca Dunsmoor-Su explains:**

"Before menopause, estrogen causes the layers in the walls of the vagina to be thick and elastic. There are lots of collagen molecules (giving elasticity), hyaluronic acid, and blood vessels bringing in moisture. Glycogen is created by the cells in the walls of the vagina. Because of the structure of the walls, the top layer of the vaginal wall breaks away on a regular basis, and the lactobacilli (the good guys) eat that glycogen and help keep the pH of the vagina low (acidic). This keeps away other bacteria and yeast.

"All of the above things that keep the vagina plump rely on the stimulus of estrogen. Once the estrogen levels drop, the tissues become thinner and less elastic. The moisture, collagen and acid production shrink significantly. Lactobacilli can no longer survive in the vagina, so other bacteria come in and replace them, and these are sometimes not such 'good guys.' A lot of women notice increased discomfort and/or decreased sensation due to these changes."

Unfortunately, as the vaginal tissues dry and thin, sex can become increasingly unpleasant or painful; even daily activity such as exercise or sitting can cause discomfort. Incontinence can arise or increase, and without the good bacteria to maintain proper pH, infections such as UTIs or yeast infections are a greater risk.

*To learn more about vaginal changes, check out our two-part series on vaginal issues on Gennev.*

### **So, what can you do about dryness and atrophy?**

## **Medical interventions for vaginal dryness and atrophy**

If vaginal issues are making life and pleasure difficult, see your doctor [or one of ours](#), says Dr. Dunsmoor-Su: while women are often terribly embarrassed to have this conversation, it's something OB/GYNs deal with on a regular basis, and they truly can help.

## Talk to your doctor about vaginal hormonal creams, rings or tablets, and laser therapy

**Hormones.** For vaginal issues, Dr. Dunsmoor-Su likes to [solve at the source of the problem](#) with **vaginal hormonal creams, rings, or tablets**. By applying hormones to the vagina directly, the hormones stay in the area and aren't routed systemically through the body, lowering their risks. The creams tend to be higher dose and may be more effective than rings or tablets, which are generally lower dose. The low-dose options may be used in women with a history of breast cancer, but this requires a good talk with a doctor. Oral HRT is a good option as well for many, but if dryness is your only complaint, a topical cream is probably a better choice.

If you use estrogen in some form and still have your uterus, be sure you're taking progesterone — not progesterone cream — to prevent uterine cancer.

Newer medications Ospheña, a selective systemic estrogen receptor modulator, and Intrarosa, a precursor hormone that your body turns into estrogen and testosterone, have shown some effectiveness.

**Laser therapy.** The Mona Lisa Touch, the only laser therapy (and there are many other devices on the market) with published studies showing results for reversing vaginal atrophy, stimulates new vaginal growth by causing tiny micro-tears in vaginal tissue. Blood rushes to repair the damage and rejuvenate the tissue. With just a few, brief treatments, vaginal tissue can be returned to a "pre-menopausal state" for many women, says Dr. Dunsmoor-Su, which can mean greater comfort, more pleasurable sex, and fewer infections.

### Lifestyle modifications for vaginal dryness and atrophy

The biggest of these, according to Dr. Dunsmoor-Su, is to use moisturizers and lubricants liberally and often. A [gentle daily moisturizer](#) for personal comfort is a safe and effective way to handle dryness. For intimacy, a [lubricant](#) is a great idea for any woman, not just those experiencing menopausal changes. These are delicate tissues we're talking about, and protecting them at any age can lower your risk of tears and infection.

**Be selective about your lube; the additives that create colors, flavors, scents, glitter (!), warming or tingling elements can all be very irritating to sensitive tissue, even causing infections**

If atrophy means penetrative intercourse is already causing pain, you might consider trying **dilators**. These **graduated, tube-shaped devices** can be inserted vaginally (with lubricant!) to literally stretch and relax the tissue, and you slowly increase the girth as you're able to tolerate it.

Another great remedy for vaginal dryness is regular **sex**. Yep. Turns out, **physical intimacy is really good for us**, including our private parts (if done correctly with plenty of lube). Sex brings blood flow, which helps rejuvenate and rebuild. Masturbation works just fine, by the way, and a good vibrator can increase pleasure and allow you to take things at your own speed, so to speak.

