



PERIMENOPAUSE, MENOPAUSE, AND YOU

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Perimenopause and **menopause** are times of change for those who experience menstruation, bridging the time in life that marks the end of menstrual cycles. The duration of perimenopause and menopause varies for each person, and although some experiences and symptoms are common, not every person going through perimenopause and menopause will have the same experience or symptoms.

Some will experience almost every symptom associated with this stage of life, while others go through perimenopause and menopause with few or no symptoms. Perimenopause and menopause are normal transitions in life, and often liberating for many women.

This resource will help you better understand the many symptoms of perimenopause and menopause. Informing yourself is the first step in understanding the changes you are experiencing, and to feeling empowered during what is a normal stage in life.

This resource does not replace the advice and care of your health-care provider or providers, nor does it aim to diagnose, treat, or suggest what treatment works best. It is best to consult health-care professionals regarding your symptoms and what treatment, if any, suits your symptoms and medical history.

WHAT ARE PERIMENOPAUSE AND MENOPAUSE?

Perimenopause is the process of change leading up to menopause. Non-surgical menopause can start as early as your late 30s or as late as your early 50s. The duration of perimenopause varies from person to person, but may last as little as a few months or as long as a number of years.

If you are in perimenopause, you may have irregular periods or other symptoms during this time.

Menopause happens after your menstrual period has stopped and not returned for 12 consecutive months. As women age, their hormone levels decline and the ovaries stop functioning. If you have female reproductive organs, hormones will play important – but often hidden – roles in keeping your body healthy. Menopause does not require treatment unless symptoms become bothersome. Menopause can occur any time from the 30s to the mid-50s, although the typical range of age is 45 to 55. Up to 80 per cent of those experiencing menopause report a range of symptoms with varying intensities.

Natural menopause is the spontaneous ending of menstruation not caused by disease or intervention such as surgery, chemotherapy, or pelvic radiation therapy.

Surgical menopause takes place after both ovaries are surgically removed, causing immediate menopause to occur. Surgery to remove the uterus – known as a hysterectomy – does not cause menopause if the ovaries remain in place (although menstruation will stop after a hysterectomy). The Canadian Menopause Society reports individuals who have had a hysterectomy, on average, start menopause two to three years earlier than those who have not.

Premature menopause occurs before age 40. The cause is mostly unknown. However, in fewer cases, premature menopause can be caused by some autoimmune diseases (conditions where your immune system mistakenly attacks the body). In these cases, your health-care provider may look for coexisting autoimmune conditions such as thyroiditis and lupus. Rare causes of premature menopause include ovarian tissue damage during surgery, radiation, and chemotherapy.

There are many symptoms associated with perimenopause and menopause. This resource will explore the changes you are experiencing during this normal stage in your life.



