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Premenopause: The Change in the Lifestyle of Women

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ABSTRACT: Premenopause, often known as the menopausal transition, is characterised by significant hormonal and reproductive changes. These alterations have been well documented, along with the accompanying symptoms. Thanks to the execution of numerous long-term, longitudinal cohort studies that have looked at various facets of women's biology and psychology throughout this stage of life, the pattern of menopausal symptom emergence and their natural history have become increasingly obvious. Menopausal symptoms are very common; they are so irritating that approximately 90% of women ask their doctor for assistance on how to cope with them. 1 Most women have hot flashes, which are a common menopausal symptom and are moderately to severely bothersome for roughly one-third of women. There are significant hormonal and reproductive changes that occur during the menopausal transition, or premenopause. Concomitant symptoms have been noted alongside these alterations, which have been well-documented. Thanks to the execution of several lengthy, longitudinal cohort studies that have looked at various facets of women's biology and psychology throughout this stage of life, the pattern of menopausal symptom presentation and their natural history have become increasingly obvious. Menopausal symptoms are very common, and over 90% of women consult their doctor for assistance on how to manage with them because they are so annoying. 1 Most women have hot flashes, the hallmark menopause symptom, and about one-third of them find them moderately to highly bothersome. Even though the majority of women will encounter.These typical symptoms frequently interact with one another, so sad women frequently have worse hot flashes and poorer sleep. Vaginal dryness and dyspareunia, which affect roughly one-third of the population, also become more prevalent when women enter the latter phases of the transition. Vaginal symptoms, in contrast to hot flashes, mood swings, and sleep problems, do not go away on their own. Hormone treatment is frequently used in clinical approaches to these issues, and it can be administered to the majority of perimenopausal women temporarily and safely. There are various behavioural and nonhormonal therapeutic approaches that can be used.

KEYWORDS: Mensural cycle, stages, menopause, premenopause, pathophysiology, symptoms, causes, treatment.

INTRODUCTION:

The regular passage of blood and mucosal tissue from the uterus' inner lining via the vagina is known as menstruation. Hormone fluctuations that occur during the menstrual cycle are distinctive. Falling progesterone levels cause menstruation, which is a sign that pregnancy has not yet taken place.

Menarche, the start of the first menstruation, often occurs between the ages of 12 and 15 Even at the age of 8, menstruation would still be regarded as natural. In general, the first period's average age is higher in the industrialised world and lower in the developing world. In young women, the usual interval between the first day of one period and the first day of the following is 21 to 45 days. In adults, the range is 21 to 31 days, with 28 days being the norm. Bleeding often lasts between two and seven days. Periods cease during pregnancy and normally don't start up again during the first several months of breastfeeding. During menopause, which typically occurs between the ages of 45 and 55, menstruation ceases to occur. Up to 80% of women report having no issues severe enough to interfere with everyday activities either during menstruation or in the days preceding menstruation. Premenstrual syndrome is the term for symptoms that do interfere with daily living prior to menstruation. 3 to 8% of women who have PMS endure severe symptoms, which affect 20 to 30% of women. Symptoms include mood swings, irritability, fatigue, sore breasts, and bloating.

There are various ways that menstruation has an impact on a woman's health. The sociocultural factor demonstrates the influence of

