Menopause matters

HRT what can we believe?

Kirsty Wark

Menopause & Me

Summer 2017

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Change. Such a simple word, but one that inspires many strong, mixed emotions... fear, excitement, anxiety, optimism, trepidation...

That’s what I see in the many readers and patients I talk to about what the change building up to and going through menopause brings, particularly when it comes to the subject of HRT. When things change in our lives and we battle with extreme and conflicting thoughts we look for something to anchor ourselves to. That’s been tricky given the bad press HRT has had in the past. However, that’s changing too.

Professor Robert D Langer’s paper about the evidence base for HRT is so welcome and my overriding hope is that it will mean those women who need HRT will feel more confident about taking it and will not have to suffer unnecessarily. You can read more about it on page 7 of this issue.

I would also like to extend a personal thank you to broadcaster, Kirsty Wark, from all the team at Menopause Matters for her excellent BBC documentary shown recently. If you missed it you can read all about it later in the magazine. Kirsty will also be talking to us in the Autumn issue as we build up to World Menopause Day in October.

Contributions from those in the public eye, like Kirsty, really do help to allay some of the negative emotions and fears women experience at this change in their lives by highlighting that they are normal and natural. There will always be challenges when it comes to health but I’m a firm believer in ‘where there’s a will, there’s a way.’ So, here at Menopause Matters we embrace change - and all of the challenges that come with it. Will you join us?
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So what is the truth about HRT?

In March this year a paper by Professor Robert D. Langer raised some serious questions about the ‘facts’ that, in the past, have led women and their doctors to believe that HRT is unsafe.

It received few national headlines but Menopause Matters sees it as a major development in ensuring women are in possession of accurate information when deciding what treatment is right for them.

We spoke exclusively to Professor Langer about the background to his published report.

Professor Robert D. Langer’s paper, The evidence base for HRT: what can we believe?, is an interesting and welcome review of the 2002 Women’s Health Initiative (WHI) clinical trial of hormone replacement therapy (HRT). The study and subsequent report, which emphasised the risks of HRT, caused worldwide concern which led many women to refuse treatment.

In her capacity as chairman of the British Menopause Society (BMS), Menopause Matters’s Dr. Heather Currie explained what Langer’s revealing report means: “This new paper highlights the serious errors that were made during the WHI study and publication of results including little involvement from key investigators and conclusions made that did not accurately reflect the scientific findings. Professor Langer also highlights that the study was designed to test the effects of HRT in older women, yet the conclusions applied the exaggerated risks to all women. Clinicians have been struggling for nearly 15 years to disprove some of the information in the report which was incorrectly deemed as factual. Since then, many women who needed HRT but avoided it, have suffered unnecessarily.”

Photo credit: Edgar Nuñez, University of Nevada, Reno School of Medicine.

Photo courtesy of the BBC and Maramedia.
Why has it taken so long for this to come out and how on earth was this allowed to happen?

Menopause Matters editor, Pam Brook, put these two questions directly to Professor Langer. He also found that, as here in the UK, this positive news around HRT has received little national press in the United States but it has finally revealed what many have known for a long time: “The menopause medicine community has welcomed the scientific content of this paper as a vindication of what many have thought, and the political content as confirmation of what many have suspected.

“Unfortunately, so far the paper has little play in the popular press. But I have heard from a few well-informed women that the paper reinforces their understanding of the strong contrasts between the Conjugated Equine Estrogen (CEE) plus Medroxyprogesterone Acetate (MPA) arm and the CEE-alone arm, helps them to understand the groundswell of negative press that accompanied the initial report, and gives them confidence to discuss details of HRT options with their physicians.”

So why publish now?

“It has taken this long,” continued Professor Langer, “because, up until now, in my efforts to re-establish a rational context for consideration of HRT I have chosen to take the high road and have written extensively on the science without getting into the political and administrative subtext. But, sadly, that approach has proven ineffective in countering the hugely negative press that resulted from the breast cancer scare triggered by the hyperbole of the initial reports.

“Published online in Climacteric, Professor Langer’s important revelation puts to rest the incorrect perception of risks of HRT, and also calls into question the publication process.”

Women need to be provided with the correct information to make a decision about what treatment is best for them.

An eye-opener

Speaking to The Guardian, about the making of her BBC programme, The Menopause and Me (see page 17) Kirsty Wark said she learnt a great deal about HRT: “Discovering Heather was on HRT was an absolute eye-opener for me. The US study that prompted me to come off HRT has been considerably revised and HRT only increases the risk of breast cancer if you are already predisposed. I’m back on a small dose of HRT and think I’m starting to see my sleep improve.”

To be clear, the major professional sub-speciality societies have largely come around to a balanced scientific understanding, but the rank and file practitioners and women have not. So, after much soul-searching, in an effort to turn things around so that the new generation of women now entering or approaching menopause worldwide will have appropriate therapeutic options, I have chosen to reveal a bit of the behind-the-scenes story that created the unfortunate fix in which we now find ourselves.”

continued page 11 ...
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Background
Dr Currie added: “Over recent years, reanalysis of the data and consideration of further research has led to a better understanding of the risks of HRT. Evidence shows that the risks are small and, for most women, are outweighed by the benefits if treatment is started before 60, or within 10 years of the menopause. Benefits include symptom control as well as improved urogenital, bone and cardiovascular health. This is reflected in Professor Langer’s paper, which points out that the WHI study did not show any statistically significant increased risk of breast cancer or heart disease in women using HRT.

“Published online in Climacteric, Professor Langer’s important revelation puts to rest the incorrect perception of risks of HRT, and also calls into question the publication process.”

Edward Morris, Vice President for Clinical Quality, for the Royal College of Obstetricians and Gynaecologists (RCOG), highlighted the extensive work that it and the BMS have been doing to ensure the truth is available to women: “The RCOG and BMS have worked hard over recent years to provide women with the correct information about HRT to make a properly informed decision.