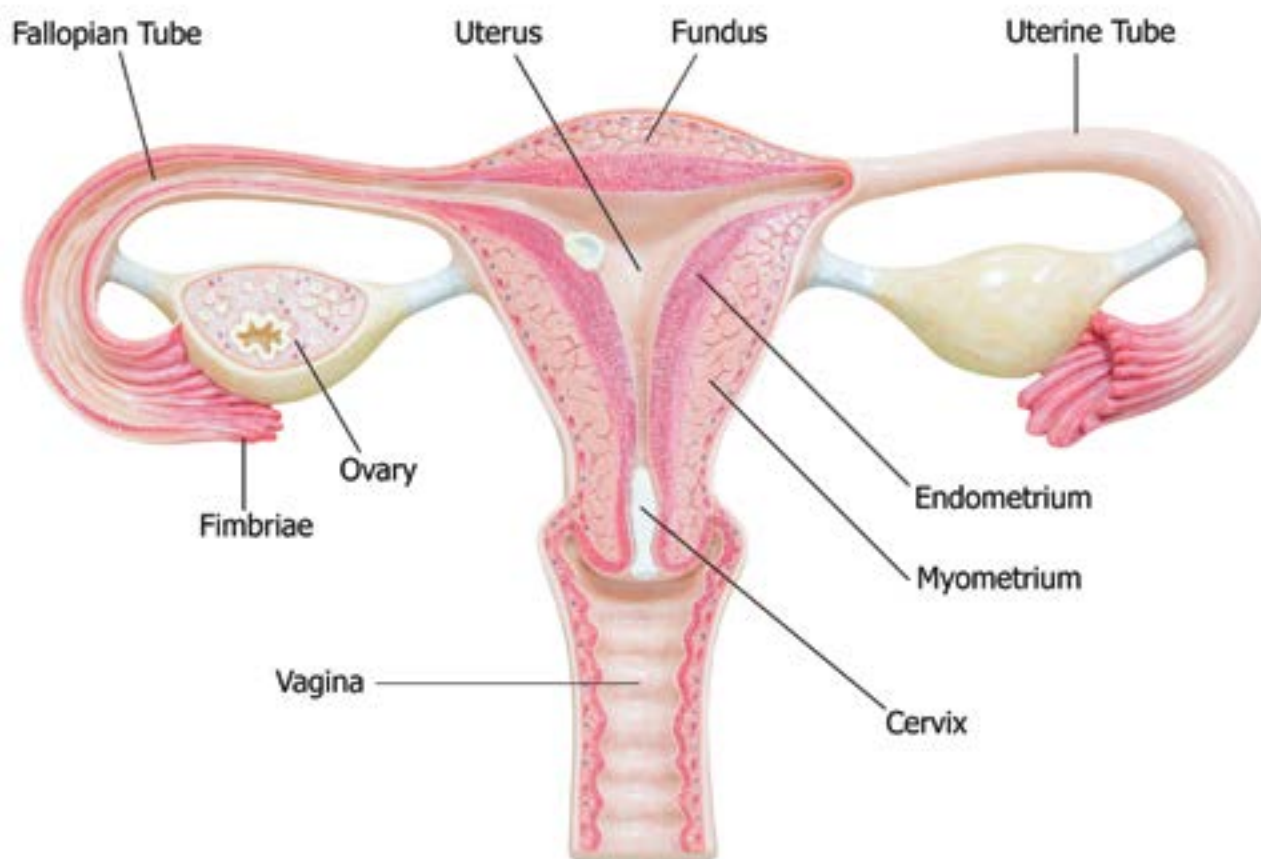
COMMON PERIMENOPAUSAL AND MENOPAUSE SYMPTOMS

Bodies change during perimenopause and menopause. For example, during perimenopause, you may experience period changes, such as a change in menstruation flow. During menopause, you might experience a loss of muscle mass and an increase in fat tissues, or decreased bone density. You could also notice oral health changes.

There are common symptoms and effects during both perimenopause and menopause that include the following:

- Hot flashes
- Night sweats
- Joint and muscle pains
- Insomnia and other disturbances in sleep
- Memory changes
- Mood changes
- Anxiety
- Depression
- Sadness
- Vaginal dryness
- Bladder control issues
- Breast changes
- Weight gain
- Skin changes
- Higher frequency of vaginal infections
- Higher frequency of urinary tract infections
- Decreased desire for sex
- Increase in waistline (thickening in the middle)
- Loss of muscle mass and increase in fat tissues
- Thinning of hair or loss of hair or both
- Loss of bone mineral density

If you experience these symptoms, and they are troublesome, contact your health-care provider to discuss their effects. Many of the symptoms are manageable, and you can talk with your health-care provider or providers to discuss possible treatment options that would work best for you based on your medical history.



Estrogen

Is responsible for the development and regulation of the female reproductive system and secondary sex characteristics (e.g. breasts, widening of hips). Estrogen plays a role with brain function, as well as the workings of the breasts, heart, liver, bones, and genitalia. Estrogen levels fluctuate during perimenopause, and this can cause changes in the body's temperature regulation. The result can be hot flashes and night sweats. The reduced production of estrogen that starts in perimenopause can have a direct effect on sexual function.

Progesterone

Is made in the ovaries during the second half of the menstrual cycle. Progesterone helps prepare the uterus for pregnancy and is also made during pregnancy by the placenta, helping the placenta function properly. As someone reaches the end of their reproductive years and enters menopause, progesterone levels decline. The end of ovulation at menopause also results in the end of progesterone production.

Testosterone

Also known as the "male" hormone, is produced at lower levels in women than in men and is important to women's health, playing a key role in a female's production of estrogen. Testosterone levels are highest in a person's 20s, and slowly decline after that. Therefore, by the time a person reaches menopause, their testosterone levels are about half that they were when they were at peak level in their 20s. Inadequate testosterone levels at any age can contribute to fatigue, mood changes, and reduced sex drive.

HOT FLASHES

Hot flashes are sudden feelings of intense heat that can last briefly or up to a half an hour. Hot flashes happen when estrogen levels change.

They are quite common – in fact, 60 to 80 per cent of people will have a hot flash while they are entering menopause.

