

Menopause, Hmmm.....



"True beauty in a woman is reflected in her soul. It is the caring that she lovingly gives, the passion that she knows. And the beauty of a woman, with passing years only grows!"

Audrey Hepburn



Conquering it Together

By
Sheila Barrett

Gynae/Colposcopy
Nurse/Midwife,
2020

Updated Sept 2022

CONTENTS

- 1 NO NEED FOR AN INTRODUCTION
- 2 FREQUENTLY ASKED QUESTIONS
- 3 WOMEN'S EXPERIENCE AND UNDERSTANDING OF THE MENOPAUSE
- 4 IS THERE ANYTHING POSITIVE ABOUT THE MENOPAUSE?
- 5 WHY DOES MENOPAUSE MAKE IT SO HARD TO LOSE WEIGHT?
- 6 WHY HAVE I NO ENERGY AND ALWAYS FEEL TIRED?
- 7 THE FOLLOWING IS AN EXTRACT FROM A POSTMENOPAUSAL FRIEND
- 8 MENOPAUSE AND YOUR EMOTIONAL CHANGES
- 9 HRT AND CANCER
- 10 RISKS V BENEFITS
- 11 HRT ALTERNATIVE THERAPIES
- 12 BEST WAYS TO SUPPORT PARTNERS DURING MENOPAUSE
- 13 WOMEN AT WORK AND THE MENOPAUSE
- 14 BLEEDING AFTER THE MENOPAUSE, IS IT NORMAL?
- 15 WHAT A WOMAN CAN EXPECT WHEN SHE VISITS HER DOCTOR
- 16 CONCLUSION
- 17 ACKNOWLEDGEMENTS
- 18 REFERENCES

NO NEED FOR AN INTRODUCTION

The angst that comes to light during a woman's puberty may present itself again when Menopause rolls around! It is a natural biological process when the menstrual cycle stops. The ovaries are functioning less and are no longer releasing eggs, which coincides with a drop in oestrogen and progesterone levels in the body. It's a transition in a woman's life and there's no way to stop the menopause. There's often several years leading up to it.....

This is called perimenopause.

The average age of the menopause is 50 years, according to the Department of Health, Ireland and perimenopause can occur as early as 10 years before that, but it generally averages at 4 years. Some have a family history of early menopause, others are escorted into it medically.

Women may have their ovaries removed surgically or due to cancer treatments, who then encounter early menopause. Medications tell the ovaries not to make hormones, which in turn tells the brain you're menopausal!

Signs of Perimenopause	
Before you realise your periods have stopped, you may notice	Mood Swings
	Tiredness
	Night Sweats
	Low Libido
	Poor Sleep
	Vaginal Dryness
	Poor Memory
	Hair Loss
	Anxiety

Frequently asked Questions:

Q; I've all the menopausal symptoms, but I am still having periods, there must be something wrong?

A; No, the majority of women notice their first menopausal symptom a few years before their periods stop, this is called the Perimenopause. The unjustness of it all.... Hot flushes, mood swings, insomnia, fatigue and you could still get pregnant!!

Q; Will I not be just delaying menopause symptoms by taking HRT?

A: No, the severity of menopausal symptoms reduces over time, hot flushes are worse in your 40's and 50's than they are in your 60's (although some women will still experience them well into their 60's)

Taking HRT in your 40's and 50's will give you instant relief from the distressing symptoms and weaning off the drug can occur as you get older.

Some symptoms don't get better, like vaginal dryness but there are methods to improve that.

Q; Can the menopause be diagnosed with a blood test?

A: Not usually, and this is due to the fluctuating nature of hormones during the perimenopause years. Diagnosis of menopause is achieved by talking to your GP, questions, and answers back and forth and history taking. However, people with very early menopause or Premature Ovarian Insufficiency in their 20's and 30's are diagnosed with blood tests.

I am very interested in health and helping to prevent disease. It can be frustrating listening to women's stories of suffering throughout their perimenopausal years. There's no other condition that's guaranteed to affect so many people. Some will say that it's not a disease, but that can be argued as there are health risks attached to it. The same way, one could ask is obesity a disease? with the many health risks related to obesity.

Menopause is similar, for many years we think of the menopause as temporary, it's just going to last a few years, causing a few hot flushes, but whether a woman has mild, moderate or no symptoms, she has a hormone deficiency and with that an increased risk of disease[22]

The tissues that line the vagina, the vulva, even the urinary system respond to oestrogen, so without oestrogen a lot of these tissues can become very thin, very friable, not stretchy. You can imagine it causes pain and discomfort, not just with penetrative sex, a lot of these women can't sit down for long periods of time and a lot of women experience recurrent Urinary tract infections, especially elderly women [22]

WOMEN'S EXPERIENCES AND UNDERSTANDING OF THE MENOPAUSE

Throughout this manuscript my aim was to help women through their own menopausal Journeys and in doing so, I asked friends and colleagues if they would be willing to share their own experiences in an effort to help one another, the response was amazing as you read on

For some, the Menopause enters without much notice, but for others it's an Earthquake as we can read here.....

