Menopause and the heart

Dr Currie’s clinic

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Vitamin supplements may benefit those with nutritionally inadequate diets. † Professor Beckett is not cited in the capacity of a health professional, but as a product inventor and former Chairman of Vitabiotics. *(IRI value data. 52 w/e 2 Nov 13).
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Menopause Matters magazine has won a prestigious industry award at the Scottish Magazine Awards ceremony held recently in Edinburgh. After being shortlisted from scores of entries it beat off strong competition and was ultimately nominated as being the best magazine in the Small Publishing Company category.

The panel of judges considered the magazine to “serve a genuine need, finding a real gap in the market”. It is a satisfying point in a journey that started 12 years ago when Dr Heather Currie an associate specialist gynaecologist and obstetrician at Dumfries and Galloway Royal Infirmary and a national expert in the menopause founded Menopause Matters Ltd. The website was launched and its success is currently measured in 5000 visitors per day.

It was identified that although women’s magazines occasionally carried articles about the menopause there was no single publication with the sole aim to focus on this time in a woman’s life. With the desire to reach a wider audience the magazine was launched in 2005.

With the medical background and knowledge of Dr Heather Currie, an expert in Women’s Health and the menopause, the editorial skills and extensive publishing experience of Andrew MacKay, the website know-how of Rik Moncur and the advertising knowledge of Annie Preuss, this innovative team crosses the public and private sector, medical and non-medical boundaries to provide truly accessible, accurate, readable, attractive information and support, which is essential for all women. The magazine is the only one of its kind written specifically for women approaching and experiencing the menopause. Its aim from the outset was to offer women advice and help in words that are free from medical jargon. In doing so, it was hoped women will have a better understanding of this time in their life and be able to make a more informed choice about treatment options.

Its content is not solely about pills, potions, patches and gels and it does cover areas such as fitness, nutrition, travel and fashion particularly tuned for the woman in and around the menopause.

Soon after the awards ceremony, Dr Heather Currie said: “I am absolutely delighted that our work has been recognised and that menopause has been noted to be really important.

“Many thanks to our small team and most important to those who contribute, subscribe and read the magazine. I also greatly appreciate the support of our advertisers and sponsors, their ongoing endorsement is greatly appreciated and helps us to continue to provide information and guidance for women world-wide.”

The magazine can be viewed free online at the Menopause Matters website while print copies are posted to subscribers. It is also available in doctors’ surgeries, clinics and many gyms and yoga studios around the country.

Contact Menopause Matters

If you would like to tell us about your menopause or if you have any questions, please contact:

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info@menopausematters.co.uk

Andrew MacKay - editor
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To advertise or enquire about our advertising rates, please contact Annie at
advertising@menopausematters.co.uk
The American College of Obstetricians and Gynaecologists has recently updated its practice bulletin for treating vasomotor symptoms (hot flushes) and vaginal atrophy (dryness). Incredibly, this is the first update on the subject from this eminent organisation since 2001, which was around the time of the Women’s Health Initiative Study that condemned the use of HRT.

Experts, indeed the authors of that study have since all agreed that it was seriously flawed and that the findings were wholly inaccurate.

The statement reveals that flushes affect between 50% to 82% of US women who have a natural menopause and that 10% to 40% have issues with vaginal atrophy. Most of the women had flushes every day with one-third having 10 or more daily. Flushes generally affect women from four to 10 years.

Some emphasis has been placed on the need to understand the risks and benefits of various therapies and the need to tailor therapies to an individual’s requirement. The recommendations have been put at three levels. Level A is “good or consistent scientific evidence” and is best approached with systemic hormone therapy with estrogen plus progestin. A low or ultra-low dose is best and least likely to introduce side effects. Doctors should treat each patient individually, using the lowest effective dose for the shortest duration. It was reported that thromboembolic disease and breast cancer are risks for combined systemic hormone therapy.

Some antidepressants and drugs such as clonidine (high blood pressure) and gabapentin (epilepsy) have met with success in relieving hot flush symptoms and are alternatives to HRT. For dryness in the vagina, local estrogen therapy is recommended.

Level B conclusions are “limited or have inconsistent scientific evidence”.

There is no support for the use of progesterin alone, testosterone, compounded bioidentical hormones, progestogens, modifications to lifestyle or herbal supplements. Simple things such as layering clothing, lowering room temperature and consuming cool drinks will help. Non-estrogen water-based or silicone-based lubricants and moisturisers may alleviate pain in vaginal dryness.

The Level C recommendation is “based primarily on consensus and expert opinion” and recommends individualising the decision to continue with HRT.

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**Menopause Matters 2014 5**
Having an early natural menopause before the age of 40 can stimulate some dejection on a woman’s mental wellbeing as well as impairing her quality of life and libido. The ovaries stop working without any reason in about 1% of women and those with what is known as primary ovarian insufficiency have been given hormonal treatment to help boost their deficiencies. Research proves that restoring levels of estrogen and progesterone helps. However, ovaries also produce testosterone and women have been given this in the hope that it would reinstate the hormone and prove a spirit-lifting cure. New studies show giving testosterone to women who lose ovarian function for rea-
Relief for cystitis sufferers

Gepan®instill is now available direct to the public for use at home with self-catheterisation.

Until now it was only available as a hospital treatment. It is effective for chronic forms of the interstitial cystitis, overactive bladder, radiation cystitis and chronically recurring cystitis.

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For further information see www.hgmedicines.com or contact: Dr Karen Gardiner, HG Medicines Ltd. Tel. +44 (0) 844 415 2420.

