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welcome

Ladies, I have a confession to make. A few issues ago I introduced you to "porridgercise" my two-minute blast of activity while cooking porridge in the microwave. I was doing really well, starting each day with some exercise and a healthy breakfast but what happened? I went on holiday, which was fabulous, but my routine was upset. On return, I just didn't manage to get back into the habit that I had so proudly described. How could this be? I know how important weight control and exercise is, yet it is so easy to afford something else the priority that exercise deserves.

Becoming menopausal can have many consequences, not least a detrimental effect on our weight, metabolism, glucose and insulin control and subsequently our heart health. As I have said, written, tweeted and blogged many times, the menopause is not just about flushes and sweats. At this period in our lives it is hugely important to focus and invest time and effort in ourselves and our health, take control, increase exercise, eat healthily, stop smoking (at least I don't smoke), take alcohol in small amounts and be moderate with caffeine. All these simple measures can help reduce symptoms and improve heart, bone and breast health.

Whether or not we choose to take HRT or alternative therapies or techniques for symptom control, let's not forget the simple stuff. Healthy eating and an exercise as simple as walking can make a huge difference. Having given myself a good talking to, I am back on track with regular walking and a smattering of zumba, I have even reintroduced "porridgercise". Any exercise is good, let's just not sit!

Menopause, let's not pause, keep active!

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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advertising@menopausematters.co.uk
The 14th world congress of the International Menopause Society was held on May 1-4 in Cancun, Mexico. Delegates heard about the latest research and findings on a variety of topics from speakers representing many countries from around the world. Menopause clearly does not take a holiday or is selective and women everywhere are affected. Throughout this issue of Menopause Matters we give a brief summary of some of the main subjects that were discussed.

World brief for IMS delegates

Does low-dose HRT work? Doses of estrogen used in HRT have gradually reduced and statistics were presented on the effect on menopausal symptoms of a preparation containing only 0.5mg estradiol along with progesterone. Results showed a rapid reduction in symptoms of flushes and sweats by week three of treatment. Further improvement continued. The reduction in symptoms was statistically significantly greater in women taking the ultra low-dose HRT compared with those taking placebo.

The treatment had excellent tolerability with little or neutral effect on breast density. Thus, when treating any condition, there should be no need to take a higher dose of treatment than necessary and starting with ultra low-dose HRT should be encouraged.

Study on diabetic drug A common anti-diabetic drug could hold the key to preventing the disease in obese women. Menopause is known to be linked with increases in body fat, body mass index (BMI), resistance to insulin, glucose intolerance and risk of developing Type 2 diabetes. More than 380 million people world-wide have been diagnosed with the disease, but health experts fear the number affected is set to dramatically increase with rising obesity rates.

Metformin has been used for many years to treat Type 2 diabetes and acts by increasing the sensitivity to insulin. A trial that compared the use of Metformin and placebo in 120 women aged 35 to 65 who were obese with a BMI greater than 30 showed a significant decrease in insulin resistance, weight and BMI in the women taking metformin.

The participants were given the drug or a placebo twice daily for 26 weeks. Women who had 1700mg/day of Metformin had improved insulin resistance and weight loss and it had the preventive effect on women with excess abdominal weight, but not those who were morbidly obese. The research was conducted in Melbourne by Monash University's Professor Susan Davis who said: “These promising findings could have an impact on the treatment of people at risk of diabetes and ultimately, reduce the number of new cases of this deadly disease.”

Can ovaries be reawakened? Encouraging research has shown that ovarian failure may not be irreversible after all. Ovarian stem cells (oocyte producing gonadal stem cells) in mouse models have been re-activated so that new egg cells can be produced. And with this ongoing ovarian function, mice have aged much better.

Much work is still to be done in researching this potential in humans, but this exciting finding may completely change the way we view ovarian function and may offer hope to women with premature ovarian insufficiency.

Effect of HRT on the arterial wall Interest continues to surround the effect of estrogen in the form of HRT on blood vessel walls and the role it plays in the potential prevention of atherosclerosis (narrowing of the blood vessels by fatty plaques leading to cardiovascular disease). Part of the process of developing the fatty plaque requires oxidation of the fatty molecules LDL (Low Density Lipoproteins).

It appears that estrogen prevents this process at the vessel wall and so may indeed be important in preventing cardiovascular disease, as has been predicted for many years.

Walking is best While debate continues around the effects on cardiovascular risk for differing types and routes of HRT, exercise as simple as walking can make a big difference. Cardiovascular risk in women can be reduced by 30% to 40% with as little as 30 minutes of exercise three days per week and by 60% from 30 minutes six days per week.

Is HRT good for the brain? New data from the KEEPS cognitive study were presented and showed that HRT started within a few years of the menopause provided no effect, good or bad, on aspects such as verbal learning and memory, auditory attention, working memory, visual attention or tests of cognition compared to women taking placebo.

A trend for benefit for estrogen-only therapy was seen for memory function tests, though this was not statistically significant. While it is reassuring that no adverse effect was shown for use of HRT, these results would indicate that HRT should not be relied upon for improving these aspects of brain function.

A beneficial effect was seen on mood that was sustained over four years.

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MENOPAUSE MATTERS 2014
My name is Barbara Jackson and I am 51 years of age. I held the opinion that menopause would find me feeling hot, I would get HRT and I would be zooming around better than I was before. I should have realised things would be different after my mother had a hysterectomy when I was a teenager and had a breakdown some time after with much anxiety and lack of sleep.

My periods have always been difficult, I have three children all born early due to pre-eclampsia (a condition that affects some pregnant women) and I had one stillbirth in 2002 due to a placental abruption. I was lucky to have two more children soon after this, which has me the proud mother of a 25-year-old daughter, a nine-year-old daughter and an eight-year-old son.

My life has been interfered with by troublesome periods. It took me many years to conceive again after my first daughter but I never gave up hope even after the stillbirth. I even moved house to downsize and pay for IVF, which wasn’t needed as I got pregnant naturally but it left me in a less than perfect home for a while.

I had anxiety in the 1990s and connected it to hormones after a miscarriage but no-one listened to me. I felt unsupported. When I had been feeling hotter than normal, I realised that I had barely taken my children out anywhere over the holidays, I was feeling really poorly. September came and I was not feeling my usual self. At first I did this by having an early night or not doing much on those two days, I put them down to anxiety.

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One thing that sticks in my mind was when in my thirties I worked for a company that was having financial difficulties, this actively encouraged us to take holiday days off, even ringing in the morning to ask if we would consider not coming in. I complied with their wishes but when I looked back at my ‘holiday dates taken list’ one December and seeing the same two days taken off every 28 days or so for the entire year it told its own story.

