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Women need clear, evidence-based information to break through the conflict and confusion about menopause treatments. Often referred to as “the change”, the menopause refers to the biological stage in every woman’s life when their periods stop and the ovaries lose their reproductive function. Usually, this occurs between the ages of 45 and 55, but in some cases, women may become menopausal in their 30s, or even younger.

The recent launch of the Nice guideline on the diagnosis and management of the menopause was a monumental menopausal moment! For the first time, leading experts in the field have examined all of the existing evidence and we have been presented with information and advice, which will not only enable women to better understand the consequences of the menopause and make informed choices about their treatment, but also ensure that healthcare professionals can provide women with evidence-based information about the benefits and risks of different treatment options in order to come to decisions on an individual basis.

Every woman experiences the menopause differently. Symptoms can last from a few months to several years and up to 80% of women experience physical and/or emotional symptoms during this time. These can include; hot flushes and night sweats, tiredness and sleep disturbance, joint and muscle ache, mood swings and depression, forgetfulness or lack of concentration, vaginal dryness and loss of interest in having sex.

With life expectancy at 83.2 years, many women are living in this post-menopausal phase for half to one-third of their life and these symptoms can have a significant impact on their health and wellbeing as well as their work and relationships. The menopause is not something that just affects “older women” but those in “mid-life” - often when they are juggling demanding jobs, school-age children and elderly parents. Despite this, many women are unaware of the impact of symptoms, later health problems and that diet and lifestyle changes can help improve their symptoms. Sadly, many are also often confused about the benefits and risks of treatment options.

We know that many women choose to go through the menopause without seeking treatment. Others prefer to help to manage their symptoms either by using hormone replacement therapy (HRT) or an alternative treatment option such as cognitive behavioural therapy, relaxation techniques or herbal medicines such as black cohosh, isoflavones (plant estrogens) or St John’s wort.

HRT has been controversial for many years and has frequently divided opinion. The evidence underpinning the benefits and risks has been accumulating for many years and this guideline has focused specifically on the risks of breast cancer, heart disease, stroke and bone health in women aged between 50 and 59.

This guidance is unequivocal in recognising that HRT is an effective treatment for menopausal symptoms, particularly with the management of hot flushes. However, the benefits and risks will stack up differently for each woman.

Guidelines mark a monumental menopausal moment...
and whether or not to take HRT is an individual choice. Let’s start with the good news. The evidence tells us that HRT not only reduces symptoms but can also improve bone health and reduce the risk of osteoporosis and fractures in later life.

The slight increased risk of breast cancer associated with HRT has been widely documented and is not disputed in this guidance. To put this into perspective, breast cancer is the most common cancer in women and approximately 23 in every 1000 women in the general population will suffer from breast cancer over a period of 7.5 years. For women taking estrogen and progesterone HRT, we will see around five extra cases of breast cancer over the same timeframe. Estrogen-only treatment, which is given to women who’ve had a hysterectomy, shows four fewer cancers in the same time frame. It’s the progesterone that appears to have an effect of increasing disease.

This risk is related to the treatment duration and reduces after stopping HRT, suggesting that HRT may, in a small number of women, promote the growth of breast cancer cells that are already present rather than cause the cancer.

Heart health and stroke risk are other areas that are widely debated. Looking at the most recent evidence from the Cochrane collaboration, we can conclude that if 1000 women under 60 years old started HRT, we would expect six fewer deaths, eight fewer cases of heart disease and five extra blood clots over about seven years, compared with 1000 similar women who did not start HRT.

We must remember that HRT is just a small component of post-reproductive health and the treatment of menopause depends on a clear and complete understanding of an individual woman’s circumstances as well as the health of women in their later years. Our focus as health-care professionals is to ensure that women receive clear, evidence-based information to help them make decisions about their health.

It’s also important to remember that lifestyle factors such as obesity and smoking play a huge role in a woman’s short and long-term health and we encourage all women, no matter what their age is, to maintain a balanced diet, engage in regular physical activity and refrain from smoking. This advice is particularly relevant for menopausal women, as lifestyle factors – particularly being overweight - impacts on the severity and length of menopausal symptoms and on later health.

Women deserve high-quality information on their choices. Although we appreciate that too much information may be confusing for women, who may want their health professional to tell them “what’s best”, managing the menopause is an area of medicine that is truly individual and we hope this guidance will empower both health professionals and women to work together on deciding the best treatment options for them.

**Contact Menopause Matters**

If you would like to tell us about your menopause or if you have any questions, please contact:

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Fifty-five women every day die from gynaecological cancer.

The Eve Appeal, the UK’s only gynaecological cancer research charity recently highlighted a lack of knowledge around the signs and symptoms of gynaecological cancers. This led to so many inaccurate assumptions about the links between sex and cancer and a sense of a greater stigma around gynaecological cancers than other forms of the disease. They also worryingly highlighted the fact that women are not addressing on-going gynaecological health issues due to misconceptions about who is at risk; often dismissing these signs and symptoms of just a natural progression due to their age – or in other words – the menopause.

Despite enormous progress in medicine and research over the past 30 years, there are 20,000 new cases of gynaecological cancer diagnosed in the UK each year and sadly there are 7600 related deaths. This amounts to far too many mothers, daughters, partners or friends to lose to the disease. For this reason it is so important to continue to raise awareness of gynaecological cancers, as well as the key signs and symptoms. They are so often not spoken about due to embarrassment or because many women are unsure about how to approach the subject.

Many of the women surveyed believed that such cancers are associated with sexual promiscuity, while almost 40% felt there was a greater stigma around them than other forms of the disease. This “disgrace” is preventing women from seeking potentially life-saving medical advice, with one-quarter of respondents saying that they are put off talking to their GP about gynaecological health problems because they don’t want to discuss their sexual history.

There is an established link between some forms of gynaecological cancers and the sexually transmitted High Risk Human Papilloma Virus. But

**Dr Adeola Olatan, consultant gynaecological oncologist commented:** “It’s shocking that so many women are avoiding seeking help for gynaecological health problems for fear of being judged on their sexual behaviour. “It is a proven fact that early diagnosis of women’s cancers can save lives, so it’s important that we all start having honest conversations about the signs and symptoms of these diseases in order to break down the social taboos.”

**Athena Lamnisos, CEO of The Eve Appeal, said:** “We are committed to tackling the stigma around gynaecological cancers and our greatest tools for achieving this are education and conversation. “That’s why it’s critical women open up and share their experiences and concerns around gynaecological health so that we can begin to address the misconceptions around the causes and symptoms of women’s cancers that have been highlighted in this survey.”

I’d been experiencing long periods for four months when I went to see my GP back in January 2014. I’d been using a contraceptive implant for nearly 10 years and it had stopped all monthly period bleeding for the whole time, so a three-week period in October 2013 was a bit of a surprise.

I called my GP who advised to make an appointment once the bleeding has stopped. The bleeding would stop for a day or two, I’d get ready to lift the phone and then it would start again. Christmas with all its chaos came and went. The prospect of an internal examination with the GP put me off and I reasoned that this was probably the start of the menopause. Nothing to worry about. I didn’t make that call back until January.

My GP acted quickly with an immediate referral to a gynaecologist as well as sending me off for blood tests and an ultrasound. The bloods came back normal, I wasn’t even menopausal but the ultrasonographer found a large fibroid. I thought, that would be it. The symptoms fitted. I never thought to mention that sex had been painful for some time, putting that down to scar tissue from two difficult births.

When I saw a gynaecologist a few weeks later, I went armed with my symptoms and family history written down. She examined my account of the past few months of bleeding, my contraceptive history, pregnancy history and my mother’s history of a hysterectomy in her late 40s, breast cancer in her late 50s and eventual death from cancer at 70.

She found what she called a “very large fibroid”, told me my womb was the same size as if I was 16 weeks pregnant and then organised a biopsy and removal of the contraceptive implant. The normal waiting time was 13 weeks, she said, but she’d like to do it in two.

