



**Are You There, Margaret?
It's Me, Perimenopause**



KATE RAE

We're stumbling around in a brain fog, desperate for sleep, furious with our partners, covered in weird new moles and wondering just how much blood it's possible to lose before dying. Must we white-knuckle it for the next few years?

Book illustration by JEANNIE PHAN

I love invitations to sunny afternoon barbecues, and so last summer I happily prepped a salad I'd been wanting to try. I carefully sliced the napa cabbage, lovingly roasted the pistachios and was placing it all on a platter when my 11-year-old stepson looked at it skeptically and said, "I don't think anyone's going to eat that." Normally I would have mentally given him the finger and shrugged it off. Oh, but not that day. Mortally wounded, I stormed to my bed, where I spent the next four hours sobbing so hard I gave myself a migraine.

When my family came home from the barbecue (where people did, in fact, happily eat the salad, just FYI), my worried husband softly (and, let's agree here, oh-so-bravely) came into the room to see if I was okay. "I just...maybe we should...do you think it could be...can we maybe...is it possible that...."

"ARE YOU SUGGESTING I MIGHT BE GETTING MY PERIOD?!" I, well, *sarled* is the only word I can use here. I checked my Clue app just to prove him wrong, and... huh, what do you know.... Overnight, my usually mild PMS crabbiness had taken things up a notch, turning into something bigger. With claws. And I felt a sudden need to resurrect arguments from years ago. P.S., Why the hell is there a backpack in the middle of the hall? So this is 47?

Well, welcome to f-cking perimenopause, a.k.a. perif-ckingmenopause. It's not a syndrome or an illness. It's the stage of life leading up to menopause, which only officially happens once you've gone a full year without a period—the North American average is age 51—unless it's caused by surgical removal of the ovaries.

Basically, in the buildup to "The Change" (as our grandmothers quietly called it), our ovaries are going out of business and firing all their employees, and they're not going gracefully, taking down your sleep, your moods, your sex life and your skin as they storm out of the building. And BTW, it can all start in your 30s and last up to a decade. But while our grandmothers had to just grit their teeth and suck it up, propriety is now thankfully out the window, and we can actually talk about what the hell is happening to us.

Okay, so what is going on? Our two main hormones—estrogen and progesterone—made their dramatic entrance when we hit puberty, and now the old ovary factory where they're made is winding things down, so all that hormonal upheaval you went through during your early teens is happening again, in reverse. Only now, instead of worrying about math class and sorting your scented pens, you've got adult stressors, including aging parents, a demanding career and maybe even hormonal teens of your own. Sure, some women's estrogen and progesterone elegantly and gradually slip away, holding hands like sleeping otters. Then there are the rest of us, whose hormones crash and dip and swoop like a couple of fighting rabid bats. (Experts don't know why some women have an easier time of it, though lifestyle may play a role.)

With its perplexing symptoms and unbearably long timeline, perimenopause is the most complex life stage we'll go through, says JoAnn Pinkerton, an ob-gyn in Charlottesville, Virginia, and the executive director of the North American Menopause Society, a non-profit that provides resources to health-care professionals and women. Estimates have 80 percent of us experiencing insomnia; 70 percent, irritability; and 20 percent, depression (and yeah, obviously you can have more than one symptom at a time). That's a lot of us going through a rough time. But on a positive note: There's a truckload of help out there.

Periods on the loose Feeling like your periods are a bit boring? Great news! Sure, during perimenopause, your periods can get lighter and less frequent, but they can suddenly go rogue and last for 12 days and come every 13 days—and they can get heavy. Like really, really heavy.

For 47-year-old Jane, who works in publishing in Toronto, they became set-an-alarm-for-every-hour-in-the-night heavy, walk-down-the-street-and-feel-like-your-water-burst heavy. (The medical term for these superperiods is menorrhagia, which means your flow is 80 millilitres, or 16 soaked pads or tampons per period. An average flow is 30 millilitres, or two tablespoons.) An ultrasound revealed Jane had a polyp (which are more likely to develop in your 40s and 50s), and once that was removed, things calmed down

a bit. But still, she says, "I have to plan long drives, vacations and cottage visits according to my period schedule—sleeping on someone else's white sheets while I'm menstruating is out of the question."

For menorrhagia that occurs during perimenopause, we can mostly thank a hormone imbalance, namely low progesterone. It is estrogen's designated driver, the friend who steps in when things are getting out of hand. But as progesterone naturally declines in perimenopause, estrogen can get unruly. One of progesterone's jobs is to keep tabs on our uterine lining—without progesterone that lining will thicken and grow unabated throughout the month.

