



## **Perimenopause**

The perimenopause is the time period prior to natural cessation of menses. This time period usually starts in women in their mid to late forties and may last between 1 and 7 years. The main symptom of perimenopause is abnormal menstrual periods. Typically, the cycle length becomes shorter such as a 24-25 day cycle and the flow becomes lighter. Sometimes a period is skipped.

Occasionally women experience heavy or prolonged bleeding, or bleeding between periods. This type of bleeding may be due to fluctuating hormone levels, but it may indicate more serious problems that require evaluation. An ultrasound is usually performed searching for uterine fibroids (muscle tumors) and/or polyps in the uterine cavity. Sometimes saline is put in the endometrial cavity for better visualization. An endometrial biopsy, a minor office procedure, can detect cancer or precancerous tissue in the uterus. Hysteroscopy and Dilation and Curettage (D & C) may be required for diagnosis or treatment of abnormal bleeding.

Irregular cycles are usually due to anovulation (not releasing the ovum or egg from the ovary). Prior to perimenopause, with regular ovulation, cycles are usually 28 days from the start of one menses to the start of the next one. During the first 14 days of the cycle, the egg is developing in the ovary and estrogen is produced. On day 14, the egg is released from the ovarian follicle into the fallopian tube and progesterone is produced by the remaining follicle (corpus luteum). If the egg is not fertilized, the progesterone level decreases and a normal synchronized menses occurs. In perimenopause, the egg may not be released each month. When this happens, the ovary continues to produce unopposed estrogen. Also, if the egg is not released, progesterone is not produced, resulting in a “dyssynchronous” uterine lining. Irregular or prolonged bleeding may occur. Replacing progesterone in a cyclic manner can regulate the frequency and duration of anovulatory bleeding. Medroxyprogesterone from day 14-24 or Prometrium from day 14-28 are frequently prescribed.

Heavy periods may be treated medically or surgically. Medications that may help include low dose oral contraceptive pills, depo-provera, oral progesterone or the Mirena IUD. Surgical options include hysteroscopy/D&C, uterine ablation, or hysterectomy.

The treatment of perimenopausal symptoms depends on the severity and frequency. Perimenopause symptoms may include those of menopause related to changing estrogen levels. The symptoms are usually milder and intermittent. They include hot flashes, insomnia, mood swings irritability, memory lapses, vaginal dryness and decreased libido. Low amounts of estrogen replacement may decrease these symptoms. Pills, skin patches or vaginal pills or rings can be prescribed. If symptoms are mild, herbal preparations such as black cohosh or soy products may help in some cases.