So another round of waiting before the biopsy was performed as day surgery with an appointment set two weeks hence for the results. A week later I had a call from my gynaecologist’s secretary who said an early appoint-
this virus is so common that it can be considered a normal consequence of sexual activity – it is reckoned that 80% of people will contract some form of the HPV virus in their lifetime, even in those who have had one sexual partner.

There is currently no known association between HRHPV or any other sexually transmitted diseases and the two most common gynaecological cancers - ovarian or womb cancer.

One in five women aged 46-55 said they hadn’t sought medical advice for symptoms such as changes to periods, persistent bloating or pelvic discomfort. The reason for this is because they believed they were normal for someone of their age.

The fact is that post-menopausal bleeding is a key symptom of womb cancer, which women of this age group are at a higher risk of developing - with one third of cases in the UK diagnosed in women aged between 40 and 74. Age is also a significant factor in the incidence rate of other cancers; three-quarters of ovarian cancer cases in the UK are diagnosed in women over 55 and vaginal and vulval cancers occur most commonly in women over 60.

Dr Clare McKenzie, vice-president for education at the Royal College of Obstetricians and Gynaecologists said: “We fully support The Eve Appeal raising awareness of these cancers and changing the statistics that 55 women are diagnosed with a gynaecological cancer every day.

“Early detection is key to increasing survival rates and the results of this survey highlight the need to educate on the signs and symptoms.”

So now is the time to open up about gynaecological health and The Eve Appeal is at the heart of it, encouraging women to help raise awareness of women’s cancers and remove the taboo that stops women from talking to friends, family and doctors about these health problems.

Debbie Vince – Womb cancer

My cancer symptoms coincided with menopause, my periods stopped suddenly (after years of problems with fibroids and endometriosis) and I put the occasional breakthrough bleeding and pain down to my body just settling down. It didn’t happen very often and the bleeding was slight. I joked with my friends about having “my 20-minute period”.

I was very fit. In 2011, I ran five marathons, the last one in October (Loch Ness - my favourite!). I had a really bad time with it and couldn’t understand why I was finding it so tough.

I started to feel a bit “fluzy” a couple of days later that I put down to a virus and was probably why I found the symptoms didn’t really go and I assumed I had run a marathon while sickening for the virus. Isn’t it great how we can make excuses for the way we are feeling?

In November though, I started to bleed. I thought I was having a period and was a bit annoyed. The bleeding didn’t stop and got heavier and heavier so I went to see my GP who arranged an urgent scan for me to see what was going on.

I had the scan five days later. The day after that I started to flood. It was horrendous. I felt so ill. I was nauseous all the time and my bowels were really badly affected. I lived on Imodium a lot of the time and I was so tired, I could have slept for England. I still have stomach problems now but I am learning to live with them.

The treatment finished on May 1, 2012 and it was horrendous. I felt so ill. I was nauseous all the time and my bowels were really badly affected. I lived on Imodium a lot of the time and I was so tired, I could have slept for England. I still have stomach problems now but I am learning to live with them.
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I began to be aware that something was going on in my body at the age of 39, when I had thought I was pregnant as my period appeared to be late. I was totally unprepared when I realised that this was not a pregnancy at all, it was in fact my body coming into menopause. I had been in perimenopause.

I thought I had plenty of time to have a child and had mentally planned to conceive in my late thirties, early forties. When I was 29, I underwent oral chemotherapy for an illness I had that had been attacking my liver. I know now that this six-month course of treatment had a dire effect on my hormonal system and I believe today this may have been the direct cause of the onset of early menopause for me.

What came after the age of 39 was a gradual decline in sleep and an onslaught of night sweats and an inability for my body to feel at ease. It was all totally unexpected and I found it completely debilitating. It was as though a black fog had hit me. Forgetfulness, memory loss and an overwhelming sense of barrenness overcame me.

I felt bereft. I was not ready for this at all. I was, in my eyes and in my body, still a young woman who was in the creative stages of life, hardly menopausal or finished. The rites of passage from puberty to menstruation and womanhood to menopause seemed all too fast and it was as though a whole chapter had been untold and unread and my body was way ahead of my life.

I tried herbs, supplements, yoga, exercise, juicing, healthy eating and proper rest, self-care and relaxation to help me manage those dark moments and disembodiment. Nothing seemed to work. I didn’t sleep for the best part of three years. I felt betrayed by my own body and was a fragment of my former buoyant and vivacious self.

I lived all over the world and no-one seemed able to understand what I was going through. It hadn’t occurred to me that all these symptoms and experiences were due to the effects of menopause, which by the age of 43 was full blown. I began to think there was something seriously wrong with me emotionally and that this was all unresolved grief, due to two major bereavements I had experienced. I was wrong. This was simply menopause and my sadness was the loss of vitality and a feeling of utter emptiness and the feeling of having had the carpet pulled from under my feet yet again. I felt resigned.

In January this year I went to my doctor in London in desperation. I told her the story of the past five years and she tested my hormones, which were nil. I hadn’t been producing any estrogen or progesterone for years. She suggested bio-HRT. I was opposed to the idea of HRT, but I hadn’t heard about bio-HRT, which is made from plant hormones. I agreed. I was so sleep-deprived and a shadow of my former self by this stage that I just wanted to sleep through the night again and feel the power of life in my body again.

I began bio-HRT and now, nearly nine months later, I can honestly say I am myself again. No more symptoms. No more tiredness, no more black fog, night sweats, or feeling older than my years. It has been amazing. A total turnaround. I am really very grateful to my doctor for her care and consideration and can now function again and at 45, I am looking forward to the next chapter of my life.
I am 54 years old and I have been taking HRT for less than three years but my GP already wants to take me off it. It is the policy of the practice not to prescribe to anyone beyond three years. I am healthy, non-smoker and non-drinker with a slim build and no history of breast cancer in my family. This will be a disaster to me because of my current lifestyle and circumstances. My long-term relationship has had a strong intimate side, which was severely compromised before taking HRT. My job involves one-to-one and small group work exercise that requires me to be focused and alert and is all about communication and personal skills. This is my own business, which I am still building. I am having strong flushes and energy dips making it difficult for me to do my work. I am wondering whether I can go a private route and how expensive or viable this would be?

Louise Donaldson

The current recommendation is that there are no arbitrary limits to the duration of use of HRT. It should be an individual decision. Because we cannot predict how long menopausal symptoms last, we cannot predict for how long treatment will be needed. We also know that for many women symptoms last a long time.

The view is that for the majority of women under the age of 60 and for many beyond the age of 60, HRT provides more benefits than risks.

There has been publicity around menopause and HRT with the launch of the Nice guideline about menopause so hopefully myths such as this will be dispelled. Please discuss further with your GP and that they may consider changing their policy. You should not need to go private.

Promoting the guideline

I have read about the new menopause guideline and wonder if all GPs will be aware of it. I have been given mixed advice in the past and have found it all very confusing. Will this new guideline help?

Jane Lorimer

We do hope that the Nice guideline on diagnosis and management of the menopause will provide GPs and women with clear information based on review of many studies. Over the past decade we have heard about studies that have shown varied results, particularly around benefits and risks of HRT and often the risks have been exaggerated, making it very difficult for anyone to fully understand the evidence.

Nice has now clarified the confusion and made clear recommendations. Through the British Menopause Society we are working hard to ensure that the recommendations are widely read and understood so that women can be given consistent, accurate advice.

Boost for libido

I believe that some women take testosterone with HRT to help with low libido and low energy levels. Can this be prescribed on the NHS?

Beatrice Phillips

Testosterone preparations are not licensed for women in the UK. However, testosterone gel that is licensed for men can be prescribed in much reduced doses. A daily sachet or tube, which is the dose for men would be used over five to seven days for women. This would usually be under the direction from a specialist.

Libido is affected by many factors and while testosterone replacement can be helpful in some women, especially those who have had removal of ovaries, it is not always the answer. For those in whom it is required, the availability of preparations specifically developed for women would be very much welcomed.

Dr Currie answers your questions on the menopause

Advice against current thinking

If you are still having some periods then it is best to start at the beginning of a period. It is likely that you will have been prescribed a cyclical, or sequential HRT, which contains estrogen every day and progestogen for part of the month. Because progestogen is for part of the month, this will bring on a monthly bleed.