If you're a candidate for the pill, it might be a good option—the added progestin (a synthetic form of progesterone) will help even out your periods. Hormonal IUDs like Mirena or Jaydess that deliver progestin and suppress ovulation are a possibility too, although Pinkerton cautions that some women experience an adjustment period that can involve spotting and cramps for a few months. A bonus with both options is that birth control is taken off your to-do list. (You can still get pregnant when you're in peri.) If your uterus is wreaking havoc, make sure to discuss next steps with your doctor. You also want to keep an eye on your iron levels and supplement if needed.

Premenstrual moodiness—or, perhaps one should keep one's thoughts on salad to oneself

"I call these our superfeeling times," says Agnes Wainman, a registered psychologist in London, Ont. That's a very nice way to describe the emotional train wreck PMS can bring on. She recommends tracking your moods and cycles using an app. Once you get a sense of when your superfeeling times are, plan accordingly and clear the decks as much as possible. "Now is not the time to overschedule or have difficult conversations or try to solve big problems," says Wainman. No confronting your mother-in-law over a perceived slight or talking to your co-worker about his throat clearing. And take a break from social media if you need to. "The last thing you need is to see someone making star-shaped sandwiches for her kids before heading to the gym with the #boss lady hashtag," she says.

When it comes to getting support from trusted friends, a doctor or a therapist,



TIPS FROM A...

PERSONAL TRAINER

A lot of Amanda Thebe's clients complained of fatigue. And then she too was blindsided by perimenopausal symptoms. She found that working out (and getting hormone replacement therapy) helped her.

Get strong

It's normal to lose muscle mass as we age, so let's pack it on. It helps with everything from improving cardiovascular and bone health to reducing the frequency of hot flashes. "Pick up a weight that challenges you, and do squats and lift them overhead."

But actually do it

"I'm talking 10 minutes a day," Thebe says. Look for a class at your gym or on YouTube that uses words like "strength training" or "functional movement" (to make sure your form is correct).

Stop being mean to yourself

"I can't believe the way I hear women talk about themselves," she says. "It's horrible! Be kind, take care of yourself. Try yoga, start meditating. Do things you love and get support."



TIPS FROM A...

REGISTERED DIETITIAN

Kristyn Hall sees a lot of fortysomething women in her Calgary practice with the same complaints: "My clothes don't fit, and I'm exhausted."

Watch for triggers

A lot of the things we reach for in times of stress may be exacerbating perimenopausal symptoms. "Alcohol can worsen hot flashes, coffee can make you more jittery and processed carbs can make you feel more sluggish."

Clean house

Get lots of fibre (both soluble and insoluble). It helps your gut feel great and it also cuts down on uncomfortable bloating.

Refuel

Help your body build crucial muscle mass by incorporating protein throughout your day. Look for foods high in phytonutrients, calcium, magnesium and vitamin D—critical nutrients our bodies need.

don't wait until you've hit the wall. "Recognize when you're running head-first toward it and reach out," she says.

Treatment options are individualized and can include talk therapy, anti-depressants and hormonal replacement therapy (HRT). It's crucial to track to see if your symptoms are worsening, too. It could be that your PMS has become PMDD (premenstrual dysphoric disorder), a rare and severe form of PMS that can affect your ability to work or care for your children. "PMDD can be very complex and requires an attentive doctor," says Pinkerton.

Many women in perimenopause also experience the dreaded brain fog (I originally wrote "brian fog" here, and I leave that for you as supporting evidence). For all of us who laughed at our moms for putting their keys in the freezer, well, who's laughing now?

Wait, so now I can't sleep, either?

Swoopy hormone levels, increased anxiety and occasional night sweats can mean sleep gets tricky during perimenopause, too. "I'll wake up in the night and start thinking about something not important, and it's like a skipping record I can't move past," is how Alex, 49, describes most of her time in bed. "I'm just ruminating all night and a foggy mess the next day." A visit to her doctor yielded a prescription for Ativan, which she takes when she needs a solid night's sleep, because, as we all know, insomnia exacerbates every other problem we're having. "If sleep isn't going well, nothing is going well," says Wainman. (I call my own restless nights "skin-strippingly bad," leaving me to tackle the next day without any armour.)

"A lack of sleep leads to a lack of ability to cope," agrees Pinkerton, who suggests examining your sleep hygiene. (You're not still looking at your phone in bed, are you?) "I tend to encourage women to avoid sleep aids, which can be addictive, though you and your doctor may decide their benefits outweigh the risks," she says.

Did I accidentally line my vagina with cotton balls?

At 56, Karen is just now learning about perimenopause, and the upheaval of her 40s is finally making a lot more sense. "I honestly just thought I was going crazy." Her marriage ended in that time, and one of the contributing factors was a sharp plunge in her libido, brought on partly by

vaginal dryness and the ensuing painful sex. "I had no idea what was going on or why. I considered lube, but a friend told me that was 'just for porn stars.'"

