

How menopause may affect you



The terms “sign” and “symptom” are often used interchangeably. However, a symptom is something that an individual experiences and a sign is something that a doctor or another person identifies. Signs are objective while symptoms are subjective.

There are two primary categories of menopausal symptoms: hot flashes and urinary/sexual issues.^{1, 2, 3, 4}

Hot flashes

Hot flashes (sometimes called hot flushes) are the most common symptoms of menopause. Night sweats are hot flashes that occur while sleeping. These episodes are characterized by a sudden, intense sensation of heat in the upper body – particularly the face, neck and chest – that quickly moves over the entire body. Although not well understood, hot flashes are thought to be caused by changes in the part of the brain, the hypothalamus, that regulates the body’s temperature. When the hypothalamus senses that a woman is too warm, a chain of events begins to cool the body, which may produce a flushed coloring and sweating.

Hot flashes typically last between one and five minutes and may be accompanied by palpitations or a rapid heart rate, anxiety and chills, which result in shivering. Particularly common at night, hot flashes are often associated with interruptions to sleep. The frequency of hot flashes varies – usually occurring several times a day; however, the number may be from one to two each day to as many as one per hour during the day and night. It appears that women who begin having hot flashes early in the menopausal transition have them the longest.

Risk factors that increase the likelihood of hot flashes include race/ethnicity (black women report most frequent symptoms, followed by Hispanic, white and Asian women), higher level of fat deposits in the abdomen, drinking alcohol and current and past cigarette smoking. For women who have their ovaries removed (surgical menopause), hot flashes usually begin immediately and may be more frequent and severe.

Urinary/Sexual issues

Known as the *genitourinary syndrome of menopause* (GSM), this syndrome is a collection of signs and symptoms associated with estrogen deficiency that can involve changes to the vulva (the area surrounding the vagina), vagina, clitoris, bladder and urethra. Genital symptoms include dryness, irritation and burning; urinary symptoms include urinary frequency and urgency, urinary incontinence (leakage) and urinary tract infections; and sexual symptoms include pain with intercourse. These symptoms, which are most prevalent during the late menopausal transition and postmenopausal years, can range from mildly annoying to debilitating.

Two common types of urinary incontinence in women²

Stress incontinence – is caused by weak pelvic floor muscles. With stress incontinence, urine is leaked while engaging in an activity that increases pressure inside the abdomen, such as coughing, laughing, sneezing or lifting objects.

Urge incontinence – is caused by bladder muscles that are overly active or irritated. With urge incontinence, urine is leaked when there is a sudden urge to urinate.

Women can have both types of incontinence.

As women reach menopause, the decrease in estrogen may cause the surface of the vulva and the vagina to become thin, dry and less elastic. Vaginal secretions diminish, resulting in less lubrication and pain during sexual intercourse. The pain can intensify to a point where sexual activity is no longer pleasurable or desirable. Even women who are not sexually active may be bothered by vaginal dryness and itching. Loss of estrogen can also make a woman susceptible to vaginal infections.

Without estrogen, the urethra (the short tube from the bladder through which urine is eliminated) shortens, which minimizes the defense against bacteria and increases the risk of urinary tract infections (UTIs). Women who experience urinary incontinence, which is increasingly common with age, may also be at increased risk for UTIs. Symptoms include painful urination, increased urinary frequency and incontinence. Fortunately, treatments are available for incontinence and other urinary problems.



Activity: Keep a urinary log²

If you are concerned about urinary incontinence, keep a log like the one below for three days. Share this information with your doctor or healthcare provider.

	Day 1	Day 2	Day 3
Fluid intake (include amount, type and time of day)			
For each leakage episode:			
Time of day			
Circumstances (what happened?)			
Amount of urine leaked 1 = a few drops, 2 = wet underwear 3 = soaked clothing			

Other menopausal symptoms^{1, 2, 3, 4}

- ✓ **Sleep disturbances** – Perimenopausal and postmenopausal women can also experience difficulty sleeping even without hot flashes. Anxiety and depression, which are common during the menopausal transition, may contribute to sleep disturbances. Sleep disorders – sleep apnea, restless legs syndrome or both – are also commonly reported by perimenopausal or postmenopausal women.
- ✓ **Depression/mood** – New cases of depression are more likely to occur during the menopausal transition compared to the premenopausal years. Cases are most common in women with a prior history of depression or a mood problem. The risk of depression generally decreases in early postmenopause.
- ✓ **Memory/concentration** – Trouble concentrating and remembering things might be caused by lack of quality sleep that happens with menopause. These symptoms could also be caused by lack of estrogen. Some experts suggest that estrogen is needed for good brain function.
- ✓ **Joint aches and pain** – These are commonly reported symptoms among women in midlife. While women who are obese or depressed are more likely to experience joint pain, there appears to be an association with menopausal status. Peri- and postmenopausal women seem to experience more joint pain than premenopausal women. It is unclear whether the pain is related to estrogen deficiency or a rheumatologic disorder, such as osteoarthritis.
- ✓ **Breast pain or tenderness** – These symptoms are common in the early menopausal transition but begin to diminish in the late menopausal transition. They are probably due to fluctuations in estrogen levels.
- ✓ **Skin and bone changes** – The collagen content of the skin and bones is reduced by estrogen deficiency.
- ✓ **Headaches** – Women who get migraine headaches related to their menstrual period might find that the headaches get worse during menopause.



Help is available. Although a normal part of the menopause transition, bothersome symptoms don't have to be endured. A number of therapies, including lifestyle remedies and prescription medications, are available to help.

References:

1. NIH National Institute on Aging. What is menopause? September 30, 2021. www.nia.nih.gov/health/menopause/
2. The North American Menopause Society. The Menopause Guidebook, 9th Edition, 2020. www.menopause.org
3. Casper, RF. Patient education: Menopause (Beyond the Basics), May 14, 2024. www.uptodate.com
4. Mayo Clinic. Menopause – Symptoms & causes, May 25, 2023. www.mayoclinic.org

The information and materials included here as well as in MetLife's Health and Wellness Information Library, including all toolkits, modules, template communications, text, charts, graphics and other materials, (collectively, the "Content") are intended to provide general guidance on health and wellness matters and do not constitute medical advice. While the Content is based on resources that MetLife believes to be well-documented, MetLife cannot vouch for the accuracy of the Content, and you rely on the Content at your own risk. Each person's condition and health circumstances are unique, and therefore the Content may not apply to you. The Content is not a substitute for professional medical advice. You should always consult your licensed health care professional for the diagnosis and treatment of any medical condition and before starting or changing your health regimen, including seeking advice regarding what drugs, diet, exercise routines, physical activities or procedures are appropriate for your particular condition and circumstances.