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LIVING
HEALTHY:

Actress Constance Marie

talks menopause,
motherhood,
and more

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Ways to ease
hot flashes

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Building your social
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Wardrobe (Constance Marie's personal item); Current Air (white shirt)



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THE LATEST ON

WOMEN'S HEALTH: 40s, 50s, and 60s

YOUR BRAIN ON ESTROGEN

The number of years between your first period and your last may predict how well you hang on to your thinking skills as you age. In a study of 3,630 menopausal Hispanic/Latina women, those who had more reproductive years—an earlier first period and a later start to menopause—performed better on thinking skills tests after menopause. The findings suggest that the longer you are exposed to estrogen throughout your life, the sharper you may be in older age. Other research has shown that those who don't delay starting hormone therapy for menopause may have a lower risk for Alzheimer's disease later in life.

SOURCES: *Maturitas* and *JAMA Neurology*

51

Average age at which Latina women enter menopause.

SOURCE: *Climacteric*

No. 1

Cardiovascular disease's rank as the leading cause of death among Hispanic women.

SOURCE: *Current Cardiovascular Risk Reports*

BEING LATINA MATTERS

Even well-known heart disease risk factors like high blood pressure and type 2 diabetes are not one-size-fits-all. New research suggests that doctors should consider the unique impact of race and ethnicity on your individual risk. For example, U.S.-born Hispanic/Latina women are more likely to smoke than those born abroad. These women are more likely to be obese than their male counterparts. They have higher rates of obesity, type 2 diabetes, and metabolic syndrome than White women, yet they are up to 20% less likely to die of heart disease. Ask your doctor how your ethnicity might affect your risk.

SOURCE: *Circulation*

STAY ON TOP OF CANCER SCREENINGS

Hispanic people and non-Hispanic Asian/Pacific Islanders have fewer new cancer cases than any other racial or ethnic group in the U.S., according to the Annual Report to the Nation on the Status of Cancer. But Hispanic people may not hold this coveted spot for long, the report found. While cancer rates are falling among Hispanic men, they are on the rise among Hispanic women. Still, though new cancer cases may be rising in some groups, overall cancer deaths are trending down. Early detection and treatment lower the risk of death from many cancers. Make sure you are up to date with all your preventive cancer screenings like mammograms and colonoscopies.

SOURCE: *Cancer*



You can have fewer
HOT FLASHES
and more
NOT FLASHES

WITH 100% HORMONE-FREE


VEOZAH™
(fezolinetant) tablets 45mg

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

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)

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

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



*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.

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 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

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

Purpose

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 for more information or call **1-800-727-7003**.

STATS & FACTS

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

37.5%

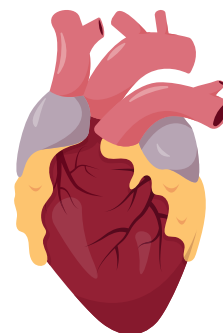
Hispanic women and men who get flu shots.

Are you one of them? Help keep the flu out of your neighborhood and your children's schools.



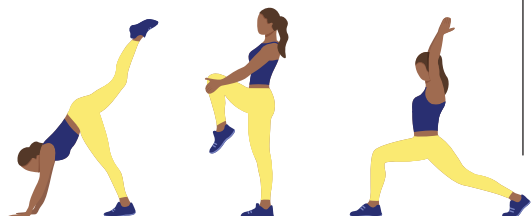
>2 in 5

Number of Hispanic women who get heart disease. Have you talked to your doctor about your risk?



<1 in 5

Number of Hispanic women that meet national recommendations for physical activity, which include a minimum of 150 minutes of moderate aerobic activity each week. Regular exercise helps prevent obesity, heart disease, and diabetes. Grab a friend and get moving!



8.4

Average number of years that Latina women have hot flashes—compared to 6.5 years for non-Latina White women. You have multiple options for relief from these uncomfortable symptoms.



3 in 10

Number of Hispanic women who say their women's health care concerns were not taken seriously in a recent or past interaction with a doctor. You have a right to excellent care. If you don't feel seen and heard by your doctor, get a second opinion.

SOURCES: *Climacteric*, *Health Equity*, CDC, *Current Cardiovascular Risk Reports*, Pew Research Center

WOMEN'S MIDLIFE HEALTH: AN OVERVIEW

WHY PREVENTIVE CARE IS KEY

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

As you enter and live through your 40s, 50s, and 60s, there are several health issues that may require more of your attention and care than before.

