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HEALTH

Menopause: It'll Happen to You

BY RENEE LANG, ND

All women who live long enough, go through menopause. Menopause is a natural transition of change. Currently about 50 million women in the US are menopausal. That number will rise to nearly fifty percent of the total U.S. population by 2014. Menopause, the perma-

cultures women don't have any symptoms, and look forward to ending their "duties" of child-bearing to become wise elders.

Lesbians of course, experience menopause. However, some social and cultural differences exist between lesbians and heterosexual women. An obvious difference lies in the fact that two women create a lesbian partnership. Thus

to many women, this fat distribution serves an important purpose - Mother Nature knew what she was doing. Weight gain in this area protects bone health and density as ovarian estrogen levels decline. So the next time you look down and see your new protruding belly, thank Mother Nature for protecting your bones.

Additional physical changes

PHOTO: SUPPLIED BY RENEE LANG



I rarely need to prescribe any oral hormone replacement therapy for symptom management. Diet and lifestyle changes, herbal preparations, and vitamin/mineral therapy adequately address symptoms in the majority of my patients.

the experience of menopause will either happen twice if they differ in age, or two women will be going through menopause at the same time.

Is this a blessing or something else? Do these women support one another through the new and strange symptoms each experience? Do they suffer brain fog at the same time, lose important documents, miss appointments, forget to lock the doors, and forget to feed the cats? Is one woman's libido gone and the other one experiencing an elevated libido? The answer to these questions depends on the particular relationship, and may change daily or weekly. Whatever the specifics, lesbians enjoy the unique opportunity to share their menopause experience with another woman intimately and on a daily basis, an experience that may be unknown to and often desired by heterosexual women.

Menopause brings not only the possible plethora of symptoms listed above, but also physical changes. You've heard of the "freshman ten?" Well, get ready for the "meno-ten." Most women gain about ten pounds as they progress through menopause. The weight gain usually occurs in the belly and around the hips. Though distressing

ment cessation of menstruation due to loss of ovarian follicular activity, occurs when a woman has 12 consecutive months without a menstrual period. The average age of menopause is 51. However, women may go through menopause as early as 39 or as late as 54.

Surgical menopause, the removal of both ovaries, does not conform to the above timeline. Women who have undergone surgical menopause often experience more severe symptoms and require a period of hormone replacement therapy to treat symptoms and prevent osteoporosis.

In the three to five years prior to menopause, called perimenopause, a woman may begin to experience a variety of common symptoms including: hot flashes, waking in the middle of the night around 2-3 am "for no apparent reason," night sweats, irritability, depression/anxiety, fatigue, irregular menses, memory loss, brain fog, decreased libido, insomnia, and poor concentration. However, no rule exists stating that a woman must experience any of these symptoms. In fact, in some

may include wrinkles, vaginal dryness, vaginal atrophy (thinning of vaginal tissue), hair thinning, and thyroid changes. These changes occur primarily due to loss of estrogen. Women on thyroid replacement therapy may need to adjust their dose while going through menopause. However, the fluctuations should normalize in post-menopause. Hair thinning may be caused by multiple factors and should be investigated if excessive or worrisome.

Vaginal dryness and atrophy may present with irritation, sharp shooting, pin-like pain, or bleeding. These symptoms may only occur with sexual activity or if severe, may occur anytime. Treatment ranges from using lube to herbal preparations to hormone creams. The decision to treat rests on the desire of each woman and the extent to which quality of life is affected.

Diagnosis of menopause results primarily from the symptomatic picture and clinical assessment of the menstrual cycle, and from family history. If a diagnosis cannot be determined from this information, then testing for elevated blood levels of the hormone FSH provides a definitive diagnosis. However, the most effective way to determine if a woman is beginning her