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Starting at the beginning of a period will try to fit in to some extent with your own cycle. It does not really matter when in the day you take the tablet. If you have most symptoms during the day then perhaps take it in the morning or if most symptoms are at night, then at bedtime. Find a time that suits and get into a routine of taking it.

The importance of getting into a routine

I have been prescribed tablet HRT and I am wondering when to start it. I am still having some periods so do I need to wait for a period and does it matter if I take it in the morning or at night?

Sheila Rees-Mogg

Casebook

We would like to hear from you

If you have a question for Dr Currie and you would be willing for it to be included in Menopause Matters please get in touch with us.

We are also looking for women to be featured in “My Menopause” articles. If you have a menopause story please get in touch. We will respect your preference to remain anonymous. Please get in touch with us:

Email the editor: mackay.andrew@btconnect.com
Meet Jessica, the Hampshire farmer who has become known as ‘The Duvet lady’

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In December 2005, I had what is called in the trade a total and radical hysterectomy; a large cyst had been discovered on one of my ovaries. There were concerns that the cyst might prove to contain cancerous cells and as women’s reproductive anatomy is closely connected cancerous cells can spread quickly in this area, I was told that the safest way ahead was surgery. Subsequently my uterus, fallopian tubes, ovaries, the cyst, the omentum were removed. As the diagnosis and advised extent of the proposed surgery sank in, I began to formulate questions. What if there was no cancer? Could a less drastic route be taken? Perhaps surgery could be limited to the removal of the cyst together with the affected ovary?

Blood tests were done and a CT scan of my abdomen carried out. I was assigned a specialist nurse, she phoned with the results. I was borderline, there were lines within the cyst that could have indicated pre-cancerous cells. My blood test returned a figure of 400, which would have been in the thousands if it was definitely cancer I was advised.

At my pre-surgery booking meeting I thought I would meet the surgeon but he wasn’t available. It wanted to speak to the surgeon as I wondered whether radical surgery was the only way to proceed.

It meant me returning to the hospital when I spoke to the surgical team. “It wouldn’t be very good, would it?” they said, “to open you up, remove your ovary and cyst, then have to open you up again if there is cancer.” Because of the way cancer can spread in the female reproductive tract, we think the safest way to proceed is for a radical and total hysterectomy. I was also told I’d be in pain after the operation.

When the day came I was first on the list and for this I was grateful. I was escorted to the theatre by two orderlies who appeared not to understand that anyone about to undergo radical surgery might appreciate a bit of putting at ease – they both ignored me completely and continued chatting about a night out.

The anaesthetist struggled to get the epidural in place and I was confounded and highly anxious about why I should expect to wake up in pain if I had an epidural. I thought about friends who had Caesarean sections, the two seemed utterly incompatible.

My abdomen felt as if it had been blow-torched when I woke up in the recovery room. In addition I had dreadful pains in my chest. I was given a tongue spray in case I was apparently trapped air can cause significant chest pain. I was given a morphine injection and slept for hours.

Assuming the worst was over, I was relieved to be on a small ward and with other women all of whom had had hysterectomies. The inevitable gallows humour and the camaraderie of the hospitalised soon developed among us. This kept me going.

Eventually though, the terrible pain in my abdomen returned and after waiting some considerable time, the nurses discovered that the epidural had come out. I was set up with a morphine drip that I could administer myself and when it arrived, it was truly nirvana.

Twice over the next couple of days the morphine ran out and on both occasions I was left waiting for an hour-and-a-half before a doctor could be found to give permission for the drip. The level of pain I experienced at this time left me struggling to cope. I went into an animalistic state and remember each time summoning from way back in my past a Buddhist mantra; reciting this, I was able to find some small sense of control.

I cried out continually and was embarrassed to be doing so in public. I pushed the buzzer. A nurse came and said they were on hand-over and nothing could be done. On the second occasion, my surgeon walked in to the ward. “Please ask them to sort out my pain relief,” I pleaded, “I am in agony.” He appeared embarrassed but moved swiftly on. Nothing happened.

Recovering from the physical assault on my body came slowly. Once home, a week later I began to find again my sense of grit and determination. The post-surgery booklet suggested I began with 10 minutes each day of walking; I began with 20. Four weeks later, on a wonderful bright Christmas day I made it to the top of the fell, 30 minutes’ walk from our house. That walk was a landmark and slowly, very slowly, I regained my strength and fitness.

Emotional fitness though, was a whole different ball-game. Two days after arriving home I found a voice message on my phone. It was a message from my specialist nurse; “Hi Karen; all tests back and no sign of cancer. All clear.” Hearing this, my first reaction was one of profound upset. Of course there was the relief that there hadn’t been any cancer, but this was tempered by what I had experienced in hospital and now – to leave just a voice message – it seemed so impersonal and I truly felt like a number who’d been sorted and spat out of the machine.

I had felt intuitively all along that cancer would not be found and the whole experience was deeply depressing.

The way I was treated in hospital was a barrier to making a more rapid emotional recovery.
After some months, when I was able to revisit the scenario sufficiently, to sit down and record what had happened, I wrote to make an official complaint. I was careful though, to also praise the nurses who clearly worked under huge pressure.

I received a letter in return that simply said my file had could be made. By now I was also suffering the effects of being plunged into the menopause. Flushes had arrived soon after the surgery and my mood was low and getting rapidly lower as the months wore on. After six months, I remember going for a walk one day and wondering what would be the most effi-

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t the end of the first year, added to all this, I was also experiencing profound feelings of guilt over what appeared to be the end of our sex life. I asked my GP if there was any support available. Her response: “Go home and get on with it, the longer you leave it, the worse it will be.” I found a private sex therapist but after one session with her, I felt so overwhelmed that I gave up.

The suicidal thoughts remained. I was a total mess. God alone knows what my children made of me then. I made an appointment to see a long-trusted private physiotherapist about another matter. Alison was extremely perceptive and began to ask if I was coping. She suggested that my body was suffering from the shock of the sudden nature of change and that I might find HRT of great help.

Thank goodness for her suggestion. I saw my GP and within weeks I was beginning to recover. That road though, was not quickly won. Even three years later I was still feeling angry and depressed about the way I had been treated. I sought counselling and on the advice of the therapist, wrote again to the hospital to lodge a complaint, this time including a complaint about them having lost my file. In their reply, the hospital stated that my file had never been lost, but that now I was outside the time limit for lodging a complaint.

In that second letter to the hospital, I urged them to provide services that addressed women’s emotional needs as well as their physical recovery. I said that all departments where hysterectomy took place should routinely offer counselling and postsurgery support. I said that all departments where hysterectomy surgery took place should routinely offer counselling and postsurgery support.

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In September this year, over five years later, a friend had a total and radical hysterectomy carried out in the same department. At no point was she offered any kind of counselling or the opportunity to express her concerns and feelings. She is 46 and has never had children. “Now I definitely can’t have children,” she said when I visited her at home, “but I would have appreciated someone acknowledging that and asking me if I wanted to talk about it.”

I thought long and hard about writing this article. I felt there was a need for these issues to be raised in the wider public, but I also felt a terrible responsibility about passing on any sense of fear and isolation to women who were waiting to undergo hysterectomy.

But forewarned is forearmed and I absolutely believe that women need to know what the implications of their surgery may be. For women who have already been through the menopause, hysterectomy may well have far less serious consequences, but I believe that it is behooven upon all health authorities to recognise where and how their services for women should improve. I believe that all women deserve to be treated with respect and with care for their physical and emotional wellbeing. Had I been treated so, I believe my recovery would have taken a far shorter time and the long-term negative impact on my life would have been less severe.

It seems that we still have such a long, long way to go to ensure that when dealing with hysterectomy, the surgery is not seen in isolation - as if life could possibly carry on exactly as it had before. It is simply not acceptable to go on performing surgery of this nature without addressing the profound emotional impact that many women will experience.

Reproductive organs are such an intrinsic part of our bodies and whether they have been used or not - one uterus; one careful lady owner, completely unused - another childless friend once said to me
In excess of 17 million people in the UK will suffer from arthritis by 2030. The good news is that there are management and care plans in place to help sufferers.