Born 1962, the following is the personal experience of a 57-year-old woman:

I always had very heavy painful periods – I planned my life around them, always planned holidays around them, long trips away from home were very difficult to manage. Timed ponstan and solpadeine intake every 4 hours for 3 days, also needed a hot water bottle. Please don't judge me for the following – got great relief from gin and tonic, no ice. Should have bought shares in Proctor & Gamble, the makers of Tampax and Always. The response from mainly male family doctors – you'll be fine after your first baby, which was a massive help....NOT.

I never never never wanted children, I was always much more comfortable around animals, again please don't judge me.

AND THEN:

2015 – periods became erratic, my doctor (absolute pet) did bloods and was able to tell me I was just coming into menopause.... In July I was in trouble with heavy heavy bleeding – this is gross but, inserted a super extra Tampax, walked down the stairs and was soaked through tampon and huge pad! It was getting intolerable.. back to doctor, she put me on a tablet – to be honest I cannot remember what it was, but it stopped the bleeding until I ran out of tablets and we were back to square one. Back to my GP who sent me to the hospital who decided on a D&C and a Mirena Coil and continued whatever tablet my GP had me on. I remember bleeding all over the trolley as I was waiting for surgery and being in huge pain. Mirena Coil fitted and nothing untoward found in D&C. Absolutely no problem with pain or bleeding since then. Could open a shop with all the equipment I have left over, if you know anyone who wants bales of tampons and pads, do let me know...

Since Then:

My GP put me on 1mg estradiol (brand name Fematab) which I have been on, until December of last year when she recommended halving the dose, which I have been doing since.

Overall:

The **hot flushes** were a nightmare, very frequent and at very inopportune times. I work in a very male environment, so it's quite hard to be taken seriously as you visibly melt in front of someone. Face goes red as beetroot (never wore make-up which was a godsend), the glow was full on perspiration and then you would feel the drops as they rolled down your nose, horrible, horrible. Not a chance of wearing glasses, they would fog up and you literally couldn't see. Nearly always happened after dinner, you'd feel the perspiration literally running down your back, so I had to make sure I was wearing cotton when in company of strangers. My husband, who is cold blooded (feels the cold easily) would be in 3 fleeces in front of the fire, while I flap, fan, open windows, doors and generally melt. Hot weather is a killer too, but at least at night I can hang over the edge of the bed to get away from the duvet!

Fuzzy head – I genuinely get to the top of the stairs and wonder what I am doing there... have to keep repeating bin day, bin day, bin day, till I get there and gather up the bins... terrified I will leave the door unlocked or the oven on or something equally stupid.. and yes, stupid stuff

has happened... forgetting to set alarm on house, forgetting to bring bags into shops, forgetting to bring credit card into shop!

Tied into this – mind going blank, I would be fairly articulate and a good communicator (bet you don't believe that, reading this!!!). These days, I can very very easily run out of words, can't think of the correct word, have to scramble, use another word, its quite disconcerting.

You may have to look away now, cos this concerns the bedroom..... **Spontaneity** is gone right out the window, trusty tube has to be brought everywhere! And that's all I'm saying on that point!

Fatigue – having to get a quick nap in the afternoon, don't have the energy levels that I used to.

Hair and Nails – hair is thinning and my nails which would have been strong and fast-growing are now brittle

Emotions – I could cry at the Angelus..... and now that they are commemorating people who passed with Covid just before the Angelus, I'm always in tears for the Angelus!!! Not a chance of me watching The Repair Shop in company!

I have managed to learn to breathe through my temper (always had a long fuse). My temper has shortened so have to be really aware of my impact on others and take a moment before I respond to a difficult situation.

Anxiety – this is a weird one, I have worked in a senior management position for many years, no problem flying, getting trains, staying in hotels all over the World and on my own. No problem driving all over the Country. NOW, wow I will lose sleep at the thought of a drive into Dublin City Centre or anywhere I haven't been before, it's quite uncomfortable and could cause one to get very isolated if you let it really get to you. Getting stressed because you mightn't be able to find a parking spot the next day is not cool!

Final word – nearly! My Mum and all my aunts had passed away before I got to menopause, so I hadn't asked about their experiences, that is a regret because I believe that families have similar experience.

Thank you for your honest and heartfelt account of your menopausal journey!

IS THERE ANYTHING POSITIVE ABOUT THE MENOPAUSE?

Many of us don't want to accept the inevitability of the Menopause, but we do accept its reality!

So now at 57 years of age, when I think about the silence that for so long shrouded this time in a woman's, life I'd like to say. (A)



"Go ahead, shout about the anguish, the pain, the weight gain, the moodiness, the insomnia, because by locking them up and pretending they are not there, only causes them to fester and become a wound."

Why suffer when it can be remedied?

To help me alleviate the stress during this transition alongside taking HRT, I try to think of others in similar situations or perhaps in a worse situation. I connect with them, which helps me to face this challenge, not alone, but together. My aim is to offer women an opportunity to discuss their menopausal journey, what myths and misconceptions are out there and how we can help each other?

