UNDERSTANDING YOUR MENOPAUSE

BY STELLA B. APPLEBAUM with
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UNDERSTANDING YOUR MENOPAUSE

BY STELLA B. APPLEBAUM with NADINA R. KAVINOKY, M.D.

Stella B. Applebaum, author of the Public Affairs Pamphlet, Working Wives and Mothers, *is a health educator and a writer on the family and related subjects. She was formerly a staff member of the Department of Physiology, Public Health and Hygiene of Hunter College. Dr. Kavinoky, prominent gynecologist and ex-president of the National Council on Family Relations, has done research and written in professional journals on the climacteric.... Drawings by Lois Fisher.*

THE MENOPAUSE, like menstruation and childbearing, is a natural process in the life history of a healthy woman. If you doubt this, as many women did in the past, look at the evidence: The majority of women today go through the menopause with little or no distress.

Probably to your mother, and certainly to your grandmother, such an outcome would have been incredible. This dreaded period was anything but normal to them. Whatever they knew about the menopause came entirely from rumors, which they believed, of woman's inevitable suffering and untimely end — a fate that defied medical science of the day.

But today authoritative facts and modern professional skill are on your side. You have reason to be optimistic and confident about the years ahead. With the menopause no longer the bugbear that it was, women now take it in their stride. For some, the experience is a curtain-raiser to a good "third act" of their lives, offering new rewards and satisfactions unknown to women before.

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Nevertheless, we cannot ignore the fact that a few women do have some physical symptoms and general uneasiness even today. It is possible that the prospect of your own menopause may dampen your spirits for a while or stir up some fears and worries. Such feelings are shared by other women of your age and are understandable. The fact-distortions of generations have spilled over into your time. Only recently has the menopause been properly understood. It takes time to communicate this understanding and to undo the harm of agelong misbeliefs. This pamphlet is an endeavor in that direction.

Few women now in their forties have escaped exposure to some of these insidious reports: "Women lose their minds with the 'change of life.'" "They are doomed to cancer and other deadly diseases." "Their personalities change; they become bitter and hysterical." "It's the end of a woman's sex life; husbands lose interest and turn to other women." "Sudden aging, obesity, and disfigurement are inevitable." "It's the end of a woman's life; nothing is worth while after the menopause." Any one of these old wives' tales, if you believed them, would be enough to give you the jitters! Told and retold over the years, they thrived only because the menopause was so long shrouded in mystery. And they left a long trail of needless misery.

Time was — not too long ago — when the doctors themselves were ignorant of the facts. Women died earlier, many of them before their menopause years. Those who survived, restrained by the sex taboos of the time, were loath to seek medical help for their "private

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If you should have difficulty with your menopause, you can be encouraged by the fact that whatever your trouble — mild or severe, physical or emotional in origin — professional help and guidance are now available. Your physician can relieve physical symptoms, and other specialists [*see page 27*] can help you to cope with emotional and psychological problems.

There are also ways of helping yourself to attain peace of mind. You can make it your business, for one thing, to understand the menopause process, to know exactly what it *is* and what it *is not*. Reassurance comes with knowing what to expect. You can also take a good look at yourself, especially at your problems and resources. In the last analysis, the menpause is a very personal experience.

confusing labels?

Although "change of life," "climacteric," and "menopause" are often used synonymously, many women are confused about their meaning and which label to use.

"Change of life" (or "the change") is the old, familiar expression whispered by Victorian women behind closed doors and still used to some extent today. Identified with the earlier myths and distortions, it suggests something sudden and calamitous. In this sense the phrase is certainly unfit today.

"Climacteric," from a Greek root meaning *rung of the ladder* is a period in human life when there is an important change. The time of puberty, when menstruation begins, is a climacteric just as the menopause is. In the literal sense of rungs of the ladder or significant steps in the sequence of life, marriage and the first baby might also be consid-

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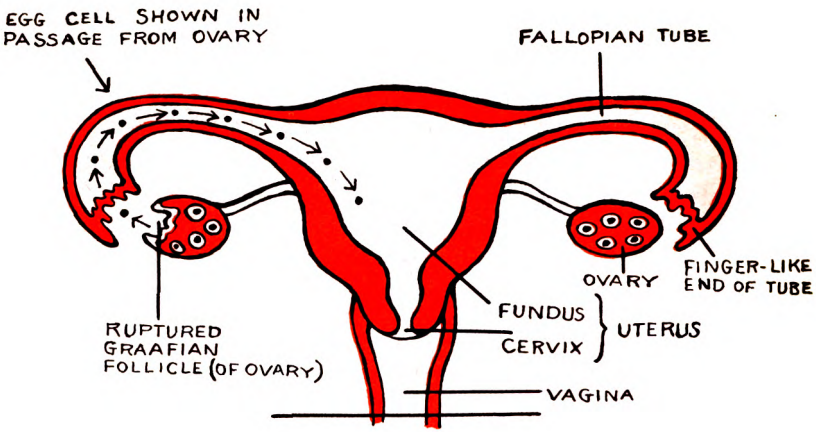
FEMALE INTERNAL ORGANS OF REPRODUCTION



into the tube, through which it is pushed along by fine hair-like projections in the lining toward the uterus. If the egg cell meets a male sperm cell while in the tube, usually it becomes fertilized. To put it another way, conception takes place.