RESEARCH NOTES

Hot flushes were considerably reduced after tiny amounts of anaesthetic were injected near a nerve bundle in the neck. This was revealed following a randomised, controlled trial and the technique might be an option for women that prefer alternative treatments to hormone therapy or other medications.

The North American Menopause Society after a study from two Chicago medical schools reported this. Forty women with severe hot flushes were given either a stellate ganglion block or an injection of plain saline solution.

Both groups of women kept diaries to record the frequency and severity of their flushes for six months.

For 24 hours at the start of the study and three months after the injection, the women also wore skin conductance monitors, which measured flushes objectively while allowing the women to record when they felt a flush.

On average, the women had 10 flushes each day, rating two-thirds of them moderate or severe. A moderate flush has been described as having perspiration, clammy skin, dry mouth, tense muscles, and rapid heartbeat. Severe flushes are those that last up to 20 minutes and have “raging furnace” warmth, weakness, feeling faint, extreme perspiration and heart irregularities.

Between four and six months after the injection, the total number of flushes was not hugely different between the two groups, however, the number of moderate to severe flushes and the intensity of them was cut in half in the women that received the real nerve block. The women that got the saline solution injection experienced a 4%-8% reduction.

A small injection behind the ear may be an alternative cure for hot flushes

“This hot flush treatment really is better than placebo. The nerve blocks could prove helpful for women with a history of breast cancer, as well as for women who prefer not to use hormones or other drugs for hot flushes,” says NAMS executive director Margery Gass, MD.

A TEAM of researchers from the University of Pennsylvania has found that moderate to severe hot flushes continue, on average, for nearly five years after menopause and more than one-third of women experience moderate/severe hot flushes for 10 years or more after menopause.

The Penn Ovarian Ageing Study evaluated 255 women who had reached natural menopause over a 16-year period (1996-2012). The results indicate that 80% (203) reported moderate/severe hot flushes, 17% (44) had only mild flushes and 3% (8) reported no hot flushes.

Obese white women and African-American women (both obese and non-obese) had the greatest risk of moderate/severe hot flushes during the study period whereas non-obese white women had the lowest risk.

The increased risk of hot flushes in obese women has previously been associated with lower levels of estradiol (the most potent estrogen produced by women’s bodies) before menopause, but the new finding that non-obese African-American women also have a greater risk of hot flushes remains unexplained.
Dear Crabby,

My doctor has informed me that I am in perimenopause. My children are grown up and it would be a relief if I no longer had to worry about birth control. I have used a diaphragm most of my adult life with great success, but it is inconvenient and kills “the mood”. In addition, my periods have been irregular. Do I still need to use birth control?

In the mood, Cincinnati

Dear In the mood,

The good news is you are “in the mood”. Many women that experience perimenopausal symptoms lose their interest in sex. So, if your only concern is birth control, lucky you!

One of the benefits of menopause or postmenopause is not worrying about becoming pregnant.

First, let’s define the three stages of menopause:

Perimenopause begins about six to eight years before you reach menopause. During this time the levels of hormones produced by your ovaries start to fluctuate leading to irregular menstrual patterns such as, irregularity in the length of the period, the time between periods and the level of flow. At this time you are ovulating on and off, so you could become pregnant. Other common perimenopause symptoms are hot flushes, night sweats, mood swings, vaginal dryness, fluctuations in sexual desire, fuzzy thinking, fatigue and depression.

You are officially in menopause when you haven’t had a period for 12 consecutive months. At this point there are no more eggs left for your ovaries to release and pregnancy is impossible.

Postmenopause is the period of life after you have reached menopause.

Since you are perimenopausal and you are still having periods it is advisable to continue practicing birth control because your ovaries have not completely stopped producing hormones. You may still ovulate and it is possible that you could become pregnant.

When your ovaries start producing lower levels of hormones you will begin to experience symptoms associated with perimenopause. Irregular periods can be the first symptom you notice. Because your natural cycle is changing, some months you may ovulate and some months you may not.

Menopause happens when the ovaries stop making enough hormones to stimulate your monthly cycle at which point your periods stop permanently. Only then can you stop worrying about birth control. It is advisable you get confirmation from your doctor.

Since using a diaphragm for birth control can be inconvenient, and “kill the mood”, you may wish to consider one of these other methods of birth control.

Top five most popular forms of birth control

- The birth control pill is 96-99% effective. Using “the pill” is not only effective at birth control (diaphragms are only 85%-90% effective) but the pill can help with perimenopausal symptoms. You may wish to discuss this option with your doctor.
- Condoms, 90-95% effective.
- Vasectomy, 100% effective.
- Many couples opt for this option after they have had their children.
- IUD (Intrauterine device) lasts six to 10 years. This permanent device allows you to be “in the mood” without disrupting spontaneity.
- Implant, a chemical contraceptive, is a match-sized rod that is inserted into the woman’s arm. It is time-released into the body for up to five years.

Of course, abstinence is 100% foolproof, but you signed your letter “in the mood”, so I’m sure that wouldn’t be an option. Continue practicing birth control until your doctor confirms that you are in menopause. If you have more than one partner, practice SAFE sex to avoid any sexually transmitted diseases.

Signed,
Less Crabby practicing birth control
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Unlike other symptoms of the menopause that may resolve over time vaginal dryness does not resolve spontaneously. As about one-third of a woman’s life is after the menopause it is important to diagnose and treat vaginal dryness ³

Discuss your symptoms with your Doctor before starting treatment.

