

1: Female Physiology in Endurance Running – www.enganchecubano.com

*Menopausal Women on the Run: A Wicked Woman's Guide to Growing Old [Jaki Da Costa] on www.enganchecubano.com *FREE* shipping on qualifying offers. This book is full of thoughts which are hilarious, but true-a light hearted, enthusiastic book about growing old.*

I had the period from HELL last week! Happy to oblige, Sea Spray. Not to mention the fact that the terminology around menopause has recently changed. Menopause By definition, menopause is the date of the final menses. You are either in your reproductive years, peri-menopausal or post-menopausal. The chart below may help you understand these terms. Postmenopausal Once it has been 12 months since your last menses, you are officially post-menopausal. So what are you in that year while you are waiting to find out if that was your last period? Perimenopausal You are perimenopausal from the time from when you first start having variation in your menstrual cycle length to one year after the last menses. For some women, perimenopause is very short. For others, it encompasses a good deal of their forties and early fifties. Hormonally, the perimenopause is characterized by fluctuating hormone levels and rising FSH levels. Cycles can range from textbook normal to skipping months at a time to occurring every few weeks. Periods can become very heavy and erratic. Mood swings can be problematic. Breast tenderness can be a bitch. And you can have hot flashes even while you are still having menses. The problem with this term is that it implies that the perimenopausal years are not reproductive. Tell that to the woman who gets pregnant in her perimenopause. Which definitely happens, by the way, so use birth control till you are post menopauseal. What about the word Premenopausal? By definition, you are premenopausal for your whole reproductive life, until your final period. Premenopausal is not really a helpful word, because it not distinguish the perimenopausal years. But it can occasionally be used to describe all those women out there who are still menstruating. What about the word Menopausal? When docs use that, they usually mean perimenopausal. What does Menopause really mean? But this continuing ovarian function can make the perimenopause and early post-menopausal years a bit less predictable than some think. Not infrequently, my post-menopausal patients will complain of episodes of breast tenderness or PMS, and swear they are going to get a menses, but then nothing comes. And some women, even after 12months of amenorrhea, will occasionally have a full blown normal menses. Take me, for example. My Post-Menopausal Period Just last month, a full 14 months since my last period, I had a miserable weeks of bloating, breast tenderness, crankiness and a 5 pound weight gain, along with a pleasant little blip in libido, followed by a whopping migraine the likes of which I had not had for months, followed by a week long episode of vaginal bleeding. Officially, this was an episode of post-menopausal bleeding. Not something to be ignored, since post-menopausal bleeding can be an early sign of uterine cancer. So I had a sonogram, which was normal. It was, simply, a period. An episode of transition that can last for days, weeks, months and even years. Which Reminds me of a Joke A woman goes to her gynecologist for a check up. The doctor reaches for his prescription pad. Or Is It Me? Modeled after the What to Expect Guides. The Wisdom of Menopause – Well-written and medically on target. A bit touchy-feeling and whoo-who. Good if you like that kind of stuff. Cartoon copyrighted and used with permission from cartoonstock. Chart from Straw Stagn of reproductive aging workshop. J Clin Endocrinol Metab. Epub Jun 5.

2: Menopause Defined | The Blog That Ate Manhattan

Menopausal rages fuels speedwork, helping you run hard and fast. 3. Belly fat settles around your middle, so capris and skirts without a drawstring don't slip southward when you're in motion.

