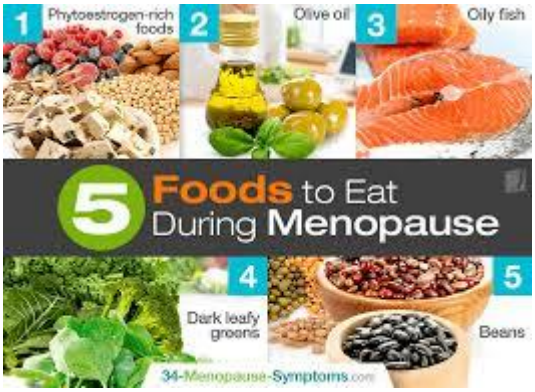
Cross Government Menopause Network

Advent Calendar

Today is October 29

Cross Government Menopause Network

Menopause Advent Calendar



Day 1. FOOD: What to eat and avoid in your diet during the peri-menopause;

As post-menopausal women have an increased risk of cardiovascular disease, it is important to make sure that lifestyle factors, such as weight gain, are managed so they do not contribute further to the risk of developing this condition. A healthy, varied diet and regular exercise can help you lose weight gradually and keep it off. Tips on healthy weight loss can be found here.

A number of dietary factors, supplements and herbal remedies have been suggested to be of benefit in relieving symptoms of the menopause. In particular there has been a lot of interest in the role of phytoestrogens (the two main types are isoflavones and lignans) as they are similar in structure to oestrogen and therefore may help to alleviate some of the symptoms of low oestrogen levels associated with the menopause. These substances are found in plants.

- Dietary sources of **isoflavones** include soya beans, legumes, lentils and chickpeas and foods made from these such as texturised vegetable protein, tofu and soya drinks.
- Dietary sources of **lignans** include cereals, linseeds and fruit and vegetables.

There is some evidence that consuming isoflavones in foods or as supplements can help to reduce the menopausal symptoms of hot flushes and vaginal dryness. However, more studies are needed to confirm whether isoflavone supplements are safe and effective in reducing menopause symptoms.

Here are just a few things that oestrogen does in the female body:

- Regulates nervous system functions, maintains body temperature, and enhances the effects of endorphins (feel-good chemicals)
- Improves skin quality and prevents aging (collagen levels)
- Preserves the strength of bones and prevents bone loss
- Regulates the production of cholesterol in the liver
- Increases vaginal acidity and reduces the risk of bacterial infections

- Controls hair growth and prevents hair loss/thinning

Women going through the menopause should increase their intake of food sources of calcium, magnesium and vitamins D and K to maintain integrity of the skeleton. In addition, high amounts of phosphorous – found in red meat, processed foods and fizzy drinks – should also be avoided. Too much phosphorous in the diet accelerates the loss of minerals such as calcium and magnesium from bone. Reducing sodium, caffeine and protein from animal products can also help the body maintain calcium stores.

Eat foods high in magnesium and boron. These are minerals which are important for the replacement of bone and thus help to reduce the risk of osteoporosis. *Apples*, *pears*, *grapes*, *dates*, *raisins*, legumes and nuts are good sources of boron.

Talk to your doctor if you think you may benefit from a *calcium supplement*. Other vitamins and minerals that are vital for bone health are magnesium, vitamin E, vitamin D and zinc.

Weight-bearing exercise is important too, but if you have been diagnosed with any form of bone loss, check with your doctor that you can exercise safely and effectively.

Find out more about the *best sources of calcium* and learn about *what affects osteoporosis and bone density*.

https://www.nutrition.org.uk/healthyliving/lifestages/menopause.html
https://www.bbcgoodfood.com/howto/guide/eat-beat-menopause
https://www.bda.uk.com/foodfacts/Menopause.pdf
https://thebms.org.uk/

Day 2. Exercise, movement and wellbeing;

For most healthy women, the Department of Health and Human Services recommends moderate aerobic activity for at least 150 minutes a week or vigorous aerobic activity for at least 75 minutes a week. In addition, strength training exercises are recommended at least twice a week. Feel free to spread out your exercising throughout your week.

Set realistic, achievable goals. Rather than vowing to exercise more, for example, commit to a daily 30-minute walk after dinner. Frequently update your goals as you achieve greater levels of fitness. Teaming up with someone can make a difference, too.

Remember, you don't have to go to the gym to exercise. Many activities, such as dancing and gardening, also can improve your health. Whatever you choose, take time to warm up and cool down safely. Exercise during and after menopause offers many benefits, including:

- **Preventing weight gain.** Women tend to lose muscle mass and gain abdominal fat around menopause. Regular physical activity can help prevent weight gain.
- **Reducing the risk of cancer.** Exercise during and after menopause can help you lose excess weight or maintain a healthy weight, which might offer protection from various types of cancer, including breast, colon and endometrial cancer.
- **Strengthening your bones.** Exercise can slow bone loss after menopause, which lowers the risk of fractures and osteoporosis.
- **Reducing the risk of other diseases.** Menopause weight gain can have serious implications for your health. Excess weight increases the risk of heart disease and type 2 diabetes. Regular exercise can counter these risks.
- **Boosting your mood.** Physically active adults have a lower risk of depression and cognitive decline.

Weight bearing exercises, such as brisk walking, tennis, running, dancing or climbing stairs, and resistant exercises, such as press-ups and using weights, are particularly good for your bones.

Aerobic activity is important for heart health; moderate activity should raise your heart rate and make you breathe faster and feel warmer and vigorous activity should make you breathe hard and fast.

Adults should try to do:

- At least 150 minutes of moderate- intensity aerobic activity a week PLUS muscle strengthening activities on two days or more of the week.
- OR 75 minutes of vigorous intensity aerobic activity PLUS muscle strengthening activities on two days or more of the week.
- OR a combination of moderate and vigorous aerobic activity every week. For example, one 30-minute run and one 30-minute fitness class, plus 30 minutes of fast walking equates to 150 minutes of moderate aerobic activity PLUS muscle strengthening activities on two days or more of the week.

For more information on physical activity, click here.

Cross Government Menopause Network

Day 3. MENTAL HEALTH AND WELLBEING: Mindfulness, meditation and making time for you

Mindfulness involves focusing attention on the present moment and observing thoughts and sensations without judgment. Prior research has shown practicing mindfulness can reduce stress and improve quality of life.

The recent mindfulness study at the US Mayo Clinic involved 1,744 women ages 40 to 65 who received care at the Clinic's Women's Health centre 01Jan 2015 - 31 Dec 2016. Participants completed questionnaires that rated their menopausal symptoms, perceived level of stress and mindfulness. Researchers found women with higher mindfulness scores had fewer menopausal symptoms. The higher a woman's perceived level of stress, the greater the link between higher mindfulness and reduced menopausal symptoms. An exciting finding in the study was the association of higher mindfulness scores and lower symptom scores for irritability, depression and anxiety in middle-aged menopausal women. "While more studies need to be done, doctors can consider discussing mindfulness as a potential treatment option for menopausal women," Dr. Sood.

Mood changes that occur as a result of menopause should not be confused with depression. Depression is a much more serious condition in which very low mood is constant for a longer period of time around two weeks or more.

The risk of depression can increase during the menopause. You should seek help if you or those around you feel you are suffering more than mood swings. If you are concerned, speak with your GP about how you are feeling.

Find out more about mood changes and depression

The following links provide information about mood changes, how to recognise depression during menopause and how it can be treated:

- Emotions: mood swings, anxiety and depression (Healthtalk)
  Videos of women talking about these symptoms and how they affected their lives

- Menopausal mood swings - how the menopause makes you angry (Menopause Matters)
  Information about why mood changes occur during menopause
- Menopause: five self-help tips (NHS Choices)
  Includes tips on how to improve your mood
- Postmenopausal depression (Patient)
  Tips for how to recognise the difference between mood swings and depression
- Low mood and depression (NHS Choices)
  Includes information about symptoms and what types of help are available

Podcast re management of mindfulness and hot flushes;
https://healthcare.utah.edu/the-scope/shows.php?shows=0_6j3hh0f2
https://www.rcog.org.uk/en/patients/menopause/mood-changes-and-depression/
http://unitelive.org/dont-underestimate-the-effects-of-the-menopause-on-your-mental-health/
https://www.telegraph.co.uk/women/life/every-woman-should-have-menopause-counselling/
https://www.youtube.com/watch?v=vdfq-spcd8Y

Day 4: Case studies – please share and educate others!

Colleagues want to share their stories to help line managers and team mates learn more about what it feels like to experience menopause while at work. Gaps in support are evident, but there are also positive experiences to learn from.

Each story is followed by some questions to prompt consideration and discussion.

Information is also available on the Menopause Network page on the Hub where you can go for further advice and support.

Case Study 1: "A mixed experience.."

As a younger Clinical Site Manager I can honestly say that I didn't understand how hard it was for staff working on the hot wards and on their feet all night. I used to see them sweating profusely and worry they might have something serious going on until one of them explained about hot flushes. I didn't know what I could do to help as this was about 10 years ago and it was never really talked about. I tried to support but had no idea whatsoever about how hard that must have been for them until I started going through it myself. I remember it clearly as I felt completely helpless.

