



*The Unmentionables of Menopause*  
*Straight talk about women's health and aging*  
*~ Dr. Briana Sinatra, ND*

# Menopause

- ▶ The Menopausal timeframe accounts for 1/3-1/2 of the life span of most North American women
- ▶ So ladies, if there are uncomfortable symptoms that are distressing us and affecting our enjoyment and ability to thrive in this time in our lives
- ▶ We gotta talk about it and figure this stuff out!

# Topics

- Urinary Incontinence
- Vaginal dryness/atrophy
- Low Libido
- Abdominal weight gain, “stubborn belly fat”

These ‘unmentionable’ symptoms start to occur in the peri-menopausal years and really set in in the menopausal years of life. You may not be doing anything differently but along with the more widely discussed symptoms of hot flashes, night sweats these ‘unmentionables’ may occur which can be distressing, embarrassing, and may be harder to discuss with your health provider to ask for help .

# take aways from today

- 1) To feel like you are not alone and you are not doing anything "wrong"
- 2) be informed about your body and how it is different in menopause
- 3) feel empowered to self advocate with your health care provider to ask for help and get some relief
- 4) Place to ask questions - Q & A

# Urinary Incontinence

- ▶ = leaking of a small or large amount of urine without voluntary control

**If this is something you experience, you are not alone!**

- ▶ It is estimated that nearly 50% of adult women experience urinary incontinence, BUT only 25-61% seek care

Reasons:

- ▶ embarrassment
- ▶ lack of knowledge about treatment options
- ▶ fear of surgery

# Symptoms can impact

- ▶ Quality of life

Associated with: depression, anxiety, work impairment, social isolation

- ▶ Sexual dysfunction

coital incontinence can affect up to 1/3 of all incontinent individuals and fear of incontinence during sexual activity both contribute

- ▶ Perineal infections (candida from moisture, irritation)

- ▶ Falls and fractures

# Risk factors

- ▶ increased body weight
- ▶ parity (# of pregnancies) and mode of delivery (eg. vaginal delivery - interventions)
- ▶ lifestyle factors - smoking, caffeine
- ▶ other health conditions - diabetes, stroke, depression, dementia, cognitive impairment, MS, stroke
- ▶ radiation
- ▶ GU surgeries (hysterectomy)
- ▶ Age - MENOPAUSE!

A new term introduced in 2014 by the International Society for the Study of Women's Sexual Health and the North American Menopause Society

# Genitourinary Syndrome of Menopause (GSM)

Encompasses all of the atrophic symptoms women have in the vulvovaginal and bladder-urethral areas from loss of estrogen that occurs with menopause

# Genitourinary tissue changes in menopause

- ▶ urinary tract and genital tract have the same embryonic origin and both contain estrogen receptors
- ▶ estrogen helps to keep tissues plump and moist
- ▶ low levels of estrogen cause atrophy (thinning & breakdown) of tissue in and around the urethra and vagina
  - ▶ inflammation of urethral and vulvovaginal tissue → irritation
    - ▶ Symptoms of: dryness, burning, pain with intercourse, urinary frequency, urgency, increase in UTIs

## **Urethral tissue:**

- ▶ diminishes urethral mucosal seal
- ▶ loss of compliance - the volume and pressure a bladder can withstand
- ▶ muscles start to deteriorate and weaken, esp pelvic floor muscles that support the bladder and urethral tube

## **vaginal tissue:**

- ▶ tissue becomes less elastic
- ▶ decrease in secretions
- ▶ increase in vaginal pH (less protection against harmful organisms) - increase in candida & bacterial vaginosis

# Types of Urinary Incontinence

- ▶ **Stress incontinence:** leakage of urine when pressure is put on the bladder eg. during exercise, coughing, sneezing, laughing, lifting or high impact activities (jumping, running)
- ▶ **Overactive bladder/Urge Incontinence:** urinary urgency with or without incontinence, which is often accompanied by nocturia and urinary frequency
  - ▶ muscle in the bladder known as the detrusor contracts more often than normal
- ▶ **Mixed Type**

# Treatments

## Lifestyle modifications:

- ▶ weight loss - >70% improvement in obese women after intervention
- ▶ dietary changes - reduce alcohol, caffeinated and carbonated beverages; reduce excess (>64oz) liquids; nocturia - eliminate after dinner

## Exercises

- ▶ Pelvic floor exercises (Kegels) - strengthen muscles to provide backbone for the urethra to compress on and reflexively inhibit detrusor contractions - 3 sets of 8-10 contractions, sustained 8-10 sec 3x/day for 15-20 weeks
- ▶ 1:1 Pelvic Physio Therapist care - internal evaluation and feedback with practitioner or be with biofeedback machine
- ▶ vaginal weighted cones or yoni eggs
- ▶ bladder training - timed voiding (more for urgency)