HERE'S WHAT A FRIEND SAID WHEN, OVERCOMING THE MOUNTAIN OF OBSTACLES THAT THE MENOPAUSE CAN THROW AT US:

MY ADDITION TO YOUR PROJECT IS NOT VERY PERSONAL OR INSIGHTFUL SO I THOUGHT I'D SHARE IT WITH YOU ALL . HERE GOES ... ODE TO THE MENOPAUSE AND SO SHE ARRIVED, LIKE A THIEF IN THE NIGHT, SHE STOLE MY YOUTH, DIDN'T GIVE ME A CHANCE TO FIGHT. COSY NIGHTS UNDER THE DUVET NOW A DISTANT MEMORY, A NIGHT WITHOUT SWEATING WOULD BE LIKE WINNING THE LOTTERY. BUT WHILE AT FIRST, I RESISTED, I HAD TO GIVE IN, BECAUSE SHE HAS SHOWN ME WHAT I POSSESS WITHIN. I'VE HAD TIME TO REFLECT AND ACCEPT WHY SHE'S HERE, AND THE REASON TO ME IS VERY VERY CLEAR. SO I'M THANKFUL THAT I'VE LIVED TO MEET THE MENOPAUSE, AND WILL STAND WITH OTHERS IN A ROUND OF APPLAUSE. TO THANK HER FOR EVERY FLUSH AND BEAD OF SWEAT. BECAUSE SHE REMINDS ME THAT LIFE IS FOR LIVING ... WITH NO REGRETS!!

WHY DOES MENOPAUSE MAKE IT SO HARD TO LOSE WEIGHT?

Declining oestrogen levels negatively impacts one's metabolism, leading to weight gain. These changes can also affect your cholesterol levels and how your body digests carbohydrates. [1]

Additionally, hormone changes lead to a decline in bone density which can increase your risk of fractures.[2]



Fortunately, making changes in your diet may help.

[1b]

Dairy products, such as milk, yogurt and cheese contain calcium, phosphorous, potassium, magnesium and vitamin D and K, all of which are essential for bone health.

In a one year intervention study of over 17,000 menopausal women, those eating more vegetables, fruit, fibre and soy experienced a 19% reduction in hot flushes compared to a control group. The reduction was attributed to the healthier diet and weight loss.[3]

In a study of over 9,500 post-menopausal women, sodium (salt) intake of more than 2 grammes a day was linked to 28% higher risk of low bone mineral density.[4]

Studies have shown that caffeine and alcohol can trigger hot flushes and poorer sleep patterns in women going through the menopause [5,6] Researchers concluded that hot flushes were worse for women with overall poorer health. [7]

Summary

Keeping away from processed carbs, added sugars, alcohol, caffeine, spicy foods and foods high in salt may lessen the symptoms of the menopause.

Also, a diet, high in fruit, vegetables, whole grains, high quality protein, dairy products and omega 3 fatty acids from fish should help. Ultimately, these simple changes to your diet may make this transition in life easier.

WHY HAVE I NO ENERGY AND ALWAYS FEELING TIRED?

The hormone changes, that happen during the peri-menopause and then stop during the menopause can make it harder for you to sleep at night leaving you tired during the day. However, even if you're in your 40's or 50's, fatigue isn't necessarily due to the menopause and any other causes needs to be outruled, so it's advisable to talk to your doctor.



5 Ways to beat Menopausal Fatigue [8]

When fatigue is constant and severe it can affect your quality of life.

However, you can take steps to restore your energy.

1 Make time for regular exercises, a study in 2014 [10] states that physical exercises can substantially reduce menopausal symptoms and body weight and very importantly, you are more likely to turn exercise into a habit, if you enjoy it !

2 Develop a good sleep routine: A good night's sleep can leave you more energised.

Try going to bed and getting up at the same times, even at weekends.

Avoid caffeine and alcohol too close to bedtime.

Try a warm bath or shower before bed.

Avoid watching TV, phone or reading in bed.

All of the above help to establish a good routine.

3 Meditate

Stress can erode your energy and interrupt your sleep.

Sit quietly on your bed or a chair, close your eyes, relax your shoulders and just be aware of your breath , in and out. Thoughts will cut in and out, especially negative ones, so gently steer them out again.

"I don't like meditating, here's why I do it", I don't like meditating but when I do it regularly, life is better, stress is lower, my health improves. Problems seem smaller, I seem bigger [11a]. Walking meditation calms your mind when you focus on your steps rather than focussing on your breath. Listening to music, especially music without lyrics produces the same impact of meditation.

4 Turn down the heat at night!

Experts say the ideal temperature for a good night's sleep is 18 degrees Celsius.

5 Reduce in size your meals.

Heavy meals can add to heartburn which can interrupt your sleep.

