


MENOHEALTH AT WORK

PROGRAMME ONE



Empowering you to
take control of
menopause

SUPPORTING YOU THROUGH MENOPAUSE & BEYOND

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A photograph of two women in an office setting. One woman, with long brown hair and wearing glasses and an orange top, is looking down at a document with a smile. The other woman, with dark hair and wearing a light blue top, is leaning in and looking at the same document. The background is a blurred office window with greenery outside.

INTRODUCTION TO MENOHEALTH AT WORK

Welcome to the MenoHealth at Work support programme. Menopause affects everyone at some time in their life, either personally or for someone they love, live or work with. Although it's now often talked about and written about, is frequently on mainstream TV and is being discussed at parliamentary level, there are still many myths, taboos and concerns about this natural life stage.

MenoHealth aims to demystify menopause by offering practical help and information to support and empower you to take control of menopause.

The information we share is not intended or implied to be a substitute for professional medical advice, diagnosis or treatment. If you have any health conditions or are taking any medication, please check with a medical professional before taking any supplements or vitamins or trying any new exercise programme.

For the purposes of the support programme we use the word menopause to describe the whole period of transition through from perimenopause to post-menopause.

And we refer to women throughout the programme although this includes anyone who experiences menopause symptoms including people going through gender change, surgery or drug treatment.

ALL ABOUT MENOPAUSE

Stages of menopause and how to recognise the physical and psychological symptoms.



Menopause literally means the last day of your last period, although most of us use the word loosely to describe the various symptoms that we experience in the years before or after this. The actual stages of menopause are:

1. Premenopause is the whole of a woman's life from her first period to her last one.
2. Perimenopause is the lead up to menopause which typically begins in our 40s and lasts between 2 and 6 years.
3. Menopause is the point when you have your last ever period. As it is only accepted that you have passed your menopause when you have stopped menstruating for one year, it can only be accurately dated in hindsight. It can happen at any time between the ages of 45 and 55, with 51 being the average in the UK.
4. Post-menopause is life after menopause.

Early menopause is used to describe menopause before the age of 45. Menopause below the age of 40 is described as premature ovarian insufficiency (POI). This affects approximately 1 in 100 women under the age of 40, 1 in 1,000 women under 30 and 1 in 10,000 under 20 experience. [See the Daisy Network](#) for more information about POI.



Diagnosis

For women under the age of 45 experiencing menopausal symptoms, their GP may do a blood test to measure their level of follicle-stimulating hormone (FSH) which is responsible for regulating levels of oestrogen in the body. Women with low levels of

oestrogen will usually have elevated FSH levels, which would suggest they are menopausal. This blood test is often repeated 4-6 weeks later.

For women over the age of 45 who are having irregular periods with other menopausal symptoms, blood tests aren't necessary. As oestrogen and FSH levels can change very erratically during menopause, the results can often be misleading showing normal levels of FSH despite the woman being perimenopausal. Instead, the GP will be able to diagnose based on their symptoms alone.

“

Getting a 'diagnosis' of menopause was a huge relief as I finally knew exactly what I was dealing with.

”



daisy network

Daisy Network was created to provide support to women, along with their families and partners, who have been diagnosed with POI. They provide a support network and information on treatments and research within the fields of HRT and assisted conception.

Symptoms of menopause

There are over 30 symptoms of menopause with each person having individual responses. Around 75% of menopausal women experience symptoms, with 1/3 describing them as severe.

Vasomotor Symptoms

These are symptoms that relate to regulating temperature and are thought to be the most common symptoms of menopause.

Hot flushes

These occur in 3 out of every 4 women and can last a few seconds to a few minutes. The reasons behind why women experience hot flushes are not fully understood, but it is thought that hormonal changes play a part. Typical triggers include coffee, smoking, certain types of food and alcohol with flushes ranging from being mild for some women to very severe in others, leading to dizziness or palpitations.

Night sweats

These can be very disruptive when they happen several

times a night sometimes leading to having to change the bed linen. This causes disruption to the normal sleep pattern which has a negative effect on mood and energy levels.



Hormonal Symptoms

These symptoms are influenced by hormone changes specifically related to oestrogen withdrawal.

Irregular periods

This is often one of the first signs of perimenopause. Periods tend to get further apart, with the occasional missed periods until they stop altogether – signalling menopause. Before this happens, periods can get more frequent or become heavier.

balance

Brought to you by renowned menopause specialist, Dr Louise Newson. The free balance app allows you to track your symptoms.



Urinary symptoms

Low levels of oestrogen can lead to the bladder becoming thinner, drier and less elastic. This makes women more prone to bladder problems and vulnerable to infection.



Vaginal dryness

The reduction in oestrogen levels can cause the tissues around the vagina to become thinner, drier and inflamed which can lead to difficulties with sexual intercourse. Women suffering from urinary symptoms or vaginal dryness should seek medical help as a simple cream or vaginal pessary can be prescribed. This topical oestrogen is not the same as oral HRT so it can be safely used by most women and used over a long period of time.

Loss of libido

This is often attributed to lower levels of testosterone during menopause and can have an effect on relationships.

Physical Changes

These symptoms relate to physical changes to the body or its functioning.

Joint or muscle aches and pains

Oestrogen helps to lubricate the joints so low levels can often lead to sore or stiff joints, most commonly the wrists, fingers, knees, neck and shoulders.

Migraines and headaches

Those who regularly have migraines or headaches tend to find these worsen or become more frequent during menopause due to the fluctuating hormone levels.

Fatigue

Disrupted sleep can be due to night sweats or a feeling of general malaise. If this persists you may need to ask your doctor to do blood tests to check for other causes such as low iron, vitamin D or B12.

Dry skin

Oestrogen helps with the production of collagen, the protein that supports the skin's structure. As oestrogen levels

decline, skin becomes less elastic. Some women find their skin is drier or suffer from itchy skin.

Hair loss

Oestrogen plays a vital role in hair growth and many women experience general thinning of the hair during menopause and notice it becomes less glossy. It is often a gradual process and can extend to body hair such as pubic hair. Patches of hair loss and baldness due to menopause is unusual and women should seek medical advice. It can often be a sign of another illness and/or symptom of vitamin deficiency.

Psychological and social symptoms

These symptoms relate to the impact of menopause on a woman's psychological wellbeing.

