



Perimenopause is the natural transition that moves a woman from her childbearing into her post-childbearing years. It begins when your ovaries start to release fewer egg cells and to secrete fluctuating amounts of hormones, making periods irregular. It ends when your ovaries stop releasing eggs and secreting hormones at menopause. As estrogen levels swing up and down, you may experience unusual symptoms, felt throughout the body.

Perimenopause can be more confusing and frustrating than menopause. Worsening symptoms can significantly affect your quality of life when you're at the peak of your career, are finally enjoying time alone with your partner, or hope to find more time for hobbies and pastimes.

But women should not have to suffer in midlife. It's important to know that perimenopause can be treated separately from menopause, and that many options can help you through this difficult period.

[Cleveland Clinic's Center for Specialized Women's Health](#) has women's health physicians and providers who are designated Certified Menopause Practitioners by the North American Menopause Society. They have the experience and skill to provide state-of-the-art care for this important time in every woman's life. *U.S. News & World Report* ranks Cleveland Clinic's gynecology program best in Ohio and No. 3 in the nation.

USING THIS GUIDE

Please use this guide as a resource for learning about perimenopause and the many treatment options available to manage symptoms. Remember, it is your right as a patient to ask questions about your care during perimenopause, and to seek a second opinion if necessary. Educating yourself about your health will empower you to work closely with your doctor to find solutions that are right for you.



Same-day appointments are available. Call 216.444.6601 or 800.223.2273, ext. 46601.



What is perimenopause?

Perimenopause is a natural phase in a woman's life that transitions her from her reproductive years to life after pregnancy and childbirth.

At puberty, a woman's ovaries begin to release egg cells into the fallopian tubes once a month. They also secrete estrogen and progesterone to regulate menstruation and prepare for possible pregnancy. Estrogen's effects are felt throughout a woman's body, in the reproductive organs, brain, heart and blood vessels, and bone.

Perimenopause begins toward the end of a woman's childbearing years, when the ovaries start to release fewer eggs and to secrete fluctuating amounts of hormone. Perimenopause ends at menopause, which happens after full 12 months without any vaginal bleeding.

As hormone levels swing from high to low, bleeding patterns become erratic. Because the body is not used to a wide swing in estrogen levels, symptoms like hot flashes, night sweats, difficulty sleeping, changes in libido and vaginal dryness can occur. These symptoms are more difficult for some women than others.

How is perimenopause different from menopause?

During perimenopause, your ovaries are still releasing estrogen and progesterone, although in smaller, fluctuating amounts. After menopause, your ovaries stop secreting these hormones. The resulting symptoms, often called menopausal, can actually be worse during perimenopause than after menopause. This is particularly true for hot flashes. While some symptoms persist after menopause, others may disappear along with your periods.

You can still conceive during perimenopause (the body does incredible things), so contraception is important to avoid unplanned pregnancies.

When does perimenopause begin and how long does it last?

Perimenopause usually begins when a woman is in her 40s; the average age is 47. The transition into menopause lasts an average of four years but can last eight to 10 years for some women and just a few short months for others. Menopause, diagnosed after no vaginal bleeding has occurred for 12 months, marks the end of perimenopause.

Some women begin perimenopause in their 30s or even younger because of premature ovarian loss. The cause of this condition is unknown (idiopathic)



for most women, but for others it may be caused by an autoimmune disorder, chromosomal abnormality, or chemotherapy or pelvic radiation for cancer.

Because the length of perimenopause varies, some women experience symptoms longer than others.

What are the symptoms of perimenopause?