Hot flashes may or may not involve sweating, and they may or may not involve rapid heartbeat. How flashes manifest themselves varies, and each person's experience is different.

Hot flashes can occur infrequently or up to several times a day, but the frequency varies from person to person. Most often, these flashes will subside in three to five years, but some

people may experience hot flashes for longer. Risk factors include smoking, obesity, and physical inactivity.

For those who seek treatment, hormone therapy is the most effective treatment for hot flashes.

Estrogen, with – or without – progesterone, is usually prescribed. For those who may choose not to take or are unable to take hormone therapy, other options are available.

For more information, and to discuss treatment options, consult your health-care provider or providers on what may work for you.

Some ways to curb the impact of flashes:

- Dressing in layers
- Taking cool showers
- Having a fan at your workstation, in your bedroom or anywhere you spend a lot of time
- Managing your weight
- Quitting smoking
- Exercising regularly
- Staying away from spicier foods and alcohol, if possible
- Adjusting caffeine intake

TREATMENT OPTIONS FOR PERIMENOPAUSE AND MENOPAUSE

It can be difficult to know what information to rely on and what treatment best suits you. You should always first consult with your health-care professional or professionals about your symptoms. They can recommend what may work best for YOU, based on your medical history.

Hormone Replacement Therapy

Hormone replacement therapy (HRT), if prescribed by your health-care provider, remains the single most effective treatment for moderate to severe perimenopausal and menopausal symptoms. Dosages of estrogen range from ultra-low to standard and higher doses.

Hormone replacement therapy includes hormones that are both similar and identical to hormones produced by women. The therapy uses the lowest dose of hormone medication for the shortest time to help relieve moderate to severe menopausal symptoms.

In addition to hot flashes, hormone replacement therapy will also help control the symptoms of vaginal atrophy. Vaginal atrophy is the thinning, drying, and inflammation of the tissues of the vagina and urethra due to the body having less estrogen.

It can lead to pain during intercourse and urinary tract infections (UTIs).

Hormone replacement therapy increases bone mineral density, and can help prevent osteoporosis. However, it is not used solely for this purpose.

Reasons hormone replacement therapy may not be right for you:

- Known or suspected pregnancy
- Personal or family history of breast cancer
- History of hormone-dependent cancers
- Unexplained vaginal bleeding
- History of blood clots
- *History of heart disease, heart attacks, or stroke
- Serious liver disease

*The connection between hormone replacement therapy and heart disease is still unclear. Over 90 per cent of the risk factors for heart disease are associated with smoking, stress, anxiety, dietary choices, inactivity, abdominal obesity, type 2 diabetes, chronic inflammation, and hypertension.

If you have any of these risk factors, consult your health-care provider or providers about whether hormone replacement therapy is right for you.

Bioidentical Hormone Therapy

Bioidentical hormone therapy (BHT) describes a medication containing estrogen, progesterone, or other hormones that are chemically identical to hormones produced primarily in the ovaries. Bioidentical hormones are commercially available in several well-tested, federally approved, brand-name prescription drugs.

The Canadian Menopause Society has developed a useful pamphlet on BHT, with common questions about the therapy answered by a health-care professional. The pamphlet is available at www.sigmamenopause.com along with more information and resources on perimenopause and menopause.

Non-Hormonal Therapy

If hormone therapy is not for you, your health-care provider may suggest trying non-hormone-based medications or treatments that include some antidepressant agents.

These, too, have benefits and some side effects, so it is best to consult with your health-care provider to ensure such a therapy works for you.

Complementary and Alternative Therapies

In addition to aid with perimenopausal and menopausal symptoms from a family physician, gynecologist, nurse practitioner, psychiatrist, and/or other medically-trained health-care practitioner, a collaborative approach may include complementary and alternative therapies delivered by acupuncturists, naturopathic doctors, dietitians, herbalists (professionals specializing in concentrated plant extracts), mental health professionals such as counsellors or psychologists, physiotherapists, occupational therapists, or kinesiologists. As is the case with all therapies, there are risks involved.

For example, some natural therapies may interact with prescription drugs.

For more information, and to discuss treatment options, you should consult with your health-care provider or providers to determine what works best for you.