Blog How to Manage Menopause Acne As we know menopause can bring with it many issues such as hot flushes, night sweats, loss of libido, weight gain and other common symptoms. Unfortunately, acne, the bane of teenage years for some, can raise its head again during menopause. Diet, bacteria and genetics are all factors which affect the skin of women experiencing menopause acne. According to the American Academy of Dermatology, women in menopause are most likely to spot acne blemishes near the chin, jaw, mouth and neck, which is a move away from the T Zone experienced in teenage years. Breakouts can also occur on the chest and back. What Causes Adult-Onset Acne? Whether you are 16 or 50 acne breakouts have the same root cause – changes in hormone levels. Sebum clogs pores which attracts bacteria and become inflamed. For some adults breakouts are as a result of hypersensitivity or overproduction of androgens, the male hormone. For women this can happen during pregnancy, perimenopause and menopause. During perimenopause, the phase in the lead up to menopause, female hormone levels, including estrogen and in particular B-Estradiol, decline. However, androgen levels, the male sex hormones that women have as well, remain constant. This situation effectively causes the body to experience an increase in the effects of these male hormones. Some medications such as corticosteroids and cosmetics can also contribute to the development of acne. In some cases, acne is a sign of an underlying medical condition. Researchers have found a relationship between stress and acne flare-ups. In response to stress our bodies produce more androgens male hormone. These hormones stimulate the oil glands and hair follicles in the skin, which can lead to acne. There is some evidence that some women may be predisposed to acne breakouts during menopause if they suffered from it in their teens. Self-Care for Menopause Acne Cleansing: Clean your skin and treat it kindly. Know what your complexion is and find an appropriate product. If you are not sure what skin type you are, it may be worth seeking professional advice on this either at a salon or skin clinic. Avoid very strong gels and products containing beads or granules as they are abrasive and can irritate already sensitive skin. Wash your face twice a day with a cleanser using your hands or a very soft wash cloth. If your face is very dry, use only water the second time. Use only warm water. Look for water-based or mineral cosmetics to replace oily products. Take care to remove all traces of make-up when you cleanse your face. Being older and hopefully a little wiser or maybe due to the appearance of belly fat, you are probably trying to eat healthier. If you are experiencing menopause acne, you will need to be a little more attentive to your diet. Higher fibre and calcium is required with lower fat and carbohydrates. Experts in the field state that your daily calorie intake should be made up of the following: Add flaxseed to your diet as this helps with menopause and acne. Exercise increases your circulation and gets oxygen to your tissues. Not only will you feel better, but your skin will look and feel healthier. Drink plenty of water to keep your skin hydrated. Look for topical over the counter products that contain salicylic and glycolic acids to prevent discoloration and fade acne scars. To spot-treat a breakout, use a product with benzoyl peroxide, which helps kill bacteria. There are many salon treatments available for acne including peels, masks and micro-dermabrasion. Laser and IPL intense pulse light treatments mainly target scars, however, blue light therapy treatments kill acne-causing bacteria. However, these treatments can be costly so explore the other options first. Your healthcare professional may deem it necessary to prescribe oral antibiotics to help fight bacteria in the skin or a prescription only topical cream. In some cases a combination of both may be the solution. Women who take HRT often report improved complexion as one of the benefits. Supplemental estrogen provided by HRT not only helps your skin retain elasticity, it can also prevent blemishes and acne. Contrary to this, for some women, HRT can trigger an acne problem. It would, however, be extremely rare for a healthcare professional to prescribe HRT for a dermatological issue. Menopause and your Skin. Female Acne and Hormones.

3: 10 Reasons Why Running after Menopause Is Great - Another Mother Runner

Many menopausal women experience persistent feelings of weakness, tiredness and apathy, even after a good night's sleep. run the New York City Marathon for a good cause Working up a sweat.

Sunday, April 7, Menopause and the female endurance athlete There are a lot of topics women are scared to talk about and menopause is one of them. You might just have some women you are training that can benefit from your knowledge of this subject! In a triathlon forum, one woman talks about the drastic decrease in participation among women in triathlon as they get older. She also writes about how she went from being competitive in a triathlon to being "personal worst" in a triathlon. Was it because of menopause? These women seemed to think it was mostly to blame. There are several symptoms of menopause that could cause female athletes to perform poorly in endurance events. Not all women react the same to menopausal symptoms or treatments. Any treatments considered should be done under the consult of a doctor. We all know if our sleep patterns get messed up our training gets messed up. And, women in menopause experience this a lot. Fatigue sets in and it becomes very difficult to even have the desire to workout, let alone the energy. So, in theory, if you lose 5 lbs, you can shave off 2 minutes on a half marathon. This can be a huge "downer" to the competitive athlete whether they are competing against themselves or others. First of all, exactly what is brain fog? Or, they can barely ride one hour on the bike when they previously had no problems. Another problem with sweating so much is the loss of Magnesium in the body. Many athletes are concerned about loss of electrolytes during training and starting a workout already depleted of magnesium is cause for concern. Foods high in magnesium include: What use to be normal is now NOT! Some women struggle dealing with an extremely heavy flow when it comes to training. This is one symptom that can really hinder performance. Women experiencing backaches should be sure to see a doctor so they can be treated correctly. Although this may or may not hinder an athletes performance, everyone around them needs to know this! Loss of muscle mass: Although this is probably not something women recognize physically, menopause brings with it a significant loss of muscle mass. This will, in turn, put the athlete at a greater risk for injury. To combat this, women in menopause should increase the amount of strength training in their weekly plan. But, going down this path seems to have worked wonders for some women. Some antidepressants have helped control symptoms such as hot flashes. Isoflavones are found in some soy products soy beans, chickpeas, lentils and have been found to relieve symptoms such as hot flashes. This is a herbal remedy to help relieve women of some of some symptoms such as hot flashes. This has been known to help people sleep better at night. However, some people experience vivid nightmares while taking it. I am not a doctor, nor do I play one on TV. Any other advice is more than welcome - please post in the comment section below.

