

A WHOLE
PERSON
APPROACH

The Little Book of Menopause

JOINING THE DOTS FROM
PUBERTY TO PERIMENOPAUSE

**Fiona
Catchpowle**

A WHOLE PERSON APPROACH

The Little Book of Menopause

Joining the dots from puberty to perimenopause

by Fiona Catchpowle, Creator of The Menopause Directory & School, Affiliate Member of the British Menopause Society

Medically reviewed and approved by Dr Joanne Hobson, MBBS, DRCOG, FRSH.A registered British Menopause Society (BMS) Menopause Specialist, BMS Menopause Trainer and Member of Institute of Psychosexual Medicine.

Copyright © 2021 Fiona Catchpowle
All rights reserved. 6th edition May 10 2021

Disclaimer:

This book is not a replacement for medical advice and I whole heartedly recommend discussing your menopause with a specialist. Please note that this book refers to symptoms of menopause. Sometimes these symptoms may be due to additional health conditions and not solely due to hormonal decline associated with menopause. Consulting with a specialist is of paramount importance in order to identify the root cause and ultimately best treatment pathway for you.

Objective ...

... to demystify menopause

Each woman will reach menopause. It is an inevitable part of our lives. Our biology dictates that our periods begin at puberty and stop at menopause. How we get there is as unique as we are.

This book will direct you to a layered approach to help reduce the impact of symptoms, and, more importantly the consequences of hormonal decline. Plummeting levels of hormones and prolonged deficiencies is one of the explanations for many long-term health conditions in women. Yet we rarely identify ourselves as 'menopausal' and neither are we supported in the right way through hormonal decline and beyond.

Menopause can happen at any age, but it potentially starts in your early 40s, maybe even late 30s, and there is no single solution to a completely flawless menopause transition.

However, there are many layers and small action steps you can take, to ultimately engineer a menopause pathway that will be energetic, full of clarity and create long-term health benefits.

In my opinion a 360° approach is by far the best option, based on my own personal experience to date.

Whilst we tend to arrive at the point of meno-realisation one way or another, it takes us a while to join the dots. We then go hunting for information for further clarity. That's when it gets confusing.

Perimenopause (a recent label) is the first peculiar thing to puzzle over. Is that part of menopause or a separate thing? How do you know if it's peri or meno?

This introductory volume provides the basics to get started on your menopause management strategy. This book is designed to bring you the essential steps so you can make informed choices moving forward. You will not waste months or even years looking for answers, as the shortcuts are right here, right now.

What you do next is a decision only you can make. My one request is that you choose to start a conversation with the next younger female you meet and tell her what's in this book.

Let's end the confusion. **Pass it on.**

A note to you

"Menopause is not a one woman job"

Menopause aka "The Change" is not rocket science. Periods start, periods stop.

However there is no single moment when it neither starts nor finishes. Some women will not feel an impact from the hormone waves. However, the majority of women will experience "The Change" in such a way that will be confusing, concerning and chaotic. There will also be clarity and calm at various points along the way and it will be an enlightening experience.

But, when you're in the midst of hormonal decline, why does it seem so complicated and confusing? Why don't we talk about menopause as a part of everyday chit-chit?

"How's your menopause going?" asked no one ever!

Successfully navigating the challenges that come with perimenopause and menopause is possible, with the right guidance. All you need is practical advice and effective, sustainable solutions.

Menopause does not coexist well with the many functions of day to day life. There will be peaks and troughs in the journey, and sometimes great big tidal waves. There are lots and lots of inspiring qualities to come out of reaching this time of life, but for now we will help you get your kit together and deal with the here and now.

Basic definitions to be aware of:

Premenopause - some hormonal changes may be occurring, but there are no noticeable changes in your body

Perimenopause (around menopause) – the years leading up to menopause day, when certain hormones are naturally declining. This could be a 10 year span.

Menopause – tends to be used as an umbrella term, but is in fact one year without a period and lasts one day.

Postmenopause – the day after ‘menopause day’ and the rest of your life.

A bit about me

I am a Mum, Grandmother and currently 53. I am menopausal and whilst I pin-pointed my symptoms at 48, as an explanation, I quickly realised on further research that I had been perimenopausal for around 5 years, maybe longer. I muddled through the early years and adopted lifestyle resources to cope. Google was my new best mate; Facebook groups second and Twitter third. I soon found Facebook too whiney and chose to tune in to my mind and body and trusted them to lead the way.

I found it all very bewildering, but you don't have to. The good news is that with a simple layered 360° approach, the process can be organised into a more constructive system that allows you to feel in control. At heart I'm a scientist, with qualifications in Applied Biology and other sciences. I also love to teach, having qualified as a lecturer many years ago, and I can't stop myself looking for answers connected to 'structure related to function' and seeking out ways to simplify science and look for solutions.

In the last 5 years I have learnt so much more about menopause, and I absorb something new each day as my own journey continues. I have

even created an online platform to connect women with the right menopause specialist for them.

I recently added Hormone Replacement Therapy to my personal health strategy for long term health benefits. Incidentally, I was not experiencing any particular noticeable symptoms at the time. I chose to start taking HRT as a result of understanding the benefits versus risks to me.

It's called having an informed choice. Working alongside a wide range of menopause related professionals has truly opened my eyes. The decisions I have made about what goes in, on and around my body have allowed it to do some rather impressive things – physically and emotionally; I learnt some aerial fitness skills the year of my 50th; reduced my weight by 16kg since I was 49 and kept it that way, created a new business, welcomed a second grandchild, and moved countries - to name a few.

My way is not the highway. I made some unusual choices that worked for me. Most of them were quite simple and easy to maintain. There's no way I could have coped with any regime that was complicated or expensive!

My desire is that you take an active role in your menopause. Please don't sweep this under the carpet. I wasted many years and probably put my life at risk by not learning about this soon enough. When I started to notice menopausal symptoms it took a long time to realise what they were related to. Retrospectively I think my perimenopause could have started around 41.

The symptoms of unexplained tiredness and crushing fatigue were an absolute nightmare. I thought I was old at 46. Brain fog, anxiety, aches and pains were my new fashion accessories. Insomnia dictated my work life and irregular heavy periods everything else. I worked out, thanks to Google and various conversations with other women, what was going on but thought that 'natural' was the only option and you had to grin and bear it. To be honest I felt judged if I mentioned doing it any other way. I changed my food, which changed my mood and I edited my exercise regime which gave me back my energy.

BUT what I now know because of the hormone deficiency, which naturally occurs during menopause transition, I was still vulnerable to certain conditions. Low levels of oestrogen during your post reproductive years increases your risk

of developing heart disease, osteoporosis, diabetes and dementia.

That was new information to me, and it would appear to most women. I'm not sure why we don't receive this information on a post card on our 40th birthday for example. It would seem such an obvious thing to do.

My wish is that you enter the next phase of your life informed and knowledgeable about female health and wellbeing so your choices enable you to thrive.

Let's get started!