I probably started perimenopause long before I realised. The years leading up to this awareness had been great, busy and full of life. I started having bouts of frequent diarrhoea a few months after I reached 50. Then about one month later I had my first early period, up to that point I had been every 28 days. My first thought was cancer, not perimenopause, I even went on a gluten-free diet thinking that was causing the stomach upset. A few months later I was suffering from palpitations, I put them down to anxiety.

Then I had a panic attack in the drive-through queue of McDonald’s. I went to the GP to ask for diazepam but he was extremely unsupportive. When my periods continued to be erratic and my anxiety got really bad I dreaded going too far from home, it was then I first thought menopause.

I went to another GP, he said menopause was not possible until I had one year clear of periods. He gave me anti-sickness tablets as by then my symptoms where like feeling pregnant and I felt nauseous 24/7. I was not sure if it was anxiety, it seemed like anxiety. One day I woke up feeling so overwhelmed I did not know where to start, I am a hardworking able-tocope person and it was such a strange sensation. Luckily it passed quickly but I could not deny I was withdrawing from family and friends. I really did not want to hold a civil conversa-

One day I woke up feeling so overwhelmed I did not know where to start

I went to see a woman doctor and she sent a stool test off for helicobacter pylori (a bacterium that is the major cause of peptic ulcers) and gave me some anti-acid tablets. It made sense, I could have this so I put all my efforts into thinking it was that. She also arranged for a blood test to check my hormones, finally. I then had one of my worst weekends ever and I felt so sick I had to spend the day in bed, my eldest daughter convinced me to visit A&E.

By early evening when I got up to get ready, I felt a gush, my period had started. I went

Barbara Jackson had appalling menopausal symptoms that made her life such a misery that it pushed her to the brink. She wanted to end it all but fortunately she received medication that brought her back from those dark places.
One upon a time: there was a woman called Barbara who was having horrible symptoms that were not being diagnosed. My hair was falling out and I cried at sad things, I was dizzy with palpitations.

My Menopause

Barbara

My whole life I have always been opinionated on suicide, where people were either attention-seeking or selfish. It was not something I could do to my family. In the past had I been found to have a terminal illness, I would probably have left my house immaculate, videos would be made and special boxes for my children. There would be lists of instructions on how to do things and a huge legacy left. I no longer cared that my husband would not know how to sort out school uniforms or make a plait. I just thought everyone would be better off without me.

On a drive one night I looked for a motorway bridge, the following day I put my plan into action. I climbed over the barrier and sat there waiting to jump. I couldn’t do it. I kept waiting for the right moment as I did not want to be injured, just dead. That moment never came. I just crouched for hours. I had no plan B it was going to happen to the point I even had a wee up there through my clothes as it no longer mattered.

Daylight came and I was still trying to jump when the traffic seemed to lessen, then it stopped. I thought there must have been an accident further down the carriageway and looked up to see policemen coming towards me. I felt relief that someone would inject me to put me to sleep and I would no longer feel nauseous. That never came.

After a brief conversation I was put into a police car, someone drove my car home and I was told I would be going to the local station as it was shift changeover time. I sat for ages while they argued what to do with me as no-one wanted to work extra hours. I felt a deep sense of shame at wasting their time. Eventually I was driven to a hospital far away as my local one does not deal with mental health.

I have never had anything to do with the police before apart from watching The Bill many years ago. Suddenly, I was a prisoner not even allowed to go to the toilet alone being driven to a hospital where some other policemen would be standing guard until I was assessed. I had the thought I would be put in a hospital room and they would throw away the key. The policeman standing guard told me that I was one of their more rational cases and seemed quite normal.

I was later informed that when my family arrived they would discharge their care and leave me to the mental health team. I tried to appear normal and by lunchtime I was on my way home, deeply ashamed. I forced the GP to see me, which took quite a lot of effort. I was prescribed an anti-depressant called sertraline, sleeping tablets and diazepam. I still felt terrible when I got home. The next few weeks where dreadful, the anti-depressants made me feel even more depressed and the side effects where dreadful, my key where no longer available and I felt so lonely.

I struggled to eat but made myself, I could not even eat in the presence of my family. I could not take phone calls. I spent lots of time in bed. My normally extremely hands-on mothering skills had me barely even able to clean my kids teeth. My husband took over most of my duties. Even doing homework with them was impossible. I could not cook, just making mashed potato seemed like an overwhelming task.

I joined Menopause Matters and felt like I had found my way again, I read how symptoms should be used to decide if menopause was happening and not blood tests. Let’s face it, I phone but someone else was who was identical to me in every way. I made an appointment to see another woman doctor at that moment.

I emailed Dr Currie through Menopause Matters and asked her which HRT she would recommend for me.

Four weeks later I finally saw the GP I should have seen a year ago. She confirmed everything I had read about hormone results not being conclusive and symptoms should be used. She even recommended Menopause Matters. She said I would have got HRT had I gone to her a year ago. I felt like I had won the lottery twice over. It would be three weeks before I could take my HRT patches (same ones Dr Currie recommended). I just kept looking at the packet and felt wonderful.

I am now two months in on HRT and getting better by the day. I had side effects but nothing I cannot handle. I am sure in a few months things will even out and every day will be wonderful again. I can feel my confidence returning.

My conclusion is to trust your instincts, never give up and try as many GPs as needed. I wrote a journal, which served to remind me of bad days that there were good days. It also helped me see my symptoms and how they related to my cycle. I wrote everything I did in it even if all I did that day was change the bedding. It makes me sad to read pages from this again for the first time in months and makes me realise how far I have progressed from the person who wanted to take her sleeping pill

Menopause Matters 2014 7
Girls, it’s time to quit that man

Are you eating like a woman or like a man? After years of frustrating weight changes from PMS to menopause with no relief, I created my own eating plan. My food program worked because women are very different than men—from our brains to our guts to our hormones. Sounds logical, right? Here is the shocking part. Incredibly, many of our medical treatments and dietary solutions have been derived from the biology and physiology of a man. Yes, it’s true. For decades, research was conducted using only men. What we know about women’s nutrition has been based on the typical 70kg man, long used in medical science as a reference standard. Research has focused on a woman’s biology and physiology, with the results slowly trickling into the mainstream. Many current best-selling diet books continue to present programs for men and women that are based on the research results that used men only ignoring the critical fact that men and women are different, making the assumption that men and women will benefit from the same plan. Bewildering, isn’t it? It’s no surprise that women complain about their men losing more weight on the same diet. So if you’ve struggled on other diets and nutrition programs and wondered why, the answer may be a simple one: you’re not a man!