When I started going through the peri-menopause I immediately recognised and suddenly understood the hot flushes – they were crippling and obvious to all with sweat dripping down my face in the middle of difficult meetings and literally wringing my nightclothes out into the bath in the morning!!

What I didn't understand or relate to the peri-menopause were the other symptoms – brain fog, hip pain, anxiety, mood swings, feeling low and inadequate, insomnia, headaches, and loss of libido – amongst many! I didn't speak to my manager, not because they weren't approachable, but because I couldn't understand it myself and didn't even go to a GP as it just seemed like a list of random symptoms.

If there had been more awareness and education in the workplace I wouldn't have suffered this for so long. In the end I went to the GP as the hot flushes were incompatible with normal

life. She gave me HRT which helped with so many of the
other issues, and antidepressants although she didn't explain that much of what I was feeling was down to the menopause.

I once had to ask for an internal interview to be relocated to a cooler room because I was worried I would faint in the middle of it. That was received sensitively and with compassion towards me, although perhaps not for the director who had air conditioning in his office and was therefore kicked out! Since then the manager who was so kind to me has started going through it herself and has been able to talk to me about how she is feeling. It's been good to be able to pay back for what she did for me.

I have started discussing/joking about my symptoms at work as a way of gently highlighting some of the other issues and I have been surprised at how many other people have opened up and come to speak to me as a result – some of whom are in a really bad place.

I now feel better equipped to help by sharing my own experiences and by empathising but I still am not sure about what I can offer practically as a representative of the organisation. This is why what you are doing in launching the menopause principles and toolkit is so important because it formalises the raising of awareness and forces the organisation to look at what it can offer as support and workplace adjustments.

Questions for consideration

- What can line managers do to show they are approachable if someone they manage is experiencing challenges linked to menopause?
- How can teams and managers de-stigmatise menopause in the first place, to help people have more open conversations about it?
- What can teammates do to help make the workplace and work culture easier for a colleague who is experiencing menopause symptoms?

Case study 2: "Wishing I could walk away"

My menopause diagnosis came along with other medical issues. It was a relief there was nothing more serious underlying my health problems.

Dietary changes, HRT and getting myself fitter has helped enormously but nothing prepared me for the ongoing mental health issues - the panic attacks, inability to manage stress as effectively as before, mood swings, low confidence and more often depression.

Work is supportive to a point. The medical complaints are more easily understood, menopause far less so. I've been referred to EAP.

Work has become a struggle in what is a tough, demanding and competitive environment. Senior managers seem embarrassed and I sense they feel I'm making excuses for how it impacts at work and judge me and my abilities accordingly. Most days I wish I could simply walk away from it all, it would be easier.

Questions for consideration

- Why are some health conditions harder to talk about at work, even very common ones that affect a significant number of staff?
- What are the risks of staying silent on a subject like menopause?
- What could a line manager do in this situation to help support and re-engage the individual affected?

Case Study 3: "Scoffed at…"

I suffered the almost instantaneous switch into the menopause.

The hot flushes were debilitating and many throughout the day. I organised a fan, but other members of my team used it, leaving me to have to ask to use it. I was embarrassed at constantly having to request it, feeling stressed if it wasn't on hand as and when I needed it. This drew attention to me which was the last thing I wanted to do, making my hot flushes and menopause a 'topic'.

My line manager (female) has no interest in discussing the menopause and another colleague makes negative remarks. It is seen as a weakness and something that draws negative comments to be made.

This attitude is belittling and leads me and others to try to pretend we are not menopausal as it is seen as a negative condition; in fact, *scoffed at* is probably the best description.

After a lot of trial and error I have changed learned what changes I can make. The usual suspects of caffeine and sugar and alcohol make my flushes worse and keeping active makes things a lot better!

The insomnia is an ongoing problem. Working from home makes this more manageable.

Questions for consideration

- The law says if an employer knows a reasonable adjustment is needed to support a colleague managing a health condition or disability, the employer should not wait to be asked to provide it. How could a line manager in this situation be proactive and prevent the employee needing to re-request their adjustment (the fan)?
- How can a team leader help everyone understand the importance of adjustments (like a fan) for staff experiencing menopause symptoms at work, without sharing on private information?
- Flexible working can be considered a reasonable adjustment to help manage symptoms of a long-term condition like menopause. What different types of flexible working could you offer a colleague in this situation to help them fulfil their duties?

Case Study 4: "Not getting support"

“I struggled with my symptoms for several months before I
spoke to my line manager. She had no idea what peri-menopause was and had never heard of it. She had no idea of symptoms beyond having hot sweats. I felt as if she didn’t believe me. I had a few problems at work and as a result (of a few things that I had missed!), I mentioned whether she thought Occupational Health or the EAP would be useful. To this she replied that if I can’t do my job, then she thought I probably needed to. It felt like a judgement and knocked my confidence even more. At that point I thought it was a shame, but I would probably look for another job, which is a shame.”

Questions for consideration

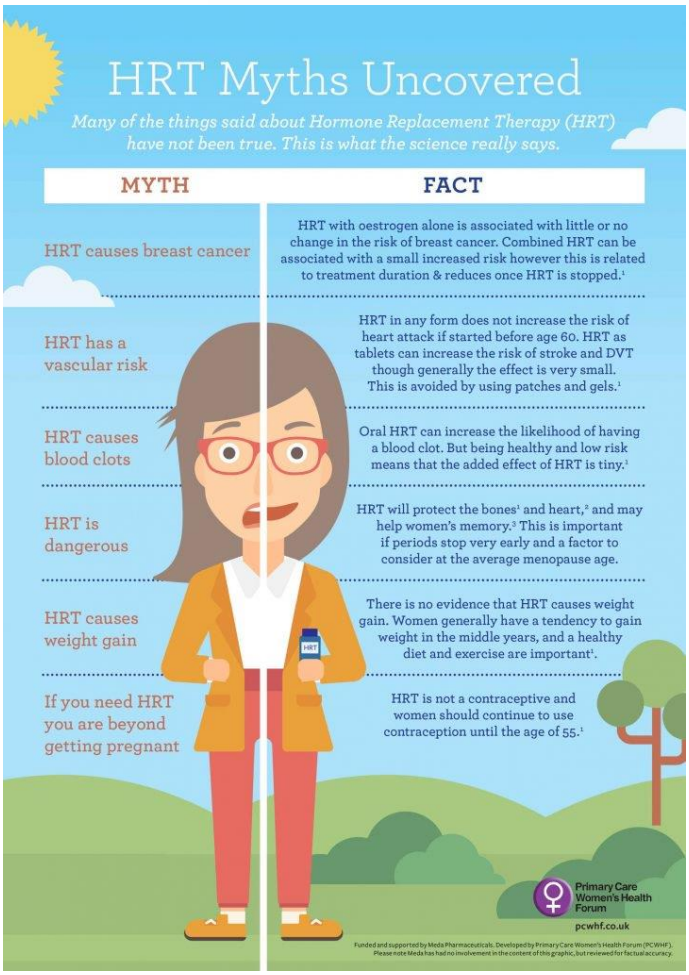
- As a line manager, what could you do in this situation to learn more about peri-menopause before making any decisions?
- Lack of support can affect any employee’s ability to do their job. In the case of colleagues managing health conditions, it is important for managers to help get reasonable adjustments in place if required.
- What help could Occupational Health or EAP be in this situation?

Case Study 5: “Sickness absence”

“My menopause symptoms have increased over the last year or so and I was pleased to have a manager that was supportive and understanding as she had experienced a bad time with it too a few years ago. However, my fatigue, insomnia, forgetfulness and ‘tears’ mean I end up taking leave or go off sick until I feel more resilient. As a result I am constantly under absence review and the breaks I really need are reduced by me managing my symptoms in this way. It worries me to have a sick record that doesn’t recognise that the menopause is a natural phase women go through and I am unhappy that it will just show on my record as generic sickness absence.”

Questions for consideration

- Do you think the way absence is managed in this case is fair and reasonable?
- In many situations, it could be a considered a reasonable adjustment to allow staff time off work to manage their health conditions if disability-related. How confident are you in implementing your employer’s absence policy?



Day 5. TREAMENTS: medical and non-medical;

Since many problems associated with the menopause are believed to be due to reduced oestrogen levels, the main component of hormone replacement therapy (HRT) is oestrogen.

The oestrogens used in HRT are referred to as "natural" because they resemble substances produced in the body and include oestradiol, oestrone and oestriol which are usually made from soya beans or yam extracts. Conjugated equine oestrogens made from horse urine are also sources of the naturally occurring oestrogen oestrone sulphate.

If HRT is taken <u>after a hysterectomy</u>, usually oestrogen alone is required. If HRT is taken when the womb (uterus) is still present, then oestrogen is taken with a <u>progestogen</u> which prevents estrogenic stimulation and thickening of the womb lining. Oestrogen can be taken by a daily tablet, twice weekly or weekly patch, weekly patch, daily gel or implant. People respond differently to different types, routes and doses of oestrogen and sometimes several adjustments of therapy are required. If possible, any type should be tried for 3 months before deciding whether or not a change is required.

