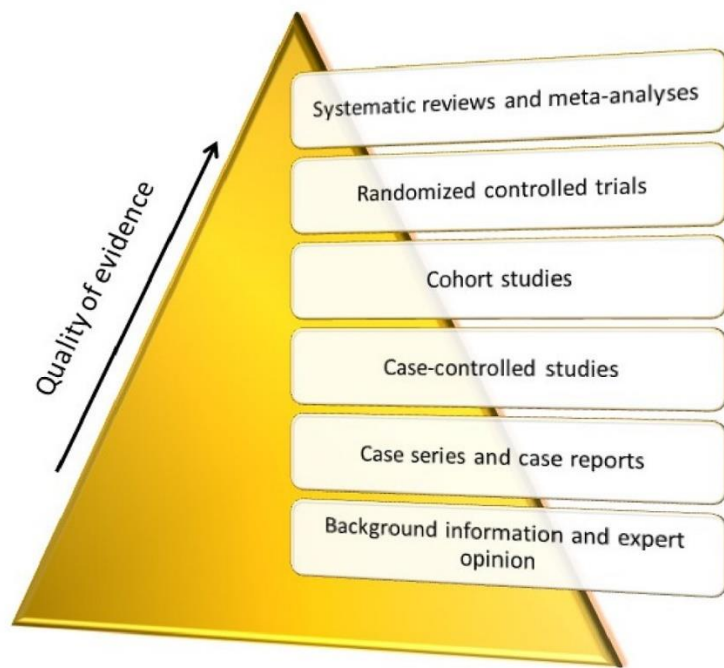


Menopause Handout

Week 1: Identify Types of Menopause and Common Symptoms, and When to see your health care provider



When you see the words 'research' in articles or online – be mindful that it may be a very low level of research, research with not enough participants, research that requires further investigation until it is safe for widespread use, or any number of other issues.

Look up the studies that are referenced and see what type of research it is, and where it falls on the pyramid to determine what level of evidence you are reading about.

Good sites to use are Google Scholar, Cochrane Reviews, and websites ending in .edu/.org are usually more reliable than others.

Exercise caution on any source that is selling a product.

Be aware that evidence is constantly evolving.

Question:

Think of a situation recently where you learned new information about a topic. Evaluate the source of your information – was it a friend? Is that friend qualified to evaluate information about that topic? Was it a website – do you believe that website was trustworthy? Can you find evidence it is or isn't trustworthy? Was it social media – was the content creator qualified to make those claims (i.e., was it a medical doctor discussing menopause?)? Was the content creator (may also be a doctor) also supporting a product that they may profit from sales?

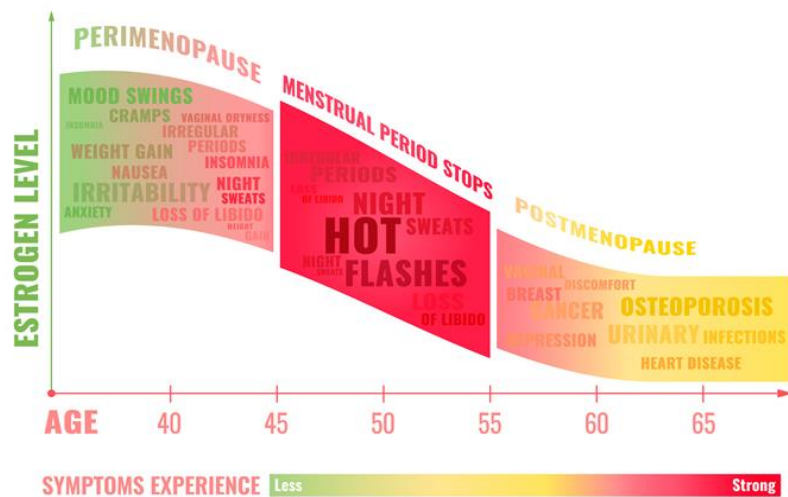
Feel free to write down your experience (just for yourself – none of this will be shared)

Menopause:

Menstrual period has stopped
x 12 consecutive months.