A woman’s life stages are dramatically different than a man’s. Once a male teenager goes through puberty he will not experience another major life transition of chemical proportions. His biggest life transition is ageing. Until recently, science has treated females as smaller males with our only difference being reproductive. In the last two decades a female’s nutritional needs for each life stage has been researched other than previous science that focused only on pregnancy and breastfeeding. It is no surprise weight gain is one of the most frustrating challenges during the menopause.

As I assembled the different nutritional needs for each life stage I am amazed at the remarkable changes unseen to the naked eye. Our sophisticated biology changes should be celebrated at each transition. We survive enormous shifts from our hormones to our brain chemistry not once but four times in one life!

During our first transition from girlhood to adolescence we mature as a sexual being with monthly periods. Then we slide into our reproductive years, giving birth and being able to nourish our child by breastfeeding. Next our reproductive hormones turn off during perimenopause creating years of physical and emotional chaos for many. Finally our body’s chemistry becomes stable again as it was during our girlhood years before our first period, but now we address ageing concerns.

Going through each life transition is challenging with weight changes causing health issues, embarrassment and for many frustration. I have gone through each life transition, surviving the teen years going from a skinny girl to a curvy C-cup before my first period, a rocky reproductive stage with monthly 5 to 10-pound weight changes, and a miserable 30-pound weight gain during menopause. Now I am celebrating an unchanging monthly chemistry at a healthy stable weight and no longer struggling with PMS or hot flushes in my postmenopausal years.

As I survived the roller coaster of life changes, I wish these transitions were embraced culturally in our society. As research and science continues to grow for women, what we do know for each life stage is important and can make the difference between a healthy transition or not.

We live much longer than our ancestors. Today a woman turning 85 today can expect to live, on average, until 85. Perhaps, we can thank our two “X” chromosomes for longevity. When cells go through ageing they have a choice in terms of genes — either on one X chromosome or the other. A woman’s cells can perhaps be protected by a slightly better variation of a gene on the second X chromosome. Men who have one “X” and one “Y” don’t have this option.

Unfortunately, a recent study released by the journal Health Affairs using data from the Centers for Disease Control and Prevention has shown women’s longevity is not growing at the same pace as men’s. This latest research found that women age 75 and younger are dying at higher rates than previous years in nearly half of the nation’s counties — many of them rural and in the south and west United States. Obesity, smoking and less education are suspected contributors to these new alarming statistics. That said, today many women spend more years postmenopausal then in their reproductive years. If a woman goes through menopause at 51 and lives to 85 — she will enjoy 34 years without monthly cycles.

According to the US Census Bureau by the year 2020 half of the female population in the will be over 45. Perimenopause typically begins in a woman’s mid-forties and can last for four to six years. Menopause can be a frustrating transition for many women because the ovaries stop producing the hormones estrogen and progesterone that leads to many body changes: irregular periods, hot flushes, night sweats, weight gain, loss of libido, anxiety, depression, hair loss, and skin changes. Combine fluctuating hormones with ageing and add them to a busy life and this period can be difficult.

Women are different from men and what they eat and how they maintain their health and fitness should reflect those differences, writes Staness Jonekos
Miren provides many benefits
The progestogen releasing intru-uterine system, Mirena has been in use since 1990, and continues to be successful for reduc- ing heavy menstrual bleeding in premenopausal women and those in the peri- menopause. With advancing age, periods often increase in hea- viness and irregularity. The evidence presented confirmed that following inser-tion of Mirena there is often an initial increase in the number of days of bleeding, particularly spotting, but this returns to baseline by two months in most women and then gradually de- creases thereafter. Studies have shown that Mirena is more effective than the standard treatments of Tranexamic acid, Mefenamic acid, combined hormonal contraceptives and oral progestogens in reducing heavy menstrual bleeding, with 83% of women becoming bleed-free after 12 months of use of Mirena in the perimenopause. For health-related quality of life, Mirena is as good as the use of endometrial ablation or hysterectomy, as well as being cost effective.
Use of Mirena for the pro- gestogenic protection of the womb lining (endometrium) and taking estrogen HRT, provides a good combination of continuing contraception, bleeding control and endo- metrial protection while estrogen controls meno-pausal symptoms. Adverse effects of Mirena and estrogen are reported as minor with no detrimental ef-fects on cardiovascular risk factors and no conclusive evidence of any increased breast cancer risk from a large case control study.
Life after breast cancer can be difficult
Women can experience many symptoms and have to cope with many distressing issues after a diagnosis of breast cancer. These include fatigue, anxiety, fertility is- sues, fear of recurrence, side effects of treatment, relationship issues and hor- monal effects.

COMING UP
In the September issue of Menopause Matters, Staness gives tips on how to manage the menopause transition

DATELINE: Cancun, May 1-4, 2014, IMS 2014

The challenge continues to be around what support and treatments are available. For menopausal- ism whether the menopause occurs naturally or as a result of treatment for breast can- cer, diet and lifestyle issues should be discussed first since reducing weight and reducing alcohol if applicable may help menopausal symp- toms but can also reduce risk of breast cancer recur- rence.
Specific prescribed non-hormonal treatments can be considered for symptoms such as flushes and sweats and moisturisers and lubricants can be used for vaginal dryness. Low-dose antidepressants have been shown to reduce flushes and sweats, but care must be taken in the choice of type since some can reduce the effect of Tamoxifen. For some women, vaginal estrogen and even HRT can be considered, but simple measures do not control symptoms, after full discus- sion. Psychological support may be required and consider- ation should be given to optimising later heart and bone health due to possible effect from early menopause and effect of certain breast cancer treatments. No new data was presented but the discussion raised awareness of the challenges faced.

Call for more detail in assessing ovarian cysts
Many postmenopausal women are referred to gy- naecology clinics because an ovarian cyst is found on a scan, which may have been arranged for a non-related reason. While it is known that ovarian cancer affects 1.4% of women, most post-menopausal women with cysts measuring less than 5cm are unlikely to have cancer, especially if the cyst is described as simple. Measurement of blood level of CA125 is not always help- ful as a new tumour marker is under investigation. A de- tailed examination of the cyst by scan would help in deter- mining which women should be offered surgery.
I was 53 in January and until October/November 2013, had regular, heavy periods. My October period did not arrive, which coincided with my feeling anxious and in a bad way emotionally. In mid-December I started Femoston 1/10mg and felt better.