Read the instruction leaflet before use

3. Johnston SL, Farrell SA. The detection and management of vaginal dryness affects up to 55% of postmenopausal women ¹

Bioselecta Srl, Via G. Marcora 11, 20121 Milan, Italy.
Bioselecta Srl, Via G. Marcora 11, 20121 Milan, Italy.
I am 54 years old and have just come off HRT. The first one I tried was Elleste Duet but I found the monthly bleed irritating and decided to switch to Elleste Conti. I developed bleeding in the second month but I stopped the HRT after the bleeding went on for two-and-a-half weeks. However, I have been off HRT for one month and alas the symptoms are creeping back. Although I didn’t suffer from hot flushes, my mood is very low and I feel nauseous with heart palpitations.

Is it worth trying again the Elleste Conti and hope that the bleeding subsides or switch to another one?

Diane Campbell

Since you are still having symptoms it would be worth trying a different HRT. Elleste Duet Conti is a continuous combined or “period-free” type of HRT and while it does not cause the monthly bleed as you had with Elleste Duet, bleeding within the first six months is quite common and usually settles down. (The difference between whether the HRT type leads to a monthly bleed or not is due to the way the progestogen is given - all types contain estrogen every day.) Progestogen is taken in addition to prevent estrogenic stimulation of the womb lining. In monthly bleed types, progestogen is taken for 12 to 14 days of each 28-day pack but in period-free types it is taken every day along with the estrogen. Period-free types can be taken when we know that it is likely your own periods have stopped, by having had at least one year of no periods, or by being aged 54. At this stage the daily steady levels of both estrogen and progestogen should keep the womb lining thin and not be stimulated to be thickened and then shed as in the monthly bleed type, but as mentioned, some initial bleeding is quite common. Therefore it would be reasonable to restart the period-free type HRT but I would suggest a different type since Elleste Duet Conti is actually a high-dose preparation and so perhaps more likely to lead to some bleeding. A lower-dose type with the same type of hormones is Kliovance and one with low-dose estrogen and a different progestogen is Femoston-conti. Either could be tried.

Natural acts

I have just had breast cancer. Is there anything that will help flushes that is not estrogen based?

Karen Jones

Consider if there are diet or lifestyle factors - smoking, overweight, drinking more than three caffeine-containing drinks per day, drinking alcohol and a high carbohydrate diet can all worsen flushes. There are medications that can be prescribed by your GP, such as Clonidine, Venlafaxine and Gabapentin. You can see more information about these at www.menopauzematters.co.uk/prescribed.php. Many women try alternative therapies to control flushes. These are generally not recommended after a history of breast cancer, since we have very little information on the effect, if any, on the breast but alternative techniques such as acupuncture and yoga can be tried.

See more information at www.menopauzematters.co.uk/othertechs.php

Options are available

I know that during menopause, my skin collagen levels would drop dramatically causing ageing and deep wrinkle formation. I wanted to make sure my skin was protected.

www.stratumc.com
Discharge is classic symptom

I am 58 and have no previous medical history of note. In July 2013 I saw my GP as I had a brownish vaginal discharge. I had a transvaginal/pelvic scan and was diagnosed with vaginal atrophy and a thin endometrium. I commenced on ortho gynest pessaries 500mcgs and use one pessary every 10 days. How safe is it to continue to use ortho gynest on an ongoing basis?

Are there any non-hormonal medications that could be used such as Replens and Silk?

How long does atrophic vaginitis last for? I’ve heard that you can use the hormonal pessary for five years, but what happens then, do you just “put up with it”?

I get a creamy white discharge which is non-offensive and does not itch, is this due to hormone levels in the vagina returning to a premenopausal state? Ideally I’d like to stop using the pessary and opt for non-hormonal treatment because I’m concerned about the increased risk of breast cancer.

Catherine Lorimer

Vaginal atrophy is a common consequence of estrogen deficiency of the menopause and can cause the brownish discharge that you noticed due to thinning of the vaginal tissues. Classically it occurs a few years after the menopause, when estrogen levels are low. The brownish discharge and sometimes bleeding can occur because the thin vaginal skin exposes blood vessels near the surface, which can easily produce tiny amounts of bleeding. Any bleeding or discharge after the menopause should be reported to the doctor. Low estrogen leads to change in the acidity of the vagina, with a less acidic environment, there is susceptibility to infection.

Vaginal atrophy can cause dryness, discomfort, pain during sex, irritation and itching. Changes can take place in the bladder leading to passing urine more often, discomfort when passing urine and increased risk of infection.

To answer your questions specifically - because these changes are due to estrogen deficiency, the replacement of estrogen can reverse the changes and treat the symptoms. If vaginal and/or bladder symptoms are the estrogen deficiency symptoms, vaginal estrogen is recommended, rather than “systemic” estrogen - HRT where estrogen is taken by pill, patch or gel and circulates throughout the body. Vaginal atrophy is an ongoing process so if not treated, the symptoms will continue. Therefore long-term treatment is required and is recommended (not just five years). Vaginal estrogen preparations are concentrated in the vagina, with only minuscule amounts circulating through the body. There is no concern about breast cancer risk using vaginal estrogen.

The dose that you are using is actually less than recommended, which is that the maintenance dose is twice weekly. If one pessary every 10 days is enough for you, then no need to increase. Vaginal lubricants and moisturisers such as you mention can help the symptoms but do not treat the underlying estrogen deficiency.