The major symptoms of perimenopause include:

- **Erratic bleeding:** Periods can become irregular (shorter or longer in frequency, and occasionally heavy with clots) as the egg supply (ovarian reserve) dwindles, and hormone levels swing widely. If bleeding is very erratic or heavy, it is important to seek advice from your healthcare provider. An ultrasound or perhaps an office-based endometrial biopsy may be required to rule out infections, precancerous lesions and even endometrial cancer. Uterine fibroids and polyps are one of the main causes of heavy bleeding in perimenopause. Lower levels of progesterone, which normally prevent excess buildup of the uterine lining (endometrium), can further increase bleeding. If no hormonal or structural causes are found, bleeding disorders are also considered.
- **Hot flashes:** As hormone levels swing widely and the estrogen circulating through the body fluctuates, hot flashes can occur. Some women also experience night flashes, trouble sleeping, the sensation that their heart is beating rapidly, or chills.
- **Lower libido:** As women approach menopause, the drive to conceive, or libido, may decline along with reproductive hormone levels. This is normal but does not mean that women will no longer enjoy sexual activity.
- **Vaginal dryness:** Estrogen receptors are highly concentrated in the lower third of the vagina, the base of the bladder, and the urethra. As reproductive hormone levels start to fall, vaginal dryness and bladder irritability can develop. These can translate into painful intercourse and may trigger vaginismus, in which the vaginal muscles involuntarily tighten, or spasm, when attempting intercourse.
- **Emotional changes:** Some women experience mood changes as their hormone levels swing widely. The resulting symptoms can affect mental, physical and emotional well-being. In addition, sleep quality declines. For women who have had hormone-related mood problems in the past, such as postpartum depression, premenstrual syndrome or premenstrual dysphonic disorder, the risk of depression is increased during perimenopause.

Other common perimenopausal symptoms include breast tenderness, urinary urgency, fatigue, worsening chronic headaches or migraines, and worsening arthritic joint pain (especially when vitamin D and estrogen levels are low).





How can I tell if I am in perimenopause?

Perimenopause is a clinical diagnosis made by reviewing your gynecologic history and the symptoms you have experienced. Sometimes a pelvic exam is helpful. Tests for other signs of perimenopause — a high level of follicle-stimulating hormone (FSH) and a low level of estrogen, particularly after age 51 — may not be worthwhile. That is because hormone levels can swing from high to low to normal again. Testing reflects hormone levels only for that moment in time and doesn't show the entire picture.

Chances are, if you're seeking help for irregular bleeding and frustrating symptoms, you're approaching menopause. Once you've gone a full year without bleeding, menopause will be diagnosed, and it becomes easier to look backward and see when you were in perimenopause. That being said, being in limbo in the here and now can frustrate many women. Knowing there are options for managing your symptoms can help to ease concerns.

Which treatments are available for perimenopause?

Perimenopause is not a disease, but treatment is important when symptoms have a significant impact on your quality of life. An array of treatments is available. Obtaining a thorough medical history and determining which symptoms are most bothersome will help your medical provider determine the workup and treatment alternatives most likely to help you. Your provider will start with your menstrual history. If bleeding is very heavy or associated with new clots, you may need blood work, an up-to-date Pap smear, and an ultrasound with or without a tissue sample from the endometrium (an office procedure).

HORMONAL THERAPIES

Hormonal contraceptive (HC) therapy helps control irregular bleeding, serves as birth control if needed, and decreases hot flashes, night sweats and vaginal dryness. (HC therapy is different from menopausal hormone therapy, which isn't strong enough to treat perimenopausal symptoms or prevent conception.)

- **Systemic hormonal contraception:** For healthy non-smoking perimenopausal women, low-dose HC using the pill, the patch or a vaginal ring can stabilize hormone blood levels, control bleeding and prevent pregnancy. Natalia[®], a hormonal contraceptive containing bioidentical estradiol, is FDA-approved to treat abnormal uterine bleeding.
- **A progestin-only IUD:** If you can't or choose not to take systemic hormones, IUDs like Skyla[®] or Mirena[®] release progestin, a synthetic form of progesterone, into the uterus to stop heavy bleeding. These contraceptive devices are FDA-approved for treating heavy periods, and protect the uterine lining to reduce the risk of endometrial cancer.
- **Oral, cyclical progesterone:** Some perimenopausal women have very high levels of estrogen, but their progesterone levels are low because they don't

ovulate regularly. (Ovulation is needed for the corpus luteum to make progesterone.) When confirmed by a history and physical exam, cyclical progesterone therapy can help balance hormone levels.

- **Depo-Provera®:** These progestin injections offer hormonal contraception for women who cannot tolerate or safely take estrogen. This includes women with a history of deep vein thrombosis or blood clots, women with certain autoimmune or vascular conditions, and/or women who smoke after age 35.

