

Menopause & Healthy Midlife

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Menopause

Menopause is the end of menstruation (periods). Menopause is part of a woman's natural aging process. Her ovaries begin to produce lower levels of the hormones estrogen and progesterone, and she is no longer able to become pregnant.

Unlike a woman's first menstruation, which starts on a single day, the changes leading up to menopause happen over several years. The average age for menopause is 52, but menopause commonly happens anytime between the ages of 42 and 56. A woman can say she has begun her menopause when she has not had a period for a full year.

What is perimenopause?

Perimenopause begins several years before menopause when a woman shows the first signs of her menopausal transition. However, many people use the term menopause to include both the perimenopausal years as well as the few years after menstruation ends.

What are the signs of menopause?

Menopause is a natural process that happens to every woman as she ages. It is not a medical problem, disease or illness. Some women may have a hard time because of changing hormone levels during menopause.

There are many possible signs of menopause. Each woman feels them differently. Most women have no or few menopausal signs. Some women have moderate or severe discomforts. The clearest signs of the start of menopause are irregular periods (closer together or further apart), and when blood flow becomes lighter or heavier.

Other signs may include:

- Weight gain
- Hot flashes
- Insomnia
- Night sweats

- Vaginal dryness
- Joint pain
- Fatigue
- Short-term memory problems
- Bowel upset
- Dry eyes
- Itchy skin
- Mood swings
- Urinary tract infections

Not all of these are directly related to the hormone changes of menopause. Some are related to aging and for others the causes are unknown. Once a woman's body gets used to her new hormone levels, these discomforts will often resolve on their own.

How do women experience menopause?

Menopause differs among individual women, and among women in different cultures and in different parts of the world. Research shows that how women experience menopause is related to many things; including genetics, diet, lifestyle and social and cultural attitudes toward older women. For example:

- Japanese women report fewer hot flashes and other symptoms
- Thai women record a high incidence of headaches
- Scottish women record fewer severe symptoms
- Greek women report a high rate of hot flashes
- Mayan women report no symptoms

Some scholars wonder if the North American emphasis on youth and lack of respect for older people contributes to a more difficult menopausal transition here.

What is induced menopause?

Induced, sudden or surgical menopause happens when a woman has an immediate and premature menopause. This happens when her ovaries no longer produce the hormones estrogen, progesterone and testosterone. It may be caused by:

- surgery to remove ovaries
- chemotherapy
- radiation treatment

Women going through induced menopause may have more severe menopausal discomforts, and are usually treated with hormone therapy.

How should I prepare for menopause?

Menopause is one of many important natural life-stages for women. For some, it is a challenging period of physical and emotional changes. For others, it is a time of personal growth and renewal. For many women, it is both at the same time.

Here are some suggestions to help you enjoy your menopausal years to their fullest:

- Learn about menopause through recent books, articles and other reading materials (see *recommended resources* in this package)
- Talk to friends and relatives who have already gone through menopause
- Join a menopause or midlife support-group in your area
- Eat healthy food and enjoy regular activity
- Manage your stress. Balance your work and social life.
- Talk with your health care provider about your health concerns
- Know that you have choices and can take charge of your health

The Truth About Hormone Therapy

Hormone Therapy (HT) - also called Hormone Replacement Therapy (HRT) - refers to the use of prescribed estrogen and progesterone during menopause. *Hormone Replacement Therapy* is actually a term created by marketers. It implies menopause is a result of a hormone deficiency rather than the normal developmental process we know it to be. We choose to use the term *Hormone Therapy* instead.

Many consumers (and their health care providers) believe that hormone therapy prevents a variety of serious diseases and helps women look younger. In spite of this, there is no valid scientific evidence that estrogen prevents heart disease, colon cancer, Alzheimer's disease, or wrinkles.

Evidence does show that estrogen reduces some of the severe discomforts of the menopause transition. Women have other choices for dealing with these symptoms. No randomized, placebo-controlled trial to date has shown that hormones prevent heart disease. Claims that it does are based on old, scientifically flawed observational studies whose results cannot be trusted.