Benefits of HRT and BHT:

- Highly effective in treating hot flashes and night sweats
- Improved sleep resulting in less fatigue and irritability
- Improved concentration
- Relief of depression symptoms for some users
- Important in prevention of bone loss
- Reduces the risk of osteoporosis and fractures
- Shown to reduce joint pain
- Shown to offer some protective benefit to the development of heart disease

Possible effects of HRT and BHT:

- Uterine bleeding
- Breast tenderness
- Nausea
- Abdominal bleeding
- Fluid retention
- Headache
- Premenstrual syndrome (PMS) like symptoms



GET MOVING – GET ACTIVE

Staying active is vital to good health, no matter your age. Canadian physical activity guidelines indicate adults aged 18 to 64 should accumulate at least 150 minutes of moderate to vigorous physical activity per week.

There are many fun ways to stay active and get moving. Biking, swimming, cross-country skiing, joining a walking group, taking a dance class, raking the lawn, or taking up a favourite sport again are all good options.

Find an activity that best suits your lifestyle, your abilities, and your likes. The more physical activity that becomes part of your daily routine the greater the health benefits – to your physical well-being, or emotional well-being, or mental well-being, or all three.

A few ways to get active:

- Tai chi can improve bodily pain, general health, vitality, and mental health.
- Impact exercise and strength training helps improve bone mineral density in perimenopausal and postmenopausal women.
- Walking can improve body composition (for example, helping to reduce body mass index and body-fat percentage).



DIET AND MENOPAUSE

Changes in family or social circumstances, as well as health, often accompany menopause, and can affect a person's nutritional habits. Menopause can be a good time to review your dietary habits and make some positive changes to maximize your health going forward.

Weight control is a frequent concern of those going through menopause. A variety of factors can contribute to weight gain during this time of life. The body's caloric needs tend to decrease with age, so it is important to adjust energy intake or maintain an active lifestyle to reduce weight gain. Eating mindfully, watching portions, and participating in regular activity can help minimize the likelihood of weight gain.

While weight gain may be a concern, the time around which menopause occurs is also associated with **loss of muscle mass and strength**. Losing muscle can increase your risk of experiencing falls and fractures over time. To minimize lean muscle loss, include a variety of protein sources (lean meat, poultry and fish, beans and lentils, soy products, eggs, nuts, and seeds) as part of daily meals and snacks. As well, incorporate weight-bearing exercise into your daily routine. Weight-bearing exercises and some resistance-training exercises are best for your bones, as they force you to work against gravity. Activities such as walking, yoga, golf, dancing, and hiking are good ways to stay active, help improve bone health, and help with weight loss.

Special Health Considerations

Bone Health: Bone density naturally declines with age but because losses in estrogen can speed up bone loss, it may occur more rapidly during menopause. There are ways to minimize the risk. Eating food sources of protein, calcium, vitamin D, magnesium, zinc, and vitamin C is recommended, along with weight-bearing exercise and some resistance training. A diet high in vegetables and fruits provides an excellent and tasty source of magnesium, zinc and vitamin C. Good calcium sources include lower-fat dairy (milk, cheese, yogurt), beans (white, red kidney, and pinto), some vegetables (broccoli, kale, bok choy), and almonds. Fatty fish (tuna, mackerel, salmon), cheese, and egg yolks all provide vitamin D.

Heart Health: Rates of cardiovascular disease (CVD), or conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, increase after menopause. CVD includes abnormal heart rhythms, heart valve disease, congenital heart disease, and heart muscle disease. As well, women have a greater risk of high blood pressure compared to men. Your diet can play a large role in reducing these risks. The diet associated with the lowest risk of CVD is high in fruits and vegetables, plant and seafood proteins, healthier fats like monounsaturated fats (such as avocados, almonds, peanuts, olives, and pumpkin seeds), and polyunsaturated fats (such

as salmon, tuna, pine nuts, walnuts, flax seeds, and sunflower seeds). The diet associated with the lowest risk of CVD is low in processed or refined foods (deep fried foods, cookies, cakes, potato chips). Healthy dietary changes can be as simple as choosing lean over fatty cuts of meat; avoiding processed meats (such as bacon, ham, sausage, and smoked meats); reducing fats and oils high in saturated fats (such as butter and lard); choosing fats and oils higher in unsaturated fats (such as olive oil, sunflower oil, and canola oil); and reducing salt intake.

Where to Get Information

There are many books and websites dedicated to healthy eating for menopausal women outlining a “menopause diet”. Some recommendations may be more evidence-based than others and, since every person is different, it is always best to consult a Registered Dietitian or Nutritionist and your health-care professional to ensure you are receiving dietary guidance that best suits your lifestyle, medical history, and needs.

