

- Try to find the lowest dose of HRT that will give you relief from menopause symptoms while not flaring up your endo symptoms.
- You can use lower doses by choosing creams, gels, or patches. These are absorbed through the skin or vaginal tissues. They avoid the higher doses needed when taking oral estrogen, which must first pass through and be broken down by the liver.
- Some physicians advise women to use HRT for only two or three years as their bodies adjust to the new hormonal state. If you are in surgical menopause, most experts agree you probably need HRT until the time of natural menopause because of the greater risks of osteoporosis, heart disease, and other health problems.
- Ask about testosterone to help protect against osteoporosis, for an increased sense of well-being, and to boost your sex drive and energy levels, if needed.
- Closely listen to your body and speak with your doctor if you think your endo symptoms are worsening or returning.

Look after your health

Menopause may bring a grateful end to your problems with endo, but women with endo face higher risks for certain cancers (ovarian, breast, melanoma, and non-Hodgkin's lymphoma) and autoimmune diseases, such as fibromyalgia, thyroid disease, lupus, and others. It's important to continue to look after your health throughout your life. Learn as much as you can about how to stay healthy and fit, how to protect your immune system, bones, and heart as you age, and how to identify health problems in their early stages.

Talk to other women

We need to learn more about the experience of women with endo as they reach and move beyond menopause. Let the Endometriosis Association know about your experiences. Talk with other women. Each of us is unique, but together our stories can make a difference.

The Endometriosis Association is a nonprofit organization that exists to provide education and support to women and girls suffering from endometriosis and to conduct research to identify a cause and cure for the disease. We need your support to continue this important work. Please consider making a tax deductible contribution today.

For more information on endometriosis and menopause, see *Endometriosis: The Complete Reference for Taking Charge of Your Health*. Contact the Endometriosis Association or your local or online bookstore to get a copy.



Contact the Endometriosis Association today:
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Endometriosis & Menopause



You may be one of the many women with endometriosis who looks forward to reaching menopause – the time when your hormones change and your period stops. Your doctor may have told you that endo, as it is called for short, “dies out” after menopause.

The good news is that this seems true for some women with endo although research on endo and menopause is very limited. You may find that menopause brings relief from the pain you've experienced during your cycle or with sexual activity. Other endo symptoms may also ease up.

Endometriosis: a hormonal and immune system disease where tissue like that inside the uterus grows in other areas of the body

Perimenopause: the time around menopause, which can be a few years before and a year after menopause.

Natural menopause: measured as one year since your last period

Surgical menopause: menopause brought on suddenly when the ovaries are removed

Does reaching natural menopause *always* mean an end to symptoms of endo?

No, unfortunately, it does not. Some women continue to experience endo symptoms as they approach natural menopause and move into their postmenopausal years. Since endo is a disease that affects the digestive and immune systems, as well as the reproductive system, you may find that you still experience problems or even develop new problems with your bowels or with your immune system, like asthma or allergies.

What does research tell us about endo and menopause?

Few research studies have been done on endo in perimenopause and after menopause so we don't know enough yet about how endo behaves during these stages of life.

We do know that endo tissue depends on the hormone estrogen to grow. When you reach natural menopause, your ovaries produce less estrogen, so you may well feel a calming or stopping of endo symptoms.

Other tissues in the body, however, still produce estrogen and our environment and bodies contain hormone-like chemicals (such as dioxins and PCBs). These may cause further endo symptoms.

As well, some women appear to be more sensitive to the effects of estrogen than others. This includes estrogen produced within the body and estrogen taken into the body through hormone replacement therapy (HRT), herbal treatments, the environment, chemicals, or even certain foods.

Will surgical menopause “cure” endo?

Having your ovaries removed – which puts you in *surgical menopause* – does not always stop endo symptoms. As with natural menopause, some women still experience pelvic pain or other health problems. These problems may be worse if you use estrogen alone to replace the hormones lost when your ovaries are removed.

Talk to your doctor about the possibility of balancing the estrogen with other hormones – progesterone (or progestin) and testosterone. You can read more about surgical menopause in the Endometriosis Association's newest book, *Endometriosis: The Complete Reference for Taking Charge of Your Health* (published in fall 2003), or its second book, *The Endometriosis Sourcebook*. Both are available from the Association or your local or online bookstore.

Signs and symptoms that may mean a return of endo

If you notice any of the following signs or symptoms, or have other health problems that concern you, seek medical advice. Be aware that some of these are common with endo but may also be caused by other health problems.

- **pain in your abdomen or pelvic area** – the most common endo symptom in postmenopausal women with a history of endo
- **gastrointestinal or urinary symptoms** – bloating, cramping, diarrhea, constipation, rectal pain or bleeding, painful or frequent urination, or blood in the urine
- **bowel obstruction or complete urinary retention** (not being able to urinate) – get *immediate* medical help; symptoms of bowel obstruction may include vomiting, cramping pain, diarrhea, a rigid and tender abdomen, and distention of the abdomen, depending on where the blockage is and what is causing it.

What should I do if I have endo symptoms after menopause?

If you do experience endo symptoms that concern you, or if you develop new health problems, *don't assume it can't be endo*. Seek medical advice.

Be aware that there is little information in the medical literature about treating endo in perimenopause and after menopause. Look for a doctor who has extensive experience treating women with endo in their younger years. Ask if he or she has also treated menopausal women for endo problems. A good doctor will listen carefully and work with you to design a treatment plan based on your needs and preferences.

Contact the Endometriosis Association for help in finding experienced endo doctors.

What can I expect to experience as my hormone levels change?

Each woman experiences perimenopause and

menopause in a unique way. Some women, whether or not they have endo, experience hot flashes, night sweats, vaginal dryness, bladder control problems, mood swings, anxiety, depression, forgetfulness, or decreased sex drive during this time. You may decide you can live with some of these symptoms until your body adjusts to its new hormone levels.

How can I deal with bothersome symptoms of menopause?

If these symptoms do concern you or are too uncomfortable, there are steps you can take to reduce them. You can explore herbal or botanical treatments, diet changes, exercise programs, acupuncture, and traditional Chinese medicine, to name a few. Many of these approaches will not cause a flare-up of endo symptoms, but we need to learn more about how some treatments, such as herbal/botanical therapies, affect women with endo. Speak to your doctor, or consult a naturopath or environmental medicine doctor for guidance.

Should women with endo use hormone replacement therapy?

Your doctor may offer HRT to treat bothersome menopause symptoms such as severe hot flashes or vaginal dryness or due to concerns about long-term health problems such as osteoporosis. Results from recent studies have called into question the widespread prescribing of these therapies in natural menopause because of possible long-term health problems that may develop. It's important to know that these studies involved healthy women, not women with endo. We simply don't know yet what long-term effects these therapies have on women with endo. Some women have felt a worsening or a return of their endo symptoms when using HRT, especially when using estrogen alone.

If you decide to use HRT:

- Ask your doctor about bioidentical hormones (hormones that are chemically identical to those produced in your body) to see if they may be an option for you.