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*The Menopause Survey 2013. Conducted by PharmaCare
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Welcome
to the summer issue, 2015.

Since the spring issue, I was lucky enough to attend the European Menopause and Andropause Society conference in Madrid. This was a fantastic opportunity to network, learn and just talk talk talk menopause! (See highlights and key messages from the conference on facing page.)

While I did learn results of new research and hear about new developments, I realised yet again, how much is still to learn and how much work must be done to provide the best possible information we can for women around the world. The end of ovarian function with a lowering of estrogen is a normal process yet we fear that many women still do not understand the process and what changes can take place.

When treatments are required, we know more and more about specific effects of estrogens and progestogens and non-hormonal therapies, but we do not yet have a perfect treatment that suits all women, nor will we ever. Therefore it is important to individualise treatments to find a course of action or treatment that best suits each woman, yet we know that still many healthcare professionals are confused and uncertain about what to advise.

However, exciting times ahead. Publication of the NICE guideline on diagnosis and management of the menopause will surely go a long way in providing authoritative, trusted guidance for healthcare professionals so that women can access consistent advice, and will raise the profile of the importance of the menopause. With the draft guideline now out for consultation, publication of the final guideline is eagerly awaited.

Meanwhile, we at Menopause Matters will continue to provide advice and support in as many ways as we can through our award-winning website, social media, published articles and our award-winning magazine.

Read on and enjoy!

Heather Currie

4 MENOPAUSE MATTERS 2015
Brain consequences of early removal of the ovaries (oophorectomy) were eloquently described with a clear message that oophorectomy before the age of 48 increases the risk of cognitive decline and dementia. Adequate estrogen replacement blocks the accelerated ageing effect. In the past many women have had oophorectomy at the time of a hysterectomy and there may still be good reasons for this procedure, but if this is carried out before menopausal age, then estrogen replacement should be seriously considered.

Regarding the use of HRT for brain protection in women experiencing natural menopause, there appears to be a strong protective effect when HRT is taken in women aged less than 50, a moderate protection in women aged 50 to 59, but a possible deleterious effect if HRT is started later at age more than 65, fitting in with the "window of opportunity" theory that applies to cardiovascular protection from HRT—start early for maximal benefits. Results from the ELITE trial, which primarily looked at early versus late initiation of HRT effect on cardiovascular function, also reported on effects on verbal memory. No difference was seen between estrogen and placebo whether estrogen was started within six years of the menopause or after 10 years. We cannot rely on HRT to protect against or improve verbal memory, but if it is taken for control of menopausal symptoms, we do not need to be concerned that it will have a worsening effect.

Regarding effects of HRT and cardiovascular system, it was confirmed that all types of HRT reduce cholesterol, but there are some differences in effects of different types and routes of estrogen and progestogens on types of cholesterol, triglycerides, insulin resistance, vascular function and vascular plaque formation and stability. Breast cancer risk continues to cause women and healthcare professionals concern when considering HRT. It was confirmed that studies to date show no increased risk when HRT is used for less than five years and that there has been no proven effect of HRT on breast cancer mortality. Little, if any risk from using estrogen only and that different progestogens seem to have different effects. Also confirmed, increased breast cancer risk from being overweight, more than 15g alcohol per day, smoking (including passive smoking) and that exercise reduces risk.

For both cardiovascular and breast effect, being aware of differences in types and routes of hormones is important but the main consideration is which best suits each woman. Other key messages: reduced use of HRT over recent years has led to 43,000 excess osteoporotic fractures in US; new treatments being developed for osteoporosis, low libido and vaginal atrophy; vaginal atrophy still hugely under reported and under treated with call for women to speak out and healthcare professionals to ask appropriate questions; bio-identical hormones cannot be assumed to be safe.
What every woman should know

I am a 51-year-old working mother and, like many women I’m in a hectic life/work situation. From August 2014, I was being treated for anxiety and low mood by my GP, but we were both at a loss as to what my various symptoms really added up to – they included tingling arms and shaky legs, low mood, snappiness and explosiveness of temper. Something I had not really experienced since my teenage years.

I had a gut feeling there was something more to it that was to do with the menopause and I eventually persuaded my GP to prescribe HRT. These things just seemed to creep up on me as the year wore on – I guess from about May. I’d had a couple of upsets at work and was feeling really out of control. My GP had told me about the Menopause Matters website and I joined the Menopause Matters blog and found it enormously comforting, supportive and informative, particularly about HRT and how it was a viable option to address other things such as osteoporosis and strokes further down the road.

This is all essential information that every woman should know in order to make informed choices about their treatment of the menopause.

My Menopause - SALLY

Sally Grant was confused when she went from being a successful working mum with a job she was passionate about, to a jibbering wreck within six months.

That is my personality though - I was going to the doctor about twice a week in some capacity. I worry for people that aren’t as pushy as me. I was given Elleste Duo and I did notice a small improvement. However, I was eventually signed off work with a “depressive disorder”.

I started to look at the Menopause Matters website, desperate to find out whatever I could. I read about the benefits of red clover in one area and have been taking it for hot flushes. It appears to be working, as the hot flushes have subsided. I also started taking the menopause vitamins. After hearing the Radio 4 Woman’s Hour special broadcast on “hormones”, just before Christmas, I booked an appointment with Dr Annie Evans, one of the panel on the programme, after looking at her website. She seemed to really understand the scale of the problem and was offering hope.

As the day of the appointment approached, I became quite apprehensive because I had pinned so much on it. I was desperate to understand what was suddenly happening to me – a successful working mum with a job I was passionate about, to a jibbering wreck within six months.

My GP had told me about the Menopause Matters website and I joined the Menopause Matters blog and found it enormously comforting, supportive and informative, particularly about HRT and how it was a viable option to address other things such as osteoporosis and strokes further down the road.

This is all essential information that every woman should know in order to make informed choices about their treatment of the menopause.

My GP was very laissez-faire about the whole thing, even though I was suicidal at times. Many, many women, I found out, were going through exactly the same thing as myself – menopause symptoms presenting as anxiety, having to take time out to sort it out, even giving up work in some cases.

This is something that Dr Annie Evans has commented on in a programme on Radio Bristol (a file of which is available on her website). She said how saddened she was that this was happening and that as women are increasingly part of the workforce and that 13 million of us are going through the
menopause may not be getting the support we need from employers to get through it. We cannot call it a disability when other hormone-related illnesses are, for example, diabetes. Surely it is of benefit to employ?

Dr Evans explained the link between hormone depletion and the feelings of panic and low mood that I was finding so debilitating. I just could not get over the fact that I knew so little about the menopause and what it could mean to my life if suddenly have to deal with it on top of everything else I was trying to juggle.

If I had heard more about it, I could have prepared myself for it, instead of being hijacked by it. I guess it’s not a “sexy” enough topic to engage the popular media, except for the odd occasion. In France, I’m told, there is an understanding that hormones will play a significant role in a woman’s health and that the input of an endocrinologist is essential to every woman.