**Hygiene** is important too, mostly in terms of letting the body take care of itself. **Douches** are a definite “no” unless your doctor has told you otherwise for some very specific reason. **Douches** can further disrupt the body's natural pH, causing all kinds of problems, some very serious. Limit your cleansing regimen to the outside bits (the insides can take care of themselves), and use a **very gentle cleanser** that won't irritate sensitive areas.

## Use it or lose it. Sex, masturbation, and a good vibrator can increase pleasure and blood flow

### Natural remedies for vaginal dryness and atrophy

Very small studies have shown some advantage from using **probiotics**, but there's not enough research yet to prove a benefit.



**Phytoestrogens** like soy-based foods (tofu, tempeh, edamame) may provide some benefit for vaginal dryness, though again, the research is limited. The isoflavones in these foods may help with many menopausal symptoms, but we recommend you get the benefit by eating soy foods, not by taking isoflavone supplements, which may provide a dangerously concentrated dose.

## Treatment for lichen sclerosus

Another vaginal concern for many women is the condition **lichen sclerosus**. While the exact cause of LS is unknown, it likely has an autoimmune origin and happens most often in perimenopausal and post-menopausal women.

According to Dr. Dunsmoor-Su, [lichen sclerosus](#) is a dermatologic [skin] condition most commonly seen on the vulva. It's a chronic, progressive inflammation and thinning of the skin of the vulva.

Symptoms in the early stage include shiny, smooth, white spots that progress into larger patches. The skin is thin and often wrinkles over time. It may crack and bleed easily, and the itching can be quite severe. Because other types of infections in that area can cause itching, Dr. Dunsmoor-Su says to pay attention if the itching extends back to the perianal area, which can be a sign of LS.

The most common treatment for LS is topical steroids like clobetasol. When symptoms flare, steroids are applied, generally tapering over time until the patient reaches a minimum dose that can keep the flare ups under control. Because the condition is progressive, we don't recommend trying other treatments that may be ineffective.

[Read more about lichen sclerosus on Gennev](#)

## There is no cure for LS currently, but it can be managed



# Considerations for post-menopause health

**Don't stop with solving the symptoms you're having now; menopause is a window of opportunity to set yourself up for vibrant good health in the years to come.**

Perimenopause and early menopause are key times for addressing long-term health issues. While there are many increased health risks that come with menopause, the Big Three of post-menopause are brain, bone, and heart health.



Two in three Americans with Alzheimer's disease are women. Heart disease is the #1 killer of women in the US. More than 27 million American women suffer from low bone density. Why aren't we as concerned about these as we are about, say, breast cancer, which has a greater than 90 percent survival rate?

Unfortunately, according to Gennev's 2019 Menopause Zeitgeist survey, for many women, bone, brain, and heart concerns aren't yet on their radar. Of the women we surveyed, only 56 percent were concerned with neurological decline, 23 percent with heart disease, and 16 percent with bone health.

Because perimenopause and early menopause are such important times to take preventative measures — and because no matter how far you are past menopause, good health practices can profoundly impact your quality of life — we have some suggestions for you to consider, for your healthier future.

## Bone Health

Osteopenia and osteoporosis are common issues for women post-menopause. We stop building bone early in our lives, somewhere between 25 and 30. By 40 or so, we can begin losing bone mass, and that loss accelerates after menopause.

Hip fractures are extremely common in older women and can result in chronic pain, loss of mobility, loss of independence, even death, so it's important to take steps to keep the bone mass we have for as long as we can.

### Preserving bone health

Because we don't build new bone mass in later life, preserving what we've got becomes really important. And you do that by making sure you have plenty of the nutrients your body needs for its bones and by doing the kind of movement that supports bone health.

Make sure you get plenty of **calcium**. Mayo Clinic recommends 1,200 mg a day for women over 50. You can eat your calcium (nutritional sources are always best) by consuming almonds, leafy greens such as broccoli or kale, salmon and sardines, and soy products. For those who can tolerate dairy, milk, yogurt, and cheese are also good sources.

If that's not enough calcium, talk with one of [Gennev's Registered Dietitian Menopause Coaches](#) about additional sources, such as supplements. There are [ways to take calcium that increase absorption](#), so be sure you maximize the calcium you ingest.