NONHORMONAL ALTERNATIVES

Perimenopausal women have options other than hormone therapy to ease symptoms.

- **Meclomen®:** This oral non-steroidal anti-inflammatory drug, taken during menstruation, can relieve painful cramping and reduce menstrual flow.
- **Lysteda® (tranexamic acid):** This prescription medicine is approved for heavy bleeding in women who aren't using hormonal contraception.
- **Vitamin B1:** 100 mg of oral thiamine (B1) daily can help reduce painful cramping.
- **Brisdelle®:** Low-dose paroxetine (7.5 mg) is FDA-approved for women with bothersome hot flashes. (Because the dose is very low, it does not serve as an antidepressant like other serotonin reuptake inhibitors.)
- **Flibanserin (Addyi®):** This medicine has just been FDA-approved to restore female sexual desire in premenopausal women. Flibanserin (Addyi) must be taken orally every day and may have side effects, such as severe low blood pressure and fainting, which can worsen with alcohol consumption. The medicine can only be prescribed by clinicians who have undergone training.
- **Antidepressant therapy:** Low-dose or standard-dose antidepressants can minimize mood changes that disrupt a woman's life.

MEDICAL AND SURGICAL INTERVENTIONS

Some women with heavy bleeding, blood clots or a history of fibroids may need interventional or surgical procedures. (These are not appropriate for women who wish to preserve their fertility.)

- **Endometrial ablation:** For women without anatomic or bleeding abnormalities, this procedure can be performed in the office or operating room using heat, cold or a laser to remove or reduce the uterine lining.
- **Uterine fibroid embolization (UFE):** Women with uterine fibroids and heavy bleeding may benefit from this outpatient procedure. Performed by radiologists, UFE blocks fibroids' blood supply to shrink them.
- **Surgery:** More invasive treatments such as myomectomy (surgical removal of fibroids) or hysterectomy (surgical removal of the uterus) are options if medical treatments fail.



What else can I do to ease perimenopausal symptoms?

Lifestyle changes can help ease perimenopausal symptoms and regulate metabolism, prevent weight gain and improve mood. Here are some useful tips:

- Identify and decrease unnecessary stressors in your life.
- Adopt habits that promote sound sleep.
- Exercise regularly to boost your energy and mood.
- Eat fewer unhealthy foods (trans fats and simple carbohydrates like sugar, white bread and white rice).
- Eat more foods that are rich in omega-3 fats (fish, eggs, walnuts, almonds and chia seeds).
- Reduce your alcohol intake and quit smoking. Both alcohol and smoking affect how estrogen is metabolized, and quitting can provide significant relief.
- Take vitamin D supplements if you're deficient, to keep your bones healthy and improve your mood.
- Take B complex vitamins to increase your energy levels.
- Keep your core body cool. Dress in layers to regulate your temperature during hot flashes.
- Tell your doctor if you take supplements or herbal remedies. They can affect the way your medications work.
- Follow up with your medical provider to make sure you stay as healthy as possible.

How will I know when I've reached menopause?

Keeping a menstrual calendar can show you when you have gone a full 12 months without any bleeding. When that happens, if you are over 50 and have had common perimenopausal symptoms, you have probably reached menopause. (The average age for menopause is 51.)

However, a menstrual calendar won't help if you're taking hormonal contraception or have a progestin-only IUD, or if you still have your ovaries after an endometrial ablation or hysterectomy. In these cases, your doctor may mea-

sure levels of follicle-stimulating hormone (FSH), estradiol, anti-Mullerian hormone (AMH) and thyroid hormone to see if you have reached menopause.

The keys to making the correct diagnosis and choosing the best treatment plan are to keep track of your symptoms, convey any concerns to your doctor, and identify lifestyle, work and other external stressors you're experiencing. Knowing there are treatment options and that you're going through a normal phase of life can ease your concerns throughout this transition.

Once you reach menopause, your physician will assess any postmenopausal symptoms you may have. Because risks of heart disease, osteoporosis and other health conditions increase after menopause, your doctor will recommend screenings to maximize your health in the years ahead.