THE FOLLOWING IS AN EXTRACT FROM A POST MENOPAUSAL FRIEND:

Hot flushes ,oh my god ! Often and at the most inconvenient moments , but especially after coffee or wine , or sometimes, for just no reason . Night time sweats sometimes, but for me the most difficult part of menopause has been the affect it's had on my emotions , with feelings of vulnerability, tearfulness and perhaps over thinking things ! I find I can't let myself take things too much to heart .. what may seem important at the time may not be so if I just take a few deep breaths and stand back a little . I have found, that it's so important to take time out for myself, fresh air and a bit of exercise is great, and to eat well. And while every night is not filled with sleep, that's ok, as long as I'm not burning the midnight oil, bed early every so often has a great result... ..

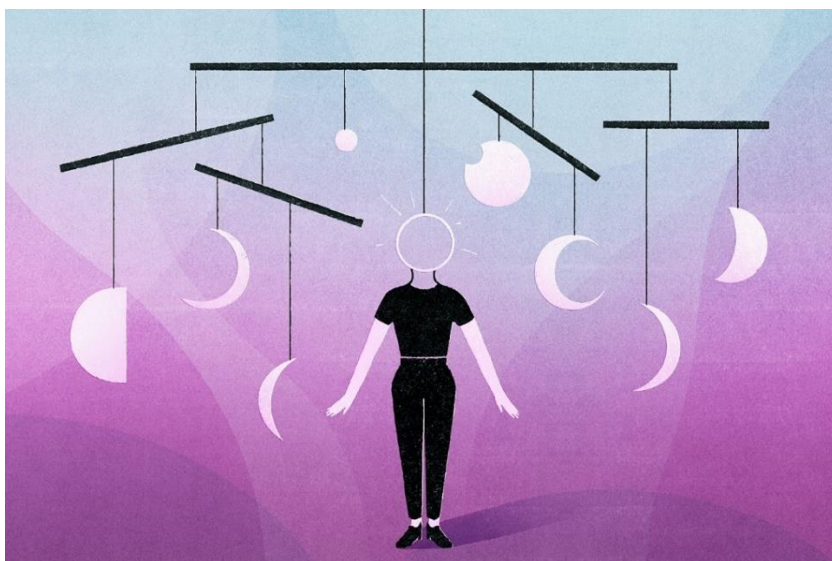


[10b]

MENOPAUSE AND YOUR EMOTIONS

For some, menopause can be associated with a diversity of emotions, both positive and negative.

The speed at which hormones fluctuate in some women and the physical changes that are related to the menopause can lead to mood swings, anxiety, irritability, feelings of sadness, memory problems and concentration and even depression.



[10c]

Why is the Menopause associated with Emotional Changes?

“Social theories point to changes in the family and environment”, citing the departure of children, loss of a partner, and lack of employment that may occur around the time of menopause as possible culprits.[11A]

It looks like, variations in hormones throughout the body prompt changes in brain chemicals (neurotransmitters), which causes mood effects.[11A]

New levels of emotions, including difficulty sleeping and decreased libido often accompanies menopause, as well as a feeling of sadness or loss, because pregnancy may no longer be possible.[11A]

As one friend spoke to me of her journey.... Menopause first hit when she missed a period and thought she was pregnant, she knew of others in their late forties who got caught!

Her pregnancy test confirmed a negative result, it was a sigh of relief but bittersweet, as she knew it was the end of her fertility. It's a strange time in one's life and seldom spoken of! She shared that after struggling with hot flushes, insomnia, palpitations, brain fog and loss of libido, visits to her GP, & specialists with prescriptions for anti depressants and HRT, what worked best for her was to exercise regularly, good food choices 90% of the time, and to celebrate the change of life !

MANAGING MENOPAUSE-RELATED EMOTIONS

Your menopause associated emotions can range from mild mood swings to severe depression. Anxiety can lead you to feel worried, preoccupied, nervous or panicky.

Many mild emotional symptoms can be managed through alternative therapies such as;

- Exercise
- A healthy diet
- Breathing exercises
- Yoga

There is some evidence that hormone replacement therapy (HRT), which is used to treat a variety of physical menopausal symptoms, may also help to relieve menopause-associated depression and or anxiety.[11A]

HERE'S WHAT THIS WOMAN HAD TO SAY ABOUT HER JOURNEY:

I'm 51, it was late Spring, I should feel good but instead I had this feeling of dread, I was overwhelmed by anxiety, very tearful at the slightest remark from family or work colleagues. I felt my self confidence was mysteriously being ripped away from me. My doctor confirmed I was in the menopause, explained ways of dealing with it and HRT. I took up jogging and no matter what the weather, I jogged every day and some 5 to 6 months later, I began to feel an inner peace with myself. I didn't need HRT, I didn't have hot flushes nor the accompanying night sweats. I think I was lucky.