Contents

Objective	3
INTRODUCTION.....	12
Who is this book for?	13
CHAPTER ONE	15
From Ordinary to	16
Extraordinary	16
CHAPTER TWO	20
Why does menopause happen?	21
CHAPTER THREE	26
Your meno-mindset	27
CHAPTER FOUR	30
Finding the relevance.....	31
CHAPTER FIVE	33
What are the symptoms?	34
CHAPTER SIX	38
When do the symptoms start?	39
CHAPTER SEVEN.....	43
Why do we get symptoms?	44
CHAPTER EIGHT	46
Balance versus replace	47
CHAPTER NINE	53
Consequences v symptoms.....	54
CHAPTER TEN.....	58
Food & mood diary	59
CHAPTER ELEVEN	61
RELATIONSHIPS.....	62
CHAPTER TWELVE	65
Mental health	66
CHAPTER THIRTEEN	68
Budget.....	69
CHAPTER FOURTEEN.....	71
THE 360° APPROACH.....	72
CHAPTER FIFTEEN	83
How can I help?.....	84
CONTINUE THE CONVERSATION.....	89

INTRODUCTION

Who is this book for?

- Women who are meno-curious and want answers.
- You have suddenly found yourself in the middle of a pile of weird sensations, both physical and psychological, that don't have a simple explanation.
- You may be around the 38-43 mark and technically peri-menopausal.
- You may be older than that and closer to menopause day.
- You may have been struggling for years as you didn't realise it was going to take this long and want to know when it ends.
- You think you haven't actually had a menopause, but perhaps should look it up anyway to be sure.
- You want to know the hard cold facts about menopause in simple, straightforward terms.
- You've heard horror stories about hormones and want to know if it's true.

- You don't want to waste your life on Google or on multiple trips to the GP waiting to find out if this is menopause.

- You want to know what works and what doesn't.

- You want to know why no one is talking about it and maybe you'd like to start the conversation yourself, but not sure where to start.

- You may well be prepared to seek private healthcare support, but you're not really sure what you're shopping for.

By the time you have finished reading this book you will know the basic essentials of menopause, what is happening to your mind & body, why and what to do about it.

The good news is that with a layered 360° approach, the process can be organised into a more constructive system that allows you to feel in control.

CHAPTER ONE

From Ordinary to Extraordinary

The world population of menopausal and post-menopausal women is projected to be 1.2 billion worldwide by 2025, with 47 million new women transitioning ever year.

If menopause is 100% guaranteed, why don't we talk about it more?



Known as 'the change' and typified by hot flushes, mood-swings, loss of libido and changes in skin, hair and body, menopause was nothing to celebrate and certainly not spoken about. Today though, there's a different agenda and a whole host of women are writing and podcasting about

the menopause, and it is slowly but surely becoming part of everyday vocabulary.

However, 'Menopause' is not a one-name-fits-all word. For every woman, it looks and feels different, and the stages menopause brings its own challenges.

Menopause doesn't just happen overnight.(it can, but it's super rare)

For most of us it's a gradual loss of certain hormones, and in some cases the deficiency can bring about a whole host of chemical changes in a women's body that manifest themselves, not only physically, but mentally as well. Some symptoms could be – anxiety, low mood, hot flushes, crushing fatigue, brain fog, poor concentration, low self-esteem, sudden weight gain, itchy skin, insomnia, vaginal dryness, night sweats, palpitations, hair loss, headaches, and heavy periods.

In general what I've discovered, and experienced myself, is that we don't connect symptoms or changes in our mind and body as even being close to 'menopause time'. We put them down to stress, age or something else entirely.

The meno-process is self-enlightening. If you have not had a meno-woo-woo moment yet then please don't think I'm being fickle. It will happen to you at some point as well. In the big scale of things it does not seem fitting for Mother Nature to impose such a plethora of learning curves on us, but my suspicion is that as modern day women we have added many extra challenges on ourselves earlier in our lives that make this process harder than it really should be.

Women are now spending a third of their lifespan postmenopausal, so you owe it to yourself to manage your menopause transition in an effective way as part of your everyday healthcare, just like brushing your teeth.

The worst you can do is nothing, and think it can't, and won't, happen to you.

The bottom line –

Menopause is not rocket science, but the hormone highway is.

CHAPTER TWO

Why does menopause happen?

The word menopause means the pause (stop) of your menses (periods). Women's periods start at puberty and end with menopause. Both of these events are linked to the ovaries and the hormones they produce.

Women are born with a set number of eggs in each ovary. Some eggs die before maturity and those that reach their full potential travel toward the uterus ready to be fertilised. If the egg is not fertilised the lining of the womb, which was thickening in preparation, sheds away and that is called a period. As we reach our forties the ovaries have less eggs remaining and in addition as we age total oestrogen levels decline as a matter of course. The two processes of ageing and menopause go hand in hand. Further on down the meno-timeline the ovaries become unpredictable and sometimes release an egg and sometimes they don't.

It's this irregularity of ovulation and temperamental ovaries that create the large fluctuations in oestrogen and progesterone, whilst at the same time declining in overall levels.

Imagine skiing down a mountain. You are going from top to bottom and you are definitely going downhill, but sometimes there are ups as well. Make sense?

Eventually a final egg is released **and** when you have gone 12 months without a period you have reached your menopause. Technically this is 'menopause day', but you will notice that the word *menopause* or *the menopause* is used interchangeably to label the whole process from start to finish and also the years either side of your periods stopping. Granted this is confusing on its own, so the sooner you register the timeline of peri, meno & post, the better.

From menopause day forward our ovaries are now in retirement, they no longer release eggs, and no longer act as the power house of oestrogen production. And whilst mostly that role is taken over by the adrenal glands, the amounts of oestrogens produced overall are approximately 1% of what we were pumping out at the peak of our reproductive years.

There are long evolutionary and scientific explanations, but the simple version is that our bodies no longer have a fertile requirement. The hormones that used to maintain that side of our

female bodies are no longer needed in the same quantities.

However, what we are never told as far as I know is that those hormones (oestrogen, progesterone and testosterone) are also vital for maintaining many other essential organs and systems. When they decline, not only do we lose our fertility we also miss out on a few more really important health bonuses of having had those particular hormones circulating in our bodies. The protective qualities they provide are extensive, including reducing the risk of developing conditions such as cardio vascular disease, osteoporosis, diabetes and dementia. You'll also see from fig 1 that the line of decline is not a straight, smooth one. With the frequency of fluctuations that you cannot predict, it's no wonder that there is not a one size fits all strategy and your own personal pathway will need constant adjustment.

In this book I will focus on the ovary output of Progesterone and Oestrogen but you will also see that testosterone has a significant role to play.

NB. The predetermined output from the ovaries of these two hormones cannot be influenced in great amounts, but only slightly by natural means. However, when you hear mention of 'balancing hormones' with regards to symptom relief, it is not based on ovary output alone. Other hormones as part of the endocrine system play a bigger role in the balancing act, and smoothing of the curves.

True balancing or rather replacing of oestrogen in significant amounts can only occur with hormone replacement therapy.