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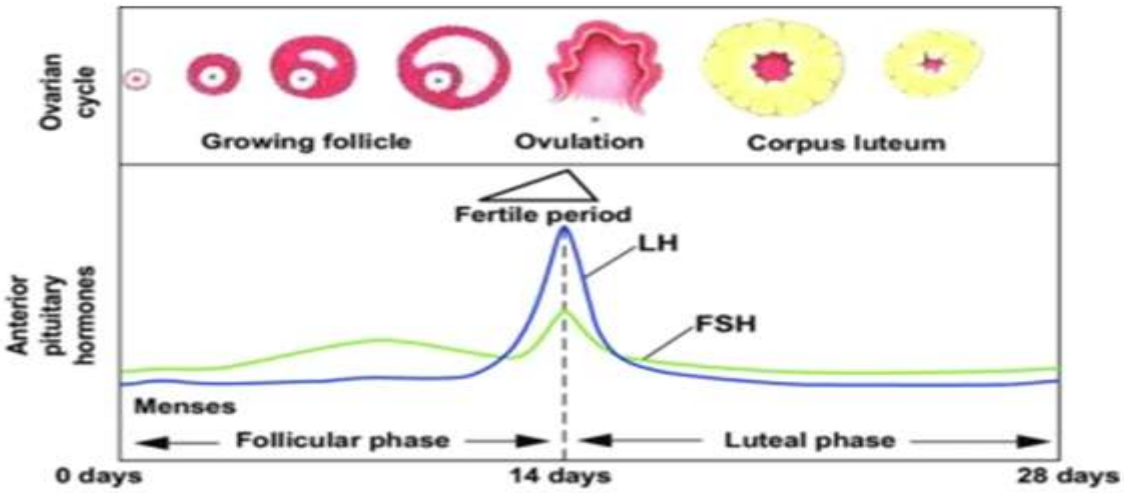
societal and cultural norms that govern how to treat women who are menstruating. At first look, most cultures are marked by the rejection, exile, and subordination of women.

Woman's menstrual cycle divided into four phases-

1. Menstrual phase
2.Follicular phase
3.Ovulation phase
4.Luteal phase

An egg develops and is discharged from the ovaries once per menstrual cycle. The uterus' lining thickens throughout time. The uterine lining sheds during a menstrual cycle if pregnancy does not occur.

The first phase of the menstrual cycle is the menstrual phase. You also receive your menstruation at that time.



When an egg from the previous cycle is not fertilised, this phase begins. since pregnancy hasn't occurred. Progesterone and oestrogen concentrations fall. Your uterus' thickened lining, which would normally support a pregnancy, no longer serves that purpose and sheds via your vagina. You expel a fluid that includes blood, mucus, and tissue during your period.

Menstrual cycle:

Menstrual phase:

The first phase of the menstrual cycle is known as the menstrual phase. You also receive your period then. When an egg from the previous cycle is not fertilised, this phase begins. Estrogen and progesterone levels fall since pregnancy has not yet occurred.

Your uterus' thicker lining, which would normally support a pregnancy, no longer serves a purpose and sheds via your vagina. Blood, mucus, and tissue are all expelled from the uterus during your period. Throughout the menstrual cycle, an egg grows and is discharged from the thinning accumulation. The uterine lining sheds during a menstrual cycle if there is no pregnancy. The cycle then restarts. You could be experiencing symptoms like:

- Mood swings
- Irritability
- Headaches
- Low back pain

On average, women are in the menstrual phase of their cycle for 3 to7 days.

Follicular phase:

The follicular phase begins on the first day of your period and ends when you ovulate (there is some overlap with the menstrual phase). Follicle stimulating hormone is first released by the pituitary gland in response to a signal from the hypothalamus. Your ovaries are stimulated by this hormone to create 5 to 20 little sacs known as follicles. Undeveloped eggs are found inside each follicle.

Eventually, only the healthiest egg will mature. The remaining follicles will eventually be reabsorbed by your body. A rise in oestrogen caused by the growing follicle thickens the lining of your uterus. An embryo can grow in a nutrient-rich environment as a result. normal follicular phase Trusted source is effective for roughly 16 days. It can range from 11 to 27 days, depending on your cycle.

Ovulation phase:

During the follicular phase, increasing oestrogen levels cause your pituitary gland to

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release luteinizing hormone. This is what triggers the ovalution process. Your ovary produces a mature egg during ovulation. The fallopian tube directs the egg towards the uterus, where the sperm will fertilise it. You can only become pregnant during the ovulation phase of your menstrual cycle.
If you experience any of the following symptoms, you may be ovulating:
1. slight rise in basal body temperature
2.thicker discharge that has the texture of egg whites.
Ovalution happens at around day 14 if you have a 28-day cycle right in the middle of your menstrual cycle. It lasts about 24 hours.After a day the egg will die or dissolve if it isn't fertilize

Luteal phase:

The follicle transforms into the corpus letum after releasing its egg. Progesterone and possibly oestrogen are the major hormones released by this structure. The increase in hormones keeps your uterine lining thick and prepared for the implantation of a fertilised egg. Your body will generate human chorionic gonadotropin if you become pregnant (HCG). The hormone that pregancy tests look for is this. It keeps the uterine lining thick and aids in maintaining the corpus luteum. The corpus luteum will shrink and resorb if you are not able to conceive. This results in lower oestrogen and progesterone levels, which trigger the start of your menstruation. Throughout your period, the uterine lining will shed. If you don't become pregnant during this phase, you may encounter premenstrual syndrome (PMS) symptoms.