Reasons for avoiding HRT

1. HRT is contraindicated (not medically advisable)
2. HRT has been tried but not tolerated (usually due to side effects)
3. A more "natural" approach is desired - (Increasingly so after detrimental publicity on HRT)

Medical reasons for not using HRT

1. Recent Heart attack or poorly controlled angina
2. Recent clot in the lung or leg
3. Active womb or breast cancer
4. Pregnancy
5. Undiagnosed vaginal bleeding
6. Newly diagnosed or uncontrolled high blood pressure
7. Severe or active liver disease with abnormal liver function test results

The use of alternative therapies is a hugely expanding market. Try to ensure that the products you take are doing you some good and their planned effects are not overlapping - thus wasting money.

Treatment decision tree; https://www.menopausematters.co.uk/tree.php

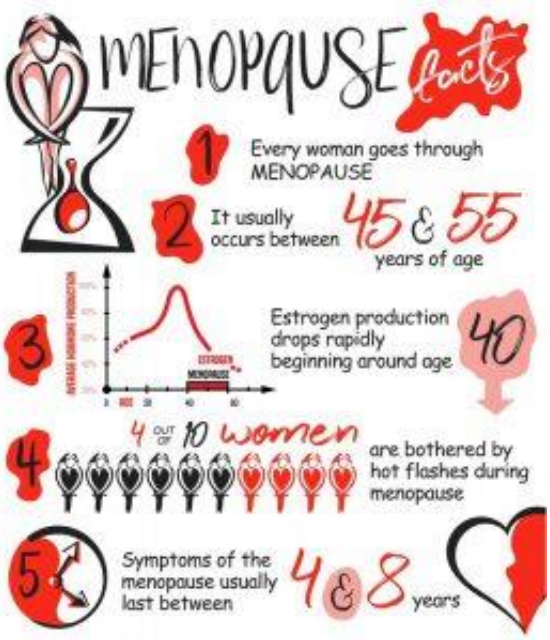
https://www.menopauseandme.co.uk/?gclid=Cj0KCQjwrfvsBRD7ARIsAKuDvMPLFTq8Ik_QmG9WbFFDHh4oHvMUL9xzVdZocqhJDz1JlcJbqS3tmHQaAqttEALw_wcB

https://www.menopausematters.co.uk/what_to_do_at_menopause.php

https://www.menopausematters.co.uk/pdf/HRT%20Guide%202016.pdf

https://www.menopausematters.co.uk/pdf/HRTandYou.pdf

https://www.menopausematters.co.uk/pdf/Alternatives%20to%20HRT%202013.pdf



Day 6. SYMPTOMS; there are around 34 symptoms described as the 'most common'

1. Hot Flashes

   Hot flashes are the most well-known symptoms of menopause, affecting approximately 50 percent of menopausal women. Hot flashes are a sudden sensation of feverish heat that can spread through the body, creating a flushing, or redness, particularly on the face.

2. Irregular Periods

   During menopause, the regular increase and decrease of estrogen and progesterone that once signalled the start and stop of the menstrual cycle becomes unbalanced. This can cause your cycle to come earlier or later than expected and may cause the flow to be abnormally heavy or light.

3. Fatigue

   Fatigue is a sluggish, tired-all-the time feeling that cannot be remedied with a good night's rest. The condition can impact productivity, mood and even sleep quality. Chronic fatigue can occur during menopause and drastically affect quality of life, including putting a strain on relationships, diminishing productivity at home or work and increasing stress.

4. Memory Lapses

   Memory loss or foggy thinking is a common symptom of menopause. Estrogen and progesterone are both believed to play a role in memory, therefore decreasing levels may contribute to memory lapses.

5. Night Sweats

   Night sweats are excessive sweating associated with hot flashes that occur during the night. Night sweats can be disruptive to the sleep cycle and may even cause stress or anxiety for many women during the day.

6. Loss of Libido

   A disinterest in sex can occur during menopause. This may happen because menopause can make sex painful due to other symptoms like vaginal dryness.

7. Vaginal Dryness

   Vaginal dryness occurs when the decline of estrogen levels before and during menopause cause the natural moisture of the vagina to diminish. This effect can make natural lubrication difficult to impossible, leaving many women in pain during sexual intercourse.

8. Mood Swings

   Fluctuating hormone levels during menopause can impact neurotransmitters in the brain; GABA and serotonin. When hormones are out of balance, these neurotransmitters may be impaired leading to erratic mood swings, such as anger to sadness or extreme happiness to crying.

9. Panic Disorder

   Characterized by debilitating emotional episodes that are the result of anxiety or fear. Signs of panic disorder include feelings of dread, rapid heartbeat, shallow breathing, and feelings of extreme terror.

10. Urinary Tract Infection

    Low oestrogen levels can induce changes in the vaginal bacteria resulting in frequent urinary tract infections.

11. Bloating

    Bloating is characterized by a feeling of extreme fullness, tightness or a swelling of the belly. High levels of oestrogen can cause water retention.

12. Hair Loss or Thinning

    Hair loss during menopause is caused by low levels of oestrogen. Hair follicles require oestrogen to grow and stay healthy. Hair may become drier and more brittle.

13. Sleep Disorders

    Sleep disorders, such as insomnia, sleep-disordered breathing, night sweats and anxiety can occur during menopause.

14. Dizziness

    Dizziness associated with menopause may come on suddenly and last only a few minutes or become extended and frequent.

15. Weight Gain

The hormonal changes that occur with menopause not only make it difficult to lose weight but can also diminish muscle and lean body mass. These changes can cause fat to redistribute, often collecting in the abdomen.

16. Incontinence

The reduced levels of oestrogen that occur during menopause can thin the walls of the urethra causing incontinence. Urinary incontinence occurs when the internal muscles of the pelvic floor fail to work effectively, causing urinary leakage when laughing, sneezing, coughing or engaging in rigorous activity.

17. Headaches

When the body begins to slow production of oestrogen, many women experience more headaches. Headaches can become more intense as hormone levels continue to drop during perimenopause. As the transition completes, headaches should become less frequent.

18. Burning Tongue

Changes in oestrogen levels can cause a metallic taste in the mouth during menopause. This may also be accompanied by a pain or burning sensation on the tongue, lips, gums or other spot in the mouth.

19. Digestive Problems

Oestrogen helps keep cortisol levels low. As oestrogen levels decline during perimenopause or menopause, cortisol levels rise, slowing digestion. This can leave many women feeling bloated or constipated.

20. Muscle Tension

Muscle tension during menopause is defined as tight or strained muscles in the neck, back and shoulders, or sudden increases in stiffness, aches, or soreness throughout the body.

21. Allergies

Many women will experience an increased sensitivity to allergens. Some women may experience only mild symptoms when exposed to allergens, such as rashes, itchy eyes and sneezing.

22. Brittle Nails

Just as oestrogen is vital for healthy hair, it is also essential to keeping the nails long and strong. Low levels of oestrogen before and during menopause can cause nails to become brittle and dry.

23. Body Odour Change

The drop in oestrogen levels sends false messages to the hypothalamus telling the body it is hot and therefore increasing sweat production to initiate cooling.

24. Itchy Skin

When oestrogen levels drop, collagen production slows down. Low collagen production can lead to thin, dry, itchy skin all over the body and diminish the youthful appearance of the skin.

25. Osteoporosis

Oestrogen is a key hormone for maintaining bone density. When oestrogen levels drop during menopause, bone loss can accelerate rapidly. This puts postmenopausal women at risk for osteoporosis—a degenerative bone disorder, characterized by the weakening of the bone, and a general decrease in bone mass and density.

26. Tingling Extremities

Perimenopause/menopause symptoms may also include a tingling sensation that generally affects the arms, hands, legs, and feet. This can feel like a burning or insect sting all over the skin.

27. Insomnia

Insomnia during menopause is typically a side effect of other perimenopausal and menopausal symptoms. Low levels of progesterone that occur during menopause, however, have been linked to poor sleep as well.

28. Difficulty Concentrating

An inability to focus or difficulty concentrating can affect women throughout perimenopause and menopause. It can be made worse by other symptoms, such as poor sleep or mood swings. Decreasing levels of oestrogen and progesterone, which both play a role in memory and focus are contributing factors.

29. Irregular Heartbeat

Oestrogen deficiency can overstimulate the nervous and circulatory systems, causing irregular heartbeat, palpitations, and arrhythmias. This symptom should be reported to a medical professional immediately.

30. Anxiety

The drop in oestrogen that occurs with perimenopause and menopause negatively influences the production of neurotransmitters such as dopamine and serotonin that play a vital role in regulating mood. This can lead to anxiety and make it difficult to relax and find calm.