Overall, as I look back on the roller coaster ride of the past nine months, I feel that a lot of my anxiety could have been curtailed by receiving information earlier. My GP, although a woman herself seemed to be very uninterested in getting to know more about the different kinds of treatments and HRT available. Many women in the practice were going through the same thing there was just no information available.

When I then read Professor Studd’s research on Dr Evans’s website I was shocked to discover some women in the case studies had been wrongly diagnosed with depression/bi-polar and treated for that when they needed HRT all along. Some had been sectioned for periods of time.

Many of us do not “sail through” and need more help. What has happened to all of the Well Woman’s Clinics that could offer the specialist information required for faster diagnosis and expertise on the different kinds of HRT available? If women are increasingly part of the workforce, why is there such a huge gap in provision in the NHS? These are the questions that we need to be asking, if we are going to help raise awareness so that others can benefit and not have to go through so much to get the proper treatment.

Dry eyes left me tired and sore

Sally Yates, 56, suffered from severe dry eyes as she entered the menopause but she found a natural solution in sea buckthorn oil capsules. Here she tells her story.

I started to experience dry eyes, mouth and skin as I entered the menopause. My eyes would become red and sore and feel dry and gritty. My eyelids would even stick to my eyes as I slept, making it difficult to sleep and at times it was painful.

Sometimes my eyes would be so dry during the night that I knew I would be in discomfort in the morning. This of course affected my mood and meant I was often tired due to lack of sleep.

I went to my optician and was diagnosed with severe recurrent corneal erosion. I tried using eye drops but relief was only brief. I was constantly bathing them with water and the eye drops. I was so desperate for a remedy that I started to ask everyone I knew if they suffered the same problems.

I have now been taking Omega 7 for three years. The menopause can be a difficult time and symptoms such as dry eyes, mouth and skin can bring extra challenges that women can simply do without. I no longer suffer from dry eyes, my mouth is a lot more moist and my skin is more supple.

I have also found it has helped my general feeling of wellbeing. Not being able to sleep can make you feel stressed and irritable and having to constantly bathe my eyes with eye drops was impacting my lifestyle and affecting my mood.

Dry eye conditions affect around one in 10 women in the UK, and the condition is 50% more prevalent in women compared to men. Symptoms can include watery and itchy eyes, soreness, a gritty feeling and redness.

For more information, visit www.omega7.co.uk
Thank you for reading my email. I suppose like many people, I write to you at my wit’s end, this so after many years of failed problem solving. I’ve now come to the conclusion that the only thing wrong with me is that I am 59 years of age. I hope you can give me advice that will help me approach my GP with confidence about what I need.

I’ve had tests for every conceivable problem relating to gynaecology including that of some post-menopausal bleeding, abdominal and renal issues and I have also sought help privately.

The tests carried out for vaginal bleeding were clear. I have not had periods for 10 years now, however, the onset of the menopause started years before. Easily going back 12 or so years, one of our GPs commented that this was only thing wrong with me was that I was menopausal and a prime candidate for HRT, but he wouldn’t prescribe it as the risks were too great.

This was repeated on a number of occasions. Barrng a brief relationship a few years ago, I have not been sexually active for some 25 years, so placed blame of abdominal symptoms everywhere else especially as no mention was made that there was a link to menopause and urine tests for possible infections, which always came back clear.

During the brief relationship, I never had penetrative sex, only intimate touching, which always left me in agony and with a discharge. Around the time of my most recent smear last summer, I was prescribed Vagifem, but by then my relationship was well over.

I thought I was having some neurological issues with the Vagifem and on visiting a new GP in our practice she was horrified I was taking this supplement. I thought I’d better stop using the Vagifem.

She asked me to have a look for alternatives to hormone therapy, but thinking I probably couldn’t have anything to help, I didn’t look at your website until a few days ago.

I have the most delicate, fragile vaginal tissue. My vagina is narrow and I thought I just had to accept things as they are. It is only on exploring sites such as your own that I’ve found there are similar cells in female urinary and reproductive areas.

I don’t tend to have full-blown infections in my bladder, but severe irritation, so maybe that’s why no-one saw a connection. Or perhaps I just keep the infection until it goes away. I am trying gluten-free foods as an answer to abdominal pain. I had colossal bouts of incontinence recently and again have abdominal pain, thrush-like symptoms and soreness around the vulva.

It seems that HRT and estrogen weren’t for me. I looked for natural alternatives and found Yes products. I started using the water-based moisturiser a few days ago, so it’s early for that to be working.

I have the opportunity to have a loving relationship but I’m afraid that being sexually inactive for so long that I can’t have one. I become so unwell even when just touched and maybe now my vagina is just too narrow. Can you advise please if there is an estrogen therapy I may be able to use to help me, or will the Yes product be enough if I give it time?

I take Levothyroxine 100mcg and Buscopan to keep my colon ticking over, although I am at the stage I think it’s all linked. For a time I took Menopause Plus but wasn’t sure it was doing me any good but probably I needed something along with it.

Eileen Wells

I am now 64 years of age and I had my last period when I was 56. For the past four years I have not been able to have penetrative sex because of the pain. In an attempt to find a cure, I have tried many lubricants and also tried the Amielle inserts to no avail.

I consulted my doctor four years ago, soon after my problems started to see if I could use an estrogen cream or pessary, but he declined this suggestion due to my age and risks.

However, I recently read a report in a newspaper that the risk of estrogen for women over 60 was not as problematic as previously thought.

With this in mind I consulted my doctor but again he swiftly said I could not be prescribed estrogen due to the risk of breast cancer.

I feel I have come to a standstill, which is frustrating for my husband and myself. This is far from satisfactory for both of us. Could you suggest anything, or further steps to take to help with my symptoms?

Edith Hodge

There is absolutely no reason why you cannot use an estrogen cream or vaginal tablet for these symptoms. Throughout your body there is minimal absorption from vaginal estrogen with no concern regarding risks.

The changes you describe in the vagina and vulva are a consequence of menopausal estrogen deficiency treatment and are very common but can cause significant distressing symptoms. I continue to be saddened when I hear such stories that women are denied effective treatment unnecessarily.

The risk from breast cancer even with full HRT is insignificant and certainly there is no evidence of breast cancer risk from vaginal estrogen.

Please go to your GP with this information; see another GP; or ask to be referred to a specialist. This is really important and can be treated.## Dr Currie answers your questions on the menopause

### The chance of a relationship frightens me

I am sorry that you are having these problems and that you have not been helped so far. I am baffled as to why you have been advised that HRT risks are too great, when in fact, for most women under the age of 60 and for many over 60, the benefits far outweigh the risks. Secondly, vaginal estrogen, of which Vagifem is one example, is extremely safe with minuscule, if any, risks.

Your current symptoms sound very likely due to estrogen deficiency of the vulvar, vagina and urinary tract. Yes may help the dryness but to restore the health of the tissues, improve circulation, elasticity, vaginal acidity, sensitivity and urinary function, estrogen would be more helpful.