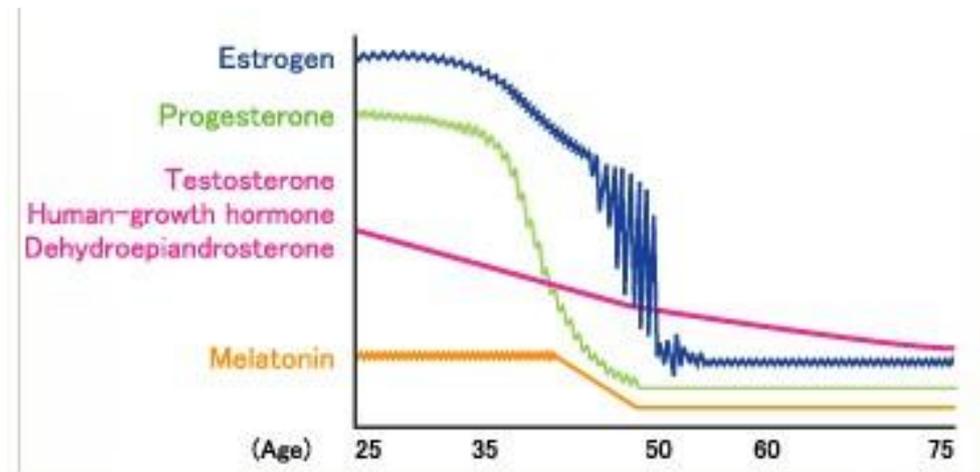


Fig 1 Hormone decrease v age

To join the dots fully with regards to these declining hormones it is worth mentioning at this point in relation to menopause that Oestrogen produced by the ovaries should be referred to as **oestradiol**. It is the most potent of the family of oestrogens, and coincidentally the same one you will find in transdermal HRT – derived from yams!

Oestrogen(s) – with an **s** – are a whole ubiquitous family of similar hormones that are a vital component of bones, muscles, brain function, the cardio-vascular system, respiratory system, metabolism, digestion and the skin. **In men and women.**

There are ovarian sources and non-ovarian sources that circulate our bodies from the day we are born until the day we die.

The bottom line –

Menopause is a hormone deficiency

CHAPTER THREE

Your meno-mindset

"You can't manage what you don't understand"

Menopause is inevitable.

If you can allow that knowledge alone to settle in your mind then you are already well equipped to navigate this phase of your life. There is no if, but or maybe. It's a done deal, whether you notice it or not. It starts around 40 and finishes when it finishes. Biologically speaking naturally, drug induced or surgically, every woman's body will experience hormonal decline and cease to have periods.



Many times we hear women say 'I haven't reached that point yet' and they genuinely think they will not have, or have not had a menopause. Transitioning through the point of menopause is quite different to noticing it, or experiencing symptoms that you associate with it. In due course I will give you a run-down of symptoms, many of which you may not have associated with menopause.

Either way there is a psychological element to the process that needs to be highlighted.

Aristotle said, "*We are what we repeatedly do*".

I'm sure you are aware of how powerful the mind is - if we think it and do it, we become it. So, if we think doom and gloom, that's what will happen. If you think rainbows and unicorns, there's a good chance you will find the transition significantly more manageable and relevant. The way you approach your menopause pathway and hormone highway will be fundamental to the impact of the symptoms and the consequences as a result. Going through menopause and 'surviving' the physical symptoms is not the main event.

Consequences are the bigger picture here.

Taking action early on will mitigate the impact of the more negative elements and allow the positives to shine through – of which there are plenty, particularly when you're ready and armed with the knowledge to slide in sideways and glide into postmenopause in style.

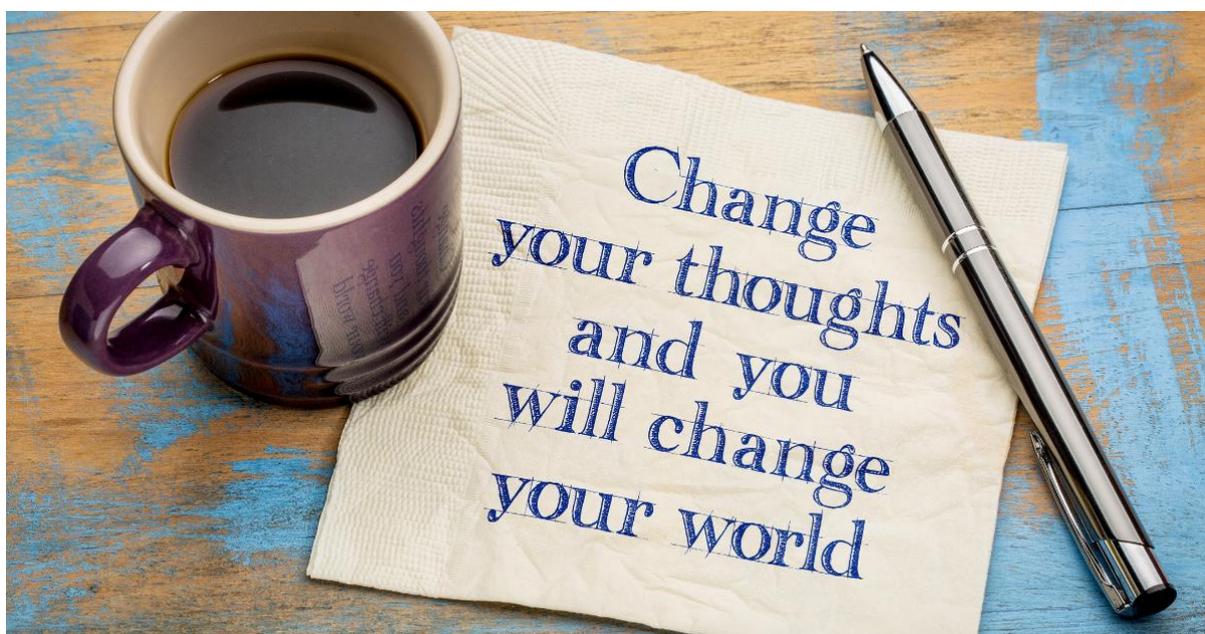
The bottom line –

Manage your mind, manage your menopause.

CHAPTER FOUR

Finding the relevance

The other side of our meno-mindset is finding the point of it all. Not just menopause but life – what we've achieved and what the future holds. You can't hide the fact that when your ovaries go into retirement it is a waving flag that age is a determining factor. We are getting older. And then we die.



Let's put that into perspective though. Time is still on our side. If we predict that at 43 you start to notice the symptoms. With good menopause management in place it will be less challenging and less stressful. On that basis you may reach menopause at 51, approximately, and if we predict death at 81 (on a bad day) ... that gives us 30 years of post-menopause living. 30 years in

this universe to continue to make a difference and live a truly vibrant, energetic life.

This gives us a huge chunk of time without, or less likely to have, the burden of fluctuating hormones and periods. In addition it's a beautiful time span in our lives when we finally have our heads together and possibly bedded into our role as a human on planet earth.

With all that time on your hands, wouldn't you like to make sure your physical being is as prepared as your mental one?

This is why you need to view things from a 360° angle. A single golden nugget is **not** on the menu. Each and every menopause will be different, but we do know there are a collection of strategies that can make a huge difference to the outcome.

There are some 'answers' that you will read about no doubt, but evidenced based, clear information is the only way forward, in my opinion.

The bottom line –

How you choose to manage your menopause will determine how you age.