31. Depression

The declining levels of progesterone and oestrogen can result in feelings of sadness that may evolve into depression. Progesterone and oestrogen also influence neurotransmitters that regulate mood. When levels of these hormones drop, menopausal women may also find it difficult to restore happiness and calm after bouts of sadness, anxiety, and irritability.

32. Breast Pain

Breast pain and tenderness in one or both breasts is a side effect of the hormonal fluctuations that occur during menopause. Breast soreness generally disappears once the menstrual cycle stops completely and oestrogen is no longer produced.

33. Joint Pain

Falling oestrogen levels are to blame for joint pain that may occur with menopause. Oestrogen is believed to help manage inflammation levels throughout the body. Women may feel an aching or tingling in the fingers, tightness in the hips, soreness in the knees or swelling of various joints, as oestrogen levels decline. This can lead to arthritis.

34. Electric Shock Sensation

This sensation is like the feeling of a rubber band snapping between your skin and muscle and often occurs as a precursor to hot flashes. These are usually brief, but quite unpleasant.

Managing symptoms;

https://www.nice.org.uk/guidance/ng23%20%E2%80%9CExternal%20website%E2%80%9D

If you experience hot flushes and night sweats as a result of the menopause, simple measures may sometimes help, such as:

- wearing light clothing
- keeping your bedroom cool at night
- taking a cool shower, using a fan or having a cold drink
- trying to reduce your stress levels
- avoiding potential triggers, such as spicy food, caffeine, smoking and alcohol
- taking regular exercise and losing weight if you're overweight

Self-help measures such as getting plenty of rest, taking regular exercise and doing relaxing activities such as yoga and tai chi may help. Medication and other treatments are also available, including HRT and cognitive behavioural therapy (CBT).

Testosterone is the male sex hormone, but it can help to restore sex drive in menopausal women. It's not currently licensed for use in women, although it can be prescribed by a doctor if they think it might help.

https://megsmenopause.com/symptoms/

Perimenopausal symptoms can last four years on
average. The symptoms associated with this phase will gradually ease during menopause and postmenopause. Women who've gone an entire year without a period are considered postmenopausal.

Hot flashes, also known as hot flushes, are a common symptom of perimenopause. One study found that moderate to severe hot flashes could continue past perimenopause and last for a median of 10.2 years. Trusted Source. That's longer than the generally accepted timeframe for the duration of hot flashes.

Researchers also found. Trusted Source that black women and women of average weight experience hot flashes for a longer period than white women and women who are considered overweight.

See your doctor to rule out other causes if you:

- suddenly experience very heavy periods or periods with blood clots
- have periods lasting longer than usual
- spot or bleed after sex
- spot or bleed after your period
- have periods close together

https://menopausehealthmatters.com/symptoms-of-menopause/

Managing concentration; make lists, schedule tasks, keep a diary, use Apps

https://www.mindomo.com/

https://play.google.com/store/apps/details?id=com.andromo.dev686997.app718080&hl=en

Day 7. LUBE; needs no explanation…..(and no, I am making no apologies, we need this in here too).

Thinning vaginal tissues and dryness due to a lack of oestrogen in menopause can make intimacy uncomfortable, or even painful. If vaginal dryness is mild or it only bothers you during sex, try a gel or liquid lubricant. You can apply the lubricant to the inside of your vagina, to your partner's penis, or to a sex toy to reduce friction. Lubricants work quickly, and they offer short-term relief from pain and dryness during sex.

	Lubricant pros	**Lubricant cons**
Water based Eg. KY Gel, Liquid Silk *K-Y also produce a warming lubricant which can create a burning sensation	Usually contain glycerine, won't damage latex condoms, less likely to cause vaginal discomfort than oil-based lubricants. They're non-staining and wash off easily with soap and water.	Can dry up quickly, so you may have to reapply it. They don't work in water, so they aren't effective for sex in a shower or pool. Some contain preservatives and additives such as glycerine and parabens. These may irritate the sensitive vaginal tissues or cause yeast infections. Parabens have mild estrogen-like effects. There have been questions about whether they might contribute to breast cancer, but

		so far no studies have shown any definitive link.
Silicon based Eg. Pure Pleasure, Wet Platinum Premium Body Glide	These offer the greatest amount of lubrication, and they won't dry out during sex. They keep working in water and they won't affect latex condoms like oil-based products can. Silicone-based lubricants are also less likely to irritate you than water-based lubricants.	Silicone-based lubricants are expensive, and they can be hard to find in stores. They also can be difficult to wash off fully with soap and water. After using them, you may be left with a sticky residue on your skin.
Oil based Eg. Petroleum jelly, baby oil	Oil-based lubricants last longer than water-based ones, and they work in water. These lubricants also don't contain irritating preservatives and other additives.	You don't want to use an oil-based lubricant with a latex condom or diaphragm. Oil can damage latex, leaving you vulnerable to STIs or pregnancy (if you still get periods). You can safely use these lubricants with polyurethane condoms. Certain oil-based lubricants — including petroleum jelly and baby oil — can increase your risk for a urinary infection. The oil also stains sheets, underwear, and other fabrics.
Plant based oils Eg. Coconut oil, Avocado oil	If you like an oil-based lubricant but you want to go the all-natural route or save yourself the cost of store-bought products, you can find these options right in your pantry. They're also a good option if you're out of your regular lubricant. The rule is that if it's safe to eat, it's usually safe to use in your vagina.	Even natural oils can break down latex condoms, and they can stain fabrics. You're better off using water- or silicone-based lubricant with a condom or diaphragm.

Vaginal oestrogens may be more suitable if a lack of lubrication is the main issue for you, or if you are unable to take systemic HRT for medical reasons. They can also be used with systemic HRT. These preparations are inserted into the vagina and come as a pessary, ring or cream. Vaginal HRT contains low doses of oestrogen and does not need to be combined with progesterone.

YES VM Vaginal Moisturiser is a natural plant polymer based moisturiser that protects and rehydrates tissues naturally;

Are you experiencing:	YES WB	YES VM	Comments
Intercourse Dryness	✓		Use for making love
Painful sex	✓		Use for making love and in advance
Intermittent Vaginal Dryness	✓		Use for comfort & making love
Vaginal Atrophy		✓	Use daily initially, then every 3 days as symptoms improve
Itching, Burning from Vulvo-vaginal Dryness	✓	✓	As needed to alleviate itching & burning
Menopause Vaginal Dryness		✓	Use daily initially, then every 3 days as symptoms improve
Atrophic Vaginitis		✓	Use daily initially, then every 3 days as symptoms improve
Short-term bouts of Vaginal dryness	✓		Use for comfort & making love
Long-term requirements for Vaginal Moisturiser		✓	Use daily initially, then every 3 days as symptoms improve
Persistent / long term Dyspareunia		✓	Use daily initially, then every 3 days as symptoms improve

Above table from; https://www.yesyesyes.org/menopausal_vaginal_dryness/

https://sexualadviceassociation.co.uk/vaginal-dryness-menopause/

https://www.healthline.com/health/menopause/best-lubricants-menopause-dryness#1

Day 8. DIGESTIVE SYSTEM: Gut and fermented foods,

Our gut, which is also known as the 'enteric nervous system', has its own nervous system that is in constant connection with our brains. Whatever influences the gut is transmitted to the brain, and the same applies the other way around. As such, the gut is populated by a myriad of different bacteria that are present since the moment of our birth. These microflorae are imperative for our health and wellbeing. Of the flora present, **probiotics are the ones that are beneficial to us,** and which play an important role in our general state of health. It is when these beneficial probiotics are reduced that we usually have certain health issues.
In women, these probiotics play an important role with regards to not only the metabolism and the recycling of hormones but serve to offset the symptoms that are associated with the perimenopausal state as well because they tend to facilitate a good hormonal balance.

The list of best foods for menopause includes;

Legumes; (includes phytoestrogens) A diet rich in phytoestrogens can help with this, and soybeans, chickpeas, and lentils are some of the most potent sources. Legumes are also rich in folic acid, magnesium, potassium, B vitamins, and fibre.
Flaxseed; Flaxseed's high concentration of essential fatty acids (omega-3 and omega-6) can relieve inflammation, fluid retention, depression, and irritability. It is also a rich source of plant lignans. Those can modulate the metabolism and use of estrogen.
Green, leafy vegetables; good sources of calcium and magnesium
Cold-water fish; Fish that thrive in cold waters — salmon, mackerel, sardines, and herring, for instance — are excellent sources of omega-3 fatty acids, which help relieve hot flashes and symptoms of depression in women over 40, according to a

study published in the journal Menopause in 2011.
Omega-3s also help protect against heart disease
Nuts and seeds; Walnuts, pumpkin seeds, sunflower seeds, and almonds are great as a snack or topping. Rich in polyunsaturated fatty acids, calcium, magnesium, potassium, and zinc they can help ease menopause symptoms and effects. They can help improve bone mineral density, thus fighting osteoporosis
Squash; rich in vitamin A
Pumpkin Seeds; are very high in zinc to help the immune system healthy and strong, especially during the dark winter months. We need it for our skin and bones.
Prunes; A mineral found in various fruits, vegetables, and nuts, boron helps protect bones by extending the half-life of vitamin D and estrogen. Just 3 ounces of prunes adds 3 to 4 milligrams of boron to your diet. Like other fruits, prunes also have the added benefit of helping reduce hot flashes, according to research published in Health News and Evidence in July 2014.