There are more than 100 arthritis-related conditions and as a culture we’ve learned to accept that joint pain and arthritis is simply one of those natural acts that happens as we age. Dancing, playing with grandchildren or simply bending down to pick up a ball or pull a weed can cause pain that has us reaching for the ibuprofen or glucosamine.

What we must realise is that pain is a signal to tell us something is wrong and although painkillers can help they are not really getting to the root of the problem. To help you understand what’s going wrong it is necessary to have some knowledge about joints.

In our body we have different types of joints from fixed, hinged to ball and socket and pivot that with ligaments, tendons and muscles connect our bones together. Surrounding joints is a protective sac that is filled with fluid (about the consistency of a raw egg white) known as a bursa. Also within the joint the bones have a protective lining made up of cartilage that helps them smoothly move over each other.

Part of this joint suffers injury or inflammation. However, not to be excluded from the mixture is menopause joint pain when joints become swollen, stiff and painful during menopause. It is known by doctors as arthralgia but is commonly called menopause arthritis. Although it remains unclear about the role of hormones in joints there is widespread opinion that it is due to the reduced level of estrogen. This female hormone is believed to play an important part in maintaining joint and bone health by minimising swelling. Many women during the perimenopause (2 to 10 years before menopause), notice joint pain for the first time.

It points to a situation during perimenopause, when estrogen levels start decreasing, women can feel the effects in their joints. Any imbalance that estrogen has been helping to calm may start rising to the surface. When hormones return to balance, women report a decrease in the joint pain.

Although there are many arthritic conditions, the most common are osteoarthritis and rheumatoid arthritis. It is believed by Arthritis Care that osteoarthritis will affect more than 17 million people in the UK in the next 15 years.

Osteoarthritis can be traced to a breakdown of the joint cartilage that combines with inflammation to most commonly affect hips, knees, spine, hands and feet. The first signs are likely to be swollen knees or legs that are sore when straightened or bent. Pain is caused by bone rubbing on bone when the cartilage has been broken down.

With arthritis, pain will be felt in certain pivotal points such as knees and hips and less so in surrounding muscle tissue. The main difference between muscle pain and arthritis pain is that after massage and rest, muscle pain will disappear whereas arthritis pain doesn’t.

Rheumatoid arthritis is an autoimmune disease that usually begins between the ages of 25 and 50 with about 75% of sufferers being women. Unlike osteoarthritis that is mainly associated with wear and tear of a joint or injury, rheumatoid arthritis causes inflammation in the fluid of the joint. Joints feel warm, swollen and stiff especially in the morning. When the inflammation persists, certain chemicals and enzymes may be released that erode the cartilage and bone, causing damage to tendons and ligaments around the joint.

This type of arthritis usually affects joints on both sides of the body starting with the small joints of the hands, wrists and feet. It is unpredictable and can come on suddenly or gradually with occasional flare-ups.

The immune reaction that causes rheumatoid arthritis can cause inflammation in the heart, lungs, nerves, blood vessels and skin.

A number of tests can be carried out to diagnose rheumatoid arthritis and other, less common forms of arthritis. Imaging of joints with X-ray or magnetic resonance imaging may be done to look for changes in the joint structure. Blood tests may be carried out and fluid analysed that has been drawn from inside joints.

Gout is often associated with ageing gentlemen that have an unhealthy appetite for port but it is in fact the third most common type of arthritis. It is caused by a build-up of uric acid in the body that causes crystal deposits to form in joints such as the big toe where blood is less well circulated. The uric acid dissolves in the blood and is removed through the kidneys and urine, however, if the kidneys aren’t working properly the acid can

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PeriCoach can help you strengthen and tone your way back to confidence....no more leaks....no more pads!

The many varieties of arthritis

Arthritis comes in more than 100 different varieties but common ones among older adults include:

Inflammatory spine arthritis or spondyloarthropathies - Inflammation of the spine joints is the key characteristic of this group of autoimmune diseases that includes ankylosing spondylitis and forms of arthritis related to psoriasis, inflammatory bowel diseases and infection.

Polymyalgia rheumatica and giant cell arteritis — Polymyalgia rheumatica causes moderate to severe muscle aching and joint stiffness, often in the shoulders, hips and neck. It can be associated with giant cell arteritis, in which the linings of certain arteries become inflamed, especially arteries of the head, neck and arms, causing symptoms of headaches, scalp tenderness, jaw aching when chewing or vision problems. Although there’s no known cure for giant cell arteritis, prompt treatment can be critical in preventing the loss of vision that may occur with this disease.

Systemic lupus erythematosus — This autoimmune disease, which affects women more than men, causes inflammation in the joint lining (synovial membrane). It may also affect other parts of your body, including your skin, kidneys, blood cells, heart, lungs and brain.

Infectious arthritis — Your joints can become infected by any germ that enters your bloodstream. Signs and symptoms may include a sudden intense pain, usually in a single joint. The affected joint may become warm and swollen, and there’s often an accompanying fever.

Diet plans cannot be overlooked as what you eat will also become part of a routine with the avoidance of certain food groups that are commonly associated with inflammation. These include corn and corn products, gluten, yeast, eggs, citrus and members of the nightshade family — eggplant, peppers, tomatoes and potatoes. Sugar and processed foods can increase inflammation.

Excellent information about care and management of arthritis is available at www.arthritis.org.uk

TREATING ARTHRITIS
Once it has been determined what type of arthritis you have there are various treatments for osteoarthritis, rheumatoid arthritis or gout that your doctor can prescribe along with lifestyle recommendations to reduce the degeneration of joints.

Unfortunately for most types of arthritis there is no cure. Steps can be taken to diminish pain but it never totally goes away. However, strategies can be worked out with your doctor to overcome obstacles that arthritis pain may cause.

Self-management programmes have been established that will help sufferers live with arthritis on a daily basis. Almost half of adults with arthritis report no leisure-time physical activity and this may be down to them being worried that by being active (or over-active) may trigger pain, cause damage to joints and make their symptoms worse.

Exercise is one of the best ways of controlling arthritis pain. A physiotherapist will advise on the best exercises for you once an assessment has been done about your joints and muscles.

Exercises are likely to include stretching, strengthening and aerobic to help maintain flexibility and to allow your muscles to work more efficiently.

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build up to a dangerous level. Diets that include excessive amounts of liver, dried beans and peas can also raise uric acid levels.

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At Menopause Matters we have regularly been contacted by women in a state of confusion about what is safe to take for their menopause symptoms. We can sympathise with GPs as it has not been easy for them to be assertive in their recommended treatment. Much of this is to do with the hopelessly flawed reports published more than 10 years ago about hormone replacement therapy being unsafe. It has resulted in much uncertainty about the risks with this medicine.

It is highly likely that as a consequence of this mystification that our mailbox and forum on the Menopause Matters website highlights a growing frustration from women whose GPs appear not aligned in their thinking about treatment. This so despite the number of more recent studies and reports that have been published emphasising the value and benefits attached to the hormones estrogen and progestogen.

Now after a lengthy period of consultation, the collection of evidence and recommendations from experts, people using services, carers and the public, enlightening guidelines have been produced that cover the diagnosis and management of “natural” menopause. The document also advises about the treatment and care for women that have been put into menopause overnight as a consequence of surgery or who are experiencing a premature menopause.

The guideline has been produced by Nice or the National Institute for Health and Care Excellence, which is a body that provides guidance and advice to improve health and social care. Its focus for this information is on key groups such as GPs, local government, public health professionals and members of the public.

It is hoped the confusion that existed in the past about the menopause and treatment options will now be clarified and that women will receive the appropriate treatment for their menopausal symptoms.

Women now live many years after their ovaries stop producing estrogen and the lack of estrogen can have significant short and long-term effects. The guidelines contain 10 key messages.

Individualisation
All women are different and respond differently both to menopausal estrogen lack and to response to treatments. Decisions have to be made on an individual basis, taking into account symptoms, past history, family history, diet and lifestyle and individual preferences and concerns.