CHAPTER FIVE

What are the symptoms?

The reality is that the menopause could be quite a long transition from start to finish. The symptoms don't appear in any particular order. Menopausal symptoms are not linear. There is no set sequence, nor time frame. This is not helpful if you are a 'set in stone' kind of person.

“Menopausal symptoms can begin months or even years before your periods stop and last around 4 years after your last period, although some women experience them for much longer”. NHS

The rapid decline and deficiency can bring about a whole host of chemical changes in a woman's body that manifest themselves, not only physically, but mentally as well. Your early peri-menopause may have no symptoms at all, but the closer you get to 'menopause day' they may become more variable and intense. It may be the other way around. You may have none at all.

NB. The following list is fairly comprehensive but not final. There will be other names or similar symptoms for certain conditions e.g. I wouldn't say I had mood swings - I had intense periods where I could not tolerate really irritable people.

Depression/anxiety
Palpitations, panic attacks, loss of confidence
Mood changes/irritability
Period changes, irregular, painful & heavy
Hot flushes, Night sweats
Changes in your skin - dry/itchy
Vaginal dryness
Allergies Brittle nails
Loss of sex drive
Breast tenderness
Joint aches & pains
Headaches/Migraines
Burning tongue, electric shocks, tingling
extremities
Digestive issues/Bloating
Gum problems
Muscle tension/weakness
Sleep problems/insomnia

Fatigue and tiredness

Hair loss/thinning hair

Brain fog/difficulty concentrating

Dizziness

Bladder irritation/incontinence

Tinnitus

Unexplained /sudden weight gain

Change in body odour

Whilst not symptoms themselves, risk factors associated with Menopause are Osteoporosis and Cardio Vascular Disease, plus post menopause women are at higher risk of Type 2 Diabetes and Dementia.

Don't allow the biology to take over.

A more pragmatic approach is to consider the symptoms as signals. Your body is talking to you, so listen. The changes will be subtle in the beginning, more like a whisper, but that's when you need to listen closest. That's the time to make a small lifestyle change and smooth the cracks. If you wait until the signals get louder before making adjustments it will simply be harder to

manoeuvre and find a way to minimise the consequences.



Taking the approach of "I'll struggle a bit longer" or "I can cope" are not worthwhile strategies and potentially life threatening. Ignoring symptoms and not making changes is more likely to place you in jeopardy. If you are depressed or anxious, you are not weak and crazy. You have unmet needs. We are unreliable narrators and our very nature means we put our own needs last. Seeking support from a health care professional, alongside a menopause management plan is certainly a healthier option than leaving it all to chance.

The bottom line –

Menopause waits for no woman.

CHAPTER SIX

When do the symptoms start?

There is no crystal ball. There is also no blood test to neither predict the timing nor diagnose it. If you are over 45 you will not be offered a blood test to diagnose menopause. Your hormones are fluctuating so much that a test is not able to predict where you are on the curve, indeed oestrogen levels can fluctuate up to a factor of 7 within a short period of time. A medical menopause specialist, following NICE guidelines, will be the best person to speak with if you want to understand more about this.



The symptoms starting are more about you noticing and joining the dots. As oestrogen and progesterone decline very rapidly, at different rates to each other, and without warning you

cannot predict what and when you will notice your first set of symptoms. I say 'set of', as in isolation you probably will not notice an individual symptom at the start.

You tend to need one or two regular symptoms to be present to suddenly have a light bulb moment and realise they are connected and related to peri-menopause. It can be hard to join those dots because of your own internal stress patterns and cortisol levels. The adrenal gland activity and female hormones are closely connected throughout our lives, which is one of the reasons why you will hear the health and wellbeing experts say you should reduce your stress levels for long-term health benefits.

Exercise has an oestrogenic effect, so in some cases if you keep mobile you may not feel an impact as the oestrogen declines - another good reason to keep active on a regular basis. Please be clear that exercise does not create oestrogen, the process of movement simulates an oestrogen effect. The impact of weight-bearing exercises on our bones stimulates bone production, so to help reduce the chances of osteoporosis keep moving.

Starting a food & mood diary as early as you can in your 40s will be a great asset to monitor your

progress. Tuning into your hormonal highway will stand you in good stead. Some symptoms may be present by the time you reach 43.

For most women there is no set pattern or box-ticking exercise, when the symptoms appear in a specific order. Having said that, we do know from huge amounts of evidence, the psychological ones such as anxiety, depression and lack of confidence, can appear many years before the physical ones. Poor sleeping patterns are also likely early on, leading to sudden, out of nowhere tiredness. But because you don't sleep well you assume that it's insomnia causing the crushing fatigue, when in fact it could be a sharp dip in oestrogen because your ovaries have decided to have a month off from ovulating (i.e. irregular periods).

Next up could be forgetfulness – but feels like early on-set dementia! (The brain relies on oestrogen to function well).

Other reasons you may not notice the sequence of symptoms is because of being just too darn busy with life.

Join the dots with your food & mood diary. At this point I am not referencing the diary as a weight management tool or to monitor per se

what you are eating, but more as an awareness tool. If you are a regular journaling kind of person you may want to start annotating how you feel physically and mentally in relation to food choices, how much you have moved and slept. Taking this with you when you seek support from a health care practitioner will be an added bonus

Connect this with your period cycles and it will be much easier to spot a pattern.

When you don't ovulate, not only is this a sign that you have not released oestrogen, but the space left behind when an egg is released is the corpus luteum which is the main point of progesterone creation during our reproductive years. So, if you think back to the fluctuating hormones going down the ski slope you have two trails, one of up and down oestrogen and one for up and down progesterone.

The bottom line –

Tune in to you.

CHAPTER SEVEN

Why do we get symptoms?

Menopause does not happen overnight. As discussed already the two key hormones at play are progesterone and oestrogen. Around the age of 40 the levels of progesterone and oestrogen start to decline quite rapidly – this is termed perimenopause. The decline is not a smooth one either. The fluctuations, also known as the ‘menopause wave’, plus the proportional difference between the two hormones are part of the reason no two women are the same in type, impact and order of symptoms.

The role of progesterone

∞ Under normal circumstances Progesterone helps to buffer cortisol (the stress hormone). As it declines we therefore find stressful situations less straightforward and this is when we may have a sudden, uncharacteristic response to things. This would be translated to the non-meno recipient as ‘mood swings’.

∞ The decline of progesterone can also induce anxiety-like symptoms and feel like depression.

∞ Progesterone also plays a part in our menstrual cycle so a sudden drop can make our periods irregular. Headaches can become more

common as it continues to fluctuate and weight management can be a challenge as well.

Oestrogen plays a huge role in our functionality with receptors all over our body. As this hormone starts its own erratic meno-wave pattern the areas it can impact are – Brain Power, Muscles and Bones, Heart system, Liver and Digestive system, Energy and Vitality, Natural Thermostat, Regular Periods, Sex Drive, Smooth Supple Skin, Weight Gain.

The natural decline of these key hormones, alongside other hormones as part of our endocrine system as a whole are why we experience symptoms. We are changing, life around us is changing and even with an awareness of what is now happening to you, you will need to continue to change and tweak your approach, from one week to the next.