In mid-February, I changed to Evorel 25 and Utrogestan 200mg because I wanted to decrease the risks of HRT. My period has been arriving at 28-day intervals, after taking progesterone for about five days (as it did with Femoston). It is heavy, a little heavier than before and lasts seven days.

Since it happens before the end of the progesterone phase, I have only been taking the progesterone for about nine days, figuring I didn’t need it because the womb lining had been shed.

I don’t know whether this is OK and I am also concerned about the ratio of estrogen to progesterone. It seems rather heavy on the progesterone, although it hasn’t been adversely affecting me. I did wonder if my own body is still producing hormones and would it be OK to use the low-dose patch without progesterone, until I stop having periods or try a lower dose Utrogestan?

Jessica Collings

Often bleeding at this stage can be a little irregular due to a mixture of effects of HRT and influence of your own ovaries, which may still be producing fluctuating hormone levels. This stage of changing ovarian function is often tricky, it becomes easier when it is clear that your own ovaries have stopped working, by having a year of no periods. Going on to a monthly bleed type HRT means you won’t know when your periods have stopped since the HRT leads to bleeds.

At the age of 54, we can be fairly sure that your periods will have stopped. Then, you can try a "period-free" type in which you take estrogen and progesterone every day, keeping the womb lining thin rather than being stimulated and then shed as happens with the monthly bleed types.

It may be worthwhile having a short spell off the current HRT, perhaps even just for a couple of months, then restart at the beginning of a period. Of course, if after two to three months you haven’t had a spontaneous period, then just restart anyway. Waiting for a period, if they are still occurring, will allow you to fit in the HRT with the cycle, which may be a little out of synchronisation at the moment. If you have increased bleeding even when not taking HRT then please see your doctor.

The current view about which HRT to take is that there are very little risks with any type. If you are happy with the low-dose patch and cyclical Utrogestan, then continue, but there is no real reason to think that there is increased risk using Femoston 1/10. The main point is that progesterone in some form should be taken for the instructed duration.
I am 52 and of slim build. I had a hysterectomy in June 2008 and still had my ovaries, I did not have any symptoms until I was referred to a menopause clinic where I was prescribed Tibolone, which made my symptoms worse. I was then prescribed Elleste Solo 2mg, which improved symptoms within a few weeks, it was great for a whole year.

Tibolone, which made my symptoms worse. I was then prescribed Elleste Solo 2mg, which improved symptoms within a few weeks, it was great for a whole year. Why have my symptoms returned and what would you advise I do about the dosage or other methods, are some safer than others? Quality of life is my main priority. Aadita Banerjee

If estrogen is started when the ovaries may still be producing some estrogen, the amount taken simply tops up your estrogen levels. Tibolone contains a weak estrogen and so probably was not enough, whereas the Elleste Solo was stronger and so helped more.

In time, while the amount of estrogen from Elleste Solo remains the same, your ovaries gradually produce less and so the total amount in your system reduces, which may now be the reason for the return of symptoms. The dose of tablet can be increased but it is known that with increased dose by tablet, there is a small increased risk of a blood clot (e.g. deep vein thrombosis) and possibly even stroke.

Therefore a safer option would be to take estrogen through the skin by patch or gel, through which better and more direct absorption can be achieved. This usually provides much better control of symptoms when the symptoms are not controlled by tablets.

There are various types and doses of patches and two types of gels. You should be able to discuss this at the menopause clinic but if there is a wait, I wonder if it would be worthwhile discussing this with your own doctor in the first instance and then go ahead and try a patch or gel.

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References:
Diabetes and the menopause

Now it’s time to lump sugar in with hormones

Women with diabetes have since diagnosis lived with the awareness of being careful about what they eat, drink, exercise and how they administer insulin injections. They are also fully alert to the side effects and complications of this serious condition that increases risk of stroke, heart disease, blindness, kidney and nerve disease. Consequently, they have lived a regime where management of the diabetes has been paramount.

Now, in the menopause, women with diabetes must be even more vigilant as the levels of hormones estrogen and progesterone decline and cause blood sugar levels to fluctuate. Their lifetime observance and control of their blood sugar level will be helpful in preparing them to deal with this new variable and less predictable situation.

What to look out for includes common issues such as weight gain that some women experience during the menopausal transition, which in turn will have an impact on your dose of insulin. The slowness of the healing process will be well-known to the diabetic but for women extra care must be taken to avoid high sugar levels as they will contribute to urinary and vaginal infections. The fall in estrogen at this time promotes the opportunities for yeast and bacteria to thrive in the urinary tract and vagina.

Sleep problems, a common symptom to many menopausal

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As soon as the mist hits their skin it begins to evaporate, drawing out the heat immediately. This results in an instant cooling effect and also helps to alleviate redness.”

Deborah Bruce, Consultant Gynaecologist at London Bridge Hospital, Council of the British Menopause Society

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Dragons think it’s cool

Did you know that three in four women suffer from hot flushes before and during the menopause, with flushes and sweats plaguing women for around a decade on average? Ironically, one solution has emerged from the heat of the Dragon’s Den. Entrepreneur Kay Russell managed to secure investment from the Dragons for her patented rapid evaporation technology (Physicool), which she has cunningly adapted into a spray to ease the hot flushes and night sweats of the menopause.

Once the formulation makes contact with the skin, it begins to evaporate rapidly, drawing the heat away with it, reducing skin temperature and calming redness.

A consumer study revealed that 90% of menopausal women who have used the Physicool Cooling Mist felt much more comfortable, with 87% reporting that the cooling, calming effects lasted longer than one hour.

The same number reported that when compared with other products and treatments, the preparation reduced their symptoms much faster than the alternatives. Deborah Bruce, consultant gynaecologist at London Bridge Hospital, reports that: “Whilst the golden standard for treatment of the menopause is HRT (hormone replacement therapy), not all women respond well to estrogen and for them hot flushes can be hugely disruptive to every aspect of their lives.

“Very few products can tackle hot flushes effectively, but I have to say that the Physicool Cooling Mist really works and I recommend it to my patients. As soon as the mist hits their skin it begins to evaporate, drawing out the heat immediately and evaporating it away. This results in an instant cooling effect and also helps to alleviate redness (added aloe vera concentrate helps with this too). The mist also contains glycerin and castor oil, which leaves skin smooth and moisturised.”

www.physicool.co.uk/cooling-mist
women, can also have an effect on sugar levels requiring the need for further caution. Diabetes alters nerves and those in the cells that line the vagina may become damaged. The loss of sensitivity will impede arousal and orgasm and if accompanied by vaginal dryness, another familiar situation, will cause pain during sex.