Your current symptoms sound very likely due to estrogen deficiency of the vulvar, vagina and urinary tract. Yes may help the dryness but to restore the health of the tissues, improve circulation, elasticity, vaginal acidity, sensitivity and urinary function, estrogen would be more helpful. In view of the narrowing of the vagina, due the loss of elasticity, you may in time find it helpful to use a gentle vibrator, before attempting penetrative sex. In this way, you are in control. I do hope that this helps.

Your story inspires to keep doing what I am doing with Menopause Matters and to provide more education for GPs so that they do not give women the wrong information.

### Doctor must reappraise this situation

I continue to be saddened when I hear such stories that women are denied effective treatment unnecessarily. The risk from breast cancer even with full HRT is insignificant and certainly there is no evidence of breast cancer risk from vaginal estrogen.

Please go to your GP with this information; see another GP; or ask to be referred to a specialist. This is really important and can be treated.
I feel I’ve lost my life and identity

I am 43 years old but it was two years ago when I started feeling unwell with various symptoms. At first I had anxiety and panic attacks, achy joints, tremors, headaches, tingling in hands and arms and feeling unbalanced. All these came and went at different times, I then developed urine infections and couldn’t use tampons. I didn’t have a clue what was happening even after visiting the doctor on many occasions. I had blood tests for everything and apart from vitamin D level being a bit low everything else came back OK.

I was convinced I had some horrible disease. My mother has multiple sclerosis and I was convinced that too. I was sent to a neurologist to ease my mind and on checking me over, he seemed to think it was stress/anxiety and perhaps the perimenopause to blame for the symptoms.

I had also been to a private menopause consultant and she confirmed this from my symptoms and at first told me to take a low dose of Prozac and build it up in my system to help with the symptoms because at this stage she didn’t want to start me on HRT.

I went back three months later after taking the Prozac, which helped a little but my symptoms had got worse in other ways so I started on HRT, Femoston 1/10. I have been up and down on this and have been on it for eight months now, I am taking 20mg Prozac a day as although the HRT worked for some things it didn’t really help the anxiety. I have now started with a few hot sweats again and feel dithery and forgetful (this is scary). The doctor said I could go up to the next dose of Femoston but I feel reluctant. I never got on with the Mirena coil when I had that fitted 10 years ago and had to have it removed as my mood and symptoms were terrible, therefore I think the progestogen doesn’t suit me.

The doctor thinks my estrogen may still be low and not getting a chance to take effect with the difference between 1mg estrogen/10mg progestogen. My mum finished her periods at 47 but never had any of these symptoms I have. It is hell, I feel like I’ve lost my life and identity. I’ve had some counselling and I’m still working and pushing myself to do things as I don’t want it getting the better of me. I feel at 43 that it’s slowed me down so much and I’m so fed up with fighting this. I also have intrusive thoughts on and off, which has been hard to deal with too. It seems I’ve had got the full list of symptoms of perimenopause. Please could you advise me whether or not to change to a different HRT or increase my dose at this stage?

My periods were always quite light but they got lighter after the age of 39 to almost nothing, maybe two days at the most. I now have a very light bleed towards the end of the estrogen pill. I would really appreciate some advice as I never knew before that the menopause could make you feel so bad.

Julie White
This all does sound hormonally related. When anxiety and low mood predominate, a higher dose of estrogen may be needed to fully help. Therefore in the first instance, I think it would be worth changing to Femoston 2/10, which just increases the estrogen dose, not the progestogen.

If you have been OK in the second half of the pack of Femoston 1/10, you should also be OK with the Femoston 2/10 in terms of response to progestogen. The progestogen in Femoston is different to the progestogen in Mirena and unlikely to cause side effects. The very light bleeds fits in with low estrogen levels so hopefully the higher dose will help further. If not, then it would be worth considering a patch to provide a steady reliable estrogen level. I’d be happy to advise further on the type at that stage if necessary.

REFLECTIONS

I have got louder and more bolshy. Perhaps I need to make myself more present in a society that seeks to make us invisible. Am I embarrassing because I can’t remember or function the same as younger women?
Do you suffer from debilitating dryness?

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Few women escape the common symptoms of the menopause such as mood changes, night sweats and painful sex. There is often a hope that they will be short-lived and will after a few months go away. Invariably they will be more prolonged and require treatment.

Common at this time are mood swings, urinary incontinence, night sweats, difficulty sleeping and sexual discomfort. They can all be treated by your doctor with a little help from you.

Mood swings
Irritability, anxiety and fatigue are common among women in perimenopause. Some women believe they are losing control and become quite fearful of stress. They can all be treated by stress-reduction techniques, including deep-breathing exercises and massage, a healthy lifestyle (good nutrition and daily exercise) and enjoyable, self-nurturing activities such as yoga may all be helpful. For depression, prescription antidepressant medications may be given to correct a chemical imbalance. Some antidepressants have also been found to treat hot flushes.

Incontinence
Urinary incontinence can occur at any age but the fall in estrogen that results in weakened pelvic muscles that are responsible for bladder control is quite common at the time of the menopause. There is medicine and surgical procedures that will help but other approaches can be just as successful.

Try drinking adequate water to keep urine diluted and avoid foods or beverages with a high acid or caffeine content such as grapefruit, oranges, tomatoes, coffee and soft drinks that contain caffeine. Pelvic floor or Kegel exercises help strengthen the muscles around the bladder and consequently reduce incontinence. Stopping smoking may help stress incontinence that is caused by the pressure of coughing pushing urine through the weakened muscle.

Night sweats
The hypothalamus, a region of the brain that regulates body temperature, becomes confused by changes in estrogen levels. Like a faulty thermostat, it responds to the changes in estrogen as if it senses an increase in your body’s temperature. In an attempt to cool you down, the hypothalamus triggers sweat glands (which you feel as sudden, intense perspiration). The result is you wake up drenched and chilly, with a speeding heart and a sensation of anxiety.

Dress in light nightclothes and use wicking materials that can be easily removed during the night. Put a frozen cold pack under your pillow and turn it so that your head is always resting on a cool surface.

Trouble falling asleep
The fall in estrogen and progesterone delivers a double whammy making it harder to get to sleep. Avoid caffeine and alcohol late in the day. Try a bowl of cereal or peanut butter on toast before bedtime. Relax and wind down before sleep by reading a book, listening to music, or taking a leisurely bath. Keep bedroom light, noise, and temperature at a comfortable level - dark, quiet and cool are conditions that support sleep.

Sexual discomfort
The decrease in ovarian hormone production will invariably lead to vaginal dryness and the decline in sexual activity. Vaginal lubricants will help decrease friction and ease intercourse. Only water-soluble products should be used because oil-based products may increase irritation. Products designed for the vagina are best. Vaginal moisturisers improve or maintain vaginal moisture where there is mild vaginal atrophy (when tissues become thin, dry and less elastic).

A drug that claims to be the female Viagra is currently at the centre of an online petition in the US. Some women’s groups and the drug’s developer are questioning whether sexual desire is a human right. They say the Food and Drug Administration has gender bias for approving Viagra and other drugs to help men have sex, but none for women.

