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# FOCUS ON

FALL 2024

**SEASON  
SMARTS:**

## Actress Brooke Shields

on hot flashes,  
hair care, and  
hope after 40

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**GOOD TO KNOW:**

Manage your  
symptoms

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**FIND SUPPORT:**

Tools to tackle  
menopause

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# THE LATEST ON MENOPAUSE

## NEWS FLASH

The most common menopause complaints—hot flashes, night sweats, sleep troubles, and mood changes—could each result from hormone changes. But it's also believed that vasomotor symptoms (that's hot flashes and night sweats) on their own may keep you awake and wreck your mood. More than 2,000 surveys from women in menopause and doctors who specialize in menopause showed that women with vasomotor symptoms were more likely to have sleep and mood problems. The more intense the vasomotor symptoms, the more severe the other troubles. It was the cluster of three symptoms (vasomotor symptoms, sleep troubles, and mood changes) that seemed to hurt quality of life—not hot flashes alone. Treating hot flashes could help relieve these other symptoms.

SOURCE: *Climacteric*

# 40%

Amount of her lifetime the average woman can expect to spend in postmenopause.

SOURCE: Cuyuna Regional Medical Center

# 51

Average age when menopause starts.

SOURCE: Mayo Clinic

## A COMMON STRESSOR FOR BLACK WOMEN

Black women are more likely to have hot flashes and night sweats than other women. The flashes and sweats are more frequent, more severe, and last longer, too. New research explores whether experiences of discrimination may trigger or worsen these vasomotor symptoms of menopause. The study found that women of any race or ethnicity who had experienced discrimination in the last 2 weeks were more likely to have had vasomotor symptoms at that time as well. Women who reported chronic discrimination were more likely to have a high load of vasomotor symptoms. When researchers adjusted rates of hot flashes based on rates of discrimination, it explained some but not all of the gaps in symptoms between Black women and White women.

SOURCE: *Menopause*

## HOT FLASHES AND BONE HEALTH

Do you have hot flashes and night sweats? When was the last time you got your bone density checked? New research finds that women who have vasomotor symptoms of menopause seem to have lower bone mineral density. This is a measure of the strength of your bones and can predict your risk for breaks. It's important to know whether yours is low so your doctor can prescribe treatment if needed.

SOURCE: *Osteoporosis International*



# STATS & FACTS

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

## 1.1 BILLION

Number of women expected to be in menopause worldwide by 2025.



## 1 in 10

Number of people who have hot flashes for the rest of their life after menopause.

## 40s

The ages when hot flashes typically begin.



## 3 in 4

Number of women in menopause or perimenopause who have hot flashes.

## 7 to 10 YEARS

How long people typically have hot flashes after their last period.

## 3 in 5

Number of postmenopausal women who have trouble sleeping.



## 1 in 2

Number of women in perimenopause who have trouble sleeping.

SOURCES: UCLA Health, Johns Hopkins Medicine, *Sleep and Breathing*, Cuyuna Regional Medical Center

You can have fewer  
**HOT FLASHES**  
and more  
**NOT FLASHES**

WITH 100% HORMONE-FREE

  
**VEOZAH™**  
(fezolinetant) tablets 45 mg

A prescription treatment for  
moderate to severe Vasomotor Symptoms  
due to menopause

Ready to start  
turning down  
the heat on  
hot flashes?  
Start with the  
quiz inside.



**What is VEOZAH™ (fezolinetant)?**

VEOZAH is a prescription medicine used to reduce moderate to severe vasomotor symptoms due to menopause. VEOZAH is not a hormone. Vasomotor symptoms are the feelings of warmth in the face, neck, and chest, or sudden intense feelings of heat and sweating (“hot flashes” or “hot flushes”).

Please see additional Important Safety Information throughout.  
Please see accompanying Brief Summary.

**IMPORTANT SAFETY INFORMATION**

**Do not use VEOZAH if you:**

- have cirrhosis.
- have severe kidney problems or kidney failure.
- are taking certain medicines called CYP1A2 inhibitors.

Ask your healthcare provider if you are not sure.

QUIZ

## DO HOT FLASHES AND NIGHT SWEATS IMPACT YOU?

1. How many hot flashes and night sweats do you experience in a 24-hour period?

0 per day    1-5 per day

6-10 per day    10+ per day

2. I sweat when I'm having a hot flash.

Never    Rarely

Often    Always

3. My hot flashes make it difficult to continue my daily activities.

Never    Rarely

Often    Always

4. Hot flashes and night sweats impact my sleep.

Never    Rarely

Often    Always

Use this quiz to start a conversation with your healthcare provider.