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Katherine decided to try Promensil Double Strength

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Katherine Robinson
(St Jakel’s College, South Wales)

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The risk of heart disease increases for everyone as they age, however, for women the symptoms can become more apparent after the menopause. This natural phase in a woman’s cycle is not a disease and menopause does not cause cardiovascular diseases. However, the accumulated effects of an unhealthy lifestyle can result in an increase of threatening factors around the time of the menopause. The consequences of an unhealthy diet, smoking, lack of exercise and other unwholesome habits that were started in earlier life can show their presence.

What must be emphasised is the notion that heart attacks are largely in the domain of men. This is a misconception, indeed cardiovascular disease kills as many woman as it does men and in the UK every year more than 30,000 women die from disorders of the heart and circulation and stroke. An overall increase in heart attacks among women happens around 10 years after the menopause. In the UK the average age for the menopause is now 52 years. Research continues but it is believed that the decline in the natural hormone estrogen may be a cause in the increase of heart disease among post-menopausal women. Estrogen is good for the inner layer of the artery wall by helping to keep blood vessels flexible. Arteries can relax and expand to support blood flow. Estrogen alone is not the panacea for all ailments at this time of a woman’s life and many other changes occur in the body with menopause. Blood pressure may start to rise and LDL cholesterol that’s better known as “bad” cholesterol tends to increase. “Good” cholesterol or HDL declines or remains the same. Triglycerides, certain types of fat in the blood increase and should be monitored as high levels contribute towards heart disease.
What to look out for

Women’s most common heart attack symptom is chest pain or discomfort. But women are likely to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.

Look out for uncomfortable pressure, squeezing, fullness or pain in the centre of your chest. It can last for a few minutes, or it can go away and come back.

Pain or discomfort in one or both arms, the back, neck, jaw or stomach is also common.

Shortness of breath with or without chest discomfort.

If you have any of these signs, don’t wait more than five minutes before calling for help and get to a hospital at once.

If you’re going through the menopause and suffer from unpleasant symptoms, you may be prescribed hormone replacement therapy to help relieve these symptoms. In the past it was thought that HRT may increase the risk of coronary heart disease and stroke but recent evidence has shown that, if used under the age of 60, or within 10 years of the menopause, HRT probably does have the added benefit of helping to protect women against heart disease.

Giving up smoking is a very good starting point. It contributes towards an early menopause and it certainly increases the risk of blood clots, decreases the flexibility of arteries and lowers the levels of good cholesterol.

Combine this with better eating habits and some exercise and you are on the way to a healthier heart. Despite women and men being equally at risk of heart disease, a research paper that was recently published in Global Heart, a journal of the World Heart Federation revealed that women were less likely to be ordinarily offered treatment. It said that women were much less likely to receive statins and lifestyle advice to prevent heart disease, compared to men.

With around 3.3 million women in the UK living with heart and circulatory disease there is need for research. This especially so when coronary heart disease has unique characteristics in women thus implying that treatment strategies specific to women are needed.

Simon Gillespie, chief executive of the British Heart Foundation is in no doubt about this: “Women with heart disease are underdiagnosed, undertreated and unaware that this condition can kill them,” he said.

“Coronary heart disease is largely preventable and so it’s unacceptable more than 30,000 women die as a result of this each year in the UK. “We need more female-focused research into the diagnosis and treatment of coronary heart disease so we can set about reducing the number of women we’re losing to the country’s single biggest killer.

“For now, women need to try and look after their heart. It means keeping an eye on weight, stopping smoking, having plenty of physical activity and a healthy, balanced diet.”

The British Heart Foundation wants to make sure you have all the information, support and guidance you need. They are there to help you, whether you are calling about yourself or someone you care about.

Cardiac nurses and advisers will help with questions or concerns you have about heart health and conditions. Call them on 0300 330 3311. Lines are open 9am-5pm Monday to Friday.

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MENOPAUSE MATTERS 2014 13
At the time of the menopause there are lots of things going on in your body, it is rather like a huge computer that has chosen to install an update. In computers, such updates can bring noticeable and occasionally unpleasant changes and unfortunately we don’t have a magic wand to restore settings and take us back to the way we were.

However, what we can do is to make the best of how we are and try and improve our health so that we avoid significant diseases.

Obvious lifestyle changes like giving up smoking and monitoring alcohol consumption have been well documented, however, other perhaps “hidden” or less publicised things like sugar, salt and cholesterol can have an accumulative effect on our heart health in and around the menopause.

### SALT

One of life’s mysteries is the high incidence of women that will add salt to soup even before they have tasted it. Salt may be the last condiment the soup requires especially if it has been made from stock sourced from the Dead Sea.

For women in menopause, it is time to taste the soup first and even consider removing the salt cellar from the table. Hormonal changes cause salt to affect your blood pressure and this in turn increases your risk of heart disease.

Salt, or sodium as it is sometimes called, also attracts water and as the salt in your blood increases so too does the amount of water. This in turn pumps up your blood pressure so that it can push the extra fluid through your blood vessels.

Because hormones increase salt sensitivity, there is an increased possibility after the menopause especially if the situation is not controlled of a woman developing high blood pressure or heart disease.

A recent research examined 40 women who had their ovaries surgically removed. The operation caused an instant menopause. Four months later, twice as many women had become sensitive to salt thus increasing their risk of high blood pressure, heart disease and stroke. It is further believed that the fall in estrogen reduced the kidneys’ ability to process salt and the body’s ability to regulate blood pressure.

### SUGAR

Sugar has been receiving a bad press lately and at last it is being recognised that too much sugar in our diet can lead to all sorts of medical conditions. The consumption of refined sugar signals the body to store fat rather than burning...
you can do to reduce your risk of heart disease

Healthy diet free of fats and sugars is vital to control blood sugar. Diabetes stops your body from processing glucose and creates a number of health concerns, including eye and kidney problems.