Menopause**Transition/"Perimenopause":**

Estrogen levels begin to
fluctuate and menstrual
period intervals start to vary
(perimenopause) until the final
menstrual period (FMP)



1

Common Symptoms:

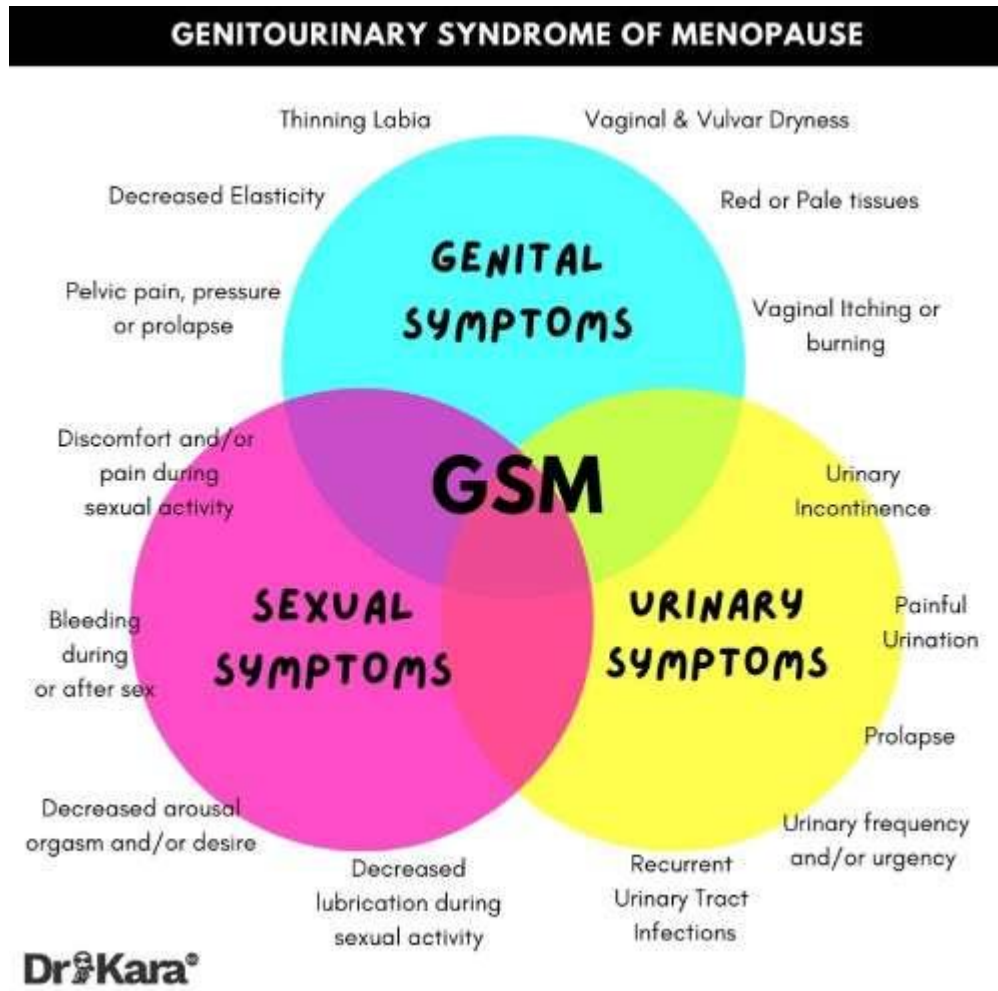
Hot Flashes		Hair Changes
Night Sweats		Joint Pain (i.e., Frozen Shoulder)
Weight Changes		Headache
Skin Changes		Cognitive Changes
Mood Changes		Irregular Period
>1 year past last menstrual period		Vaginal Dryness/Discomfort
Bladder Incontinence		Abnormal Uterine Bleeding
Sexual Changes		Increased Urinary Tract Infections

How have these symptoms affected your day-to-day life?

Based on what you've learned today, is there anything you should be contacting your health care provider to explore (i.e., undiagnosed abnormal uterine bleeding)?