Emotional effects

Some women find they feel more anxious, angry, depressed or stressed. The effect on their emotional well-being is often misdiagnosed leading to anti-depressants being prescribed unnecessarily.

Mood swings

These are often related to hormonal fluctuations. Hormones like oestrogen influence the production of serotonin which is a mood-regulating transmitter. Some women find they have significant mood swings especially if they have had premenstrual syndrome (PMS) in the past. The fluctuating levels of progesterone can lead to bloating, food cravings, feeling irritable etc.

Memory loss or brain fog

Many women describe this as a 'brain fog' and find they are more forgetful and not able to concentrate properly. Changes in oestrogen contribute to this and it can have a huge impact on work and relationships.

Loss of confidence

The effects of the symptoms above can lead to a feeling of inadequacy or not feeling as capable as you were in your youth so even the simplest of tasks can seem overwhelming.

Women's
Health
Concern

Established in 1972, Women's Health Concern is the patient arm of the British Menopause Society since 2012. It provides a confidential, independent service to advise, inform and reassure women about their gynaecological, sexual and post reproductive health.



WOMEN'S
HEALTH



EXERCISE

5-MINUTE WAKE-UP ROUTINE

MenoHealth at Work Programme One

Try this
exercise

HRT

Getting the facts and busting the myths



“

Started with patches 6 months ago aged 45 and it has enabled me to function.”

There are over 50 types of HRT available which can be given orally (tablets), transdermally (through the skin) in patches, gels or sprays; subcutaneously (a long-lasting slow release implant); or vaginally (often as pessaries). Your doctor or menopause specialist can establish which is the best type and what dose you require. This has to be done on an individual basis and will depend upon your:

- Symptoms
- Age
- Stage of menopause (whether you are still having periods or not)
- Medical history (such as migraines, blood clots, breast/womb cancer, hysterectomy)



There are different combinations of HRT available, as a general rule:

- If you have a womb, then you will have combined HRT so it has progesterone to protect the lining of the womb along with estrogen.
- If you are still having periods, you usually have cyclical combined HRT (or sequential combined HRT) which means estrogen only for 14 days then combined estrogen and progesterone for 14 days.
- If your periods have stopped and you have a womb, you usually take daily combined estrogen-progesterone tablets. This is known as continuous combined HRT.
- If you no longer have a womb, you can have estrogen-only HRT.

According to the Menopause Charity, only 12% of women are on HRT in the UK.

There are many myths and misunderstandings about HRT, here we bust a few of the myths.

Do I have to wait for my periods to stop before taking HRT?

No, HRT can be started when you need it regardless of whether you have had your last period.

Does HRT delay your menopause?

No, if you have menopausal symptoms after stopping HRT, this means you would still be having symptoms even if you had never taken HRT. Your dose may need adjusting as you go through menopause.

Does HRT cause weight gain?

Women have a tendency to gain weight in midlife but there's no evidence that HRT is responsible for this. In fact, HRT helps you to manage your menopause symptoms, research suggests you may feel more motivated to be active and less likely to develop abdominal fat (meno belly).



Do I have to wait until my symptoms are unmanageable before considering HRT?

No, you wouldn't wait until a headache was unbearable before taking pain relief. And it can take a few months before you feel the benefit.

Are natural remedies safer than HRT?

Just because a treatment is natural, it doesn't mean it is safe. Unlike HRT, most natural remedies haven't been thoroughly researched for their safety or effectiveness in treating menopause symptoms.

Can I still get pregnant when taking HRT?

Yes, HRT is not a contraceptive. If you are over 50 you can stop using contraception one year after your periods stop. If you are aged under 50, you should

use contraception until two years after your periods stop.

What if HRT doesn't help me with my symptoms?

HRT isn't a "one size fits all" treatment. The type and dosage will vary according to your needs. You should notice that your symptoms begin to improve within one to three months. But if you don't start to feel better after three months, or your symptoms return, you'll need to review it with your GP who will usually adjust your dosage, or even try a different type of HRT.



What are the benefits of taking HRT?

HRT can help improve symptoms such as hot flushes, anxiety, low mood, urogenital symptoms, and sex drive. It can also help with bone health to prevent osteoporosis.



What are the risks of taking HRT?

In the past, there has been a great deal of confusion about the risk of HRT causing breast cancer. There is a small increase in the risk of breast cancer with HRT and this should be discussed with a medical professional to ensure you can make an informed decision about your particular risk. However, this should also be considered in comparison to the risk of breast cancer with other lifestyle factors such as alcohol intake and obesity which have been shown to be

associated with a higher risk compared to that with HRT. This should also be taken in the context of the overall benefits obtained from using HRT including symptom control and improving quality of life as well as considering the bone and cardiovascular benefits associated with HRT.

“

My doctor at the time told me about oestrogen protecting against brittle bones and prescribed HRT when I started at 45. I recently had a scan that shows I have the bones of a woman 20 years younger.”

Understanding the risks of breast cancer



A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.

Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause: Diagnosis and management November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



www.womens-health-concern.org
Reg Charity No: 279651
Company Reg No: 1432023

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org



www.thebms.org.uk
Reg Charity No: 1015144
Company Reg No: 02759439



BODY IDENTICAL VS BIO-IDENTICAL

The most commonly prescribed HRT is body-identical estrogen and progestogen, (called micronized progesterone), which is derived from the yam plant and has the same molecular structure as the hormones naturally made in the body. This is associated with fewer side effects as it mimics the body's natural hormones.

This type of HRT is governed by strict regulations, so the dose is standardised and is therefore seen as a safer medication than bio-identical HRT.

Bioidentical HRT is sometimes marketed by private practitioners and clinics following blood and saliva tests. They have not gone through the same rigorous testing and randomised clinical trials as conventional HRT, so the evidence is not as strong as to their effectiveness or safety. Current recommendations from The British Menopause Society state that only regulated products should be prescribed.

SIDE EFFECTS OF HRT

When you start any new medicine, you can expect some initial side effects. And HRT is no different. These are some of the most common side effects.



BLEEDING

This could be light spotting or sometimes more like a heavy period. It may come and go or last for a few weeks. It should settle after a few weeks. Visit your GP if it has been more than 3 months and you're still bleeding.



BREAST TENDERNESS

This is common. It can be quite painful and you may notice you're more sensitive around the nipples. This can last for several weeks. Ensure you wear a good-fitting and supportive bra as this will help.