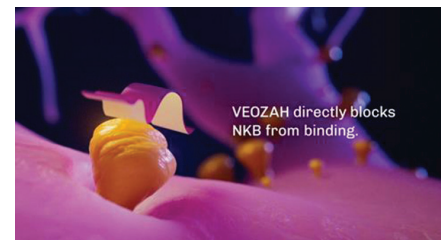
## 100% HORMONE-FREE VEOZAH

### WHAT ARE VASOMOTOR SYMPTOMS?

Hot flashes and night sweats are a real condition, so they have a real medical name—VMS (Vasomotor Symptoms). They may happen during menopause.

### VEOZAH FOR VMS

VEOZAH is designed to directly block a source of VMS in the brain—reducing hot flashes and night sweats due to menopause.\*



Watch a video on how VEOZAH works

## WHAT CAN VEOZAH DO TO HELP YOU?

VEOZAH is a 100% hormone-free prescription treatment for moderate to severe VMS due to menopause that:

Is proven to reduce the number and severity of hot flashes, day and night\*

Delivers relief that works fast—in as early as 1 week\*†

Reduced hot flashes by 63% (versus 42% for those taking placebo) at 12 weeks. (Based on 2 combined studies.)†

Has convenient dosing: 1 tablet, once a day—as prescribed by your healthcare professional

\*Based on clinical studies measuring efficacy at 4 and 12 weeks.

†Talk to your healthcare provider about what this could mean for you. Individual results may vary.

Nearly half of women going through menopause may experience moderate to severe hot flashes.



#### IMPORTANT SAFETY INFORMATION (cont'd)

Before you use VEOZAH, tell your healthcare provider about all of your medical conditions, including if you:

- have liver disease or problems.
- have kidney problems.
- have any medical conditions that may become worse while you are using VEOZAH.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. VEOZAH may affect the way other medicines work, and other medicines may affect how VEOZAH works.

#### What are the possible side effects of VEOZAH?

VEOZAH can cause serious side effects, including:

- **increased liver blood test values.** Your healthcare provider will do a blood test to check your liver before you start taking VEOZAH. Your healthcare provider will also do this blood test at month 3, month 6, and month 9 after you start taking VEOZAH.

Call your healthcare provider right away if you have the following signs and symptoms of liver problems:

- nausea
- vomiting
- yellowing of the eyes or skin (jaundice)
- pain in the right upper stomach (abdomen)

#### IMPORTANT SAFETY INFORMATION (cont'd)

The most common side effects of VEOZAH include:

- stomach (abdominal) pain
- diarrhea
- difficulty sleeping (insomnia)
- back pain
- hot flashes or hot flushes

These are not all the possible side effects of VEOZAH. Tell your healthcare provider if you have any side effect that bothers you or does not go away.

Call your healthcare provider for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

For more information, talk to your healthcare provider and see accompanying Brief Summary for VEOZAH (fezolinetant).



# Prescription Drug Facts

**Rx Only**

## Active Ingredient

## Purpose

VEOZAH (fezolinetant) tablets 45 mg.....Vasomotor Symptoms (VMS) Treatment

## Use

VEOZAH (vee-O-zah) is a prescription medication used to reduce moderate to severe vasomotor symptoms due to menopause. VEOZAH is not a hormone. Vasomotor symptoms are the feelings of warmth in the face, neck, and chest, or sudden intense feelings of heat and sweating (“hot flashes” or “hot flushes”).

## Do not use if you

■ have cirrhosis ■ have severe kidney problems or kidney failure ■ are taking certain medicines called CYP1A2 inhibitors. Ask your healthcare provider if you are not sure.

## Warnings

**Before you use VEOZAH, tell your healthcare provider about all of your medical conditions, including if you:**

■ have liver disease or liver problems ■ have kidney problems ■ have any medical conditions that may become worse while you are using VEOZAH

**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. VEOZAH may affect the way other medicines work, and other medicines may affect how VEOZAH works. Keep a list of your medicines and show it to your healthcare provider and pharmacist when you get a new medicine.

## Serious Side Effects

■ **increased liver blood test values.** Your healthcare provider will do a blood test to check your liver before you start taking VEOZAH. Your healthcare provider will also do this blood test at month 3, month 6, and month 9 after you start taking VEOZAH.

**Call your healthcare provider right away if you have the following signs and symptoms of liver problems:** ■ nausea

■ vomiting ■ yellowing of the eyes or skin (jaundice) ■ pain in the right upper stomach (abdomen)

## Most Common Side Effects

■ stomach (abdominal) pain ■ diarrhea ■ difficulty sleeping (insomnia) ■ back pain ■ hot flashes or hot flushes

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of VEOZAH.

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

## Directions

■ Take VEOZAH exactly as your healthcare provider tells you to take it ■ Take 1 VEOZAH tablet by mouth with or without food at about the same time each day ■ Swallow the VEOZAH tablet whole with liquid. Do not cut, crush, or chew the tablet ■ If you miss a dose of VEOZAH, take the missed dose as soon as possible on the same day, with at least 12 hours before the next scheduled dose. Return to your normal schedule the following day.