A drop in blood sugar coupled with hormonal imbalances can cause intense hot flushes for diabetic women and the daily stress of diabetes control can aggravate the symptoms of depression.

Now that you know what to expect, steps can be taken to reduce or eliminate your chances of being affected. The decline of estrogen and progesterone has made life much less predictable. Consider HRT, which will replace the missing hormones and help stabilise your blood sugar and give you a better quality of life.

If HRT is not the balancing act you wish it is vital that you check sugar levels frequently when you are going through the menopause. Keep a daily diary and if your level is too high or even too low for a period, adjust your dose.

Heart disease is reckoned to be four times more likely in diabetic women. These risks increase with high blood pressure, high cholesterol and more body fat.

It is not all doom and gloom as women with diabetes have lived with and managed the condition but by taking certain precautions and advice about treatments, the combination of diabetes and the menopause can be held in check.

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Katherine decided to try Promensil Double Strength

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Katherine Robinson
(Teacher from South Wales)

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Why menopausal women need a better deal in the workplace

In 2015 the National Institute for Health and Care Excellence (NICE) is to publish its first clinical guideline on the diagnosis and management of menopause. For all of us involved in caring for women experiencing consequences of the menopause and for all us women who experience the menopause, this should be welcomed.

We have now lived through more than a decade of confusion and controversy around the risks and benefits of the treatment options for women suffering from menopausal symptoms and later consequences of the menopause. In this time, the focus has been around perceived risks and benefits of Hormone Replacement Therapy (HRT) and what seems to have been forgotten is that women have continued to suffer from the consequences of estrogen deficiency and that understanding and managing the menopause is not just about HRT.

The NICE guidelines are expected to provide us with an up-to-date, evidence-based directive that will be trusted worldwide, but also with an opportunity to use the surrounding publicity to raise awareness of the importance of the effects of the menopause and to instil confidence in both women and healthcare professionals in how to manage the menopause.

For many years, public perception has often focused on the menopause as simply being the time around periods stopping and on the early onset symptoms such as hot flushes, night sweats and mood changes. Many women still assume that they will “get through” the menopause within a few months or a few years at the most.

Thankfully, the guideline group has a great understanding of the concept that many parts and systems of the body contain estrogen receptors through which estrogen exerts its effects. Hence, that the estrogen deficient state following the decline of ovarian function, whether that be spontaneous or due to surgery or other treatment, has widespread effects, which last forever.

Symptoms of estrogen deficiency that are often noticed early in the stage of ovarian decline include hot flushes and night sweats, (known as vasomotor symptoms), musculoskeletal symptoms of joint aches and psychological symptoms of low mood, mood swings, anxiety and irritability.

Estrogen deficiency also commonly affects the vagina and bladder (the urogenital tract), causing vaginal dryness, discomfort, irritation as well as bladder symptoms of passing urine more often, passing urine at night and an urgency to pass urine with the possibility of incontinence if the toilet is not reached in time. Vaginal and bladder symptoms are often referred to as “intermediate" symptoms, since they commonly occur a few years after the last period (the time of the menopause) or a few years after stopping HRT, though early onset urogenital symptoms can occur.

Finally, estrogen deficiency has an important impact on later health, particularly on bone and the cardiovascular system. With the later onset of urogenital symptoms, and the later health effects on bone and cardiovascular health, there is often poor awareness of the association of estrogen deficiency on these important aspects of health. Menopausal, or estrogen deficiency symptoms have often been regarded as insignificant, something that is inevitable, part of the ageing process and not worthy of treatment. I am still saddened to hear of women who have been told in the past that this is “just your age” and should be tolerated.

Within the development of the guideline, there is welcomed recognition of the impact of estrogen deficiency. It is stated that 84% of women experience one or more of the classical menopausal symptoms with vasomotor symptoms affecting 70% of women.

The early onset of symptoms are often short-lived due to adaptation of the body to the effect of estrogen lack on the estrogen receptors and indeed may not need treatment, but they are thought to cause
system and when it comes to that time in and around the menopause the fall in estrogen can bring horrible symptoms. These symptoms do not make it easy to function effectively. They bring stress, anxiety, mood swings, fatigue through lack of sleep, hot flushes and night sweats. Women did not ask for this and many employers would appear keen not to want to know about, whisper it, “women’s problems”.

At its recent conference in Brighton, the National Union of Teachers voted to recognise and seek better support for older women teachers. The motion argued: “employers have a responsibility to take into account the difficulties that women experience during the menopause and they should be able to expect support and assistance during what is, for many, a difficult time”.

Recent changes in appraisal and capability procedures have added pressure to women as it allows the targeting of individuals. The injustice for teachers in and around the menopause is that it can be difficult to cope with some aspects of their job but rather than being subjected to a cross-examination they should be receiving sympathy and a genuine offer of support.

As a doctor working in the field of menopause, I wish that all women could receive good advice and information about the effects of estrogen deficiency, what simple changes women can make to reduce symptoms and improve long-term health and available treatments.

Sadly this vision is a long way off but if symptoms are affecting you and your work, do seek help; ask your GP or practice nurse, make an appointment with occupational health, but do not battle alone.

See more information at www.menopausematters.co.uk
Sorry, but I am really too busy to have anything wrong with me

I am 52 years of age and I do contract work, which involves driving around eight to 10 hours each week, then coming home for a day-and-a-half and going back through the ritual of the work contract. I also study and workout daily, combining gym exercise with doing yoga and meditation. This helps me remain sane while keeping me alert and focused.

I am aware that this work model needs reviewing as it is not sustainable and may have been the link that led to my health triggers. Who knows? I do have perks in my life and it is those benefits that make me happy. The way I see it is I am an adult making choices that give me some sense of control.

During 2005, I noticed I was progressively getting sluggish and irritable and sleep patterns were a struggle, the aches in my body were also exhausting. I chose to go to the gym as I reckoned the more I exercised the sooner I would be able to reboot myself.

My first hot flushes started in 2007 but I ignored them. My feet and hands were constantly hot but as the years moved on I found myself heating up and sweating. So I would wear light cotton clothing, thinking it would pass by but it made no sense to me. I may have been a bit grumpy and my emotional regulation off kilter but I was tired and working long hours.

The years slipped away, then in 2011 my periods started to change. It was so erratic that I began to carry a variety of sanitary wear. This continued until 2013 and during this time I did not go for smear test invites. I did not think that the past year would have been so overwhelming for me as I was determined to keep working as my job is important and people relied on me so I could not let them down. Consequently, I buried my head in the sand.