### Bone Mass Friendly Foods



**Get enough vitamin D.** Without D, your body has a hard time absorbing calcium. So maybe eat that bowl of cereal in the sunshine. Oily fish and fortified foods are also good sources of D.

**Weight-bearing exercise** that puts a bit of healthy stress on bones can help slow bone loss. Walking, running, dancing, climbing stairs — anything that pits your body against gravity is good. [Resistance exercise](#) such as weight lifting can also help strengthen bones.

## Medical Interventions for better bones

Diet and exercise may not be enough to keep osteoporosis from advancing. Fortunately, there are good pharmacological treatments that help preserve bone mass.

[Click here to access a printable resource sheet on osteoporosis.](#) Learn about the different options, then print the sheet and take it to your doctor to begin the conversation.

**For more information about bone health visit:** [Gennev blog on osteoporosis medications](#)

## Brain Health

### For every three people who get a diagnosis of Alzheimer's disease, two are women.

According to research being done by neuroscientist Dr. Lisa Mosconi and her team at the Alzheimer's Prevention Clinic at Weill Cornell Medical College, estrogen loss plays a key role in the loss of neuroprotection and the development of the plaque in the brain that is the hallmark of Alzheimer's.

As Dr. Mosconi says, "Of all the organs in our body, the brain is the one most easily damaged by a poor diet," so clearly eating well is critical to long-term health.

The [Mediterranean Diet](#) is quite literally the smartest eating "style" out there. With its emphasis on vegetables, whole grains, fruits, and lean proteins like fish, the Mediterranean eating style seems to have a neuroprotective effect, while the standard Western diet, with its higher percentage of red meat, sugar, and saturated fat, and lower percentage of fiber, is less protective or even damaging to the brain.

Dr. Mosconi's research indicates that plaques can start building in perimenopause — potentially years before the first outward symptoms become apparent. The time to be addressing brain health is now.

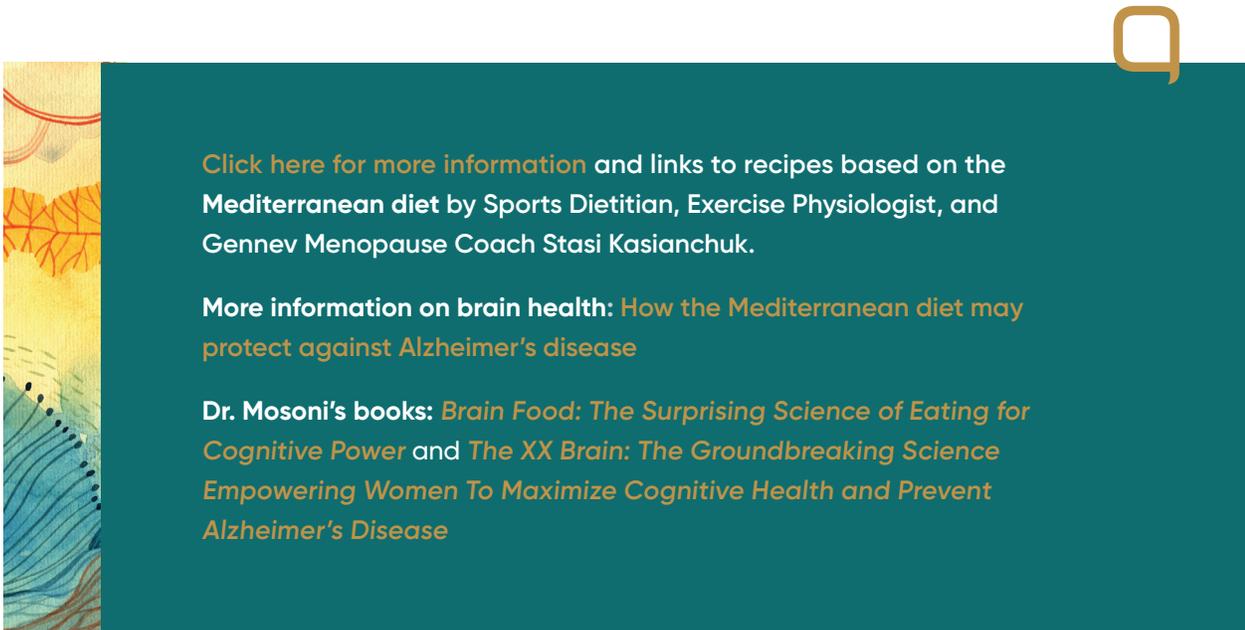
## Preserving brain health

**Hydration:** Your brain is 80 percent water, so being properly hydrated is crucial to brain function. Spring or mineral water is best, says Dr. Mosconi, because you need the right balance of fluids and electrolytes.