**Keep VEOZAH and all medicines out of the reach of children.**

## Inactive Ingredients

ferric oxide, hydroxypropyl cellulose, hypromellose, low-substituted hydroxypropyl cellulose, magnesium stearate, mannitol, microcrystalline cellulose, polyethylene glycol, talc, and titanium dioxide

This information is not comprehensive. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about VEOZAH that is written for healthcare professionals. You may also go to [www.VEOZAH.com](http://www.VEOZAH.com) for more information or call **1-800-727-7003**.

# MANAGE YOUR SYMPTOMS

FROM NIGHT SWEATS TO MOOD SWINGS, YOU'VE GOT OPTIONS FOR YOUR MENOPAUSE

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



Menopause is inevitable, but you don't have to go through hot flashes, night sweats, insomnia, moodiness, and sexual problems without help.

## HOT FLASHES AND NIGHT SWEATS

When estrogen plummets in menopause, hot flashes and night sweats may begin. A longstanding solution is estrogen pills, also known as hormone therapy.

“Just a pinch of estrogen—about an eighth of a birth control pill—will squash hot flashes,” says Maureen Whelihan, MD, a member of the Menopause Society and a gynecologist who specializes in sexual medicine at Florida Woman Care in Palm Beach County.

Estrogen controls a brain chemical called NKB that helps regulate body temperature. When estrogen drops, NKB goes haywire and you start sweating.

A new drug, called a neurokinin 3 (NK3) receptor antagonist, works directly on NKB without any estrogen. “Within a couple weeks on this medication,” Whelihan says, “patients, no matter what their age, whether they're 50 or 70, can manage their hot flashes.”

Herbal supplements containing Swedish flower pollen extract may help combat hot flashes, too.

There's some evidence that working up a sweat could help. “When you start sweating, which takes about 15 minutes, your body attempts to regulate and cool you down. That could keep your hot flashes at bay all day.”

## TROUBLE SLEEPING

Treatment for night sweats could get you back to sleep. But if you're sleepless even without night sweats, your doctor might prescribe a conventional sleeping pill or progesterone.

Progesterone can make you sleepy, calm you down, and improve breathing.

As for natural or alternative approaches, Whelihan says, “Try good old-fashioned sleep hygiene, which means going to bed at the same time every night and so forth.”

## MOOD CHANGES

It's normal in perimenopause and menopause to feel irritable, tearful, and sluggish. Depression and anxiety are common, too. Some women get mood benefits from estrogen. Others may need or prefer a prescription antidepressant or other mood stabilizer. As for natural options, Whelihan says, “There's nothing better than exercise for mood.”

## SEXUAL PROBLEMS

Menopause can sap your sexual appetite. Once you knock out hot flashes, you may get sleep, boost your mood, and feel frisky again. But if it's vaginal dryness and sexual pain that are holding you back, you might benefit from an estrogen cream applied directly to the affected area.

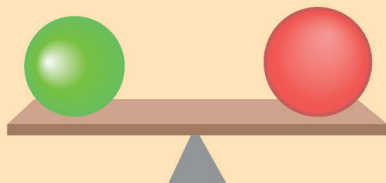
## NEXT STEPS

Whether your concerns are many or just one, bring them to your doctor. They can help you sort out your issues.