BLOATING

This is a common side-effect. It can be uncomfortable and feel like having trapped wind.

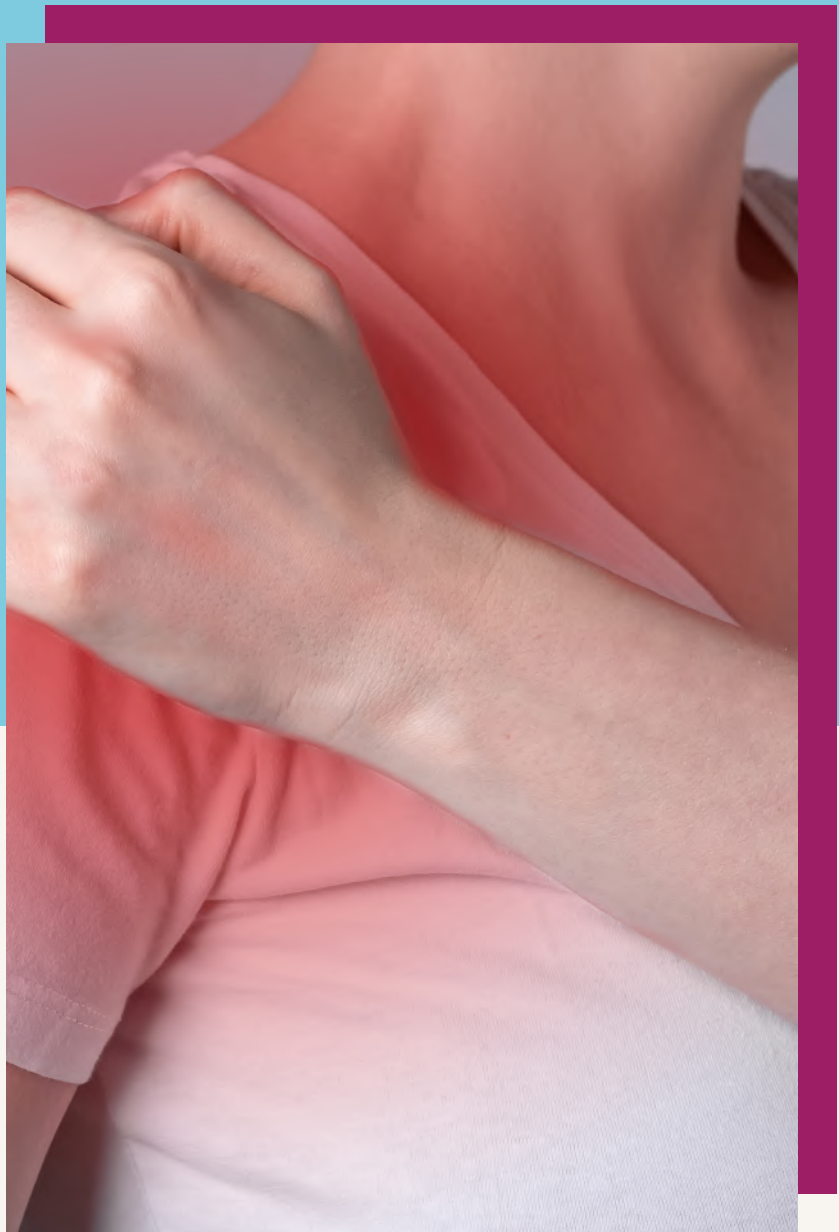
This can be due to the progesterone, but should settle with time.



NAUSEA

This can be reduced by taking your HRT tablet at night with food instead of in the morning, or by changing from tablets to another type of HRT such as transdermal patches.

Side effects usually settle after 2-3 months. If not, consider trying a different type of HRT.



EXERCISE

EXERCISES FOR ACHY JOINTS

MenoHealth at Work Programme One

Try this
exercise

WEIGHT GAIN

Where's my waist and what can I do about it?



Causes of weight gain during menopause

It's one of the most infuriating symptoms of menopause when you just can't seem to lose weight – even for those who have never had a problem before. This is due to a combination of factors including ageing and to declining oestrogen levels which lead to poor sleep, heightened stress and loss of muscle.



In response to declining oestrogen levels from the ovaries, the body tries to compensate by storing it in the fat cells, especially around your waist. As fat cells don't burn energy the way muscle cells do, additional weight may accumulate during menopause more easily than at other times.

Our adrenal glands also try to compensate by releasing small

quantities of oestrogen but if you are stressed the adrenals also pump out stress hormones which can contribute to weight gain. High levels of cortisol can lead to insulin resistance so to tackle your menopausal midriff you may need to find ways to reduce stress levels first.

Gut Health

During menopause, you may experience more gut problems such as bloating, wind, constipation, loose stools, fluid retention, indigestion or heartburn. Both oestrogen and progesterone have a direct effect on hormone receptors in the gut. Also, a decline in oestrogen may increase levels of cortisol (the stress hormone) which affects digestion.

“

I absolutely hate what menopause has done to my waist.

”



Balancing blood sugar

Eating too much sugary food, snacks or refined carbohydrates can cause spikes in blood sugar. Your body then releases insulin to try to restore the balance, but ultimately this leads to a crash in blood sugar which can make you tired, anxious or irritable and more likely to reach for another quick fix sugary snack. This yo-yo effect increases production of your stress hormones (cortisol and adrenaline) which is exactly what you want to avoid during menopause.



The importance of sleep for maintaining a healthy weight

Research published in the International Journal of Obesity links sleeping less than five hours per night to abdominal fat gain. Subsequent research has identified that poor sleep can increase levels of the stress hormone cortisol, which increases the tendency to store fat around the waist. Poor sleep can also increase appetite, cravings for high-calorie and high-fat foods and the tendency to overeat.

Increase your muscle mass

Our metabolic rate can decline partly due to loss of muscle (sarcopenia) at a rate of approximately 3–8% per decade after the age of 30. This, plus the fact that muscles are more metabolically active and burn

up calories far better than fat, are two good reasons to do strengthening exercises at least twice a week.

Move more, sit less

Research on Nutrition in Menopausal Women found that for postmenopausal women, a sedentary lifestyle and a diet with carbohydrate intake accounting for more than 55% of total energy contributed to higher cardiovascular risk.