The *uterus* (womb), compared to a pear in size and shape, is located between the bladder and rectum. The wider portion, the *fundus,* is above, connected to the Fallopian tubes, and the narrower part, the *cervix,* is below, opening into the upper part of the vagina. The uterus is a hollow organ with thick, flexible, muscular walls which expand during pregnancy. It is lined with mucous membrane which is abundantly supplied with blood vessels. This lining thickens every month during the menstrual cycle to prepare for the reception and implanting of a fertilized egg cell. The function of the uterus, then, is to receive the fertilized ovum and as it develops prenatally to protect and nourish the developing fetus until it is ready for birth.

The *vagina* is a muscular canal extending from the cervix of the uterus to the exterior, functioning as an inlet and outlet for activi-

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The effect is different in the case of *artificial menopause*. This is menopause induced artificially at an earlier than normal age, usually by surgery. Sometimes this is necessary when the ovaries, uterus, or tubes are diseased. If only the uterus is removed, with the ovaries healthy and remaining intact, as in hysterectomy, menstruation will cease abruptly and pregnancy of course is ruled out. But ovulation and hormone secretion will continue in the ovaries until the time of natural menopause. This is desirable for the gradual adjustment of the body. That is why the surgeon will make an effort to save the ovaries or at least part of one. When both ovaries must be removed, or when ovarian follicles are otherwise destroyed, then both menstruation and ovarian function stop abruptly. Even if the uterus is retained in such a case, menstruation will cease with the loss of ovarian hormones. It is this sudden loss of ovarian estrogen that is usually disturbing. But with modern medical treatment, which includes hormone substitutes and other medication, the condition can be corrected. As in the natural menopause, the body will adjust to a new balance and eventually return to the continuity of vital activities minus only one function — the childbearing capacity.

How will you know when you are passing through your menopause? You may be among that group of women who don't know it until it is all over. Without any warning their menstrual cycles just come to a halt. Or, like many women, you may have a few mild symptoms but still be able to carry on your normal occupation without interruption. However, depending upon your general health and other personal factors, there is also a chance that you may suffer enough discomfort to warrant medical help. Only two women in ten fall into this class; the rest have mild symptoms or none at all.



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end of life. Today many women approaching the menopause still worry about becoming pregnant, but for the more practical reason of the inappropriate childbearing age. And such worry is understandable. When menstruation becomes irregular, skipping a month or more, one cannot be certain that ovulation definitely has ceased. For a woman in her forties it may be a tossup between pregnancy and menopause. Therefore it is wise not to rule out the possibility of pregnancy until a year has elapsed since the last menstrual period.

WHAT THE MENOPAUSE IS NOT

From the questions their patients ask today, doctors find that misinformation about the menopause is still being dispensed and unfortunately taken to heart by many women. Added to the anxiety of these credulous women is the possibility that they are surrounded by real, not imaginary, troubles. Among friends and relatives, women of their own age may be suffering from mental breakdowns, arthritis, heart and kidney disorders, or cancer. There may be others in their group whose marriages are unstable or who are actually involved in divorce proceedings.



All of this tends to nourish rather than allay their fears of the menopause hazards. But here is the fallacy that confuses their thinking: Although any one of these contingencies — a grave illness, a husband's infidelity, divorce, or whatever — may occur during the

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When the organs of the body no longer function, as in the case of the ovaries, tubes, and uterus after menopause, they tend to shrink gradually in size. This process, of course, varies with individual women. Physicians have examined many women in their sixties who show no evidence of atrophy in the vagina or vulva (external genitals). Tests show these tissues to be physiologically normal. However, in some women there may be a shrinkage for various reasons — malnutrition, poor muscle tone, inadequate circulation, or if sexual relations have been discontinued. If the condition is not too advanced, sometimes a program of special exercises prescribed by the physician can help restore the muscle tone and a renewed capacity for sex relations.

sudden aging inevitable?

For many women approaching the menopause, every gray hair, new wrinkle, or pound of weight gained spells doom. The old myths are recalled and "sudden aging, disfigurement," and all the other terrors identified with the menopause years become an immediate threat. But all of these "ominous" signs are not due to the menopause. Some of them are the natural changes in the course of a lifetime which develop gradually, not suddenly.