# What You Should Know About

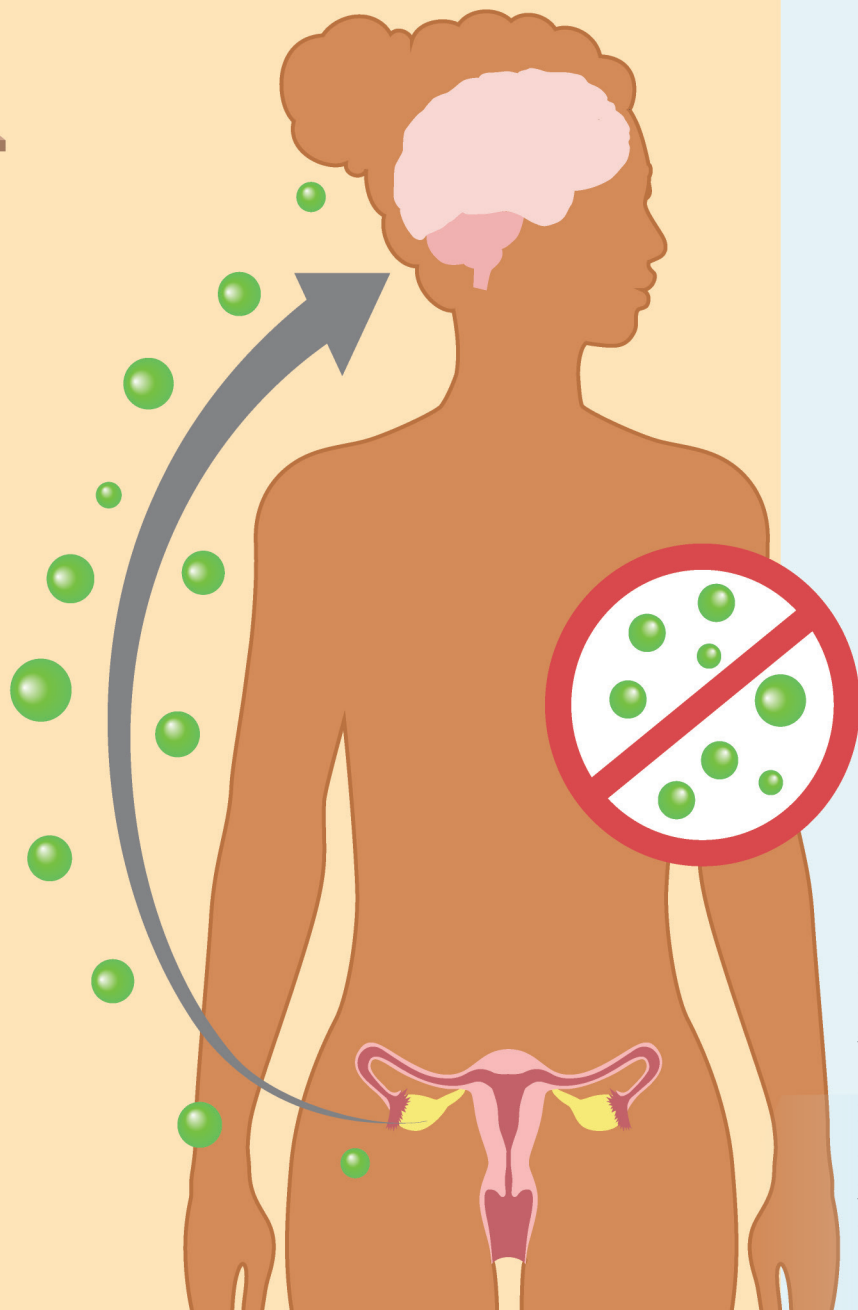
## Premenopause



Before menopause, estrogen helps control body temperature in the brain by blocking the action of neurokinin B (NKB). This chemical lives mainly in the brain's hypothalamus—the body's thermostat center. The balance between estrogen and NKB helps keep your body temperature in check.