According to the British Menopause Society, 42% of women say they just didn't feel as sexy since experiencing the menopause

Protein helps reduce sugar cravings

Nutritionist Jackie Lynch (author of *The Happy Menopause*) believes the best way to lose weight is not to do crash diets or obsessively count calories but to focus on balancing blood sugar. Her top tip is to have protein with every meal or snack to prevent hunger and sugar cravings.

Alcohol

Alcohol can be a trigger for hot flushes. It can also impair the action of osteoblasts which help with bone building. Alcohol can lead to loose stools or diarrhoea as it speeds up transit time in the gut and this might impair nutrient absorption. Also, alcohol is often very calorific and can lead to weight gain, so if you're trying to maintain a healthy weight, try to reduce your alcohol intake.

Where's my waist?

We may never regain the waist we had in our 20s, but we can burn calories through cardiovascular exercise, improve muscle tone with resistance exercises and follow

a healthy diet. Try to avoid crash diets as although they may work in the short term, you also risk losing muscle as well as fat and going into starvation mode when basal metabolism falls.

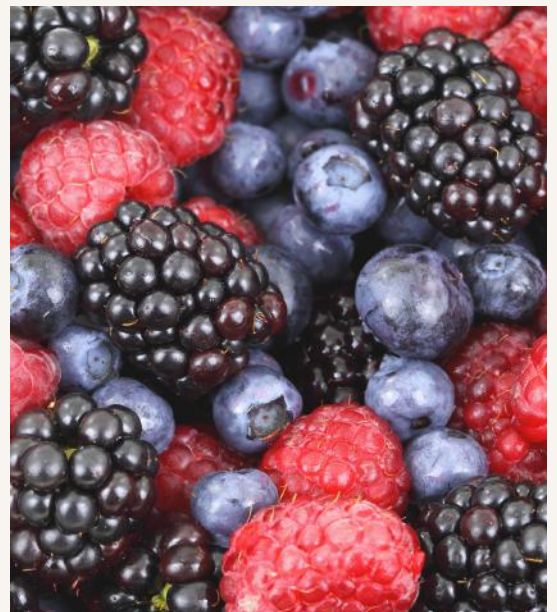
Work out how many calories you need if you want to follow a calorie-controlled eating plan. Or you may prefer to focus on keeping your waist size to under 82cm or that your waist size is less than half that of your height.

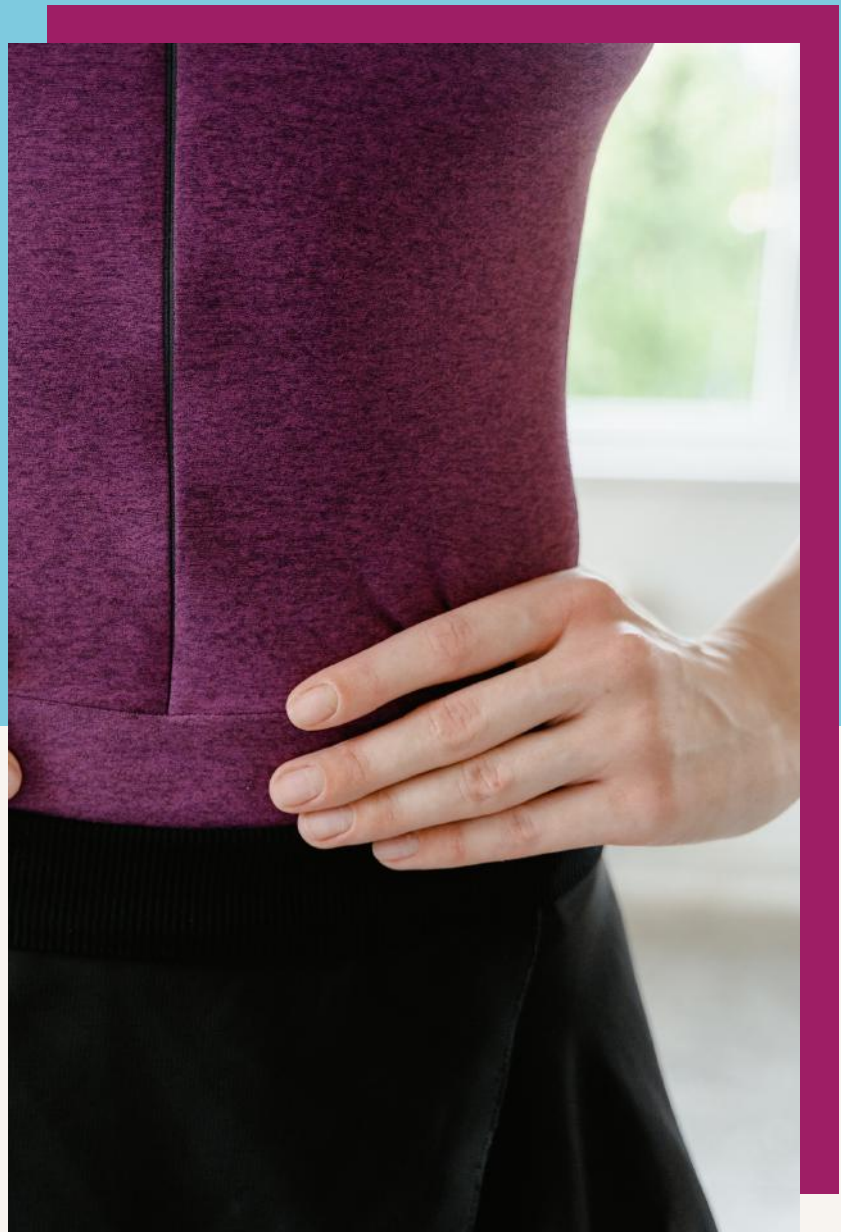
Different diets work for different people and measurements don't always tell the whole story. Choose which method is most suitable for you as a measurement and then use this to track your progress.

A Study published in the European Journal of Clinical Nutrition, found that drinking green tea can increase the amount of fat and calories you burn and help reduce appetite.

Recipes & tips

- ① **Happy gut - happy menopause**
- ② **Managing your menopause through food**
- ③ **Recipe to curb your cravings**
- ④ **Boost your antioxidants**
- ⑤ **Recipe to support your liver**
- ⑥ **Hormone balancing stir fry**
- ⑦ **Boost your levels of Omega 3**





EXERCISE

HOW TO IMPROVE YOUR CORE AND PELVIC FLOOR STRENGTH

MenoHealth at Work Programme One

Try this
exercise

BRAIN FOG

Top tips to improve cognitive function and cope better at work.