Why choose Cleveland Clinic?

You can trust [Cleveland Clinic's Center for Specialized Women's Health](#) to provide a comprehensive approach to your healthcare in a warm and supportive environment. The center is part of the Ob/Gyn & Women's Health Institute, whose gynecology program is ranked No. 3 in the nation by *U.S. News & World Report* — the top ranking in Ohio.



Ready to schedule an appointment?

If you would like one of our experts to help you find the right treatment for your perimenopausal symptoms, call the Center for Specialized Women's Health at **216.444.6601** or **800.223.2273, ext. 46601**. Same-day appointments are available.

Location

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About Speaking of Women's Health

You care for your family, your friends and your pets. You deserve a little "me time," too! Speaking of Women's Health is a national women's health education program managed by Cleveland Clinic under the leadership of Holly L. Thacker, MD. Its mission is to educate women to make informed decisions about health, well-being and personal safety for themselves and their families.

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Like pregnancy and delivery, menopause is a normal female life event. “The change” marks the end of a woman’s reproductive years and usually occurs between the ages of 45 and 55. Symptoms vary from woman to woman, with some women describing the period leading up to menopause, called perimenopause, as a “living hell.” But that does not have to be the case. With proper care and treatment, you can minimize the impact of menopause.



Choosing your care

At Cleveland Clinic’s Center for Specialized Women’s Health, we take your healthcare seriously. We offer treatment of routine and complex women’s health issues, access to the latest clinical trials and care that considers your emotional well-being. Patients are seen in a caring environment, where the emphasis is not only on technological excellence, but also accessibility, personal attention and support.

The most important thing you can do when you are facing any life change is to arm yourself with the facts. Please use this guide as a resource as you explore your options for coping with menopause and its related effects.



WE'VE GOT ANSWERS

Confused about hormone replacement therapy? Wondering if you really need a yearly mammogram? Want to check which foods affect PMS? Now there's a resource for answers. Simply call **216.444.4HER** and speak with a nurse who has special training in women's health issues. This free service of the Cleveland Clinic Center for Specialized Women's Health is available Monday through Friday, 8:30 a.m. to 4:30 p.m.

WHAT IS "THE CHANGE?"

What most people refer to as menopause is actually a process involving three stages: perimenopause, menopause and postmenopause. Each phase is controlled by a tiny gland in the brain called the pituitary gland, along with the ovaries. The pituitary gland tells the body how much of certain hormones to make throughout our lives. Levels of estrogen, progesterone and testosterone fluctuate throughout a woman's life, influencing the reproductive system in many ways.

During perimenopause, which usually begins sometime in the late 40s and can last up to eight to 10 years, the ovaries start to produce less estrogen. Periods may occur at unpredictable intervals, and bleeding can be quite heavy. You may not notice the symptoms until the last few years of perimenopause, when the decrease in estrogen accelerates. Perimenopause lasts until the ovaries stop releasing eggs completely. Ironically, the worst symptoms of menopause can occur prior the final menstrual period (which is the definition of menopause).

AM I MENOPAUSAL?

Once a midlife woman has gone without having her period for 12 consecutive months, she is medically defined as menopausal. Your physician can confirm menopause by analyzing symptoms associated with estrogen deficiency and performing a thorough history and physical exam, including a genital exam. It is helpful if you have kept an accurate record of your menstruation, including the number of missed periods. Your physicians also will ask you about classic symptoms, like hot flashes. The physical exam should include an assessment of vaginal tissue, which is particularly sensitive to estrogen loss. A bone density also may be needed. Bone is very sensitive to the loss in estrogen.

WHAT ARE THE SYMPTOMS OF MENOPAUSE?

Most women going through menopause will experience hot flashes, the sudden feeling of warmth that spreads over the upper body that can be accompanied by blushing and sweating. The severity of hot flashes varies from mild in most women to severe in some.

Other common symptoms include irregular or skipped periods, insomnia (which can lead to mood swings, fatigue, depression, irritability), racing heart, headaches, joint and muscle aches and pains, changes in sex drive, vaginal dryness, anxiety, difficulty concentrating, memory lapses, itchy, crawly skin, acne and other skin eruptions, increased muscle tension, breast tenderness, weight gain and hair loss or thinning.