Actually the aging process begins at birth and continues all through life. The rate of aging is a relative thing, not necessarily measured by birthdays. Many women are physically and mentally young and vigorous at 65 and others are old at 35. While there is a tendency in the middle years to add a layer of fat around the hips and abdomen, unsightly obesity is not inevitable. It can and should be controlled by proper diet and



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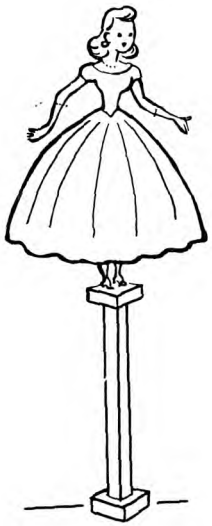
exercise. Most forty-plus women today are weight-conscious for both health and aesthetic reasons. And they look and feel younger than their mothers did at the same age.

By the time a woman reaches her late forties, the gray hair, the crow's-feet, the mature, sympathetic, and knowing expression are appropriate and have a charm all their own. Generally women with inner resources, who accept gracefully the reality of aging, acquire a mellowness and warmth in their middle years which make them far more appealing than in earlier years.



The fear of sudden aging probably had its roots in the era of medical ignorance, when for women forty was often the end of life. The fact that this dread still continues, despite woman's phenomenally long life expectancy today, may be partly due to our "youth cult." In America, within the last thirty or forty years, youth has been so revered that maturity seems to have been depreciated. Elsewhere it is taken for granted that "women, like wine, improve with age." In many European countries, for example, women are often more interesting to men after they've reached the age of forty.

However, despite our American accent on youth, the outlook for the older woman is improving. Even in the job area, which can be a real source of worry for the over-forty woman who must be self-supporting, some employers are beginning to recognize maturity as an asset. Dependability, emotional poise, accuracy, and good judg-

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what your doctor can do for you

Whether or not you have menopause symptoms, if you have not been accustomed to periodic health examinations, now is the time to start. Some medical authorities recommend a semiannual check-up after the age of forty.



A preventive examination is important for detecting and correcting minor defects which might otherwise become major ones. Some of the degenerative diseases — cancer, diabetes, diseases of the heart, kidney, and blood vessels — which are associated with the later rather than middle years have an insidious development. They rarely present symptoms early. The one hope in combating these lies in early detection and treatment. Many victims of cancer, diabetes, or other grave diseases owe their lives today to periodic preventive check-ups.

To the modern physician, health is a condition of "complete physical, mental, and social well-being," not just absence from pain. A good bill of health so defined is reassuring, since it usually means a smooth and comfortable menopause.

A thorough medical examination of women past forty should include the following: a complete personal history of medical, menstrual, sexual, marital, and family matters; a systemic (whole body) and pelvic examination; routine laboratory tests of blood and urine; a *Papanicolaou* vaginal smear. The latter is a simple microscopic

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turn up. Unexpected resources may come to light — special skills that were lying fallow, for example — which, if given a chance now, could enrich your life immeasurably. Or you may discover that problems which seemed baffling are not problems at all, but just a lag in your value system, now ready for a change.

Some of the questions you ask yourself, as you draw up your personal balance sheet, may themselves suggest answers that will shed light on one problem or prevent another. Or they may reveal difficulties — personal, marriage, or family — which are too overwhelming for you to deal with on your own. If this happens and you want help, either your doctor or a qualified agency [*see page 27*] can refer you to an accredited specialist: psychiatrist, marriage counselor, or marriage and family counseling agency. Your choice will depend upon the nature of your problem.

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When you can accept the need for change as one of the inevitable facts of life, then the menopause will take its rightful place. As a natural event that terminates one productive activity of your life, it sets you free to use your skills, old and new. This, in turn, should strengthen you, your family, and the larger community.

WHERE TO GET HELP, if you need it

National Agencies:

American Association of Marriage Counselors, 104 East 40th Street, New York 16, N. Y.

Family Service Association of America, 122 East 22nd Street, New York 10, N. Y.

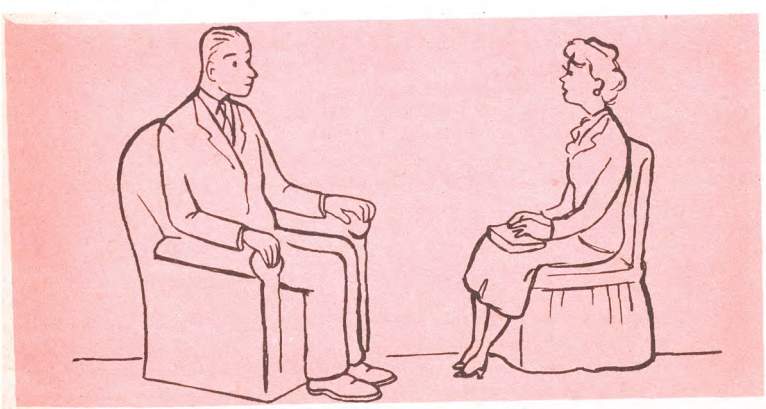
National Association for Mental Health, 1790 Broadway, New York 19, N. Y.

National Council on Family Relations, 1219 University Avenue, S.E., Minneapolis, Minnesota

National Institute for Mental Health, Bethesda, Maryland

Local Agencies:

Your local Community Chest, Community Hospital, Health Department, or Family Service Society



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