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Too young for menopause

Q: I'm experiencing some symptoms that sound like menopause, but I'm too young (43), aren't I?

A: It may not be typical, but it's not impossible. The average age of menopause is approximately 51. In 5 percent of women, menopause begins after the age of 55. For another 5 percent of women, it occurs between the ages of 40 and 45.

Clinically, menopause is defined as 12 months without a menstrual cycle in a woman over the age of 45 without any other biological or physiological causes.

There are many different symptoms of menopause and they vary in severity in each person. Common symptoms are irregular or heavy bleeding, hot flashes and night sweats, sleep disturbances, vaginal dryness, sexual dysfunction, depression, anxiety, feeling more emotional than usual, breast tenderness and more.

You could be experiencing "perimenopause," the time around menopause. It begins many years before menopause and often starts with irregular menstrual cycles and includes other menopausal symptoms. Again, it is not considered menopause until 12 months without a menstrual cycle.

You should consult with your gynecologist to know if your symptoms are related to menopause or perimenopause. A discussion about your symptoms with your doctor will help determine if you need hormone or other testing.

However, checking hormone levels may not provide helpful information regarding your overall hormone status, because woman's hormone levels vary throughout the day and from day to day.

The treatment for menopausal symptoms varies depending on the symptom. Treatments range from hormonal therapy, other medical therapies, natural remedies, even diet and exercise. Talk to your gynecologist about the symptoms that bother you most, and together decide on the best treatment for you. It may be helpful to keep a diary of symptoms, so that you can give a good history to your gynecologist.

Many women ask is hormone therapy safe?

The Women's Health Initiative study was a long-term study of a large number of women comparing two types of oral hormone therapies versus placebo. One part of this study

ended early because of observations that the risks may outweigh benefits in one population of women studied.

Currently, the scientific and medical community recommends that each individual patient discuss her individual risk and potential benefits with her physician. The age at initiation, type of hormone, medical history, family history and length of time on hormones are some of the factors that can alter personal risk. In general, the recommendation is that if using hormonal therapy, then choose the lowest dose for the shortest amount of time.

Individualization is key. Discuss with your gynecologist your individual symptoms, options for therapy and risks and benefits for your own personal circumstance. The course of therapy should be monitored and periodically re-evaluated with your gynecologist.