As for osteoporosis, there is good evidence that estrogen delays bone loss for as long as a woman takes it. The evidence that it reduces fractures when they are most likely to happen - around age 80 - is weak. In fact, studies show that taking measures to prevent falls lowers fracture risk far more than any drug can.

When is HT a good idea?

Scientific evidence supports using HT only in the following cases:

- For women who have had both ovaries surgically removed at an early age
- For women with severe hot flashes, night sweats, or vaginal dryness

- As one option for maintaining bone density for women at high risk of osteoporosis

For women with troublesome hot flashes or vaginal dryness, we suggest non-hormonal therapies as the first line of treatment. If a woman chooses hormones later, we suggest she take the lowest dose for as short a time as possible.

One simple remedy is regular activity. It protects bones, reduces the risk of falls, reduces the risk of heart disease, and increases the sense of wellbeing. Regular activity has no negative side effects and is associated with numerous other health benefits including preventing disease.

The bottom line

Some groups make it sound as though the end of normal menstrual cycles does lasting harm to the body within days or weeks of its onset, but it doesn't. Most women have months or years to make decisions about whether or not hormones are right for them and to reevaluate their decisions as their situations change or as new scientific information emerges.

Hormone Therapy Has NOT Been Shown To
<ul style="list-style-type: none">• Prevent wrinkles or other natural signs of aging• Cure urinary incontinence• Help moodiness or depression• Improve sexual desire or responsiveness• Prevent heart disease• Improve memory• Prevent Alzheimer's disease

Is it better to quit HT gradually?

We recommend gradually cutting down HT doses over many months for women who have been taking HT for more than a few months. Most women find it easier to slowly decrease the dose of hormones over 4 - 6 months (or longer, if menopausal symptoms are still a problem). This is similar to what the body does naturally in menopause. Decreasing the dose of hormones by half every month is a reasonable way to stop taking HT.

If you are taking HT and ready to quit, or are concerned about long-term use, talk to your doctor. The two of you can work out a plan best for you and your situation. If you are on pills, you can ask your doctor for a lower dose pill to use in this process. Once you are on the lowest dose pill you can start taking a pill every other day, and then every third day, etc., until four to six months have passed.

Some women find using an estrogen gel is helpful while they are weaning off hormones as it allows for flexibility with the amount used.

Will my menopause symptoms return?

If you stop HT suddenly it will not cause you serious harm, but you may be uncomfortable while your body gets used to the new lower hormone levels. If you stop HT gradually and still have problems, then you may want to decrease the dose even more slowly.

Alternatives to Hormone Therapy

Some women have successfully used dietary supplements, herbal remedies, acupuncture, biofeedback, and other alternative treatments to reduce discomforts of menopause. Since research in these areas is limited, ensure that you are speaking to a qualified person (dietitian, physiotherapist, naturopath, etc.) and that you do some reading about the plan you are considering beforehand.

Sex After Menopause

Will I enjoy sexual activity I get older?

The whole issue of sexuality as we age is significant for both men and women. Sex and sexuality do change as we age. The human body tends to respond differently – for most people the response is slower, less intense, but not less enjoyable with age. However, men and women are both capable of sexual response until they die.

Sexual activity can be a pleasurable and healthy experience for any woman regardless of age, stage of life or physical abilities. The choice to abstain from sex is also normal and healthy. The physical changes women experience during midlife can affect how they feel about sex, yet these changes can be positive for many women. Some of the benefits of sex after menopause can include:

- Some women who have pain during sex due to endometriosis or fibroids find that menopause brings relief from these conditions and they can enjoy sex more
- Freedom for heterosexual women from worries about birth control and unplanned pregnancy
- More privacy and time for sex for parents when children are older

What are some mid-life sexual challenges?

After menopause, some women can experience vaginal changes like decreased lubrication and thinning of the vaginal tissues that can cause discomfort. This also puts them at a higher risk for transmission of sexually transmitted infections including HIV. To deal with vaginal changes:

- Practice safer sex, it is very important to your health. Use a male or female condom for protection from infections
- Allow for longer foreplay to give plenty of time to lubricate. Water-soluble lubricants found at drugstores can also help prevent pain or discomfort. Avoid oil-based lubricants like petroleum jelly. These weaken condoms and make them less effective.