Diagnosis
Blood tests are rarely required to diagnose perimenopause or menopause in women aged over 45 and should not be taken. While measurement of follicle stimulating hormone has often been used in the past to diagnose perimenopause or menopause, the level fluctuates significantly and bears no correlation with severity or duration of symptoms or to requirement for treatment. Reducing inappropriate use of testing FSH levels will produce savings in terms of cost of test, time for further consultation to discuss result and will reduce delay in commencing agreed management.

Provision of information
Emphasis is made on the importance of explaining to women about the stages and many consequences of the menopause, which extends beyond flushes and sweats and includes psychological symptoms, musculo-skeletal, vaginal, bladder and sexual effects, as well as long term effects on bone and cardiovascular health.

Note is also made of the need for contraception during the perimenopause and the impor-
tance of providing appropriate information for women who are about to undergo treatment that may lead to menopause. The menopause affects all women and can have significant consequences on impact of symptoms and later health problems. Many women are unaware of the effects and are confused about benefits and risks of treatment options.

“Ultimately, we want women and healthcare professionals to be empowered to make informed choices about menopause management and for much needed further research to ensue.”

Management
Diet and lifestyle advice should be considered, especially smoking cessation, weight loss, alcohol reduction and increasing exercise to help general health and wellbeing and all treatment types should be discussed.

For vasomotor symptoms such as flushes and sweats, HRT should be offered after full consideration of risks and benefits, since it was shown to be the most effective treatment with minimal risks. The type will be determined by whether or not the woman has had a hysterectomy, is perimenopausal or postmenopausal, past medical and family history, other medication and individual preferences. Clonidine or antidepressants should not routinely be offered.

Of the non-hormonal therapies, isoflavones or black cohosh have been shown to be helpful but consideration should be given that not all preparations contain the same amount or quality of product. For low mood due to menopause, HRT should be considered rather than antidepressants and Cognitive Behavioural Therapy can be helpful. For low sexual desire, testosterone can be considered if HRT alone is not sufficient.

Management of symptoms after breast cancer
Women who have had breast cancer or who are thought to be at high risk for breast cancer and who have menopausal symptoms should be offered a discussion about all treatment options. Of the non-hormonal options, St John’s Wort may be used but it should be noted that it may interact with other medications.

The antidepressants Fluoxetine and Paroxetine, which have been often used in the past for vasomotor symptoms, should not be used in women also taking Tamoxifen since interactions can occur, reducing the effectiveness of Tamoxifen.

Long-term benefits and risks of HRT
While for many women HRT used appropriately provides more benefits than risks, it is important to understand benefits and risks, which will vary from woman to woman, being strongly influenced by her baseline risk, which is affected by diet, lifestyle, past medical and family history.

Blood clot (venous thromboembolism - VTE), small increased risk with tablets but not transdermal (patch or gel) HRT. Transdermal should be offered to women at high risk for VTE, including those with body mass Index over 30.

Cardiovascular disease - no increased risk when started under age of 60. Appears to be a small increased risk of stroke with tablet but not transdermal HRT but baseline risk in low. For some women taking HRT, vaginal estrogen may be required in addition and can also be considered in women who may have medical problems for which there would be concern about using HRT.

Vaginal lubricants and moisturisers can also be used along with vaginal estrogen.

Review and referral
Review should be arranged with a healthcare professional three months after commencing HRT and, once settled on treatment, annually thereafter. Referral to a healthcare professional with expertise in menopause should be considered for women who have a complex medical history when it is uncertain if HRT can be used, if persistent side effects on treatment occur or if there is poor symptom control.

Starting and stopping HRT
HRT can be commenced for vasomotor symptoms or low mood or anxiety that is menopause related. Since we cannot predict how long symptoms will last, there should be no arbitrary limits for duration of use of HRT and previously held views that HRT should be stopped after two to five years or at the age of 60 are not backed up. When women do decide to have a trial off HRT to see if it is still required for symptom control, either stopping suddenly or gradually makes no difference to whether or not symptoms will return.

Dr Heather Currie, chair of the British Menopause Society, said: “We welcome the publication of this long-awaited Nice guideline on the diagnosis and management of the menopause. The menopause affects all women and can have significant consequences on impact of symptoms and later health problems. Many women are unaware of the effects and are confused about benefits and risks of treatment options.

“Ultimately, we want women and healthcare professionals to be empowered to make informed choices about menopause management and for much needed further research to ensue.”

Dr David Richmond, president of the Royal College of Obstetricians and Gynaecologists, said: “This guideline will help ensure the best possible care is provided in the diagnosis and treatment of menopause.

“For some women, menopausal symptoms can be quite debilitating and dramatically impact upon their quality of life. Compiled by the leading experts in the field and a comprehensive review of all of the existing evidence, we hope that this guideline will not only support healthcare professionals but also provide women with the necessary information to empower them to make informed decisions about their choice of treatment.”

Lesley Briggs, vice-chair of the RCOG Women’s Network, said: “We know many women suffer from menopausal symptoms in silence – this should never be the case. Women should have access to clear guidance about how best to manage symptoms. This guideline is the first step in providing a clear direction to improving the care and services available to women, as well as encouraging them to talk openly to healthcare professionals, employers and families about the menopause.

“In a recent project undertaken by the Women’s Network looking at the menopause, women told us they want easily accessible and reliable information and support.”

NEXT PAGE
women under age of 60 is very small. Studies have shown that starting HRT before the age of 60, or within 10 years of the menopause may reduce the risk of heart disease, but evidence so far is not strong enough to confirm this.

Diabetes - HRT does not affect risk of developing diabetes and is unlikely to affect glucose control.

Breast cancer - HRT does not affect risk of dying from breast cancer. HRT with estrogen alone is associated with little or no increased risk of breast cancer. HRT with estrogen and progestogen can be associated with a small increased risk of breast cancer, which is related to duration of treatment and risk reduces after stopping HRT.

The view is that HRT may promote the growth of breast cancer cells in some women that are already present, rather than cause cancer to develop. It is unclear whether or not different types of progestogen are associated with different risks. It should also be noted that being overweight and alcohol is associated with a greater risk than HRT.

Osteoporosis - HRT reduces the risk of osteoporotic fracture, the benefit being maintained while HRT is taken.

Dementia - the likelihood of HRT either reducing or increasing risk of dementia is unknown.

Sarcopenia - muscle mass and strength decrease with age and can affect risk of falling and daily living. There is a possibility that HRT may have a beneficial effect in improving muscle strength and mass but this is not certain.

Premature Ovarian Insufficiency

Women experiencing menopause under the age of 40 with menopausal symptoms and absent or infrequent periods should have diagnosis confirmed by two blood tests for FSH level taken four to six weeks apart. Hormone replacement in the form of HRT or the combined contraceptive pill should be offered and recommended to be continued at least until the average age of the menopause (51 years), unless there is a contraindication to the use of hormone therapy.

Use up to at least the average age of the menopause required for bone and cardiovascular health and for symptom control. Both HRT and combined contraceptive pill provide bone benefit, but HRT may have a better effect on blood pressure. HRT should not be relied upon for contraception.

Where to find out more
For healthcare professionals — www.thebms.org.uk
For women —
www.womens-health-concern.org
www.menopausematters.co.uk
www.managemymenopause.co.uk
The Nice guidelines for the management and treatment of the menopause are welcome but the implementation and adherence to the counsel will indubitably carrying out. It is likely to take time before GPs and primary healthcare providers fully understand and implement the recommendations.

Through teaching and raising the awareness for a need to change practices the exhaustive efforts of the guideline’s authors will not be wasted. Some current procedures are not only inappropriate but they cost our NHS money. One example is the follicle stimulating hormone test that is often performed in women over the age of 45 years. This hormone fluctuates considerably during the years leading to menopause and blood tests conducted to measure this are not helpful. In a simple scenario, a woman aged over 45 years who has not had a period for at least 12 months is in menopause while on the other hand a woman experiencing hot flushes and irregular periods is inadequate information to diagnose peri-menopause.

Women under the age of 45 taking combined estrogen and progestogen contraception or high-dose progestogen are also likely to have fluctuating follicle stimulating hormone measurements, which will flaw any results further distancing such a mechanism to establish menopause.