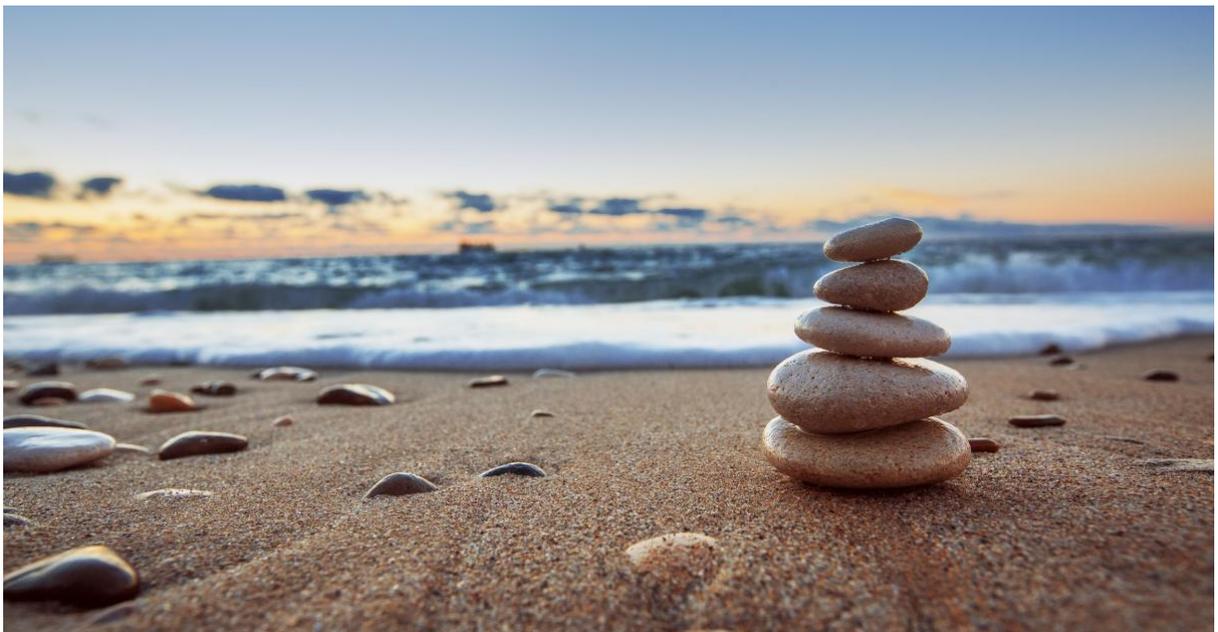
The bottom line –

This is a moveable feast, so have your picnic basket at the ready.

CHAPTER EIGHT

Balance versus replace

Menopause is a Hormone deficiency. Replacing the hormones not only supports symptom relief but also provides your body with long term health benefits. Oestrogen and progesterone are two of a collection of hormones in your body that manage your bodily functions on a second by second basis. This ensemble of hormones and glands producing them is called the endocrine system.



Some of those hormone levels within the endocrine system can be influenced by things you put in, on and around your body. (and mind)

For example, sometimes circulating oestrogen does not get eliminated from your body as efficiently as it should. We should take steps to

correct this by ensuring we are drinking enough water and supporting the digestive system whenever possible. Doing things like reducing alcohol and caffeine is an excellent idea, so the liver can focus on the removal of natural home-grown chemicals from our body that have served their purpose, rather than sorting out the extra bottle of Chardonnay or 5 Litres of coffee.

We may be using products like shampoo and conditioner that have negative oestrogen-like compounds that are affecting the receptors in our bodies. Oestrogenic-like toxins can be found in a whole host of products that we put in, on and around our bodies. They have a minimal impact on total circulating oestrogens, which we can do something about.

However, it is important to remind you that the output of hormones from the ovaries as shown in the diagrams in this book cannot be directly influenced in large quantities, only marginally balanced or smoothed by non-medical actions. When your ovaries enter the retirement home, that's it, production is down and you can do nothing to switch them on again and get them to pump out hormones. You will read and hear people say that you can balance your hormones naturally. That in essence is true in relation to

some hormones within the endocrine system, such as cortisol & insulin, but when it comes to menopause and the all important levels of oestrogen, you need to replace it (not balance) to have a significant impact on the total levels of oestrogen, that will ultimately affect your long term health.

You can help balance excess oestrogen and get it out of your system, by eating foods that don't overload your body and cause inflammation such as sugar, processed foods and foods that contain vegetable oils. **These types of foods take a lot of time and effort for the body to deal with.** While is busy dealing with unnecessary food types (as in they have no nutritional benefit to our bodies) it doesn't have time to eliminate our own 'no longer required' elements.

Another example of a hormone that needs replacing (not balancing) is Insulin. You would not say to an insulin-dependent diabetic to try a natural approach and *see how you get on*, like women are often told with regards to menopause care.

To be completely clear, Yoga, Pilates, acupuncture, reflexology, aromatherapy and other therapies like this **do not directly synthesis extra oestrogen from the ovaries**. Holistic therapies and treatments certainly add a layer of protection that encourages the body to modify the hormonal system collective known as the endocrine system, in a positive way. This undoubtedly helps with menopause management. But they do not make oestrogen from the ovaries!

How **do** they help then?

When *cortisol levels are high* it can slow down creation of other hormones. This could be due to stress, or not relaxing/breathing efficiently. In addition the adrenal glands, which produce the 'stress' hormone cortisol, also provide a small amount of oestrogen, throughout our whole lives, but especially during our postmenopausal years. However, if we are busy being stressed up to our eyeballs, and pumping out chronic levels of cortisol the adrenal glands don't have enough energy to support total body oestrogen. Hence, relaxation techniques provided by these physical therapies absolutely rock. They do wonderful things to support the body as a whole, and you most definitely need them in your life.

Other 'balancing' advice comes from drinking herbs and teas, **but again they do not synthesise extra oestrogen**. However, they do help the body to function more effectively, thereby enabling the body to tackle the challenges associated with hormonal decline.

Another myth is that your choice of nutrition can synthesise extra oestrogen from the ovaries! A non-toxic way of eating and supplements can of course help support the body as a whole and will aid symptom relief. Some food choices will provide positive oestrogen-like compounds, which add another level of support to total oestrogen levels, BUT you can't eat enough chickpeas to replace ovarian oestrogen to optimum levels.

If it was possible to create and replace the oestrogen, using non-medical grade exogenous sources, to the levels required to reduce symptoms AND keep our hearts, bones and minds strong, do you not think we would have found a way by now?

On the other hand replacing the oestrogen deficiency using body identical hormone replacement therapy may not suit all women. This is not an indication of failure of HRT. Sage leaves are a frequently recommended cure for hot

flushes. They in turn do not work for all women, but we do not say it is the sage that failed. We more than likely try the next idea on the list.

As much as menopause is unique to each woman, likewise managing it does not have a one size fits all solution. Balancing and replacing are not exclusive to each other.

Do both and it's a win win.

The bottom line –

The lack of hormones creates symptoms, which lead to consequences.