Fortunately, not all women get all of these symptoms; however women affected by symptoms should see a physician for an evaluation.



WHAT CAUSES HOT FLASHES?

While the cause of hot flashes is unknown, most experts agree that they are related to changes in circulation. Hot flashes occur when the blood vessels near the skin's surface dilate to cool. This produces the red, flushed look to the face. Some women also perspire during hot flashes, which helps to cool down the body. In addition, some women experience a rapid heart rate or chills. Hot flashes accompanied by sweating during the night are called night sweats, and may interfere with sleep.

Hot flashes (or hot flushes) are the most frequent symptom of menopause and perimenopause. They occur in more than two-thirds of North American women during perimenopause, and in almost all women with induced menopause or premature menopause.



WILL THE FLASHING EVER END?

The severity and duration of hot flashes varies among women. Some women have hot flashes for a very short time during menopause. Other women may have hot flashes, at least to some degree, for life. Generally, hot flashes are less severe as time passes.

IS THERE TREATMENT AVAILABLE FOR MENOPAUSAL SYMPTOMS?

While menopausal hormone therapy is the most effective and only FDA-approved treatment for menopausal symptoms, there are other options that may offer relief. These include both over-the-counter and prescription therapies. Over-the-counter therapies include vitamin B complex, and soy protein found in foods.

YOUR PHYSICIAN ALSO MAY DISCUSS SOME OF THE FOLLOWING:

- Bellergal-S[®], a combination medicine used to treat some symptoms of menopause (Because of side effects and the butalbital, an additive in Bellergal-S[®], it is NOT recommended by the North American Menopause Society.)
- Blood pressure medications including Catapres[®], Catapres-TTS[®] and Aldomet[®] blood pressure medications (Based on side effects, these medications are only recommended in women who have hypertension.)
- Antidepressants Zoloft[®], Paxil[®], Effexor[®], Pristiq[®] (Note: Paxil[®] has been shown to reduce tamoxifen levels.)
- Other hormones, such as Provera[®] and Megace[®]
- Lifestyle modifications, including exercise, diet, weight loss and dressing in layers



IS MENOPAUSAL HORMONE THERAPY SAFE?

When taking any medication, it's important to weigh the benefits and risks. Scientists continue to study the long-term effects of HT, but millions of women have done well on hormone therapy without increasing any other health risk. The key is to tailor HT to each woman's individual needs. If you are concerned about taking menopausal HT, talk to your doctor.

WHAT IS MENOPAUSAL HORMONE THERAPY?

Hormone therapy is a treatment that is used to supplement the body with either estrogen alone or estrogen and progesterone in combination. Estrogen and progesterone are hormones that are produced by a woman's ovaries. When the ovaries no longer produce adequate amounts of these hormones (as in menopause), hormone therapy helps supplement the body with adequate levels of estrogen and progesterone.

IS ALL HORMONE THERAPY (HT) THE SAME?

There are two main types of hormone therapy:

- **Estrogen Therapy (ET):** Estrogen is taken alone. Doctors most often prescribe a low dose of estrogen to be taken as a pill or patch every day. Estrogen also may be prescribed as a cream, gel or spray. Your physician will help you determine the lowest dose of estrogen needed to relieve menopause symptoms and/or to prevent osteoporosis. This form of therapy is an option for women who no longer have a uterus.
- **Progesterone/Progestin-Estrogen Hormone Therapy:** Also called combination therapy, this form of HT combines doses of estrogen and progesterone (progestin is a synthetic form of progesterone). Estrogen and a lower dose of progesterone also may be given continuously to prevent the regular, monthly bleeding that can occur when combination HT is used. Like all prescription medications, HT should be re-evaluated each year. Combined hormone therapy is needed for women who still have their uteruses.

Many women are interested in "bioidentical hormone therapy," which can be prescribed by a menopause specialist. However, unregulated compounded hormones are not safer alternatives and topical progesterone cream does not protect the uterus.