Prebiotic foods can include: garlic, onions, asparagus, chicory, radicchio, artichoke, cocoa, ginger, cabbage, fennel, beetroot, bananas, blueberries, apples.

Probitoic foods can include: Kefir, live yoghurt, kombucha, sauerkraut, kimchi, natto and live apple cider vinegar.

Kefir is a cultured, fermented milk drink, originally from the mountainous region that divides Asia and Europe. It is similar to yogurt – but a drink, with a tart, sour taste and a slight 'fizz'. This is due to carbon dioxide – the end product of the fermentation process. The length of the fermentation time will affect the taste. Kefir is a good source of calcium and is rich in probiotic bacteria. Probiotics are known as 'friendly bacteria' that can ease IBS symptoms such as bloating and digestive distress in some people.
https://www.bbcgoodfood.com/howto/guide/health-benefits-kefir
https://www.chucklinggoat.co.uk/health-wellbeing/what-is-kefir/?gclid=Cj0KCQjwrrXtBRCKARIsAMbU6bG18V6mrZ9Fd2x3sApZn9wd_0NQXPjmCWNLY_BZrJvC5BsV3LUs468aAvXREALw_wcB

Kombucha is a fermented drink made from sweetened tea and a specific culture known as a scoby. Scoby stands for 'symbiotic culture of bacteria and yeasts'. The bacteria and yeasts convert the sugar into ethanol and acetic acid. The acetic acid is what gives kombucha its distinctive sour taste. As kombucha is the product of fermentation, a *number of probiotic bacteria are produced*. At specific concentrations, probiotic bacteria can help to balance the gut microbiome in humans and improve digestion. However, to date, there have not been enough studies to confirm whether kombucha contains enough beneficial bacteria to be deemed an effective probiotic. Kombucha contains small amounts of *vitamins and minerals* which are produced when the yeast breaks down the sugars, including vitamin C and B vitamins B1, B6 and B12.

https://www.bbcgoodfood.com/howto/guide/health-benefits-kombucha

Yogurts are not all equal. The key to making the right yogurt choice is being sure it contains live and active cultures. The label on the container will tell you what probiotics

are in the yogurt. Some yogurts state; “Live and Active Culture”, but if that label is not on the container, look at the ingredient panel.

“Yogurt is a healthy addition to the diet because it contains calcium, protein, and active cultures”. Remember, fruit yogurts will contain sugars, so beware of the levels of processed sugars — they’re unhealthy and can cause inflammation; choose yogurt with sugar levels less than 15 grams per serving.

https://www.everydayhealth.com/digestive-health/knowgurt-a-guide-to-probiotics-and-yogurt.aspx

Then there are foods that particularly help boost the mucilaginous layer lining the gut wall where these microbes live, and others again that help with ‘cleansing’ the gut lining. An important step often overlooked by people wanting to improve their gut health, and one that helps reduce inflammation. Foods such as bone broth, flax/linseeds and oats.

It's important to try to support the body's adrenal glands, which alongside the fat cells are now the primary source of oestrogen production in the body (and also why you seem to be putting on weight for no reason...). Keeping blood sugar levels balanced by reducing your intake of sugar and refined or "white" carbohydrates such as white bread, rice, pasta and flour, and replacing with complex "wholegrain" carbohydrates such as **brown rice, brown pasta and sweet potato**, is crucial for adrenal support. The B vitamins also play an important role and can be beneficial for those suffering from reduced energy levels and low mood. Vitamin B-rich foods include **meat, poultry, yeast extract, nuts, pulses, asparagus, broccoli, spinach, bananas and potatoes**.

Try to avoid trigger foods, especially late at night as they're likely to trigger or worsen hot flushes and night sweats. Everyone has different trigger foods though, and you can try to identify yours by keeping a food and symptom diary for a couple of weeks, then looking for patterns. For some women, sage tea can help to alleviate night sweats and other menopausal symptoms.

https://www.menopausedoctor.co.uk/menopause/5-reasons-to-boost-your-gut-health#

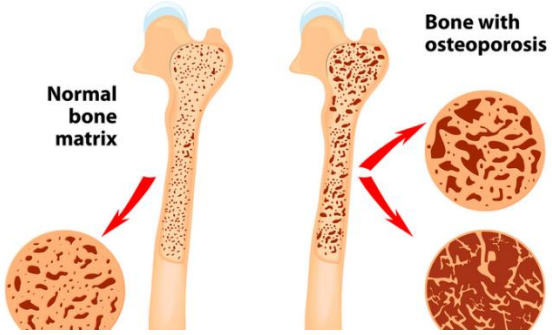
https://www.the-bms.org/probiotics-for-the-symptoms-of-menopause/

https://megsmenopause.com/2018/11/30/the-benefits-of-kefir/

https://www.health.harvard.edu/staying-healthy/fermented-foods-can-add-depth-to-your-diet

https://www.positivepause.co.uk/all-blogs/why-are-fermented-foods-fab-in-menopause

Gut: the inside story of our body's most unde…(Paperback) by Giulia Enders



Day 9. HEALTHY BONES: OSTEOPOROSIS

There is a direct relationship between the lack of oestrogen during perimenopause and menopause and the development of osteoporosis. Early menopause (before age 45) and any prolonged periods in which hormone levels are low and menstrual periods are absent or infrequent can cause loss of bone mass.

Peak bone mass is reached in the mid-twenties for spine and hip but other bones such as the radius reach a peak at age 40 years. At the time of menopause there is a rapid acceleration in bone loss that starts the year before menopause and continues for another 3 years (9) before de-accelerating, even so the rate of bone loss in the years 4-8 years past menopause is still high. The average decrease in BMD during the menopausal transition is about 10 percent so this means that half the women are losing even rapidly, perhaps as much as 10-20 percent in those 5-6 years around menopause. 25 percent of postmenopausal women can be classified as fast bone losers measured by rates bone loss and bone resorption markers (10). If the average age of the menopause is 51 years then an early menopause at age 41 would 'age' the bone 10 years earlier than normal- unless treated. This explains why 15-20 percent women in the early sixties have vertebral fractures and the effect of early menopause on bone. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4187361/

Women can lose up to 20% of their bone density in the 5 to 7 years after the menopause. Although your bone density decreases at the menopause, your risk of osteoporosis (weak bones) and fractures (broken bones) stays relatively low until you get much older.

Osteoporosis is often called a "silent disease" because initially bone loss occurs without symptoms. People may not know that they have osteoporosis until their bones become so weak that a sudden strain, bump, or fall causes a fracture or a vertebra to collapse.

Collapsed vertebrae may initially be felt or seen in the form of severe back pain, loss of height, or spinal deformities such as stooped posture.

Diagnosis can be achieved with a dual energy X-ray absorptiometry (DEXA) scan which provides the gold standard means of diagnosing osteoporosis. It expresses bone mineral density in terms of standard deviations (a statistical unit) below that of a young adult reference population. The unit used is presented as a T-score, and the World Health Organisation (WHO) has established the following guidelines:

- T-score of 1.0 or greater = normal
- T-score between –1.0 and –2.5 = low bone mass
- T-score of –2.5 or less = osteoporosis.

X-rays are helpful for confirming fragility fractures e.g. of the ribs or vertebrae. However, they are relatively insensitive to the identification of early disease, requiring a bone mass loss of at least 30 percent before picking up diagnostic changes.

The commonest medications used are bisphosphonates, which reduce the resorption of bone as it normally occurs. The best-known, sodium alendronate (Fosamax), is known to be very effective at preventing bone loss but tends to irritate the food pipe (oesophagus). It is given once a week on an empty stomach, and the patient is advised to remain upright for an hour after taking it. It often causes heartburn, however, and many patients cease to take it for this reason. Other types of bisphosphonates are available.

Hormone Replacement Therapy (HRT), has been shown to reduce the risk of fracture and can be used to prevent or treat osteoporosis in women under the age of 60 who have no contraindications to the use of HRT.

Calcium compounds such as carbonate and citrate, and calcium + vitamin D combinations are also widely prescribed to help improve bones. These are the building blocks of bone and their effect is best when they are given alongside other treatments such as bisphosphonates and HRT.

However, remember too that sunlight, eating well and exercise are free and also benefit your mental wellbeing!

https://www.womens-health-concern.org/help-and-advice/factsheets/osteoporosis-bone-health-following-menopause/

http://www.pulsetoday.co.uk/clinical/clinical-specialties/womens-health/menopause-and-osteoporosis/20039403.article Dr Louise Newson article.

https://cks.nice.org.uk/osteoporosis-prevention-of-fragility-fractures

Cross Government Menopause Network

Day 10. SEX; might need some additional planning ??

Greatly linked to your own personal symptoms; hot flushes, night sweats, vaginal dryness etc!