CHAPTER NINE

Consequences v symptoms

One of the early symptoms which commonly occur for many women is a feeling of anxiety. It extends to a befuddlement and weird sense of not being worthy – my own personal moment felt like this. Your own response to this symptom will have a knock-on effect into different areas of your life.



Your 'meno-anxiety' may stop you going to see a friend, or change an appointment, or have no confidence to leave the house. How long your anxiety lasts will determine how much it affects you. If you do not approach the journey of menopause with an intuitive meno-mindset, you may well wonder what is happening to your mind and body on a daily basis.

Question - if you don't know it's possibly perimenopause what kind of reaction are you likely to have to this unusual mental health challenge?

Answer - you will worry, which leads to stress, which increases your cortisol levels – this is not good. It's OK to have a bad day, but this type of response to a symptom can have a detrimental effect on many aspects of your life.

One of my major symptoms was aches & pains in my legs. They were so bad at one point it hurt to walk downstairs in a straight line. I had to go down sideways. Taking a lift or escalator was my preferred choice. Not wanting to go places because it hurt my knees was another consequence of the symptom. I started to engineer my life so I would not have to walk far – at 48!

That is not right and not healthy. But it didn't seem as if the pain would pass, so I started to make changes to my life as a result, in order to minimise the pain. Not only because of one symptom. The flexible ensemble of five or so repetitive ones got me in the end. On hindsight I'd describe those changes as quite negative, but at the time I was simply *accommodating* my menopause, rather than *managing* it. What I should have been doing is identifying what was

triggering the fluctuations and making changes in the things I could influence, such as nutrition and mobility. Instead I waited for the pain and then made changes in my lifestyle. I allowed the symptom to create a consequence, such as -

- ∞ Not going too far from home in case the crushing fatigue appeared out of nowhere.
- ∞ Not mixing with people I didn't know in case I had an emotional moment.
- ∞ Not wanting to leave home in case of ... well anything really.

If I could find a way to duck out of 'it' I would. I'd convince myself I'd be better off at home. In reality all of these bizarre physical and mental moments were coming and going, but I only noticed once I started a food & mood diary. The variety of symptoms were not permanent, they came in waves.

At one point in my repair process I was working with a personal trainer to help with muscle strength. He would greet me with a 'Hi, how are you today'. More often than not it would be a, 'I feel like crap, but I'm here', or 'I'm tired but I know I need to do this'. Sometimes it would be, 'I'm OK'. And so it went on.

One day he pointed out that I had more ways of expressing how bad I felt rather than how good I felt. We both looked at each other and realised he had hit on something. I'd been keeping a food and movement diary and started to add my mood, on a scale of 1-5 each day. He also listed all the physical milestones I'd achieved in a short space in time and bingo! – Life wasn't as bad as I was making out. As soon as I tuned back into my meno-mindset I was able to spot a new sign or symptom, make adjustments and put it in the right zone at the right time and move on. I no longer had the 'woe is me' attitude and the feeling I was old before my time.

I ticked the menopause box, took it on the chin and worked out what I needed to do.

At times this is going to be a tough ride, for most but not all of us. However, it's certainly possible to make the ride as smooth as possible with the right mindset. You may find in spite of all the strategies being in place, there can be times when things still hit the overwhelm button, but at least you now know what to expect.

The bottom line –

Spot the symptom, acknowledge the consequence and take action.

CHAPTER TEN

Food & mood diary

There is nothing complicated about a daily food & mood diary, it's actually more about being consistent with your record keeping. You can use pen and paper to record your variables in a simple list, or use a fancy spreadsheet, it's up to you.



The simple premise is to rate the perceived value or quality from 1 (poor) to 5 (great) on each of the following –

- ∞ **Food and drink** you have consumed that day (you know if it was good or bad)
- ∞ **Mood** or sensations as an overall rating that day
- ∞ **Mobility** – did you move and if so was it good quality movement and did it last more than 15

minutes. If so give yourself a 5, if not how did it compare on an average basis for you

∞ **Sleep** – disturbed, sound, short or long. Did you wake up energised or feeling tired?

* Add the day of your cycle if you are still having periods

* Add weight if that is one of your management areas, but maybe not daily, more like weekly.

Although if this is not your kind of thing then do what feels right for you

It will take a couple of weeks of data, but you will start to see what triggers certain moods or symptoms. I used mood as my own personal measurement but you may have something else that fits better. When I am in pain, or feeling uncomfortable, it makes me grumpy. So measuring mood is my way of rating my symptoms, as a collective rather than individual components.

The bottom line –

Take note – ‘is it me, or the menopause’

CHAPTER ELEVEN

RELATIONSHIPS

The initial focus of repair and maintenance clearly needs to be on you. However, at some point some of the symptoms may have a consequence that reaches the people around you. It's really important that you are aware that this can happen. During the different meno-waves that affect confidence, cognitive skills and fatigue, for example, there may be a ripple effect that touches the sides of your family and friend circle. The last thing you want to do is upset someone because of a meno-related response, when you are just not feeling like you.



∞ Friendships can be hard hit during menopause. Sharing the fact that you are

menopausal is really important. Keep it simple and straightforward.

∞ Build a meno-team around you – make sure the people around you know as much about the process as you do.

Understanding works wonders.

I outlined the basics to my daughters and friends – both male and female as I don't shy away from bringing up menopause management in conversations. With my daughters I developed a pre-briefing strategy when I suspected I may be entering a situation that would trigger symptoms. Once we had navigated the meno-zone we had a de-briefing to see how it went and if we needed to make any changes. I'm not joking. For us it worked - Mum did not flip her switch and go off the deep end and they were more considerate of my needs. Win, win.

In today's global atmosphere we lack a sense of community we once had, when perhaps we would have learnt about hormones from the wise women around us. I want my daughters and younger female friends to know there is a meno-tribe at hand to support them, and they have someone to turn to who will do their best to give them answers - or at the very least a really good hug.

∞ Personal relationships also need the same, if not more attention. Sit down and talk about menopause and how you are going to navigate it together. It may not be easy in the beginning and it may take more than one discussion with a lot of understanding flowing both ways.

∞ Workplace environments and schedules may also become a challenge. The symptoms & consequences can have a huge impact on job performance at all levels in your career. Many companies are now implementing Menopause Policies to give their employees confidence to bring up the topic and normalise the conversation around menopause.

When you are self-employed work scheduling is easier to handle, as you are the boss of you, in theory. But if deadlines and productivity are impacted by a surprise symptom, you need to have a backup plan in place. This is when tracking and tuning-in comes in particularly useful as you can potentially predict when you may have a 'tired time' or 'meno moment'.

The bottom line –

Self-care suddenly makes sense.

CHAPTER TWELVE

Mental health

The psychological changes that may happen during hormonal decline come in a few guises. Some may well come and go in waves, some may last a while, but putting them in to perspective is crucial.

- ∞ There are the thoughts we mull over about ageing and what that means to us within our culture and society. If conception was part of your life plan, and that can no longer take place, then that could also have an impact on your mental health.