4: Menopausal Woman on the Run - A Wicked Woman's Guide to Growing Up!

'The change', 'the climacteric', 'the time of life' - call it what you will, it is an unavoidable fact that all women go through the menopause. However, for many women this natural process is a time of anxiety and distress due to the various symptoms that can accompany it.

It usually happens between the ages of 45 and 54 with the average for women in the UK being One in women experience the menopause before they are 40, some even in their teens or twenties. This can affect how a woman does her work, her attendance and performance at work and her relationship with her line manager and her colleagues. Often this coincides with other significant life issues outside work, including lifestyle changes, health concerns and different or new caring responsibilities. Noticeable symptoms Women make up more than half our workforce. About 1 in 3 women has either experienced or is currently going through the menopause. Symptoms may occur for two to five years or longer. Many women report that workplace environments and practices make these symptoms worse. Despite the fact that it is an occupational health issue, the word menopause is absent from the vast majority of workplace policies that manager members must apply. Information and training provided by the employer to its managers in terms of managing the menopause is scant to nonexistent. Because they may still be having regular periods when they first start to get these symptoms many women do not always realise that they are experiencing the menopause and may not understand that the menopause is causing their symptoms. This can be an additional barrier, not only to accessing support, but also to raising the matter with their manager. Multiple equality impacts Trans people may also be affected by menopausal symptoms because of the natural menopause process or treatments or surgeries. A variety of factors mean the experience of the menopause may be different for those among the non-binary, transgender or intersex communities. Risk assessments As managers you have a legal responsibility to take into account the difficulties that women may encounter during the menopause and to remove the barriers they face. Legislation requires employers to ensure the health, safety and welfare of their workers and to undertake risk assessments. These should include any specific risks to menopausal women. Risk assessments should consider the specific needs of menopausal women and ensure that the working environment does not worsen their symptoms. Gender specific hazards Risk assessments should also reflect gender specific hazards for women of menopausal age. Working in fixed and restricted positions for long periods may cause health problems. Lack of exercise and a sedentary lifestyle is linked to increased risks of osteoporosis, cancer, diabetes and cardiovascular disease in older women. Calcium is essential for health in later life and can help to prevent osteoporosis – a potentially life-threatening condition – by strengthening bones. This article will be continued in the next edition of PMA news. Part two will consider physical and psychological symptoms, together with adjustments that as managers you may be required to make in the workplace. It will also examine adjustments that may be required to conduct, attendance and performance policies to ensure women are not disadvantaged.

5: How the menopause can affect your mood

The good news is that running actually has been shown to reduce the severity of menopausal symptoms. The key is to be mindful that menopause is a natural—“if sometimes challenging”—process that will lead to better runs down the road. Here are some strategies to help you run in synch with this life change. Keep a journal.