The loss of oestrogen and testosterone following menopause **can (not always)** lead to changes in a woman's body and sexual drive. Menopausal and postmenopausal women may notice that they're not as easily aroused, and they may be less sensitive to touching and stroking. That can lead to less interest in sex.

Loss of desire or libido is an issue of concern IF it is an issue for the individual – this is not the case for everyone of course. Some individuals may prefer walking their dog!

Where this is something that is of concern, there are many resources to help;

Finding new ways to transform arousal and moments of excitement — such as pelvic physical therapy or laser vaginal rejuvenation — also restore intimacy in relationships. The incorporation of lifestyle changes, technology, and medications can together help maintain the results of arousal with vaginal lubrication and vaginal tissue changes.

Sex therapists are also extremely effective in helping foster a new sense of intimacy with partners. Their tips may include:

- changing sexual routines
- focusing on foreplay
- incorporating vibrators and sex toys

More importantly, a well-rounded approach to treating decreased libido should integrate medical and psychosexual treatments, including pelvic exercises, couples counselling, and holistic changes.

You can steps to improve your sexual health during perimenopause and after menopause:

- **Be active.** Physical activity can boost your energy levels, lift your mood, and improve your body image. All of these can help increase your interest in sex.
- **Don't smoke.** Cigarette smoking can reduce blood flow to the vagina and lower the effects of oestrogen. This can make it more difficult to get aroused.
- **Avoid drugs and alcohol.** They can slow down how your body responds.
- **Have sex more often.** If you choose to have sex, it can increase blood flow to your vagina and help keep tissues healthy.
- **Allow time to become aroused during sex.** Moisture from being aroused protects tissues and makes sex more comfortable.
- **Practice pelvic floor exercises.** These can increase blood flow to the vagina and strengthen the muscles involved in orgasm. Learn more about pelvic floor exercises. See below**
- **Avoid products that irritate your vagina.** Bubble bath and strong soaps might cause irritation. See your doctor or nurse if you have vaginal itching or irritation as it may be a sign of infection

For the men in your life; https://www.myvmc.com/lifestyles/husbands-guide-to-great-sex-after-menopause/

https://www.healthline.com/health/menopause/sex-after-menopause#2

https://www.goodhousekeeping.com/uk/health/sexual-health/a567215/g-spot-orgasms-sex-after-the-menopause-can-be-better/

https://www.nhs.uk/live-well/sexual-health/sex-as-you-get-older/


Cross Government
Menopause Network

Cross Government Menopause Network

Day 11. BLADDERS; everything you don't want to know!

Before menopause, a steady supply of oestrogen helps preserve the strength and flexibility of your supportive pelvic and bladder tissues. During perimenopause and menopause, your oestrogen levels drop dramatically. This can cause the following changes for some women;

- Your vaginal tissue become less elastic.
- The lining of your urethra, the tube that empties urine from your bladder, begins to thin.
- Your pelvic floor, the group of muscles that supports both your urethra and bladder, weakens.

Stress incontinence. You might lose a few drops of urine when you're coughing, sneezing, or laughing. Or you might notice leaking when you're lifting something heavy or doing something that puts pressure on your bladder.

Urge incontinence. The need to pee comes on fast and unexpectedly. You might not make it to a bathroom in time. This is sometimes called an "irritable" or "overactive" bladder.

Nocturia. Some women wake up several times in the middle of the night with an urge to pee.

Painful urination. After menopause, women are more likely to have urinary tract infections (UTIs). They can give you a burning sensation while peeing.

Talk to your doctor about any new changes to your urinary habits.

https://www.webmd.com/urinary-incontinence-oab/womens-guide/bladder-control-menopause#1

https://urogyn.coloradowomenshealth.com/patients/library/menopause-urinary-symptoms

https://www.bladderandbowel.org/bladder/bladder-resources/after-the-menopause/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4876519/

https://www.youtube.com/watch?v=B2NMu72trIU – how to do your pelvic floor exercises https://www.nhs.uk/common-health-questions/womens-health/what-are-pelvic-floor-exercises/

Finally, this section would not be complete without a note from 'Tena'; https://www.tena.co.uk/tenalady/living-with-bladder-weakness/how-to-deal-with-incontinence/menopause

Day 12. SLEEP; and the lack of it!

Insufficient sleep has been shown to have later detrimental effects on things like our mental health, heart health, cognitive functions and even risk of osteoporosis.

The best kind of sleep is non-REM (rapid eye movement), which consists of three separate stages (1, 2 and 3), which follow in order, upwards and downwards as your sleep cycle progresses. Stage 3 is said to be the best kind. This is a deep sleep where we are essentially cut off from the outside world and unaware of any sounds or other stimuli. This usually occurs during the first half of the night and is where our brain activity, breathing, heart rate and blood pressure are all at their lowest levels. It's the time when we are most likely to dream too.

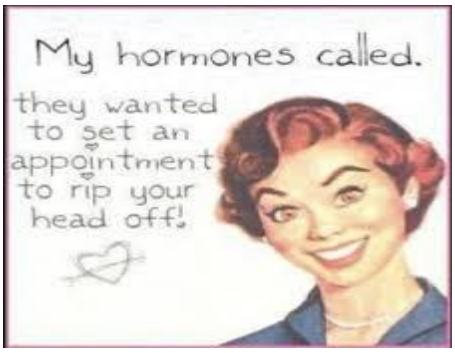
Your sleep can influence and be influenced by your health and other health conditions as you move through menopause.

The hormonal changes experienced through peri and menopause contribute to the inability to fall asleep. Menopausal progesterone decline may be involved in sleep disturbance since progesterone has a sleep-inducing effect by acting on brain pathways. Melatonin, another vital hormone for sleep, decreases with age. Secretion of melatonin is partly influenced by oestrogen and progesterone and levels decrease during the perimenopause, often compounding the problem. Added to this, there are the other factors/stressors which disrupt sleep such as night sweats.

If you are struggling every night there are some things you can control (like your bedtime routine) and things you can't control (like your hormones, without medication). Using good sleep hygiene, do everything to maximise the chance of good sleep and hopefully you can make up for the hot flashes and other ongoing symptoms.

Be consistent with your bedtime and wake up times and give yourself to fall asleep at night. Your routine should include the following *sleep hygiene* elements;

- Make your room dark quiet and safe.
- Keep your room as cool as you can.
- Skip alcohol and tobacco.
- Keep a cloth or cool water near your bed



……sleep deprived???

- Sleep apnoea has been considered, in the past, as a sleeping disorder of men. Studies have shown that night sweats and hot flushes may be linked to increased risk of sleep apnoea, and it appears to be more common in women who have had a surgical menopause compared to natural menopause. It may also be associated with weight gain and there is a possible role of progesterone. Progesterone has an effect on muscle activity at the back of the throat as well as stimulus for breathing, such that decline in progesterone may contribute to partial upper airway obstruction and reduced breathing drive. Sleep apnoea is not just about loud snoring and gasping. Sleep apnoea in women can also manifest itself in other ways including headaches, insomnia, depression or anxiety and daytime fatigue.

If you wake up in the night:

- If you just can't get back to sleep after 20 minutes get up and go into another room. Try doing something quiet and once you begin to feel sleepy go back to bed
- Don't clock watch or sit in front of the TV
- It may be hard but if you have worries or problems try hard not to focus on them during this quiet time.

General tips;

- Try Apps for guided meditations; Headspace, etc
- Some people recommend a silk pillowcase!
- Avoid caffeine and alcohol
- Eat complex, slow release carbs and finish your main meal around 6pm
- Avoid sugary foods and sugars
- Stick to lean protein – it will help you to feel full for longer, don't try to sleep hungry

https://mysecondspring.ie/menopause-symptoms/menopause-and-insomnia

https://www.womens-health-concern.org/help-and-advice/factsheets/menopause-and-insomnia/

https://www.sleepfoundation.org/articles/menopause-and-insomnia

https://www.insomnia.net/sleep-health/menopause/

https://www.tuck.com/menopause-insomnia/

Day 13. MENOPAUSE CHAMPIONS AND SPONSORS: Menopause Ambassadors

The role of the Menopause Ambassador is to share knowledge and experience but also to offer a point of contact, to offer support and where possible to offer a safe space to listen. As a result, they have kindly offered some degree of travel, they will take calls and possibly Skype (depending on the individual). They are not all clinicians, so experience and knowledge are based on the level of a 'kind ear' or a supportive friend as opposed to a counselling or health professional intervention. Nevertheless, the ambassadors hope that this additional personal support can make a difference. Various members of the menopause group have taken up the mantle and we now have a network across the organisation which is growing! If there's anyone not on the list who would like to put their name forward, please contact me directly J.McBurnie@nhs.net

Register of Menopause Ambassadors

Name: Jacqui McBurnie
Base: Quarry House
Working hours: Mon-Thurs
Travel: Yes, Leeds and North Yorks

Notes: Peri-menopause, advocate of cultural change, sport enthusiast for wellness, qualified nurse, on HRT and advocate of HRT, chocaholic, has made significant dietary changes since peri-menopause hit

Name: Micha Bradley
Base: Leeds City Office Park but flexible as cover all Y&H so mainly in Leeds or Rotherham,
Working hours: Mon-Fri
Travel: All Y&H
Notes: On HRT. Also have treatment for B12 and vit d deficiency which took a while to diagnose as many symptoms also associated with menopause. Am vegan but cutting out soya has really helped with symptoms. Have 15 rescue dogs and a horse which helps with wellbeing.