- ∞ Stress related anxiety symptoms can have a knock-on effect and perhaps your personal productivity & objectives are not being met. This is the time to re-align your targets and consider some new time management skills or build-in delegation of certain tasks. This can be super-hard for most women to 'let it go', let alone a menopausal one. But if you have a collection of projects/systems that you want to continue to work on, then you may have to create a flexible plan for yourself. Please don't think you can 'cope' as you were. This re-structuring may only be for a few years, but I recommend you make a contingency for this sooner rather than later.

Do not 'struggle on' – regardless of how many of the 360° segments you adopt. Super Girl is

changing and so must her super-hero super powers. Without due care and attention this is the point your brain may explode!

- ∞ Depression-like emotions or a feeling of sadness that you just cannot explain to anyone. These are the ones that make you feel like you are quietly and slowly going mad.

- ∞ Falling into the same box you also have the weird, unfathomable 'unable to remember things', which can attach itself to the sudden lack of confidence in your capabilities, because your cognitive ability has gone out the window. (At least that's how it feels)

These last two in particular are both directly related to the levels of oestrogen circulating in our brain. In fact you have not become any less intelligent and it's beautifully explained in the insightful TED talk by Lisa Mosconi, called How Menopause Affects the Brain -

https://youtu.be/JJZ8z_Ntczq

The bottom line –

You are not going mad!

CHAPTER THIRTEEN

Budget

The cost of menopause management can vary depending on your preferred route.



∞ Nutrition – if your current way of eating includes processed foods and you choose to substitute them for whole foods you may notice a slight increase in spend, but in my opinion higher quality fuel sources are worth investing in. Nutritional supplements and alternative remedies for symptom relief may add an additional £30-50 a month.

∞ Exercise – walking is free and that's the best place to start.

∞ Lifestyle – deep breathing is again free and alongside walking will help considerably with symptom relief.

∞ Reducing the amount of alcohol purchased will save a few pennies, and if you can give up smoking you could use that for allocating to other areas of your budget.

∞ Lotions and potions to help your changing skin demands, most certainly need to be on your financial forecast as well. Not simply for cosmetic purposes but absolute relief of certain symptoms.

∞ Integrated therapy to help with stress levels is another investment you could consider.

∞ Alternative clothing for comfort and symptom management is an additional consideration, but well worth it.

∞ Hormone replacement therapy – if you are able to receive the treatment you deserve on the NHS you will simply pay the prescription fee.

∞ An unexpected financial challenge could be if you need to take time off work or stop work completely, due to menopausal health challenges.

Even when you have an end to end strategy in place there may be days when you still have to rest and take a step back. You need a contingency fund and a back-up plan if that arises.

The bottom line –

Good health is a non-negotiable fee.

CHAPTER FOURTEEN

THE 360° APPROACH

There are 4 key areas to menopause management.

- Mobility
- Lifestyle
- Nutrition
- Hormone Replacement Therapy

Mobility

Exercise is an integral part of the 360° strategy. Keeping moving is essential to ensure your muscles and joints are kept strong and supple. Aim to maintain or increase muscle strength with regular exercise sessions that accumulate to 2 and half hours a week.



After menopause your risk of bone loss goes up, so weight bearing exercise is important as it encourages bone strength and vital if we are to avoid developing osteoporosis as oestrogen declines. Strength training is a really good choice such as resistance bands or lifting weights.

Unlike aerobic exercise that can be done every day, focused strength training should work each of the various muscle groups just two or three times a week, with at least two days of rest in

between. [I took up aerial fitness. A tad extreme but it worked for me]

Avoid intense exercise and hitting the gym as they can have a detrimental effect. Exercises that are gentler and focus on breathing and flexibility, such as yoga and tai chi are great choices as they allow you to connect at a deeper level. You may not feel like moving but it's really important that you do. Even if it's just a short gentle walk each day or your own kitchen disco. Boosting our active blood flow helps our heart and our mental health.

Overall, exercising during and beyond menopause is the only noncontroversial and beneficial aspect of lifestyle modification. Everyone agrees it's good for you. Look for the joy in moving and participating in activity, rather than placing exercise in a weight management category. Perceiving exercise as a 'must do' mindset generally results in lower compliance. You'll be more likely to maintain a regular activity schedule if you find the fun.

I stopped moving as much at one point, not just because of the pain, but because I had the old fashioned 'it needs to boost your cardio vascular system to be worth the effort' mindset. But for midlife women that idea can in fact be our slippery slope to a sedentary lifestyle. Any

movement is good for you. No matter how long or how huffy-puffy it is. And no movement is certainly bad for you.

Lifestyle

‘Breathe and be still’ – mindfulness, meditation or just breathing with intent will do. Keeping stress levels to a manageable level will help tremendously to smooth the meno-curve.



This is all relates to cortisol levels so do all that you can to manage this particular aspect. I practice deep breathing as often as I remember and I also used the Headspace app in the past. Thai chi is a new feature for me and one I am going to use more to help with focused breathing. I find switching my brain off a challenge but if you

tell me to breath I can do that. Discover what de-stresses you and do more of it.

Cognitive behavioural therapy (CBT), acupuncture, massage, reflexology and hypnotherapy, will all support cortisol management.

Anything that can reduce stress or tell the mind you are de-stressed will help the adrenal glands, which then has a positive impact on the rest of your health and well-being. To what extent is not clear and will be different for everyone.

[I was having a massage every two weeks when my symptoms were really bad. If you'd tried to tell me I couldn't have one, I'd have rugby tackled you to the ground as I know without them I'd have died – not being dramatic in the slightest]

Sleep well – this may not be an easy one if one of your symptoms is insomnia. However, implementing other positive lifestyle solutions, nutrition and mobility will help greatly.

[In my own personal situation the insomnia did not disappear totally until I started on HRT]

Nutrition

Protein – a menopausal body needs a regular supply of protein to keep it replenished and optimal. Also from a ratio point of view higher protein to carb tends to work better as well.



I chose an animal protein source which works really well for me. I have friends who prefer a plant based way of eating. It can be harder to reach the right ratio but you do have to be sure to consume higher plant proteins than a regular non-menopausal vegetarian/vegan might. Protein is the building block of life. It is needed to build and repair cells throughout the body. We can't store protein per se, and due to the multiple physical changes during menopause, we need a regular fix!

Reduce inflammation - remove food from your diet that triggers inflammation i.e. foods that inflame you are one that leave you feeling absolutely awful. There are lots of 'programs' out there, but the key to success is your compliance and tuning in to you.

Find your inner voice that tells you what is truly right for you. It really does pay to listen to your body during perimenopause.

Foods that triggered inflammation for me, that I chose to avoid are - wheat, sweet carbs, starchy carbs and grains. Plus I chose a way of eating that I refer to as keto-adapted. It helped me lose 16kg in the last 3 years and keep it off, which was a bonus factor to significantly reducing symptoms, and improving my quality of life.

Following someone else's plan will not necessarily be the right one for you. I understand guidance and knowledge may be helpful to know what the options are, but if ever there was a time to try before you buy and tune in to what your body is telling you, now is it.

Cut out refined sugar and anything containing it like processed foods. If the container label says low fat, it's probably high sugar. In fact aim for foods that have only one ingredient on the pack or no packet at all, such as eggs, avocado, fish, carrot. **My favourite nutritional quote is "eat food**

made by men in white coats and you'll end up seeing men in white coats".