## Other Treatments:

- ▶ acupuncture - Electro-stimulation
- ▶ Botox to the detrusor muscle (urgency - risk of urinary retention)
- ▶ Internal devices- urethral plug (solid tube) or pessaries (stiff ring - fitted by gynecologist or urologist) and inserted in to vagina, helpful for prolapse and to pinch the urethra - inserted before activity to prevent leakage (stress incontinence)
- ▶ medication - bladder relaxants (urge incontinence)
- ▶ Surgery

# Treatments for Genitourinary Syndrome of Menopause

- ▶ symptoms of - urinary frequency & urgency, recurrent bladder infections, dryness, burning, painful intercourse

## Non Hormonal Treatments

- ▶ Personal moisturizers and lubricants - pH balanced, paraben free, homeopathics
- ▶ vitamin E vaginal suppositories
- ▶ oral and vaginal probiotics
- ▶ Vaginal Tissue Rejuvenation Therapies
  - ▶ laser - MonaLisa Touch laser therapy
  - ▶ platelet rich plasma (PRP )

## Hormonal Treatments

- ▶ Vaginal Estrogen - improves urinary frequency and urgency & frequent UTIs, urinary incontinence typically requires additional modes of treatment
  - ▶ Pharmaceutical Estradiol options - Vagifem (insert), Estrin (low-dose ring)
  - ▶ Compounded Estriol (E3) by a compounding pharmacy - cream or mini insert suppositories
- ▶ Balancing hormones with systemic Bio-Identical Hormone Replacement Therapy (BHRT) - for this and other menopausal symptoms when indicated and desired