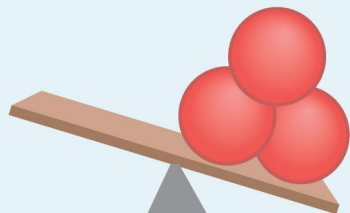
 **ESTROGEN**

 **NKB**



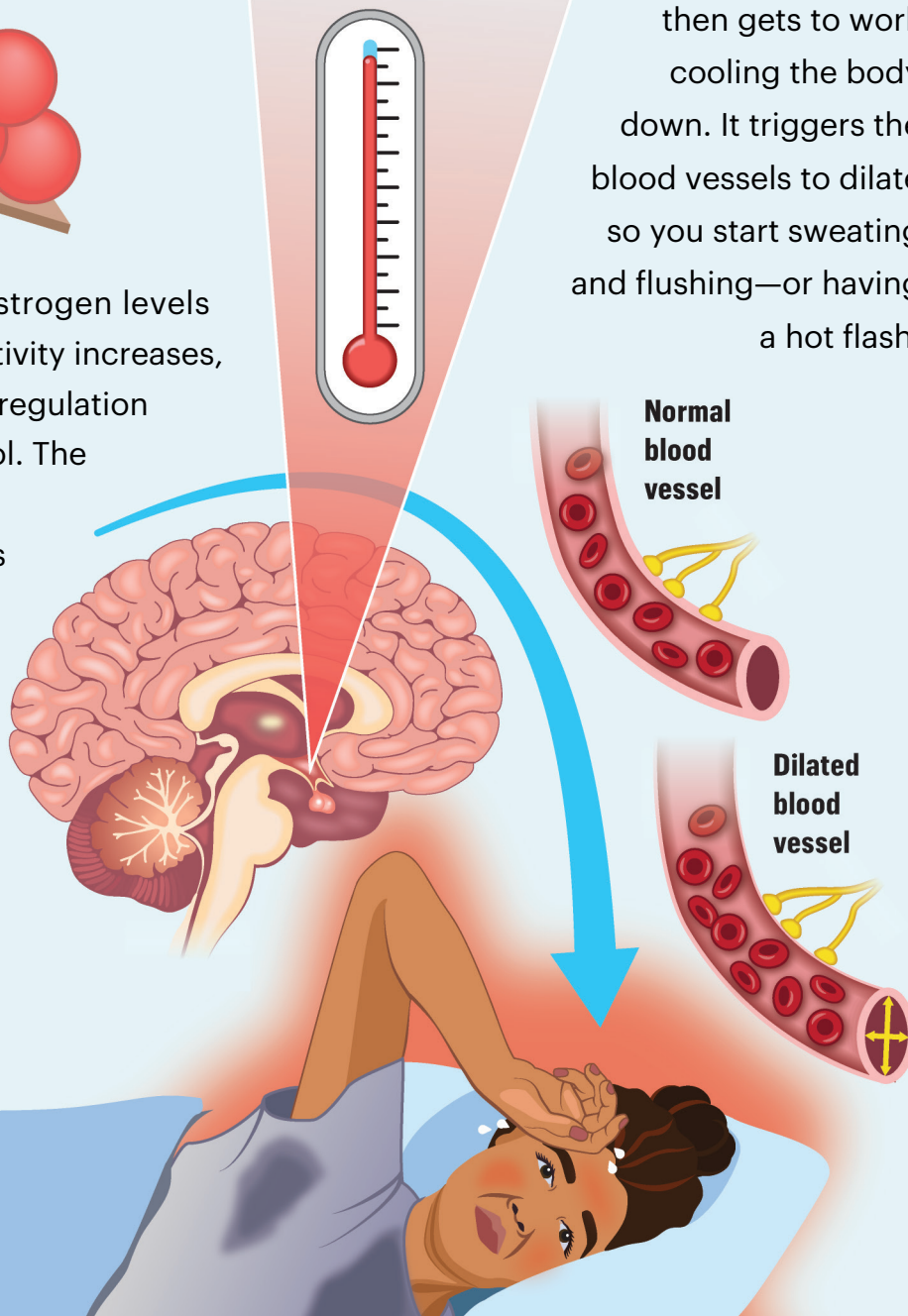
# VASOMOTOR SYMPTOMS

## Menopause



In menopause, estrogen levels go down, NKB activity increases, and temperature regulation gets out of control. The chemical acts on the hypothalamus as a fire alarm. It signals to the hypothalamus that your body is too hot. But it's a false alarm.

The hypothalamus then gets to work cooling the body down. It triggers the blood vessels to dilate so you start sweating and flushing—or having a hot flash.



SOURCES: *Brain Research*, Rush University Medical Center, *Cell Reports*



# MENTAL HEALTH AND STRESS

## HORMONE CHANGES AND OTHER FACTORS ARE HARD ON YOUR BRAIN, TOO

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

With perimenopause, you expect your periods to get less regular or even erratic. Hot flashes and night sweats will pop up, too. But your changing hormone levels affect organs throughout your body, including your brain.

“This is a window of vulnerability,” says Rajita G. Patil, MD, a gynecologist and director of the Comprehensive Menopause Care program at UCLA Health in Santa Monica, CA. “We see a spike in clinical mental health symptoms and disorders around this time. The No. 1 reason is hormonal changes that are happening, especially a decline or fluctuation in estrogen. It has a profound impact on neurotransmitters in the brain.”

### MANY COMPLEX FACTORS

At the same time, Patil says, the reason for mental health challenges during this time in your life isn't the result of any one thing. For instance, she says, “Sleep is another huge factor.”

Vasomotor symptoms, including hot flashes and night sweats, can keep you up at night. What sleep you do get may not be deep and restorative. You may find yourself waking up often and feeling poorly rested. When you're sleep deprived, it's hard on your mental health.

## MENTAL HEALTH SYMPTOMS TO KEEP AN EYE OUT FOR

As you're approaching menopause, watch for these signs:

- + **Frequent or persistent feelings of sadness, hopelessness, or irritability**
- + **Fatigue**
- + **Not eating enough or eating too much**
- + **Lack of motivation**
- + **Sleeping too much or trouble sleeping**
- + **Losing interest in activities you used to enjoy**
- + **Trouble making decisions**
- + **Trouble processing information**



### LOST SLEEP AND LIFE STRESS

Mary Jane Minkin, MD, a gynecologist at Yale School of Medicine in New Haven, CT, says that alleviating sleep deprivation hormonally—not with sedatives—is often a helpful first step for improving mood without treating those symptoms directly. However, your menopause-related symptoms are likely compounded by everyday life stressors that sleep alone can't solve.

"You can't just treat the menopause," Minkin says. "It's the woman going through a time of life when there's a lot going on. Your late 40s to early 50s can be an extraordinarily stressful time."

Your kids may be leaving home, she says, or perhaps worse, they may be coming back home after being away. You may be dealing with aging parents and in-laws while also facing stress at work in a culture that worships youth, she says.

### A BRIGHTER FUTURE

The bottom line, Minkin says, is that "menopause is a time that can bring depression out." She notes that it's more likely if you have a history of depression, including postpartum depression or PMS. But some women get depressed in perimenopause when they've never had those feelings before.

The good news is that you may feel better naturally as your hormones stabilize over time. But, Minkin says, "that doesn't mean you don't treat it." While some women will respond to antidepressants, Minkin says that studies have shown that a combination of treatments to address the hormone changes, hot flashes, and other symptoms along with antidepressants is often best.