Clinical commissioning groups, practice managers and lead GPs can help raise familiarity through newsletters and bulletins to ensure that doctors and practice nurses are aware of the change in procedure. Nice has also produced a costing report and template to estimate savings that could be made. A calculation using this template showed savings of £16,500 could be made for a population of 100,000.

Aside from the putative a good example of the promotion of changes in practice in the real world is the NHS Lothian GP/laboratory liaison group that meets every two months. Their aim is continuing professional development that provides a good opportunity for liaison and in this case the implementation of Nice guidance. To use or not to use HRT has been a much-debated topic among primary healthcare providers and Nice guidelines now support the long-term benefits of HRT. Sensational media reports about the damaging effects of HRT have not been helpful especially as this treatment above all others has been shown to be effective for menopausal symptoms. It is true that the benefits and risks vary among women.

An aim of the guideline is to help healthcare professionals to be more confident in prescribing HRT and women more confident in taking it. A knowledge gap among some GPs and other healthcare professionals could mean that they are reluctant to prescribe HRT because they overestimate the risks and reasons to withhold the treatment while underestimating the serious impact that menopausal symptoms can have on the quality of life.

Nice is working with the Royal College of Obstetricians and Gynaecologists to ensure that management of menopause, including the benefits and risks of HRT, is covered within the core curriculum. This includes supporting the update and promotion of the advanced training module on menopause.

One of the greatest challenges that will be faced is providing enough specialist services. The menopause map across the UK reveals areas where to say the least things could be better. Statistics and facts cannot be denied and the number of women aged over 45 years in the UK has been increasing and will continue to rise.

The associated increase in the number of women going through menopause is expected to result in more new referrals to secondary care of women needing short-term symptom control and those with associated long-term health issues. There is currently a lack of specialist services and annoyingly there are not enough services nationally to refer women to.

It has been suggested that lead clinicians drive a change in service provision if a gap is identified and that clinical commissioning groups should have a GP with a specialist interest or a community gynaecologist who could do this. Ideally, services should be provided by a dedicated menopause clinic where women can receive expert help from doctors or nurses with the appropriate training. Clinics should be established across the country or perhaps set up within current gynaecology services.

Where there is no dedicated menopause clinic it may be worthwhile following the route of primary care service in Essex that manages specialist services. The clinical commissioning groups should have a GP with specialist interest. Emails are accepted as well as written requests from all GPs within a clinical commissioning group. These requests are answered once a week.

Another route to follow is a specialist service in London that has set up a helpline to receive calls outside of clinic times and allow women to be given support and advice without the need for a clinic appointment.
Christmas is not the same without turkey. Many of us will have decided on a change at some time and curries, roast beef, pork chops and salmon are high on the list of alternatives but somehow turkey and its trimmings has that lasting power. This dish is as much a part of Christmas as holly and ivy, jingle bells and snow.

It is good food too if you are in or around the menopause. Turkey contains vitamin A, B6 and B12 with measures of niacin, choline, selenium and zinc. It also has the amino acid tryptophan that helps manufacture serotonin, which calms, controls sleep and appetite.

Roast turkeys have been on Christmas dinner tables from the days of Henry VIII, but became more popular from the 1960s. Whole turkeys make for a magnificent centrepiece and bring to mind warm, nostalgic feelings to all generations. There is always plenty to feed the family and lots of leftovers for a tasty Boxing Day meal.

British turkeys are available during the Christmas season in a variety of sizes and breeds. If you want to ensure a quality bird look out for the red tractor logo as your assurance you are buying high standards of food safety, traceability and welfare.

We asked British Turkey and its ambassador chef, Phil Vickery to put us on course to produce the tastiest Christmas dinner ever.

Perfect dish for the day

**Roast Turkey with Clementine, Sage and Garlic Butter**

- **180C/ 160C fan/gas mark 4.**
- **Blend** the butter with the clementine zest, the 2 tablespoons of chopped sage and the 2 cloves of crushed garlic. Add salt and pepper to taste and blend well again.

**Using** your fingertips, carefully lift the turkey skin away from the meat taking care not to tear it. Push all but 2 tablespoons of the flavoured butter under the skin, pushing it back as far towards the neck cavity. Smooth the skin to create an even layer. Brush the remaining butter all over the outside of the turkey.

**Arrange** the bacon over the breast of the turkey in a criss-cross formation. Carefully push several sage leaves under the bacon and the turkey, so half the leaf is exposed and half is under the bacon.

**Place** two clementine halves in the cavity with the remaining sage, bashed garlic cloves and a few rosemary sprigs if using. **Truss** the turkey by wrapping string around leg joints, then around the parson’s nose, under the bird and up over the wings. Tie securely where the legs cross over.

**Weigh** the turkey and calculate the cooking time at 20 minutes per kg plus 90 minutes. For a 4.5kg turkey it will be 3 hours. **Put** the turkey in a roasting tin along with the remaining clementines and whole garlic bulbs. Cover the tray tightly with tinfoil making sure there’s a slight gap between the turkey and the foil. Place in the pre-heated oven.

**After** 90 minutes, uncover the turkey and baste it in its juices before recovering and returning to the oven. If you have a large turkey baste a second time during the cooking.

**Remove** foil for the final 45 minutes of cooking to crisp skin. To check the turkey is cooked use a meat thermometer, or, pierce at the thickest part with a skewer. The juices will run clear when cooked.

**Transfer** the turkey to serving plate. Cover with a new layer of foil and a warm damp tea towel. Leave it to rest in a warm place for at least 30 minutes before carving.

**Turkey cooking times**

This is the industry’s guide, but test the juices run clear to ensure it is cooked.

- Under 4kg allow 20 minutes per kg + 70 minutes. Over 4kg allow 20 minutes per kg + 90 minutes.

**Weight** the turkey after stuffing to calculate cooking time and remember oven temperatures vary. **Cook** at 180°C Fan/ 375°F / Gas Mark 5. Cover loosely with foil and remove foil for last 40 minutes for browning.

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Some girls just want to have fun

Once upon a time there were two old friends, Caroline and Celia. Over the years their friendship developed and grew and the general chit-chat moved on to more personal issues. About 10 years ago, Caroline said she had odd symptoms and was going to the doctor. She had itchy legs, was sweating during the day and night and this was affecting her sleep. Heat rose from her toes to her head, itchy bosoms and nipples, sleeplessness, mood swings, forgetfulness, aching bones and joints, lack of sex drive, feeling unattractive, the list went on.

To Caroline’s surprise, Celia said she had exactly the same symptoms but had been too embarrassed to share them. When they realised they were going through the menopause they thought they’d help themselves first rather than going to the doctor.

Caroline and Celia watched what they ate, lots of fruit and vegetables while cutting back on bread, milk, chocolate and cheese helped to ease the sweaty restless nights. They went swimming and to the gym, which turned out to be a Godsend. They made women’s lives easier as they discussed the menopause while openly laughing about embarrassing incidents. Experiences were shared in the changing room. They had found communication and laughter was the best therapy. Clothing was a huge subject. How do you camouflage growing girths and continual hot flushes while remaining smart? They found that black linen trousers, a camisole top and cotton shirt as well as cotton underwear was a must. The black linen soaked up the dampness and the colour stayed intact (light/white colours became see-through and showed the sweat). They can’t figure out why when half the population will be hit by the menopause yet there is so little literature surrounding it and in our society, it has become almost a taboo subject. This is why they have written their experiences and a poem in the hope that they can play a small part in breaking down those barriers and hopefully helping you laugh through the menopause.

Laugh through the menopause: it’s the only way says Caroline Bradley and Celia Clifford

Are you feeling hot and sweaty? Dismal, sad and Ugly Betty? Itching, scratching, bloated, full? Nothing like yourself at all?

Don’t despair and try to laugh, ’Cos you are on a downward path, The worst is still yet to come, With spreading hips and growing bum.

Jump and run and exercise, Keep the meat off those thighs, But most of all don’t give in, ’Cos that would be total sin. Laugh and laugh and you’ll feel, the benefits without a pill.