NUTRIENTS TO CONSIDER

- **Vitamin D** increases absorption of calcium and is essential to bone health. To improve bone health and reduce risk of fractures, it is recommended that after menopause you take a vitamin D supplement each day, the dosage of which recommended by your health-care professional.

- **B Vitamins**, especially B12, are essential in the formation of red blood cells. Menopausal women may be less likely to absorb vitamin B12 from food sources. Adults over 50 should try to consume their B12 (2.4 ug/day) from fortified foods (non-dairy milks, meat substitutes) or a vitamin B12 supplement and may benefit from having their B12 status assessed and monitored by their health-care professional.

- **Calcium** is also essential for bone health. Around the time of menopause, calcium requirements increase, with a recommended amount for adults over the age of 50 of 1200 mg a day, from diet and/or supplements or both.

- **Phytoestrogens**, which are estrogen-like plant compounds found in foods such as soy and flax, have not – to-date – been found to reduce symptoms of menopause such as vaginal dryness or hot flashes. While they may not help alleviate symptoms, for other nutritional reasons, you may still want to include them in your diet.

Body stores of certain other nutrients, such as iron and magnesium can be affected by menopause-related health changes or can affect things like bone health, so it is a good idea to have your health-care provider(s) assess your general nutrition status before you consider any supplementation.



OSTEOPOROSIS: A RISK AT MENOPAUSE

There are some risks to your health after menopause, most notably osteoporosis. Osteoporosis is a disease of reduced density and quality of bone, which can lead to increased risk of broken bones. The rapid bone loss that can occur in menopause means that people with female hormones are more at risk for osteoporosis.

Osteoporosis often affects the bones in the spine, as well as the bones in the leg, which can result in hip fractures. Fractures can often occur without your knowledge, and can result in loss of height and increased curvature of the spine.

It is important not to dismiss persistent aches and pains, and to have them checked out by your health-care provider or providers.

Here are ways to reduce the risk of osteoporosis:

- Reduce or eliminate smoking tobacco.
- Get active and incorporate weight-bearing exercise into your regime.
- Learn how to reduce risks for falls and fractures.
- Get checked. Bone mineral density (BMD) is the standard for checking bone strength and predicting fracture risk.
- Get enough vitamin C and Vitamin D. Vitamin D is necessary to help bones absorb calcium, and adults over the age of 50 require a higher amount in supplement form a day. Check with your health-care provider or providers to assess your specific needs.

MENTAL WELL-BEING AND MENOPAUSE

Perimenopause and menopause can bring with them changes in mood and memory, and, for some women, these changes can affect their mental well-being.

Depression symptoms may increase during perimenopause and menopause due to fluctuating hormone levels and other factors such as the severity of hot flashes, sleep disruptions, or stress, or a previous history of depression or anxiety or both.

While some women may experience no changes in their mood or mental well-being during perimenopause and menopause, others may experience mood swings going from cheerful to sad. Women who have suffered from severe premenstrual mood swings as part of premenstrual syndrome (PMS) may experience more severe ones.

The good news is that help is available. Reducing stress, creating balance, and seeking support are some of the ways to achieve and maintain optimal mental well-being. Some women opt to use herbal remedies to help with mild to moderate depression during perimenopause and menopause, while others opt to use a low-dose oral contraceptive to help with mood swings. For those who experience more severe depression, your

health-care provider may prescribe an antidepressant and may recommend counselling. Consulting with a mental-health professional may be appropriate and reassuring. Even if you are in a low mood, it can be beneficial to consult with your health care-provider before symptoms could potentially escalate. Mental health care is about maintaining good mental health, as well.

- Reduce stress. Try not to become overwhelmed. Prioritize tasks, break larger tasks into smaller ones, and do what you can when you can.
- Do things that you enjoy. Whether it is dancing, yoga, walking, spending time with friends and family, reading a book, meditating, or watching a movie, take time to relax and do something that you like.
- Pamper yourself. Treat yourself to something special. It could be as simple as an at-home manicure, to enrolling in a class. Do something special for yourself.
- Talk to someone. Talking with a loved one, a friend, or a health-care professional about how you are feeling can help. Remember, you do not have to go through times of difficulty alone.

Menopause does not mean the end of an active and healthy sex life. In fact, some women find this time of life liberating because they no longer have to worry about pregnancy and menstruation. This can be freeing and increase the desire for sex.

For some, perimenopause and menopause do have an impact on their sexual health. Some experience low sexual desire, which can include the absence of sexual fantasies or the lack of desire for any form of sexual activity or both.