So many people ask this as brain fog can feel quite frightening and our natural concern is that we might be developing dementia. The key difference is that dementia or Alzheimer's disease often affects more than just memory and affects your ability to function in daily life. Forgetting where you put your glasses or phone is pretty normal, especially when we're busy and distracted. But not remembering how to get to a familiar place or carrying out familiar tasks is more concerning. If you are concerned seek help from charities such as Alzheimer's Society or see your GP.



So what is brain fog?

The formal definition of brain fog is: 'Forgetfulness, difficulty concentrating and thinking clearly.' [McKeown & Elves, 2000]. It's an umbrella term



for several different but related conditions, including forgetfulness, poor concentration, and confusion. 60% of women experience this, particularly during perimenopause. It's thought this is caused by lowering levels of oestrogen and serotonin.

What else could be causing this?

Hormone changes during perimenopause and menopause are very frequently the reason but it can be attributed to other hormone changes (for example, thyroid problems). Other reasons include vitamin and mineral deficiencies (especially vitamin B12), or depression, stress or lack of sleep.

What can I do about it?

HRT is proven to help with brain fog, often because it improves sleep quality, but if you can't (or don't want to) take HRT then here are some practical suggestions.

20% of women
experience difficulty
with memory/
concentration

Our top tips:

- **Sleep well** - often, it's lack of sleep that causes 'cotton wool head' so look at ways to get better quality sleep.
- **Make lists** of priorities for the following day so you don't wake up worrying about trying to remember things.
- **Reduce multi-tasking** - focus on the task in hand and avoid trying to do and remember too many things at the same time.
- **Regulate your blood sugar** which helps your brain function throughout the day. Try to avoid high-sugar foods that will cause peaks and troughs especially as this can increase the stress hormone cortisol.
- **B Vitamins and omega-3 fatty acids are vital for brain health** - good sources include oily fish, seeds and nuts.
- **Take a deep breath** - breathe in for the count of 4, hold for 2 then exhale slowly to the count of 4 and repeat for a minute or two as this increases oxygen supply to the brain and can help relieve stress too.
- **Stay hydrated** - this is vital for the brain to function properly. Individual needs may vary depending on age, medication, levels of physical activity etc but checking the colour of your urine will show if you're properly hydrated, it should be pale yellow.
- **Move more** - aerobic exercise has been linked to a significant increase in brain volume and cognitive function and has an anti-inflammatory effect that promotes brain health. It also boosts serotonin to improve mood so build activity that raises your heart rate in everyday life, even a 10-minute brisk walk will help.

Good news, it won't last.

A 4-year research study of 2,600 women found memory improved again post-menopause.



EXERCISE

HOW TO TEST AND IMPROVE YOUR BALANCE

MenoHealth at Work Programme One

Try this
exercise

HOT FLUSHES

Practical ways to cope with hot flashes and night sweats.



About 75% of women experience hot flashes and/or night sweats during menopause and they really vary in frequency, intensity and length. Some have the occasional flush and others find themselves dripping with sweat in an instant with no warning. This is thought to be caused by the drop in oestrogen which disrupts our temperature regulation mechanism.



A hot flush or night sweat isn't just about feeling warm; they are often accompanied by a red flush spreading across your chest, neck, face and head and can also cause:

- sweating, especially on the face, head and chest
- heart palpitations
- feelings of anxiety
- a lack of concentration

Hot flashes can happen at any time and some women



fifty one apparel

A brand dedicated to designing and creating stylish clothing that every woman can feel great in using Certified Space Technology™ to help you put the freeze on hot flushes.



experience both hot flushes and night sweats, others only have night sweats and these can really disturb your sleep (and your partners). If hot flushes become unbearable and are affecting your sleep and quality of life, then it's time to take action. HRT is very effective at reducing hot flushes and night sweats, if it's appropriate for you to take it. You can also try some of these lifestyle changes and/or alternative treatments.

Clothing

It may seem obvious but choosing natural/menopause friendly materials such as bamboo, silk or linen can make a huge difference. There's also special wicking materials available which many women

find better than cotton as they don't stay wet after a sweat so you're not going hot and cold all night.

If you sleep with your partner, consider having two single sheets/blankets/quilts on your double bed to prevent the Hokey Cokey of quilt on, quilt off throughout the night.

According to the British Menopause Society, 79% of women surveyed experienced hot flushes.

Food and drink triggers

If you love your cup of coffee, you'll know that it can cause a hot flush as the caffeine causes your blood vessels to widen, so consider cutting back or trying decaffeinated coffee and tea. Alcohol has the same effect so it's trial and error to find out what you are prepared to give

Become

A menopause clothing and nightwear range clinically proven to help keep you cooler & drier through night sweats and hot flushes.



up on depending on how much it affects you. Many people find spicy food also sets off hot flushes.



Supplements

Some studies have shown that Vitamin E, sage, red clover or black cohosh can reduce the severity of hot flushes.

Remember to always check with your GP or pharmacist before taking any supplements especially if you are taking any other medication.

Try to watch your weight

Did you know that being obese can make hot flushes worse?

Time to quit smoking

This can change the way oestrogen is metabolised so it's another good reason to quit.

Exercise

Even though it's hard to get motivated, exercise can reduce

the frequency and intensity of your flushes along with a whole host of other benefits. Just avoid exercising before bedtime, as you want your natural body temperature to drop and improve your quality of sleep. Another reason to exercise is that it spurs the brain to produce serotonin and dopamine that helps to control mood, sleep and alertness.

Antidepressants

It may seem extreme, but antidepressants can be prescribed for hot flushes, especially for those who can't have HRT. The same chemicals that affect our mood (noradrenaline and serotonin) also affect our temperature control or thermostat in the brain. Of course, there are side effects to taking antidepressants, so you need to discuss this with your GP to establish if this is suitable for you.

Blood pressure medication

Clonidine can be used to treat hot flushes, particularly for women who do not want to or cannot, take HRT.



EXERCISE

SIMPLE STRETCHES FOR HEALTHY JOINTS

MenoHealth at Work Programme One

Try this
exercise



YES® intimate health range contains certified organic products which respect and care for the vagina. Designed to be side effect-free, natural and pH matched to the vagina.