1.. bloating
2.breast swelling, pain, or tenderness
3.mood changes
4.headache
5.weight gain
6.changes in sexual desire
The luteal phase lasts for 11 to 17 days. The average length Trusted source is 14 days.

MENOPAUSE:

A woman's natural fall in oestrogen levels as she enters her 40s or 50s. Women who reach the stage of life known as menopause permanently stop having periods.One year has passed since the last period, which is the indicator of menopause. The menopause is a crucial stage of reproductive ageing and health, having significant effects on the distribution of fat mass and neurodegeneration. Given this, it is likely that some of the biological changes associated with menopause play a role in the well-known increased risk of dementia in women, as well as the observed rise in cardiovascular disease, whose pattern resembles that of men's disease at older ages despite its lower prevalence at younger ages.

Symptom of menopause:

1. Irregular periods
2. Vaginal dryness
3. Hot flashes
4. Chills
5. Night sweats
6. Sleep problems
7. Mood changes
8. Weight gain and slowed metabolism
9. Thinning hair and dry skin

PREMENOPAUASE:

Premenopause refers to the entire reproductive cycle up until the last menstrual period, whereas menopause is the end of menstruation permanently. Ovaries are burning off during menopause. The primordial follicles become atretic after menopause, which prevents the ovaries from fully producing oestrogen. Estrogen receptors are found in the heart, vascular smooth muscles, and autonomic brainstem areas, suggesting that they may have a role in controlling the cardiovascular system.

Stages of premenopause:

1.Early stage- The early transition, is attained, the ovarian follicle cohort to a critical level and, usually, a woman will note her first missed menstrual period. Some women may also note that the variation in their menstrual cycle length exceeds 7 days. Either menstrual-based definition progress to the early transition. By this time, FSH is more consistently elevated and ovarian reserve measures, such as inhibit an ultrasound-measured antral follicle count, are now critically low. Because the follicle cohort is still relatively preserved at these early stages of the transition, the rise in FSH causes folliculogenesis to occur more rapidly, and the follicular phase of the menstrual cycle becomes shorter. Follicles grow more quickly, but appear to ovulate at a smaller size

2. Late stage-The late menopausal transition, menstrual cyclicity becomes highly irregular and menstrual periods are scarce. Circulating estrogen is more likely to be low during anovulatory cycles,

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and the long periods of amenorrhea are accompanied by a sharp increase in the prevalence of common menopausal symptoms. However, when a woman does have a menstrual cycle, it may be ovulatory, anovulatory with relatively high estrogen levels, or anovulatory with low estrogen levels. This stage is the speed bump of the menopausal transition For the average woman, the menstrual milestone of the early transition is age 47, the late transition occurs at age 49, and the FMP occurs at age 51.

PATHOPHYSIOLOGY:

Premenopause is characterised by irregular menstrual flow and includes the transition from ovatary cycles to the cessation of menstruation. The gradually more frequent incidence of irregular menstruation is the most sensitive clinical indicator of premenopause. Most ovulatory women have periods that last 24 to 35 days, and 20% of all women of reproductive age have irregular cycles. Anovulation becomes more common and the menstrual period lengthens in women in their 40s, starting several years before menopause. Premenopause typically begins at 47.5 years of age. Menopause, or the end of menstruation, is always preceded by a time of longer cycle intervals, regardless of the age at which it first occurs. Prior to menopause, this menstrual cycle alteration is marked by elevated circulating levels of FSH, which are also accompanied by decreased inhabit, normal levels of, and slightly elevated levels of estradiol. On days 2 or 3 of the menstrual cycle, the changes in blood hormone levels are most reliably indicative of a declining ovarian follicular reserve.