It's important to know that certain chronic health conditions, such as obesity, diabetes, and cardiovascular disease, can be more prevalent among Latina/Hispanic women. But with timely screenings and healthy lifestyle changes, you can help lower your risk. Here's what to know.

AREAS OF FOCUS

Midlife is the age of natural menopause, which comes with many hormonal changes. These changes raise your risk of certain health issues such as heart disease and osteoporosis.

"As women age, their risk of heart disease increases," says Eunice Sanchez-Mata, MD, a family medicine specialist at Sharp Rees-Stealy Medical Centers in Chula

Vista, CA. "It is important for women to adopt heart-healthy lifestyles, which include regular exercise, a healthy and balanced diet, and avoiding smoking and excessive alcohol intake."

Osteoporosis causes brittle and weak bones and an increased risk of fractures. Bone density tests can help keep tabs on bone health, and you can lower your risk with certain lifestyle changes.

"Make sure you're getting enough calcium and vitamin D," says Lucia Martinez, MD, a family medicine specialist with Kaiser Permanente San Jose Medical Center in California. "More importantly, do regular weight-bearing exercises, which are key for strengthening muscles and bones and also helping maintain balance as you age."

Breast cancer becomes more prevalent as you get older, so keep an eye on breast health, too. Monthly self-exams are key, along with biennial screening mammograms.

TESTS TO SCHEDULE

Prevention by screening is important as you age. Sanchez-Mata recommends the following screening tests starting in your 40s.

Cholesterol test: Starting at age 45, women should have their cholesterol/lipid levels checked regularly to assess cardiovascular risk. But if you have risk factors for CVD, then regular screening should begin earlier.

Mammogram: Begin these breast screenings between ages 40 and 45. After age 55, screenings can be done every 2 years or as recommended by your health care professional.

Cervical cancer screenings: Pap smears and HPV screenings are recommended for women ages 21 to 65. The frequency of your testing may vary based on your individual risk factors and health care



professional recommendations.

Colorectal cancer screening: Starting at age 45, women should undergo regular screenings for colorectal cancer. Options include colonoscopy or stool-based tests like fecal occult blood tests (FOBT) and fecal immunochemical tests (FIT).

Bone density test: Women over the age of 65 or those at increased risk for osteoporosis should consider a bone density test to assess bone health and risk of fractures.

Blood pressure screening: Regular blood pressure checks are important to monitor cardiovascular health, especially for women with a family history of hypertension or other risk factors.

Diabetes screening: Women with risk factors for diabetes, such as obesity or a family history of the disease, should be

screened regularly for diabetes and prediabetes every 3 years starting at age 35.

Vision and hearing tests: Regular vision and hearing screenings are recommended to spot any changes in these senses that might affect overall health and well-being.

DIET AND EXERCISE

Traditional Hispanic/Latino diets can be rich in carbohydrates and fats, which may contribute to obesity and related health issues, Sanchez-Mata says.

“Educating women about the importance of a balanced, heart-healthy diet and physical activity is essential for managing weight and overall health,” Sanchez-Mata says.

Simple switches that can lower unhealthy fat and boost nutrition include using more avocado and less cheese in meals, choosing whole wheat or corn tortillas over flour, replacing some meats

with black or pinto beans, and seasoning more with spices instead of salt.

BARRIERS TO HEALTH

Eunice Sanchez-Mata, MD, lists socioeconomic factors that can get in the way of wellness for Hispanic/Latina women in midlife.

- + **Lack of health insurance**
- + **Fear of immigration-related consequences**
- + **Language barriers that lead to misunderstanding or delayed treatments**
- + **Lack of data sharing**

MENOPAUSE AND MORE

WHAT TO KNOW ABOUT HORMONAL CHANGES

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

The term menopause describes the point at which it's been at least 12 months since your last period. At natural menopause, your ovaries stop releasing eggs and ovulation stops, and they don't produce the female hormone estrogen, as well as other hormones, like they did during your reproductive years. After menopause, you can no longer get pregnant.

Before menopause, your ovaries slowly start making less estrogen and other hormones. This time is called perimenopause and typically lasts around 4 years, but it can be as long as 10 years. It's possible to get pregnant during this time.