**Diet:** Be sure your plate is densely covered with foliage — lots of leafy greens and other veggies should form the greatest portion of your meals. Lean proteins such as chicken, fish, and tofu plus healthy whole grains round out the meal. Go easy on refined sugars (which can lurk in unexpected places like crackers, yogurts, juices, etc.) and red meat to maximize your plaque-fighting diet.

**Exercise, intellectual and social stimulation** (spending time with friends; exercising your brain by learning a language or an instrument, for example), and **vascular risk reduction** (protecting yourself against heart disease, stroke, diabetes, and kidney disease) can all provide protective benefit against dementia and Alzheimer's. Stopping smoking and reducing alcohol intake to no more than one drink per day are also neuro-protective.

## Exercise, intellectual and social stimulation can all provide protective benefit against dementia and Alzheimer's



[Click here for more information](#) and links to recipes based on the Mediterranean diet by Sports Dietitian, Exercise Physiologist, and Gennev Menopause Coach Stasi Kasianchuk.

**More information on brain health:** [How the Mediterranean diet may protect against Alzheimer's disease](#)

**Dr. Mosoni's books:** [Brain Food: The Surprising Science of Eating for Cognitive Power](#) and [The XX Brain: The Groundbreaking Science Empowering Women To Maximize Cognitive Health and Prevent Alzheimer's Disease](#)

## Heart Health

**Despite the fact that heart disease is the #1 killer of women in the US, we still tend to think of it as primarily a man's problem. In fact, heart disease kills more women than men.**

The truth is, once we reach menopause, our risk of heart disease begins to climb until at about 10 years post-menopause, it equals that of a man's. Estrogen has profound protective qualities, and when it begins to decline, many of those protections are lost.

The good news is, we can compensate for much of that lost estrogen through smart lifestyle choices and, if necessary, pharmacologic interventions.

Dr. Sarah Speck, Director of Cardiology at Swedish Medical Center, is a Health Advisor to Gennev. According to Dr. Speck, by the age of 45, [one in nine women will have some form of heart disease](#). By the age of 65, that stat has changed to one in three.

**What happens?** Menopause, among other things. At menopause, women see an increase in blood pressure, a rise in "bad" cholesterol and a reduction in "good." There is often weight gain, particularly in the belly, which can be bad for the heart. And there's a higher risk of diabetes.

**Additional risk factors include smoking; having a history of hypertension, gestational diabetes, or preeclampsia in pregnancy; a history of postpartum or menopause-related depression; radiation due to breast cancer treatment; being overweight; dealing with too much stress; and finally, being physically inactive.**

### Preserving heart health

So now that we know our hearts are at risk post-menopause, what can we do to minimize that risk? According to Dr. Speck, 80 percent of getting heart disease (or NOT) is under our control, even if we didn't win the genetic lottery for heart health.

According to Dr. Speck, genomic testing will revolutionize heart health by eventually being able to tell us if we carry markers for heart disease, but until such tests are widely available — and we know what to do with the results — let's go ahead and do those things that are in our control now.

**Stop smoking:** When it comes to “low-hanging fruit,” this one takes the pineapple upside-down cake. Smoking is hard on every body, but it’s particularly merciless on women in menopause. Not only can smoking shove you into menopause a year or two early (meaning less time with the protective benefits of estrogen), it also reduces your health overall.

**Exercise:** Regular exercise, particularly exercise that moves the “big muscles” between your waist and knees, is hugely beneficial. Just 30 minutes a day (and 3 x 10 minutes works too) can reduce the inflammation in your blood vessels, says Dr. Speck. And that means less plaque in your bloodstream.