"Many people don't know they are perimenopausal," Minkin says. "They may not be skipping periods. They may be unaware of changes in their bodies

and baffled by what is happening." If you're struggling with your mental health, see your doctor to find out if hormone changes may be a factor.

### WHERE TO FIND HELP

If you're battling with your mental health, let your primary care doctor know. Ask for a referral to a mental health professional.

If you or a loved one is having thoughts of suicide, **call or text the 988 Suicide & Crisis Lifeline at 988 or chat at 988Lifeline.org**. If someone's life may be in danger, call 911.

# MEDICAL THERAPY FOR MENOPAUSE

## MEDICINES THAT CAN HELP MANAGE YOUR SYMPTOMS

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



Although some people have little to no trouble moving into menopause, for many, the transition comes with big physical and emotional changes that disrupt quality of life. But you don't have to suffer through your symptoms.

"You don't have to wait until you haven't had a period for a year and are miserable to go in for help," says JoAnn V. Pinkerton, MD, a professor of obstetrics and gynecology and director of the Midlife Health Center at the University of Virginia Health in Charlottesville. "If you're having bothersome symptoms, whether it's hot flashes or night sweats or mood changes or just erratic periods, bring it up to your provider so they are able to tell you what your options are."

There are safe and effective medications that can ease the discomforts of menopause, including:

### HORMONAL OPTIONS

Hormone therapy (HT) is a common treatment that supplies your body with lab-made versions of estrogen and progesterone. Your body stops making these hormones during menopause. If you're under the age of 60, healthy, and within 10 years of menopause and have bothersome symptoms or a risk of bone loss, hormone therapy is an effective and safe option for many people.

Pinkerton says HT can be particularly beneficial at menopause because it addresses several different symptoms at once.

"It not only treats hot flashes and night sweats, but it also improves the dream sleep—REM sleep—and can help improve joint aching, prevent bone loss, help vaginal dryness, and help mood and anxiety," Pinkerton says.

You take these medications either

### DECIDING WHAT'S BEST

JoAnn Pinkerton, MD, lists factors to consider as you and your doctor choose a treatment:

- + Severity of your symptoms
- + Stage of menopause
- + Need for birth control
- + Other health issues (comorbidities)
- + Personal preference



## WHO SHOULDN'T TAKE HT?

HT may not be right for you if you have or have had:

- + **Unexplained vaginal bleeding**
- + **Certain cancers such as breast cancer or uterine cancer**
- + **A blood clot, stroke, or heart attack**
- + **A bleeding disorder**
- + **Liver disease**
- + **Allergic reactions to hormone medicine**

systemically—as a pill, skin patch, ring, gel, cream, or spray—in higher doses (systemic levels) or as a lower-dose cream, tablet, or ring you apply to your vagina, which treats local vaginal and urinary symptoms.

Some have only estrogen in them, and others are a combination of estrogen and progestogen, which could be bioidentical progesterone or a synthetic progestin. If you have your uterus, your doctor will likely suggest taking the combination of progestin and estrogen to avoid increasing the risk of cancer in the lining of the uterus (endometrial cancer).

“There are a lot of options and a large dosing range so that we can really individualize both the type of hormone, the dose, and the way it’s given,” Pinkerton says.

Low-dose hormonal birth control in

pill, ring, or (less commonly used) patch form may be an option to reduce hot flashes, ease vaginal dryness, and steady your mood if you’re in the years leading up to your final period. It can also decrease heavy bleeding and regulate menstrual cycles, which can fluctuate during the years leading up to menopause.

### NONHORMONAL OPTIONS

If you shouldn’t take hormonal medications because of your health history or risk factors, there are two FDA-approved nonhormone menopause treatments. Both are medications you take as a pill.

The newest option is in a family of drugs called neurokinin receptor antagonists. It blocks the neurokinin 3 receptor, which affects the brain’s

regulation of body temperature.

“There’s been significant research about what actually causes a hot flash, and being able to identify the NK3 receptor has allowed researchers to develop a medication to block that,” says David Soper, MD, an obstetrician/gynecologist at MUSC Health in Charleston, SC.

The other choice, low-dose paroxetine, is a selective serotonin reuptake inhibitor (SSRI). SSRIs typically treat depression but may help with hot flashes for some people in menopause.

Doctors sometimes prescribe other medications off-label, meaning they’re not FDA approved specifically for treatment of hot flashes. These include low-dose antidepressants, an anticonvulsant medication, a sedative and antihypertensive drug, and a bladder relaxant.

# YOUR TIME IS NOW

AT 59, BROOKE SHIELDS WANTS WOMEN OVER 40 TO KNOW THEY'RE ONLY JUST BEGINNING

By Rachel Reiff Ellis  
Reviewed by Neha Pathak, MD,  
WebMD Lead Medical Editor

Brooke Shields was born in the limelight. With a modeling career that began in infancy and leading film roles quickly following, her face and name are known worldwide. Today, as the actor, author, entrepreneur, and mom of two strides boldly toward her next decade of life, that spotlight shows no signs of dimming.