Take it from those that know, We’ve been and done it. Every symptom known to man, We had them all in a row, They kept on coming, firing on.

We laughed and cried and so we know, But now it’s done you must not cry, But laugh and laugh and wonder why, We got through it by and by, Only laughter can sustain, And keep away the me-o-pain!!!

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Menopause Breakthrough Action Plan

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- How to control your symptoms
- How to nurture your body, mind and spirit
- The truth about hormones and alternatives
- How to thrive beyond menopause

Mashe Sobel MD
Founder, Menopause Breakthrough Program

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Creator of Speaks-To-Self

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MENOPAUSE MATTERS 2015 23
Acording to the song, it’s so good they named it twice. New York is the city that never sleeps and up and down the avenues or across the streets of Manhattan, the most famous of its five boroughs, you’ll find sights, sounds and smells that will leave lasting memories.

But one word of warning before you make any kind of move especially if you are at that time in the menopause when your body is gaining a little weight. New York is a city of smells and on every corner there’s a portable kitchen where the fragrances of the barbecue, toasting bagels, hot dogs, onions and roasting chickens make it hard to keep the mind off food.

New Yorkers appear to have this problem too and like the marathon runner grabbing a sponge of water during the race they graze their way from block to block palming burgers and bagels down their throats and sinking giant beakers of coke or iced tea; the city must have the greatest number of peripatetic diners in the world.

On arrival at this mind-numbing, magical mystical place where signage tells you to “walk” or “don’t walk” and yellow cabs appear to number in their thousand it is best to get an overall appreciation of this pulsating city.

It doesn’t have the high-pitched cackle of Hong Kong or the baton mouche of the Seine but it does have a large Chinatown and the boat tour around Manhattan is pretty impressive. Its component areas, especially in Manhattan, create a mixture that is as rich as a Christmas cake and as spicy as black buns.

Manhattan is around 15 miles long and about two miles wide. Despite its looking uncomplicated to get around with avenues going north to south and streets going east to west there can be some distance between places of interest. Yellow cabs are cheap but are uncomfortable; the luggage in the boot gets a better ride.

The best way to see the city is on a New York Sightseeing open-top double decker bus and from around Times Square you can opt to go on the Downtown or Uptown loops. The tour guide is king on the bus and many have a good line in patter that melds well with the helpings of juicy tales among the snatches of history.

If you remain seated, the Downtown tour takes about three hours and the Uptown around two, however, the buses on each of the loops are not hours apart and it is best to hop on and off as it suits you or if the guide is not your kind of comedian.

A two-day pass will allow you to get a pretty good grasp of the city’s districts and to seek out favourite wine bars and cafes, bars, shops, shops so is it not time for you to wake up in a city that never sleeps?
diners. There are about 18,000 restaurants and 2000 bars in New York, wow; the language becomes infectious too. Battery Park is on the Downtown loop and this is the stop that’s nearest to where the twin towers of the World Trade Center stood. Time, they say, heals the pain of hurt, grief and loss. No-one knows this better than New Yorkers. When they recount the events of that black day their voices tremble and their faces appeared strained; the episode is crystal clear, fresh in their minds as the morning’s news.

in Manhattan is south of Central Park and after two days of Uptown and Downtown looping on the bus you should have your bearings. Greenwich Village, SoHo, Little Italy, Chinatown and the Financial District will soon be old friends.

work put in by the authorities over the past years to reduce crime appears to have paid off. go area and not just for the tourist but times have changed and thousands flock to the church services that are spiced with gospel music.

Meditation and yoga are often claimed to be good for menopause symptoms but at the other end of the spectrum to help you take your mind off flushes and night sweats a walk through Times Square may be the best medicine. The action happens here all day, seven days a week with the big screens and bustling crowds pulsating a vibrance and excitement. It looks its best after sunset and with much of the area closed to vehicles it is safe to stroll along while absorbing the spectacular dazzle of vivid lights.

Times Square is in the heart of Broadway’s theatre district and if anyone can put on a show it is New York. Here you will find dozens of familiar plays and musicals such as Phantom of the Opera, the Lion King, the Jersey Boys and Fiddler on the Roof and once you get to know your bearings you will soon locate the discount booth in Times Square where tickets for some shows have been cut in price. The days of the Jets and the Sharks of West Side Story fame are past but it is understandable how those Puerto Ricans in the song America yearned to go to a city with wire-spoked wheels and chromium steel in the land of the free. New York’s population has been chopped, crumbled, kneaded, mixed and sliced over the years in a recipe that has produced a city with a style that is remarkable to itself and which is indestructible.

For more information about where you’ll find Chinese housewares and spices.

For something exotic a must visit is Fifth Avenue between 48th Street and 57th Street. Here you will find the flagship stores for Tiffany & Co and within walking distance you will encounter Niketown, Louis Vitton, Versace Chanel, Dior and Cartier but there are a good number of mainstream retailers such as the Banana Republic in and around this area. In Madison Avenue from 57th to 79th streets you will come across some of the most expensive buildings in the world. This is an area that brings exclusivity and requires copious amounts of plastic before you can become involved in the retail therapy.

Barneys specialises in luxury with ready to wear clothes from the world’s top designers. It is a must visit even if just to peruse and discover how much your clothes will cost when you win the lottery.

For exotica visit Chinatown in Lower Manhattan where among the fish and herbal markets and Chinese restaurants along Canal, Mott, Mulberry and Elizabeth Streets you will discover Italian businesses where Little Italy borders. It is interesting to browse here but quality is questionable and whether you get a bargain is debatable. The best bet is at Centre Street and Grand Street where you’ll find Chinese housewares and spices.

Bargain hunters should visit Nordstrom Rack near Union Square at East 14th Street. It’s jam-packed with racks crammed with discounted designer clothing from brands such as Theory, Hudson Jeans, Ben Sherman and John Varvatos. The store claims to have more than 25,000 pairs of reduced-price shoes and 2400 handbags. A favourite for Wall Street workers and a backbone for New Yorkers is Century 21 department store in Cortlandt Street. The shop has offered name-brand designers at big discounts for more than 50 years. It’s busy, chaotic but worth it as you may uncover a top-label at a bargain price.

www.nycgo.com
Images: nycgo
Here I am, fiftysomething and looking in the mirror at a woman staring back that’s totally unique. I have dealt with the infiltration of grey hair, tried various fillers to seal the wrinkles and done my best to keep my skin alive and fresh with moisturisers. Symptoms of the menopause have started and I feel it is now the beginning of the end of keeping up with fertile young things. I don’t plan to go into mourning and wear black or hide behind the curtains but I must do something that will halt the weathering as I approach my pension years.

My clothes are getting tighter but I haven’t run out of numbers yet, there’s still 18, 20 and 22 to go before I become rather too large for mainstream fashion. It is strange how my crept up, a silent and stealthy movement that has not happened overnight but since evidence is all too clear. The dress I bought for Christmas has grown bulges in eye-catching places and the slacks from two summers ago are some centimetres short of being fastened.

One, I’ve tried the Atkins plan but my husband was not charmed by my foul breath.

I know menopause brings a shift in metabolism and that fat makes a cosy home in the abdomen. I’m told the hormone estradiol controls how fat is distributed in my body. When the level of estrogen decreases further in the next year the distribution of fat is also likely to change. This news is not good and if I don’t take some sort of action I know I will look back at this moment and wish I had done something.

N search of a fitness plan, I have travelled across many continents on the internet, scanned newspapers and magazines and studied what’s available at the health club. I have encountered and entered into a world of spin studios, ballet, yoga, treadmill jogging, weight lifting, Pilates and core exercises; an A-Z of programs and regimes from aerobics to zumba.

I’ve tried numerous diet plans such as eating cabbage soup until I’m sprouting the stuff from all orifices; and like every- one, I’ve tried the Atkins plan but my husband was not charmed by my foul breath.