MENOPAUSE; WHEN TO SEEK HELP FOR YOUR EMOTIONS

Luckily, the emotional roller coaster that may accompany menopause will usually go away with time. “Menopause related changes are ‘normal’,and are typically temporary. But menopause-related mood swings can be a problem in some women.”[11A]

‘Feeling down or blue for most of the day nearly every day, for two weeks suggests depression.[11a]. If you are depressed, your sadness may be accompanied by other symptoms, such as sleep problems, appetite changes, physical aches and pains, trouble concentrating, fatigue, and lack of interest. Talk with your doctor if the symptoms persist, if they interfere with your life or relationships, or become severe. If you feel suicidal or have thoughts of hurting yourself, you should seek help immediately.[11A]

If you are anxious or depressed, interpersonal therapy (based on talking) may be of help to relieve your symptoms. For moderate to severe depression or anxiety, medications can help.[11A]



[10d]

HRT AND CANCER

In 2002 a study in the US created concern about a possible link between using HRT and the finding of Breast Cancer. The study was called Women’s Health Initiative (WHI) and was commissioned by the US government to look at the health of older women in 2002.

Some women were given HRT (Premarin, rarely prescribed today) and others were given a placebo, all were over the age of 55 years. In the first 5 years, no difference was noticed in the 2 groups of women, but after those years, there was a slight increase in cancer in the women on HRT. However, the number was small and there was no suggestion that the HRT was causing the cancers.

The number of breast cancers seen was small and equalled the number of that seen in women who have a glass of wine a day. The information from the study did not suggest or prove that

the HRT caused breast cancers to develop, only that there was a slight association in some older women over time.

They chose to halt the study at that time until more information was collected, which was sensible, however, sadly some of the authors of that study wrote a paper about HRT and breast cancer without discussing it with the other authors. Then their article in the medical journal was worded in a very alarming tone and popular papers picked it up and terrifying headlines ensued.....

‘HRT’ causes breast cancer’, without any actual data to support this !

Result..... millions of women stopped taking HRT and many doctors who hadn’t read all the information were still warning patients to avoid it at all costs.

Finallyin 2015, The National Institute for Health & Care Excellence (NICE) made recommendations and guidelines for doctors and nurses and published a review of menopause care and HRT, which reaffirmed;

‘If your patient is suffering and needs HRT to control troublesome menopause symptoms, she should feel confident to use it and you (GP) should support her in her choice [11b].

RISKS VS BENEFITS OF HRT [11B]

Hormone Therapy: Helps lessen hot flushes and vaginal dryness and may prevent bone loss.

Vaginal Oestrogen: Lessens vaginal dryness, relieves discomfort during sex and some urinary symptoms.

There is no data to suggest that HRT causes breast cancer.

Hormone Replacement Therapy, HRT, can be given as a combined tablet with oestrogen and progesterone or oestrogen alone can be administered as a gel that you can rub into your arm, a spray onto the arm or a patch placed on the thigh/buttock and progesterone can also be given via the Mirena coil for people with a womb. A combined oestrogen and progesterone patch is also available.

What I strive to accomplish is for women to take HRT when they have a full understanding of its benefits and its risks.

The risk of breast cancer is very small. It is of similar magnitude of drinking a glass or two of wine a night or being overweight.[22]

Those taking oestrogen alone (if they have no womb) and those under 51 years of age taking HRT do not have an increased risk of breast cancer. Any risks are reversed when they stop taking it.[22]

They do not need to take it for a minimum amount of time and the dosage and type of HRT is worked out on an individual basis with the woman’s doctor.[22]

The Nice Guidelines 2015 clearly state that, for the majority of women under 60, the benefits of HRT outweigh the risks This statement alone should give GP’s more confidence to consider and prescribe HRT to women with menopausal symptoms. Women also need to access more information about their menopause so they can make an informed decision about taking HRT

and hopefully getting on and enjoying their lives and putting menopausal symptoms behind them [22]

Another significant benefit of HRT's use is the effect it can have on preventing and treating osteoporosis and fractures.

HRT can delay the onset of osteoporosis and can help reverse it, if used early enough. Osteoporosis can lead to hip and spine fractures, one of the major causes of death and decreased quality of life for older women.

Sadly, when HRT is stopped, the bones' quality, quickly declines and women at a high risk of osteoporosis should be offered alternative therapies.

A FRIEND'S MEMOIR;

Trying to remember menopause... it's seems so long ago (I'm 67) now. Got my last period when I was 54 years old, I was delighted, as I'd suffered with pre menstrual tension and bad periods so I was very glad to see the back of them.

I experienced hot flushes that were very uncomfortable and almost embarrassing sometimes, especially when in large groups of people. I was also irritable at times, and up and down with my emotions. I got sage drops for flushes and evening primrose oil capsules and found they helped a lot. I walked more and did meditation which also helped greatly. After a full year of no periods, I was so excited to have entered the meno! The physiological effect of no more periods and feeling completely safe from pregnancy was so liberating. My husband and I even planned a weekend away to celebrate!

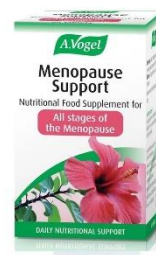
HRT ALTERNATIVE THERAPIES [11B]

Over the counter mineral and vitamin supplements can help alleviate symptoms. None are as effective as HRT but may help.

Some women have tried blood pressure medications (as recommended by their GP's) to relieve hot flushes and sweats with good response. And some of the newer anti depressant medications have been shown to give good relief from hot flushes too in very low doses.