“In 2016, the BMS and Women’s Health Concern published updated recommendations on HRT in menopausal women, while last month the RCOG launched an information hub about menopause and women’s health later in life. NICE’s guideline on Menopause: diagnosis and management has also significantly helped both women and clinicians in understanding the evidence behind the advice we provide.

“While not every woman requires HRT, all should have access to accurate information about the consequences of menopause and treatment options, and the reassurance that HRT remains a low risk and beneficial treatment for most women.”

EDITOR, PAM BROOK
COMMENTED:

“It was Oscar Wilde who said ‘The truth is rarely pure and never simple,’ John Lennon who added: ‘The more I see, the less I know for sure.’

“How we see things, what we value and what we believe are determined by numerous influences from cradle to grave. Today’s world seems to demand instant, absolute answers, adding a layer of complexity. However, if we can learn from the past it is surely that what we may have believed at one time is no longer the truth today. After all what was once seen as witchcraft is now mainstream medicine!

“Professor Langer is to be congratulated for putting his head above the parapet and questioning the process by which earlier conclusions were reached. As he said, it is time to get past misinformation and hysteria and stop denying women, who have indications, the potential benefits of taking HRT.
Menopause Matters spoke to Jane Lewis who has suffered with the pain of vaginal atrophy for many years, following her menopause. She feels education is needed all round to help women recognise symptoms and be confident about seeking support and help without embarrassment.

Jane with her dogs who, along with her family and others, have helped her in many ways over the last 4 years.
Can you tell us how your symptoms and diagnosis came about?

My symptoms of urogenital atrophy began when I was about 46 (I am now 50). Intercourse started to become painful, and I had soreness and burning afterwards. My bladder also started to become more irritated, and I would need the toilet a lot more especially at night. Wearing tight jeans/trousers including pants was also uncomfortable, very often only being able to wear skirts without pants, sitting also became a problem with soreness and burning. I couldn’t use any products in the bath anymore, and my vagina became very dry and I had a very watery discharge, which I now know is associated with vaginal atrophy. Also I became rather itchy in the vulva area, this was not thrush or any other condition, all part of vaginal atrophy due to lack of estrogen.

My vulva was burning, episiotomy scars splitting, my labia minora and clitoral hood were atrophied, my urethra was raw red and sore. In short, the whole area was so sore and burning most of the time and I needed the toilet regularly. I still have all these problems but HRT has helped quite a lot.

How long have you experienced these symptoms?

I have had them for four years.

What tests did you have?

I had various urine samples tested, some came back clear, some with infection. I had swabs done, went to the GUM clinic, and went to the ‘one shop’ vulva clinic at my local hospital who were extremely efficient. I had various procedures to rule out other problems but vaginal atrophy wasn’t seen as the obvious problem at first.

Was your GP/ health professional helpful and understanding?

The GP I have now is very understanding, as is another GP in my practice. However, not all have been so, giving me the impression that ‘women’s problems are not well treated’ and many professionals seem uncomfortable discussing vaginal issues and the huge physiological impact this can have on individual women. I cannot emphasise enough just how awful it is, having the most sensitive part of your body causing you such pain and discomfort.

How has the condition impacted on your life, both personal and work?

I was self-employed but in November 2016 I had to greatly reduce my business as I was just so uncomfortable from the condition, with all the anxiety, stress and depression it brought with it.

As far as my personal life goes, I used to have horses and be very active. I no longer can ride horses or bikes, go swimming (as the chlorine irritates the vulva area) or anything that involves the vaginal area directly.

Going to the cinema I have to stand for a lot of the film and eating out in restaurants is a more hurried affair. However, walking is fine (so long as the area is well lubricated) and I walk between four to six miles everyday with my two dogs who have been a life saver, as it’s a very lonely condition.

“I think the menopause should be discussed in sixth forms and taught as a subject in medical school.”

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What treatments are you receiving /using and what, if any, have worked for you?

I started off using Vagifem for about a year, with estriol estrogen cream for the vulva perineum area, this irritated or burnt a lot of the time. I understand this is quite common because of the fillers that are needed to make them. I also tried ovestin cream but again that burnt. Along the way I have tried almost every ‘feminine intimate’ moisturiser/cream/gel there is. The products by YES are what I now use as these are 100% natural and organic. For washing I use a wash called Dermol 500 recommend by a gynaecologist/dermatologist and just water at other times.

I am now using the ‘estring’, which sits high in the vagina for 90 days, and releases a small amount of estrogen over 24 hours. It is the equivalent to nearly 5 vagifem a week. I find this far superior to any other form of local estrogen, and my specialist and GP wishes more ladies knew about them and would use them.

I am now also using HRT, in the form of ‘oestrgel’ which I rub into my thigh every evening and Utrogestan for the progesterone a number of days each month. This combination has really helped plump up the area as it was very atrophied. I will be having the Mirena coil fitted in a few months, so I will then no longer need the Utrogestan, as I am progesterone sensitive, which can be a problem for some ladies.

I am still only ‘managing’ the condition from day to day and I have decided to have a revolutionary treatment called The Mona Lisa Touch. Unfortunately, this is only available privately, but those who suffer from this hideous condition will understand how one’s life is turned up side down. So, after much research this is what I will be having done shortly.

What sources of information where available to you?

Without the internet I would have been lost and distraught, as when you first get these symptoms menopause is not considered as an obvious potential culprit. So I ‘googled’ my symptoms and found the Menopause Matters Forum which is an amazing supportive forum and I realised I wasn’t alone with many women experiencing similar symptoms and mental anguish from the condition.

How would knowing about the condition before hand have helped your experience?