Those who have had their ovaries surgically removed or are undergoing surgical menopause are more likely to experience low sexual desire than those who experience natural menopause.

Sexual pain during intercourse can occur due to the thinning of the vulva, vagina and urinary tract because of the loss of estrogen production during menopause. A loss of vaginal elasticity can make for uncomfortable intercourse and can result in vaginal and urinary tract infections. Using a lubricant can help with vaginal dryness, and make intercourse more enjoyable and pleasurable.

Depression is not directly related to menopause, but for those who experience this symptom it can affect sexual desire and drive. Some medications for depression, notably selective serotonin reuptake inhibitors, can decrease sexual desire.

Once you have reached perimenopause and menopause, it is still as important to take steps to protect your sexual health. Pregnancy may no longer be a concern, but contracting a sexually transmitted infection (STI) should be of concern, as is the case for all who are sexually active.

STIs include HIV, hepatitis B and C, genital herpes, gonorrhea, syphilis, chlamydia, and human papillomavirus (HPV).

If you are sexually active, and not in a long-term relationship and/or mutually monogamous, you should use a latex condom or a dental dam (or both) during oral sex; ask a partner with a penis to use a latex condom during genital and anal sex; and use water-based products to lubricate condoms. If possible, have an open and honest discussion with your partner about your sexual histories.

Whenever possible, before starting a sexual relationship, consider having both you and your partner checked for STIs. Ensure toys are clean prior to sharing, and use a dental dam or similar latex barrier during oral sex.

Remember, sex should be a mutually pleasurable, enjoyable, and safe experience for people of all ages. It is important to take the necessary steps to ensure that you and your sexual partner can safely enjoy the experience.

Here are some ways to improve sexual health during menopause:

- Think about sex. The brain is the most important sexual organ.
- Make an intimate appointment. Schedule time for intimacy.
- Focus on the body, inside and out. Maintaining a healthy lifestyle with regular exercise, regular sleep habits, and a balanced diet can boost well-being, which can help increase sexual desire.
- Speak up. If you have a partner, talk with them about your changing needs and desires. If you are experiencing difficulties, speak to your health-care provider since some sexual problems have a medical or physical cause, or both.



TRANS HEALTH AND MENOPAUSE

How does menopause affect transgender people? The truth is it depends. There have been few long-term studies examining things like the long-term impacts of hormone replacement therapy (HRT), and not all transgender or gender diverse people want or have access to medical transition supports. There is limited scientific data available regarding transgender experience and menopause.

In general, individuals who initiate hormone replacement therapies at a perimenopausal age will not experience menopause in the same way that cisgender women do. This is because gender-affirming hormones are typically provided for the entirety of a person's life course. However, trans masculine folks who have not medically transitioned (i.e. gender affirming surgeries/ hormone therapies) will likely experience menopause symptoms eventually.

For transgender women, or gender diverse folks on the feminine spectrum who have initiated hormone replacement therapy (HRT), although the dosage might be reduced in some circumstances, there is no need to withdraw estrogen treatment at any particular age to induce menopause.

However, trans women who have initiated HRT and have had top surgery (surgery performed on the chest as part of gender reassignment) are believed to be at increased risk for breast cancer.

According to the Canadian Cancer Society, if you've taken hormones for more than five years, and you're between the ages of 50 and 69, you should get a mammogram (or other screening test) every two years.

MENOPAUSE AND OTHER CULTURES

The experience of perimenopause and menopause, as well as their symptoms, can often reflect the cultural differences among people, and even the age at which you reach menopause. People from different cultures may not share menopause symptoms you experience.

PARENTING AND THE MENOPAUSAL MOM

With more women opting to have children later in life, more women are entering perimenopause with young children in their care. Some women are entering perimenopause and menopause with very young children, even toddlers, in their care. They are doing their best to manage a busy schedule, juggling work, home life, children, all while dealing with perimenopausal and menopausal experiences and symptoms.

For some women in this stage in life, they are dealing with similar hormonal symptoms as their pre-teen and teenage children. The symptoms of puberty and menopause are quite similar – lack of sleep, mood changes, weight gain, and anxiety about your changing identity and sexuality.

Some perimenopausal and menopausal women can find themselves pregnant, often mistaking missed periods as a sign of perimenopause, which is why it is important to continue using contraception if you do not want to risk the chance of pregnancy.

Some perimenopausal and menopausal women are going through this stage with a partner while others are single parents. Find balance and, whenever possible, find time to rest, take care of your health, and, if possible, seek out support.