If you are sexually active, it is important to talk to your health care provider about regular testing for sexually transmitted infections.

Some older women or their partners face new physical limitations with illness or conditions that develop with age. They may also have a lower sex drive (libido) due to lower hormone levels. You may want to try new positions or techniques. Healthy sexuality does not have to include intercourse, but can be achieved also through outercourse (manual or oral stimulation). If you have a partner, talk about what you'd each like to try and have fun experimenting together.

What affects how I feel about sex?

Some women become single in midlife due to the death of a partner or the end of a long-term relationship. Women who want to express themselves sexually may face the challenge of meeting someone new and starting a sexual relationship. This can be easier when you:

- Understand what gives you pleasure
- Are comfortable with yourself and your sexuality
- Feel confident about your ability to negotiate safer sex practices

Some women choose masturbation as a safe, pleasurable means of sexual activity. Others choose abstinence or to have less sexual activity as they grow older. If you have a partner who would like to have sex more often than you do, then this is an issue for you to talk about and negotiate, just as it would be at any stage of life.

You may find that desire returns when you are more relaxed. And remember that touch comes in many wonderful, non-sexual ways. Hugs and other signs of affection can also help you feel close and intimate.

Stress in Midlife

Midlife is a challenging time for many women. While hormonal changes are more dramatic for some women than for others, they do not necessarily account for all the stress we feel at this time in our lives.

As we adjust to the physical and emotional changes, we also have to deal with many other parts of our lives. We have the responsibilities of paid and unpaid work. We may be caring for our children, grandchildren, and our own aging parents. We might be worried about money and be concerned about our future. At this time, like all others, it's important for us to take care of ourselves.

Our changing bodies demand that we pay attention to them. They remind us that how we take of ourselves now will affect how we live in our later years. For many women, after years of caring for others, midlife brings an opportunity for us to take care of ourselves. It's never too late to make healthy choices.

Depression in midlife

Studies show that 90% of women expect that they will become depressed when they go through menopause. In reality, approximately 30% of menopausal women are dealing with some form of depression – a lower percentage than women dealing with depression at other stages of life. In fact, the time in a woman's life when she is most likely to become depressed is when she is a mother at home with small children.

This is not to say that women do not get depressed or feel anxious at menopause. However, it is more likely that the depression and anxiety that some menopausal women feel is the result of other life factors, not hormonal changes.

How to manage stress

It's important to recognize that it's not always the events we face that cause stress but our reaction to them. While it's not realistic or possible to eliminate stress, we can learn to handle the stress of midlife changes. Managing stress involves making decisions about how we approach our life situations. Here are some tips:

- Learn to recognize the sources to stress in your life
- Pay attention to your body's feelings and signals
- Reduce stressful situations when possible. Try saying no to commitments and responsibilities that are no longer rewarding for you. Don't feel guilty for ending relationships that don't meet your needs.
- Create a network of supportive people in your life. Seek out relationships that nurture you and make you feel good about yourself.
- Feed your body; choose a variety of foods from *Eating Well with Canada's Guide*
- Exercise can relieve tension and lifts your mood. It can be as simple as walking in your neighborhood. Ask your doctor about activities that suit your fitness level.
- Get enough sleep; many women in midlife have trouble sleeping
- Feed your spirit. Develop old interests or explore new ones
- Learn stress reduction techniques like deep breathing, meditation, yoga or tai chi
- If you feel overwhelmed by the stress in your life, seek help. There are many kinds of professionals who can help you understand the stress in your life.

Women and Sleep

Hormonal changes can affect women's sleep patterns throughout the various stages of life, including menopause. Sleeping well is very important to you health and overall wellbeing. Sleeping well:

- Helps you stay emotionally balanced
- Keeps your memory and brain working well
- Helps your body fight infections
- Results in better work habits and fewer accidents

How can I develop healthy sleep habits?