I think the menopause should be discussed in sixth forms and taught as a subject in medical school. All GPs should know the basics of what can happen to 50% of their patients – us women! We know about periods, childbirth, sex and that these all require hormones. Women are so controlled by their hormones and then bang these hormones decline and for a lot of ladies our bodies and mental health are never the same again.

Antidepressants seem to be given out like sweets when I feel the first line of treatment for vaginal atrophy/ menopause should be HRT and if necessary then add in antidepressants. As my GP said, “Would you prevent someone from taking thyroid or insulin medication? Of course not!” It’s about quality of life and my vaginal atrophy was and is enough to make my life pretty miserable and by default those closest to me. It’s known that smear tests become painful for many ladies as they enter the menopause years so somehow this information needs getting out there as it was a huge shock to me and all the women I chat to.

Have you found women find it hard to talk about the symptoms their menopause may bring?

Yes definitely but I personally do not. So many women go unnoticed and use online support groups because they have no one to talk to. In some cases this includes their partners, children and even their GP. It’s only about 100 years ago that women were put into sanatoriums for their mental health due to menopause and were given hysterectomies ‘to cure their hysteria!’ Sometimes I wonder if we have moved that forward at all! Women’s problems are either ‘hush hush’ or we are the butt of jokes.

What would you like to see change?

There needs to be better education for GPs so when women pluck up the courage to speak about their symptoms they are not dismissed as having ‘women’s problems.’ I understand that GPs have to discuss the risks of going onto any medication including HRT, but very often women are being unnecessarily turned away from HRT they so desperately need for fear of the side effects. Women also need to feel secure in the knowledge that taking antidepressants is also OK, it is not shameful or weak but these should be taken in conjunction with other medications, not instead of.
To raise awareness of these issues and to ensure women don't feel alone there should be leaflets posters in GPs surgeries about the menopause, making explicit reference to some of the vaginal/bladder problems to ensure the shame is taken out of the symptoms. Although I have been lucky to set up and contribute to an online support group, so many women are suffering alone due to either lack of knowledge or shame.

Whilst some doctors might be right to suggest more forms of CBT or mindfulness to cope with the mental effects of menopause, it shouldn't be seen as a ‘mental illness.’

“There needs to be better education for GPs so when women pluck up the courage to speak about their symptoms they are not dismissed as having ‘women’s problems’.”

In my own experience and from what I read day in day out, there has been a worrying trend of women's menopausal symptoms being brushed aside or eye-rolled away as though they were insignificant, over-inflated or exaggerated. There were so many times when a doctor would tell me to “have sex” or “smile” - and I know I am not alone in this experience. Luckily, I am in a loving respectful relationship where my husband tries to support me where he can, but I know of other women who do not have that support network and so follow this ‘advice’ and end up making matters so much worse, for fear of ‘making a fuss.’

The pain many women experience is far from what I would call ‘normal’ or ‘healthy.’

GPs and women need to realise vaginal atrophy is for life, cannot be cured only managed, as there are so many GPs who say use the local estrogen for a few weeks and then come off for a break. That’s madness as it then comes back and for some it’s worse and hard to get under control. For many local estrogen will be for life and one must always remember it’s about quality of life.

In the meantime, I would like to thank my husband, three daughters, my dogs, my GP and the world of ‘online forums’ that has got me through the last four years, and will continue to do so.
Nothing gives you more of an appreciation for an experience, than suffering through it personally. Lauren Chiren supports women, often in demanding business roles, who are experiencing symptoms of the menopause. As well as developing a personalised programme, clients benefit from understanding the menopause and how best to manage its effects.

My own menopausal journey was quite simply, a living nightmare. It transpired to be truly transformational and has led me to a total career change. I now follow my passion in supporting women through this tough and often taboo stage of their life – and so Women of a Certain Stage was born.

With twenty-five years working within banking, government, retail and healthcare, my strengths were based around strategic planning and translating complex challenges into simple processes. When peri-menopause hit me, everything started slowly unravelling, starting with my sleep, moving onto my confidence and then finally anxiety and overwhelming doubt. Saying 'I thought I was losing the plot' is putting it mildly. I knew something was seriously wrong, but I couldn't put my finger on it. I was a hard-working sole parent, a senior business woman, usually cheerful and passionate about life. In my early 40’s and I felt like I was watching myself through someone else's eyes. I became emotional, tearful, and often felt the whole world was against me.

After 18 months, I finally called my GP. He was incredibly supportive and swiftly signed me off work. He told me I was suffering from ‘low mood’ and needed time out. After a brief period off work – my first ever - I still felt dreadful. Upon returning to my GP, he changed tact and ordered blood tests. My FSH levels showed exactly what was going on! And to think I hadn’t put two and two together - I had not had a period for at least two or three years!

I cannot explain the relief I felt knowing what was going on. Almost instantly, I felt better.

By this point, I had left my job. As I hadn’t known what was going on with me, I hadn’t known how to ask for help. I had felt very alone.

I realised then, that my experience and my qualifications (degree in Psychology, multiple diploma’s in health, fitness, nutrition, stress management and coaching) positioned me perfectly to follow my passion to provide women with menopause education and support. Today, I cannot express the humility I feel, when I receive a message from a client who I have helped.

This year I launched my coaching and mentoring business where I provide discrete support, quietly guiding women through their menopausal journey. I always start with a complimentary consultation to make sure we are a good fit for one another. Over periodic sessions, I act as a coach and mentor to help women understand how to make great choices for optimal health.

I frequently support both radio and TV programmes that feature women's health issues and do talks across the UK, to educate and empower men and women on the menopause and how to manage the journey.

