

Tips to Help Manage Your Menopause.



Dietary Guidelines for Menopause

The trick is to eat a variety of foods to get all the nutrients you need. Since women's diets are often low in iron and calcium, follow these guidelines:

- Get enough calcium (1,200 milligrams/day) which is 2-4 servings of calcium-rich foods/day such as dairy products, fish with bones (sardines and salmon), broccoli and legumes
- Pump up your iron intake (8 milligrams/day)—eat at least 3 servings of iron-rich foods/day such as lean red meat, poultry, fish, eggs, leafy green vegetables, nuts and enriched grain products
- Get good with fiber (21 grams/day)—help yourself to foods high in fiber such as whole-grain breads, cereals, pasta, rice, fresh fruits (1 1/2 cups/day) and vegetables (2 cups/day)
- Reduce foods high in fat. Also, limit saturated fat (such as in fatty meats, whole milk, ice cream and cheese) to less than 7% of your total daily calories
- Use sugar and salt in moderation. Also, go easy on smoked, salt-cured and charbroiled foods. Limit alcohol intake to one or fewer drinks a day



5 Exercise Tips to Help Combat Menopausal Symptoms

- Do it regularly—it is important that you keep your energy levels high each day. Try to exercise for at least 30 minutes/day. Circulation-stimulation will keep you energized and mentally alert
- Fit it into your normal routine—try to fit your exercise into your normal, everyday lifestyle—walk or cycle to work, go for a swim on the weekend or take a jog in the evening
- Aerobic not anaerobic—slow-paced forms of exercise such as walking, jogging, swimming, cycling or dancing are key versus fast paced exercise like sprinting or intense fitness classes which will leave you feeling more tired
- Stress relief techniques—make sure you participate in stress-reducing techniques such as yoga class or meditation. Daily breathing exercises and/or stretching of the muscles are also good ways to spend time listening to your body and calming the mind
- Keep hydrated—dehydration can contribute to menopausal symptoms. Drink 8-10 eight-oz. glasses of water a day and always have some on hand when you are exercising

The Women's Health Initiative (WHI) trial is a large clinical study that assessed the benefits and risks of oral combined estrogen plus progestin therapy and oral estrogen-alone therapy compared with placebo (a pill with no active ingredient) in postmenopausal women.

The WHI trial indicated an increased risk of myocardial infarction (heart attack), stroke, breast cancer, pulmonary emboli (blood clots in the lungs) and deep vein thrombosis (blood clots in the large veins) in postmenopausal women taking oral combined estrogen plus progestin.

The WHI trial indicated an increased risk of stroke and deep vein thrombosis in postmenopausal women with prior hysterectomy (surgical removal of the uterus) taking oral estrogen-alone.

The Women's Health Initiative Memory Study (WHIMS) estrogen plus progestin ancillary study of the WHI reported an increased risk of probable dementia (madness) in postmenopausal women 65 years of age or older.

Therefore, you should highly consider the following:

- There is an increased risk of developing invasive breast cancer, heart attack, stroke and blood clots in both lungs and large veins with the use of estrogen plus progestin therapy
- There is an increased risk of stroke and blood clots in the large veins with the use of estrogen-alone therapy
- Estrogens with or without progestins should not be used for the prevention of heart disease or stroke or dementia
- Estrogens with or without progestins should be used at the lowest effective dose and for the shortest period of time possible. Regular medical follow-up is advised

ESTROGEL
17β-estradiol
(as estradiol hemihydrate) 0.02%



Prometrium
progesterone



MERCK

TM

REGD

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