Flibanserin has been rejected twice by the FDA on the grounds that its modest effectiveness is outweighed by side effects such as sleeplessness, dizziness and nausea. The first rejection, in 2010, followed a decision by a committee of advisers to the agency who unanimously opposed approval. More than 40,000 have signed the petition that’s called Even the Score. It is backed by the National Council of Women’s Organisations, the Black Women’s Health Imperative, Jewish Women International and medical groups such as the Association of Reproductive Health Professionals.

Sprout Pharmaceuticals, which now owns the drug, has submitted new data that includes a fresh study to demonstrate that the pill does not impair driving. Approval may hinge on whether the FDA agrees to interpret the old data in a new way and whether the politics of such drugs has changed. The FDA denies any bias and a spokeswoman said that the Agency identified female sexual dysfunction as a priority and three years ago it held a two-day workshop on drug development for the condition.

Flibanserin, or “the little pink pill” is commonly called the “female Viagra”, but in fact it is not. Viagra increases blood flow to the penis but flibanserin is designed to increase libido by working on the brain, not on blood flow to the genitals. This oral medication decreases serotonin, but it increases dopamine and increases adrenaline. Essentially, it makes you have sexy thoughts.

It appears the route to a drug for women’s sexual dysfunction has been difficult. Pfizer gave up testing Viagra for women in 2004, the same year an FDA advisory committee voted against a testosterone skin patch for women developed by Procter & Gamble. A testosterone gel for women being developed by BioSante failed in clinical trials in 2011.

However, not all women’s groups agree and the National Women’s Health Network and Our Bodies Ourselves, say that Even the Score is making a mockery of the drug approval process under the guise of women’s rights.

Petition seeks approval for female sex drug
Lorraine’s long haul to good health

Lorraine Rose is 50 and she works part-time as cabin crew on long-haul flights. She endured endometriosis and PMT for many years before being put on a successful course of treatment.

I suffered most of my life from the thirties onwards with endometriosis and awful PMT. I had many laparoscopies and laser treatment, which helped greatly.

In 2011 at the age of 47, I had more laparoscopic surgery for adhesions round my bowel, which were causing me severe stomach pains. At this time my periods were regular. After the surgery, I never had another period. I even joked with the gynaecologist if he had given me a secret hysterectomy.

To be honest not having PMT was such a relief and it made me realise how awful I had felt every month for years but didn’t ask for help. I was also sad as I had never had children.

About six months later the flushes and sweats started. I also had palpitations and extreme anxiety. I work in cabin crew on long-haul and one of my friends had been told about the lady magnet which you place next to your tummy inside your knickers. She swore by it. So off I went straight to Boots to purchase one. I was sceptical but within three days I was much better and I managed my symptoms for the next two years.

However, around last March I started to feel very tired and felt as if I had constant PMT. My sleep had been erratic for years partly due to the constant jetlag but it got worse. I even succumbed to taking the occasional sleeping tablet as I was desperate.

I’m pretty fit and go to the gym 4-5 times a week but started to feel dizzy and sick in classes. I was waking with palpitations and sweats during the night and generally felt pretty poor. My GP arranged a 24-hour ECG, which turned out to be OK. Got bloods done too. They were fine.

I was becoming tearful and bad tempered plus I had been having constant urinary tract infections, which were getting me down.

Eventually I admitted defeat and went to a new female GP in the surgery who I had never met before. I was crying and saying I couldn’t go on like this. I was apprehensive about HRT and had mixed opinions from my medical friends regarding its safety. The GP talked me through my symptoms and the safety of HRT. I would see her again but it is often difficult to see the same GP unless you book well in advance.

The doctor suggested that I try HRT. By this stage I was willing to try anything.

Remarkably, I would say after three weeks I started to feel better. The anxiety and palpitations had all calmed down.

She changed it reluctantly as it was so soon but gave me one with less progesterone. This has been good so far. No hot flushes and my urinary symptoms so much better. I still have the odd day I feel as if it’s returning but the next day is better.

I’ve now just had my 50th birthday.

For me HRT was my choice and it’s helped me greatly.
A Menopause Matters website survey reveals that many women in and around the menopause are struggling to get effective treatment because doctors and health care providers appear unsympathetic, inconsistent and often lacking expertise.

Is it not about time that we had a

**Prescription for better care**

**Dr Grant Cumming**

**Dr Heather Currie**

**Dr Edward Morris**

Therapy treatment were mainly offered a tablet (60%) while around 26% received a patch. Those women not prescribed HRT were given no reason as to why while almost 90% of the women who were on HRT were advised to stop by their doctor without any clear reason being given. Half of the women who went to their doctor had their weight checked and about the same number were questioned on their alcohol intake or whether they smoked.

These findings point towards a need to better educate primary care health workers, GPs, medical students and obstetrics and gynaecological trainees on post-reproductive health and quality of life. With ever increasing demands being placed on healthcare professionals, it is essential that educational bodies should also be strongly encouraged to embrace satisfactory training to raise awareness of the importance of menopause.

There is also a need to improve the public’s understanding of menopause so that women do not feel alienated or seen as undesirable especially those in the workplace.

A high percentage of women said they would try alternative therapies before taking HRT for menopausal symptoms. Almost 60% did not know much about alternative therapies to make an informed choice and many women were unhappy about the cost of them.

Around 804 women gave information about the helpfulness of alternatives. Out of this number 8.3% said they were effective and long lasting while 5.3% felt their effectiveness covered only a short time. A larger group, 35.7% found them to be partially useful while 45.3% said they were useless. A small number stopped taking alternatives because of side effects.

This situation could be greatly improved if pharmacists provided information on their use. Doctors should also play a role particularly as many women are prepared to spend substantial sums of money on treatments, which for the majority give no relief or at best limited relief.

The main reason given by women for taking alternative therapies was desperation, concern about health risks associated with HRT. Those who did not consider alternative therapies were not convinced of their effectiveness. One major finding of the study was the growing use of the internet. Search engines, online symptom checkers and health checks are being increasingly used. About 75% of internet users who look for online health advice do not consistently check the source and date of the information they find. This is a concerning statistic as many women who access incorrect information may feel they have been reliably informed.

It is clearly important that for doctors and patients there is a need to ensure those seeking knowledge are directed towards reliable websites that have integrity.

Many women were aware of the different types of HRT and that they were associated with different risks and that age affected risk. They felt they knew enough to make an informed choice. However, 47.8% said they did not feel they knew enough. It is an improvement on the 2007 figure but it still means that nearly half of the population remains poorly educated on this subject.

This is all very disappointing as there has been much effort directed to the education of women and health professionals in the menopause and yet there appears much still to be done.

When taking a life course approach to healthcare any consultation, around the time of the menopause is a perfect opportunity to fully appraise the woman’s general health as well as to address those issues specific to the menopause and therefore it is reassuring that weight checks, smoking, alcohol and mammograms had been undertaken in half of the women, but there is still much room for improvement.
The great menopause weight debate

Dress sizes, diet, tape measures, slimming regimes and attending aerobic or dance classes to keep trim, lose weight or stay in shape have been a part of many women’s lives. But then at the age of 51 or 52 the pounds start piling on. Why? And what can be done?

