God is obviously male. How else do you explain menopause? —Anonymous

Womanhood is filled with unforgettable moments (note difference between unforgettable versus enjoyable): first bra, first period, first pap smear, first pregnancy, first need for Depends, second pregnancy, mammogram, menopause, empty nest and becoming a widow.

Can anyone possibly challenge the claim that females are the stronger sex? Seriously.

Mental health therapists are contacted for support by a fair percentage of women in each of these stages. Menopause, however, is by far the life change that motivates the largest number of referrals.

There's a saying that male menopause is more fun than female menopause. Women get hot flashes and weight gain; men get to buy fast cars and date young woman.

Despite the universal experience of menopause, research on commonality of symptom experience and management is significantly lacking.

A number of studies indicate that woman in menopause are at greater risk for depression, sleep disturbance, memory impairments and psychosomatic complaints. Yeah! Who doesn't want to be a tired, demented, sad, 50-year -old with frequent body aches and pains? Horror stories abound, haunting those of us who feel like we're moving toward inevitable hell at the speed of light.

Interestingly, more recent studies are challenging the results of previous reports. A 2004 study found no correlation between menopause and memory problems. As well, even the occurrence of depressive symptoms is not significantly associated with menopause itself, but rather with the woman's determination of the value of menopause and anticipated symptoms such as memory loss, irritability, "going nuts," etc.

Vasomotor symptoms such as hot flashes and night sweats are significantly correlated to the menopause experience. Reported intensity of these symptoms appears to be related to body mass index, age of onset, having less than a college education, race (African American women reports high frequency and intensity of vasomotor symptoms), culture, smoking and baseline scores of previous anxiety and depressive symptoms.

What I have learned however, despite the research, is that our perception of experience is what matters most. If a woman believes she is struggling with depression or anxiety symptoms, memory impairments, irritability, or "going nuts" due to approaching or being in menopause, she should discuss these experiences with her primary care doctor.

Hormone replacement therapy, psychiatric medication such as antidepressants and cognitive behavioral therapy can all be helpful toward symptom management. If that doesn't work, try keying the "menopausing" man's muscle car. Both approaches appear to impact symptom severity.