BELOW THE BELT

Libido, vaginal dryness and genitourinary health - don't suffer in silence.



About 75% of women experience hot flashes and/or night sweats during menopause and they really vary in frequency, intensity and length. Some have the occasional flush and others find themselves dripping with sweat in an instant with no warning. This is thought to be caused by the drop in oestrogen which disrupts our temperature regulation mechanism.



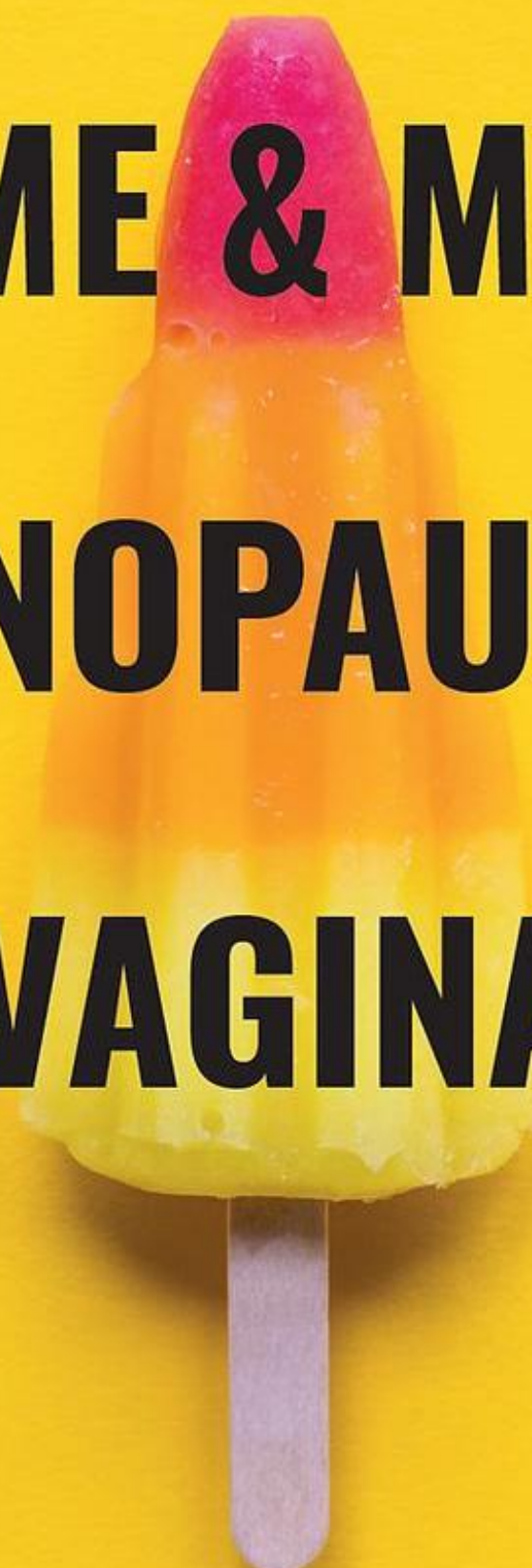
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- sweating, especially on the face, head and chest
- heart palpitations
- feelings of anxiety
- a lack of concentration

Hot flushes can happen at any time and some women

"An amazing piece of work - every woman on
the planet should read it"

Dr Louise Newson



**ME & MY
MENOPAUSAL
VAGINA**

JANE LEWIS



What is 'vaginal dryness'?

It's more commonly known as VA or 'vaginal atrophy' but has been renamed GSM 'genitourinary symptoms of menopause' because vaginal atrophy can also affect the bladder. Low levels of oestrogen due to the menopause often cause changes in the vagina and bladder leading to painful sex, dryness, soreness in the vagina and on the outside of the vulva area including perineum, burning, itching, repeated UTIs, getting up to the loo numerous times a night or even make it painful to sit down. There are numerous other vulva skin conditions we can get including lichen sclerosus, lichen planus, vulva cancer and others which is why it is so important not to self-treat with over-the-counter products and medical advice should be sought. [Me and My](#)

[Menopausal Vagina](#) is a must-read book for all women or find out more at [Women's Health Concern](#).

What are the treatments?

There are many treatments available. HRT is proven to help with VA. There's also local oestrogen application in pessaries, vaginal rings and creams. The dose of oestrogen is incredibly low in these applications - using Vagifem pessaries for one year is the equivalent of just one HRT tablet. There are vaginal moisturisers to rehydrate the tissues and help you feel more comfortable and vaginal lubricants help to make sex less painful.

[Yes Yes Yes](#) has organic plant-based treatments to promote natural pH balance.

There are also [Replens](#) or you can request a free sample of [Sylk](#) [here](#).

Urinary Tract Infections & Thrush

UTIs can become more frequent and persistent through menopause. To find out more about why this is and what you



SYLK
Natural Intimate Lubricant

Sylk is a gentle, plant-based, naturally silky lubricant that gives effective relief for vaginal dryness in women of any age. Buy online or at any pharmacy.



can do about it, see [Dr Catriona Anderson's video here](#)

As the acidity of the vagina reduces, you can become more prone to *Candida albicans* (thrush). 75% of women will experience it at least once in their lives while many women may suffer from recurrent thrush. If you've never had thrush before and you think you may have it, visit your doctor. Once confirmed you can treat this independently at home with products such as Canesten from your pharmacist.

Don't suffer in silence

Many women find it difficult to talk about this and are often embarrassed. It's incredibly common and there are so many solutions so don't suffer in silence. Here's a list of symptoms to show your doctor or nurse to help you start a discussion.

SYMPTOMS CHECKLIST:

- Vaginal dryness before/during sex
- Vaginal discomfort
- Pain during sex
- Vaginal itching and/or burning
- Itching or irritation on the outer lips
- Frequent or re-occurring vaginal or urinary infections



- Thrush-like symptoms
- Lack of bladder control

Libido (sex drive)

You may find you have no emotional interest in sex or it may be that vaginal dryness makes intercourse painful so you avoid it. Hormonal changes are often the cause of low libido. Testosterone is the main hormone for causing sexual desire and progesterone stimulates the production of this hormone. Testosterone can be prescribed by a doctor or menopause specialist even though it is not licensed for this use in UK. [See NHS for more info.](#)

Talk about it - don't bottle things up. Talk to your partner and explain how you feel, maintaining an honest and open discussion is really helpful. Try to focus on intimacy instead and try new ways to connect rather than focus on intercourse. [Relate](#) has some good advice on this.

