

Your Periods Will Play Hide-and-Seek

(And Other Truths About Perimenopause)

Little-known fact: Menopause lasts for just 24 hours. It's the days, months, and even years leading up to it that can profoundly affect your mind and body. Not willing to quietly grimace and bear the changes, Gen X is bringing about a refreshing reframing of what this time in your life can be like. Our girlfriend's guide, with advice from women who have been there, will help you manage, because you've got options and a whole lot more life—including this time of life—to enjoy.

BY LESLIE GOLDMAN

IN A RECENT EPISODE of *The Michelle Obama Podcast*, the former First Lady recalled a hot flash she had on Marine One that left her looking like she'd just finished a 10K. Her guest, friend Sharon Malone, MD, a Washington, D.C.-based ob-gyn and certified national menopause practitioner, brought up symptoms like insomnia, painful intercourse, "screwy periods," and "murderous rage." The word *discharge* was used.

Such frank public discussion would have had Jackie O. clutching her proverbial pearls. But thanks to boundary-pushing moments like this, people today are opening up about menopause unlike ever before, finding support and answers in each other. Communities of in-the-throes women, women-identifying people, and nonbinary people are springing up online in forums like Facebook's Menopausal So Hard and the Peanut app (essentially Tinder for finding perimenopause buddies). "We're all spilling the tea right now," says Omisade Burney-Scott, 55, creator of *The Black Girl's Guide to Surviving Menopause* podcast and project, who remembers when her ob-gyn first told her she was in perimenopause, in her early 40s. "I was like, 'Wait, peri-what?' I had certainly heard the word *menopause* before, but I had no sense that [it] was a spectrum." Now we're in an



amazing cultural moment of clarity about menopause, including what it actually is.

For example, many are surprised to learn that menopause technically refers to the day that marks 12 consecutive months with no period (average U.S. age: 51)—and that the remaining one-half to one-quarter of life is considered post-menopause. The symptoms we associate with this life stage often occur during what’s called perimenopause, the four to 10 years before menstruation ceases, when estrogen and progesterone, the two sex hormones responsible for helping to achieve and maintain pregnancy, begin to rise and fall unevenly. This means that by age 40, you may already begin to experience these symptoms—and many may catch you off guard.

That was the case for longtime style maven Stacy London, 52, who was blindsided at age 47 by a slew of nightmarish happenings, including hot flashes, heart palpitations, memory lapses, crippling anxiety, dry skin plus acne, and an evaporated libido. It took two years of

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confusion, fear, and visits to specialists with concerns about early-onset Alzheimer’s before she finally realized perimenopause was the culprit. Now CEO of State of Menopause, a company offering menopause-specific personal care, London is joining a chorus of those “screaming from the rooftops” to help build a sense of community around a long-isolating topic.

That’s excellent news for the approximately 1.3 million women joining Club Menopause annually. That includes Gen Xers like me, now firmly in peri’s sweet spot, and even cusp millennials. We’re on the verge of finally canceling the inexplicable shame surrounding menopause and dishing the dirt with our friends—more so than with our doctors or partners, according to a survey of more than 6,000 women from online menopause clinic Gennev.

There’s a lot about menopause you may not know to expect, but there are ways to take control. Let us fill in the gaps with girlfriend-vetted, expert-verified intel and solutions.

PROP STYLING: ROBIN FINLAY

YOU MIGHT FORGET THE WORD FOR “FORK.”

“We have conversations where we take turns finishing each other’s sentences—because we’re constantly losing our own train of thought.” —copywriter Kari Roetman, 53, about her and entrepreneur best friend Karla Nelson Wolf, 53, both from Clear Lake, Minnesota

THE EXPERTS SAY: While difficulty with word recall and other memory problems can feel frightening (several people interviewed for this article described being scared about early-onset dementia), they’re common manifestations of undulating hormone levels, because estrogen impacts brain functioning, says Elizabeth Poynor, MD, PhD, a gynecologic oncologist and advanced pelvic surgeon in Manhattan.