There are many ways you can help yourself sleep better. You may make changes to your habits or routines. For example:

- Go to bed and wake up at the same times every day, even on weekends. If you get 5 hours of sleep a night during the week and 10 on the weekend, your body will be confused. Try to get 7-8 hours of sleep every night. You may need more or less. The right for you is the amount that leaves you refreshed and alert when you wake.
- If you nap during the day, nap early in the afternoon and for only 20-30 minutes. Longer naps can make you feel groggy. Napping late in the afternoon can make it difficult to fall asleep at night.
- Be regularly active during the day,. Don't exercise within 3 hours before bedtime, you may be too stimulated to fall asleep.
- Limit caffeine (coffee, soft drinks, tea) to 1-2 cups during the day. Cut out caffeine completely in the evening.
- Stop smoking, or try not to smoke in the evening. Both caffeine and nicotine are stimulants.
- Do not drink alcohol before bed. It can cause sleep disturbances.
- Create a restful atmosphere in your bedroom. Make it as dark and quiet as you like it. Use your bed for sleeping and sexual activity and leave paperwork, TV watching, eating, etc. to other areas of the house.
- Bodies prefer to be cool while sleeping, so bedroom temperature should be around 18°C.
- Try a relaxation exercise in bed. Slowly tense and relax the different muscle groups from your head to toes one by one while breathing deeply and slowly.
- If you can't fall asleep and don't feel drowsy, get out of bed and do a calming activity. Return to bed when you feel sleepy.

How can I relax enough to go to sleep?

Many women can't get to sleep because, as tired as they are, they are also worried or thinking about all the things they have to do. If you have worries, try to take care of them during the day instead. Make a "To Do" list, or simply write down what you are worrying about as this may be enough to allow you to let go at least until tomorrow. You may also want to keep a notepad by your bed so that if an important thought comes to you, you can record it rather than worry about not remembering it in the morning. If you are stressed, look for ways to help yourself relax. You might try yoga, meditation, or other relaxation techniques.

**If you try the suggestions above and continue to have trouble sleeping, talk to your health care provider about possible causes and treatment options.*

What is Urinary Incontinence?

Urinary incontinence happens when you involuntarily lose urine (pee) when you cough, sneeze, laugh, exercise, or simply wait too long to go to the bathroom. It affects the health of one in four Canadian women at some point in their lives. Urinary incontinence is nothing to be ashamed of and can be treated with various methods.

How does the bladder work?

Think of the bladder as a small muscular balloon that expands to hold urine and contracts when you urinate. At the bottom of the bladder is a ring of muscle (sphincter) that works like an elastic band on the end of a balloon. This muscle tightens when the bladder begins to fill and stops urine from leaking. When the bladder is full, it tells the brain it needs to empty, and the brain replies by either relaxing the sphincter or keeping it closed tight. Leaking urine may happen if the brain or bladder are slow to send the proper signals.

Another muscle group called the pelvic floor helps you keep dry. They work like clamping a garden hose shut. Any weakness or damage to these muscles can lead to leaking. Other common causes of urinary incontinence are urinary tract infections or certain diseases, such as diabetes. It is important to see a qualified health care professional to help determine the cause and to plan treatments.

What are signs of urinary incontinence?

- Straining to start or finish urinating
- Needing to urinate more than nine times a day or more than once a night
- Thinking about where and when you can use the washroom before you go out
- Sudden urges to urinate and being unable to reach the bathroom on time
- Wetting accidents from activities like laughing, exercise, or sex
- No control over urine leaking out

In some cases, the bladder may never feel fully emptied and it might feel like you need to strain to start or finish urinating. Straining may be due to conditions like diabetes, certain medicines, or a urinary tract infection (UTI).

What can I do about my incontinence?

- Adjust your food and liquid intake to avoid irritating your bladder. Drinking too little can lead to concentrated (strong) urine and bladder irritation. It can shrink the bladder so it takes less liquid to signal the urge to urinate.
- Do Kegel exercises. Tightening and relaxing the pelvic floor muscles will strengthen the muscles and help develop control over the sphincter and retrain the bladder. When done properly, pelvic floor exercises can prevent urinary incontinence and help correct problems after they start.
- To prevent accidents, schedule times during the day to go to the bathroom so you go before the bladder feels full.