Weight gain at the time of the menopause happens just the same as hot flushes, night sweats and insomnia. It is a regular cry of despair among women who contact Menopause Matters. They say: “I can’t sleep very well, I’m losing my memory and I’m getting bad tempered. But now my weight has crept up and I’ve gained almost 12lbs.”

This can be particularly frustrating if you are a woman that has exercised regularly for the past 30 years, been careful about your diet and have eaten plenty of fresh fruit and vegetables. Alas, the weight sticks and it is a devil to shift. You feel you are doomed to a diet of rhubarb and radishes for the rest of your life.

The many studies and surveys that have been carried out in recent years report that on average a woman going through menopause will gain around 10lb in weight. However, it is not the menopause itself that is the culprit but age. Research has compared women who had gone through an early menopause with those who went through the menopause at the average age. In early menopause women, it was found they gained weight at the same age as women going through the menopause at the average age thus acquitting the menopause as being the cause of weight gain.

The unfortunate situation is that many women, around 300 million world-wide according to the World Health Organisation, are obese. This translates to much more weight than the normal increase at menopause. If your bodyweight is at least 20% higher than it should be you are considered to be obese.

Body Mass Index is a statistical measurement obtained from your height and weight and is seen as a useful indicator for the average woman. The calculation divides your weight in kilograms by your height in metres squared. Fol-

Five years ago Peggy Bradford from New Jersey was featured in Menopause Matters. After surgery, she went into menopause overnight. Her gynaecologist recommended she take hormone replacements to protect her bones, heart and limit the severity of side effects she would have from menopause. She took a patch, the lowest possible dose and went on the therapy for one year. Peggy had always been an active woman and she maintained her healthy diet and continued to walk at least three miles every day. However, things were not

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REFLECTIONS

I find myself lingering in the aisles of creams and potions that promise to “reduce the appearance of fine lines and wrinkles in two weeks”, wondering if they work… wondering if I should buy some… why no-one seems to want to look old… wondering why I don’t want to look old…

However, the effect is minor and it would not be a justifiable reason for taking this treatment to avoid belly fat.

Two years ago the International Menopause Society launched a campaign to help women understand weight gain and the implications it can have on their future health. The review group reported from their studies that fat was being deposited in a different way due to the drop in estrogen levels at menopause.

Irrespective of whether women gain weight at midlife, after the menopause women experience a shift in their fat stores. According to review leader, Professor Susan Davis of Monash University, Melbourne: “Weight gain at the time of the menopause is a consequence of environmental factors and ageing. But there is no doubt that the new spare tyre many women complain of after menopause is real and not a consequence of any changes they have made. Rather this is the body’s response to the fall in estrogen at menopause: a shift of fat storage from the hips to the waist.”

Professor Davis continued: “What this translates to in real terms is that women going through the menopause should begin to try to control their weight before it becomes a problem, so if you have not been looking after yourself before the menopause, you should certainly start to do so when it arrives. “This means for all women being thoughtful about what you eat and for many, being more active every day. But each woman is different, so at the menopause, it is important to discuss your health with your doctor.”

There is likely to be continuing debate and we would hope good research done on the subject but ultimately it cannot be overlooked that being overweight affects the menopause. During this time, as weight increases, so too will menopausal symptoms. Being obese does not protect against bone loss and it is associated with low self-esteem, depression and a lower sex drive.

Other contributors to weight gain at menopause include loss of muscle tissue with age, lowered metabolism, reduced physical activity and a change in lifestyle such as eating out more often and increased alcohol consumption.

Losing weight can be difficult and for some women it can appear impossible. No matter what they try it doesn’t work. But don’t despair, keep at it and follow some level-headed things such as having regular exercise, seriously reducing or cutting out caffeine, sugar, salt and alcohol, eat foods high in calcium and vitamin D, get enough regular sleep, have a low-fat, well-balanced diet. It’s easy but most important is to remember that every little helps.

Gaining too much weight in and around the menopause can be a health concern and it is sensible for women going through the menopause to use this transition period as an occasion to have a general medical check-up and to review how to take your health forward after the menopause.

Discussion of weight, if it is an issue, should form part of that review.

Peggy’s steps to beat menopause

Going back to when Peggy felt very alone, she said: “I am no longer depressed and I have more energy than ever. I made small changes in my life that I can follow on a daily basis. Menopause is not a pedometer and created her exercise route. Joining a walking challenge group, she acquired her daily motivator. She started doing around 10,000 steps a day, building up to 20,000 and 30,000 steps a day. Going back to when Peggy was first featured in Menopause Matters, she said: “It’s been over one year now and in that time I’ve lost more than 70lbs, I feel great. Since I lost the weight my menopause symptoms have decreased. I am experiencing 8-10 flashes a day and I am able to get a much better night’s sleep. “I am no longer depressed and I have more energy than ever. I made small changes in my life that I can follow on a daily basis. Menopause is no longer a horrible experience, I want to share my story with other women.

“I have always loved to help others and I know that we have a huge weight problem in this country. When I was going through my journey, I felt very alone,” she said.

Peggy Bradford must be commended for her tremendous efforts. She has started a Facebook group “Steps to Good Health”. Its purpose is to support people dealing with menopause, weight issues and self-image, more often and increased alcohol consumption.

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Joint pain is a common problem among people as they get older but it is also widespread among menopausal women. Aches, stiffness with swelling around the joints that are combined with heat are typical of the symptoms experienced. Many women start to feel some degree of joint pain when they are going into the peri-menopause, the time in and around the menopause. It is sometimes referred to as “menopause arthritis” and it mainly affects the back, hips, shoulders, elbows and knees. Hands and fingers can also be affected while high-impact exercise such as jogging can worsen the problem.

Women who have suffered from hormone-related problems like PMT or postnatal depression appear to be most affected. In mid-life surveys, more women have reported aches and joint pain than any other symptom and when approaching the menopause or soon after it the number has risen significantly.

Whether the cause is loss of estrogen or the ageing process or indeed a combination of the two is uncertain. What we do know is that cells all over the body that are recognised as estrogen receptors grab the estrogen but as levels of the hormone fluctuate and fall it can trigger joint pain.

With the estrogen receptors being deprived of estrogen it triggers a drop in collagen, which is a naturally occurring protein important for skin, joint, hair, nails and bladder health. As well as the possibility of the lack of estrogen affecting the ligaments around joints, research has also shown that this hormonal deficiency is implicated in the development of osteoarthritis.

Limited research reveals that osteoarthritis is more frequent after the menopause and that use of estrogen after the menopause may reduce the numbers of women developing the disease. Fractures due to osteoporosis affect about half of women over 50. Although estrogen levels are partly to blame other risk factors like family history, medications, having a calcium/vitamin D deficiency, leading a sedentary lifestyle, or simply ageing, play a role.

