

Nurse practitioner Rebekah Perks, certified in issues of menopause, sees increasing awareness of women's issues among healthcare providers

Published: Wednesday, August 22, 2012, 4:20 PM Updated: Wednesday, August 22, 2012, 4:30 PM



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Submitted

Rebekah Perks

Nurse practitioner Rebekah Perks with Baystate Ob/Gyn Group has become a certified menopause practitioner, credentialed through the North American Menopause Society. She is one of only two healthcare practitioners in Western Massachusetts to hold this distinction.

Currently based in the practice's South Hadley office, much of Perks' career has focused on women's health and sexuality. Perks received her master's in nursing from Yale University in 2004.

Her work history includes serving as a nurse for Planned Parenthood and as an education coordinator at a rape crisis center. As a volunteer, Perks has worked on lesbian, bisexual, gay and transgender healthcare issues.

Perks discusses the certification process, how it has helped her practice and concerns women have about menopause.

Q. Is this the first time you received the certification?

A. Yes. I've been working with menopausal-age women for a long time. In my practice, a large percentage of my patients are perimenopausal and menopausal, from age 40 to 64. I don't necessarily

need it to treat menopausal women, but it's nice to have that extra certification.

Q. What was required to receive the certification?

A. The test (multiple choice) they give is to demonstrate competency. The North American Menopause Society puts out a monthly journal plus a guide to menopause practice that they redo every couple of years that discusses general issues facing menopausal women.

It's up to the person to study how you want to pass the test. I read the manual and took notes. It was a really good experience for me because even though I already do this, it did increase my level of expertise. There was stuff I was familiar with but not to that level. You can get recertified every three years.

Q. How did you get interested in the issue of menopause?

A. It's all patient driven. In my practice, it just so happens that I have a lot of menopausal-age women. I started addressing concerns for women of that age, so I developed more of a practice in that area, and as I was doing that I felt like I wanted to offer more.

I didn't want to feel that I had to refer this person elsewhere. I feel competent and have the information women need and know the issues. Who the patients are currently made me want to look into that more and feel like I was a resource.

Q. Is there a growing interest in menopause by practitioners these days?

A. I think so. When the baby boom generation went through menopause a lot of women more openly discussed it. Prior to that to some degree it was not fit for public discussion or it was private and an embarrassing thing to talk about.

When hormone replacement therapy or hormone therapy came up, a lot of menopausal women were taking estrogen and progesterone and there was a lot of controversy about that. That got in the media and piqued peoples' interest.

Over time, menopause has been taken more seriously and (is) not just a thing you deal with privately or feel ashamed about. This is a medical issue that affects women in all aspects of their lives. I do think healthcare providers are more aware of the issues of women and menopause and are addressing those more.

Q. What kind of information is available today for women who have questions about perimenopause and menopause?

A. Because of the Internet there is a lot of information out there but it's hard to sift through regarding the quality of the information. A lot of it comes from the popular press or shows like Oprah talking about hormone therapy.

So, there's a ton of information out there but I don't think a lot is well researched and backed up. People come to me with questions usually because they've done a little bit of reading or heard things and have a basic knowledge but are not really sure what to think about it.

Q. How has the certification helped you serve your patients?

A. It has helped in a couple of ways. For one thing, we have a note on our website – www.bogg.com – so people have noticed it and made them aware it's an interest of mine. So that has drawn in some new patients and patients I already have feel comfortable asking questions.

For my competence, it's helped getting the certificate because taking the test made me study and learned more and really upped my level of expertise in that area.

Q. Are there misconceptions or misperceptions about the ways menopause affects women?

A. First of all, not everybody knows what menopause is and may not have the same understanding of it. Technically or medically, menopause is defined as 12 months without a period.

Menopausal transition is, like, a decade. It's not just that your period ends. Women start having changes in their periods and hormonal changes and therefore emotional and physical changes 10 years before their period stops.

There is an idea that menopause is this really horrible and symptomatic thing and you're going to be miserable and crabby. It's not necessarily a big downer. It's just a transition time.

There are some real positives and a lot you can get out of it. There is a decline in fertility and physical changes that go along with that. It's also socially a transition and a time when a lot of women are focused on having kids and raising kids and then moving into a time when you're past that.

For a lot of women they come into their own at that time and it's almost a different level of maturity.

You reach a level of acceptance of this is who I am and I don't have to please everybody. Kind of like take me as I am.

Q. What concerns do you hear from patients about the different stages of menopause?

A. Typical complaints people aren't happy about are night sweats, hot flashes, interrupted sleep, crabiness and feeling increased irritability and sometimes weight gain. And there can be bleeding problems.

People think all of a sudden their period is going to stop and that is going to be the end but actually you usually have several years of periods changing and becoming more irregular prior to that. That can be difficult.

Q. Do you have any advice or tips for women who are entering the menopausal phase to help prepare them?

A. I don't want to be a Pollyanna about it because menopause physically can be an uncomfortable time for some

people, but I would encourage women to look at it as an opportunity. I think our culture is often focused on getting through stuff and these are the physical problems and how do we fix them.

It is also nice to acknowledge that this is a major transition as is adolescence or marriage or childbirth. Menopause is a big marker and people should be happy that they've reached that in life. I think it is a really good time to reassess where you are and where you want to go.

It is also a good time to look at where you are physically. What is my physical health like? What is my level of activity, weight, eating patterns and stress management? How do I take these next steps so I am going into later adulthood feeling good? It can be, potentially, a really positive time.

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