Lauren

For further information contact Lauren Chiren, founder of Women of Certain Stage at lauren@womenofacertaintstage.com or check out the Facebook Page Women of a Certain Stage and website www.womenofacertaintstage.com
The Menopause and Me

BBC broadcaster and journalist, Kirsty Wark was catapulted into the menopause at the age of 47 when she underwent a hysterectomy. In a recent BBC documentary, The Menopause and Me, she opened up a new style of debate in a very personal quest for the truth.

We are all too painfully aware that the menopause is still one of society’s last taboos and rarely talked about openly, or loudly. In her BBC programme, The Menopause And Me, Kirsty Wark set out to find out why women, in particular, don’t seem to talk about it more.

One of Kirsty’s jobs, and strengths, is that she gets people talking. Her settee chat with Jennifer Saunders was particularly funny and touching. “It [the menopause] is an indefinable something that you don’t have anymore,” said Saunders. “It affects everything. Your place in the world, how you feel about yourself, your general feeling of sexiness and libido.”

Saunders, whose menopause was brought on through taking Tamoxifen for her breast cancer, like many women says she coped by: “Just getting on with it really.”
yet she still recalls her first hot flush as a surprise: “it felt like I was sitting on a radiator!”

References to menopause are often addressed by emphasising the funny side but as Wark said: “Sometimes it just doesn’t feel like a laughing matter. Despite the majority of women experiencing this transition between the ages of 45 and 55 we’re still shockingly ill informed about what the menopause actually is and more importantly how to deal with it.”

Wark told viewers: “I was using HRT tablets for three years after my hysterectomy but stopped suddenly like so many women because of the scare surrounding its safety.” The consequences of the scare back then meant many GPs just stopped prescribing HRT too as they got caught up in the safety issues. Subsequent analysis of the data has of course found that study was flawed (see page 7) and the findings overstated but these more positive appraisals have received nothing like the publicity as the original scare. Kirsty discussed the research with Menopause Matters’s specialist, Dr Heather Currie wondering whether it was right for her to start taking HRT again: “We can’t turn the clock back...and I feel sorry for a lot of women, for who this has often been described this as ten years wasted, but HRT is definitely still an option.”

During the course of the programme Kirsty spoke to a number of women and one man, Nick, who along with his wife, Minty, bravely spoke and laughed about finding alternatives to penetrative sex. The women who talked on camera to Kirsty will hopefully remind everyone that what they are talking about is a natural occurrence that over slightly half the population will experience.

Concluding her quest is best done in Kirsty’s own powerful words: “In the making of this programme I have met such lovely women, willingly to share their stories with us. Some of their stories are very different – all because they don’t want women to feel alone or suffer in silence.

“Of course some women will sail through the menopause and there’s always going to be women who

**Professor Mary Ann Lumsden spoke to Kirsty about HRT and osteoporosis.**

**Dr Heather Currie: “When our ovaries are not working the key hormone that we stop producing is estrogen.”**
Viewers reactions in Tweets

“Great programme. I myself had to have a hysterectomy, could not have children. Menopause needs to be spoken about and doctors need to learn more!”
Karen Camilleri

“Superb information from Dr heather Currie of @ menomatters . Essential viewing!”
Annie Evans

“It’s great that you have brought this often taboo subject to the fore.”
Linda MacDonald

“Bloody well done. Not before time given we now live forever.”
MummaTC

“Thanks for the doc@KirstyWark - a bit scary and depressing but at least I’m better informed. It’s so rarely discussed despite affecting 50%.”
Clare

“Well done for a great documentary.”
SandyfordNH5ggc

“Just watched your account of The Menopause. 3 weeks ago I thought I was having a breakdown. You’ve helped. Thank you.”
Barbara Wilkie

“Thank you to all the brave honest women & Nick(!) who took part in “TheMenopauseAndMe to make it better for others.”
Kirsty Wark

“Put up with whatever the menopause throws at them – BUT – we don’t have to do that. Things are changing.”

“I had no idea, the extent and variety of symptoms, so of course women should have individualised care and I’ve certainly learned I need to take better care of myself and do more exercise, watch my alcohol intake, take vitamin D and now I may revisit taking HRT.”

“So, menopause, in the 21st century, shouldn’t be a curse. It should be about stepping forward to embrace the next stage in our lives, not letting it hold us back and in order to do that we have to learn to be good to ourselves.”

“We are still strong, vital, creative and capable. We are not in retreat.”

This was a very real, heart warming and ultimately uplifting appraisal of what it’s like for many women going through menopause today. Menopause Matters knows for sure that it has made a real difference to some who saw it and will bring you more about that in our next issue. A refreshing approach. Thank you Kirsty.

“Watch out for more from Kirsty in the Autumn issue of Menopause Matters.”
How yoga can help

Debs de Vries explains how she believes yoga can help women alleviate or mitigate some of the common menopausal symptoms.

Unless you already practice Yoga then it’s very likely you haven’t thought of it as a helpful complementary part of your peri and post-menopausal health regime. Yet Yoga has a lot to offer mid and later life women once you know which aspects of it are likely to help and which aren’t.

If your preconception about yoga is an image of lithe beings in patterned lycra performing impossible looking poses and balances who can blame you – given the images in the press and social media!

But fear not, Yoga is so much more than just physically demanding poses. At its core it’s a range of practices – some very simple - (called Asana) and breath techniques (Pranayama), which work to balance the body and mind. During perimenopause many women feel more stressed, tired and vulnerable than usual. In addition, blood pressure can rise, memory become patchy and thinking downright ‘fuzzy.’ Yoga offers some relief to the stress, tiredness and blood pressure issues particularly through the use of Yin-style poses. In this style there is no fast movement or complexity.

The body is well supported (literally, by blankets, bolsters and blocks) and movements are slow and easy with plenty of time for deep relaxation. Most movement is done either sitting or lying down. Muscles and tendons are gently stretched without pulling or bouncing and this in turn helps joints to release and lubricate as well as releasing tension from muscle tissues.