CAN I REDUCE SYMPTOMS WITHOUT TAKING HORMONES?

Many women find that the symptoms of menopause can be controlled with relative ease by eating well, exercising regularly, protecting the skin from sun damage, taking the right vitamins and supplements (particularly vitamin D3 if you live in a northern climate), and staying actively involved in life. Women going through menopause also may find relief from their symptoms by avoiding triggers such as caffeine, alcohol, spicy foods and cigarettes.

Complementary and alternative therapies are medical treatments that are considered nontraditional. They include dietary and herbal supplements, acupuncture, Reiki, massage therapy, biofeedback and homeopathy. In some cases, certain foods are recommended for their healing properties. Alternative treatments generally are used alone, while complementary treatments are used in combination with traditional treatments, such as medications. It's important to work with your physician to design a personalized regimen that works for you. This is no time to "go it alone."



WHAT'S THE RELATIONSHIP BETWEEN OSTEOPOROSIS AND MENOPAUSE?

Osteoporosis is a disease that weakens bones, increasing the risk of sudden and unexpected fractures. Literally meaning “porous bone,” it results in an increased loss of bone mass and strength. The disease often progresses without any symptoms or pain. Generally, osteoporosis is not discovered until weakened bones cause painful fractures (bone breakage) usually in the back (causing chronic back pain or height loss) or hips. Unfortunately, once you have an osteoporotic fracture, you are at high risk of having another. And these fractures can be debilitating.

The first five years of postmenopause, after the last menstrual period, are generally the most critical time in terms of symptoms and bone loss. There is a direct relationship between the lack of estrogen after menopause and the development of osteoporosis. After menopause, bone resorption (breakdown) outpaces the building of new bone. Early menopause (before age 45) and any prolonged periods in which hormone levels are low and menstrual periods are absent or infrequent, can cause loss of bone mass.

Fortunately, there are steps you can take to prevent osteoporosis from ever occurring. Supplement your diet with 1500 mg of calcium and at least 800 international units (IU) of vitamin D3 starting at age 50. Most physicians recommend 1000 IU to up to 2000 IU per day in this part of the country, where exposure to sunlight is at a premium. Treatments also can slow the rate of bone loss if you have osteoporosis.

WHO IS AT RISK FOR OSTEOPOROSIS?

Important risk factors for osteoporosis include:

- **Age.** After maximum bone density and strength is reached (generally around age 30), bone mass begins to naturally decline with age.
- **Gender.** Women over the age of 50 have the greatest risk of developing osteoporosis. In fact, women are four times more likely than men to develop osteoporosis. Women’s lighter, thinner bones and longer life spans account for some of the reason they are at high risk for osteoporosis.
- **Race.** Research has shown that Caucasian and Asian women are more likely to develop osteoporosis. Additionally, hip fractures are twice as likely to occur in Caucasian women as in Black women. However, women of color are more likely to die after a hip fracture.
- **Bone structure and body weight.** Petite and thin women have a greater risk of developing osteoporosis because they have less bone to lose than women with more body weight and larger frames.
- **Family history.** Heredity is one of the most important risk factors for osteoporosis. If your parents or grandparents have had any signs of osteoporosis, such as a fractured hip after a minor fall, you may be at greater risk of developing the disease.



WHAT ARE THE SYMPTOMS OF OSTEOPOROSIS?

Osteoporosis is often called the “silent disease” because bone loss occurs without symptoms. People may not know that they have osteoporosis until their bones become so weak that a sudden strain, bump or fall causes a fracture or a vertebra to collapse. Collapsed vertebrae may initially be felt or seen in the form of severe back pain, loss of height or spinal deformities such as stooped posture.



HOW IS OSTEOPOROSIS DIAGNOSED?

A painless and accurate test can provide information about your bone health before problems begin. Bone mineral density (BMD) tests, or bone measurements, are X-rays that use very small amounts of radiation to determine bone density. In addition to assessing bone health, the test can determine the severity of any osteoporosis.

There is a direct relationship between the lack of estrogen after menopause and the contribution to osteoporosis. Because symptoms of osteoporosis may not develop until bone loss is extensive, it is important for women at risk for osteoporosis to undergo periodic bone testing.