Mood problems can be helped with these drugs too. (B)

Bio-identical hormones are not the same as body identical hormones and the former are not recommended as it is unclear how safe they are.[23].



Vaginal Health

Oestrogen is essential for healthy collagen levels in the vagina.

When oestrogen levels drop, the vagina dries up, the walls become thin and lose their normal elasticity.

This can lead to uncomfortable sex, recurrent bladder infections and loss of bladder control (incontinence) Local oestrogen pessaries or creams can have a wonderful effect on these symptoms and they don't enter the blood stream.

Vaginal Lubricants increase comfort during sex.

Self-Care

There's a lot more to menopause than HRT.

Postmenopausal health is about a lot more than your ovaries and uterus !

Treat yourself to a midlife medical check-up. Mind your weight, exercise and eat well. Keep a check on your blood pressure. Improve your wellbeing and contentness through mind-body-spirit therapies, be more kind to yourself and seek help if you need it.

Regular preventative screenings, such as mammograms , Dexa scans for bone density and cervical screening, mole checks and colonoscopy . Remember your teeth and gums and your eyes too. There's never been a better time to focus on your own wellbeing. So by keeping healthy, we can grow older but feel younger!! [11c]

BEST WAYS TO SUPPORT PARTNERS DURING MENOPAUSE

When women are encountering mood swings and other challenges of menopause, their partners may not know how to support them. This overview includes advice for ways partners can stand by their loved ones during this transition.

A certain proportion of women may feel that they lack sex appeal and are old and unattractive, or dispensable. The physical changes they experience during this time may cause weakness, forgetfulness or discomfort. Finally women in menopause may feel sad or angry as they enter a new stage of life [12]

Not All Menopausal Women Have Mood Swings



[11d]

Luckily ,some women in menopause may look forward to this transition and feel dynamic ,happy or hopeful and are far removed from the pressures that young women face, to live as they please now.

How Partners or Family Members Should Respond:

Partners generally don't discuss how to be supportive once menopause looms. But during this transition, partners may spend more time together than they have in years, especially if their children have left home or an aging parent has died.

For some couples, more time together may be welcomed or not!

You can support your partner by learning about the menopause, practicing patience with her, as she transitions, and appreciating her interests.

Ways to Support a Partner in Menopause

Educate yourself. Learn as much as you can about what menopause is like and what changes and experiences one can expect. Once you see that mood swings and hot flushes are common and it is nothing you are doing, you can relax about her ups and downs [13]

Talk, even if communication doesn't come naturally to you. If you tell her that you want to be helpful, then your menopausal partner will, at least know you are on her side.

Believe Her. This can be a really trying time, so if your partner says she's doing her best , believe it. Sometimes women feel fragile and hardly know themselves during the menopause years. Even if it looks to you as though she could " help it " if she wanted to, it may not be that simple.

Be Patient. Patience is vital in both the short and the long term. Cutting her some slack when she seems sad or angry will go a long way. The message you send when you are patient is" *You are worth waiting for and this isn't going to last forever*"

Don't personalise her moods. If your partner gets upset, don't turn her upset into your upset. She can be angry, sad or frustrated and you can listen to her without making it about you.

Offer to help. Getting help with the dishes or having the living room tidied up when she gets home can help ease a hectic schedule. Do whatever you can to help her from feeling overwhelmed.

Approve of her. This is a perfect time to tell her that you admire her, without patronising her though. Remember why you're together. In the heat of the moment, remind yourself why you have chosen to stay with her.

Help her to get the sleep she needs. Insomnia is very common during the menopause and if you are a snorer, find a way to prevent waking her up.[13]

Offer to sleep in the spare room during week nights so she can get some real sleep. A good night's sleep will improve her mood tremendously.

Support her interests. If she wants to take a night class or join a book club, do what you can to make it easy for her. Support her health. Getting started on an exercise plan is easier if you have company. Offer to take nightly walks with her, it can become a healthy ritual that you both feel good about

If she is worried about weight gain, plan to cook healthy meals.

Plan Ahead Talk about situations that stress your relationship and make a plan for dealing with them. If visiting your mother sends her over the edge, talk about the best ways to manage these trips. If you often fight about money, devise a plan to discuss your budget without setting each other off.

Be Playful

Plan surprise gifts or secret dinner outings that celebrate your connection. Keep your sense of humour to let her know your relationship can still be fun. But be careful not to use sarcasm to make a point or humour to show anger or disapproval.

Don't Pressurise Her for Sex

Sex is a common struggle during the menopausal years, when libido may wane for her (or you) and one partner wants sex more than the other [14] The trick is in finding a balance of closeness, touch and sexual activity. Focus for a while on just staying physically close. Ask her what feels good to her and offer to do it. Foot rub or a shoulder massage can help you stay connected.

Vaginal changes during the menopause can make sex uncomfortable or even painful. If so, encourage her to talk to her GP about treatments that might relieve the discomfort. If your sexual appetites are vastly different and there doesn't seem to be a way to reconcile them it might be time to consult a sex therapist. These professionals can help you find the middle ground [14].