The problem with exercise, physical jerks and diets is the difficulty in maintaining interest and enthusiasm. It was all too easy to miss the keep-fit class or make a feeble excuse not to go to Pilates. And when I was on a diet, my willpower often succumbed when offered a glass of wine or a bag of crisps. What harm could they possibly do? I take some solace in seeing women in their twenties that could they possibly do?...
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Welcome back to another edition of Fitness Matters. Isn’t it funny how things change as we get older? I don’t know about you ladies but looking back, in my twenties, my training was all about working out by myself, going as often as possible to the gym and training as hard as I could be. Push on another couple of years and all of a sudden I realised my body was starting to change, to feel different. Hmm time for a change in the plan.

There are exercises that have made a significant difference to how I feel and perform and they can do the same for you too. Last time we focused on group fitness and the rewards that can bring; including less pressure and more encouragement. This time round I thought I’d take a look more generically at keeping it simple.

What I’m talking about are exercises that are great for developing mobility, shoulder stability, core strength, balance, co-ordination, testing for asymmetries and total body strength. It isn’t the sort of strength that will give you big muscles but the strength necessary to get you through the symptoms and stresses of the menopause and in turn, life.

Being consistent is key. Consistency is built around having routines and rituals that reinforce positive behaviours. As you know the outcome of your day is purely dictated by the action steps you take.

By creating positive routines to start the day, makes a huge difference to how the rest of your day looks. Yes in the perfect world we would all be meditating for 30 minutes before yoga and then a nice walk in the mountains. But alas for most of you reading this, I suspect that is not the case. Nor will it ever be. I know it’s not my life.

Let’s have a look at a couple of quick strategies to have you leaving the house with the right attitude and the best way to get the most out of your body... we only get one, my advice; look after it well.

Nothing changes if nothing changes; we live in a very busy world where we’ve made it all too complicated. When was the last time you complained to your friend that you have too much time on your hands? Ah...never. So we’re time poor, stressed and suffering low energy.

At this stage in life, you need to take small steps and keep it simple as possible. Let’s take a look at some simple movement ideas to get you back on track with your health goals plus have you looking and feeling better but before we even get on to the movement and exercises there’s something else...

**Sleep**

Get 7-8 hours. Enough said. On rising from your slumber drink a glass of water. Easy.

**Mindset**

Take a moment at the start of the day and just be grateful for what you have. Then set out your intention for the day and remember why you are doing what you’re doing. This will help motivate you for the best day ahead. All in all this process should only take a couple of minutes. Then it’s time for some gentle movement.

**Movement**

Reach your arms overhead a few times. Look left look right with your head. Circle the hips both ways. Nothing complicated. Just move at end range with multiple different angles.

How to adjust your hormones

New research has demonstrated your hormone levels are not out of whack but have simply short-circuited. Your hormone receptors have created resistances to seven metabolic hormones: cortisol, thyroid, testosterone, growth hormone leptin and estrogen.

Like many things in life we have become numb to these seven metabolic hormones. Did you know that your body is programmed to raise your hormone levels higher and higher, yet your metabolism gets slower and slower and resulting in us getting fatter and fatter? Oops, that’s not good at all.

Hormones are the main cause for the continued weight gain, belly fat, wrinkles, exhaustion, inflammation, sugar cravings, joint aches and pains and most illnesses. And I have a cunning plan that is guaranteed to help you, it’s easy on its own and fun when combined with my Wise Woman coaching and here is how we get started.

We need to clean up our act and start eliminating some of the key contributors that have numbed out our metabolic hormones. We can do this rather quickly via a period of a detox. The Home Detox Box is a seven-day DIY home kit that adjusts your digestive system and creates a state in the body that kick starts all your organs and hormones to function at their optimum levels.

I also offer an intimate, seven...
I have met many, many of my clients’ guides and I have seen these women transform and literally light up and gain clarity and I watch as they become a beautiful wise woman, completely at ease with herself and having fun with life.

Sign up to get more information from me:
http://fionarobertson.co/how-to-re-set-your-hormones-and-have-fun-again

Plenty of variety is key. This will help break up fascial bonds that get laid at night. Over time this dense tissue becomes an internal armour and is one of the reasons we lose flexibility as we age. Move and move often. Look for excuses to move throughout the day and don’t stress about what percentage of max heart rate you should be sitting at when you run, or what’s going to be the best exercise to tone those bingo wings, just move.

When looking at training the human body we should always remember the goal is to stimulate not annihilate the body. Just because some is good; more is not necessarily going to be better. Training is just another stress. We need to balance stress and recovery for maximum results.

If you’re training to look good, feel great, be pain free and have the energy to get through any day; you should be thinking what is the least amount of work you can do. This is a marathon not a sprint. This is life. This is your body. One session is one session but consistent training over a long time really adds up to something pretty special. The nice thing is that for a surprisingly small investment in time, you can take back control, slow the ageing process and do something pretty amazing for your body and brain. So here are a couple of ideas that guarantee great results for minimal time.

If you’re time poor and can’t get to a gym; be imaginative and use everyday objects as weights... look around you and don’t worry what other people are using, buying or doing, this is about you. Over the course of two weeks look to get in three strength-orientated sessions.

Start with a nice warm up focusing on ankle, hip and thoracic spine mobility. You only need five minutes tops for this. Then perform a mix of sets, reps and exercises to create unlimited work out routines, up to a total time of 20 minutes or less, that’s all you need. When you’re feeling good; push a bit harder.

Once a week do some sort of continuous movement for 20 minutes; a light jog, walking uphill, swimming, circuits or games. It doesn’t really matter as long as it is low intensity.

Finally, to finish off your minimal dose maximum result schedule; do one session of high intensity intervals. Pick an activity that is not too complex and really allows you to push out of your comfort zone.

Stationary bikes work particularly well. Go hard for 30 seconds and then rest for 90 seconds. Hit this work to rest ratio for 4-6 rounds and then you’re done. The rest of your week; look for opportunities to move and be active within your work, play, chores and at rest.

The biggest excuse for not exercising is lack of time. But as you can see; for minimal time you can really do something pretty positive towards feeling and looking better.

When you leave the gym you should feel better than when you started. A simple thought to take away and my main point here; less is more, have fun!

day live-in retreat week in France that will allow you to fully rest and take advantage of my one-to-one guidance and introduction to raw and fermented food

A third option is to take the 21-day step-by-step program. I coach the groups of foods to eliminate and when.

The second real gem in my crown is to introduce you to your vision of what the menopause actually is and get to know and trust the wonderful woman you are morphing into.

Taking her wisdom, serenity and fun attitude and apply it to all the things you encounter. I teach you to tune into your hidden depths, intuition and wisdom.

I have met many, many of my clients’ guides and I have seen these women transform and literally light up and gain clarity and I watch as they become a beautiful wise woman, completely at ease with herself and having fun with life.

Sign up to get more information from me:
http://fionarobertson.co/how-to-re-set-your-hormones-and-have-fun-again
It is the season to be merry with parties, reunions and there’s Christmas Day. What to wear can be tricky. It is a case of trying to be cool yet comfortable. A tight waistband is not the ideal accompaniment to an eight-course meal but despite what people will tell you about being smart casual there is an enormous pressure to dress up. The best styles are those that suit your shape and make you feel assured and confident. If you hate your arms cover them, if you’ve got the menopause midriff bulge go for a loose-fitting flapper style and if your legs are your biggest asset raise your hem as high as you dare.

Fashion magazines often announce that black is back but it really has never been away. Every woman needs that little black dress in her wardrobe. Yes, it’s the one that has been a good faithful servant, accentuating all your good parts and masking the areas that have gone curvy. There’s nothing more chic than a well-cut, perfectly fitting plain black dress. It can be enhanced with large circles of earrings, jeweled cuffs and a glitzy clutch bag.

On Christmas Day itself, well, who cares about fashion? If you are staying at home, wear something comfortable, perhaps something that you might not be seen dead in on the High Street?

**FESTIVE COOL:** 1 - black linate dress from Evans, £55; 2 - M&S Modern Muse collection, coat £120, jumper £69, trousers £35, shoes £29.50; 3 - stylish Les Petits Prix jumpsuit, La Redoute, £29; 4 - eyecatching printed dress from La Redoute, £39; 5 - Christine Phung dress from La Redoute, £89.
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Dr Heather Currie
Managing Director and co-founder of Menopause Matters and chairman of British Menopause Society.