



Thriving Through Menopause

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October 29, 2025

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Myth: Hot flashes are the only symptoms of menopause

Fact: There are many symptoms including – mood changes, sleep disturbances, headaches, joint pain, vaginal dryness, skin changes, brain fog, palpitations, hair changes, fatigue, weight gain, and more

Myth: Hormone therapy causes breast cancer

Fact:

- Absolute risk is 1 more woman out of 1000 diagnosed
- Only with Estrogen + Progestogen options
- Women are 40 times more likely to die of heart disease than breast cancer
- Lifetime risk of breast cancer (NOT with MHT) 1 in 7 or 8 women
- NO more women died on MHT from breast cancer

Myth: Menopause is sudden/overnight

Fact: The menstrual cycle starts to change as hormones become sporadic. Symptoms start as hormones become irregular. Symptoms can start 7-10 years prior to your final period.

Myth: Hormones greatly increase your risk of developing a blood clot

Fact:

- Oral estrogens can increase risk of blood clots in legs and lungs
- Risk increases ½ to 1 more woman out of 1000
- Average risk is 1 in 1000 of DVT (VTE) >45 yrs old
- Estrogens absorbed through the skin do NOT increase the risk of blood clots

Myth: I need my hormones checked

Fact:

There is no good testing to diagnosis perimenopause, or menopause. An educated menopause provider can talk to you and diagnosis perimenopause/menopause

100% of women go through menopause as a natural part of aging

85%

Will experience
symptoms of the
transition

15%

Will experience
lifelong
symptoms

7.4

Average amount
of years that hot
flashes will last

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...but being proactive can help with the transition.

Educating yourself and making some lifestyle changes can help

Education	Lifestyle Changes
When: Your 40's See: your primary GYN, menopause clinic What: Discuss symptoms, menstrual cycle changes, personal and family history. Learn about the transition and learn about ways to help with symptoms. Why: Understand the changes that happen during the menopause transition	When: now See: PCP, Dietitian, behavioral health What: food choices, movement, avoid alcohol, avoid tobacco, maintain healthy BMI, mindfulness, cognitive behavior therapy Why: Can lessen symptoms, make transition smoother

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Menopause timeline



Stage

Perimenopause
Average age: 48



Menopause
Average age: 52
(usually between 45-57)



Post-menopause



Your period

Your last period



1 year after your last period menopause can be diagnosed



While all women will go through menopause, there are specific risk factors that can make hot flashes worse.

Common risk factors associated with more bothersome hot flashes/night sweats

- Lower socioeconomic position
- Obesity
- Cigarette smoking
- Alcohol use
- Hysterectomy (even if ovaries are not removed)
- Depression

Health disparities related to menopause

Black women usually have more intense menopausal symptoms that last longer

Asian women usually have a shorter and less intense menopause

Black women are less likely to be prescribed hormones and less likely to request or take hormones

Hispanic women are more likely to report depressive symptoms during menopause

Women of low socio-economic status have more intense menopause symptoms that usually start earlier

Menopause symptoms associated with disease

Severe hot flashes and palpitations increase the risk of heart disease

Depression and anxiety are associated with worse menopause symptoms

Diabetes and obstructive sleep apnea also cause hot flashes and trouble sleeping

Disrupted sleep reduces metabolism, contributes to weight gain and increases heart disease risk

What symptoms/diseases worsen after menopause?

Brain-Alzheimer's risk

Bone-Osteoporosis

Heart-coronary artery disease

Metabolism-increased diabetes risk

Joints-arthritis

Skin-wrinkles

Mucous membranes –dry, less collagen

Genitalia/vagina – genitourinary syndrome of menopause

Hot flashes

- Hot flash is the sudden feeling of warmth in the upper body, which is usually most intense over the face, neck and chest.
- Hot flashes occur when decreased estrogen levels cause your body's thermostat (hypothalamus) to become more sensitive to slight changes in body temperature
- 70-80% rate as moderate or severe
- Average of 33 hot flashes per week
- Average duration 4-7 years, 4.5 years after the last period
- Onset early = longer duration of symptoms (12 yrs)

Treatment for hot flashes

DIET

- Mediterranean diet --20% less likely to have hot flashes
- High-fat and -sugar pattern increased the risk of VMS.
- Alcohol increases the number and intensity of hot flashes

EXERCISE

- Resistance training had positive impact on reducing hot flashes

Cognitive behavioral therapy

- Shown to decrease the 'bothersome' impact of VMS

ACUPUNCTURE

- Evidence supports positive impact on hot flashes, sleep disturbances, and mood swings

MEDICATION

- Hormone replacement therapy
- Oxybutynin 73% less
- Venlafaxine 60% less

Menopause & weight gain

Duration of sleep reduces in the menopausal years also leading to weight gain and changes in fat mass

Lean body mass decreases with age and body composition

Fat distribution changes significantly during menopause with increased abdominal and visceral fat

Factors that lead to weight gain:

- Stress
- Fatigue
- Insomnia
- Reduced activity levels
- Overeating
- Higher fat and sugar consumption
- Prioritizing others' needs over their self-care needs
- Physical limitations from injury or medical conditions

Menopause & mood

Unique Stressors that affect mood during the menopause transition:

- Sandwich generation
- Changes to physical health in self & partner
- Role changes (empty nest)
- Death in parents
- Possible changes in marital status
- Career status

Women with symptoms of irritability, nervousness, and feeling fearful for no reason exhibited a surge of anxiety in late perimenopause compared with pre-menopause

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Menopause symptoms that worsen perimenopause depression

- Vasomotor symptoms
- Cognitive changes
- Sleep disturbance
- Changes in sexual functioning
- Urinary symptoms
- Changes in weight and energy
- Changes in appearance

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Menopause & memory

Trouble retrieving common information from memory-names, movies

Forgetfulness is more frequent – losing keys, forget what you were about to say

You may also notice changes in how fast you can process information

Some of these things bounce back over time but it is unclear whether transient issues with cognition resolve after menopause

Depression, anxiety, or sleep disturbance are related to cognitive decline

Ability for new learning appears unaffected

How to help with memory during the menopause transition:

- Maintain an extensive social network
- Staying active mentally – games, puzzles
- Engage in regular physical exercise
- Increase dietary intake of omega-3 fatty acids and certain vitamins from natural foods
- Follow a Mediterranean diet
- Abstain from tobacco use
- Limit alcohol consumption

Menopause and lack of sleep

- Fragmented sleep
- Contributing factors: aging, stress/psychological factors, medical comorbidities, certain drugs or alcohol
- Negative effects on mood, worsening depression, chronic illness, fatigue, irritability
- Associated with weight gain, metabolic syndrome and increased fat
- Women with evening hot flashes have higher rate of insomnia (even if hot flashes are not recognized)
- Higher association with heart disease

Help with sleep concerns:

Lifestyle changes to improve sleep:

- Reduce noise
- Don't sleep with lights on (Sleeping with TV on interferes with restful sleep)
- Reduce or eliminate alcohol
- Reduce stress
- Reduce liquids 2 hours before bedtime

Cognitive Behavior therapy

- Techniques to fall asleep and get back to sleep after being awoken

Medications and herbal supplements

- Magnesium
- Omega 3 fatty acids

Genitourinary Syndrome of menopause

Vaginal dryness, recurrent UTI's, pain with sex

Aging of the vagina

Symptoms can start during perimenopause

Chronic, progressive and symptoms due not resolve without treatment

Treatment of genitourinary syndrome of menopause

Local estrogen therapy is generally preferred

- Minimal systemic absorption, fewer adverse effects
- Takes 8-12 weeks to notice changes

Local estrogen may improve lubrication, increase blood flow and sensation in vaginal tissues

All forms of Estrogen reduced aging changes and painful sex above placebo

Vaginal Moisturizers: Usually take 8-12 weeks to notice changes

- Revaree (Bonifide) \$60/month
- Replens (\$16/6 weeks on Amazon)
- Coconut oil (Organic - at grocery store)

Menopause & sex

Decrease in sexual desire

Decrease in vaginal lubrication in response to arousal

Decrease in orgasm response: less intense, difficulty in achieving

Increase in sexual pain with vaginal dryness and decreased elasticity in vaginal tissues

Increase in age associated with decrease in sexual activity

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Benefits of Menopause Hormone Therapy

- Most effective treatment for hot flashes – FDA first line therapy recommendation
- Decrease in coronary heart disease – significantly more when MHT is started close to final period
- Decreased risk of dying from a heart attack compared to aspirin and statin
- May decrease Alzheimer's risk (if started early and close to last period)
- Prevention of osteoporosis for those with osteopenia
- Improves blood sugar – may decrease risk and progression of diabetes
- Estrogen can improve cholesterol by increasing the good cholesterol and decreasing the bad cholesterol
- Improves quality of life by improving menopause symptoms
- Improves collagen production – decreases further wrinkles
- Decreases risk for colon cancer.

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Prevention and wellness tips

Mediterranean diet helps maintain weight and reduce diabetes

Resistance exercise increases metabolism to burn fat more efficiently

Quality sleep of 7-9 hours impacts metabolism and weight loss

Reducing stress with meditation, yoga and mindfulness decreases impact from hot flashes and night sweats

Knowledge about menopause allows you to be prepared and educated on the changes that occur both on the inside and outside

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Key take aways:

Get educated on menopause—it's your best defense

Talk to certified menopause practitioner

Don't accept that "this is just the way it is"

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Community matters.

Primary GYN provider Locations:

Call 216-778-4444 to schedule

- Main Campus Medical Center
- Beachwood Health Center
- Bedford Health Center
- Brecksville Health and Surgery Center
- Broadway Health Center
- Brooklyn Health Center
- Brunswick Health Center
- Buckeye Health Center
- Glennville Community Health Center
- Middleburgh Heights November Family Health Center
- Ohio City Health Center
- Parma Medical Center
- Cleveland Heights Medical Center
- West 150th Health and Surgery Center
- Westlake Health Center

Menopause clinic: Call 216-778-4444 to schedule

Locations: Main Campus Medical Center & virtual visits

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MetroHealth is here to help.

MetroHealth Menopause Clinic

MetroHealth 216-778-4444



<https://www.metrohealth.org/en/medical-services/obstetrics-gynecology/menopause-support/>

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