You’ll know that when we are stressed we are often said to be in “flight or fight (or freeze) mode”. The body prepares for this by increasing

**There are no fast movements or complexity in this style of yoga.**

Production of the stress hormone cortisol (and other hormones) and redirecting blood away from the digestion and reproductive organs as long as the stress inducing threat – or perceived threat – is present in the mind of the individual.

Scientists have known for years that elevated cortisol levels interfere with learning and memory, lower immune function and bone density, increase weight gain, blood pressure, cholesterol and heart disease. So, one of the positive aspects of a quiet, or Yin-style, of Yoga practice is that allows the PNS (parasympathetic nervous system) to be strengthened. This is the part of the autonomic nervous system that helps us reach calm states of being.

Neuropsychologist and meditation teacher, Rick Hanson, says the PNS and the SNS (sympathetic nervous system) are connected like a seesaw; when one goes up, the other goes down. If your SNS constantly jumps into action throughout the day, your body will use more stress hormones, your heart will work harder and you may even not tune into your need to rest or eat properly. This will tend to create an imbalance. By activating the PNS, (think ‘P in PNS for peace and ‘S in SNS for stress) yoga strengthens its circuitry and brings balance to the ‘seesaw.’

If you’re interested in trying a class, then talk to a range of teachers before you attend and ask about their style of teaching. Find out whether they have had any particular education in helping women who are in menopause or post-menopausal and which of their classes would suit you best for a trial session.

Proper instruction is necessary to safeguard your health so please find a qualified teacher with the right experience level for your needs. You should be asked about your health history, any current medication and your goals for practicing Yoga.
Migraines a real headache when hitting the menopause

For disturbed sleep try:

**Yin Yoga style:** Yoga Nidra - a very deep relaxation and a Pranayama (breathing) practice called Nadi Sodhana (alternate nostril breathing) which induces a sense of calm and is said to balance the brain.

**For Cognitive Improvements:** Deep Yogic breathing and slow balancing poses that require focus. Deep breathing brings more oxygen to the body and brain and exhaling removes toxins. It could help with ‘brain fog’ as many poses support the cleansing of your liver and kidneys. Also, try meditation techniques with your eyes open - say meditating on a candle flame or other object. This helps discipline the mind to concentrate on one thing.

**Osteoporosis Care:** Weight bearing postures can help bones stay strong by ‘stressing’ them – examples of poses that do this are: Downward and Upward Facing Dog pose: Tadasana: Plank: Warrior: Sun Salutations and balances such as Tree.

**Blood Pressure:** Three part yogic breathing using the diaphragm correctly (it’s the second biggest respiratory muscle) helps to bring more oxygen into the body while at the same time sending a calming signal (sometimes known as “the relaxation response”) to the brain. When the heart doesn’t have to work so hard to pump blood to provide oxygen to cells it has opportunity to slow down and recover.

**Hot flushes:** Two breathing practices (Pranayama) are particularly well known for their cooling properties. Sithali and Sitkari are said to lower body temperature. The practice of Yoga Nidra, a deep relaxation where you are very relaxed but not asleep, has been found by some women to alleviate flushes.

Lastly, do check with your GP or health care provider before you start any new form of exercise, to ensure you are fit to practice.

One of the central tenets of the philosophy in which Yoga exists is called ‘ahimsa’ or ‘non harming.’ Find what works best for you and don’t do anything that makes you feel unwell, hurts or otherwise causes you discomfort beyond a gentle stretch or effort.

Debs de Vries, menopause mentor
Debsdevries.com
A Positive Pulse in Scotland around changing women’s lives

Facing the menopause with a positive attitude was the main focus of the Changing the Lives of Women event, held recently in Kilmarnock.

The menopause is not just hot flushes and it’s different for every woman,” was one of the key messages from menopause specialist, Dr Heather Currie, speaking at the second Changing Lives of Women event.

Organised by nurse and founder and director of Positive Pulse Scotland, Monica Coyle, the aim was to inspire and motivate women to regain their vitality, energy and health. “It’s all about small steps to gain positive health changes.”

Dr Currie was keen to get across to delegates that the menopause is a different experience for every woman, whether that occurred spontaneously (i.e. naturally), through surgery or was drug-induced. She also reiterated that with us all living longer lives: “The range of changes in our bodies occur when we still have over a third of our lives to live. So, we need to talk about it, not be afraid to talk about vaginas and own and understand that how we deal with it is our decision.”

Her talk was an engaging mix of the medical facts and the light hearted side of the subject, including the many symptoms of the menopause:

- The Seven Dwarves of the Menopause: Itchy, Bitchy, Sweaty, Sleepy, Bloated, Forgetful & Psycho!

Heather went on to explain that there are many influences on how menopausal symptoms can affect us. For example: “Diet and lifestyle. Whether we smoke, how much alcohol and coffee we drink, our BMI, the amount of exercise we take all count - and the list goes on.”

Concentrating on the intermediate consequences of menopause, which for the majority of women is around the average age of 51, Heather drew attention to some symptoms that remain hugely under-reported and under-treated, namely urogenital atrophy and the impact on the vagina and bladder. “Women experience reduced lubrication, resulting in dryness, discomfort during intercourse, meaning they probably have less sex. The vagina and vulva can become irritated leading to discharge and bleeding. For some this can of course have a huge impact on their relationships with their partner.”

However, as Heather highlighted, women do have choices around treatment, including diet and lifestyle changes, alternative therapies and techniques, HRT and prescribable non-HRT options.

HRT
As you may have read in our earlier article (page 7) the benefits of HRT, prescribed before the age of 60, are now known to be far greater than the risks. It can control symptoms, help prevent osteoporosis and cardiovascular disease and may prevent colorectal cancer, dementia and others!