WHO SHOULD HAVE A BONE MINERAL DENSITY TEST?

- All post-menopausal women who suffer a fracture
- All post-menopausal women under age 65 who have one or more additional risk factors
- All post-menopausal women age 65 and over, regardless of additional risk factors

HOW IS OSTEOPOROSIS TREATED?

Treatments for established osteoporosis (meaning, you have osteoporosis) include:

- Calcium and vitamin D3 supplements
- Medications such as risedronate (Actonel[®] or Atelvia[®]), ibandronate (Boniva[®]), raloxifene (Evista[®]), alendronate (Fosamax[®]), zoledronic acid (Reclast[®]), calcitonin-salmon (Miacalcin[®] or Fortical[®]) and denosumab (Prolia[®]). Boniva and Fosamax are now available in generic form. Ask your pharmacist.
- Estrogen therapy, offered in various patches, pills and formulations, and with progesterone in women who have their uterus
- Weight-bearing exercises, which make your muscles work against gravity
- Injectable teriparatide (Forteo[®]), a bone-building agent oral daily
- Oral daily raloxifene (Evista[®]), which reduces spinal fractures and is FDA-approved to reduce the risk of estrogen receptor positive breast cancer



THE BEST IS AHEAD

Many women feel most comfortable in their skin during midlife and beyond. You've acquired wisdom and experience, and perhaps more confidence. Your life perspective and interpersonal skills are sharpened. Nagging symptoms or body changes may have inspired you to clean up your act and take care of your body. Now's the time to adopt healthy habits for the rest of your life.

Midlife can be the perfect time to reinvent yourself, learn a new skill, renew old friendships and begin some new ones, as well as make new spiritual and/or career connections. Become your own healthcare advocate. Keep records. Ask questions. Seek second opinions. The more you know, the more you can control your health and vitality.



Why choose Cleveland Clinic?

Trust Cleveland Clinic's Center for Specialized Women's Health team to provide a comprehensive approach to your healthcare needs in a warm and supportive environment. We welcome your questions and concerns.

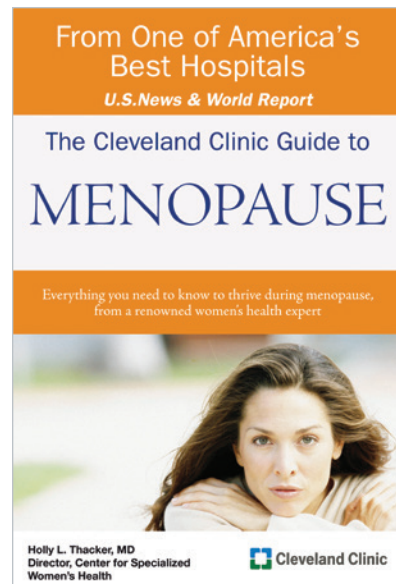
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To learn more about what we can offer you, visit clevelandclinic.org/womenshealth



For more information, look for *The Cleveland Clinic Guide to Menopause*, written by Holly L. Thacker, MD, Director, Cleveland Clinic's Center for Specialized Women's Health, Executive Director, Speaking of Women's Health. The book is available in major book stores and online.

About Speaking of Women's Health

You care for your family, your friends and your pets. You deserve a little “me time,” too! Speaking of Women's Health is a national women's health education program managed by Cleveland Clinic under the leadership of [Holly L. Thacker, MD](#). Its mission is to educate women to make informed decisions about their health, well-being and personal safety for themselves and their families.

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The Ob/Gyn & Women's Health Institute provides a full spectrum of care for women from adolescence through mature adulthood. Institute members provide collaborative care for gynecological cancers, infertility, incontinence, pelvic floor disorders and other women's health issues in a supportive environment enhanced by innovative research. The Ob/Gyn & Women's Health Institute is one of 27 institutes at Cleveland Clinic, a nonprofit academic medical center ranked among the nation's top hospitals by *U.S. News & World Report*. More than 3,000 physicians and researchers in 120 specialties at Cleveland Clinic collaborate to give every patient the best outcome and experience.
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