"You have your last period during perimenopause," says Melissa Mendez, MD, an OB/GYN at Women's Care of El Paso in Texas. "It's only after you've reached

the 1-year mark of no periods that you've technically reached menopause. After that point, you're [entering] in the postmenopausal stage of life."

SYMPTOMS

Although everyone experiences menopause differently, common symptoms can include vaginal dryness, hot flashes (also called vasomotor symptoms), chills, night sweats, trouble sleeping, weight gain, thinning hair, dry skin, and less full breasts that often feel tender.

Your mental health and well-being can also be affected. It's possible to have symptoms such as mood swings, fatigue, and changes in sexual desire.

Your ethnic background, genetics, lifestyle, and overall health can play a



HOW TO STAY ON TRACK

These tips can help you stay the course.

- + **Plan ahead** with a weekly menu.
- + **Prioritize your budget** so you can continue at any income.
- + **Consider prep time** so cooking isn't overwhelming.



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Embracing the Change.
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QR code.

significant role in the severity and frequency of your postmenopausal symptoms, says Cielo D. Gnecco, MD, an OB/GYN at Orlando Health Winnie Palmer Hospital for Women and Babies in Florida.

“Some women may have significant distress caused by menopausal symptoms, while others may not experience many changes,” Gnecco says. Your doctor can work with you on medications and treatment options to help ease discomfort you may have.

INCREASED HEALTH RISKS

Menopause may happen on its own as a natural part of aging, or you may enter menopause because of a medical procedure such as having your ovaries

removed (bilateral oophorectomy) or because of chemotherapy or radiation treatments. But no matter how you reach it, the change in your hormone makeup after you stop having periods can increase your risk for certain conditions.

You’re at a higher risk of heart disease and other cardiovascular conditions once you’ve reached menopause. Estrogen helps protect your heart by preventing inflammation that leads to buildup in the arteries of your heart. Once estrogen drops, you lose that protection.

Less estrogen can also lead to more belly fat, which is a marker for the cluster of metabolic conditions such as stroke, diabetes, and heart disease. And menopause puts women at higher risk of getting osteoporosis, a condition that

makes bones less dense and more fragile and prone to break.

“Estrogen is a big part of bone health, so when your levels get lower, your risk of osteoporosis goes up,” Mendez says.

MENOPAUSE AND YOU

The average age of perimenopause and menopause can vary among different ethnic and cultural groups. Studies suggest that Black and Latina women may begin perimenopause earlier in life.

“For Latina/Hispanic women, the average age of menopause is lower than for White/Caucasian women, which usually occurs at an average of 51 years old,” Gnecco says.

Recent data shows that Hispanic and Latina women reach menopause about 1.2 years earlier than the median, at 49 years old.

Studies also suggest both Black and Hispanic women have more intense symptoms, and a longer transition period to menopause, than other groups of women.

“Although there is limited research on the difference in symptoms for Latina/Hispanic women, it is believed that they do experience worsened hot flashes/night sweats, mood changes, and sleep disturbances and vaginal dryness when compared to White/Caucasian women,” Gnecco says.

LIFESTYLE CHANGES

Cielo D. Gnecco, MD, lists lifestyle changes that can help you manage menopause.

- + **Exercise regularly**
- + **Do cardio and strength training**
- + **Lose extra weight**
- + **Eat a healthy diet**
- + **If you smoke, quit**
- + **Manage chronic medical conditions**

OWNING HER ROLES

ACTRESS CONSTANCE MARIE, 58, MEETS LIFE'S TRANSITIONS HEAD-ON

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Last year in the middle of a crowded party, Constance Marie, a seasoned television actress known for her longtime role on *George Lopez* and, most recently, Amazon's *With Love* and Hulu's *How I Met Your Father*, stood chatting with friends when a woman approached her, flushed and slightly bashful. But the partygoer wasn't there to ask the actress for an autograph. She wanted advice.

"She said, 'I'm so sorry, you don't know me, but I'm having hot flashes, and your friend said that if anyone here would know what to tell me, it would be you.' I said, 'Girl, I'm an open book. Let's talk about this.'" Marie led her outside (where the air was much cooler) and shared her experience, along with some of the resources and doctors who had helped her through her menopause journey.

"A few months later, I got a text from her. She said, 'You may not remember me, but I just want to thank you so much.' And I think that's really what I'm here for. A lot of light gets shined on you when you're an actor and celebrity. I can take that light and shine it on things that we don't typically deal with and keep in the dark."