To improve my health I took high-strength iron tablets and high-dose calcium each day so that I could deal with the flooding periods. I had reached fever pitch from April through to September and it was I finally decided to see my GP.

My job was busy and I had key events to attend, nothing would stop me from being focused as I was committed to the task but it put my health in second place. I was putting weight on and this made no sense as I was not eating a great deal and I was working out; I became angry at my body’s inability to keep on top of things.

A forthcoming family gathering meant I needed to look good but I was so unhealthy, breathless and sweating and going from size 12 to 16 and still growing. I managed to complete my work contract and went from rural Scotland to London.

At this point I was bleeding so heavily that I was fainting and changing sanitary wear on the hour, there is only so many times one can go to the ladies before noticing something is terribly wrong. And so I called my doctors’ surgery and booked the last appointment on a Friday, I saw a female GP.

When I went to the practice I had driven four hours from a contract. I was unsure if I wanted to see her and was trying to justify in my mind why I was sitting in this surgery at 4.30pm on a Friday for a 10-minute slot. Eventually I was called from the waiting area, I sat and was very avoidant.

In due course, I opened up to her and she tried to examine me. I was at the point of pain and rather ashamed by how foolish I had been. She calmly explained that I needed to see a consultant as I had large fibroids and may require surgery. She suggested that I take time off as I was not well.

All I really wanted was to have some advice about how to stop the bleeding and make sense of what was actually happening to me. But for some reason I had a blind spot with this situation, I knew something was wrong but I had not wanted to see a GP or talk about “it”.

I spent the weekend thinking about what had happened with the GP and what I had done to myself. I went to work on the Monday, leaving the house for 5.30am to drive four hours. Through that journey I thought about what she had said and allowed myself to think about what is important so on that day I ended my work contract and drove home. I felt like I had taken the traction off the situation and said to myself, I matter.

Eventually, in September 2013, I was fast-tracked to see a consultant who was gentle, concerned and told me what was occurring. But I had a mental block with what was being said so I tried to minimise the circumstances and say let’s just crack on and get this over and done with. On reflection this was not an emo...
My view in the hospital was of the cemetery, I did not enjoy either hospital experiences and was glad to go home.

During the coming months a sudden menopause took place, it was surgically induced but no-one had told me what to expect. I was given a leaflet about exercises to do. The night sweats were unlike anything I had ever experienced; I thought I was in the Bahamas. This did not stop and I had not slept since the surgery, it was three months of physical and emotional turbulence.

I first thought this must be the effects of surgery. On the third month, I was given HRT and I was calmer and could sleep. My temperature was good and I was doing my gym workout.

I thank Dr McVicar at Cairn Medical Practice and my consultant at Raigmore Hospital, Dr Wareham. Also, a complete stranger in consultant Dr Currie who was my post-operative comforter and my family who were my rock. They all showed me care and taught me different things about health and partnership working.

My Menopause
The effect of estrogen loss during the menopause has a major impact on our skin. Some women have inherited good skin and the ageing process for them is slower but for the majority a combination of ageing, fall in estrogen, general exposure to the sun, pollutants and dehydration leaves its mark.

During our lives estrogen has stimulated collagen production to keep our skin wrinkle-free. It has balanced oil secretions, promoted cell renewal and slowed the rate of unwanted hair growth. But its loss has taken the shine off our skin tone and made it less elastic. It looks and feels dry and there can be lots of pigmentation disorders and an increase in visible capillaries.

Skin is the largest organ of our body and we are advised to moisturise it using a heavier cream when it is still damp, perhaps after a shower. It is believed to help hydration and it should be used on the face, jawline and neck every day. There is, however, little point in using expensive moisturisers that must first cut through the dead skin and before this stage is contemplated, exfoliation is suggested. The top layer of our skin is made up of dead skin cells. Our body will naturally shed millions of dead skin cells every day and this helps reveal the luminous, younger skin underneath.

Exfoliation removes the dead surface skin cells and without regular exfoliation an abundance of dead surface skin cells will clog pores, cause discolouration and ageing. The process also stimulates skin cells and increases natural oil production and blood flow helping to create a more youthful appearance.

It’s also a nice notion to believe that by exfoliating the top, dead layers of skin it will send a signal to our skin’s deeper layers to become more active and produce more wrinkle-fighting collagen.

When your skin is properly exfoliated you will have a smooth base on which to put on your make-up. You will not need heavy foundations or much make-up to create the illusion of smooth skin.

Exfoliating treatments also slow the ageing process and post-menopausal women benefit most as the natural course of shedding dead skin and regenerating new cells becomes slower. In addition, keratin-filled dead cells build up quicker and more unevenly once you reach middle age.

Exfoliation accelerates the process, evens out skin tone and makes skin look healthier and younger.

The procedure does require a careful approach and women with certain skin types must be careful not to exfoliate too much. Irritation and scarring can occur on sensitive skin and if you shed too much skin it can lead to inflammation and dryness. But no matter what your skin type you must moisturise after exfoliation. Also women with darker complexions must be careful as they may be prone to post-inflammatory pigmentation that is difficult to reverse. Exfoliation can help prevent acne breakouts but rough excessive rubbing can aggravate the condition. Hands, feet and back can tolerate stronger exfoliants while chest and shoulders may be best suited to a combination product that has exfoliants and moisturiser.
The role of collagen

Collagen is vital for the skin’s plumpness, thickness, elasticity and strength. Its reduction can cause dryness, wrinkling, poor healing and unwanted facial hair. This situation is really not what we want to hear, however, if the estrogen were to be boosted would the ageing process slow down or even halt?

Studies certainly verify that HRT can reverse the process quite dramatically. But there can be a reluctance among skin specialists to use HRT as a skin-only cure. They are hopeful that research on selective estrogen receptor modulators known as Serms that focus on the skin will provide a solution.

The chances are that you will see a benefit in your skin if your doctor determines that HRT is the best course for your overall situation. There are hundreds of treatments for dry skin. Most of them make promises to return your skin to a youthful glow. The good ones tend to be more expensive but they usually come with some scientific support.

The secret is to look for certain ingredients on the label. Skin products containing vitamins A and C, for example, can improve skin due to their antioxidant effects and these creams may help keep skin youthful looking.

Severely dry facial skin will benefit from moisturisers that contain hyaluronic acid, glycerin, lanolin and alpha hydroxy acids that are the best water binders.