Heather’s main message though was to help explain that HRT should be a well-informed, individual decision. Dosage and type should be appraised annually and there do not have to be arbitrary time limits on how long you can take it for.

Other key speakers included yoga advocate and menopause mentor, Debs de Vries, and Alison Craig, a specialist in Nutrition. Delegates at the event also enjoyed a fashion show, advice from a life coach and a range of retail stalls providing some retail therapy on the day.

Over 200 women registered to attend this innovative event, indicating the huge surge of interest in making positive health changes to improve health and well being.

There’s a positive pulse in Scotland that’s spreading!
Need some relief when a Hot Flush creeps up on you?

The Mission Enduracool Towel could help you find that relief.

Hot flashes are one of the most common complaints of menopause, as the period of intense heat, warm skin and sweating which are uncomfortable and often unbearable.

The Mission Enduracool Towel works when a series of hollow core fibers are infused with water. These light weight chemical-free pathways command the rate of evaporation to power you with an instant, prolonged cooling effect.

Caroline from Lancashire tested the towel, here is her review -
“I gave this mission towel a thorough testing. The results are in and i’m very pleased with the towel. It’s easy to use and is made from a lovely silky lightweight material. I’ve even worn it when cooking with the ends tucked in and it’s stayed in place. If you need to reactivate it then you simply scrunch it up and snap the ends two or three times. It’s a very god product and i wouldn’t hestitate to recommend it to anyone who suffers from hot flushes.”

Activates in 3 easy steps

1. Soak It
2. Wring It
3. Snap It

If you would like to help us with our research by trialling a towel for free and sending us your review, Please contact - nikki@solosport.co.uk
Clinical Studies show that this patented natural formula helps reduce effects of menopause

Including:
- Sleep disturbances (after initially falling asleep)
- Bouts of unexpected anxiety
- Difficulty concentrating on normal daily tasks
- Absent-mindedness or forgetfulness
- Unexplained mood swings
- Regular feelings of total exhaustion

"My sleep has improved in ways I never thought possible and my anxiety is also manageable. I no longer take sleep medication or anxiety medication. You have a great product! I will be a customer for life."
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Contrary to popular belief, the Menopause does not happen in one stage!

The average age of the menopause in the UK is 51 years. It is common for sufferers to have some menopausal symptoms from their late 40s.

Menopause is when the last menstrual period occurs. Whilst there are several physiological signs of this process beginning, most of them begin to occur during the time prior to this event – referred to as the perimenopause.

If you suffer from mood swings, anxiety, panic attacks, exhaustion and brain fog, you may be in the throes of the perimenopause, which can affect you for many years before the actual Menopause main event!

The most common and debilitating psychological effects of perimenopause are:

• Sleep disturbances that occur after you have initially gone to sleep
• Bouts of unexpected anxiety for no apparent reason
• Difficulty in concentrating on normal daily tasks
• Absent-mindedness or forgetfulness
• Unexplained mood swings
• Regular and debilitating feelings of total exhaustion

Sufferers who choose not to undergo HRT therapy are sometimes prescribed medications such as Fluoxetine (Prozac) or citalopram, to deal with their anxiety and emotional problems, but these medications are commonly accompanied with adverse effects.

Now, there is a totally natural alternative to antidepressants from Natures Naturals that is a clinically proven, patented solution to help regulate moods, emotion, stress, anxiety and depression. Not to mention forgetfulness!

This new product range contains a natural source of tryptophan, which is also purported to help with weight loss and diminished libido.

How the FemBev® Menopause range works

Our brains are designed to regulate the production of melatonin properly so that just the right amount is used to promote sleep throughout the night. Because FemBev® effectively coaxes the body to produce melatonin within the natural chemistry of our brain, it preserves natural sleep architecture and ensures safe and deep sleep.

As the brain produces the exact amount of melatonin that it requires, the body is primed for a natural, restful sleep.

Melatonin, properly regulated by our brains, dissipates after exposure to light, eliminating feelings of drowsiness as well as the risk of dependence or tolerance. Though organic pumpkin seeds are the main food ingredients in the patented FemBev® formulation, when ingested alone they are not a sufficient source of tryptophan.

This is due to intense competition from other amino acids, which are also part of pumpkin seed protein, for access to transport sites across the Blood Brain Barrier (BBB). FemBev®'s natural source of tryptophan is combined with other precise ingredients that help it to function optimally.

A small amount of a high glycaemic index (GI) carbohydrate is specifically included in the formulation. Its role is to combine with the other amino acids and shunt them toward the liver, thus leaving tryptophan, which is largely protein-bound, with a clear advantage to get into the brain.

That's also why Natures Naturals provides a Vitamin B Multi-Complex food supplement free with their FemBev® Lemon and Chocolate Drink Mix products, which includes all B-vitamins, including B6 (Pyridoxine), which is a major player in mood and sleep patterns, as it helps the body produce serotonin, melatonin and norepinephrine, a stress hormone.

FemBev® Drink Mixes from Natures Naturals are comprised of a natural source tryptophan derived from organic pumpkin seeds. Tryptophan, an essential amino acid our bodies only get from food sources, is light sensitive and metabolises differently in light versus dark conditions.

Therefore, FemBev® Drink Mixes can serve a dual purpose:

When taken at night, the tryptophan in FemBev® turns into serotonin, which then metabolises into melatonin, a hormone that activates the brain's sleep mechanisms.

When taken during the day, the tryptophan in FemBev® becomes serotonin, which regulates mood, emotion, and appetite, and is well known to alleviate stress, anxiety and depression.

https://www.naturesnaturals.co.uk/menopause-symptoms-relief

Contact: Bill Archer

E: twa@naturesnaturals.co.uk T: 01536 600195 or 07900 894021
Esteem - No Pause

The primary aim of new lingerie company Esteem - No Pause is to Save Women from Nature. The inspiration for the brand came from the desire to find a stylish and effective clothing solution to a problem that 75% of women experience at some point during the menopause alone - night sweats.