Interestingly, if you are a light to moderate drinker you have a lower risk of coronary heart disease than non-drinkers. For women, the heart benefits of moderate drinking are apparent at menopause when their heart disease risk normally goes up and the heart benefits continue after that. Hormone therapy doesn’t affect that benefit.

Women who drink moderately also have a lower risk of type 2 diabetes.

At and after menopause (ages 50-62), women who drink moderately have stronger bones than non-drinkers. Midlife and older women who drink lightly or moderately have a lower risk of becoming obese than non-drinkers.

More than moderate drinking increases the risk of cardiovascular disease. Among heavy drinkers, women are more susceptible to alcohol-related heart disease than men.

There’s good news and bad news for women in the menopause and drinking alcohol. In a nutshell it is all about the amount you drink and if you have more than two drinks per day there are increases in the rates of cancer, stroke and heart disease.

One drink is seen as being five fluid ounces or one glass of wine (12%) or one 1.5 fluid ounce measure of spirits. You will be considered a light drinker if you consume one drink or fewer each day and healthy if your consumption is more than two drinks per day. Somewhere in the middle is reckoned to be moderate.

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Women who drink heavily are prone to central obesity — the apple shape that is a big risk for cardiovascular disease.
In previous issues of Menopause Matters, we have recognised the importance of a good diet, eating the right foods and even supplied recipes and meal ideas. We have recommended an increase in calcium to maintain bone strength, we have suggested foods such as tofu, soy nuts and soy milk that have shown to offer relief from flushes, especially so among Japanese women who have the highest soy intake and the lowest risk of breast cancer.

What is good for woman in and around the menopause is also good for heart health. If you eat too much fried food, processed food, sweet treats, red meat and high-fat dairy products it can be bad for your heart. Indeed, research has shown that those who persist on this type of diet will not age healthily.

What is good for a healthy heart is to eat a balanced diet that must consider the overall picture rather than individual nutrients. It is known that post-menopausal women on a diet low in fat and high in carbohydrates from vegetables, fruits, and grain are less likely to gain weight than women who eat more fat.

By maintaining a pattern of healthy eating it will prevent deaths from coronary heart disease. A balanced diet should contain plenty of fruit and vegetables and oily fish and not be predominant in foods with high saturated fat and salt.

The American Heart Foundation used the acronym “LOVE” quite effectively in a recent statement that pleaded “L.O.V.E. Your Heart”. It is easy to remember and it packs a punch.

“L” is for legumes. This includes beans, lentils and peas that will significantly lower blood pressure and cholesterol levels. Lentils in particular improve blood vessel health and reduce the rise in blood pressure that naturally occurs with age. A suggested plan would be to take three to four cups of legumes each week.

“O” is for oils of the healthy variety such as monounsaturated and polyunsaturated fats. Monounsaturated fats improve cholesterol levels and may even benefit insulin levels among women with type 2 diabetes. Polyunsaturated fats are found in plant-based foods and oils that include omega-3 fatty acids, which are known to decrease the risk of coronary artery disease.

Experts recommend eating omega-3 rich fish two or three times each week and to use healthy vegetable oils such as olive or canola safflower.

“V” is for vegetables that have healthy heart antioxidants such as lycopene that is found in canned tomatoes. One tip is to drain canned vegetables (ex-
When buying food remember red, amber and green code

There has been a lot of worthwhile publicity about the “hidden” amounts of salt and sugar that is contained in many of the prepared foods that we buy from supermarkets. Unwittingly and quite innocently, shoppers believing they are purchasing health-beneficial breakfast cereals and “pure” sauces are now being informed of their sugar and salt content.

Of course there is more to healthy eating than simply reducing salt and sugar intake but a new scheme of food labelling aims to help you make a healthy choice more easily. It has taken many years and much campaigning by the likes of the British Heart Foundation to convince the government to introduce recommendations to food retailers.

The government, food makers and retailers have agreed on a standardised front-of-pack labelling system to make it easier for people to make healthier choices about what they buy.

The Department of Health has produced a colour-coding scheme for energy, salt, sugar and fat. Currently, food and drink labels differ in the range of nutritional information provided and there is no law forcing retailers and manufacturers to display such information. Manufacturers are required by law to provide nutritional information if the product makes a nutritional claim such as being “low fat” or “high in iron”.

Under new European Union rules, manufacturers will be required to provide particular nutritional information by December 2016. But any manufacturer that chooses to provide front-of-pack information will have to comply with the EU regulation by the end of 2014.

An average woman needs around 8400 kilojoules (2000 kcal) each day to maintain weight. The new food labels will be displayed on the front of food and drink products and they will include the amount of energy in kJ or kcal (calories), the amount of fat and saturated fat, the amount of sugar and salt.

These will be shown as “reference intakes” and the food labels will also show how much of the maximum daily intake a portion of food accounts for.

Food labels will have red, amber and green colour-coding to show nutritional value of food portions. This will allow people to see at a glance if the food product has high, medium or low amounts of fat, saturated fat, sugars and salt.

Companies already signed up for this new labelling procedure include Mars, McCain Foods, Nestle and Pepsi with Aldi, Asda, Morrisons and Sainsbury’s among the supermarkets that have agreed to change their labels.

A glass of red wine is living all right

Asparagus
Grill or steam then dress with olive oil and lemon as a side dish. It has beta-carotene and lutein, B-complex vitamins, folate and fibre.