- ∞ Eat at mealtimes, no grazing, that's for animals.

- ∞ Eat the rainbow, but if weight management is also a meno-challenge, focus on the veggie kind first before the fruit kind as they can trigger an unfavourable response in a midlife body.

- ∞ Fat that comes with food in its natural state is better than added fat, such as from fried food. Foods such as fish, eggs, avocado, nuts (in moderation), and seeds are much better sources of the right kind of fats.

- ∞ Stay hydrated - Water intake needs to be more than you may think [you will read 2 litres in most places but I've yet to master that much myself] – the liver and kidneys are under a lot of pressure during menopause and you need to be as easy on them as possible by reducing consumption of things considered toxic.

Making sure your fluid intake of the non-alcoholic and non-caffeinated type is reduced therefore is an added bonus. It gives your body a better chance of de-cluttering and performing at its best.

Limiting alcohol volume is beneficial for the liver, but due to extra meno-stress we can turn to wine/gin as a means of coping. Working on other

lifestyle choices may help and consider mindful-drinking steps if you think you may be over consuming. For further support visit joinclubsoda.com

Hormone replacement

Regulated body identical hormone replacement therapy (rHRT) is the only way you can safely replace the hormones you are missing and reverse the deficiency that is occurring naturally. Not only will this have a significant impact on symptom relief, but the long-term health benefits have been clearly identified in significant medical studies, that HRT will also reduce the chances of developing diabetes, heart disease, dementia and osteoporosis. This is the kind certified by The British Menopause Society, and compliant with NICE guidelines. There are many myths circulated about HRT, including the source of the ingredients based on old types. The active compound of current regulated HRT such as Oestrogel and Utrogestan is derived from wild yams.

The type of HRT called 'compounded' Bio-identical is not regulated and not considered safe

by the BMS. Likewise, so-called 'natural' creams may not be as safe as suggested.

Doing it naturally

The way you choose to manage your menopause using different lifestyle solutions, medication or alternative therapies is completely your choice. But do make it an informed one, and please don't cast judgement on others for their choice. There is no competition, and there is no prize.



We have a perception that not taking pharmaceutical grade treatments long term is a better option if we can have the 'will-power' to do so. Apart from the misconceptions over the safety of HRT (which are all wrong by the way), we have been brought up to believe we should not be

reliant on medication and that to do so is a bad thing. After many years of battling with this concept myself, I now understand and appreciate why this attitude is not the best way forward for long-term health for most women.

I've listened to and learnt from oodles of menopause related teachers in the last few years and I choose as many layers to my menopause management as possible.

However considering the risk v benefit factors is unique for each one of us.

The bottom line –

Buy a compass and use it to steer your way.

CHAPTER FIFTEEN

And finally ...

I believe every woman should have access to good menopause advice to enable them to manage their menopause transition, be provided with evidence based information as a matter of course, and not have to rely on hearsay, village gossip and Dr Google. When you look at daily commentary on social media, television, films, books, and face to face conversations, women are being failed daily, with regards to menopause care.

The more informed you are to manage your menopause effectively the sooner you reduce the impact of the long-term consequences.

Optimum female hormone levels are fundamental to our health and well-being. Hormonal health awareness, and understanding, is of paramount importance. Yet our knowledge on this topic is woefully incomplete, not only in the UK, this is a global phenomenon.

Women's Health Care provision on a world-wide scale is lacking and has been so for many years it has seemingly become the norm.

9th July 2002 was possibly the most damaging day for women's health in modern times, with the 'half finished' publication on the findings from the Women's Health Initiative (WHI) trial. HRT became available in the 1960's. Over the next 20 years it

became apparent that as well as creating immense symptom relief, women who were using it appeared to have fewer heart attacks, less fractures and less cognitive decline. So a study was started in 1993 by the WHI in the USA to assess these findings.

The study stopped prematurely and some preliminary findings were published in 2002. Women across the world had no idea at that point in time that no-one in authority in that study, or any expert outside of it, had seen the results before the media. Furthermore it turns out those terrifying headlines were wrong. In 2004 experts finished analysing the results and issued an about turn on the initial statement on their findings. By then the damage was done, and due to previous interest by the media and inaccurate reporting, we are still recovering from that confusion 18 years on.

There have been huge gains made in recent years, in publicly taking to task the misinformation that has infiltrated health care systems worldwide. Collectively the Women's Wellness industry and women themselves, need to drive forward from all directions to ensure women are able to make informed choices about their hormonal health.

When I first created the Menopause Directory 4 years ago, it was a simple blog, sharing information and resources based on my own personal impressions of menopause. Now it's so much more, and is enabling my mission to support women during their menopause and beyond, to help them to alleviate symptoms, remain healthy and live energetic and fulfilled lives.

The Directory is a collective of menopause advisors. If you know that you need the guidance of a medical expert you can speak with Kathie Cooke or Dr Joanne Hobson – both of whom are British Menopause accredited menopause specialist. They support me immensely and have been a huge part of taking this project to the next level. If a holistic approach is something you feel is more suited to you right now, then I can direct you to verified and peer approved advisors such as yoga, physio, pilates and counselling.

Please visit <https://themenopausedirectory.com/> for more details.

Knowledge is power and a new addition is The Menopause School. We will be creating new courses very soon to meet the demands of those wishing to learn the facts from an accredited menopause professional, namely Dr Joanne Hobson. MBBS, DRCOG, FRSH. A registered British Menopause Society (BMS) Menopause Specialist, BMS Menopause Trainer and Member of Institute of Psychosexual Medicine.

Currently there is a selection of FREE courses for you to enjoy and learn more about your hormone highway.

How can I help?

If you are still not sure whether you want or need medical advice or holistic advice and would prefer to speak with someone who can mentor you through the decision-making process, then please book an appointment to speak with me.

Evidenced-based information is one thing, but if you are feeling overwhelmed with all the different options, then maybe you need a helping hand to see the wood from the trees. Maybe you've made a decision but not sure how to implement it. We all respect GP's, so finding the words to explain

how you are feeling and what you would like to happen next can be scary, when you're not quite yourself. We can make a plan together, that suits you best, and I can be on the end of the phone every step of the way.

Perhaps you're baffled as to what went wrong with your healthy lifestyle and can't understand how it got you! I know exactly how you feel. Sometimes it's the smallest of things that make a big difference. It's much easier for a spectator to spot where little adjustments can be made. And if you have chosen HRT as part of your menopause tool kit, you still need to be sure the full 360 box of tricks is in place to gain the full benefits.

The normal price is £45 for a 60 minute discussion. Readers of this book can currently receive a £10 discount.

Here's my diary

<https://10to8.com/book/zptdtpmrfakwiumgyk/1060405>

CONTINUE THE CONVERSATION

I hope you have found this book helpful and I would love to hear your thoughts.

Do please stay connected with me in one or more of the following ways.

Facebook Page -

<https://www.facebook.com/TheMenopauseDirectory/>

Facebook Group (private, free to join)

<https://www.facebook.com/groups/menopausementoring>

Twitter

<https://twitter.com/MenoDirectory>

Instagram

<https://www.instagram.com/menopausedirectory/>