

Menopause - Q & A

Menopause occurs when a woman stops ovulating and her monthly period (menstruation) ceases. This fact sheet lists your questions and the answers from our experts.

Q. What is perimenopause?

The term menopause strictly means the day a woman's menstruation (or period) stops. We can usually only be sure of this after we have not had a period for 12 months. The terms climacteric or 'peri' menopause more correctly describe the process or transition that occurs as a woman passes from the reproductive to non-reproductive stage of her life: that is, around the time the periods are stopping. This is a natural process that results from normal ageing of the ovaries.

During this time, the function of the ovaries slows down; they produce less of the female hormones, oestrogen and progesterone, until ovulation no longer occurs and periods stop.

Hormone levels fluctuate during the perimenopause

During the perimenopause, hormone levels can fluctuate widely. This erratic flow of hormones can have a wide range of effects on different women. While hormone therapy (HT) is not usually recommended at this time, sometimes a lower dose oral contraceptive pill is suggested to suppress these hormonal fluctuations.

The climacteric or perimenopause phase can last from six months to 10 years. For most Australian women, menopause occurs between the ages of 48 to 53, but any time between 45 and 55 is usual. A woman is considered postmenopausal when she has not had a period for 12 months.

Is menopause the same for everyone?

No, it isn't. The changing hormone levels during the perimenopause are accompanied by changes to menstruation and other physical and emotional symptoms. The type, severity and length of symptoms are different for every woman:

- 20 per cent have no noticeable changes, other than their periods stopping
- 70 per cent consider menopausal changes a mild to moderate nuisance
- 10 per cent find their symptoms severely distressing.

What are the most common symptoms of menopause?

The most common signs and symptoms of menopause are changes in the menstrual cycle and bleeding pattern, hot flushes, sweats, urinary problems, dry vagina and mood changes.

There are several other changes attributed to the menopausal transition including:

- Weight changes
- Headaches
- Lack of energy
- Irritability
- Sleeping problems
- Memory loss
- Difficulty with concentration
- Loss of libido
- A crawling sensation under the skin.

We also need to be aware of everything that is going on in our life at this time and remember that menopause isn't the cause of everything.

Q. I'm 38, with no children. I've been told I have premature menopause. What does that mean?

Premature menopause is when your periods stop before the age of 40. It's estimated that one in every 100 women goes through menopause before they reach 40, some women in their teens or 20s.

The ovaries may stop working prematurely without a known cause. In a small proportion of women (10%), the ovaries start producing eggs again and spontaneous pregnancy can occur.

Menopause can also be brought on due to medical reasons. Surgery to remove the ovaries, some medications and certain illnesses can bring on menopause. Some genetic disorders are also associated with premature menopause.

For many women, loss of fertility is the most serious consequence of a premature menopause. Women who experience early menopause will have a long period of postmenopausal life so the effects of oestrogen loss can be more serious. When oestrogen levels drop, osteoporosis and heart disease can be health concerns. Most women affected by premature menopause are usually advised to take hormone therapy (HT), at least until the age of the normal menopause (around 50), to protect them from these conditions.

Early menopause can be distressing

A diagnosis of premature menopause can change a woman's plans and dreams and affect her self-esteem. Emotions of disbelief, anger and feeling cheated are common. These feelings can be combined with the common false perceptions of becoming old, unattractive and useless. It is important that you are aware of the physical and emotional implications of premature menopause. Do go back to your doctor – you may find it helpful. It may also be helpful to talk to a counsellor or psychologist.

Q. Does endometriosis go away after the menopause?

When menopause occurs, the body ceases to produce the female hormone oestrogen, which is the hormone that stimulates the growth of endometriosis. Once menopause occurs, the endometriosis should disappear. However, if a woman takes hormone therapy, which contains oestrogen for her menopausal symptoms, there is a slight chance that the endometriosis will recur.

Where to get help

- Your doctor
- Your local women's health centre or community health centre
- Gynaecologist
- The Jean Hailes Foundation Tel. 1800 151 441
- Australasian Menopause Society Tel. (03) 4642 1603
- Women's Health Victoria Tel. (03) 9662 3755

The questions on this fact sheet were originally posted by visitors to the Better Health Channel and answered by our panel of experts, which includes general practitioners, nutritionists, physical activity professionals and other health and medical specialists.

Want to know more?

Go to More information for support groups, related links and references.

This page has been produced in consultation with, and approved by:

Jean Hailes Foundation for Women's Health

Copyright © 1999/2008 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.

- This Better Health Channel fact sheet has passed through a rigorous approval process. For the latest updates and more information visit www.betterhealth.vic.gov.au.

© State of Victoria

Linking to the Better Health Channel

It's easy to link to this fact sheet | Close