BEING PROACTIVE

Many women see the onset of perimenopause and menopause as an opportunity to make positive changes in their lifestyle, many of which could help with healthy aging and, for some, possibly minimize the symptoms. It can often be a liberating time of life, a time of renewal when you can focus on yourself, your health, and your physical mental and emotional well-being.

There are many things women can do to care for their health and well-being. When questions arise about your health, it is helpful to stay informed and up to date.

Taking charge of your health includes seeking out information from reliable sources as well as maintaining a healthy lifestyle, with a balanced diet and exercise.

It is important to remember that perimenopause and menopause are normal stages in life, and often a time when you can focus on yourself, your health, and your physical mental and emotional well-being.

If you are overwhelmed by information, or having trouble choosing reliable sources, seek help. There are many services available, and the first visit should be with your health-care professional.

Lifestyle changes and choices could include:

- Smoking cessation
- Changing your diet
- Maintaining a healthy weight
- Eating with health in mind
- Taking adequate levels of calcium and vitamin D to keep bones strong, as well as other recommended supplements
- Limiting the intake of salt and fat to maintain cholesterol and blood-pressure levels
- Limiting or eliminating alcohol and caffeine consumption
- Implementing stress management and/or relaxation techniques, such as yoga or meditation
- Getting enough rest and sleep
- Getting active and moving
- Seeking out support
- Taking time to enjoy life by going for a walk, visiting with family and friends, and having fun. Menopause is normal, and often freeing.



ONLINE RESOURCES

There is a wealth of information available on perimenopause and menopause. However, there is also a great deal of misinformation. Informing yourself is the first step in understanding the changes you are experiencing. Here are examples of credible resources available online on the topic.

- Canadian Menopause Society – www.sigmamenopause.com, <https://www.sigmamenopause.com/professionals/external-resources>
- Centre for Menstrual Cycle and Ovulation Research – www.cemcor.ca
- Menopause & U – www.menopauseandu.ca
- The Society of Obstetricians and Gynecologists of Canada – <https://sogc.org/publications-resources/public-information-pamphlets.html?id=15>
- International Menopause Society – <http://www.imsociety.org/>
- North American Menopause Society – www.menopause.org

Resources on Prince Edward Island

Women's Wellness Program and Sexual Health Services

The Women's Wellness Program and Sexual Health Services provides reproductive and sexual health care to Islanders of all genders, orientations and ages at various sites across PEI. To access safe, confidential and supportive services, contact: Telephone: 1-844-365-8258 (toll-free)

The Women's Health Clinic

24 Linden Avenue, Charlottetown
Telephone: (902) 367-3285

Breast Cancer Screening

Regular screening with mammography can detect early changes in breast tissue. Screening mammography is available for women aged 40 to 74.

Telephone (toll-free): 1-888-592-9888

Web link: <https://www.princeedwardisland.ca/en/information/health-pe/pei-breast-screening-program>

Pap Screening and Cervical Cancer Prevention

Cervical cancer screening can help to protect you from cancer by detecting early cell changes.

Telephone (toll-free): 1-888-561-2233

Request an appointment (online):
<https://www.princeedwardisland.ca/en/service/request-appointment-pap-and-cervical-cancer-screening>

Patient Registry Program

The Patient Registry Program helps connect Islanders to family doctors and nurse practitioners who are accepting new patients. Contact the registry if you do not have a family doctor or nurse practitioner.

Telephone (toll-free): 1-855-563-2101

Online registration form: <https://eservices.princeedwardisland.ca/en/service/145>

Patient Navigator

Contact the Patient Navigator for assistance with accessing services and supports across PEI. The Patient Navigator can provide help with finding community resources and coordinating health services.

Telephone (toll-free): 1-844-882-3141

Email: patientnavigator@gov.pe.ca

Colorectal Cancer Screening Program

Regular colorectal cancer, by taking a Fecal Immunochemical Test (FIT) at home can help to detect early signs of colon cancer. A FIT test is recommended for people age 50 to 74.

Telephone (toll-free): 1-888-561-2233

Web link: https://www.princeedwardisland.ca/sites/default/files/forms/fit_home_screening_test_request_form.pdf

Primary Care Health Centres

Primary care networks bring together a team of health-care professionals to provide a range of services including diagnosis, education, disease prevention and screening.