Periods, menopause, and pregnancy: This article will specifically look at: Research on the difference between women and men in endurance running; How endurance-sports performance can vary according to the menstrual cycle as well as how you might be able use this to your advantage; Amenorrhea losing your period and its physiological consequences; and Menopause and thriving in endurance sports with age. The start of the U. Not even close, really. The fastest men ever were faster than the fastest women ever in mile For the fastest finishers ever, men were faster than women in mile This difference in running speed between the top men and women in ultramarathons Zingg et al. The average percent difference between top male and female runners at the , , and 1,mile running distances Zingg et al. The world-record differences between the sexes in the marathon and shorter running distances. That women might actually be relatively slower the longer the race is the opposite of what has been recently proposed in popular media Brown, However, we may see this gap narrow as female participation in ultramarathons continues to grow. The author of this article, for example, has won a 6k and a 25 miler overall for men and women, but does not use this as evidence that women are better at running a 6k or mile races than men. Let us accurately call them phenomenal exceptions. Aerobic Capacity and the Menstrual Cycle When reading the information in the next few sections of this article, it will be helpful to keep Figure 4 handy. My mnemonic for remembering how the menstrual cycle relates to training is: The levels of estrogen and progesterone across the typical day female cycle with the period starting at day 1 from <http://> Though the realm of science involving athletics and the menstrual cycle has often involved small studies with inconsistent methodology, in general, in larger, well-designed studies, women are found to have improved aerobic capacity during the follicular phase De Jonge, ; Sims, ; Julian, ; Lebrun, Another study in trained athletes found exercise capacity to be significantly higher in the follicular phase than the luteal; this study was conducted in a number of athletic disciplines including running, cycling, triathlon, squash, cross-country skiing, ultimate frisbee, and rowing Lebrun, This increase in aerobic capacity in the follicular phase appears to be particularly pronounced in the heat De Jonge, ; Sims, The improved aerobic performance during the follicular phase is felt to be mostly estrogen-mediated Oosthuysen, and, rather than being an effect of the follicular phase itself, an effect of the estrogen-to-progesterone ratio Janse de Jonge, ; Oosthuysen, Women may find they have increased caloric need during prolonged exercise when progesterone is high and have decreased need in general compared to men, not just because of less muscle mass, but perhaps due to the presence of estrogen, though I am unaware of a study that has shown this. But improved endurance performance in the follicular phase is likely also at least partially attributable to the lower levels of progesterone. The progesterone surge in the luteal phase raises body temperature between 0. This increase in body temperature has been correlated with limiting prolonged exercise capabilities as well as increasing respiratory and heart rates Janse de Jonge, ; Janse de Jonge See more on the effects of progesterone in the luteal phase below. Finally, performances in all-out sprints have also been found to be best during menstruation Brooks-Gunn, ; Gargiulo, ; Redman, , where again, estrogen is the dominant hormone. The increased mean time to exhaustion in the follicular phase, which did not reach significance in temperate conditions, but despite a small number of participants, did reach significance in hot and humid conditions. The mean is highlighted Janse de Jonge, Strength and the Menstrual Cycle In terms of gaining muscle strength, overall, the existing data indicate a more anabolic state in the follicular phase and the peri-ovulatory phase of the menstrual cycle, compared to a more catabolic state in the luteal phase Sung, In other words, we tend to build up muscle when estrogen is dominant and break down muscle when progesterone rises. Estrogen has been found to build muscle strength via the improvement of the quality of muscle fibers rather than by increasing muscle bulk Lowe, Estrogen may not be the only hormone that causes us to build muscle mass in that first part of the cycle; a study by Sung et al suggested that increasing levels of testosterone during the