**Eat sensibly:** Up the intake of plant-based foods. Fruits, veggies, and nuts are all good for you (and the closer they are to their natural state when consumed, the better, so no, apple pie doesn’t count); red meats and refined sugar are not so good for you.

**Get a Carotid IMT scan:** This procedure is an ultrasound of the carotid artery, looking for development of plaque. While most insurance won’t cover it unless you’ve already had a stroke, it may well be worth the \$100-200 out-of-pocket expense if you have a number of risk factors for heart disease. This procedure can detect plaque build-up as early as at 10 – 15 percent which is before symptoms even appear and when you can take steps to prevent that first event.

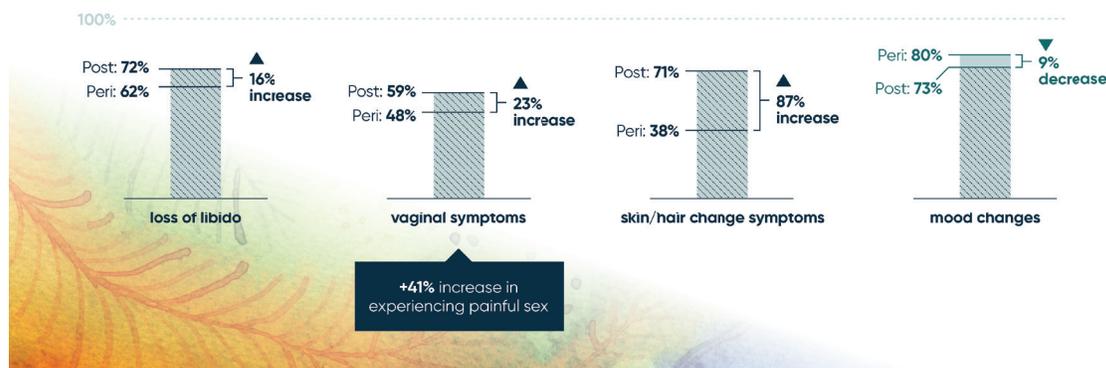
**Embrace joy and manage stress.** Stress takes a toll on the body that is largely invisible day-to-day. But over time, stress has serious negative impacts that are systemic. Find ways to relieve stress, however that may work for you.



[Click here for a resource sheet with more important information about heart health.](#)

# More on Menopause Symptoms

Because estrogen is so systemic and we have receptors for it virtually all over our bodies, menopause affects us from head to toe, inside and out.



To learn more about the symptoms you're experiencing (or what's to come) and how to manage them, we suggest the following:

- 1. Establish a baseline.** Take the [Gennev Menopause Assessment](#) to help you identify where you are in the journey.
- 2. Talk with a menopause-specialist doctor** to better understand the actual, physical changes taking place and how they might affect you. Menopause is different for every woman, and events in our history (post-partum depression, endometriosis, PTSD, etc.) can influence how we go through menopause. [Talking with a doctor who understands](#) the full scope of menopause care can help you be truly prepared.
- 3. Get a menopause plan.** Based on where you are in your journey, any health risks unique to you, and your goals for the future, a Gennev HealthFix Menopause Coach can help you [come up with a plan to manage symptoms](#) as they arise and stay healthy and vibrant in the decades of life ahead.
- 4. Get going.** [Join a community like Gennev's forums](#) to find other women dealing with the same challenges. Pick one of [Gennev's programs](#) for controlling hot flashes or making the best nutritional choices.

And of course, Gennev is here for it all. Check out our [free library of articles, podcasts, videos, and more for information about all things Midlife and Menopause.](#)

# Get Your Personalized Menopause Plan

In this 2020 Guide to Menopause, we've talked a lot about symptoms and solutions, and if you're overwhelmed by the choices, well, we've got a solution for that too: the Gennev Personalized Menopause Plan.

