

Menopause Glossary of Terms

The Menopause Society compiled a list of definitions related to menopause, perimenopause, and post-menopause.

Abnormal uterine bleeding (AUB): Bleeding that is abnormal in frequency, severity, or duration. Need follow-up if experiencing during menopause.

Amenorrhea: The absence of a woman's monthly period not related to menopause.

Anxiety: A feeling of apprehension, fear, nervousness, or dread accompanied by restlessness or tension.

Atrophic vaginitis: Inflammation or infection of the vagina sometimes accompanied with vaginal walls that are thin, smooth, pale, dry, and inflamed.

Bilateral oophorectomy: The surgical removal of both ovaries (and usually, fallopian tubes).

Conjugated estrogens (CE): A mixture of estrogen hormones used to treat symptoms of menopause such as hot flashes and vaginal dryness, burning, and irritation. Other uses include prevention of osteoporosis in post-menopausal women and replacement of estrogen in women with ovarian failure or other conditions that cause a lack of natural estrogen in the body.

Custom-compounded hormones: Hormone therapies that are mixed for women from a prescription into formulations such as topical creams, gels, lotions, tablets, and suppositories. These compounds are not regulated by the government. Efficacy and safety have not been proven in clinical trials.

Dehydroepiandrosterone (DHEA): One of the androgens circulating in the body that is a precursor of androstenedione, testosterone, and estrogen. Produced mainly in the adrenal glands, decrease in DHEA levels occurs with aging, not menopause.

Depression: A disorder marked by a persistent sad, anxious, or empty mood and feelings of hopelessness and helplessness that affects eating, sleeping, and activity. Major depression is not the same as the mood swings or feeling blue reported by some perimenopausal women.

Dysmenorrhea: Pelvic pain and cramping associated with a menstrual period.

Dyspareunia: Vaginal pain during intercourse.

Endometrial ablation: A surgical procedure in which heat energy, in the form of lasers or electrical currents, is used to remove or thin down the endometrium (the lining of the uterus) for the treatment of abnormally heavy uterine bleeding.

Endometrial biopsy: A sample of endometrial tissue is removed through the opening of the cervix and examined microscopically for abnormal cells.

Endometriosis: A condition in which the same kind of tissue that lines the inside wall of the uterus (endometrium) grows outside the uterus (eg, on the ovaries or bowel), often resulting in severe pelvic pain and infertility.

Estradiol: The most potent of the naturally occurring estrogens and the primary estrogen produced by women in their reproductive years. Available in oral, skin patch, and vaginal prescription.

Estrogen: A variety of hormone chemical compounds produced by the ovaries, influencing the growth and health of female reproductive organs. The three main naturally occurring estrogens in women are estradiol, estrone, and estriol. Estrogen levels fall after menopause. Several types of estrogen therapies are available for menopause indications.

Estrogen patch: A form of estrogen therapy contained in a special patch that is adhered to the skin. The patch technology allows a gradual release of estrogen through the skin directly into the bloodstream where it circulates throughout the entire body (systemically).

Estrogen plus progestogen therapy (EPT): Also known as combination hormone therapy. Estrogen is the hormone in this duo that provides the most relief for menopause-related symptoms. Progestogen is added to protect the uterus from estrogen stimulation and the increased risk of endometrial cancer.

Foggy brain: Is a term used to describe a range of cognitive symptoms that can affect mental clarity and sharpness. This phenomenon is commonly experienced by menopausal women due to hormonal fluctuations, particularly the decline in estrogen levels.

Frozen shoulder: Also known as adhesive capsulitis, is a condition characterized by stiffness and pain in the shoulder joint. It can significantly restrict the range of motion. This condition may be more common in menopausal women due to hormonal changes, specifically the reduction in estrogen levels, which can affect the connective tissues.

Genitourinary syndrome of menopause (GSM): A collection of symptoms and signs associated with decreased estrogen and other sex steroid levels that can involve changes to the labia, clitoris, vagina, urethra, and bladder. The term includes symptoms associated with menopause affecting the vaginal area as well as the lower urinary tract.

Hormone: Specifically, a sex hormone (such as estrogen, progesterone, testosterone) produced by the ovaries (in women), testes (in men), or adrenal gland (in both women and men) that affects the growth or function of the reproductive organs or the development of secondary sex characteristics. Also includes non-sex hormones such as thyroid hormone.

Hormone therapy (HT): Prescription drugs used most often when treating menopause symptoms. Encompasses ET and EPT. See Estrogen therapy (ET) and Estrogen plus progestogen therapy (EPT).

Hot flash: A condition resulting in a red, flushed face and neck, perspiration, an increased pulse rate, and a rapid heartbeat, often followed by a cold chill.

Induced menopause: Menopause that occurs earlier than expected when both ovaries are surgically removed or permanently damaged by cancer treatments (pelvic radiation or chemotherapy).

Insomnia: Difficulty falling asleep, staying asleep, or waking early.

Menopause: The final menstrual period, which can be confirmed after 12 consecutive months without a period. This time marks the permanent end of menstruation and fertility. It is a normal, natural event associated with reduced functioning of the ovaries, resulting in lower levels of ovarian hormones (primarily estrogen).