PSYCHOLOGICALBEHAVIORAL CHANGES OF PREMENOPAUSE:

1. Depression:

Depression is more prevalent during the transition to menopause and in the first few years following the last menstrual cycle. Doctors should routinely test women in this age range for depressive disorders or symptoms; if either is evident, depression treatment should be started. Antidepressants for mild to moderate symptoms, psychotherapy to address psychological and interpersonal issues, and hormone therapy for females with newly diagnosed major depressive disorder or heightened depressed symptoms who are at low risk for harmful effects are all potential treatments. Technically, a woman's menopause begins one day in her life, 12 months after her last menstruation. Women are then regarded as postmenopausal. Your reproductive hormones are shifting now, which can increase your risk of developing serious depression before that time.

2. Anxiety:

Menopausal symptoms are more severe in women who are more nervous. Sweating, restlessness, and sleep difficulties are a few of the symptoms of both menopause and anxiety that some people may find confusing. Yet, there is no link between the occurrence of anxiety disorders and menopausal hormonal changes. Several psychological factors may have a role in how anxiety develops in girls of moderate life. The State-Trait Anxiety Inventory (STAI) and the Three Factor Food Questionnaire were used to measure anxiety and eating behaviour, respectively (TEFQ-R18). Waist circumference and body mass index (BMI) were used to assess nutrition status (WC). Hormonal changes that occur during menopause can alter both psychological and physiological factors, including weight gain and presence anxiety, which may have an impact on eating habits. The goal of the study is to evaluate the relationship between nutritional status and eating behaviour in adult women.

3.Stress:

Stress has the potential to have a negative effect on our lives. Physical ailments like headaches, stomach problems, and sleep disruptions may result from it. Moreover, it can lead to mental and emotional stress, such as bewilderment, worry, and sadness. According to the American Psychological Association, stress that is ongoing and lasts for a long time can impair the immune system or raise blood pressure. A stressor and real stress are two different things. An individual, location, or circumstance that is stressing you out is known as a stressor. The real reaction to one or more of those stimuli is stress. Even small changes can have a big impact on your overall health and stress levels when it comes to stress management. Little levels of progesterone and oestrogen are produced by the adrenal glands during menopause, which partially replaces the ovaries' declining function. The body is very good at adjusting to the menopause transition, but when the adrenal glands are constantly pumping out stress hormones, they are unable to manufacture these female hormones effectively: the body will always choose survival over conception.

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4.Mood changes:

Estrogen levels fall during the menopause transition, resulting in a variety of alterations throughout the body. Menopausal mood fluctuations are directly linked to several of these changes. For instance, a decrease in oestrogen may have an impact on how the body regulates the neurotransmitters serotonin and norepinephrine, which have been linked to depression. Research on this connection, meanwhile, is still inconclusive. Decreased oestrogen levels are associated with irritation, exhaustion, stress, forgetfulness, anxiety, and trouble focusing. There may be more than one direct cause and effect relationship between sadness, rage, and anxiety and the influence of these shifting hormone levels. Changes in hormone levels could make these symptoms worse.

5.Sleep problem:

In comparison to premenopausal women in the late reproductive period, who had rates of 31%, midlife women transitioning into menopause and postmenopausal have prevalence rates of self-report sleep issues ranging from 40% to 56%. Despite significant variation in the assessment and definition of sleep difficulties and menopausal staging, as well as the number of covariates controlled, a recent meta-analysis of cross-sectional data from 24 studies revealed that there was a higher prevalence of sleep difficulties in association with the menopausal transition, even after controlling for age.

6.Irritability:

As they go through menopause, many women frequently feel irritation, anxiety, trouble concentrating, loss of energy, poor concentration, and mood swings. Yet by the menopause, everything is already there. Premenopause-related hormonal changes might result in mood swings, impatience, and melancholy as well as anxiety. Hot flushes, night sweats, and weight gain are just a few of the physical issues that changes in hormone levels can cause. These issues can also have an impact on mental health. A healthy lifestyle and fun self-care activities, together with relaxation and stress-reduction techniques like deep breathing exercises and massage, may all be beneficial.