Recognising the link between decreasing collagen levels and ageing skin has been Forme Laboratories with its Stratum C range of products. This company took the results of research from Reading University that showed a special combination of peptides, one of which is Matrixyl, helped stimulate higher levels of a body’s collagen.

This skin care range is not the least expensive but it contains a high quality moisturiser that helps provide deep skin hydration and helps replace lost nutrients and vitamins.

Most important is that the creams contain a higher concentration of the combination of peptides, which is crucial as clinical research shows that anything below 2% is useless. High concentration peptides are the only clinically proven method of increasing your skin’s collagen content.

There is a case for starting a care regime early. The environment and sun will have had some significance on your skin by the time of the menopause.
Travel: Liverpool was the City of Culture in 2008 and in recent years it has undergone massive investment. There’s been a significant regeneration of areas like the docklands where the decline of industry had left a distressing scar. The result is that today spirits have been lifted and there is a buzz around the city. It is a good place to visit for a short break.

There is a bonus for most girls that are now in the menopause, as Liverpool possibly played a significant role in their early years. Tuned to Radio Caroline and with their Bush or Dansette transistor radio strategically placed to avoid crackle and hiss the full flow of the Mersey sound may have caused flushes and palpitations of a different kind.

Those were the days of the Beatles, Gerry and the Pacemakers, the Searchers, Billy J. Kramer and Cilla Black. At the time of the menopause there’s nothing wrong with a little bit of nostalgia. Beehives, bouffants, pixies and bobs were all the rage in those days. But then you had luxuriously thick hair that didn’t come out by the handful when you ran a brush through it.

You’d wear box dresses, mini skirts, turtle-necks and go-go boots. And there were plenty of girls to follow such as Jean Shrimpton, Twiggy, Pattie Boyd and Jane Fonda.

Liverpool, the Liver Birds and all things Merseyside has this street and among the shops are restaurants, bars and bistro where weary legs can enjoy a restful moment. The Chinese food is rather good here too. In fact Liverpool was home to the first Chinatown in Europe and now has a 10,000-strong community. Spanning the width of Nelson Street is the Imperial Arch, which at 15 metres tall is the largest outside of China.

But despite being in the menopause you should have a youthful spring in your step by now and you may even be considering changing your hairstyle and buying trendy clothes. Feeling younger, rejuvenated it won’t be long now until you take the magical mystical tour.

The Beatles Story is the world’s largest permanent exhibition and it is at the Albert Dock. Here you will go back in time and be taken on a journey through the lives, culture and music of the Fab Four. Replicas of the Casbah, Mathew Street and The Cavern capture the sixties. Feeling younger? Yeah, yeah, yeah, yeah.

The regeneration of Liverpool certainly stimulates memories to an era where PMT was more in focus than HRT. There are lots of traditional places of entertainment such as the Royal Court and Playhouse Theatres that combines with a fantastic night life and a fun-packed annual programme. Don’t just be a day tripper this city is open eight days a week.
Women in and around the menopause may very well benefit from the simple dish prepared specially for Menopause Matters by Lutz Bösing, the executive chef at the Finca Cortesin hotel on Spain’s Costa del Sol. Alongside him in the kitchen, Bösing has a team of professionals that have an open and creative perspective on fine Spanish cuisine. His main focus is to harmonise classical traditions with modern concepts in an ongoing search for the best products and “flavours of life”.

The ingredients used should certainly be on every menopausal woman’s shopping list as they contain essential nutrients, vitamins and minerals needed for wellbeing. For example, tomatoes and carrots may lower the risk of breast cancer, there is a cooling effect from cucumber water, olive oil and garlic for heart health, zucchini fights disease, pumpkin seeds and celery are known to relieve hot flushes and asparagus helps with a decreased libido.

Alas, all that is missing is being in the El Jardín restaurant at Finca Cortesin where its picturesque terrace is adorned with 100-year-old olive trees and panoramic views of the Mediterranean. This elegant backdrop creates the perfect setting to enjoy the world of flavours that Spanish cuisine has to offer.

### Porra from Antequera, vegetable crudites, Iberian delights and kikos

#### What you need

(serves 8)

- 1.1kg ripe tomato
- 0.180kg peeled cucumber
- 3gr. garlic
- 0.25l of Virgin olive oil
- 0.3kg old bread without crust
- Pinch of salt

**Crudites**

- 8 sticks of zucchini, carrots, pumpkin, red and green peppers, celery, asparagus and avocado
- 8 slices of finely chopped cucumber
- 8 garlic flowers
- 8 slices of celery and endive

#### What to do

Chop all ingredients of the porra into small cubes and marinate in the fridge for 24 hours.

Mix in a blender and emulsify.

Marinate the crudités with salt and lime about 10 minutes before serving.

Make eight bouquets with vegetables and wrap them up with the cucumber slices.

### Kenya beans salad with breasts of quail and vinegar of truffle

#### What you need

- 200g French beans
- 1 onion
- 1 shallot
- 8 breasts of quail
- 10g truffle

**What to do**

Poach the beans in salted water so they are “al dente”.

Saute the onion with salt, sugar and butter until caramelised.

Sear the quail in a pan with honey on the skin side.

Mix beans, chopped shallot, 3g of truffle, oil, vinegar, salt, pepper and a little truffle oil.

Place in the centre of a plate. Top with caramelised onion and the breasts of quail.

Finish with grated truffle and mixed leaves of mezclum.
If you are post-menopausal the chances are that during the winter months your bone density may have reduced by as much as 4%. Drinking milk and swallowing calcium pills will help boost your bone strength but another more enjoyable way is to go to the beach. There you will soak in vitamin D from the sun, where it is reckoned 15 minutes’ worth is the same as swallowing a load of tablets.

The curse of the menopause can be weight gain but remember that a plus size body is a curvy body and this is much more feminine than a skeletal framework. There are all sorts of ways that you can cleverly disguise tummy bulges such as choosing a one-piece that has monochromatic or subtle flower prints.

A swimsuit with ruching helps conceal your mid-section and darker colours create a slimming effect. Choose a halter top style and it will draw eyes upwards towards your collarbone.

One tip that is widely recommended is considering a tanning session or using a self-tanner. A lightly bronzed body has a good start and it helps cover up minor imperfections such as cellulite and wrinkles.

Don’t forget to drink lots of water to keep your body hydrated.