ROLE REVERSAL

Being frank and honest about menopause—an often-taboo topic—wasn't part of Marie's upbringing. Her grandmother was a seamstress by night and a pediatric nurse by day, and her mom worked as an executive assistant and artist. They were multitaskers and caretakers, making ends meet, and their focus was elsewhere.

"I come from a long line of strong women, and showing any kind of weakness was just not what they had any time to do," she says. "They literally just had to keep hustling. I don't know that my grandmother ever told my mother anything about her own menopause. And when I asked my mother about hers, she told me, 'I was 50. It took a year, and then I was done. I was fine.' It was a very 'keep a stiff upper lip and don't talk about it' response."

Because of this, Marie's own navigation of menopause at 52 got a rocky



PHOTOGRAPHY BY VINCE TRUPSIN; HAIR/MAKEUP BY SU HAN NAEEM; WARDROBE (CONSTANCE MARIE'S PERSONAL ITEMS); MISA (RED DRESS, PAGE 14), PAIGE (LEOPARD DRESS, PAGE 15); INSET PHOTO COURTESY OF CONSTANCE MARIE



*“Fifty percent
of the global population
goes through this.
Why do we not
talk about it?”*

—Constance Marie



(L to R): Constance Marie and her mom, Nancy Guthrie.

start. She learned quickly that the old wives’ tale that your menopause journey will be like your mother’s didn’t hold true for her.

“I thought I’d just do it how she did it—no hormones, just some extra vitamins and toughing it out. But that didn’t work for me.”

She says homeopathy kept the symptoms at bay

for about 4 years, but eventually her symptoms grew stronger. Then at 4 ½ years she started low-dose hormone replacement therapy.

“It was amazing. I started to sleep. I didn’t have hot flashes anymore, and the pain subsided,” she says. “I thought, OK, I can do this.”

ROLE MODEL

Before the birth of her daughter in 2009, Marie struggled with infertility for 5 ½ years, an experience she calls “the loneliest journey.” After that roller coaster of hope and grief, she felt compelled to be as frank and forthcoming about what she went through so that other women wouldn’t feel alone. And that resolve is still with her today, as she and her peers navigate a different life transition.

“When I hit menopause, it was again like a whole other secret society,” she says. “But 50% of the global population goes through this. Why do we not talk about it? Women spend so much time thinking, ‘It’s only me struggling with this.’ And that’s not fair.”

This thinking has shaped the way she mothers her daughter, too. Talks about puberty are bookended by talks of menopause to normalize it as part of a whole, a full picture of womanhood.

“She may choose to do something different, but she knows she has choices and she’ll be prepared,” Marie says. “You have options. There are many treatments available, and different people need different things; it’s not a one-size-fits-all situation, even from mom to daughter,” she says. “That’s the legacy, preparing future generations of women not to have to suffer in silence.”

A WELL-BALANCED LIFE

Constance Marie’s menopause wellness tips.

- + **Drink plenty of water.**
- + **Save alcohol for celebrations only.**
- + **Don’t smoke.**
- + **Move your body as often as you can.**
- + **Eat well. (I’ve been vegetarian for almost 30 years!)**

WAYS TO EASE HOT FLASHES

FIND RELIEF DURING YOUR MENOPAUSE TRANSITION

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Constantly feeling overheated and sweating while you sleep are menopause symptoms that have a common link: They're a result of the narrowing and dilating of your blood vessels.

"Hot flashes—sofocos, bochornos, calores—and night sweats—sudores nocturnos—are considered the cardinal sign of menopause," says Yamnia I. Cortés, PhD, MPH, associate professor at The University of Iowa College of Nursing in Iowa City.

While most women deal with these symptoms, studies show Central American women are at greatest risk among all women for both vasomotor symptoms such as hot flashes and night sweats, and vaginal dryness. And Latina women may notice these symptoms at a younger age than other women, but they may not mention it to their doctor.

"In my work, I have found that we as Latinas do not feel comfortable talking about menopause or vasomotor symptoms with family members, friends, or health care providers," Cortés says. "I encourage you to bring up the topic because they affect everyone. Either you or someone in your life right now is experiencing these symptoms."