Searching the depths of the internet for nightwear that would keep her dry/drier Jane, the founder, became increasingly disheartened with what she saw. As someone from Generation X, Jane could not see herself wearing the, in the main, shapeless and old fashioned clothing that could assist with the discomfort of nightsweats. She asked herself: “Would Liz Hurley wear that in bed?” and with a personal collection of Agent Provocateur that would make the V&A envious Jane set about finding a solution to her problem and that of many women like her.

The Body Moisture system of this luxurious technical high performance fabric is the key to alleviating the uncomfortable symptoms of any day/night sweats and hot flushes, providing breathability and coolness as well as being hygienic. The high lycra content ensures free movement and great fit along with hidden bra shelves and adjustable bra straps in all tops. Quality is paramount reflected in the fabric which is made in Italy and the clothing, which is made in Britain.

In sum, Esteem - No Pause is a clothing range developed by a woman experiencing night sweats for other women who are not prepared to make do with the mainstream. The clothing is versatile and in the main can be worn as lingerie, daywear, nightwear and exercise wear; suitable for all sufferers of excessive perspiration not just menopausal women.

To find out more about Esteem – No Pause and the range of clothing currently available please visit www.esteemmanchester.com.

THE SOLUTION TO DRIER MORE COMFORTABLE NIGHTS

Esteem - No Pause has the aim of Saving Women from Nature, in particular the discomfort of day/night sweats. We do this in the form of stylish, adaptable and effective clothing made of luxurious fabric comprised of a Body Moisture system that wicks sweat away from your body providing breathability and coolness as well as being hygienic, allowing you and your sleeping environment to remain comfortable.

The high lycra content of the fabric ensures free movement and great fit with all tops having hidden bra shelves and adjustable bra straps.

Fabric is Made in Italy and Clothing is Made in Britain.

SAVE 10% Off All Clothing

Shop online at www.esteemmanchester.com quoting code MM10PR at the checkout
Mindfulness is the practice of being aware and present in each and every moment of your life. It can prevent some from worrying about the future or dwelling on the past. So, how can it help women going through the menopause?

Chances are you’ve already heard of mindfulness, because at the moment it seems to be everywhere – on television, Radio 4, newspapers, health magazines, bookshops, apps to download and even GPs and clinicians are now referring patients to mindfulness classes.

The transition to menopause is a time of great change and for some it can be a great time to reflect and become inspired and excited about what a new chapter and life will bring. For others change is inherently difficult.

Attitude to change can really impact on your menopausal experience and how you deal with it. Studies have backed this up highlighting that negative thoughts prior to menopause can be predictive of a more difficult time. Equally, changing that approach can result in a reduction of symptoms.

Writing in The Natural Medicine Journal Lena Sujaila said about the 2011 randomized, non-blinded clinical trial: “For women in menopause, hot flashes remain an irksome problem and may be recalcitrant to many treatments. As humans, we are conditioned to react according to habit patterns that develop within the mind based upon stimulus from the body. It is these reactions that further intensify our experience of suffering. This is frequently seen in menopause: Negative emotions and psychological distress are reported in conjunction with hot flashes.

“Yoga has in some reports improved menopausal symptoms. So have trials with various meditation techniques.

In this particular study, participants were trained in Mindfulness-Based Stress Reduction (MSBR). This is a programme developed by Jon Kabat-Zinn at the Centre for Mindfulness at the University of Massachusetts Medical Centre in 1979. MSBR has become a central feature in many hospital-based ‘integrative’ medical clinics. Because the MBSR programme is systematized and widely used in hospital settings, it has also been widely studied. The programme consists of 8 classes, during which meditation instruction is provided. The teaching includes various types of meditation in the form of a body scan meditation, Hatha yoga postures, and sitting meditation.

“A similar but smaller pilot study on MBSR and menopausal symptoms was conducted by the same research group and published in 2006. This earlier trial reported much better results. In particular, hot flash severity had decreased by 40%.

Proponents claim that MBSR training offers a tool to increase the capacity to maintain equanimity to experiences such as thoughts, feelings, and sensations. In essence, mindfulness and MBSR training teaches participants to sit with pain or discomfort in a non-reactive way.

In this current paper, MBSR failed to significantly decrease the intensity or frequency of hot flashes. It did affect the perception of stress and capacity to deal with symptoms arising in the body during a hot flash. The degree of bother reported from hot flashes and night sweats in the mindfulness group decreased over time, indicating time and persistence using mindfulness techniques may be key to obtaining beneficial results.”

Combining positive thoughts, using relaxation techniques, such as mindfulness and following a healthy lifestyle all point to helping women experience and enjoy the best that they can be, before, during and after menopause.

References

Further Reading
Menopause in the media

Depression and menopause

Carol Vorderman spoke openly to ITV's Lorraine about her depression during the menopause. "I don't use the word depression lightly," she said. “This was a blackness where I would wake up – nothing else in my life was going wrong. I'm a very lucky woman, no money worries or nothing like that – and I would wake up and think 'I don't see the point in carrying on. I just don't see the point in life.'"

Vorderman then went on to say that she had then used medication, which had helped the depression: “From the moment I took it I have never ever felt that way. I've been fed up ...whereas before there was no reason for it and it was absolutely, categorically to do with hormones.”

Nick Parnay, spokesman for the RCOG told The Huffington Post “The risk of depression can increase during menopause.

“Women may begin by trying some self-help options such as getting a regular good night's sleep, eating a well-balanced, healthy diet, reducing alcohol intake, and taking part in regular exercise and relaxation techniques such as yoga, tai chi, meditation and breathing exercises,” he said.