Spinach
Spinach is a healthy partner in salads and sandwiches. It has lutein, B-complex vitamins, folate, magnesium, potassium, calcium and fibre.

Soy milk
Good accompaniment with oatmeal or cereal. It has isoflavones (a flavonoid), B-complex vitamins, niacin, calcium, magnesium, potassium and phytoestrogens.

Blueberries
Beta-carotene and lutein (carotenoids), anthocyanin (a flavonoid), ellagic acid (a polyphenol), vitamin C, folate, calcium, magnesium, potassium and fibre. A true wonder food that is in the same league as cranberries, strawberries and raspberries.

Red bell peppers
Rub with olive oil and grill or oven-roast. Goes well in sandwiches and salads. Contains beta-carotene and lutein, B-complex vitamins, folate, potassium and fibre.

Dark chocolate
It lowers blood pressure. But choose 70% or higher cocoa content and limit yourself to one piece per day. It has resveratrol and cocoa phenols.

Red wine
A glass of red wine helps improve “good” HDL cholesterol. It contains catechins and resveratrol (flavonoids).
Whether using hormone replacement therapy or not, exercise is known to increase the health of the cardiovascular system. The question is what type of exercise training should we be doing to gain the greatest improvements in cardiovascular health?

The British government currently provides a guideline for daily activity levels, suggesting that we engage in moderate-intensity exercise for at least 30 minutes, five times each week or 75 minutes of vigorous exercise each week.

The down side is that this type of exercise is often time consuming, sometimes uninspiring and therefore, people tend not to stay with it. Dr Birch and Dr Gurpreet Birk from the multidisciplinary cardiovascular research centre at the University of Leeds were interested in finding a more enjoyable, less time-consuming type of exercise that would allow for meaningful improvements in cardiovascular health, specifically in post-menopausal women.

There has recently been huge interest in interval-exercise training, which consists of short bursts of all-out (high-intensity) exercise broken up by periods of a lower intensity of exercise (active recovery), such as slow walking. Exercise training using short bursts allows an individual to perform a larger total amount of physical work at a high intensity.

The health benefits of high-intensity exercise are excellent but the words “high-intensity” can be daunting. Therefore, the researchers at the University of Leeds were keen to study the impact of more achievable interval exercise training in short bursts at lower exercise intensities in post-menopausal women.

In a research study funded by the Dunhill Medical Trust, 27 healthy post-menopausal women were invited to take part in either a low-intensity interval or a moderate-intensity interval exercise training programme twice per week for 12 weeks. All of the exercise was conducted on a stationary bicycle for 30 minutes at a relatively high setting.

This setting would not be enjoyable to work at for long periods but with 10 seconds of exercise, interspersed with 10 seconds of recovery (lowest setting), it becomes an achievable low-intensity exercise. Moderate-intensity exercise was achieved by using the same higher setting for 30 short bursts of all-out exercise.

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It’s all in the song, “Come closer, come closer and listen. The beat of my heart keeps on missing. I notice it most when we’re kissing. Come closer and cuddle me tight.” It may well be that you continue to get a flutter in the heart during a romantic liaison but on the other hand you may on occasion experience skipped heart beats or even awaken with a racing heart.

There’s usually nothing to worry about as these are common symptoms of the perimenopause and menopause. Palpitations as they are more commonly called are irregular heartbeats that can be skipped beats or extra beats in the case of the more resounding racing heart where you become more aware of your heart’s presence.

In healthy menopausal women they are most likely to be the result of fluctuating hormones such as estrogen and progesterone and palpitations have been known to regularly follow a hot flush. The palpitations usually only last a few seconds but they can go on for a couple of minutes.

Once again estrogen or the lack of it is known to play a significant role in the heart function and recent advances in cardiovascular medicine have helped experts understand how it works. It would appear that levels of estrogen produced by the endocrine system (glands that secrete hormones directly into the
The strongest marker of overall training the researchers assessed cardiovascular health. The strongest marker of overall health is how much oxygen you can use during maximal exercise. For the postmenopausal women this increased by 6% after moderate intensity intervals only.

Similarly, lactate threshold, which is referred to as the maximal intensity that an individual can maintain before the accumulation of lactate within the blood, increased by 13% in the moderate-intensity interval group only. (The lactate threshold refers to the intensity of exercise at which point there is an abrupt increase in blood lactic acid levels; key mechanisms cause this.)

In the laboratory other key measures of vascular health are flow-mediated dilation and arterial stiffness. This is obtained using ultrasound to determine the diameters of blood vessels and tonometry, which measures fluid pressure in the eye.

As women age and especially after the menopause, arteries tend to become less responsive to increases in blood flow and thus dilate less (low FMD). In addition, the structure of the walls of the arteries alters and the vessels become stiffer. These changes increase the risk of high blood pressure, atherosclerosis and stroke.

Exercise is known to improve flow-mediated dilation and decrease arterial stiffness. In the Leeds study this did not change after low or moderate intensity interval training, although it did remain at healthy levels, while arterial stiffness decreased by 14% and blood pressure by 3mmHg after the moderate intensity training.

While the moderate intensity intervals were a better way of improving fitness and the health of blood vessels and decreasing weight, both intensities improved high-density lipoprotein (good cholesterol) levels. The postmenopausal women in both groups reported better mood, sleep and less fatigue following 12 weeks of this interval exercise training.

Every single participant said they really enjoyed the intervals and found it a more achievable way to exercise.

A decrease in the level of estrogen can provoke the stimulation of the sympathetic autonomic nervous system that regulates the functions of our internal organs and which can lead to irregular heartbeat and heart palpitations.