How is incontinence treated?

- Biofeedback - Special sensors are painlessly attached to the body and show signals from the pelvic area on a computer screen. This helps women locate and properly contract their pelvic floor muscles. Strengthening these muscles helps women to gain control over the urge to urinate.
- Muscle therapy - Special devices are used to help strengthen the pelvic floor muscles.
- Medication - Some drugs stop the bladder from contracting when it is not the right time. Other drugs relax the bladder muscle to help control its spasms. Talk with your doctor about the benefits and side effects of using any medicine for a long time.
- Surgery - Usually only advised if other methods fail. May require local anesthetic and involve a one-day stay in hospital.

Before you see your health care provider, keep a bladder diary to track your bathroom trips, any leaking, as well as what you drink, for three days. This helps your health care provider understand your experiences.

Women & Body Image

In North America, the pressure to appear young and thin is hard to escape for most women. Ultra-thin bodies of models and actresses are considered the ideal, no matter how unrealistic or unhealthy they might be. The underlying message we get from these images is that women must look slim and be physically perfect to be considered healthy, competent, desirable or confident. As a result, many women are unhappy with their natural body weight, size and shape. This dissatisfaction often leads to:

- Low self-esteem and poor self-image
- Obsession over our bodies
- Eating disorders
- Depression
- Unnecessary and risky cosmetic surgery

Why can't I look like a model?

It is a fact of life that most women cannot look like models or movie stars. The average model is very tall, teenaged, and weighs 23 per cent - or almost a quarter - less than the average woman who is 5'4" and weighs 148 lbs. Models spend a large percentage of their days engaged in activities that manipulate or shape their bodies, and photographs of models are almost always modified or enhanced in several ways - not even the models themselves look like their fashion photographs.

Female models have been getting thinner and thinner over the past 100 years. A century ago, the ideal body shape for a woman was fleshy and full-figured. While models are getting thinner, more women are feeling unhappy about their own natural body shapes.

What does the media have to do with it?

We often perceive that being thin brings health, happiness and success. The media plays a role in this perception, and almost always links success, acceptance and happiness with being thin and white.

Studies show that repeated exposure to images of this beauty ideal increases body dissatisfaction and lowers self-esteem in both women and men. These images can make you feel badly about your age, size, colour, or other physical features.

Changing your focus

Your size, weight and shape are largely determined by your genetics, and your body's natural tendency to defend a certain weight. As you grow older, it's natural to gain some weight and see your body shape change. Here are some ways you can help create a health body image:

- Recognize advertisements for what they are: a sales pitch.
- Look for other ways to feel good about yourself besides your physical appearance. For example, you could pursue education, spiritual and social activities.
- Focus on health instead of appearance. Eat well, be active, and take time to relax.
- See yourself as a whole person. Don't focus on parts of your body you don't like.
- Focus your attention on the parts of yourself that you do like instead!

Dieting doesn't work. It will only make you hungry and will often lead to:

- Preoccupation with food
- Binge eating
- Weight gain
- Irritability & depression
- Fatigue & poor concentration
- Social withdrawal
- Increased use of tobacco, and caffeinated beverages.

Fact: The risk of dying from heart disease is 70% higher in people with fluctuating weights than in those whose weight remains stable, regardless of initial weight, physical activity and lifestyle.

What can I do to feel better about my body?

It is important to remember the unrealistic ways that women are portrayed in the media. This can help you to accept yourself and feel better about your body. Other strategies include:

- Recognize how and when physical appearance is being falsely linked to being healthy, happy and successful
- Join a support group that celebrates the range of women's natural body shapes, explores ways to stop dieting, and focuses instead on being healthy.
- Get involved in a group that pressures media to change the way they show women

Some magazines now include larger women models. As these publications become more successful, they put pressure on the mainstream media to change the ways they show women.