Cross Government Menopause Network

Name: Claire Jay

Base: Victoria House

Working hours: Monday to Friday and outward facing across the system

Travel: Yes, Across the North and Central Midlands and East.

Notes: Post-menopausal in theory, keen, large, very slow runner on trails and part of running club. Dairy and gluten intolerant and often trying to improve my diet. Since being peri-menopausal to now, I have experienced mental health issues clearly connected with the hormone changes.

Name: Gail Smithson
Base: Quarry House
Working hours: Tuesday, Thursday in QH Wednesday am WFH
Travel: Leeds
Notes: should be post -menopausal by now but still suffering with night sweats, lack of sleep, memory problems, low self -esteem, I could go on but won't, always happy to discuss and help where I can. I have been a PA to a marketing team, PA / Technical Support / Lab Tech for a paper merchant and currently Business Support. Wife to David and carer for my Mum.

Name: Louise Stewart
Base: West Midlands (St Chads / Wildwood)
Working hours: Mon-Thurs
Travel: Yes, West Midlands
Notes: Perimenopause, on HRT, keen runner and advocate of taking a proactive approach to managing all aspects of health and wellbeing (gut health/microbiome, mental & physical health). Currently training as a coach/mentor and counsellor. Qualified & registered clinical professional.

Gil Ramsden

Cross Government Menopause Network

Name: Iola Shaw

Base: Quarry House

Working hours: Mon-Friday

Travel: limited, occasional London

Notes: Peri-menopause, (my key issues have been anger and poor focus, possibly anxiety). Rapidly developing my experience of HRT "aided" by experience of the supply chain issues re tablets. I've found a knowledge based approach has been essential when negotiating with my GPs practice.

Name: Julie Neethling
Base: Quarry House, Leeds
Working hours: Monday to Friday
Travel: Yes, base + wider org as necessary

Notes: Recently gained diagnosis, now on HRT patch, found improvement in sleeping, eating habits and mainly dealing with anxiety I experienced. Strong advocate for being whole person in work + engage in mindfulness.

Name: Siobhan Woodland
Base: Leadership Academy, Leeds
Working hours: Monday to Friday
Travel: Leeds
Notes: Started menopause early 40s, now 52 and still going! On HRT patches. Went through period of depression which was later linked to perimenopause. Annoying loss of fantastic memory skills! Gained annoying amount of weight. Took up running to help. 2 Great North Runs under my belt, currently training for York Marathon in October. Married to Paul, lover of animals and volunteer for over 20 years with Blue Cross

Name: Gill Algor

Base: Leadership Academy, Leeds

Travel: Leeds

Notes: Hysterectomy at 41, HRT Patches and Citalopram for memory, anxiety, panic attacks, tropical moments, lack of confidence – the works!! 56 and still dealing with ongoing challenges, including being a full-time carer for my partner, Dave. However, with an amazing support of my GP (at last I've found someone who understands!) Have lost 2 stone, still 1.5 stone to go, have been asked to speak at a Menopause

M**enopause Senior Champions; (NHSE/I – Richard Barker, Bill McCarthy, Clare Duggan)**

Marina Bolton

Civil Service HR Director, Organisation Development, Design and Learning, Menopause Senior Champion; The menopause is a normal life event for a woman. It's not an illness or a medical condition and it's certainly not the doom-laden metamorphic 'CHANGE' that it was thought to be in my grandmother's day! But despite great work being done to progress the cause of health and wellbeing and diversity and inclusion in the workplace, the 'M word' remains a word that is mostly unspoken or in some cases seen as taboo. As a result, many women experiencing the peri-menopause and the menopause are doing so in silence. In reality this means some women living anything from between 2 - 5 years (and beyond for some) of their lives experiencing symptoms that can be physically, mentally and emotionally difficult and they live through it alone, not wanting to cause social discomfort or awkwardness by speaking up about what they are experiencing and how they might be feeling.

My own experiences are why I believe the work of the Cross-Government Menopause Network is so important. The principles and toolkit they have produced for use by women, line managers and colleagues help to bring an otherwise un-discussable subject out into the open so no one need feel alone or suffer in silence. Whilst the Cross-Government Menopause products are primarily aimed at information, advice and guidance relating to women experiencing the menopause, the toolkits are also relevant for anyone who might be undergoing any form of hormone treatment, as often the symptoms can be very similar.

Jane Harbottle Chief Executive of the Legal Aid Agency (LAA), Senior Menopause Champion; I am privileged to sponsor the Cross-Government Menopause Network. The impact of the menopause can be far reaching and can affect every aspect of a woman's life, including their work. It is important that line managers understand how to provide support for their staff. Supporting those affected by the menopause, maintaining their wellbeing and being a source of support is vital to ensure that everyone can achieve their full potential.

I am delighted that there is now a source of support for
colleagues and line managers via the new menopause principles and toolkit. I would encourage all managers to use this resource and sign up to the network for further information, ideas and support. The products are an important step towards making conversations about the menopause easier between line managers, colleagues and peers, and providing much needed support.

Cross Government Menopause Network

Day 14. MENOPAUSE GUIDANCE AND TOOLKIT; REVIEW THE TOOLKIT FOR YOURSELF

Do you know how often you have symptoms and exactly which ones affect you most?

Included below is a template (guide) to assist with understanding issues through the menopause. This list is of symptoms that may be experienced when going through the menopause, and how these may impact on your ability to undertake your role/life. This list may prompt very personal and private considerations, so take some time to really think about how you can use this to understand your own symptoms and what strategies you can use to help.

Symptom	**Location you have the symptom (if both tick both)**		**Severity of the symptom**				**How frequently do you experience the symptom**						**Adjustments you feel may assist *(Examples included)***
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	Weekly	Daily	Hourly	Constant	
Hot flushes													*Fan/ extra uniform/ close to a window/ access to showers if applicable*
Night Sweats													*Flexible shift times*
Irregular Periods													Procedures allowing for flexibility without drawing attention (Panel meetings etc.)
Loss of Libido													
Vaginal Dryness													
Mood Swings													*Inform the team/colleagues to be mindful. Quiet/ Private breakout room.*
Fatigue													*Flexible shift times.*
Hair Loss													Flexibility and sensitivity
Sleep Disorders													

Cross Government Menopause Network

Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist *(Examples included)*
Difficulty Concentrating													*Flexibility in breaks.*
Memory Lapses													Aide memoirs
Dizziness													Access to fresh drinking water and quiet areas
Weight Gain													Access to food preparation facilities to allow healthy eating options
Incontinence													Procedures allowing for flexibility without drawing attention (Panel meetings etc.) Access to showers/extra uniform if applicable
Bloating													
Allergies													
Brittle Nails													
Changes in Odour													Access to showers/lockers to store toiletries/extra uniform if applicable

Cross Government Menopause Network

Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist. *(Examples included)*
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	weekly	Daily	Hourly	Constant	
Irregular Heartbeat													
Depression													
Anxiety													
Irritability													
Panic Disorder / Attacks													
Breast Pain													
Headache													*Access to a private room*
Joint Pain													
Burning Tongue													
Electric Shocks													
Digestive Problems													
Gum Problems													
Muscle Tension													
Itchy Skin													
Tingling Extremities													
Osteoporosis													

Day 15. HAIR

Changes in Oestrogen and progesterone cause androgen levels to increase, which can in turn trigger thinning of the hair on your scalp and can also cause extra facial and body hair. When the levels of oestrogen and progesterone drop, hair grows more slowly and becomes much thinner. Androgens shrink hair follicles, resulting in hair loss on the head. In some cases, however, these hormones can cause more hair to grow on the face. This is why some menopausal women develop facial “peach fuzz” and small sprouts of hair on the chin.

For women going through menopause, the cause of hair loss is almost always related to hormonal changes. However, there are many other factors that can contribute to hair loss during menopause. These include extremely high levels of stress, illness, or a lack of certain nutrients. Diagnostic blood tests that can help rule out other causes of hair loss include thyroid tests, and/or a complete blood count.