Relate

Relate offers counselling services for every type of relationship nationwide. They provide advice on marriage, LGBT issues, divorce and parenting.





EXERCISE

PELVIC FLOOR EXERCISES AND HOW TO RELAX ABDOMINAL MUSCLES

MenoHealth at Work Programme One

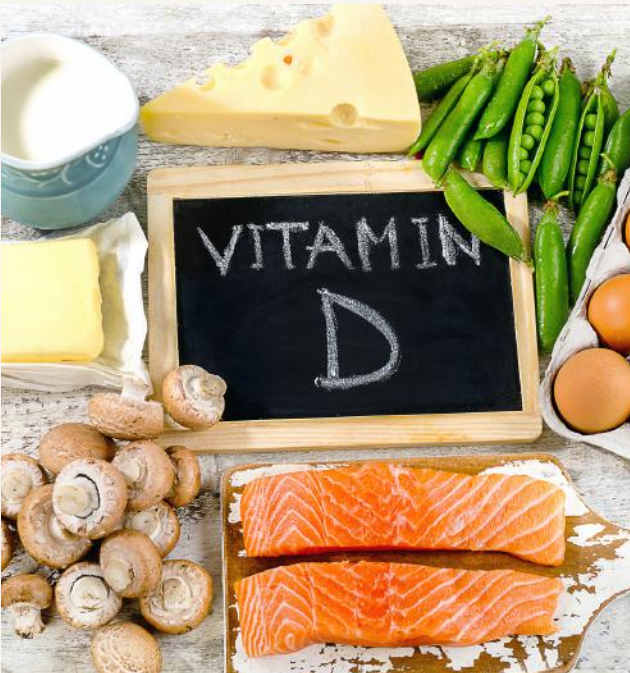
Try this
exercise

OSTEOPOROSIS & BONE HEALTH

1 in 2 women over 50 will have a fracture due to Osteoporosis. Find out how to prevent this and reduce your risk.



Osteoporosis literally means porous bones. The density of our bones reduces as we age so the more 'gaps' we have, the more fragile the bone becomes. By the age of 30, we have reached our peak in terms of bone mass which is why it's so important to ensure we eat plenty of calcium-rich foods and do lots of weight-bearing exercise when we are young.



As our oestrogen levels dip during menopause, we start losing bone faster than we can replace it. The good news is that the right kind of exercise can slow down or even stop this decline. Weight-bearing exercise with impact and muscle strengthening exercises need to be part of your everyday life, along with other healthy lifestyle measures and good nutrition.

bonebalance™

A 100% natural way to protect your bone health – especially important in women post-menopause. Use code MENO-BB for a unique 5% discount.



Half of all women over 50 will have osteoporosis due to oestrogen levels falling after menopause which affects the rate we build or lose bone. Other risk factors are:

- taking high-dose steroids for more than 3 months.
- other medical conditions such as inflammatory or hormone-related conditions, or malabsorption problems
- a family history of osteoporosis – particularly a hip fracture in a parent
- long-term use of certain medicines that can affect bone strength or hormone levels, such as anti-oestrogen tablets that many women take after breast cancer
- having or having had an eating disorder such as anorexia or bulimia
- having a low body mass index
- not exercising regularly
- early menopause
- heavy drinking and smoking



Doctors can use an online programme to get your FRAX score to identify fracture risk - or you can have a DEXA scan which gives you a T score:

- above -1 is normal
- between -1 and -2.5 is defined as mildly reduced bone mineral density (osteopenia)
- at or below -2.5 SD is defined as osteoporosis



**Royal
Osteoporosis
Society**

Better bone health for everybody

The UK's largest national charity dedicated to improving bone health and beating osteoporosis. They equip people with practical information and support to take action on their bone health.

Collagen Peptides® that are clinically proven to help form bone matrix – the tissue that gives bones tensile strength and flexibility. Independent studies show it starts working within six days, such is its high absorption rate into our bone tissue and can be taken alongside prescribed medication and has no known side effects.

Load-bearing and resistance exercise

Exercise is one of the best ways to strengthen your bones. Any activity that puts force through the bone will stimulate it to adapt and increase bone density. This includes activities where you work against a force, such as gravity or using a resistance band, dumbbell, or your own body weight. Hopping, skipping, jumping or jogging are really beneficial as the impact jolts the skeleton and this sends signals to the bone cells that trigger them to grow.

Although swimming is a fantastic exercise, it doesn't promote bone mineral density, so try to include a variety of exercises and activities for the best all-around benefit to your bones.