However, we still have a long way to go. There are still very few women of colour, aboriginal women or disabled women working as models, actors, reporters, television newscasters, and other major roles in the media.

Turning Body Shame into Body Pride:

- Make a list of things you have been putting off for when you've lost weight and start doing them now!
- Think about how you treat yourself and your body. Think of ways you can be gentle with yourself. Massages, hot baths, wearing favorite colors, fabrics and styles are all ways of pampering your body.
- Enjoy being in your body. Do activities you enjoy: dancing, yoga, meditation, karate, swimming, biking.
- Make friends with your body. You've tried wishing or hating body parts away (which hasn't worked), now try being gentle and compassionate.

Nutrition for Midlife and Beyond

Eat for Energy and Enjoyment

Eat at least 3 times a day. Always being sure to include breakfast. Have snacks if meals are more than 4 - 5 hours apart. Nourishing our minds and bodies regularly with healthy foods we enjoy helps us function better mentally and physically throughout the day; it also helps our bodies to find our own healthy weights. Eat enough of all the food groups to obtain the many different nutrients you need daily. Check out the new Canada's Food Guide for tips and ideas.

Celebrate Your Body

It is normal and natural to change in shape and size as we age. In our youth-oriented, weight-focused society, it's important to celebrate the natural shapes and sizes of midlife women's bodies. *Don't diet; it doesn't work.* In fact, people who diet often end up heavier than before. Focus not on weight but on being healthy, fit and full of energy. Remember that beautiful women come in all shapes and sizes.

Focus on Phytoestrogens

Phytoestrogens are plant estrogens found in soy and ground flax seed. Some women find that eating these foods helps reduce the severity of hot flashes and vaginal dryness. Both soy and flax may also help reduce the risk of heart disease. Each day aim to have 1 or 2 servings of soy foods and 1 to 2 tablespoons (15ml) of ground flaxseed. Soy powders and isoflavone supplements are not recommended.

Examples of one serving of soy: 1 cup soy beverage (milk); ½ cup tofu; ¼ cup soy nuts; ½ cup cooked soybeans or edamame; 1 veggie burger or other soy 'meat'; ¼ cup re-hydrated TVP (textured soy protein). TVP can be added to spaghetti sauce, chili, meatloaf, hamburgers, etc.

You can buy flax already ground or as whole seeds you can grind at home in a coffee grinder. Ground flax can be substituted for up to ¼ of the flour in recipes for muffins, cookies, loaves, granola bars, etc. It can also be stirred into yogurt, hot cereal, thick soups and chili or sprinkled onto cold cereal, stir fries or salads.

Fill Up on Fibre

Fibre promotes regularity, provides nutrition, gives a feeling of fullness, helps lower cholesterol and levels out blood sugar. Take every opportunity to increase fibre in your eating plan. Choose whole grain breads, cereals, muffins and pastas. Add a high fibre cereal to your regular cereal, or add flax to cereal, yogurt and baking, eat meals based on pulses (lentils, kidney beans, etc.). Snack on nuts, seeds and soy nuts and eat lots of veggies and fruit. Aim for 20-30 grams of fibre each day.

Optimize Omega-3s

Omega-3 fats are important for optimal brain functioning that could help with mood swings, forgetfulness and feeling depressed. Omega-3s also reduce the risk of heart disease. The best sources are fatty fish such as salmon, mackerel, herring, trout, anchovies, trout and sardines. They are also found in most fish and seafood as well as omega-3 eggs. Plant sources include: ground flax, walnuts and canola oil. Aim for 2 meals of fish each week plus eat other sources of omega-3.

Maximize Minerals

All minerals are important for keeping your body, bones brain and immune system in top functioning order. Some to highlight for midlife women are:

Iron can be low in women with heavy periods. Adequate supplies of iron in your body can help with fatigue, focus, concentration and sleep. Sources from animal are best absorbed, and include liver, meat, poultry, eggs, seafood and fish. Plants containing iron include: pulses, tofu, whole grains, bran cereals, cream of wheat, wheat germ, nuts, seeds, blackstrap molasses, vegetables and fruit; it is best have with these a source of Vitamin C to help absorption.