Menorrhagia: Increased menstrual bleeding occurring at regular intervals or bleeding that last more than 7 days.

Metabolic syndrome: The presence of three or more of the following factors: central obesity (increased waist circumference), elevated triglyceride levels, low HDL-C, elevated blood pressure, elevated fasting glucose level. Women with metabolic syndrome are at increased risk for heart disease, stroke, and type 2 diabetes (adult-onset diabetes).

Night sweats: Hot flashes that occur at night that can interfere with sleep, even if they are not strong enough to cause awakening. If heavy perspiration occurs, the condition is called night sweats. Although it is a myth that menopause makes a woman irritable, inadequate sleep causes fatigue, which may lead to irritability. See also Hot flashes.

Osteoporosis: Post-menopausal osteoporosis is a disease of older women in which the bone density of the skeleton has decreased to a point where bone has become fragile and at higher risk for fractures, often with little or no trauma. In most women, bone loss accelerates during the first few years after menopause, which is related to the decline in estrogen levels.

Perimenopause: A span of time that begins with the onset of menstrual cycle changes and other menopause-related symptoms and extends through menopause (the last menstrual period) to 1 year after menopause. Perimenopause is experienced only with spontaneous (natural) menopause, not induced menopause. Also called the menopause transition. See also Induced menopause.

Post-menopause: The span of time after menopause (the final menstrual period).

Premature menopause: Menopause that occurs at or before the age of 40, which may be the result of genetics, autoimmune disorders, or medical procedures or treatments. See also Early menopause.

Progesterone: A female hormone that is released by the ovaries after ovulation to prepare the lining of the uterus (endometrium) to receive and sustain the fertilized egg and thus permit pregnancy.

Progestin: A class of progestogen compounds synthesized to act like progesterone in the body. Available in oral prescription drugs and combined with estrogen in prescription skin patches. See also Progestogen, Hormone therapy.

Progestogen: A naturally occurring or synthetic progestational hormone. There are various progestogen options: progesterone (identical to the hormone produced by the ovaries) and several different progestins (compounds synthesized to act like progesterone).

Selective estrogen-receptor modulator (SERM): A compound that has a similar chemical structure to estrogen and has an estrogen-like effect on some tissues and an antiestrogen effect on others. Available as various prescription drug therapies. See Raloxifene, Tamoxifen.

Systemic therapy: Drug therapy that circulates through the body, affecting many body systems. Examples include oral and skin patch estrogen drugs. See also Local therapy.

T-score, Z-score: Values that report the results of evaluating bone strength and predicting fracture risk. The Z-score compares the bone density to similar-age women and is a rough index of the need for extra diagnostic studies, whereas the T-score compares bone density to young women and is a rough index of the need for treatment. See also Bone mineral density, Dual energy X-ray absorptiometry (DXA).

Testosterone: In women, testosterone (partially produced by the ovaries) may regulate sexual desire and may also help maintain bone and muscle health. See also Androgen.

The Menopause Society (formerly North America Menopause Society NAMS): is a nonprofit organization dedicated to promoting the health and quality of life of women through an understanding of menopause and healthy aging. The Menopause Society provides education, resources, and support for healthcare professionals, researchers, and the public on all aspects of menopause, including symptoms, treatment options, and the latest research developments. It also offers certification for menopause practitioners, ensuring that they meet high standards of expertise in managing menopause-related health issues.

The Menopause Society Practitioner: A licensed healthcare provider who has achieved a certification in the field of menopause from Menopause Society by passing a competency examination.

Transdermal estrogen: Estrogen therapy delivered through the skin into the bloodstream, such as via skin patch or topical lotion, cream, or gel. See also Estrogen patch.

Vaginal atrophy: A condition in which estrogen loss causes tissues of the vulva (the external parts of the female genital organs) and the lining of the vagina to become thin, dry, and less elastic. Vaginal secretions diminish, resulting in decreased lubrication. See also Genitourinary syndrome of menopause.

Vaginal dryness: Inadequate lubrication of the vagina that can be caused by low estrogen levels, medication, or lack of sexual arousal.

Vaginal estrogen: Prescription estrogen therapy that is applied vaginally (as cream, ring, suppository, or tablet) and is government approved to treat moderate to severe vaginal dryness and atrophy. Most vaginal estrogen therapies provide local, not systemic, treatment.

Vaginal lubricant: Nonprescription, water-based products that are applied to the vagina to decrease friction and reduce discomfort during intercourse.

Vaginitis: Inflamed vaginal tissues that result in vaginal discharge, burning, or irritation. Tissues may be prone to injury, tearing, and bleeding during sexual intercourse or a pelvic examination.

Vasomotor symptoms: Also known as hot flashes and night sweats, common symptoms during perimenopause and early post-menopause. In almost all women, menopause-related vasomotor symptoms subside over time without any intervention. See also Hot flashes, Night sweats.

Weight-bearing exercise: Exercise during which bones and muscles work against the force of gravity or bear the body's weight. Examples include brisk walking, jogging, dancing, and resistance training exercises. May slow bone loss in the early post-menopausal years and reduce fracture risk.