1 - Long Tall Sally, snake print halter-neck, sizes 10-22, £40; 2 - Fashion World, cherry print, sizes 12-32, £32; 3 - Bonmarche, tie-front tankini top, £12, bikini brief, £8; 4 - Bonmarche, David Emanuel floral print mock tankini, £18; 5 - Long Tall Sally, full high-waisted pant with tummy control panel, 10-22, £40; 6 - Bonmarche, rose print swimdress, £22.
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Hello and welcome to Fitness Matters. I hope you are enjoying my articles and they are inspiring you to make physical activity a regular part of your life. This time I’m turning to Pilates, which has become hugely popular in recent years. This exercise system can be of immense benefit to peri and postmenopausal women and there is an abundance of classes available in gyms, leisure centres and community venues.

So how can Pilates help me? While many of us are drawn to Pilates in our quest for improved abs, there are many compelling reasons to make Pilates a regular part of your fitness programmes.

Core strength
One particularly unwelcome effect of menopause and the ageing process is weight gain and the increased deposition of fat around the visceral area with a shift to an androgynous body shape. As well as an increased risk of cardiovascular and metabolic disorders, this can create a confidence crisis, negative body image and difficulty in dressing as we desire.

By emphasising the correct recruitment and activation of our core muscles, Pilates can help us achieve a tighter and defined mid-section, although additional cardiovascular exercise and nutritional intervention will be needed to shift stubborn fat deposits.

Total body conditioning
For those who do not like the traditional resistance training, Pilates can be an exciting alternative as body weight is used as resistance. A well-structured RT programme is key to maintaining and increasing muscle mass and boosting metabolism, even when our bodies are resting. And as a bonus, it can contribute to decreases in total and abdominal body fat. Increased bone density is an important additional benefit.

Improved flexibility
Menopausal transition for many women is accompanied by a loss of joint range of movement and stiffness. This has adverse consequences for our ability to carry out everyday activities and a limiting effect on sports and exercise performance. By working through a full range of movement during Pilates exercises, flexibility will be enhanced.

Balance and posture
Pilates is a balanced, total body workout, which will increase postural awareness and correct muscle imbalances that can lead to poor posture. Some exercises will improve balance and coordination, which can help prevent catastrophic falls in later life.

Psychological benefits
Pilates has positive psychological effects. At this challenging time in our lives, a loss of mental clarity, focus and motivation are common. Unlike some fitness programmes, Pilates engages our minds as well as bodies as a great deal of emphasis is placed on correct body alignment and controlled execution of the moves.

In the words of the creator of the exercise procedure, Joseph Pilates, he says: *Pilates develops the body uniformly, corrects wrong postures, restores physical vitality, invigorates the mind and ele-
Introducing the power of Pilates...

The spirit.” Lots of reasons for giving this system a go.

Here are three body exercises for you to try. Perform them in a controlled, focused manner, breathing out on the exertion and in on the return phase. Repeat each exercise 8-16 times.

**Shoulder bridge**

Lie on your back in neutral spine (lower back slightly off floor) with legs shoulder-width apart, knees bent and arms on the floor by your sides. Arms can be raised over shoulders. Squeeze glutes and slowly lift hips off floor as shown, simultaneously raising arms above head. Hold for a few seconds and return to start position.

**Heel slide**

Lift head and shoulders off the floor, keeping chin tucked in. Don’t allow your head to fall back. Slowly slide your heel along floor until your leg is straight while simultaneously extending opposite arm overhead and lowering your head and shoulders to the floor. Stretch as far as possible and hold. Slowly slide heel in to start position while curling off floor and returning arm to start. Repeat on other side.

**Torso twist**

Lie on your back with legs in table top position, head and shoulders off the floor. Your lower back will be in contact with the floor. Keeping abs tight, twist torso aiming head and shoulders towards opposite knee, while extending other leg away from your body. Knees can be straight or slightly bent. Return to start and repeat on other side.

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**NEXT ISSUE**

I’ll be looking at body conditioning 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.
The publication of the Women's Health Initiative report on HRT in 2002 caused much consternation and confusion among women. It has since been recognised as a hugely flawed report but none the less its consequence has been to maintain uncertainty about using HRT among many women.

Reporting to the World Congress on Menopause, Cancun, researchers have found that the type of HRT a woman takes and the way it is administered can have a significantly different effect on genes associated with breast cancer.

The study’s purpose was to find the forms of HRT that would have a minimal effect on breast cancer with the potential to personalise the therapy according to the genes a woman has.

This research was conducted in Sweden at the Karolinska Institutet and involved a group of 30 healthy women. Using a needle biopsy, they took two samples of breast tissue from each. The tissue was tested to measure the activity of 16 genes known to be linked with a greater risk of breast cancer. The women were then divided into two groups and given HRT for two cycles of 28 days. Fifteen women took oral HRT, using the CEE/MPA (this is a synthetic conjugated equine estrogen, plus medroxyprogesterone acetate, which was used in the WHI trial). The other 15 were given E2/P, which is estradiol gel plus oral micronised (put into small pieces) progesterone. Estradiol is a type of estrogen found in the body, so can be considered more natural than the CEE/MPA formulation.

The estrogen (E2) was applied to the skin in a gel. The progesterone was micronised and taken orally. At the end of the HRT cycles, the women then underwent the second breast biopsy.

The researchers used PCR analysis to confirm that the CEE/MPA HRT changed the expression of eight out of 16 genes (50%), whereas only four out of 16 genes (25%) were expressed differently in women taking the E2/P HRT. This difference was shown to be statistically significant.

Professor Gunnar Soderqvist said: "Until now, it has not been possible to assess breast gene regulation in healthy women in vivo. This is the first study ever describing effects in healthy women during these HRT treatments and shows very important differences mostly in favour of ‘natural’ treatment with the gel containing estradiol/oral micronised progesterone when compared with ‘synthetic’ oral CEE/MPA.

“The study does not show that either HRT formulation ‘causes cancer’, but it does show that the type of HRT and perhaps the route of administration will cause differences in genes associated with breast cancer.

“We can conclude by saying that natural treatment with the estrogen gel and oral progesterone affects gene regulation and surrogate markers for breast cancer risk (such as mammographic density and breast cell proliferation) less than the conventional synthetic treatment, which stopped the WHI study.”

Incoming International Menopause Society president, Professor Rod Baber (Sydney) said: "The science from this study supports the evidence we have from clinical trials such as the French E3N trial, which shows that the choices of estrogen and progestogen and the mode of delivery is important in reducing any risk of breast cancer possibly associated with long-term HRT."
The sparkle is back in my eyes!

“It has been life changing for me, I no longer need my eye drops and Omega 7 benefits so many other areas of the body that it is a must in my daily routine”

Linda Lusardi
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