Though early dementia is rare, women do have a greater lifetime risk than men for Alzheimer’s, and this may be linked with menopausal loss of neuroprotective estrogen. Lifestyle tweaks, including vigorous exercise (it improves blood flow to the brain and produces a protein called BDNF that helps grow new nerve cells essential for learning and memory), may help safeguard future cognition. Quit smoking if you do, and try the Mediterranean way of eating—loads of produce, beans, whole grains, good-for-you fats, fermented dairy products, and small amounts of animal protein—which has been linked with reduced risk of dementia.

THE GIRLFRIENDS SAY: Lasara Firefox Allen, 50, a substance abuse counselor and author in Ukiah, California, recalls trying to log into their bank account—a routine task—and having “to verbally talk myself through every step of the process.” Names flew out the window, as did nouns in general. For her part, London recalls struggling to remember everyday words like *orange* and *fork*. On the upside, these scares convinced her it was time to take control of her health. “There’s a moment when you assess what’s going on with you physically and mentally and you reignite your own agency,” she says.

HOT FLASHES, COLD FLASHES, AND MAYBE PANIC...OH MY.

“A few years ago, I was leading the 10 PM newscast when out of nowhere, I was drenched and could hear my heartbeat in my ears. Minutes later, I was lying on the cold tile floor of the bathroom surrounded by several confused coworkers.” —Tamsen Fadal, 51, Emmy-winning NYC news anchor

THE EXPERTS SAY: Around 85 percent of us will experience hot flashes, making them one of the most common perimenopausal symptoms. (Night sweats are just p.m. hot flashes.) The meltdowns, which often include spin-class-worthy sweating, facial flushing, and rapid heart rate, are thought to strike when decreased estrogen levels



CALL IN REINFORCEMENTS

In Gennev’s Menopause Zeitgeist survey, 94 percent of respondents said they don’t receive enough support to manage symptoms, and only one in three feels their partner fully “gets it.” Ninety-nine percent of respondents in another Gennev survey of 2,500 working women experiencing menopause found that workplace menopause care benefits are unheard of. Be your own best advocate with these pointers:

BE HONEST WITH FAMILY AND FRIENDS.

Gennev cofounder and CEO Jill Angelo, 48, suggests spelling out exactly what you’re feeling and what you need to loved ones. That way, “when you’re cranky after a night of no sleep or are quick to anger, they don’t take it the wrong way.”

SPEAK UP AT WORK.

Angelo, a former Microsoft executive, recommends talking about hormonal manifestations like you would any other health issue. “Don’t be afraid to inquire about later start times if that’s something that enables you to be more productive” when insomnia and night sweats are running you ragged. Ask HR if existing leave or time-off policies can be used for managing menopause-related symptoms or if appointments with specialists are reimbursable.

SEEK OUT THE RIGHT CARE.

Feel like your doctor is blowing you off or is behind the times? Use the NAMS website’s Find a Menopause Practitioner feature on Menopause.org to locate a nearby provider who practices menopause management. Burney-Scott also encourages members of often-marginalized groups, such as BIPOC, LGBTQ+, and gender-expansive individuals, to seek out providers who “understand that health disparities exist because of racism, sexism, homophobia, transphobia, and other forms of systemic oppression.” Try BlackDoctor247.com or visit the Gay and Lesbian Medical Association’s website (glma.org).

confuse the body's thermostat (in the brain), tricking it into thinking you're overly warm. The hot flash, counterintuitively, is your system's way of cooling you down. (Not to be confused with cold flashes, also caused by a discombobulated internal thermostat.) Twisting the knife, a sense of impending doom can precede flashes, causing them to sometimes be confused with panic attacks. ("The sensations can be quite similar," explains my ob-gyn, Seema Venkatachalam, MD, clinical assistant professor at Northwestern Medicine, Feinberg School of Medicine and a partner of Northwestern Specialists for Women in Chicago.)

