

Understanding the basics of menopause



In women with a uterus and ovaries, menopause is considered to have occurred after a woman has gone a full 12 months without a menstrual period. The process leading up to the final menstrual period goes like this:¹

- ✓ Over time, the decline of egg cells (follicles) causes a drop in the hormone estrogen (the primary female sex hormone).
- ✓ When the estrogen level reaches the prepuberty level, menstrual bleeding stops.
- ✓ At this time, women are no longer able to naturally bear children.

Some people think of menopause as puberty in reverse.

Because the date of the final period is only considered official when 12 months have passed without any menstrual bleeding, most women don't know they have reached menopause until some time has passed. For women who have had both ovaries surgically removed, menopause occurs immediately.

Menopause terms to know^{1,2,3} The terminology associated with menopause can be confusing. Here are some common terms to know.

Natural menopause usually occurs in women between 40 and 58 years of age. The average age of menopause is 51 years. Some women experience natural menopause as early as their 30s or as late as their 60s. Like the timing of puberty, it is likely that a woman reaches menopause at a time similar to her mother or sisters. A key factor that seems to affect the onset of natural menopause is smoking, which has been shown to advance the onset of menopause by about two years.

Surgical or induced menopause can be caused by several medical reasons. Surgery to remove both ovaries causes immediate menopause and more severe menopausal symptoms because hormonal changes

occur abruptly rather than gradually over several years as with natural menopause. Surgery that removes the uterus but not the ovaries (hysterectomy) usually doesn't cause immediate menopause. Although women who have had a hysterectomy will no longer have periods, their ovaries still release eggs and produce hormones.

Menopause may also be caused by damage to the ovaries by chemotherapy or pelvic radiation therapy for cancer. The halt to menstruation and fertility is not always permanent following chemotherapy, so birth control measures may still be desired. Radiation therapy only affects ovarian function if radiation is directed at the ovaries.

Premature menopause is menopause that occurs before age 40. About one in 100 women will experience premature menopause. Causes may be known (surgery, chemotherapy or radiation) or unknown. Primary ovarian insufficiency, a condition in which younger women skip many periods or have no periods at all, is another potential cause of premature menopause. For these women, hormone therapy may be recommended at least until the natural age of menopause to protect the brain, heart and bones.

Perimenopause (meaning "around menopause") includes the transitional period of time before menopause when periods become irregular due to hormonal

fluctuations. Cycle lengths may shift a few days shorter or longer and menstrual flow might be heavier or lighter than normal. In general, cycles tend to move farther apart or may be skipped entirely as menopause approaches. The perimenopause period also includes the 12 months following the final menstrual period.

The **menopause transition** includes the time when the menstrual period intervals vary by one or more weeks up until the final menstrual period. Most of this time overlaps with perimenopause and is marked by fluctuations in estrogen levels. The terms perimenopause and menopause transition are often used interchangeably.

Postmenopause is the rest of life after the final menstrual period. Many of the physical and emotional changes and challenges that occur with menopause and aging are not avoidable, but they can usually be managed. The key is to try to approach the years that follow menopause as a new beginning, one that can be lived healthfully and happily.

Diagnosis of menopause

There is no simple test to predict or confirm menopause or perimenopause. Doctors and healthcare providers typically diagnose perimenopause in women over 45 based on irregular menstrual cycles and menopausal symptoms, such as hot flashes, sleep disturbance, vaginal dryness and mood changes. Tests of hormone levels in the blood can be used to diagnose *primary ovarian insufficiency* in women under age 40. These tests typically offer no additional information for diagnosing menopause and they may be misleading. While products that claim to diagnose menopause (similar to at-home pregnancy tests) are not harmful, they are not especially useful and they can be costly. The best way for most women to know their menopausal status is to track their cycles.

Menopause for transgender people⁴

Transwomen can experience menopause symptoms but not menopause itself. This is because they do not have ovaries or a uterus. Symptoms come from the fluctuating levels of estrogen related to their gender-affirming hormone therapy. Transmen will likely not experience menopause if they undergo gender-affirming care. If they do experience menopause, it may be due to not receiving or stopping gender-affirming hormone therapies or still having sexual organs that were present at birth.

Research regarding menopause and transgender people is still lacking. In the coming years, the scientific community will likely learn more about how gender-affirming hormone therapy, surgeries and other factors influence aging in the transgender population. To enjoy optimal health and quality of life, transgender people should establish a trusting relationship with a primary care doctor and other specialized healthcare providers and practice healthy lifestyle habits, including management of risk factors for common chronic conditions and compliance with recommended preventive screenings and immunizations.



For women who are unsure of their menopause status, it's a good time to have a complete medical evaluation by their doctor or healthcare provider. The evaluation may include a thyroid function test, pelvic exam and breast exam.



Activity: Your menopause journey⁵

How would you describe your current menstrual status?

<input type="checkbox"/> Premenopause before menopause; having regular periods	<input type="checkbox"/> Postmenopause after menopause						
<input type="checkbox"/> Perimenopause/menopause transition changes in periods, but have not gone 12 months in a row without a period	Was your menopause: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Spontaneous "natural" </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Due to chemotherapy or radiation therapy reason for therapy: _____ </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Surgical removal of both ovaries </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Other please explain: _____ </td> <td></td> </tr> </table>	<input type="checkbox"/> Spontaneous "natural"	<input type="checkbox"/> Due to chemotherapy or radiation therapy reason for therapy: _____	<input type="checkbox"/> Surgical removal of both ovaries		<input type="checkbox"/> Other please explain: _____	
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<input type="checkbox"/> Surgical removal of both ovaries							
<input type="checkbox"/> Other please explain: _____							



References:

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5. The North American Menopause Society. Extract from: Menopause health questionnaire, 2024. www.menopause.org

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