“If negative feelings don’t go away, are too much for women to cope with, or are stopping women from carrying on with their normal life, they should talk to their GP or call NHS 111.

“Their GP can make a diagnosis and discuss treatment options such as hormone replacement therapy or antidepressants.”

HRT and hearing loss

New research has been undertaken examining a possible link between menopausal age, HRT and hearing loss.

The study found that the use of oral hormone therapy in post-menopausal women, as well as a prolonged use of oral HRT, correlated with a higher risk of hearing loss.

Dr Heather Currie, chairman of the British Menopause Society, said: “This type of trial relies on women's self-reported hearing loss and does not prove that HRT causes this – only that there may be an association.

“This should not terrify women and, as we have always said, the decision about HRT should be an individual choice based on the balance of benefits and risks.”

There's a free online Menopause Awareness Course for men just starting up. There is no content as yet, but at this early stage they welcome support in attracting course sign-ups: Whatismenopause.co.uk

Worth another listen on BBC iPlayer: The Whale Menopause. Killer whales and humans are two species that go through their natural menopause in their 40s or 50s and then live for decades without producing any more offspring themselves. No other mammal does this. Last summer BBC science reporter, Victoria Gill took to the sea off the northwest USA coast to find out more. http://www.bbc.co.uk/programmes/b07mxv62

The website, Women's Health Concern, which is the patient arm of the British Menopause Society, has a range of detailed factsheets on the most common gynaecological, sexual health and other medical conditions. womens-health-concern.org

Get moving - A study published by the University of Applied Sciences in Tampere, Finland earlier this year found that 49-year old women who undertook regular exercise had reduced menopausal symptoms. The RCOG recommends regular aerobic activity including cycling, walking or swimming. According to The Daily Mail researchers have found that active post-menopausal women have smaller waists and less body fat.

Writing Menopause: An Anthology of Fiction, Poetry and Creative Non-fiction is an anthology including over fifty works of fiction, creative nonfiction, poetry, interviews and cross-genre pieces. Check out the Writing Menopause Facebook page.
Too **HOT** in bed?
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*Research conducted by The University of Leeds on behalf of The Wool Room confirmed that our British wool bedding increased sleeping comfort through better moisture & temperature management by 67% versus feather/down and 43% versus polyester. *Our bedding is also the UK’s only 100% natural sleep solution to hold the Allergy UK seal of approval.
Vaginal atrophy and scleroderma – help please
“I’ve been on Vagifem nightly since early February, and while I thought I had turned a corner in April and was 70-80% better, suddenly ten days ago it came back with a vengeance, for no reason that I can see. The burning is intense inside and out and I am really quite desperate.

“This week I had a vaginal swab done (nothing) and 2 urine cultures (nothing). Sitting down is hell.

“My endocrinologist ran a battery of tests and one came back positive, a marker for “Limited Scleroderma”. I don’t know to what extent it is related or causing the VA - I’m too worried and demoralised at this point to even look it up.”

Not doing so well...
“I don’t have a question but just wanted to write how I feel at the moment - I am not doing well. I am 53 and tried HRT etc which didn’t work. Had Mirena coil fitted on 7 December due to very heavy periods but been bleeding since then. I went to see a consultant last month and had scans and awaiting results of biopsy, she also changed the coil in case it was faulty and gave me a course of norethisterone. The norethisterone has not agreed with me at all, felt awful on it with headaches and generally feeling unwell - and the bleeding didn’t stop, so I have stopped taking it and now feel really emotional and sat crying last night (I was like this last year!). I am bleeding heavily and have quite large clots which I didn’t think would happen with the mirena.”

Response from Forum members:
“So sorry to hear this, I don’t have any advice but like others say your not alone. Us ladies have to put up with a lot and hormones on top can make you feel down, crazy, sad, angry. When I feel down I do try to remember it won’t last. “

“I can’t comment on the Mirena but I do know from bitter experience that any progesterone derived from testosterone (norethisterone) makes me feel especially bad, weepy, low and terrible headaches). Sounds as if you’re having a similar reaction.”

Carol Vorderman and her menopause
“Hi ladies, I watched Carol [Vorderman] this morning [on ITV’s Lorraine], I thought, at last! People are speaking out.”

“Just watched this on Youtube - it’s an informative interview and it was brave to speak so openly about menopausal depression as the whole subject is still so taboo. It’s good that the HRT regime has worked (immediately) for Carol (and many others) - sadly HRT (in whatever form) is not the magic bullet for all and still needs much research and development.”

“Have just read Carol’s interview in The Mirror. I am very glad that she has spoken out about her experience of depression with the menopause. I am grateful that she has gone public on the TV as this is still very much a taboo subject and she has been very courageous in speaking publically. There are so many women who are not receiving the help that they need and are suffering because of menopause.”

Oh to be a man ..simple!
“My lovely son, bless him, sent me an email yesterday to say he had watched Lorraine [on ITV] while he was having his breakfast (unusual for him I must add!) and he said that Carol Vordeman had been on sounding just like me and she apparently said she just rubbed some gel on her arms and she’s a lot better......oh right, didn’t realise it was that easy!!!! Must have been where I was going wrong then!

To be part of the conversation visit
menopausematters.co.uk/forum
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The hormonal changes in the years around the menopause can affect a woman’s libido. Backed by research, Lady Prelox offers natural support to lift libido, recapture desire and feel like yourself again.

When hot flushes & night sweats strike...

“I have found that Lady Prelox is a natural way to help with the menopause. It really helps with hot flushes and other symptoms. My hot flushes are much less now and the ones I do get are much shorter lasting. Great product.”

Sian ★★★★★

“Since taking Lady Prelox I have got a spring back in my step and a twinkle in my eye again. Feeling desire and desirable has had a positive effect on my mood and I feel younger again.”

Angela ★★★★★

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