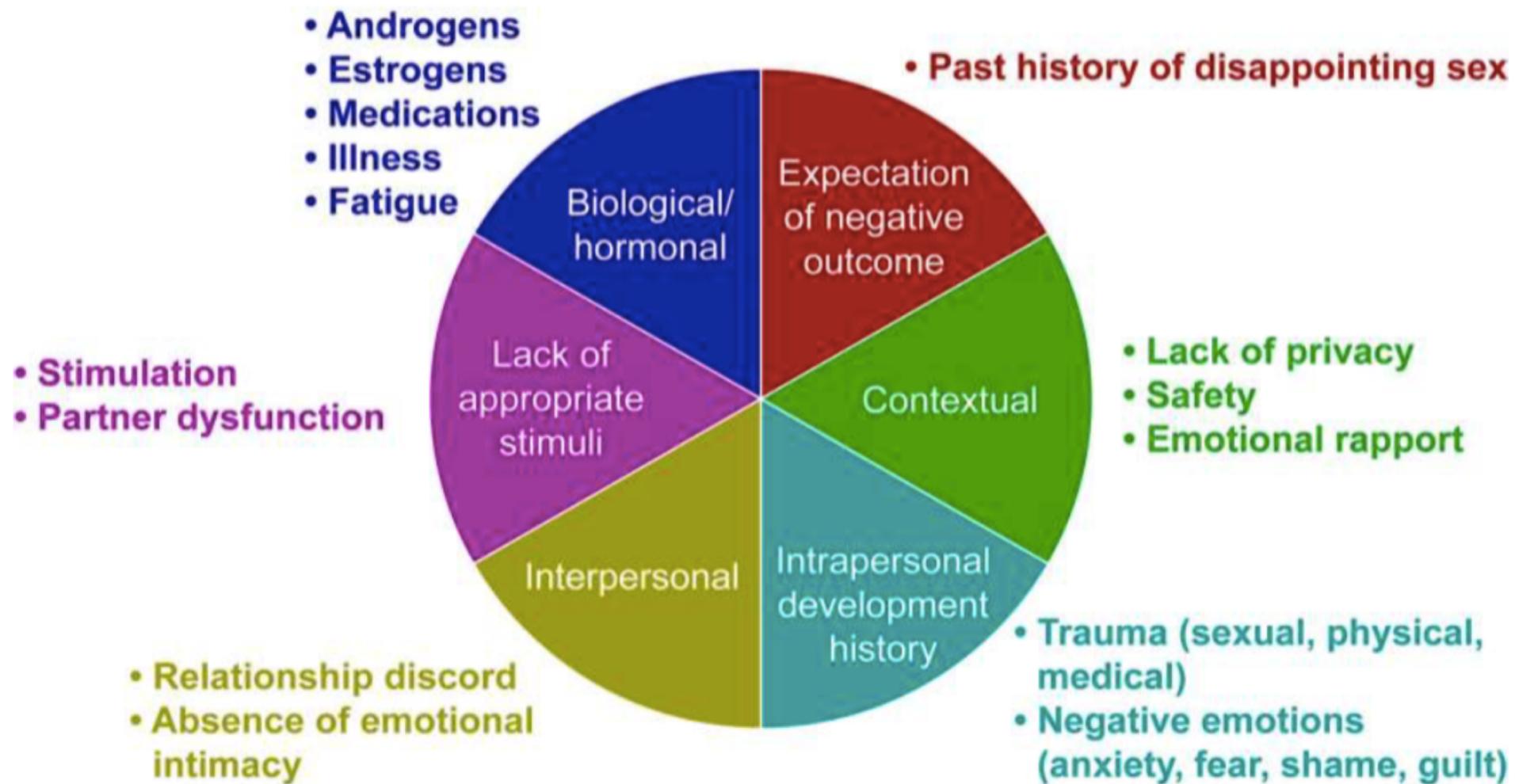
# Libido loss

- ▶ In USA, 40% of women have sexual concerns and 12% report distressing sexual problems
- ▶ different forms:
  - lack of sexual desire
  - impaired arousal
  - inability to achieve orgasm
  - pain with sexual activity
  - often a COMBINATION!

# Men vs Women

- ▶ men are more visual where as with women, there are many factors that affect arousal and desire
- ▶ for men with low libido or erectile dysfunction - VIAGRA - increases blood flow to the penis - voila!

# Components of a midlife women's sexual interest/function



Basson R J *Sex Marital Ther* 2001;27:33-43; Dennerstein L *Climacteric* 1999;2:254-62



**The menopausal transition brings a new focus and purpose  
(after loosing our reproductive ability)**

**Can we focus on what is gained instead of what is lost?**

**A society obsessed with youth and anti-aging**

**At this stage, what new things do we want to contribute or  
'birth' in to this world?**

**How do we as women want to choose to experience and value  
this chapter of our lives?**

**Challenges of a society that doesn't honor our elders**



- similar patterns in prevalence of sexual problems in lesbians

# Treatment

## DESIRE

- ▶ rule out medication SE - antidepressants may lower sex drive
- ▶ physical and psychological well being
  - ▶ focus on women's health and lifestyle changes
  - ▶ reduce fatigue and stress - if you are fatigued and stressed your body will not prioritize your libido and an act of procreation. It will prioritize you - so you need to too!
    - ▶ rest, yoga, meditation, things you love to do...
    - ▶ support adrenals - adaptogenic herbs: rhodiola, ashwagandha, ginseng, holy basil
    - ▶ adrenal, hormonal balancing, libido boost - MACA, tribulus
    - ▶ libido boost: damiana, shatavari - from an Indian word meaning "a woman who has a hundred husbands"
- ▶ health of the relationship - resolve conflict, changes in relationship dynamic, possible empty nest and new roles
- ▶ sex therapy - improving communications, exercises, seeing it as a relationship problem and not as "her problem"
- ▶ Oxytocin (compounded oral troche) - "feel good hormone" - released in orgasm and nursing - can increase affection, connection and desire

## **DECREASED AROUSAL OR ORGASM**

- ▶ Increase blood flow to the area
  - ▶ hot bath with epsom or magnesium salts
  - ▶ personal care device -- Fiera - gentle suction and stimulation - increased desire and arousal
  - ▶ compounded creams - 'Scream Cream' - vasodilators
  - ▶ O-shots - 'orgasm shot' - PRP to increase sex drive and orgasms

## **PAIN AND DISCOMFORT**

- ▶ all therapies that improve vaginal atrophy (GSM) - lubrication, vitamin E, Estriol
- ▶ topical testosterone cream - can improve vaginal dryness and is more specific for libido, can be applied before intercourse

**BIO-IDENTICAL HORMONE THERAPY** - balancing DHEA, Estrogen, Progesterone and Testosterone

# Weight gain & “belly fat”

- ▶ what worked pre-menopausally to manage weight doesn't work as well
- ▶ extra pounds start to creep on and even if total weight doesn't increase, fat distribution can change and an increase in ‘stubborn’ belly fat can occur
- ▶ ‘stubborn’ because trying what used to work - eating less or exercising more - may not work and may make things worse

# Menopausal Metabolism

## menopausal metabolism is different:

- ▶ slows down
- ▶ more carb sensitive (due to insulin)
- ▶ more stress reactive (due to cortisol)