The causes of joint pain can be difficult to determine as the duration of the menopause coincides with the increasing occurrence of chronic rheumatic conditions such as osteoarthritis. However, the prevalence of joint pain in the menopausal transition is believed to be connected with the reduction in estrogen levels.

Women taken off hormone replacement therapy have experienced an immediate return of joint pain and this points to there being some significance in the role of estrogen. Recommended treatment is HRT, which has been shown to have some benefit in alleviating joint pain associated with the menopause while it also addresses hot flushes and many other symptoms.

Early treatment can bring about a cure and prevent the further development of arthritis. Getting plenty of rest, using herbal aids, eating nutritious foods, fruits and vegetables and avoiding known toxins and stimulants, are healthy strategies for fighting joint pains.

Joint pain is one of the most common symptoms experienced by women going through the menopause transition.

It takes all kinds of joints...

**Condyloid** joints are oval-shaped and allow angular motion, but no rotation. They are in the hand and finger and between foot bones and toes. Also in jaws.

**Gliding** joints have flat surfaces moving against each other to allow sliding or twisting without circular movement. Gliding joints occur in the carpals in the wrist and the tarsals in the ankle, as well as the spine.

**Hinge** joints is where a rounded ridge on one bone fits into a concave depression in another permitting only flexion and extension, as in the elbow joints.

**Pivot** joints allow bones to spin and twist around other bones as in the axis and atlas in the neck. They can be found in radius part of the elbow and in the neck.

**Ball and socket** joints are where the ball-shaped end of one bone fits into a cup-shaped socket on the other bone, allowing the widest range of rotation and motion, as in the shoulder and hip.

**Saddle** joints rock back and forth and from side to side, such as in your thumbs.
This is what you can do

Adopting an exercise regime that will increase your physical exertion can make a difference in your joint pain and stiffness. Working out increases endorphin levels, which raises your threshold for pain and helps prevent excess wear and tear. Try Yoga, poor posture can result in joint pain. Yoga can help your body and mind, crucial when dealing with menopausal joint pain.

Eating more calcium-rich foods, magnesium-rich foods and vitamin E foods, like green vegetables, nuts and almonds, are other easily adaptable diet changes to help prevent joint pain. Eat oily fish like salmon, mackerel and tuna that are high in omega-3 fatty acids. Many fish contain vitamin D, which is an essential nutrient for strong and healthy bones that can help prevent damaged joints.

High carb diets promote prolonged high levels of insulin, which interferes with cellular metabolism, spreading inflammation. Refined carbohydrates and sugar can slow down the system and put strain on muscles and joints.

Fruits contain natural anti-inflammatories that will help fight menopausal joint pain, without any harsh chemicals or drugs. Fruits include cherries, berries, pineapples, apples and bananas. Bananas contain bromelain, a strong anti-inflammatory enzyme that helps the body break down protein.

Eat more vitamin D, it helps prevent the breakdown of cartilage and maintains strong bones.

Two commonly known herbs for treating joint pain are phytoestrogen and non-estrogenic herbs. These include Saint Johns Wort, Black Cohosh and Dong Quai, which may have estrogenic properties are produced by plants and replace some of the missing estrogen hormones caused by the menopause.

If you are of African heritage, it is important to assess yourself for risk factors associated with sickle-cell anaemia. If you are experiencing joint pain, along with a fever, that could signal an infection known as bursitis, an inflammation of the fluid-filled sac that lies between skin and tendon.
Thinning hair, yellowing teeth and sagging skin are all cosmetic issues that affect women in and around the menopause. Fluctuating hormone levels as well as the effects of ageing can cause these changes, unfortunately there is no magic panacea that will proclaim overnight success and these concerns can be among the most difficult to deal with. During this period, many women find their nails are getting harder and becoming brittle, they may even be going yellow. Brittle nails are likely to crack or break far more easily than healthy nails. They often have uneven ridges and can look sunken into the skin.

In the absence of hypothyroidism, experts believe that brittle nails can occur quite rapidly by the reduction in estrogen. Our nails are made from a protein called keratin that is produced in the lunula, which is the white semi-circle at the base of the nail.

In a younger woman with healthy nails, estrogen plays a leading role in ensuring the regulation of the body’s water level as well as assisting with water retention. However, in a menopausal woman the lack of moisture in the keratin production process leads to our nails becoming fragile and easily broken.

With nail health in menopausal women likely to be a consequence of hormonal changes as well as nutritional deficiencies the issue can be dealt with by focusing on two key areas. The first step for most women is to look closely at lifestyle and explore dietary options. Experts tell us that effective results can be had simply by eating six almonds each day as they contain fatty acids that have been shown to improve nail growth.

However, before experimenting with foods that are good for nail health or hormone replacement therapy, conduct an audit of fingernail health. If you are habitually using nail polish removers that contain acetone it is wise to steer clear of them as they will dry your nails out. And if you are a regular nail polish user give your nails a bit of a breather by going without your favourite Berry Naughty or Aruba Blue for a few days. Wear gloves when washing dishes or cleaning. Many detergents, cleaning products and even hot water are not good for healthy nails. Keep your skin and nails moist with a hand lotion after washing hands and showering. Other tips are to keep nails short, moisturise your hands regularly and some women swear by dipping them in warm olive oil once a day. But best of all perhaps is to increase your water intake to remain hydrated.

Nutritional deficiencies can be addressed and significant replenishment can be obtained through vitamin C, folic acid and omega-3 acid through capsules or in liquid form. A suggested 3mg of Biotin, a vitamin B supplement, taken every day is also recommended as is calcium and magnesium supplements.

Some women have had success taking flaxseed oil and a recommended daily calcium intake of 1200mg is suggested for all adults more than 50 years old.
What to eat to keep your nails healthy

Fish – salmon, herring and mackerel is rich in omega-6 fatty acids, which does help to strengthen nails.

Biotin – this B vitamin is prolific in cauliflower, walnuts, lentils and peanuts.

General diet – focus on calcium-rich foods, magnesium-rich foods and vitamin E foods such as green vegetables, nuts and almonds, which will replace vital electrolytes.

Add calcium – yogurt, milk, eggs, whole grain cereals, calcium-fortified juices and kale will help prevent brittle nails.

Silica – is found in fresh green beans, cucumbers and fresh green beans.

Spice it up – garlic, onions, hot peppers and cayenne supply nutrients.

In search of the perfect manicure

Before you get started you will need to collect some essential equipment such as nail polish remover, clippers, emery board, nail buffer and moisturiser.

Using a remover take off polish, the quicker the better as the remover has a drying effect. Acetone-based removers are harsher but much quicker. Minimising contact with remover is good for the wellbeing of your nails so don’t soak your nails in it unless you are removing gel-based polish. Briefly soak nail, clip then file into shape with a gentle emery board.

Amateurs are best not to poke, prod or cut cuticles as it can open the door to infection and create nail problems.

Place hands in warm water for three minutes, no more as over-soaking can cause damage, don’t use soap but add some face cleanser. The next step is to moisturise using a rich cream or silky oil into the cuticles and all over the hands. Use a cotton pad to take away any moisturiser residue with nail polish remover. The nail must be clean for the polish to adhere properly.