SYMPTOMS OF PREMENOPAUSE:

Irregular periods: The interval between periods may be greater or shorter, your flow may be mild to strong, and you may skip some cycles as ovulation becomes more unpredictable. You might be in the early stages of perimenopause if the length of your menstrual cycle consistently changes by seven days or more. You are most likely in late perimenopause if it has been more than 60 days since your last menstruation.

Hot flashes and sleep problems: During the perimenopause, hot flashes are frequent. Varying are the frequency, length, and intensity. Hot flashes or night sweats are frequently the cause of sleep issues, although they can also cause inconsistent sleep at times.

Mood changes: Perimenopause may cause mood fluctuations, irritation, or an increased risk of depression. These symptoms may be brought on by hot flashes that interrupt sleep. The hormonal changes of perimenopause are not the only causes of mood disturbances.

Vaginal and bladder problems: Your vaginal tissues may become less elastic and lubricated when your oestrogen levels drop, making sexual activity painful. You may be more susceptible to vaginal or urinary infections if your oestrogen levels are low. Urinary incontinence may be exacerbated by tissue loss in tone.

Decreasing fertility: When your oestrogen levels fall, your vaginal tissues may become less elastic and lubricated, which can make sexual activity painful. If your levels of oestrogen are low, you can be more prone to vaginal or urinary infections. The tone loss of the tissues may make urinary incontinence worse.

Loss of bone: With declining estrogen levels, you start to lose bone more quickly than you replace it, increasing your risk of osteoporosis — a disease that causes fragile bones.

Changing cholesterol levels.: Your blood cholesterol levels could vary negatively as a result of declining oestrogen levels, including an increase in low-density lipoprotein (LDL), or "bad" cholesterol, which raises your risk of heart disease. In many women, as they age, high-density lipoprotein (HDL) cholesterol, or the "good" cholesterol, declines, which also raises the risk of heart disease

CAUSES OF PREMENOPAUSE:

1.Smoking: Smoking is an independent cause of cervical cancer, which is the 4th most common malignancy in women. It is currently not known if tobacco consumption causes chromosomal damage in cervical cells and if age and the hormonal status have an impact on tobacco induced genetic instability in the cervix.

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2.Cancer treatment: Treatment for cancer with chemotherapy or pelvic radiation therapy has been linked to early menopause. Breast cancer is the most common cancer among women worldwide and the obesity is one of the factors related to the risk of breast cancer mainly in postmenopausal women.

3.Family history: Women with a family history of early menopause may experience early menopause themselves.

4.Hysterectomy: A hysterectomy that removes your uterus, but not your ovaries, usually doesn't cause menopause. Although you no longer have periods, your ovaries still produce estrogen. But such surgery may cause menopause to occur earlier than average. Also, if you have one ovary removed, the remaining might stop working sooner that expected.

5.Osteoporosis: Most premenopausal women with low bone mineral density have a secondary cause of osteoporosis or bone loss. Where possible, treatment of the underlying cause should be the focus of management. Premenopausal women with an ongoing cause of bone loss and those who have had, or continue to have, low trauma fractures may require pharmacologic intervention.

TREATMENT OF PREMENOPAUSE:

Hormone therapy: The most effective treatment for reducing premenopausal and menopausal hot flashes and night sweats is still systemic oestrogen therapy, which can be administered as pills, skin patches, sprays, gels, or creams. Your doctor may suggest oestrogen in the lowest amount required to relieve your symptoms, depending on your personal and family medical history. You will require progestin in addition to oestrogen if your uterus is still present. The use of systemic oestrogen can stop bone loss.

Vaginal estrogen : The vagina can get oestrogen directly by a vaginal pill, ring, or cream. Only a tiny amount of oestrogen is released during this procedure, and it is absorbed by the vaginal tissue. Vaginal dryness, discomfort during sexual activity, and some urinary symptoms can all be helped by it.

Antidepressants: Menopausal hot flashes may be lessened by a subset of antidepressants known as selective serotonin reuptake inhibitors (SSRIs). Women who need an antidepressant for a mood problem or who are unable to take oestrogen may find relief from hot flashes with an antidepressant.