Get Help

Not all women will need heavy duty support through menopause. Many will at least need a little boost from time to time. Your intentions will be appreciated and just knowing that you want to support her (and not blame or punish her) will mean an awful lot. Women in menopause need understanding, friendship, patience and lots of laughter.

She needs to know that you love her and once you are over the worst of these changes, you will still be a couple. If you don't have the skills to support the woman in your life during this transition, perhaps couples counselling will help.



[14b]

WOMEN AT WORK AND THE MENOPAUSE

As most nurses and midwives working in the Irish Health system are women, it's vital that they receive the support they need in the workplace during their menopausal transition (Kathleen Kinsella WIN magazine, Oct 2019)

Approximately 1-10% of the population experience early menopause or premature ovarian insufficiency. This group of women will encounter the same symptoms as older women experiencing menopause [15]

For some, going through the menopause may be uneventful and not impact on their working lives. For others, however, it may become increasingly difficult to function effectively and their working conditions may exacerbate their symptoms.

The British Occupational Health Research Foundation published research that explored women's experience of working through the menopause [16]

This showed the following :

- Many women found they were ill prepared for the menopause, and even less equipped to manage its symptoms at work.
- More than half had not disclosed their symptoms with their manager.
- Most women felt they needed more advice and support.
- Work places and work practices are not designed with menopausal women in mind

Support

There is much that employers can do to support women going through the menopause, although evidence suggests the menopause is still a taboo subject in the workplace [17]

Attitudes to the menopause can range from empathetic and understanding to insensitive and jokey, to a complete lack of sympathy for employees who are experiencing this normal life event.

In a recent report on supporting older workers, the UK government's advisor on older people called on employers to recognise the symptoms of the menopause in their workforce, to speak openly about it and to understand the great advantages a 'mid aged ' female workforce can contribute to any employment [18]

HOW WORKPLACES CAN HELP

Communication, support and sensitivity are essential in order to support and understand employees needs during the menopause transition [19] Having resources in place that are available to all staff will ensure that women are supported during this time and will raise awareness in the organisation of the work issues that can accompany menopause.(Kathleen Kinsella, RCSI 2019)

Study of 4,000 women [22] found that 50% were struggling, having given up their jobs or not taken a promotion at work as a direct consequence of their menopausal symptoms, mainly fatigue, memory problems and anxiety.

We have to empower women, but we also have to give healthcare professionals the necessary tools, the evidence and the knowledge to help them to help women.

BLEEDING AFTER MENOPAUSE: IS IT NORMAL?

Menopause is the end of menstruation. In clinical terms you reach menopause when you haven't had a period for 12 months. Vaginal bleeding after menopause isn't normal and should be evaluated by a doctor. Postmenopausal vaginal bleeding can be caused by:

- Uterine Fibroids
- Uterine polyps
- Infection of the uterine lining
- Medications such as hormone therapy and tamoxifen
- Bleeding from the urinary tract or rectum
- Excessive overgrowth of the cells that make up the lining of the uterus (endometrial hyperplasia)
- Thinning of the tissues, lining the uterus (endometrial atrophy) or vagina (vaginal atrophy)
- Cancer of the cervix or vagina
- Cancer of the uterus, including endometrial cancer and uterine sarcoma

The cause of your bleeding may be entirely harmless. However, postmenopausal bleeding could result from something serious, so it's important to see your doctor promptly.[20]

What can a Woman expect when she visits her Doctor?

To begin with, she'll have a consultation as to how best to cope and manage troublesome menopausal symptoms, such as night sweats, anxiety, hot flushes and vaginal dryness.

There is an array of options to treat these symptoms such as body identical HRT, lifestyles changes and HRT. There's also support services available too such as acupuncture, physiotherapy and counselling.

"There is no way those A listed superwomen are getting through the crazy hormone stuff of menopause without a little TLC from HRT and yet very few of them talk about it, why?"[11c]

CONCLUSION:

It's so good to hear all the wisdom from other women, so I know now that I'm not going mad, I also know that nothing remains static which is liberating and yes we can free ourselves from the effects of the Menopause.

I am post-menopausal, I have adapted, and I think I'm a wiser woman now.

I didn't realise that I would sometimes feel menopausal, post menopause!

Like most women, I had a general feeling of what to expect from being menopausal, hot flushes, irregular periods, moodiness, Insomnia, tiredness and anxiety. I became like the living dead, I was overwhelmed with fatigue, but the positive news..... It does stop, but it takes time. Our resilience to get anything done during those years, still amazes me! Personally, what's worked is not putting too much pressure on myself, getting as much sleep as I can, and doing the stuff I love, like yoga, walking and spending time with my family and friends, having a lengthy discussion with my GP and starting HRT.

These are the symptoms most typically mentioned when you read about the menopause in women's magazines. What I wasn't prepared for, was how uncontrollable, intense and harsh some of these symptoms can be.

Experiences differ for people, but from reaching out to others and listening to their stories, it's evident that these experiences can often go unheard.