TIPS FOR MANAGING DISCOMFORT

Vasomotor symptoms start in a part of the brain that controls body temperature. During menopause when estrogen levels fall, this system goes awry, and your brain tells your body it's hot. So during a hot flash, bigger blood vessels increase your skin temperature and blood flow over several parts of the body, especially your face, neck, and chest, in an attempt to cool you down. On average, these symptoms can last for more than 7 years. Some women have them for more than 10 years.



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camera to activate the
QR code.

But there are ways to be more comfortable with them.

MEDICATIONS

The most effective treatment is prescription hormone therapy with estrogen, but like all medications, this treatment comes with some risk.

Many Latinas are fearful of these treatments because they may increase your risk of breast cancer and cardiovascular disease, according to Cortés. "However, studies show that, for healthy women younger than age 60 with moderate to severe symptoms, the benefits of hormone therapy may outweigh risks."

Your doctor can help you find the



lowest dose in an option that works for you, such as pill, cream, gels, ring, or spray. If you still have your uterus, your doctor will prescribe combination estrogen/progesterone therapy instead of estrogen alone.

Some low-dose selective serotonin reuptake inhibitors (SSRIs), medications typically used for treating depression, can reduce hot flashes. Other prescription medications such as certain anti-seizure drugs, overactive bladder medication, or a specific patch for high blood pressure can help, too.

If your hot flashes are severe, your doctor may suggest a procedure where a nerve block is injected into your neck.

LIFESTYLE CHANGES

Keep track of your symptom bouts so you—and your doctor—can get a better picture of how menopause is affecting you.

“Everyone who goes through menopause experiences it differently,” says Sabrina Maria Pastor Carvajal, MD, an OB/GYN at University of Miami Health in Florida. “A record of your specific symptoms can help you understand your own personal triggers and patterns.”

Common triggers include alcohol, caffeine, hot drinks, spicy foods, warm rooms, tight clothing, cigarette smoking, and stress.

Cut back on foods and drinks that give you issues and increase your water

intake. Wear loose and breathable clothing and keep a fan on hand to cool down. You can reduce stress with practices such as meditation, yoga, and tai chi. Deep breathing exercises can also help.

“When you feel a hot flash coming on, try paced breathing—slow, deep breathing, in through your nose and out through your mouth,” Cortés says.

Women who have high blood pressure or are overweight have more hot flashes, and Latinas are more likely to have high blood pressure and be overweight than other groups, she says.

“It’s important to manage your blood pressure, take any prescribed blood pressure medications, maintain a healthy diet, and exercise regularly,” she says.

CHECK IN WITH YOUR MENTAL HEALTH

MIDLIFE CHANGES CAN AFFECT MORE THAN YOUR PHYSICAL HEALTH

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD, Chief Physician Editor, Medical Affairs

Every life stage comes with its own challenges. In midlife and beyond, you may be worried about your own health, older family members, and your children and grandchildren, too. Normal physical changes that happen with age and health concerns add to stress also. Checking in with your mental health and seeking help when you need it are essential to your well-being.

MENOPAUSE AND YOUR MOOD


“One thing that happens with women as they enter menopause is that the hormonal changes really impact your mood,” says Tatiana Falcone, MD, a child and adolescent psychiatry expert at the Cleveland Clinic in Ohio. “This is happening not just after

PROTECT YOUR MENTAL HEALTH

Follow these steps:

- + **During your regular checkups, talk about any mental health concerns.**
- + **Eat right, exercise, and get your sleep.**
- + **Follow your doctor’s advice.**



SCAN ME 

For more on this topic, read **The Anxiety That Came With My Menopause**. Use your mobile phone camera to activate the QR code.



FRESHSPASH/VIA GETTY IMAGES

menopause but also in those 5 years before.”

Perimenopause, which is the transition into menopause, usually starts in your late 40s. While these mood changes may be manageable, your risk for depression and anxiety also goes up during this time. If you suspect changes in your mental health are related to hormonal changes, ask your primary care doctor or gynecologist for advice.

SHIFTING LIFE CIRCUMSTANCES

Major life transitions are also hard on mental health. “This is the age where many women become empty nesters,” Falcone says. “There are important transitions family-wise.”

Carla Vazquez Santos, MD, a primary care doctor at Providence ElderPlace in Seattle, WA, says she has noticed an unexpected layer of isolation for many of her Hispanic patients in recent years. You may be living in a place that’s far from where you are originally from. Being in a new place where you are less connected to the community can be hard on your mental health.

