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Stay Connected

From the Editor...Karen Giblin

"Feeling Hot, Hot, Hot"... - Buster Poindexter

Dear Red Hot Mamas,

Well, it's August and I certainly have received confirmation that I truly have earned membership into the Red Hot Mamas organization! As the outside temperature swelters, I see beads of water gushing through my pores. It feels like a bolt of lightning has hit my head and comes out of my shoes.

How many of you have begun your rite to passage into menopause, and are looking to control this soggy symptom of hot flashes? Well, we are stuck with the warm weather for a few months. Yes, warm weather certainly can set off your body temperature and cause hot flashes. Here are few other things that can trigger hot flashes, and suggestions..... It's best to try to limit consuming caffeine, alcohol, and spicy foods. Also, try to reduce your stress levels.

You can also practice deep breathing when you feel a hot flash coming on; exercise daily; wear cotton and avoid wearing silk or synthetics.

One of the best things I did was invest in a ceiling fan. It really helps when I wake up with a hot spell as my body temperature rises a hundred degrees per second. And, yes, I do turn the temperature down in my bedroom at night to a temperature as cold as a meat locker which causes a lot of friction with my husband. I just remind him that he should always realize how "hot" I am, just not like I was at age 25.

And, there is an upside of summer, try to forget those hot flashes. Get outdoors. Try eating your lunch or dinner outdoors. The fresh air will lift those menopausal spirits right up. It really helps rejuvenate our mental health. So stay cheery, and add a little extra fun in your life to lessen the stress that menopause sometimes brings on. Try to spend time or talk with others (like women in Red Hot Mamas programs or on www.inspire.com, Red Hot Mamas community forum). Try to find some activities that you enjoy doing. Remember, menopause is a time of major change, but you can live

Forward to a Friend

Ask the Experts



Our experts Dr. Mache Seibel, Karen Giblin, Dr. Michael Goodman, Dr. Mary Jane Minkin, Dr. Verna Brooks McKenzie, Nurse Barb, Dr. Francis Barbieri, Dr. Mache Seibel, Liz Allen, Dr. Michael Goodman and Karen Giblin field questions from our members.

[Submit your question.](#)

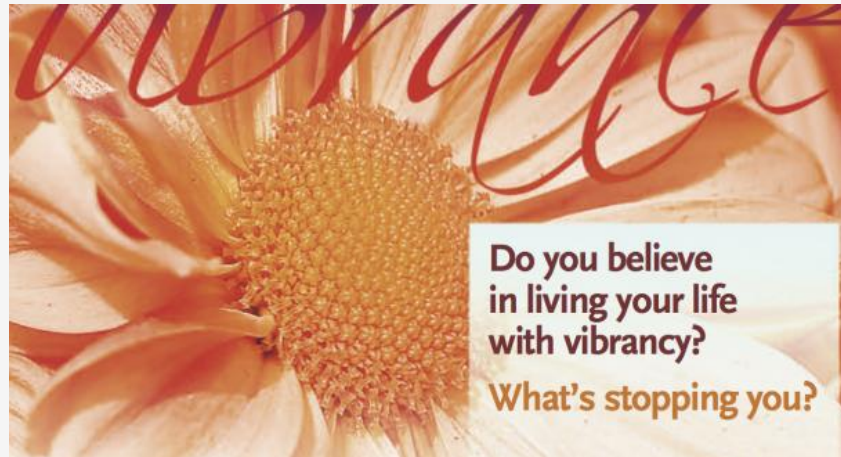
through and laugh through things like hot flashes, or forgetting your car keys, or sobbing reading Hallmark cards, this is temporary and brings all of us women together like a common thread.

I always tell women to take charge of menopause, before it takes charge of you. **Enjoy the month of August.**

Good Health to You!

Karen Giblin

RHM Upcoming Vibrance Events



Red Hot Mamas is thrilled to be partnering with Novo Nordisk to host 11 **Vibrance Events** this year!

Designed to engage women 45-65 and encourage them to have an open dialogue with their healthcare providers about menopausal and postmenopausal symptoms they may be experiencing.

Through fun and camaraderie from other women, the audience will learn that they can still live their life with vibrancy. National expert speakers will be presenting at all 11 Vibrance events brought to you from Red Hot Mamas®.

All programs are free to attend!

Our July events were so much fun.... if you missed them, please plan to attend one of the many events in September!

**September 4 at 6:30p:
Grape Finale**

Your Questions Answered

Dear Red Hot Mamas Experts,

*Hi, I just began HRT a month ago. All my symptoms have disappeared but the past few days I have been cramping and bloated. I fell like this short lived and will go away. I just need someone to say this is normal as today is Saturday and my doctor's office is closed. Love this web-site Red hot mamas! Thanks in advance!
- Susan*

Dear Susan,

It is common to have some symptoms like bloating when you start HRT, but it's difficult for me to be really specifically say this is "normal" as I don't know your history, your dosage, or other specific information to answer the question. Your body will have to get used to being on hormones and so there are often some noticeable changes such as bloating, breast tenderness, and even mild cramping. There may be some spotting.