Gabapentin (Neurontin): Gabapentin has been demonstrated to help lessen hot flashes in addition to being approved to treat seizures. Women who suffer from migraines and are unable to take oestrogen therapy can benefit from this medication.

Vaginal creams: You can learn more about prescription and over-the-counter choices from your doctor. Therapy can improve vaginal dryness and reduce sex-related pain.Birth control pills: These drugs stabilise hormone levels and often alleviate symptoms.

COMPLICATION OF PREMENOPAUSE:

Irregular periods are a hallmark of premenopause. Most of the time this is normal and nothing to be concerned about.

- Bleeding is extremely heavy you're changing tampons or pads every hours or two for two more hours.
- Bleeding last longer than seven days
- Bleeding occurs between periods
- periods regularly occurs less than 21 days parts

DIAGNOSIS OF PREMENOPAUSE:

The perimenopause is a normal stage of ageing and a time of transition that might persist for several years. Because to these factors, perimenopause is often not identified unless its symptoms are extremely uncomfortable or disruptive.

Hormone testing may be suggested by your doctor if they believe that your symptoms are not being caused by perimenopause but rather by another ailment, such as a thyroid problem or hormonal imbalance. Your levels of oestrogen and other sex-related hormones can be checked with a hormone panel. This type of testing frequently reveals if you are in or approaching menopause. Your hormone levels may be tested by some doctors. Hormone testing, however, is rarely required or helpful to assess perimenopause other than to examine thyroid health, which might alter hormone levels. See a healthcare professional if you experience symptoms that interfere with your daily activities.

PREVENTION OF PREMENOPAUSE:

Eat a healthy diet:

Eating a well-balanced diet and maintaining a healthy weight is key to lowering your risk of heart disease, diabetes, and other chronic health conditions. You may find it takes more effort to maintain a healthy weight when you go through menopause.

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Exercise regularly:

Getting regular physical activity is important at any age, but it may offer extra perks during menopause. It can help you relieve hot flashes, regulate your mood, and manage your weight

Get enough sleep

Sleep patterns are a common symptom of menopause. Changes in your hormone levels can also leave you more fatigued than usual. That's why it's so important to practice good sleep habits so you can get enough high-quality sleep at night. The encourages adults to get 7 to 8 hours of sleep each night.

Maintain your bone strength:

Estrogen plays a key role in building new bone. As your estrogen levels drop during menopause, so can your bone density. In fact, bone density often drops at a fast rate during the first few years of menopause. As a result, your risk of bone fractures increases significantly.

Manage your blood pressure:

Risk of cardiovascular diseases, including high blood pressure, increases when your estrogen production declines during menopause. To monitor your blood pressure, get it checked regurlarly

DISEASESRELATED TO PREMENOPAUSE:

Uterine cancer:

The term "uterine cancer" refers to cancers of the uterus. Those who are born with the gender "female" (DFAB) have uteri as part of their reproductive system, including cisgender women and nonbinary people who have vagina. During pregnancy, this is where a baby develops and grows. Those who are born with the gender "female" (DFAB) have uteri as part of their reproductive system, including cisgender women and nonbinary people who have vagina. During pregnancy, this is where a baby develops and grows.Endometrial cancer, which is more prevalent, and uterine sarcoma are two of the cancers that can affect the uterus**.**

Endometrial cancer :develops in the endometrium, the inner lining of your uterus. It's one of the most common gynecologic cancers — cancers affecting your reproductive system.

Uterine sarcoma: develops in the myometrium, the muscle wall of your uterus. Uterine sarcomas are very rare.

Blood clots:

Throughout pregnancy and the first few weeks after giving birth, women are most at risk for blood clots. The danger is even greater for women who use birth control. It's difficult and unclear how hormones, menopause, and blood clots in women are related. It makes sense that many women worry about their risk of blood clots if they choose to use birth control, as well as about other perimenopause and menopausal symptoms. Blood clots develop when the blood stops or slows down. You may be more prone to getting a blood clot if something stops your blood from flowing. Examples of common factors that raise your risk of having a blood clot include genetics, a personal history of blood clots, immobility as a result of surgery, chronic illness, or even travel, as well as age, smoking, obesity, and hormones. Blood clots develop when the blood stops or slows down. You may be more prone to getting a blood clot if something stops your blood from flowing. Examples of common factors that raise your risk of having a blood clot include genetics, a personal history of blood clots, immobility as a result of surgery, chronic illness, or even travel, as well as age, smoking, obesity, and hormones.