Most recently, Shields can be seen showing off her comedic chops as star of the Netflix film *Mother of the Bride*. But she's also been hard at work off camera, homing in on the unique needs and desires of women over 40 through conversation and innovation.

"For some reason, society thinks of this era of life as being all about menopause and being at the end of things," Shields says.

"You hear words like 'dry' or 'tired' or 'over,' and it all creates a message of giving up. But personally, I feel more confident in all areas of my life at this age. So I decided to go to the community to see if I was the only one experiencing this disconnect."

She started an online forum called Beginning is Now where women could talk openly and honestly about what they want their lives to look like after 40.

"What came out of it was extraordinary," Shields says. "So many women were feeling misrepresented and overlooked, like their value had been diminished by their chronological age, even though they felt like they had so much to offer."

Three years later, the group has evolved and grown to a following of over 2 million, inspiring relationships and empowerment, as well as

## FOSTER YOUR FUTURE

Brooke's questions to ask yourself to help discern what's next in life or menopause.

- + **What am I ready to begin?** For some people, it's doing more. For others, it's rest.
- + **What help do I need?** If you're suffering through menopause symptoms, there are options.
- + **What have I already accomplished?** Appreciate how far you've come and look at the future as yours.

**“Life is full of all these rites of passage—infancy to toddlerhood, childhood to the teen years, adolescence to adulthood—and somehow you get to menopause and suddenly they’re over. But that’s not how I see it. Certain things are ending, yes, but there are so many things beginning as well.”**

**—Brooke Shields**

servicing as an incubator for a line of hair and scalp health solutions formulated specifically for women 40 and older called Commence.

“In French, *commence* means ‘to begin,’” says Shields. “To me, it’s a word of incredible promise because it allows more to happen. And that’s what we want to ask women in this phase of life. What are you beginning? There’s growth, there’s excitement, there’s change in beginnings.”

### CHANGING THE NARRATIVE

Shields says she came into perimenopause totally unaware of what was in store. Any mention of symptoms she had was met mostly with a wink and a nudge and not much more.

“People would say things like, ‘Oh, must be that time!’ like we all understood the subtext,” Shields says. “And when I talked to doctors, I found out that they weren’t learning much about it in medical school, either. So if it’s not something we discuss, and then when we do bring it up it’s this terrible liability, that means it’s time to start changing the narrative.”

The ability to change a narrative is a hard-won skill for Shields. Her struggle with postpartum depression after the birth of her daughter Rowan in 2003 inspired a vulnerable memoir where Shields wrote openly about the pain of—and way forward through—an experience that many women faced but rarely discussed.

“It’s the same reason I ended up writing about [my postpartum depression],” she says. “No one was talking about it. So again, I thought, ‘I cannot be the only female in the world ever to have experienced menopause symptoms.’ The more I looked at it, the more I realized that people are ashamed. And the messaging out there is that we should be.”

Meanwhile, perimenopause causes uncomfortable and sometimes debilitating symptoms for millions of people, and often little understanding of how to handle them. Shields says her hot flashes, for example, tended to come on most intensely in moments of heightened anxiety or pressure, and they were overwhelming. “You feel like you’re dying,” she says.

A gynecologist told her about bioidentical treatments that could help replace some of the lost estrogen in her body to “get her over the hump.” For Shields, this was a solution.

“I can’t say it’s what anybody should or should not do, but for me, it was what worked,” she says. “I thought I would have



**Brooke Shields with her family (husband Chris Henchy and daughters Rowan, second from left, and Grier, far right) on vacation in Florida several years ago.**

to suffer through it, but there are alternatives. There’s more choice involved in this era of our lives than ever before, and that information isn’t always disseminated.”

### MORE THAN MENOPAUSE

By definition, menopause means “the ceasing of menstruation.” What’s frustrating about the current status quo, says Shields, is that society tends to use this small slice of the human experience to define her and others her age.

But Shields sees this era of life as the grand culmination of experiences, like the spokes that make up a wheel. For her, each spoke has revealed itself at its own respective time: first a professional spoke, then an academic one, then a comedic one. Then the spoke of motherhood was unveiled, and so on.

“It always felt compartmentalized, but now it’s as if the whole wheel is here, and it’s ready to roll forward. You’re at this place where anything is possible, and you’re no longer tied by biology, you’re no longer restricted by the same kind of social norms that may have been so important to you in your younger years. And what’s exciting about that is that this, for us, is a new beginning.”

It’s the message Shields hopes her daughters—now 21 and 18—glean from watching her and her peers navigate their later years: yes, menopause is part of getting older, and we should be talking about it, but also, more is coming.

“They see women in this age celebrating each other and working with each other, living non-diminished lives of vitality and vibrancy, claiming seats at the table, and I want them to know that’s what this period of time is—it’s not all menopause,” Shields says. “It’s just one tiny little piece of a whole, rich, exciting picture.”