Hormone therapy (HT) can extinguish 90 to 95 percent of hot flashes. So can some antidepressants, and supplements like black cohosh and wild yam, both of which are thought to have hormone-mimicking effects on the body, though Malone says "it's 50-50" whether supplements will work.

THE GIRLFRIEND SAYS: Fadal found moderate relief with herbal supplements like maca root and black cohosh but ultimately turned to HT, which eased the hot flashes and night sweats along with some brain fog and hormone-related anxiety and depression. Dressing in layers makes it easier to strip when the heat hits, and she also swears by a cooling neck fan that resembles old-school headphones, buying them for friends when they become flashers. (She sent me one after we spoke for this story.)

YOUR PERIODS WILL PLAY HIDE-AND-SEEK.

"My cycle was right as rain ever since I got my first period, in 1979, during Mr. Barnes' math class. At 40, it turned wonky, doing this shortening/elongating thing. At 41, I found myself

pregnant, and I ended up going through perimenopause with one child in college and another in daycare." —Burney-Scott

THE EXPERTS SAY: This is commonplace in perimenopause; the drop in estrogen isn't linear so much as it is, well, wonky, says Venkatachalam. "Periods may seem like they're coming at the beginning and end of every month. Then maybe they'll be six weeks apart for a while, then you won't get one for four months." The next thing you know, you're Charlotte in *And Just Like That...*, getting a "flash period" in a white jumpsuit.

Low-dose birth control can regulate these periods or, if taken continuously, prevent them altogether. It will also reduce the odds of any unplanned pregnancies, which Burney-Scott says her mother and aunts called "change-of-life babies" when she was little.

THE GIRLFRIEND SAYS: For Julie Bigboy, 48, a website content creator and business owner from Alpine, California, wearing washable period panties worked for catching breakthrough spotting and surprise periods. She likes that they're more cost-effective and environmentally friendly than pads, plus "they work great for occasional light bladder leakage and sweat."

THE GUY IN EDVARD MUNCH'S THE SCREAM WILL BE YOUR SPIRIT ANIMAL.

"One night, I just let loose on my husband, listing all the things I didn't like about him. We both just sat there afterward, stunned. I couldn't understand what was happening. It was like a different person was processing my thoughts." —Amanda Thebe, 51, Toronto-based certified personal trainer and author of *Menopocalypse*

THE EXPERTS SAY: Perimenopausal rage—and depression and anxiety—is real. "Estrogen and progesterone impact the neurotransmitters in our brain, which affects our mood," says Poyner. In a study of 40,000 women conducted by telemedicine start-up Evernow, 60 percent reported anxiety or depression during perimenopause or menopause. Insomnia doesn't help matters (hormone changes and restless sleep often go together like water and laptops), nor does a history of mental health issues, which can rear up as hormones yo-yo.

In addition to low-dose antidepressants, treatment options include HT or low-dose birth control, therapy, mindfulness practices, regular exercise, and certain supplements. (Poyner, a functional medicine expert, says magnesium glycinate, maca root, B-complex vitamins, and phytoestrogens may help.)



“Once your spark reignites, your vagina will probably still need a moisture boost.”

through menopause and her joint pain flared up, and adds that yoga is also known to improve a slew of perimenopausal symptoms, including poor sleep, stress, depression, and fuzzy-mindedness. For Firefox Allen, the estrogen-progesterone-testosterone trio of HT largely eradicated the achy, persistent pain.

SEX MIGHT LOSE ITS LUSTER.