Palpitations can be disturbing but remember that most often they are a normal part of ageing. Try to remain calm when you have them and focus on your breathing.

If you have heart palpitations when you are active, stop what you are doing and sit down or lie down and breathe deeply and slowly through your nose and out through your mouth. Your normal heart rate should return within a few minutes.

For menopausal women who are experiencing an irregular heartbeat caused by the changes in estrogen production, the best irregular heartbeat treatment is often a combination of lifestyle changes, estrogen or alternative medicines.

There’s really nothing new here and it is our old favourites but reducing the intake of caffeine and other stimulants such as cigarettes and alcohol can be a good starting point and can significantly decrease heart palpitations during menopause. Practising yoga, tai chi and breathing exercises or other relaxation techniques have been known to help reduce and prevent irregular heartbeat during the menopause.

The menopause is likely to be the cause of palpitations rather than a heart condition but if the heart symptoms become more common, then the heart should be checked. A doctor should be consulted if new or different heart palpitations are experienced or in the case of extra heartbeats if there are more than six per minute or they come in clusters of three or more.

Other risk factors such as diabetes, high blood pressure and high cholesterol must also be taken into account.
Fitness expert Kathleen Stewart explains the importance of high intensity training for those around the menopause.

With research reporting the beneficial effects of High Intensity Interval Training (HIIT), many of us are keen to incorporate this into our fitness programmes. Previously the preserve of athletes, HIIT has filtered down to mainstream fitness and given rise to a new of breed of "metabolic" workouts. While HIIT takes many guises, from sprinting and skipping to plyometric drills that involve jumping and hopping, the principles remain the same. HIIT workouts comprise a series of work and recovery intervals. A short, intense burst of activity is followed by an active recovery period and the sequence repeated several times. The beauty of this is that the ratio of work to rest intervals can be "tweaked" to suit participants of varying fitness levels and progressed as fitness improves. For example, 20:60s, 30:60s, 30:30s. This is in stark contrast to traditional cardio training where the duration of a workout is increased with very little regard for intensity. With HIIT, less is definitely more and you can get a fantastic workout in as little as 10 minutes. However, you must give each work interval 100% effort for maximum effect. This means recovery intervals should be long enough for you to repeat each work interval with maximal effort. Some pro-
tocols advocate minimal rest, for example 30s:10s but unless you are supremely fit, the law of diminishing returns will apply, with less work being done during each successive work interval. HIIT is not easy and you’ll feel out of breath at the end of each work interval. During recovery intervals, walk around the room. Experiment with work and recovery intervals and adjust according to your fitness level. Once you get used to HIIT you must, like any training programme, progress the workout. There are two ways to do this: increase the work interval or decrease the recovery interval but not at the same time. Gradual progression is key. Here are is a short 3D HIIT workout for you to try:

**Jump squats**
With feet shoulder width apart and feet pointing forward, squat and quickly jump into air on return.

**Wide to narrow jump squats**
With feet close together and slightly turned out, jump into a wide squat and jump back to start position.

**Skater**
Jump out to side, taking other leg behind with foot off the floor, alternating between legs in a skating motion.

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**Training tips**

- **Wear** a supportive pair of trainers and a sports bra.
- **Always** warm up for at least five minutes before doing your workout.
- **Bend** your knees on landing from the jump squats.
- **Make** sure you squat, bending your knees. Some keep fairly straight legs and hardly squat at all!
- **Land** as lightly as possible with heels down – many women tend to land on the balls of their feet.
- HIIT may be contra-indicated in women with joint problems. If so, consult your GP.

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**NEXT ISSUE**
I’ll be looking at the benefits of Fitness Pilates for women in and around the menopause. Meantime, feel free to contact me on kathleen@katsfitness.co.uk if you have any questions or visit www.katsfitness.co.uk.
Menopause is certainly a time of change and yes it is recommended that you dispose of certain clothes that are lurking in your wardrobe. Dump those floral printed dresses that trail along the ground, get rid of the oversized T-shirts and those sweaters with embroidery, appliques and juvenile reindeers and anything else you know you will probably never ever wear again.

The problem when you hit those years in and around the menopause is to find modern clothes that fit your lifestyle and are wearable. Manufacturers rarely use mature women to model their clothes. It is nearly always slim, young things with firm muscle tone and flat tummies.

However, this doesn't mean to say you must cut your hair short and wear sensible shoes. Mature women have never been so determined to stay in shape and for many it is working. They are able to boast their hard work in the gym with fashion styles that make them look brilliant.

Designers are at last recognising that it is not so easy for women to stay pencil slim and they are producing dresses that are fashionable and will make the girl with the fuller figure look and feel good.

Do not resort to wearing dull and dark hues. Mature women can often looked washed-out when wearing black against their white skin. Go for eye-catching patterns with bright colours. Indeed, dresses with printed patterns can disguise quite effectively figure flaws. And dresses with colour panels can help create an illusion of curves.

Here is a selection of summer dresses that will make you look elegant, cool and attractive. You have a few months to work on those muscle-toning exercises, which as a challenge will be worthwhile.

1 - From Marisota, plus size, yellow, green shift dress, £66. 2 - Fifty Plus, crinkle lace dress with keyhole and lace embellishment. It's perfect for holiday packing as there's no need to iron. Cotton lined to keep you cool on summer days, £60. 3 - This deep blue dress makes skilful use of lace for an elegant, sophisticated look. From Vera Mont, £230. 4 - From Betty Barclay, loose swinging summer dress is reversible, £80. 5 - This multi-coloured impressionist print has a crossover ruched front and flattering cap sleeve. Long Tall Sally, £75. 6 - Sleeveless print jersey dress with twist detail on front is from Fifty Plus. It is fully lined and is machine washable, £55.
When Helen Rockey, one-time head of a running shoe and clothing company in the United States was searching for a good quality T-shirt she found a superior wicking fabric. She had this made into shirts and these were distributed to marathon runners.