I wrote this book during the Covid 19 Lockdown and like so many other people, I realised how little we need, apart from love and connection and how one can stop chasing unrealistic expectations. For me, that has gone a long way to reduce stress, not to mention stress related to the menopause. As we have seen, the menopause can affect one's confidence, one's work and personal life. I got through it, I feel myself again, if not better! My hope from this manuscript, is that it will encourage more research and more sharing of menopausal experiences

ACKNOWLEDGMENTS

I would like to thank all of the women who so kindly shared their heartrending, honest and often witty stories during their menopausal years, I am indebted to you all.

I would like to thank my beloved daughter Dervla who at the beginning of this lockdown,

patiently and painfully gave me lessons in IT skills, gave me tips on how to collect data, was a walking thesaurus for me, made me endless mugs of coffee, forced me to close the laptop when the working day was over.

I'd also like to thank my work colleagues, who didn't forget me although I was remotely working, thanks for all the advice, kind words and good humour.

From my menopausal heart to yours,

Warmest thanks,

Sheila

References

{A} Stock photos/Menopause Brasil 2017

{B} Vogel Menopause Support, sod in Holland & Barrett 2020

[1] Lizcano,F Guzman,G 2014, Oestrogen deficiency and the origin of obesity during menopause.

[2] Sullivan ,SD. Et al April 2017 Women's health initiative Clinical Trials

[3] Candyce ,H et al 2012 Effects of a dietary intervention and weight change on vasomotor symptoms, Women's health Initiative

[4] Kwon SJ. Et al Apr 2017 Osteoporosis, High dietary sodium intake is associated with low bone mass in postmenopausal women; Korea National Health & Nutrition Examination survey 2008-2011

[5] & [6] Archer DF. Et al Climateric Oct 2011, Menopausal hot flushes and night sweats; where we are now.

[7] Stefanopoulou E. et al Nov 2013 Climateric An international menopause society study of climate, altitude , temperature and vasomotor symptoms in urban Indian regions.

[8]{Stephanie Watson is a freelance specialising in Consumer Health, reviewed by Judith Marcin MD Oct 9th 2017

[9]]Ward Ritacco CL et al March 2015 'Menopause' Feelings of energy are associated with physical activity and sleep quality, but not adiposity in middle aged menopausal women.

[10}] Zhang J. et al Dec 2014 issue of Menopause

[10b]www.cafepress.com/Tshirtdiva

[10c]The Brain Fog of menopause.The New York Times 2018

[10d] Is HRT the right treatment for menopause fatigue? Menopause Now by Marie S.2016

[11]Jason Brick, and medically reviewed by Timothy J legg PhD PsyD , March 25th 2019

[11A] Ellen Freeman, PhD Research professor and director of the human behaviour and reproduction unit in the department of Obstetrics and Gynaecology, University of Pennsylvania, Medical centre in Philadelphia.

[11b] NICE 2015 www.women's-health-concern.org and www.menopausematters.co.uk

[11c] Dr Deirdre Lundy

[12]Bromberger JT, Kravitz HM. Mood and menopause: findings from the Study of Women's Health Across the Nation (SWAN) over 10 years. Obstet Gynecol Clin North Am. 2011;38(3):609-625. doi:10.1016/j.ogc.2011.05.011

- [13] Hoga L, Rodolpho J, Gonçalves B, Quirino B. Women's experience of menopause: a systematic review of qualitative evidence. JBI Database System Rev Implement Rep. 2015;13(8):250-337. doi:10.11124/jbisrir-2015-1948
- [14] Thornton K, Chervenak J, Neal-Perry G. Menopause and Sexuality. Endocrinol Metab Clin North Am. 2015;44(3):649-61. doi:10.1016/j.ecl.2015.05.009
- [15] Royal College of Nursing 2011 RCN Competences; an integrated career and competence framework for nurses and health care support workers working in the field of menopause. Publication code 003 528
- [16] www.bohrf.org.uk/downloads/Work_and_the_Menopause-A_Guide_for_Managers.pdf
- [17] Grandy A, Gabriel A, King E. Takling Taboo Topics, A review of the 3 M's in working women's lives. J Management 2019;https://doi
- [18] Altmann R. (2015) A new vision for older workers: Retain, Retain, (UK Government)
- [19] Abernethy K (2018) Menopause- the one stop guide; Profile Books (London)
- [20] Dr. Shannon K. Laughlin-Tommaso, MD, JULY 13th 2018 obstetrician/gynaecologist Rochester, Minnesota affiliated to The Mayo Clinic Rochester, Minnesota
- [21] Dr Shannon K. Laughlin-Tommaso MD Obs/gynae Jan 2
- [22] Dr Louise Newson 2021, Menopause Specialist, Newson Health, Stratford-Upon-Avon, Bath, UK
- [23] British Menopause Society 2021
- [24] National Health Service (NHS) 2018

'If quoting directly from this material please ensure you acknowledge the author'

Compiled by Sheila Barrett, RGN, RM 2022