follicular phase may play a role in building muscle mass, though this theory has not been proven in women. This fascinating Sung study did find that a follicular-phase-based strength training program resulted in significantly increased maximum quadriceps knee-extension force compared with a program done in the luteal phase. Their results are shown in Figure 6. Change in maximum force F_{max} , measured in Newtons N of knee extension following follicular-based strength training FT versus luteal-based strength training LT. The Pre and 2nd control cycle values were both obtained from the study women two months and then one month prior to beginning the strength-training program Sung, Stephanie Violett at the Western States When Endurance May Decline There are a number of reasons women may not feel well during aerobic exercise in the luteal phase of their cycle. As discussed above, as progesterone rises after ovulation, you can expect your core temperature to rise 0. Along with this, the rising progesterone in the luteal phase will cause increased breathing and heart rates and you may feel more easily winded as a result Bayliss, ; Janse de Jonge, As an aside, this is also what happens in the first trimester of pregnancy when progesterone rises quickly to very high levels and women often note they are easily winded, even very early on in pregnancy Klarlund-Pedersen, But what goes down must go up and, as plasma volume rises again in the follicular phase, a woman can expect a corresponding increase in exercise capacity Coyle, This is because increasing your plasma volume provides improves heat dissipation, decreases heart rate, and increases output from the heart Convertino, Please see my previous iRunFar article on running during pregnancy for more. The luteal phase is certainly not all doom and gloom. There is good evidence for a decreased risk of injury during this phase. This has been especially well demonstrated in research on the anterior cruciate ligament ACL of the knee Yu, ; Herzberg, It is believed that the increased progesterone levels of the luteal phase counteract the ligament-loosening effects of estrogen Yu, , likely protecting a female from many kinds of injuriesâ€”not just ACL injuries. The risk of ligamentous injury can also apparently be mitigated by the use of birth-control pills Herzberg, via progesterone from the pills counteracting estrogen. The Effects of Birth Control on Endurance-Running Performance It is, at this point, unclear if and by how much monophasic birth-control pills affect exercise performance. Triphasic birth-control pills with changing hormone levels over the course of the month have consistently been shown to decrease aerobic capacity Casazza, ; Lebrun, The reasons for this are theoretical at this point, but may include weight gain, increased levels of progesterone compared with normal, increased progesterone-to-estrogen ratio, and exogenous not natural use of estrogen and progesterone suppressing the release of testosterone. Depo-Provera birth control is progesterone-only and induces an estrogen-deficient state and is thus not recommended in athletesâ€”or in any women in my opinion. Not only would aerobic performance likely be negatively impacted, but also the major risk of progesterone-only birth control is the loss of bone-mineral density and not to mention a loss of libido and the gaining of hair in places you may not desire hair! Intrauterine devices IUDs are essentiallyâ€”or totally in the case of copper IUDsâ€”hormone-free and are not expected to affect exercise performance. Runner Elissa Price and her daughter Penny. Well, actually, in the case of amenorrhea the loss of menstruation and monthly cycles, the answer appears to be a resounding no. Estrogen, as previously described, is not only associated with aerobic-performance advantages, but is also known to influence muscle-contractile properties, muscle repair, regenerative processes, and post-exercise muscle damage. Secondary functional hypothalamic amenorrhea SFHA the loss of the period due to energy deficiency is quite common among female athletes in weight-sensitive sports Ciadella-Kam, ; Louks, ; Melin, Nattiv, ; Pollock, Amenorrhea in pre-menopausal women has a number of negative effects that are far from limited to loss of bone-mineral density and increased risk of osteoporosis Ciadella-Kam, ; Nattiv, ; Schied, A loss of the menstrual cycle appears to cause an increased risk of injury Rauh, ; Enns, , delayed recovery Enns, , low energy Louks, , low thyroid hormone, and increased cortisol levels the major stress hormone Gordon, ; Louks, ; Louks, ; Nattiv, ; Thong, ; Warren, Additionally, in a study by Tornberg in , both knee muscular strength flexion and extension and knee muscular endurance repeated flexion and extension was found to be significantly higher in the women who had regular menstruation. The average age for women to enter menopause is 51 in the United States, but may begin as early as age 40 Mayo Clinic, If you are found to have entered menopause before age 40, it is called premature ovarian failure. I imagine all of us have a handful of female runners over the age of 50 who we look up to and who continue to inspire us with