¹ Image from Source: <https://www.sciencedirect.com/science/article/pii/S2949866X23001168>

Week 2: Body Changes and Other Symptoms and Concerns in Midlife



Urinary incontinence and pelvic floor handout

Week 3 – Importance of Sleep and Healthy Lifestyle Strategies

Sleep Hygiene⁸ *Educate and individualize!*

- Do:**
- ❶ Take steps to control stimulus factors (see below).
 - ❷ Optimize sleeping environment (e.g. noise, temperature, light, comfort).
 - ❸ Develop a relaxing bedtime ritual (e.g. hot bath or mindfulness 90 minutes before sleep).
 - ❹ Get sufficient daytime light exposure.
 - ❺ Schedule medications that worsen insomnia to the mornings, if possible.

- Don't:**
- ❶ Drink excessive liquids in the evening.
 - ❷ Do late evening exercises.
 - ❸ Eat a late, heavy supper.
 - ❹ Drink caffeine later in the day (e.g. past noon).
 - ❺ Have alcohol or nicotine within two hours of bedtime.
 - ❻ Watch the clock.
 - ❼ Have unrealistic expectations on sleep quality/quantity.

Stimulus Control (re-establish positive associations between the bedroom and sleep)⁸⁻¹⁰

- ❶ Go to bed only if you feel sleepy.
- ❷ Use the bedroom only for sleep and sex; do not watch TV or work in bed.
- ❸ Sleep only in your bedroom.
- ❹ If you cannot fall asleep leave the bedroom & return only when sleepy (e.g. do not stay in bed longer than 15 to 20 min past usual sleep onset if unable to sleep).
Exception: people at high risk of falls or who have pain.
- ❺ Arise at the same time each morning, regardless of the amount of sleep obtained.
- ❻ Avoid daytime napping (if nap, limit it to 30 min and do not nap after 2 pm, if possible).


Other Sleep Resources:

1. Red Deer Primary Care Network Sleep Program.
2. MySleepwell.ca
 - a. Website with plenty of resources: check out “Hygiene of Sleep Checklist”, free resources
3. CBTi App
 - a. Free to download from app store

² Image taken from GeriRxFiles – Insomnia in Older Adults. Accessed Jan 21, 2025


5

components of CBTi




CONTROL

Fix your relationship with your bed and stop your mind from racing.




SLEEP DRIVE

Reduce your time in bed short-term to enhance your sleep long-term.




RELAXATION

Practice your chosen relaxation technique to prepare your body and mind for sleep.



THOUGHTS

Work through the “thinking traps” that keep you awake.