Weak or brittle nails are best to have a coat of ridge-filling nail polish, which also helps prevent chipping. Apply colour polish in layers, allowing each layer to dry before coats. Finish with a top coat to add shine.

Be patient, it takes time for nails to fully dry.

Finally, apply moisturiser and during the day also apply sunscreen. These two items are necessary for keeping your hands and nail area healthy.
How to achieve that special edge

Paul Foster is currently the head chef at Mallory Court Hotel, near Leamington Spa. Of his cooking, Paul says: "I like to keep my cooking natural, light and simple. My ethos is to use the best suppliers and buy the best possible ingredients. I don’t like to over-manipulate food; some dishes need work but if you have great ingredients it generally just needs balancing and cooking correctly and you’ll end up with something fantastic. Then it’s just about using your knowledge and skills to take it that bit further and make it something really special."

It is possibly the “knowledge and skills” part that mustn’t be devalued as Paul has been fortunate to work closely

**Goat’s milk panna cotta**

500ml goat’s milk
50g sugar
Half vanilla pod, scraped
2 gelatine leaves
Soak gelatine leaves in cold water until soft, heat 100g of goat’s milk with the sugar and vanilla, melt in the soaked gelatine and pass on to the rest of the goat’s milk. Set over a bowl of ice while stirring and place in a cold container in the fridge until needed.

**Goat’s milk sorbet**

500ml goat’s milk
50g sugar
25g Trimoline
Heat the goat’s milk with the sugar and Trimoline, chill and freeze in a container.

**Hazelnut powder**

100g hazelnuts
100g butter
50g sugar
Tapioca Maltodextrin
Melt butter and grind in food processor until fine and gradually add the tapioca maltodextrin until it is a fine powder.

**Hazelnut soil**

100g hazelnuts
100g butter melted
50g sugar
Grind hazelnuts in food processor until coarse, mix with flour and melted butter, spread on a baking tray, bake at 160°C for 20 minutes turning twice. Leave to cool and place in an airtight container.

**Mint oil**

200g mint

300ml sunflower oil
Blanch the mint leaves in boiling water for 30 seconds then place in ice water. Squeeze all the excess moisture out of the mint and blend with the oil until clear, pass through a muslin cloth.

Scrape the goat’s milk sorbet with a fork, spoon the goat’s milk jelly into the bowl add both of the hazelnuts, rip over some mint leaves, spoon over a small amount of the mint oil and finish with a scoop of the goat’s milk sorbet.
Paul has created a fantastic menu exclusively for Menopause Matters, using ingredients that will not only stimulate your taste buds but also give you nutritional benefits. Most of the ingredients Paul has used in his recipes are beneficial to women in menopause.

Beetroot has been hailed as a superfood. It is a good source of iron and naturally occurring folic acid. But it also has nitrates, magnesium and antioxidants such as betacyanin. Over the years, beetroot has been used medicinally for fevers, constipation and skin problems.

Peanuts are rich in monounsaturated fats, the type of fat that is widely used in the Mediterranean diet. They are also considered to be beneficial in reducing cardiovascular disease, the risk of which increases after menopause. Thyme has been linked as having an essential oil that stimulates the production of estrogen and may delay menopause.

Duck can be a little more fatty than other poultry but without its skin it provides complete protein that helps support your immune system and helps maintain your tissue to keep skin healthy. Broccoli improves bone health; onions contain vitamins A, B6, C and E; hazelnut lower cholesterol, are rich in folates and good for bone metabolism. So too, is goat’s milk that is a rich source of calcium.

Beetroot mousse
1kg Beetroot raw
150g cream
1-2 leaves gelatine

Peel and dice beetroot, cook in water until tender, puree until smooth. Pass through a sieve and chill in fridge. Semi-whip cream and reserve. Soak gelatine in cold water, melt with two spoons of beetroot. Pass into the rest of the puree and fold in with cream. Season to taste with salt. Keep in fridge until needed.

Peanuts
30g salted peanuts, 20g butter.

Chop peanuts by hand, coarse, sauté in the butter until golden and drain.

Thyme
Slice the toast as thin as paper, place on a tray drizzle with the olive oil, sprinkle on the thyme and season with sea salt. Bake at 180C until golden brown.

To finish
Sheep’s sorrel, Feta cheese
Quenelle mousse on to a cold plate. Crumble feta and sprinkle peanuts over the top, finish with the sheep’s sorrel and toast.
In a garden of Eden

To say that Madeira is a place for the older person may horrify the local tourist board. However, there is less evidence in the main town of Funchal of pizzas, burgers and chicken wings. In fact children, babies and pushchairs are in short supply. The tuneful mandolin and accordion triumph in a mature sort of way; there appears no place for throbbing bass notes or rap. Madeira is an island 36 miles long and 14 miles wide. It is volcanic, has no beaches and rises from sea level to 1810m in less than 10km. Europe's highest sea cliff, Cabo Girao, at 560m can be experienced from the glass-bottomed viewing platform. It is therefore an island of weather contrasts where at sea-level in Funchal the temperature may be 25C while after a 15-minute drive into the mountains you will be plunged into near-freezing conditions.

For the woman in and around the menopause, Madeira might turn out to be a special place and one that may even become a regular holiday venue. Its appeal will be provoked by the abundance of all-year-round colour from the many flowers, shrubs and trees that grow there.

Walkers will discover miles of routes but there has also been a mushrooming development of spas offering soothing treatments. With an abundance of seafood on the menu, healthy options are quite hard to avoid. But best of all is the peace and quiet around hotel lagoons and garden grounds that make a holiday truly restful and wholly regenerative.

Madeira is Portuguese and with this country's appetite for exploration, especially to Africa and Mozambique these travellers returned with many new species of plants and shrubs. As a result this lush island is now home to nasturtiums and wild cyclamen, while geraniums and agapanthus grow at the roadside like weeds.

There are many gardens too where exotic orchids, anthuriums and strelitzas will make gardeners think they are in heaven. In Funchal most of the plants and shrubs are labelled, it is like wandering through a massive garden centre.

Exercise is good for women in menopause and the lengthy esplanade in Funchal is flat and ideal for leisurely (or faster) walking. It should be stressed that walking in most other parts of Madeira requires comfortable footwear as many streets are steep, cobbled and don't have pavements.

Many women from walking groups are attracted here for its levadas. This extensive network stretching to 2500km of irrigation canals and cobbled paths can be steep and certainly not for Sunday stroller but most of them such as the Levada de Serra and Levada dos Tornos are on the level. Don't forget to smell the flowers on the way as you pass by vineyards and orchards. Guided levada walks are available of different lengths and degrees of difficulty. Spas have grown in popularity and many hotels recognising this now offer a variety of treatments. Madeira is renowned for the curative properties of its seawater and sand. The mineral content is high and these form the basis of the hot sand bath. Other treatments peculiar to the island include those using aloe vera, chromotherapy (colour therapy) bath, vinotherapy (red wine treatment) spa and thalassotherapy.