# TOOLS TO TACKLE MENOPAUSE

LEARN HOW TO RECOGNIZE AND EASE YOUR SYMPTOMS TO LIVE WELL IN PERIMENOPAUSE AND BEYOND

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

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Menopause is a normal part of life, but that doesn't mean that it's easy to go through. The effects of this transitional period usually last for years, creeping into every aspect of your life, both at home and at work.

## KNOW THE SIGNS

Getting informed is an important first step. Otherwise, you may not realize what you're feeling is a sign of menopause approaching.

"There's no true definition of perimenopause," says Tami Rowen, MD, a gynecologist at the University of California, San Francisco. "Menopause is 1 year without menses—that we have a good definition for—perimenopause is all the years leading up to that. You'll have erratic periods from hormonal fluctuations and a constellation of symptoms: hot flashes, mood changes, sleeplessness, and cognitive difficulties such as trouble with word finding. There are so many symptoms."

## SEEK CARE

For help managing it, your primary care doctor is a good place to start, says Ekta Kapoor, MBBS, an endocrinologist at the Mayo Clinic in Rochester, MN. Talk to them about how severe your symptoms are and treatment options. Kapoor and Rowen both recommend next reaching out to a certified menopause practitioner, who will have extra training. The North American Menopause Society ([Menopause.org](http://Menopause.org)) offers a search tool for menopause doctors by ZIP code.





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It's a good idea to rule out other conditions, such as a thyroid disorder. But, Rowen explains, because your hormones are likely to vary a lot even within a day, testing their levels won't give you a reliable picture of perimenopause or menopause. She recommends exploring treatments to stabilize your hormones and see how you feel.

You'll have other treatment options for your hot flashes and night sweats (also known as vasomotor symptoms), depression, sleep trouble, and more. For example, Kapoor says, antidepressants can help with your mood. You can also treat hot flashes with a nonhormonal medicine that targets receptors in your brain that control body temperature. Weight gain and sexual health are other areas your doctor can help with during this time.

### OVERCOME BARRIERS TO GOOD HEALTH

Kapoor emphasizes the importance of lifestyle choices, including exercise, too. She says regular exercise and a healthy diet can ease hot flashes while boosting your mood.

"It's an important time to wake up and give it everything we have to manage health risks," Kapoor says.

At the same time, she says self-care is hard for many women dealing with menopause-related symptoms due to the stress of other life demands. You may be working full-time while caring for your own kids along with elderly parents. If that sounds like you, she says, take a step back. Assess your stressors and then look for ways to address them along with other barriers to "doing the right things" for yourself, she says.

### BE YOUR OWN ADVOCATE

Perimenopause usually starts in your 40s, but some women face it earlier. Studies have shown that Black women reach menopause more than 8 months before White women on average and have more intense symptoms, including hot flashes, depression, and sleep trouble. If you're noticing symptoms, even if it seems early, be your own advocate.

"The mantra in the current day is patient education," Kapoor says. "I'm a big believer in patients becoming advocates for their own well-being and speaking for themselves."

## ONLINE SUPPORT RESOURCES

You can find good places for menopause information and connection with other women online. To get started, visit:

**+ The North American Menopause Society**

[Menopause.org/For-Women](https://menopause.org/For-Women)

**+ The Endocrine Society**

[Endocrine.org/Patient-Engagement](https://endocrine.org/Patient-Engagement)

**+ Inspire**

[Inspire.com/Groups/Red-Hot-Mamas-Menopause](https://inspire.com/Groups/Red-Hot-Mamas-Menopause)

*Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.*

# HOW MUCH DO YOU KNOW ABOUT MENOPAUSE?

## TAKE OUR TEST TO FIND OUT

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



1. Perimenopause, the time leading up to menopause when your periods become more unpredictable, can start as early as your:
  - A. 40s
  - B. 30s
2. The most common symptom of menopause is:
  - A. Hot flashes
  - B. Mood swings
3. Perimenopause and related symptoms can last up to:
  - A. 5 years
  - B. 8 years
4. Most symptoms in the transition to menopause happen because of a drop in:
  - A. Estrogen
  - B. Progesterone
5. Your doctor can tell if you're in perimenopause based on:
  - A. Blood tests
  - B. Your symptoms

1. B. Some people won't enter perimenopause until they are in their 50s. But you may notice signs of perimenopause as early as your mid-30s.
2. A. Hot flashes are the most common menopause symptom by far. About 75% of women have them.
3. B. The transition to menopause can take as many as 8 years. For most people, it lasts closer to 4 years.
4. A. During this time, your body will make less estrogen and progesterone. But a big drop in your estrogen levels causes most of the symptoms, including hot flashes.
5. B. There's no blood test that can tell you you're in perimenopause because your hormone levels will vary too much. Your doctor will rely on your age and symptoms to help you figure it out.

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