Rockey became inundated with calls from women who were wearing the T-shirts to bed because they were ultra-comfortable and kept them cool and dry. It was the beginning of the Wildbleu nightwear range.

The range uses a patented yarn that wicks moisture away from the skin and up to the surface of the fabric where it rapidly evaporates, leaving the wearer cool and dry. It is of great interest to women in and around the menopause who suffer from night sweats and broken sleep.

The sleepwear has also benefited women when they travel to hotter climates. Garments are made from a blend of natural and synthetic fibres that is resistant to odour and is four times more absorbent than cotton but has the same soft feel. There are four collections of sleepwear plus a range of bed linen to choose from; Rodeo, Classic Twilight; Moonflower and Black on

Black bamboo assortments plus the range of Sleepkeeper sheets and pillowcases.

Within each collection there are styles to suit everyone from classic sleepshirts and tees to cami tops and boxer shorts, with prices starting from as little as £12.95.

The range is available online at www.coolsleepwear.co.uk.
It’s time for a break and even though your menopause doesn’t go on holiday there is no reason why you should stay at home and listen to travellers’ tales. With a little planning and proper packing you can enjoy your time away while ensuring your menopause symptoms don’t get in the way of having a good time.

We visit Barcelona, one of Europe’s favourite places to go for a break. It has history, museums, old shops, new shops, lovely shaded pavements, cafes, restaurants and of course there’s Gaudi whose contribution to architecture and building techniques has been recognised with Barcelona having nine buildings gaining Unesco World Heritage.

In a short distance you may find yourself strolling along medieval streets that if they could speak could give you a history lesson. The main thing is to get moving as exercise is one of the best antidotes to menopause symptoms. Studies show women that exercise have fewer flushes so let’s raise the endorphins, feel good and find out what Barcelona has to offer.

Possibly the best place to start is La Rambla. This thoroughfare is about one mile long and although bustling with people it is wide and spacious. Along the way there are flower stalls, markets, musicians and dozens of street performers and countless “living statues” of famous figures.

On one side of this central boulevard is the Portal de l’Àngel, one of Barcelona’s most interesting shopping streets with arcades and individual traders combining with department stores that sell leading brands from Spain and abroad, particularly clothes, shoes and accessories. From its heart, a maze of narrow streets spread out such as Carrer Petritxol where there appears to be shops from a different century. But this is what makes the city what it is. Along the way buildings are very old, or just simply old and then there’s the ultra-modern placed between them as anachronisms for future historians to ponder over. Eventually the medieval district will be upon you that’s known as Born. It is packed with palazzos and museums, including Museu Picasso but so too are an array of designer shops that complement the traditional and distinctive around Santa Caterina Market, which in its own right is an architectural wonder and the ideal spot to enjoy local cuisine.

Barcelona has food offering dream dishes for the woman in and around the menopause. Here, traditional Mediterranean cuisine that contains plenty of vegetables, fish and chicken cooked in olive oil will be found and dishes such as paella, fideua (similar to paella but with rock fish, cuttlefish and squid and pasta noodles). Barcelona’s most visited attraction is the church of La Sagrada Familia by Catalan architect Antoni Gaudi. It attracts more than three million visitors each year and there are long queues to get inside but you can book in advance or just look at it from the outside, the detail is spectacular.
Delivering the right diet

Jane Plan is one of the fastest growing diet delivery companies in the UK. Known best for its personalised service and delicious food, it’s the “go to” diet for a whole range of people, among them doctors, nurses, a handful of celebs, a well-known chef (the food really is good). Started by Jane Michell, nutritionist and weight loss expert, Jane Plan has helped thousands of women reach their weight loss goals. Jane Plan delivers a calorie and portion-controlled diet of delicious food, right to the door. They’re in touch each week to help, motivate and support.

“Many of our clients are women over 45, who have found as they get older, weight starts creeping on. Often they are eating exactly what they used to and are confounded by the weight gain.” Jane explains that weight loss for women in their 40s and 50s can seem hard. “Women at this stage in life find weight hard to shift. Often they tell me they have tried everything but nothing seems to work. Increased weight gain around the abdominal area is a particular area of concern.

“At Jane Plan we understand the issues faced by women during the menopause years and tailor their diet to ensure they see results.” Annie started Jane Plan in autumn 2013.

“I was 49 and my 50th was fast approaching. I didn’t want to enter that all important decade looking and feeling as I did – two stone overweight. Since the age of 45 my weight had been creeping up and I hadn’t worn a pair of jeans for years. I felt so depressed by the situation. I’d always loved clothes but nothing seemed to fit any more. But somehow, facing 50, seemed far too young to give up! I tried to diet but the weight simply didn’t shift. That was until I did Jane Plan.

“I needed something that would work and felt their approach fitted perfectly with my lifestyle. I have a busy job and family life and there was never time for shopping and cooking healthy meals. That’s why it worked – Jane Plan did it for me. They delivered my diet to my door – lots of quick and easy to prepare meals. And I had someone I could talk to each week too. Within six weeks I was a stone lighter. I have restored confidence and vitality and feel more in control. Best of all, I’m back in my jeans.”

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