Heart attack:

Everyone's chance of developing heart disease increases as they get older, but for women, symptoms may become more noticeable after menopause starts. Women should aim for at least 150 minutes of physical activity per week to help prevent heart disease, and 300 minutes or more per week for a significant weight loss programme, depending on individual needs. Women should also avoid unhealthy habits like smoking, which may hasten menopause, increase the risk of blood clots, decrease the flexibility of arteries, and lower the levels of HDL cholesterol. Exercises that employ larger muscles at low resistance, such as walking, cycling, dancing, or swimming, are ideal aerobic exercises.

Gallbladder disease:

The advent of novel exploratory tools and the revival of the notion emphasising the significance of anomalies in gallbladder motility in the development of gallstones have led to an upsurge in the research of gallbladder motor function. This essay examines the physiological, pharmacological, and pathological mechanisms that affect the gallbladder's emptying and the stasis it causes, as well as the morphological and functional

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underpinnings of gallbladder contraction. Analysis is done on the data gathered using various techniques to look at gallbladder motility and the effects of its motor dysfunction. Gallbladder emptying was noticeably delayed in postmenopausal women who had dyspepsia. The decrease in gallbladder emptying may be caused by some perimenopause-related factors. The pathophysiology of gallstones, which are significantly more common at this time, is definitely influenced by this.

Stroke:

The fourth largest cause of death and a significant contributor to disability is stroke. Age is a risk factor for stroke. Despite the fact that men have a greater overall age-adjusted stroke risk than women, women experience more strokes due to their longer life expectancy and very high stroke rates in the oldest age categories. Thus, 60% of all stroke incidents include women. Studies have repeatedly demonstrated that women experience worse functional results following a stroke than males, including higher levels of disability at the time of hospital release and higher levels of physical impairments and activity restrictions throughout the post-stroke recovery phase. The expected epidemic of stroke in women as the population ages makes discussion of topics relating to women's stroke vital.

LIFESTYLE AND HOME REMEDIES:

Ease vaginal discomfort. Use over-the-counter, water-based vaginal lubricants (Astroglide, K-Y Liquid, others) or moisturizers (Replens, VagisilProhydrate, others). Choose products that don't contain glycerin, which can cause burning or irritation in women who are sensitive to that chemical. Staying sexually active also helps by increasing blood flow to the vagina.

Eat healthy. Because your risk of osteoporosis and heart disease increases at this time, a healthy diet is more important than ever.Adopt a low-fat, high-fiber diet that's rich in fruits, vegetables and whole grains. Add calcium-rich foods. Avoid alcohol and caffeine if they seem to trigger hot flashes.

Be active. Regular exercise and physical activity helps prevent weight gain, improves your sleep and elevates your mood. Try to exercise for 30 minutes or more on most days of the week, although not right before bedtime. Regular exercise has been shown to reduce hip fracture risk in older women and to strengthen bone density.

Get enough sleep. Try to keep a consistent sleep schedule. Avoid caffeine, which can make it hard to get to sleep, and avoid drinking too much alcohol, which can interrupt sleep.

Practice stress-reduction techniques. Practiced regularly, stress-reduction techniques, such as meditation or yoga, can promote relaxation and good health throughout your lifetime, but they may be particularly helpful during the menopausal transition

ALTERNATIVE MEDICINES:

Eat healthy. Because your risk of osteoporosis and heart disease increases at this time, a healthy diet is more important than ever. Adopt a low-fat, high-fiber diet that's rich in fruits, vegetables and whole grains. Add calcium-rich foods. Avoid alcohol and caffeine if they seem to trigger hot flashes. Ask your doctor if you should also take a calcium supplement and if so, what type and how much also ask if you need more vitamin D, which helps your body absorb calcium.

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