The good news is that intervention for dryness (which can be caused by low estrogen levels) is pretty simple—vitamin E oil can help, or you can use an over-the-counter vaginal moisturizer (look for Replens or Zestica). And if you feel up to having intercourse or using toys, please do reach for the lube. (Karen's new boyfriend just casually showed up with a bottle early in their relationship. Her one-word review: "Whoa.") There are two main types—water-based, which are safe to use with toys and condoms but can dry out quickly, and silicone-based, which stay slippery longer but will damage any silicone toys. If you're prone to yeast infections, look for one that's glycerine-free.

On an emotional level, losing your natural ability to lubricate may come with some complicated feelings, too. "You—and your partner—might worry that you're no longer attracted to them or that sex is never going to be pleasurable again," says Wainman. "Remember, though, that lubrication isn't the only way to tell if you're turned on and means nothing about the quality of the sex—or of your body." Keep communicating with your partner about what's going on for you and what you need. "It's not just one conversation," she says.

Less natural lubricant can be a sign of thinning vaginal walls and skin, and it can affect more than your sex life—it can cause discomfort and itching, and the skin can tear more easily, making you susceptible to infections. It's all part of what's called the genitourinary syndrome of menopause, which includes vaginal and bladder symptoms. "There are many therapies to help, including locally applied estrogen creams," says Pinkerton. "But if women don't tell their provider about their symptoms and providers don't ask—which is common—then the vaginal problems worsen." As awkward as it might feel, it's up to you to start the discussion.

Oh, yes, a huge breakout is exactly what I need right now, thanks

For Sarah, 47, perimenopause is going after her skin. "I really love it when a pimple crops up, like right in the middle of a frown line. My daughter said, 'Mom, the



MYTH VS. FACT: GETTING TESTED AND TREATED

"You should get your hormones tested" is what everyone blithely suggests when you start experiencing symptoms of perimenopause. Unfortunately, doing so isn't always so simple. "Hormones fluctuate rapidly, so it's really hard to get a read on what's going on through blood tests," says Jennifer Blake, an ob-gyn and CEO of

the Society of Obstetricians and Gynaecologists of Canada (SOGC). As for expensive salivary tests, she isn't a fan. While both offer a snapshot of what's happening on a specific day, it's crucial to pan out and understand what's taking place throughout the month. Be as upfront as possible with your doctor about your symptoms and keep

a journal to track how they change. Your doctor may recommend hormone replacement therapy (HRT), which means just that—giving your body a little extra help to return what it's lost. It comes in many forms (patches, pills, creams), and your doctor can help you find the right one. If you're researching HRT, you'll probably hear a lot about bioidentical hormones

(a.k.a. hormone preparations that have been synthesized to be identical to human hormones). Many have been approved by Health Canada. The SOGC and the North American Menopause Society urge extreme caution when it comes to custom compounded products, however, as their strength and purity are not well regulated.

pimples make you look like a teenager, so at least there's that?"

Add a newly sprung chin hair to that wrinkle and pimple party, and you've got the perimenopausal trifecta, says Julia Carroll, a Toronto dermatologist. "Hormonal acne classically presents as a 'beard' of acne on your jawline, chin and neck, plus life just kind of catches up to our skin at this time."

One option for tackling acne and wrinkles at the same time is retinol, made from vitamin A. "It can cause some peeling, so you want to make sure you're using the right formulation for your skin," says Carroll. Your dermatologist can help you find the correct one, or try a non-prescription option, available in formulations ranging from 0.25% to 1%.

Carroll also recommends spironolactone, a prescription oral medication, which works by blocking some hormones—specifically androgens, which can surge at this time—that cause acne. It's used in higher doses to lower blood pressure, which can be a bonus for your heart health but means you should be monitored by a doctor while you're taking it. It might take a few months to see a difference.

You may have also noticed an increase in skin tags, as well as some waxy, stuck-on bumps called seborrheic keratoses. They most commonly crop up on areas that don't see the sun, like under your breasts or arms and on your trunk. "It's

so ingrained in us to see our doctor if we get new moles, which is totally important," Carroll says. "The good news is that these ones are harmless. We can always remove them, but they'll probably come back."

We're going to get through this

When it feels like life is collapsing, it's always a good idea to go back to the cornerstones of our health: sleep, food, exercise and stress. Tweaking all of those has helped me. I've gotten more on top of my sleep thanks to a weighted blanket and melatonin. I've cut down on sugar because it's been making me feel weird. I adopted a smiley dog who wags her tail every time I walk into the room and gets me walking. I started taking different classes—pottery to get me out of my head; stand-up to make me laugh again. And there have been a lot of conversations with my husband and kids about emotional labour and how I need to feel taken care of—especially during my superfeeling times. I'm not at the HRT stage yet, but I have zero qualms about talking to my doctor if and when things start getting tricky again.

Transitions are, by nature, incredibly uncomfortable. And this is a big one. We all have to keep talking and sharing information as we move along the conveyor belt. Just as we'd check in with a new mom to see how she's faring, let's make sure to keep tabs on one another at this tricky stage, too. ☺

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