Movements to avoid

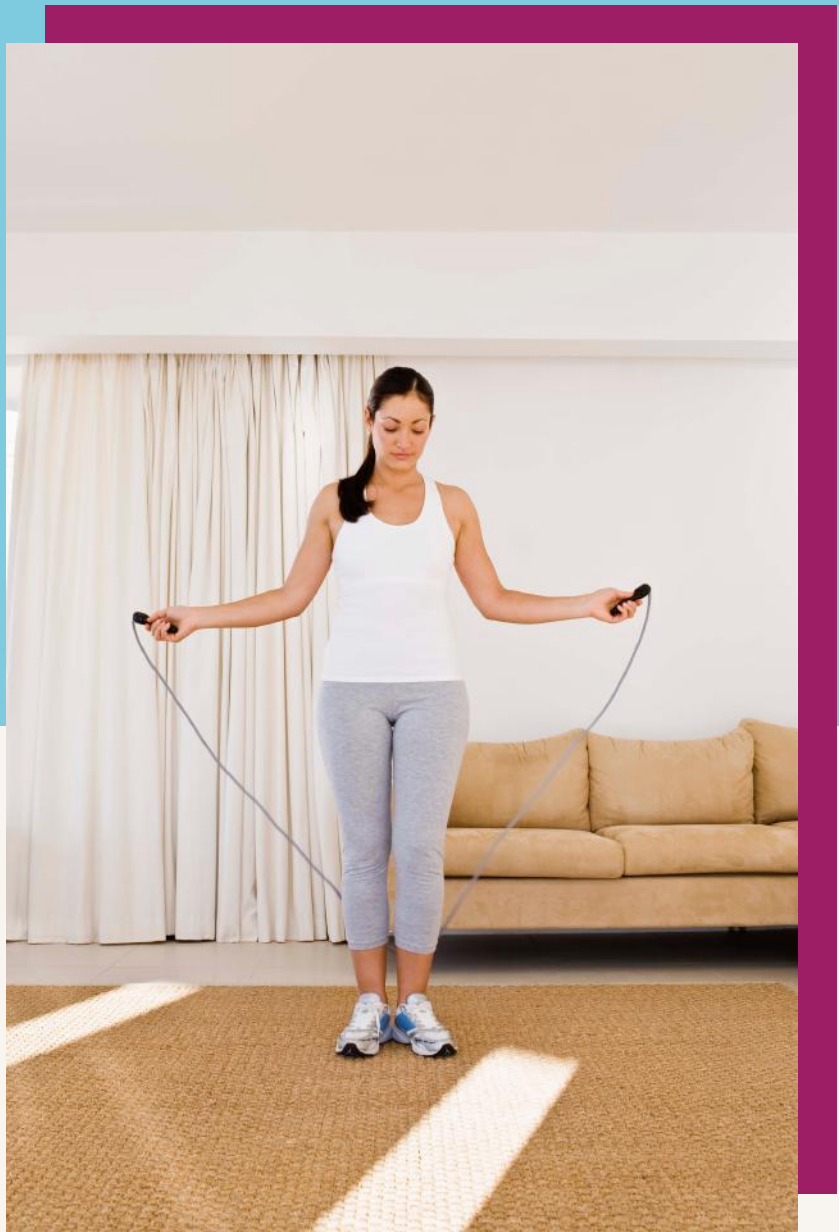
If you have been diagnosed with osteoporosis, it's best to get individual advice from a medical professional as to what is safe for you. It's generally advised to avoid the following types of exercises especially if you have osteoporosis of the spine:

- **High-impact exercises.**
Activities such as jumping, running or jogging can lead to fractures in weakened bones. Avoid jerky, rapid movements in general. Choose exercises with slow, controlled movements.
- **Bending and twisting.**
Exercises in which you bend forward at the waist or twist your waist, such as touching your toes or doing sit-ups, can increase the risk of compression fractures in your spine. Other activities that may require you to bend or twist forcefully at the waist are golf, tennis, bowling and some yoga poses.

If you have been diagnosed with osteoporosis; take advice from a qualified fitness professional or your GP/physiotherapist.



The Marodyne LiV device is medically certified to combat osteoporosis, build bone density, and improve blood flow.



EXERCISE

EXERCISES TO BOOST BONES AND REDUCE THE RISK OF OSTEOPOROSIS

MenoHealth at Work Programme One

Try this
exercise



A MESSAGE FROM OUR FOUNDER

Julie Robinson

At the age of 36, our Founder, Julie Robinson had to have a hysterectomy and was advised against HRT.

“I had no idea that the long nights of insomnia that plagued me for years were anything to do with menopause. Nor did I associate the heart palpitations

that led to me being admitted to hospital, with menopause. It was a throwaway remark by the consultant, who assured me I wasn't having a heart attack, that this disruption to the heart rhythm is often associated with 'the change'. Given that all women are certain to experience

menopause, it's astonishing to think that it's still surrounded by myths, taboos and confusion. That's why I'm passionate about bringing women together in a safe space to support, inform and empower them to live their best lives.”

GOPO®

JOINT HEALTH

GOPO® has been clinically proven to help reduce joint pain and stiffness while improving flexibility and mobility. It's an anti-inflammatory which is 100% natural.





MENOSISTERS SUPPORT GROUP

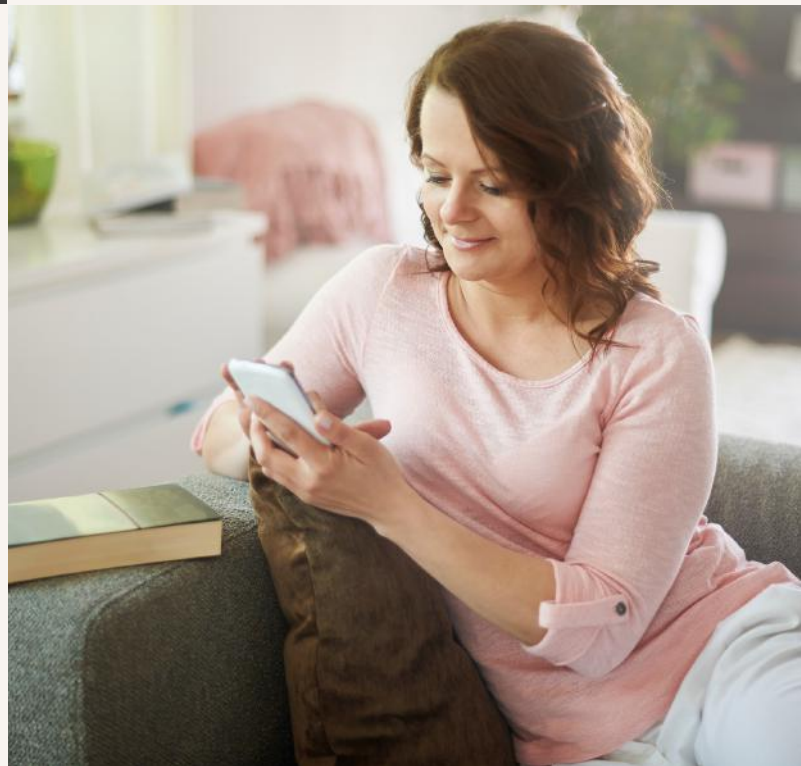
Join our private Facebook group where women come together to share their highs, lows and daily experiences of menopause.

Join now!

FOLLOW US ON SOCIAL MEDIA

Join us on Facebook, Instagram, Twitter, YouTube and LinkedIn for all the latest news, menopause updates and top tips to take control of menopause.

Follow MenoHealth



MENOHEALTH SHOP

Explore our range of books, fans and exercise equipment all designed to help you to take control of menopause.

Explore our shop





Find your nearest BMS menopause specialist. This register covers healthcare professionals who are current members of the British Menopause Society and have demonstrated specialist competency in menopause.



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Central

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Park A

Hubson Street

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South Street

Channel Street

South Street

MENOHEALTH AT WORK

P R O G R A M M E O N E



Empowering you to
take control of
menopause