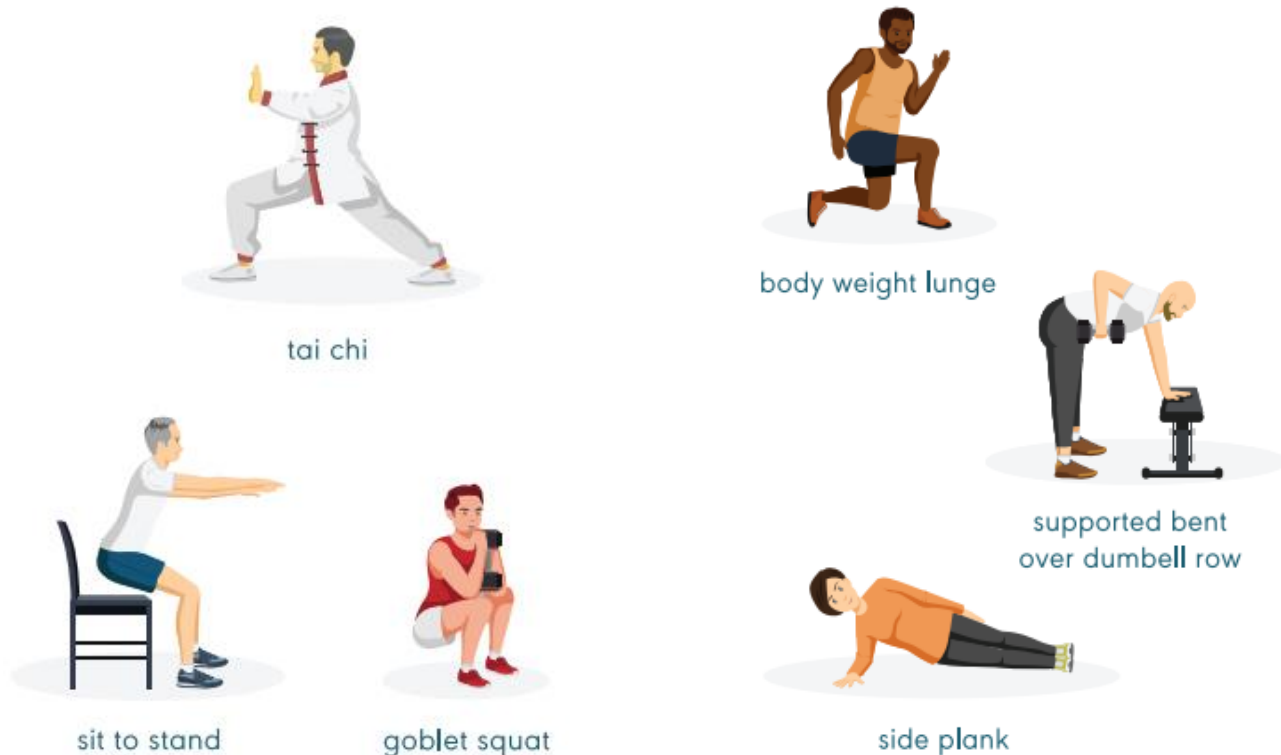
HYGIENE

Adopt healthy sleep habits during the day, before bed, and when in bed.

3

DO EXERCISES THAT CHALLENGE BALANCE

DO EXERCISES THAT IMPROVE MUSCLE STRENGTH



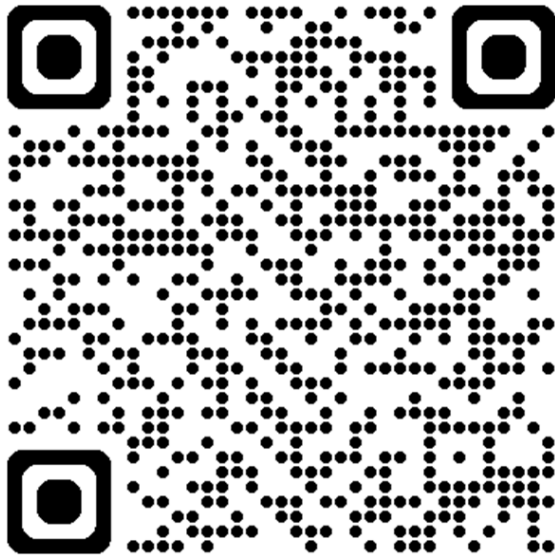
4

³ Image taken from https://mysleepwell.ca/wp-content/uploads/2024/10/CBTi-1-pager-EN_final.pdf . Accessed Jan 21, 2025.

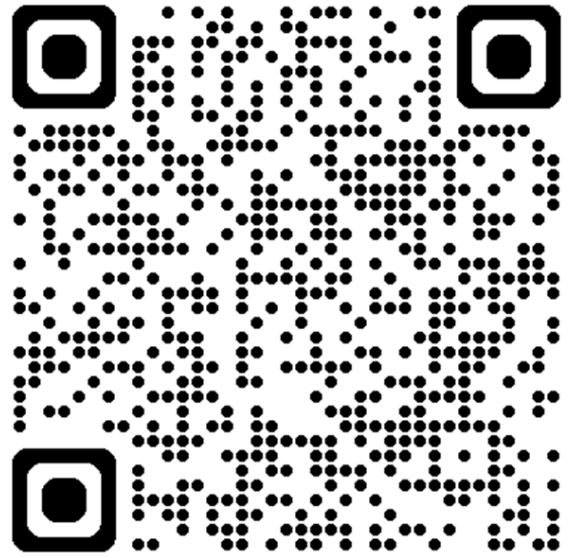
⁴ Image taken from https://osteoporosis.ca/wp-content/uploads/OC-23-103_TFTF_final-electronic_Osteoporosis-Canada-ENGLISH-1.pdf. Accessed Jan 21, 2025

Calcium Calculator:

Osteoporosis Risk Quiz:



Calcium Calculator



Setting Goals:

This week we have discussed a lot about the importance of healthy lifestyle management. It can feel overwhelming to try to take on all this new information and make so many changes! Instead of feeling overwhelmed, start something small – the most important thing is to **start**. Let's try to make a SMART goal towards improving one small aspect of your lifestyle. A SMART goal is:

Specific, Measurable, Action-Oriented, Realistic, and Time-Based

For example, rather than "I am going to eat healthier", try "I will make a mediterranean diet-based meal once a week before the end of February". Or, instead of "I am going to start exercising", try "I will go for a 20-minute walk after supper on Mondays and Wednesdays by March 1st".

My SMART goal:

Week 4 – Screening and Prevention of Potential Health Conditions, Pharmacology Treatment; Managing Symptoms of Menopause

How To – Breast Self-Examination:

<https://www.healthlinkbc.ca/medical-tests/breast-self-examination>

Management of Genitourinary Syndrome of Menopause:

- Vaginal Moisturizers
 - i.e. Replens, Gynatrof, RepaGyn.
- Vaginal Lubricants
 - i.e. water based (least irritating, do not erode condoms but need to apply more often), oil based (last longer, but can lower condom effectiveness), silicone.
- Vaginal Estrogen
 - Low dose, does not increase risk of any types of cancer, well tolerated.

Management of Vasomotor Symptoms of Menopause (Hot Flashes)

1. Hormone Therapy

- **CONTRAINDICATIONS (reasons you cannot take it)**
 - history of stroke, blood clot, personal history of breast cancer, significant liver disease, unexplained vaginal bleeding, history of heart disease
- **Risks:**
 - If you have a uterus: increased risk of breast cancer, stroke, blood clot
 - If you do not have a uterus: increased risk of blood clot (no effect on stroke/breast cancer due to no progesterone required)
 - If you are over 60 OR it has been more than 10 years since your final menstrual period, your risk is higher of the above side effects
 - 80% of women who use hormone therapy will have their hot flashes decrease by more than 50%
- Available options: topical (gel, patch), oral (pills)

2. Antidepressants

- Can be helpful for people who have co-existing depression or anxiety

Resources

1. Menopause and U Canada
[Menopause and U](#)
2. Menopause Foundation of Canada
[The Menopause Foundation of Canada \(menopausefoundationcanada.ca\)](https://www.menopausefoundationcanada.ca/)
3. The Menopause Society (formerly known as the
www.menopause.org/for-women/sexual-health-menopause-online Managing Osteoporosis:
4. Osteoporosis
<https://osteoporosis.ca/exercise-recommendations/>
5. Alberta Health Services - Screening for Life. Ca (Cancer Screening Information)
<https://screeningforlife.ca/>

Menopause Clinics and Specialists in Alberta

Red Deer

Dr. Esnielle Brooks Red Deer

North American Menopause Society Certified Practitioner (NMCP)

[HOME | Dr Esnielle Brooks](#)

Note: Consult is required from your primary care provider

Current Wait Time – approx. 6 weeks as of January 2025

Femina Health – Women’s Health Clinic – Red Deer

[Femina Health \(feminahealthab.com\)](https://www.feminahealthab.com)

Note: Consult is required from your primary care provider

Current Wait Time – approx. 6 months as of January 2025

Consult Form:

<https://www.feminahealthab.com/menopause-management>

Edmonton

Menopause Outpatient Clinic Grey Nuns Hospital Edmonton

[Grey Nuns Community Hospital - Menopause Outpatient Clinic | Alberta Health Services](#)

Current Wait Time – approx. 2-3 years as of January 2025

Lois Hole Hospital for Women Edmonton

[Lois Hole Hospital for Women - Menopause Clinic, The | Alberta Health Services](#)

Current Wait Time – approx. 2-3 years as of January 2025

Calgary

Milestone Menopause Clinic

<https://www.milestonemenopausecentre.ca/for-patients>

Note: Consult is required from your primary care provider

Current Wait Time – approx. 6-12 months as of January 2025

ⁱ <https://pelvichealthsupport.org/exploring-hormone-and-non-hormone-treatments-for-genitourinary-syndrome-of-menopause/>