their performances. In practical terms, research continues to suggest that hormone-replacement therapy HRT , combined with exercise, may be the most beneficial method for preserving muscle mass and strength in older women Sipila, ; Meeusen, Several recent studies that found positive effects of HRT use in postmenopausal women on muscle mass, function, and protection from exercise-induced damage Ronkainen, ; Onambele-Pearson, ; Dieli-Conwright, Unfortunately, there are significant drawbacks to HRT in older females including an increased risk of breast cancer with combined estrogen and progesterone therapy , lung and colon cancer, stroke, blood clots, and heart attack. A nice summary of the research regarding the benefits and risks of HRT can be found at the National Cancer Institute website. I was quite curious when I started researching for this article about testosterone hormone replacement as this has recently come into vogue among aging women. Its effects in men cannot necessarily be extrapolated to women. Unlike in men, there is not a well-defined optimal testosterone level in women. Measuring testosterone levels in women is not very reliable due to very low baseline levels compared with men which render current testing methods less accurate Miller, Finally, the long-term effects of testosterone supplementation in females is currently not known Tiyagi, , but an increased risk of liver tumors, stroke, heart attack, and death has been found in men Westaby, ; Vigen, Recommendations What specifically can women do to take advantage of their physiology to improve their endurance and strength? Considering all of the above information, my personal interpretation is it would be wise for women to have predominantly aerobic training runs and races meters or longer in the follicular phase of the cycle and focus more on cross training, shorter interval training, or less-intense long runs in the luteal phase. Personally, I have found that the few days immediately before my period starts, when estrogen is decreasing rapidly, my normal workouts get frustratingly difficult and this is more of an indication for me that my period is coming than any other pre-menstrual symptoms. I have also heard from numerous other women with similar experiences. For women who have ligament laxity, repeated subluxations, or are hypermobile, trialing a monophasic birth-control pill may be beneficial for injury prevention. This is because the progesterone in these pills has been found to be protective of ligamentous injury. Alternatively, women can opt to perform training that is more likely to be injurious during the luteal phase of the cycle when progesterone is highest. A world-renowned expert in this field and co-author of *Running for Women*, Jason Karp, PhD, kindly agreed to be interviewed for this article. His advice to women regarding training according to their cycle is: I think that is totally okay. In terms of amenorrhea, it strongly behooves female athletes who have lost their period and are not pregnant ;- , to get it back. All females should consult their physician if they have stopped menstruating younger than the age of For menopause, I am unable to make a blanket statement about whether or not a post-menopausal woman should take HRT. The overall risks and benefits of HRT should be considered on an individual basis between a woman and her physician. It should be noted that the vast majority of women on HRT after menopause take it for moderate to severe post-menopausal symptoms, and not to improve athletic ability. In case the obvious needs to be said, women who actively compete in races and who are found by their physicians to need WADA-prohibited forms of HRT must work with their physician to follow WADA therapeutic-use exemption protocol. Kaci Lickteig before the Western States She continues to outrun most of her younger competition and just ran for the American team at the IAU k World Championships. Despite having an off race for her, she won her age group. And in she was able to, once again, place in the top females at the Western States I see her training and racing often, and she is a very sweet and down-to-earth presence on the trails. I avoid junk food, highly processed food. I love whole foods, salads, meats, vegetables.

6: How to Spot the Symptoms of Menopause

'When women are still having regular periods and their FSH levels are within the normal range, many GPs won't even consider pre-menopause hormone imbalance as the issue,' says Dr Annaradnam.