Central Queens (Hunter River)

Telephone: (902) 621-3050

Evangeline (Wellington)

Telephone: (902) 854-7259

Harbourside (Summerside)

Telephone: (902) 432-2600

Gulf Shore (Rustico)

Telephone: (902) 963-7835

Four Neighbourhoods (Charlottetown)

Telephone: (902) 569-7772

Eastern Kings (Souris)

Telephone: (902) 687-7033

Montague

Telephone: (902) 838-0830

O'Leary

Telephone: (902) 859-3929

Tyne Valley

Telephone: (902) 831-5800

Alberton Health Services

Telephone: (902) 853-0403

Diabetic Clinics

Charlottetown Queens East

Telephone: (902) 368-4959

Charlottetown Queens West

Telephone: (902) 569-7562

Souris

Telephone: (902) 687-7049

O'Leary

Telephone: (902) 859-8781

Summerside

Telephone: (902) 432-2600

Montague

Telephone: (902) 838-0787

Community Mental Health and Addictions Services

Mental Health Walk-in Clinics

Contact the Community Mental Health office in your area for information and support to help with anxiety, depression, and other mental health concerns.

Alberton

Telephone: (902) 853-8670

Charlottetown (McGill)

Telephone: (902) 368-4911

Charlottetown (Richmond Centre)

Telephone: (902) 368-4430

Mt. Herbert

Telephone: (902) 368-4120 or 1-888-299-8399

Souris

Telephone: (902) 687-7110

O'Leary (Health Centre)

Telephone: (902) 859-3929

Summerside

Telephone: (902) 888-8180/8380

Montague

Telephone: (902) 838-0960

Psychological Association of Prince Edward Island

The Association maintains a list of private-practice psychologists.

<https://papei.org/>

Find a Dietitian

The College of Dietitians of PEI regulates the practice of dietitians in the province to protect the public by ensuring competent and ethical services from Registered Dietitians/Nutritionists. The organization represents more than 80 dietitians in the province who work in a variety of settings. A full list of Registered Dietitians in PEI is available on the College's website.

Web link: www.peidietitians.ca

Email: registrar@peidietitians.ca

Note: Dietitians who see Islanders over the age of 13 years for all general nutrition-related issues are located within the Primary Care Networks across the Island as part of health-care teams. To access these dietitians speak with your health-care provider or providers who can send along a referral on your behalf, or call the centres below.

Web link: <https://princeedwardisland.ca/en/information/health-pe/health-centres-offer-primary-care>

Souris

Souris Hospital

Telephone: (902) 687-7051

Montague Health Centre

Telephone: (902) 838-0719

Queens East

Polyclinic

Telephone: (902) 620-3260

Queens West

Four Neighbourhoods Health Centre

Telephone: (902) 569-7772

East Prince

Harbourside Health Centre

Telephone: (902) 432-2600

West Prince

O'Leary Health Centre

Telephone: (902) 859-3929

Find an Acupuncturist

The Association of Registered Acupuncturists of PEI represents practitioners in Prince Edward Island. The website includes a listing of acupuncturists in the province on the members' page, which contains a short description of each as well as each individual member's contact information to book an appointment.

Web link: www.acupuncturepei.com

Email: info@acupuncturepei.com

Find a Physiotherapist

The Prince Edward Island College of Physiotherapists is a regulatory body. A section of its website lists clinics, general contact information and where physiotherapists work and the contact information for each of those to book an appointment.

Web link: http://www.peicpt.com/content/page/front_home

Public facilities in Prince Edward Island that provide physiotherapy services (as listed on the PEI College of Physiotherapists website):
Queen Elizabeth Hospital
Prince County Hospital
King's County Memorial Hospital
Souris Hospital
Western Hospital
Stewart Memorial, Tyne Valley
Community Hospital, O'Leary
Home Care (East Prince, Queen's Region, King's Region)

Find an Occupational Therapist

Occupational therapists work in a variety of settings, including hospitals, home care, workplaces and private practice. A list of private practice occupational therapists is available from the PEI Occupational Therapy Society.

Web link: <https://www.peiot.org/members-list>

Find a Naturopathic Doctor

PEI Association of Naturopathic Doctors
The PEI Association of Naturopathic Doctors maintains a listing of naturopathic doctors.

Telephone: (902) 894-3868

Web links: <http://www.peiand.com/>

<https://peiand.com/our-naturopathic-doctors/>

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- Centre for Menstrual Cycle and Ovulation Research
- Menopause & U
- The Society of Obstetricians and Gynecologists of Canada
- International Menopause Society
- North American Menopause Society
- Canadian Physical Activity Guidelines

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