## As Estrogen and Progesterone decrease:

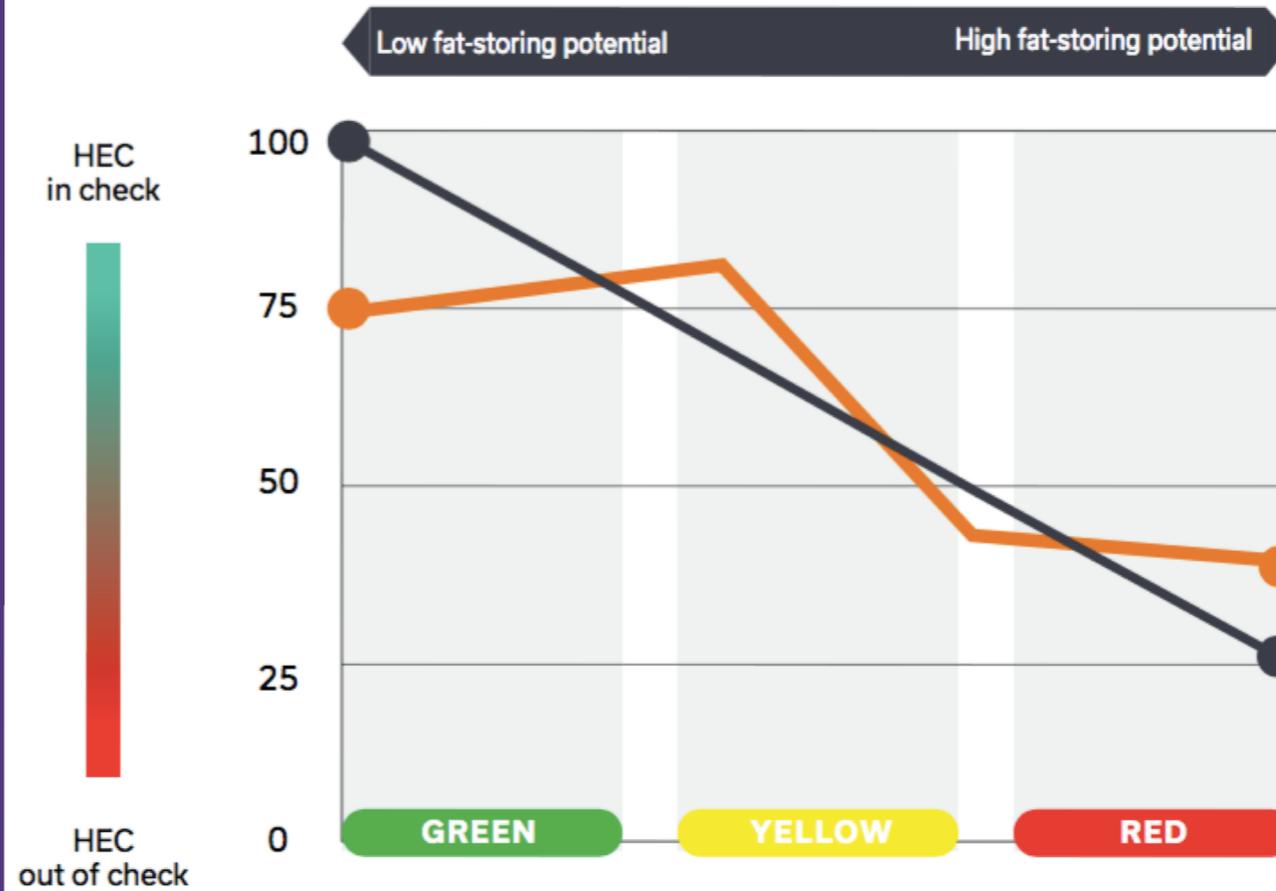
- ▶ **1) Insulin resistance sets in:** Estrogen is insulin sensitizing (glucose → cells) so without it, insulin resistance starts to occur causing increased hunger, increased fat storage
- ▶ **2) cortisol impact rises:** Estrogen and mostly Progesterone help to counteract the negative effects of cortisol and without them the menopausal female body becomes exquisitely sensitive to stress
- ▶ **3) Dopamine, serotonin and GABA levels change.** These brain chemicals are tied to estrogen and Progesterone. Impact mood, hunger and cravings. Makes menopausal women more likely to eat more and feel less satisfied all during a time where any extra calories are stored in the middle of the body
- ▶ Reference: [MetabolicEffect.com](http://MetabolicEffect.com)