The good news is; it is unlikely to be

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September 9 at 6:00p:
MedStar Good Samaritan Hospital
5601 Loch Raven Blvd.
Baltimore, MD
RSVP [443.444.4100](tel:443.444.4100)

September 9 at 6:30p:
Marina Del Rey Hospital
The Ritz-Carlton, Marina del Rey
4375 Admiralty Way
Marina del Rey, CA
RSVP www.marinahospital.com or
Call [1.844.647.4496](tel:1.844.647.4496)

September 11 from 4-7p:
The **Outer Banks Hospital** hosted
At Jennette's Pier
7223 S. Virginia Dare Trail
Nags Head, NC
RSVP [1.800.472.8500](tel:1.800.472.8500)

September 17 at 6p:
Lambertville House Hotel
32 Bridge Street
Lambertville, NJ
Rsvp3@redhotmamas.org

September 18 at 6p:
Blue Thong Society at
Hera Hub Sorrento Valley
9710 Scranton Rd., Ste 160
San Diego, CA
rsvp@redhotmamas.org

September 23 at 5p:
West Florida Hospital
8383 N. Davis Hwy
Pensacola, FL

September 25 from 4-7:30p:
Barbara Greenspun Womens Care Center of Excellence
2651 Paseo Verde Pkwy., Suite 180
Henderson, NV
RSVP [702.616.4900](tel:702.616.4900)

anything bad. But call your doctor when the office reopens and discuss with him or her as they will have more of the details to tailor the answer just for you.

5 Steps to Help You Stop HRT

Contributed by Mache Seibel, MD
Red Hot Mamas Medical Expert



Want to stop your hormone replacement therapy (HRT) but don't know how?

New research recently published in the [Journal of Women's Health](#) found that certain methods appear to be more successful *and* your attitude about stopping matters.

The study surveyed 2,328 women aged 45-70 and found that a woman's attitude towards the treatment was an important factor in how well she coped coming off the medication. Two thirds of the women stopped on their own and one third stopped due to their doctor's advice.

Discontinuing HRT can cause difficulty sleeping, mood swings and even depression, and return of hot flashes, which occurred in 75% of women. That is why many women find it so difficult to stop that they start taking their medication again.

Researchers from the University of Washington and Harvard Vanguard Medical Associates in Massachusetts studied different methods of coming off the treatment to see which were easier for women.

Those who did not succeed had greater trouble sleeping (74% vs. 57%) and mood disturbances (51% vs. 34%) than those who succeeded. The women who worked with their doctor, who had lack of symptom improvement on HRT, who had vaginal bleeding or who learned to cope with their symptoms were more successful in stopping.

Other factors included overall attitudes and feelings about menopause and HRT. Those with a more positive view of menopause, seeing it as a natural stage in life, generally coped best when finishing HRT and were less likely to restart the medication.

The study, however, did not assess whether the women who were more successful at stopping HRT were already more able to deal with menopause symptoms, or happen to be women with less

severe symptoms to begin with. But the results do suggest that having a positive attitude and talking with your doctor definitely help.

Here are My 5 Steps to Stopping HRT

1. **Don't stop cold turkey.** Even if you need to stop soon, tapering is key to succeeding
2. Realize **tapering takes time:** typically three weeks to three months or more
3. Begin by **lowering the dose on alternate days** if oral and on alternate applications if topical. Depending on the starting dose this can be repeated
4. Continue to **wean off by widening the interval**
5. Realize that *occasionally* it **might be necessary to either increase the dose or interval temporarily** and repeat

Discuss this with your doctor so that it can be fine-tuned for you.

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Osteoporosis



Contributed by Dr. Verna Brooks Mckenzie
Red Hot Mamas Medical Expert

Osteoporosis, otherwise called brittle bone disease, is a disorder of the skeleton characterized by compromised bone strength which predisposes to an increased risk of fracture. There is deterioration in the micro architectural structure of the bone resulting in low bone density and poor bone quality. The disease is especially prevalent among older postmenopausal women. It is an under recognized disease affecting over 200 million people worldwide. **It is estimated that 40% of postmenopausal women will have an osteoporotic fracture in their lifetime.**

The World Health Organization's definition of osteoporosis is a postmenopausal woman or a male over the age of 50 years who has a bone mineral density (BMD) T-score greater than or equal to -2.5 at the total hip, femoral neck or lumbar spine. The clinical diagnosis of osteoporosis is a fragility fracture.

Normal T-score: greater than or equal to -1.0

Low bone mass: -1.0 to -2.3

Osteoporosis: less than or equal to -2.5

Peak bone mass is usually reached at age 30 years. Bone loss begins at that time and is greater at menopause. 30% of peak bone mass is lost by age 80 years. Osteoporosis is also called the silent robber because there are usually no early warning signs and often the first presentation is a fracture. Vertebral fractures often occur without a fall, are sometimes painless and can lead to marked height loss, a sign of compression fracture. Primary osteoporosis is due to aging, secondary osteoporosis can be the result of taking certain medications such as glucocorticoid and diseases such as mal absorption, multiple myeloma, hyperthyroid, type 1 diabetes, rheumatoid arthritis, hypogonadism (low testosterone) in men.

Risk Factors:

- Low bone density
- Advanced age and genetics
- Low calcium and Vitamin D intake
- Parents with a history of hip fracture
- Thinness
- Current smoking
- Excess alcohol intake
- Menopause status

The National Osteoporosis Foundation recommends BMD Testing for the following:

- Postmenopausal women age 65 years and older
- Postmenopausal women less than age 65 years with risk factors
- Breaking a bone after age 50 years
- Women of menopausal age with risk factors
- Men age 70 years or older
- Men age 50-69 years with risk factors

Osteoporosis Management:

- Maintain a healthy weight
- Adequate Calcium (1200mg/day) and Vitamin D3 (800-1000IU/day)
- Weight bearing exercise - bones and muscles work against gravity (walking, climbing stairs, weight training, jogging, using resistance machines)
- Avoid smoking
- Decrease alcohol intake

- Treat underlying medical conditions that affect bone health

Treatment is prescribed to decrease the risk of fracture. FRAX is an online fracture risk assessment tool that calculates a person's absolute fracture risk or an estimate of the chance of breaking a bone in the next 10 years. This tool can assist with decisions on when to treat. Discuss this with your doctor.

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