**Every woman's experience of menopause is as unique as she is. What your experience looks like depends on a lot of factors:**

- 1. Your overall health.** Women who exercise, drink reasonably, don't smoke, eat well, sleep well, etc., may still have symptoms, but they may have an easier time of them and will likely remain healthier throughout.
- 2. Your medical history.** If you've experienced PTSD, bad PMS, issues in pregnancy, breast or reproductive cancers, depression, etc., perimenopause and menopause may bring some additional challenges. Knowing what may come can help you be prepared and recognize the symptoms for what they are.
- 3. Your genetic makeup.** To some extent, your experience of menopause may echo your mother's, though that's not a guarantee.
- 4. Your medications.** Are you taking hormonal birth control or do you have an IUD? Those can dramatically change your experience of perimenopause and menopause. If you're in treatment for breast cancer, that can push you into menopause, ready or not.
- 5. Where you are in the transition.** If you're in perimenopause, chances are your symptom make up is different from where it'll be a year or two from now, and certainly different from what it'll look like post-menopause.

Are You Getting the Needed Menopause Support?



Only **1 in 5 women** consistently turn to their spouse or partner for support

**Because there are so many factors involved, there is not and perhaps never will be a one-size-fits-all menopause solution. That's why Gennev provides women with a Personalized Menopause Plan.**

## **How do I get my Personalized Menopause Plan?**

To get your Personalized Menopause Plan, consult with a [Gennev Menopause Coach](#), who is also a Registered Dietitian. Together, you will discuss the results of your Menopause Assessment, talk about the factors listed above, then devise a plan based on your symptoms and goals for your future. The plan includes help with nutrition, exercise, supplements, sleep, stress, self-care, weight management, and so much more. Our coaches can also help you have open discussions with family and friends, and even talk with your partner to help them understand what you are going through.

The Personalized Menopause Plan won't just help with the symptoms you're experiencing now — it also sets you up for a much healthier future, with information and strategies for dealing with the future threats of osteoporosis, heart disease, and dementia.

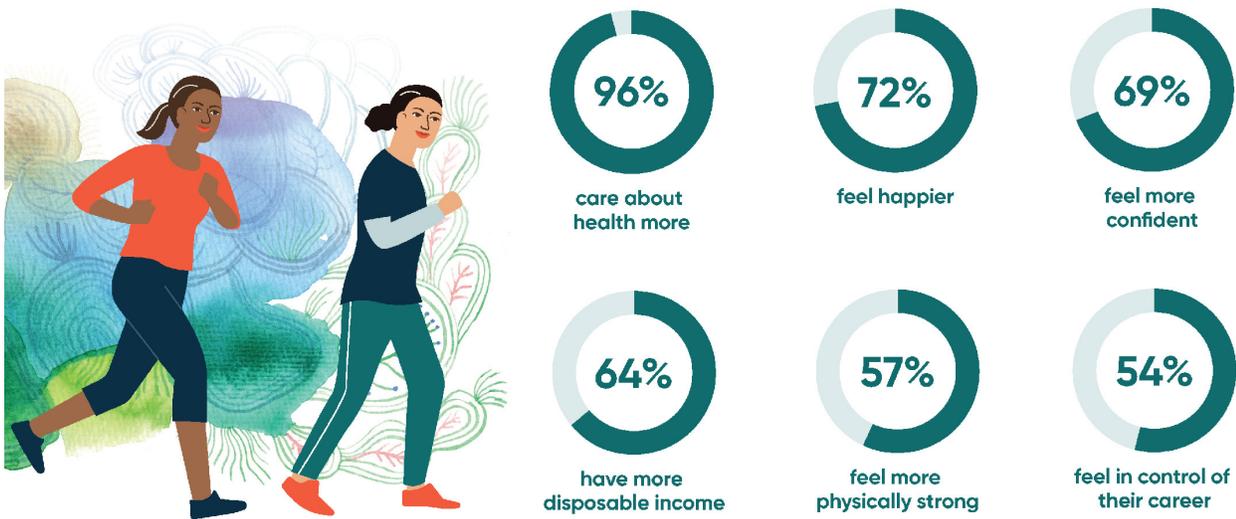


From this point forward, women will have an easier, more informed menopause transition: Gennev is here to see to that. Don't miss out.

# Despite it all, women are thriving

After all this discussion of symptoms and health challenges, we're sure you're more than ready for some good news. Well, there's plenty. Despite menopause challenges, midlife women are thriving. And they're demanding change.

Menopause isn't an expiration date. In fact, most women experiencing menopause symptoms feel stronger, happier, and more confident in comparison to their decade-younger self.