"My sexual desire and ability to become aroused felt like they had died. I thought, Oh my God, is this it? I'm done?" —Espinosa

THE EXPERTS SAY: Falling estrogen and testosterone levels can sap sex drive, says Faubion. These slumps may be even more pronounced in people who experience an abrupt menopause (caused by chemotherapy or surgical removal of the ovaries), which causes estrogen and testosterone to both quickly plummet. Not helping matters: It's hard to get in the mood when you're exhausted from fractured sleep, feeling anxious or depressed during the day, or panicked about your suddenly foggy memory. The humming estrogen levels of youth also helped everything stay lubed. As they decrease, the vagina and vulva (the skin on the outside of the vagina) become thinner, drier, and less stretchy.

Poyner says small doses of vaginal estrogen (via cream, ring, or tablet) can hydrate dry tissues, ease burning and itchiness, and make penetrative sex less painful, and because it's very low-dose and absorbed locally (versus oral or patch forms of HT, which are absorbed systemically), almost all women can safely use it, including breast cancer survivors. (However, if you have an estrogen-driven malignancy, check with your oncologist first, says Poyner.)

THE GIRLFRIENDS SAY: An estrogen patch resuscitated Espinosa's libido. For Firefox Allen, a combination of Lifestro by Estro-Care (estrogen), wild yam cream (purported to have progesterone-like effects), and testosterone made a huge difference. After adding in the testosterone, "I masturbated for the first time in months," Firefox Allen says.

Once your spark reignites, your vagina will probably still need a moisture boost. For Espinosa, a combo of lubricants, vaginal moisturizers, and twice-weekly vaginal estrogen cream helped immensely. She also underwent a series of FemiLift laser treatments, during which a vaginal probe stimulates collagen production and increases blood vessel formation using painless laser technology. (MonaLisa Touch is another type.) After her third session, "it was like magic," she says. "It still takes longer to reach arousal, but once I do, lubrication is instant."

HT: TRUE OR FALSE

The use of hormone therapy—the R has been dropped from HRT because "we're not trying to replace what the ovaries make; we're just trying to manage symptoms, which requires far less," says Stephanie S. Faubion, MD, medical director of the North American Menopause Society [NAMS]—has been one of the most debated topics in menopause care. Certain HT (estrogen or estrogen plus progesterone in a pill, patch, cream, gel, spray, or vaginal ring) is approved by the FDA to treat many perimenopausal symptoms—but there are risks. Yet every medical expert interviewed for this story, as well as NAMS and the American College of Obstetricians and Gynecologists, agree that for many women, the benefits of HT outweigh those risks. Here's a just-the-facts-ma'am overview.

HT IS HANDS-DOWN DANGEROUS. FALSE

The dark shadow over HT dates to 2002, when findings from the Women's Health Initiative linked the use of HT with an elevated risk of heart disease, stroke, and breast cancer, rocking patients' worlds and doctors' prescribing practices. (Usage plummeted from about 40 percent of post-menopausal women to about 4 percent.) Researchers discovered that the study was seriously flawed and "for symptomatic women under age 60 who are within 10 years of their last period, the benefits typically outweigh the risks," Faubion says.

HT OFFERS SIGNIFICANT SYMPTOM RELIEF. TRUE

The therapy extinguishes 90 to 95 percent of hot flashes while benefiting mood, sleep, and vaginal dryness, massively improving quality of life, and may offer long-term protection against heart disease and osteoporosis.

HT IS RIGHT FOR EVERYONE. FALSE

Those with a history of a hormone-dependent cancer (like breast), blood clots, heart attack, or liver disease should avoid HT. Other risks include spotting, breast tenderness, and blood clots. But for women like Malone, who told Michelle Obama that she took hormones during perimenopause, it can bring much-needed relief. If you still have your uterus, you'll need progesterone along with your estrogen patch, pill, ring, gel, or spray to avoid an increase in endometrial (uterine lining) cancer risk.

HT CONTAINS HIGH LEVELS OF HORMONES. FALSE

Malone says patients are often surprised to learn that HT contains lower doses of hormones than low-dose birth control pills, yet "women aren't afraid of birth control pills, but they're afraid of HT."