There are steps you can take to reduce the thinning or loss of hair and repair some of the damage; Eating a balanced, low-fat diet is your best defence against hair loss. Make sure you include an adequate amount of whole grains, fruits, and vegetables in every meal. It’s also important to incorporate mono-saturated oils, such as olive oil and sesame oil, into your diet. Drinking green tea and taking vitamin B6 and folic acid supplements may help restore hair growth as well. Essential fatty acids also play a crucial role in maintaining hair health. These fatty acids can be found in the following foods:

- salmon
- tuna
- flaxseed oil
- walnuts
- almonds

https://patient.info/news-and-features/does-the-menopause-cause-hair-loss

https://www.healthline.com/health/menopause/hair-loss#1

Day 16. SKIN; WRINKLES, DRYNESS

Menopause causes many changes to your skin. Your body stops making as much collagen. As oestrogen levels reduce during the menopause and perimenopause, your skin can become less mobile and thinner. Low oestrogen levels can result in there being less blood flowing to the epidermis (upper layer of your skin) and more water lost from your skin - leading to your skin being less hydrated. You may notice that your skin looks tired and develops more fine lines and wrinkles. The skin often loses elasticity and appears less glowing, as hormone levels decline.

Your skin can become dry and feel itchy. This itchiness can occur during the day and night and be really troublesome. Some women notice abnormal sensations to their skin, such as numbness, tingling, prickling or a crawling sensation (called formication).

During the perimenopause and menopause, many women also experience acne and skin pigment changes. This means that you also need special care when in the sun. The maintenance of the pigment melanin is controlled by oestrogen. There is less protective melanin when you enter the peri-menopause - so your skin can appear lighter. Menopausal skin is therefore more prone to sun damage. In areas of the skin that have been exposed to UV rays over the years, melanin synthesis increases during the menopause. This can result in brown age spots appearing on your face, hands, neck, arms and chest.

There are other rarer skin conditions you may also experience during menopause, such as paraesthesia. Paraesthesia is the sensation of tingling, numbness, or “pins and needles” on the skin. A few women may also experience formication. Formication is a type of paraesthesia described as the sensation of insects crawling on the skin.

What helps?

Vitamin C to support skin repair, phytoestrogens and herbal remedies such as maca root to boost balance of oestrogen.

https://www.bbcgoodfood.com/howto/guide/health-benefits-maca-powder
https://www.medicalnewstoday.com/articles/322511.php#ten-benefits

Ensure that moisturisers are used regularly, use skin protection with UVA cover – factor 30 at least. Avoid highly perfumed products which can more easily irritate and cause sensitivities. Use a mild cleanser and soaps.

https://www.aad.org/skin-care-secrets/skin-care-during-menopause
https://www.menopausedoctor.co.uk/menopause/menopause-and-your-skin

Day 17. The benefits of menopause

‘Women over 50 are just hitting their stride; you become far more intuitive, you are no longer satisfied with the status quo, and you find your voice in a different way’. Christiane Northrup, *The Secret Pleasures of Menopause*.

Yes, this means an end to periods, (hopefully to flooding!), premenstrual symptoms and the monthly dread that may bring. However, there are additional things to celebrate;

- Wearing white pants – whenever you want!
- Migraines and headaches related to menstruation
- In most women fibroids do not continue to cause problems such as heavy bleeding
- A time to self-care (perhaps). It's not your mother's menopause so let go of worn-out beliefs that it will control you instead of the other way around. To a great degree, your attitude about the changes you face will determine what becomes intolerable and what's a nuisance not worth mentioning. Prioritize your health.
- Greater self-awareness, hopefully more self-aware and confident

It's your opportunity to get clear about what matters to you and then to pursue that with all of your energy, time and talent. *Oprah Winfrey*

- Symptoms should improve post menopause; memory, sleep especially
- An end to the menopause means an end to the often debilitating mood swings that are triggered by hormonal changes. And if you'd spent the previous 40 years suffering from PMS every month, you'll be even more relieved to finally see the back of your periods.
- The average 50-something catches half the amount of colds as a teenager

https://www.everydayhealth.com/menopause-pictures/positives-of-menopause.aspx

https://www.fionaoutdoors.co.uk/2019/09/12-benefits-of-the-menopause-yes-really.html

https://www.msn.com/en-gb/lifestyle/relationships/7-quotes-from-awesome-women-thatll-make-you-think-differently-about-menopause/ar-AAbzAKc

https://www.youtube.com/watch?v=w42_7cANRyA

https://www.youtube.com/watch?v=UjSr-US3l_E

Day 18. Best books and resources on menopause

There are some great resources both online and as a good read. Books generally range from the clinically-based to the nutritional focus which emphasizes how to optimise the changes you can make for yourself.

Best friend or big sister style; good if you are struggling with concentration, accessible

Andrea Maclean

https://www.amazon.co.uk/s?k=andrea+maclean&ref=nb_sb_noss

Liz Earle

https://www.amazon.co.uk/s?k=liz+earle+menopause+book&crid=2Q40SK5HIGSR8&sprefix=Liz+ea%2Caps%2C237&ref=nb_sb_ss_i_3_6

Deborah Garlick

https://www.amazon.co.uk/Menopause-Change-Better-Deborah-Garlick/dp/1472948734/ref=sr_1_1?crid=3GJ2P2VZC2AUR&keywords=deborah+garlick&qid=1571938347&sprefix=Deborah+Garli%2Caps%2C207&sr=8-1

Kathy Abernathy; Nurse in an NHS menopause clinic

https://www.amazon.co.uk/Menopause-One-Stop-practical-understanding-menopause-ebook/dp/B074V6B9H5/ref=sr_1_5?keywords=Medical+menopause&qid=1571938440&sr=8-5

Nicki Williams; nutritionist

https://www.amazon.co.uk/Nicki-Williams/e/B0775ZKV2B%3Fref=dbs_a_mng_rwt_scns_share

Medically based

Christian Northrup

https://www.amazon.co.uk/s?k=Christian+northrup&ref=nb_sb_noss_2

Dr Louise Newson (also has a ‘Haines Manual’
recently released)

https://www.amazon.co.uk/Menopause-concise-manual-Concise-Manuals/dp/1785216422/ref=sr_1_2?crid=ANEIU3X9GYHP&keywords=menopause+dr+louise+newson&qid=1571938577&sprefix=menopause+%2Caps%2C202&sr=8-2

TED Talks;

https://www.ted.com/talks/jane_fonda_life_s_third_act?language=en

https://www.youtube.com/watch?v=EwjLP9O1inw

https://www.youtube.com/watch?v=iFcv0_ox38Y

https://www.amazon.co.uk/Making-Friends-Menopause-comforting-reflecting/dp/1505368014/ref=sr_1_2?qid=1571936245&refinements=p_27%3ASarah+Rayner&s=books&sr=1-2

https://www.amazon.co.uk/Magical-Menopause-Brilliant-Ideas-Celebrating/dp/1904902790

Online resources; (Also see the Office 365 Teams Menopause page)

British menopause Society; https://thebms.org.uk/

Menopause Doctor; https://www.menopausedoctor.co.uk/

NHS Website; https://www.nhs.uk/conditions/menopause/

Henpicked; https://henpicked.net/

Meg Matthews menopause site; https://megsmenopause.com/

Day 19. Making time for yourself; critical but not easy (just some general thoughts for sharing)

- There's no such thing as bad weather – dress for it and go for a walk. There are huge benefits of getting daylight into your brain from release of good hormones to production of vitamin D!
- Try to exercise a few days per week; enough to get out of breath. If you go for a walk then try to increase the pace so that it is more than a stroll
- Try all the advice around bedtime routines; a warm soak, relaxation and a cool bedroom
- Eat chocolate; stick to chocolate at 70% or above, as its better for you!
- Talk about your feelings, frustrations and symptoms; let those around you know that this is not personal, it's a struggle for you, you are trying to remain aware
- Plan and plan…..try to minimise the little bit of time for yourself; if you have family commitments, caring responsibilities and a busy life, make sure you do what you can to limit any surprises.
    - Plan your weekly food – including lunches so that you can ensure you have leftovers or healthy options and do not have to opt for last minute, less healthy solutions.
    - Organise cooking so that you make multiple portions and freeze main meals and/or portions for lunches
    - Get everyone in the household to take on board jobs to help (not easy!!)
    - Lock the bathroom door if you can, run a bath and take a book, a glass of wine or a partner in there with you, even if it's the middle of Saturday afternoon
    - Naps – there is research to say that naps (before 3pm) are really healthy for us all, and advice that if you have sleeping problems already, that they aren't a good idea. I tend to think we should go with how we feel. If you have a house full, this probably isn't possible, but nap if you can over the weekend, just take them over lunchtime
    - Plan activities that you can accommodate; I know I can't go to a film on an evening as I struggle with tiredness, so I chose a matinee rather than feeling bad that I didn't do anything

- Use your work diary to list actions and ‘things to do’. Especially good if you need prompts to get through the list – you will get a diary prompt when you have scheduled some actions and will more likely get a feeling of accomplishment when you achieve a number of things
- Reduce sugar and eat more slow release carbohydrates; swap white potatoes for sweet potatoes and drop the pasta

Day 20-25. Say out loud;

> **‘I made it to Christmas, I might not be super organised, but we won’t starve! I am surviving menopause and I have a group of ladies to help if I need it!’**
>
> **Thank you for all of your honesty, for being open and sharing your stories, your frustration and your advice. Your support has grown the network, has helped others struggling just like you, has promoted the changes we see today…….and will see in 2020**
>
> **Well done, enjoy your break and look forward to 2020!**