# Solutions

- ▶ To deal with insulin you need to balance carbs - not too much but not too little, the right amount at the right time.
  - ▶ After exercise
  - ▶ At night (to improve sleep by preventing low blood sugar at night, which spikes cortisol and can wake you up)
- ▶ To deal with cortisol - don't necessarily exercise more (especially long cardio sessions) - switch exercise to rest, recovery and relaxing movement while doing something to keep the body tight and protect muscle and bone loss (weight training and high intensity interval training)
- ▶ To deal with brain chemistry changes you need something to raise the brain chemicals back up.
  - ▶ Ensure adequate protein (whey)
  - ▶ raw organic cocoa: make the Cocoa Drink
    - Add 1-2 heaping TB raw organic cocoa powder to 8-12 oz of freshly boiled water, milk or nut milk (coconut or almond ).
    - If you want it sweeter - add honey, agave, xylitol, erythritol, stevia
    - For variety, you may want to try a dash of cinnamon, cayenne pepper or cardamom to your drink.
    - Stir and enjoy!
  - ▶ coco contains - anti-oxidant, phytochemical that support feel good neurotransmitters, such as dopamine - which is released when we fall in love or have an orgasm
- ▶ resource: [MetabolicEffect.com](http://MetabolicEffect.com)

# UNDERSTANDING WHAT YOU EAT AND HOW IT EFFECTS YOU.

Line one depicts typical reactions      Line two depicts individual reactions



## FIND WHAT WORKS FOR YOU

There are no such thing as good foods and bad foods, there are simply foods that work for you and those that don't. Foods that work will balance hunger, stabilize energy and reduce cravings. In other words, they keep your HEC in check. Green foods will work for most everyone. Yellow Foods will work for some and not others. Red foods will work for very few.

# WHAT TO EAT

## GREEN

*Eat unlimited*

### **PROTEIN/VEG:**

Chicken, turkey, wild fowl, game meats, most fish, bison, lean cuts of pork, egg-whites and protein powders

### **NON-STARCHY HIGH FIBER VEGGIES:**

Kale, collards, brussel sprouts, broccoli, cabbage, cauliflower, spinach, lettuce, salad greens, tomato, jicama, asparagus, green beans, cucumber, celery, peppers, carrots, radish, zucchini, squashes, pumpkin

### **HIGH WATER, LOW SUGAR FRUITS:**

Berries, apples, pears, citrus fruits.

## YELLOW

*Eat to Tolerance*

### **FATTY MEATS:**

Lamb, fatty cuts of beef, fatty cuts of pork, fatty fish like salmon

### **VEGETABLE FATS**

Avocado, olives, olive oils, coconut oil, vegetable oils, nut & seeds, peanuts.

### **LOW-FIBER HIGHER SUGAR FRUITS**

Banana, melons, cherries, pineapples, mango kiwi

### **STARCHY LOW FIBER VEG**

Potatoes, corn, peas, sweet potatoes

### **WET STARCHES:**

Potatoes, corn, peas, sweet potatoes, rice, quinoa, oats, cream of rice, beans & legumes

### **DAIRY:**

Milk, yogurt, butter, cheese

### **WHOLE EGGS**

## RED

*Eat rarely if ever*

### **DRY STARCHES:**

Pasta, bread, crackers, pretzels, chips, rice cakes, cereals, junk foods

### **JUNK FOODS:**

Cookies, cakes, candy, sweets, soda etc.

## KEEP HEC IN CHECK

A healthy low calorie meal is neither healthy or low calorie if, as a result, you end up eating worse things later. HEC= Hunger, Energy and Cravings. When HEC is stable your hormonal metabolism is balanced. Don't be a dieter, become a metabolic detective always searching for foods that keep HEC in check.

# Key tactics to consider

- ▶ Focus on movement
  - ▶ get away from sedentary lifestyle - increase NEAT - non-exercise induced thermogenesis = energy expended for everything we do that is not sleeping, eating or sports-like exercise → burns calories
  - ▶ walking (5000-10,000 steps/day), taking the stairs, gardening, cooking, dancing, playing with kids/grandkids, writing, typing, fidgeting, even standing
- ▶ stress reducing activities - slow walking, restorative yoga, tai chi, massage, meditation, physical affection
- ▶ increase protein and fiber (veggies)
- ▶ weight training exercise to 2x/week
- ▶ high intensity interval training (HIIT), sprints, metabolic workouts 2x/week - maximizes calorie burning during and extends calorie burning after a workout
- ▶ Intermittent fasting - 14-18 hour fast
- ▶ Prolon Fasting mimicking diet - kit with 5 days of food that puts you in ketosis
- ▶ Ketogenic diet
- ▶ HCG diet



*Thank you*

*Questions and Discussions*  
contact: [www.drbrbriana.com](http://www.drbrbriana.com)