The women received placebo tablets during this phase. The women were then randomized into an active intervention group or a placebo group although only every fifth woman was randomized to take placebo throughout as an index of changes over time. Of 26 women enrolled, only 19 completed the study with respect to the plasma lipid investigations, and only 17 underwent measurements of arterial compliance to the end of the first intervention period. The high dropout rate was due to intercurrent illnesses and changed geographic circumstances and was higher during the placebo phases than during the intervention phases due to intolerable menopausal symptoms requiring hormone replacement treatment. Thus, only 3 women instead of 5 originally randomized to placebo throughout the study completed the trial. The study was carried out double blind, with an external monitor supervising the trial. The background diet constraints were applied throughout and were supervised closely by a dietitian. Subjects were encouraged to compose their diets of whole grain cereal foods, fruit and vegetables, low fat dairy products, fish, lean and skinless poultry, as well as lean meat. Soy-based food products and leguminous vegetables were omitted. Subjects kept 3-day food records during each phase of the trial. A normal exercise routine was encouraged. The subjects attended the clinic every 2 weeks, when either tablets were dispensed or compliance with diet and medication was checked. Twenty-four-hour urine samples were collected after the designated active and placebo periods for measurements of isoflavonoid excretion to monitor absorption. The placebo tablet contained excipients without isoflavones and was similar in taste and appearance. Laboratory measurements Measurements were made at the end of each period, i. Blood for plasma lipid measurements was collected on 2 consecutive days. The women taking placebo throughout were tested at equivalent time points. The determination of systemic arterial compliance, which measures the elasticity of the main conduit arteries and which included frequent automated arterial pressure measurements, was carried out near the end of each period. Systemic arterial compliance Systemic arterial compliance SAC was estimated using the area method of Liu et al. Both aortic flow, measured with a flow velocimeter over the suprasternal notch, and pressure signals, measured by applanation tonometry over the right carotid artery, were digitized at 4 MHz using an analog to digital conversion board. Data were acquired and analyzed with purpose-written software J. The computation of compliance proceeds automatically; the observer is required only to ensure stable baselines and consistently reproducible pressure-flow traces. The methodology has been described fully in our previous publications 5 , Measurements were carried out in batches for plasma glucose, cholesterol, and triglyceride by enzymatic kits on a Cobas-Bio automated analyzer Roche, Basel, Switzerland. High density lipoprotein HDL cholesterol was separated from plasma by selective precipitation of other lipoproteins. Isoflavone content Isoflavone excretion in urine was estimated by assay of the total isoflavone content using high performance liquid chromatographic analysis performed by Novogen of an aliquot of a h urine collection and correcting for urine volume to obtain the total excretion value. Statistical analysis The active treatment group was analyzed initially by one-way repeated measures ANOVA, corrected subsequently by Bonferroni correction for multiple comparisons, and analyzed finally by paired t test between the various interventions run-in, placebo, and and mg doses. As only three women completed the placebo-only arm of the study, their data were not subjected to statistical analysis. Results General results Four intervention periods comprised an initial run-in period during which placebo tablets were taken, averaging 3 weeks, and then sequentially placebo, 40 mg isoflavone, and 80 mg isoflavone periods, each of 5-week duration. Fourteen women completed the first 3 phases, and 13 women completed the entire study; 3 additional women took only placebo tablets throughout. The results include the run-in data as a reference point, but interpretation and conclusions will be limited to placebo vs. The data have been examined in the first instance for effects of time and order of treatment, including possible carry-over. None of these was found to be a confounder. The findings are summarized in Table 2. Values for arterial compliance, arterial pressure, and plasma lipids during the four periods for the active group Arterial compliance values for the three women in the placebo-only group

are shown in parentheses.

7: How to Manage Menopause Acne

'Anxiety is often the first and longest lasting symptom of menopause but many women don't link it with hormone changes.' It's very common to experience depression in the run-up to.

8: T-Racer Girl: Menopause and the female endurance athlete

Doctors define menopause as the point at which a woman has gone 12 months without having a period. From this point on, you can consider yourself postmenopausal. Most women reach menopause between their late forties and early sixties.

9: Should women use HRT for the menopause? - Lancashire Evening Post

For menopause, I am unable to make a blanket statement about whether or not a post-menopausal woman should take HRT. The overall risks and benefits of HRT should be considered on an individual basis between a woman and her physician.

Hearts That Cross an Ocean Physics for scientists and engineers serway solutions 9th Inside the java virtual machine second edition Drive-In Italian (Drive-In) Best Hikes With Dogs Colorado Confederate States of America Philatelic Subject Index and Bibliography Selections from the correspondence of the first Lord Acton. Ken Schultz's concise fishing encyclopedia A. The Enlightenment From seeing to vision Principles and practice using c by bjarne stroustrup Gprs And Umts Network Design And Optimization Computer Performance Evaluation 92 Business report writing format Developmental craniofacial biology Voting system project ppt Atlas of diseases of the oral mucosa Loner at the ball Fossil fuels : the status quo Engaging Resistant Children in Therapy:Projective Drawing and Storytelling Techniques (The Child and Fami V. 2. The growth of international collective economy. From Radio City to the Crown Review of thickness swell in hardboard siding New Believers Bible: First Steps for New Christians, New Living Translation Version The Quintessential Barbarian (Dungeons Dragons d20 3.0 Fantasy Roleplaying) Who would lead colored men into battle? Functions and applications 11 textbook Suse linux enterprise server administration guide Japanese Phrases For Dummies Phantasie iii the wrath of nikademus manual Food and mealtimes in dementia care Einsteins general theory of relativity original paper fermilab A Modern Ulysses V2 The need for an ark St Tammany Parish La279 Practicing life skills Dream of the heart 3. Learnability issues in VPE and focus Predators and prey in fishes The Black Cat Caper