Boron, Copper, Magnesium, Selenium and Zinc are all important for healthy bones, brains and bodies. Sources: meat, fish, poultry, seafood, eggs, pulses (legumes), whole grains, wheat germ, wheat bran, blackstrap molasses, vegetables, fruit, nuts and seeds.

Calcium is important for cell functioning, bone growth and maintenance and can help reduce blood pressure and the risk of colon cancer. Aim for 1000 – 1500 mg per day. Each of the following has 300 mg of calcium: 8 oz (250ml) of milk or calcium-fortified soy beverage or orange juice; 1 1/2 oz (50g) cheese; 1 oz (30g) Swiss cheese; 6 tablespoons (90 ml) skim milk powder; 1 cup (250ml) flavored yogurt; 1/2 can salmon with the bones. Other sources are: pulses (soy beans, lentils, chick peas, kidney beans, etc.), almonds, blackstrap molasses, and vegetables such as bok choy, kale, okra, Swiss chard collard greens and broccoli (1 serving of these foods has 50-100 mg of calcium).

Be Supplement Savvy

In addition to healthy eating, a multivitamin/mineral supplement is a good idea for women who are midlife and beyond. A supplement should provide about 28 nutrients including: 0.4mg (400mcg) Folic Acid, 2.4mcg B12, 400 IU Vitamin D, 10mg (or less) Iron for post-menopausal women, and 10mg (or more) Iron for pre-menopausal women. It should also contain a maximum of 4000 IU Vitamin A, and 15000 IU Beta-Carotene (preferably less of both).

If you are unable to eat enough calcium-containing foods you may need to take a calcium supplement. Take 500-600 mg at a time. Calcium carbonate needs to be taken with food, while calcium citrate can be taken alone. Remember to have a total of 1500mg calcium from food and supplements combined.

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Menopause & Midlife Resources List

Groups in Winnipeg:

Fort Garry Women's Resource Centre

"Women and Midlife" (Outreach Groups)

477-1123 www.fgwrc.ca

Mature Women's Centre

Victoria General Hospital

Extensive menopause services available including therapy and treatment

**Physician referral required*

477-3509 www.maturewomenscentre.ca

The Wellness Institute

Seven Oaks Hospital

Various wellness programs for midlife adults

632-3900 www.wellnessinstitute.mb.ca

Recommended Websites:

The Canadian Women's Health Network

www.cwhn.ca

The Boston Women's Health Collective

www.ourbodiesourselves.com

The Society of Obstetricians & Gynaecologists of Canada

www.sogc.org

North American Menopause Society

www.menopause.org

Resources on Related Health Topics:

Heart Health

www.heartandstroke.ca

Breast Health and Screening

www.cancercare.mb.ca/MBSP

Pap Tests and Abnormal Results

www.cancercare.mb.ca/MCCSP

Recommended Reading:

All selections currently available in bookstores or can be ordered online.

Boston Women's Health Collective. Our Bodies, Ourselves. New York: Simon & Schuster, 2006

Boston Women's Health Collective. Our Bodies, Ourselves: Menopause. New York: Simon & Schuster, 2005

O'Leary Cobb, Janine. Understanding Menopause (6th Edition). Toronto: Key Porter Books, 2005

Chambers Clark, Carolyn. Living Well With Menopause. New York: Harper Collins, 2005

Seaman, Barbara. The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth. New York: Hyperion Books, 2003

Love, Susan. Dr. Susan Love's Menopause and Hormone Book: Making Informed Choices, All the Fact on the New Hormone Replacement Studies. New York: Three Rivers Press, 2003

Weed, Susan S. New Menopausal Years, The Wise Woman Way: Alternative Approaches for Women 30 to 90. New York: Ash Tree Publishing, 2003

North American Menopause Society. The Menopause Guidebook. Cleveland: North American Menopause Society Publication, 2003

National Women's Health Network. The Truth About Hormone Replacement Therapy. National Women's Health Network Publication, 2002

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