“We know that Hispanic women have a greater prevalence [of mental health disorders] compared to other groups,” Vazquez Santos says. “Elements of the culture add to the complexity. In our culture, we are raised to be strong, independent women. We can handle everything. We have to take care of family and parents and children and work and it’s not easy to talk about these things with family members. It’s not something we are taught to talk about.”

BREAK DOWN BARRIERS

Falcone says some women may worry about health insurance when it comes to seeing a therapist. She thinks the bigger challenge is overcoming the mental health stigma many Hispanic women may feel. She stresses that anxiety and depres-

sion are just like any other illness.

“If you have hypertension, you take your medication,” she says. “If you have diabetes, you take your medication. [Anxiety and depression] are not about your character. It’s an illness like anything else.”

FIND COMMUNITY SUPPORT

Vazquez Santos also recommends looking for ways to get more connected in your community, which is especially important to many Hispanic women. Look for Spanish-speaking or Hispanic-centered community groups where you live or online to help you find connection. Other steps you can take today may help, too.

“Exercise has been proven to help with mental health, so take a walk around the block,” she says. Or reach out to those in your inner circle for support. “Call a friend. Call a family member.”

Open up to your doctor, too. “There is no shame,” she says. “I would encourage [women] to talk about their feelings because there is help. Life can be changed with the interventions we can provide.”

If not for yourself, do it for those in your care. “Women often think about other people first,” Falcone says. “But if you’re not taking care of your mental health, it’s really hard to take care of other people.”

KNOW THE SIGNS

Get help right away if you have symptoms of a mental health problem including:

- + **Worrying excessively**
- + **Having extreme mood swings**
- + **Avoiding friends or family**
- + **Not sleeping or eating**
- + **Feeling sad or hopeless**

SOCIAL SUPPORT SYSTEM

FOR A LONG AND HEALTHY LIFE, HAVING PEOPLE YOU CAN TURN TO IS ESSENTIAL

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,

WebMD Chief Physician Editor, Medical Affairs



To protect your health in midlife and beyond, you're likely to think about eating right, staying active, and seeing your doctor for checkups and screenings. But it turns out that your social life is essential, too. In fact, feeling lonely or socially isolated raises your risk of dying early as much as smoking does.

"We know that at all ages social connection is really important," says Carla Perissinotto, MD, a geriatrician at UCSF Health in California.

STAY CONNECTED

Social connection includes your support network, or who you can depend on to show up for you when you need someone to listen or help. But Perissinotto says it also includes how lonely you feel and how isolated you are in your community.

If you are looking around and feel like you don't have the social support you need, you're not alone. Perissinotto notes a recent advisory from the U.S. Surgeon General highlighting an "epidemic of loneliness." When people aren't well connected socially, it affects more than mental health. They have more risk for heart disease, stroke, and dementia.

Social connection may be especially important for certain groups. For

instance, some data suggests the health risks are greater for Hispanic people who are lonely. But social isolation is an important risk factor by the time you turn 50 no matter what your racial or ethnic background is, with studies showing a 50% increase in risk for dementia and about a 30% increase in risk for both heart disease and stroke.

PLAN AHEAD

As you move from your 40s into your 50s and 60s, Perissinotto says social connections are essential for maintaining independence into old age. To expand your network, start by taking stock.

"Really do an inventory of the people around you and see if you're missing [social] connections you think would be beneficial," Perissinotto says.

She recommends exploring activities you enjoy as a way to add other like-minded people to your social network. Remember that building and maintaining a healthy social life and support network will take work.

MAKE THE EFFORT

"If we know the effects of [social connection] on health are as important as exercise or not smoking, we need to prioritize it," Perissinotto says. "It's not just fun or

extra—it's a crucial part of our health and well-being."

It isn't always easy to get up off the couch and go out to meet friends or colleagues after a busy day. As with other health habits, she says it's best to start slow. Talking honestly about your life and any social concerns with those around you will also help.

"It's amazing how much people are dealing with this, and nobody is talking about it," Perissinotto says.

CONNECTION TIPS

To grow a healthy social support network:

- + Look for people you trust.
- + Reach out to check in with or help others.
- + Send an email or text.
- + Join a club or class or sign up to volunteer.
- + Ask for help when you need it.