The old town of Funchal is now pretty much filled with small restaurants, all of them touting for business. Bananas are big in Madeira and one popular dish is espada that consists of scabbard with a sliced banana on top. It isn't particularly delicious especially when there are so many more interesting seafood dishes such as calamari, giant prawns and tuna steaks on the menu. The cost of eating out is about the same as in the UK with plenty of choice to suit all purses.

The weather in Madeira is never really extreme and settles between 23C and 16C. It can be cloudy in June and some months are wet but the sun does shine a lot and with the dry wind from African it is always advisable to pack sunscreen and a sweater.
When the going gets hot

Summer suns are glowing and it may not be just so easy to find relief from those hormonal waves of uncomfortable heat. Flushes are known to be triggered in hot weather but you can be prepared and that doesn’t just mean carrying a fan around with you.

Here are some suggestions to deal with hot flushes.

When you feel a flush is about to erupt sip a cold drink. This can help lower your body’s temperature.

Be careful what you eat and drink. Triggers for flushes include spicy foods, caffeinated drinks and alcohol.

Practice yoga, meditation and relaxation techniques to reduce anxiety.

Cigarettes are linked with flushes, don’t smoke.

Dress in layers that can be peeled off according to severity of flush.

Many women successfully manage their flushes with soy, flaxseed, herbal remedies, acupuncture, vitamins, mild sedatives. They are all worth a try.

An ice-cold towel placed around your neck will quickly cool you off.

Losing excess pounds can significantly eliminate flushes. Researchers found that each 11lb decrease in weight yielded 33% greater odds of improvement in hot flushes. It’s not clear why overweight women suffer more; some theorise that excess fat traps heat, leading to more sweating and flushing to cool the body; or that obese women’s blood vessels react differently to heat or stress.

Peppermint oil on the wrists, hands and neck can be cooling.

FREE packs of OMEGA 7

Do you suffer from vaginal dryness? Would you like three month’s free supply of Omega 7 from Pharma Nord?

Pharma Nord is a manufacturer of nutritional supplements and is looking for women who suffer with vaginal dryness to test Omega 7 sea buckthorn capsules over a three month period. To receive a free supply of Omega 7 (RRP £18.95/37.95 per pack) you will need to take the product as directed for a period of three months. You will be asked to fill in a questionnaire after one month, two months and then at the end of the trial. All results will be anonymised.

Why Omega 7?

Omega 7 fatty acids have been shown to benefit women suffering from vaginal dryness. The natural sea buckthorn oil contained in Omega 7 helps to lubricate throughout the body and regenerates the mucous membranes including those which line the urogenital tract.

If you would like to take part please email Lindsay Baldry on lbaldry@pharmanord.com or call 01670 534 905. For more information visit www.omega7.co.uk
Learn to act like an animal

Welcome to another topic of Fitness Matters. I do hope you’ve been enjoying these articles and you are genuinely beginning to feel a difference. Last time we looked at 3D functional training and I left you with a few exercises to try out. These exercises may have been already familiar to you but to recap, we looked at introducing different directions into these movements to help gain skills more realistically transferable back into everyday life. From here, we’re going to take this functional fitness a step further and look at primal movements.

What do I mean by primal movements? Well we’re talking about an approach to human movement that prioritises basic, natural movement referring to the way people have been moving as long as people have been the way they are today.

Taking it back to basics, the body can move in seven different ways: lunge, twist, gait, bend, squat, pull and push. Think back to what we learned as babies; these movements helped our bodies gain flexibility, repair and prevent injury and build strength and skills to help us in everyday life as we grew up. Then we grew up. We
stopped crawling, stopped pulling ourselves up on things (unless you’re one of those people I seriously admire who has overcome the battle of the pull up), stopped lying on the ground and rolling around, stopped sucking on our toes and stopped putting our feet behind our head just because we could.

These moves are ones that most grown-ups can only dream about. Now more than ever, as the likelihood of joint pain and osteoporosis increase, our efforts in the gym should reflect the movements our bodies were designed to perform. If we focus on movement patterns, not muscle groups when exercising, it will help us develop a functionally strong body at a time when it’s fighting back.

At its core, exercise is all about movement and given the benefits of movement in everyday life especially during the menopause, I say it’s something to get involved in.

If you’ve noticed gym-goers slithering like a snake, hopping like a frog and crouching like a tiger during their workout, you’ve spotted them taking a cue from the animal kingdom and going back to our early years, performing muscle-building exercises that tap into their primal side. The purpose of these workouts is to use your own body weight as strength training rather than actual weights.

Adding animal moves to your workout, challenges your entire body in a functional and fun way. Engaging all muscles at once, these exercises combine the movements of pushing, pulling, crawling, jumping and gliding all while you’re on all fours to simultaneously build flexibility, strength, endurance and power. They help to improve posture, keeping us standing tall and generally more balanced both physically and mentally.

To summarise; there are benefits from acting like an animal. Often during menopause, hormones are unbalanced, which can result in outbursts of anger or irritability so this is perfect. Secretly or not, every woman loves the idea of tapping her inner beast. Have some fun with this one, trust me and try these exercises.

**Join me next time when I’ll be exploring some of the other latest trends, in group training.**

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**Vertical Frog Jump**
Stand with feet wider than shoulder-width apart. Lower into a deep squat and place your palms on the floor between your feet. Jump as high as you can, extending your arms overhead. Land softly in a squat, placing your hands on floor. Return to standing. Do 2 sets of 12 reps.

**Crab Walk**
Sit with your legs bent, slightly spread, feet on the floor. Place hands on the ground behind you with fingertips facing forward. Lift your hips and bum off the ground, holding yourself up on hands and feet. Crawl forward, backward and/or side-to-side, 25m in each direction. Repeat 2 - 3 times each direction.

**Inchworm**
Stand with feet wider than shoulder-width apart, in neutral spine. Bend forward and place hands on the floor, as close to your toes as possible. Walk your hands forward, leaving your feet where they are, until you are in a plank position with your arms extended forward as far as possible. Walk your feet into your hands, leaving your hands where they are, until you end in a forward bend again. Travel forward 6 Inchworms, turn and repeat back to your starting position.
Here comes the summer

1 - Long Tall Sally lace dress with box pleats from neat waistband, cap sleeves, tonal lining and concealed zip. Sizes 10-22, £75.

2 - Long Tall Sally lace pleat skirt with lace shell top. Sizes 10-22, £60.

3 - House of Fraser yellow sunflower dress, £59.

4 - Long Tall Sally cotton-rich dress, cut out back, sizes 10-22, £70.

5 - House of Fraser red cardigan, £59; flower sun dress, £59.

6 - Betty Barclay, mix of large and small dots, 95% viscose, £100.

7 - Girlish coolness from Vera Mont, £160.
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*IRI value data: 52 w/e 6th September 14  † Except Menopace® Max, which already contains Red Clover capsules.
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www.menopausematters.co.uk

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Dr Heather Currie
Managing Director and co-founder of Menopause Matters
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