Women are speaking up and speaking out, unwilling to let perimenopause and menopause derail their careers, dreams, relationships, health, or quality of life anymore. With women like Jennifer Aniston, Jennifer Lopez, and Gwen Stefani showing what 50 can look like, 2019 was a celebration of women in midlife and a demonstration of what life can truly be on the far side of the menopause divide.

Menopause is now a topic of discussion on the NBC [Today Show](#), the subject of popular books such as Darcey Steinke's *Flash Count Diary*, and getting — at last! — researched by scientists like [Dr. Lisa Mosconi](#).

And the numbers prove it isn't just famous women who are thriving in midlife. According to [Gennev's 2019 Menopause Zeitgeist study](#), we're feeling happier (72 percent), physically stronger (57 percent), more confident (69 percent), and more in control of our careers (54 percent) now than we did when we were 10 years younger.

**Imagine what we could do if we had the support we need in menopause.**

# Women Are Not Getting Needed Menopause Support

**94%**

of women feel they don't get enough support during the menopausal journey



**33%** feel truly supported by their spouse or partner



Only **1 in 5 women** consistently turn to their spouse or partner for support

The best ways spouses and partners can provide support:



**46%** Don't take it personally



**43%** Be more educated about menopause



**38%** Be patient

## We need and deserve support

Because menopause symptoms are real, and they are impactful, it's time for everyone to step up and support women through this natural, normal, but often-disruptive process.

We need more and better solutions; better-educated and more engaged health professionals; better-educated partners, bosses, colleagues, workplaces, friends, and families; we need menopause to be as ordinary a topic of conversation as pregnancy or weight.

**How can we make menopause easier for women? We start by normalizing it, by making it an open topic of discussion so women can reveal the true impact of symptoms and get help.**

## **Here's how we start:**

- 1. Normalize menopause.** Some are ready to share their #MyMenopauseStory with the world; others would just like to be able to experience a hot flash without feeling embarrassed, but regardless of degree, the majority of our surveyed women think society should regard menopause as the normal, natural, nothing-to-be-ashamed-of process that it is. We agree, because to get the ball really rolling on research and solutions, we need to let the world know what women are experiencing and why support is so important.
- 2. Research causes and solutions.** What isn't seen is rarely studied. We do a lot of research on menopause at Gennev, and the sheer volume of "we don't know why this happens," and "medical science isn't entirely sure why this works," and frankly, *shrugging* going on is infuriating. Realizing how many women's lives are interrupted to greater or lesser degree by their symptoms is an important step towards getting more research, understanding, and help.
- 3. Get informed.** In the 2019 Menopause Zeitgeist report, we learned that not only do women want their medical professionals to be better informed about menopause, they felt it would be helpful if their partners had more information. When asked what women wanted most from their partners, 46 percent responded, "Don't take my menopause symptoms personally," because they wanted their partners to understand their irritability wasn't necessarily about their partner. Forty-three percent would like their partner to be more educated; 38 percent would appreciate more patience. [Access the full 2019 Menopause Zeitgeist infographic report.](#)
- 4. Help.** Other challenges women reported needing help with are balancing work and life (44 percent) and prioritizing self-care (38 percent). Those who wish to help a menopausal woman thrive could do so by helping relieve some of the external pressure: offering flexible work schedules and menopause-friendly offices and taking on more of the burden of housework and caregiving could go a long way toward making a menopausal woman's life better.



# No Time to Pause



It's our hashtag and our battle cry:  
**#NoTimeToPause**

Women in menopause have so much more living to do. We're rising to the upper echelons at work or starting new careers, opening businesses, traveling, getting politically active, mentoring the younger generations, helping raise grandchildren and caring for elderly parents. Who has time to be debilitated by hot flashes and joint pain?

Gennev is here for all of it: to help you with your personal challenges, to educate and inform the greater medical and research community with data about menopause, to act as your advocate and voice whenever we can. We're here to normalize the conversation around menopause so no woman has to be embarrassed about the normal functions of her body.

**This is not your mother's menopause.  
It's yours!**



**You can take control of it, manage your symptoms, and prepare for many rich, vibrant, active, sexy, wonderful years ahead.**