The Feel Good Menopause.

THE REPORT

LYMA

NOON

Contents

SECTION 1	03	Everything you need to know about the menopause
SECTION 2	09	The truth about HRT and menopause pharmaceuticals
SECTION 3	13	Bioidentical, body identical or artificial – what type of HRT do you need?
SECTION 4	18	Menopause – the psychological fallout
SECTION 5	22	The truth about menopause supplements
SECTION 6	28	What to eat pre and post menopause

1

Everything you need to know about the menopause

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Everything you need to know about the menopause: an introduction

For something that happens to every woman, menopause is still a life event shrouded in myths and mystery. The symptoms are often not recognised by women (or their doctors) and therefore are undertreated and, until recently, have been something of a taboo subject.

“The impact of the menopause is still massively underestimated,” says Miss Tania Adib, a consultant obstetrician and gynecologist, who runs a menopause clinic at the private HCA Lister Hospital in London. “On a daily basis in clinic I will see women who say they want to quit their jobs, or they are losing their marriage because they can’t cope with their menopause symptoms. These can include brain fog, memory problems, anxiety, joint pain, depression, lack of sex drive, and insomnia, as well as hot flushes and night sweats.”

As many as 42 symptoms of the menopause have been identified. Other symptoms Adib has seen include burning mouth, dry eyes, and “a sensation of insects crawling under the skin”, as well as heart palpitations and vaginal dryness, itching and burning. “We don’t talk enough about all these sorts of problems,” she added. “They can be very debilitating.”

There is one statistic in particular that stands out: “One in four women going through the menopause say they’ve felt suicidal, such is the impact of their symptoms,” explains Dr Nighat Arif, an NHS GP and women’s health expert. “Another two out of four will have symptoms that impact their daily life.”

Dr Arif says that while some women will sail through the menopause and only experience short-lived symptoms, others have multiple biological and psychological problems, some of which are severe and can last years.

“But mid-life doesn’t have to be a depressing time,” added Dr Arif. “It’s also a time of regeneration and finding new opportunities. Some women are glad to be free of their periods, for instance, and looking forward to a new phase of their life.”

The good news is, there are ways of tackling menopause. The deficiency of hormones can be treated with hormone replacement therapy (HRT) or other treatments and lifestyle changes. In this report we want to bust some of the popular myths that persist about menopause and equip women with the facts and information to get the treatments and support they need.

"One in four women going through the menopause say they've felt suicidal, such is the impact of their symptoms."

Here, some top experts give straight answers to some of the most common questions.

When does the menopause happen and why?

The word menopause comes from the Greek words Mens (month or monthly cycle) and pausis (end, stop). Technically, menopause is defined as when you've gone a year without a period and the average age for this to happen in the UK is 51. This, of course, varies, but it is normally between the ages of 45 and 55.

It's impossible to predict exactly when you'll hit menopause: the age your mother was when she went through it and the date you started your periods are relevant, but there is a cocktail of lifestyle factors that can also influence the timing. These include smoking, alcohol intake, Body Mass Index (BMI), and physical activity levels, and whether you have children or not (more than one pregnancy may delay menopause). Studies show smokers can go through menopause significantly earlier and have a twofold increase of early menopause before the age of 45, compared to women who have never smoked.

Around one per cent of women will go through the menopause prematurely before the age of 40 (the youngest woman currently going through menopause in the UK is just 15). Women who have had a hysterectomy (removal of their womb) will go straight into menopause. Another cause of menopause is chemotherapy for cancer.

"The body is pre-programmed to enter menopause in mid-life, just as it is to trigger puberty," explains Dr Arif. "As a result, levels of the sex hormones oestrogen, progesterone, and testosterone (all produced in the ovaries as part of the reproductive cycle) fluctuate and then decline as eggs are no longer released."

Because there are oestrogen receptors all over the body, including in muscles and joints, the gut and the brain, the hormone fluctuations and declining levels start to cause symptoms.

What symptoms can I expect?

Hot flushes, night sweats, insomnia and mood swings are the most well-known symptoms of menopause, but who knew that there are officially 42 symptoms in all?

The hormonal upheaval can cause everything from thinning hair, dry eyes, tinnitus, and thyroid problems, to gut disorders such as bloating and diarrhea, joint and muscle pain, urinary tract infections and incontinence, heart palpitations, loss of sex drive, a creepy crawly sensation under the skin (known as formication), anxiety, brain fog, and memory problems. Other symptoms can include toothache and gum problems, burning tongue, vulval pain, painful sex, constipation, a change in body odour, and thyroid problems – no wonder women often feel they are falling apart or losing it mentally.

"What often happens is that because the symptoms are so wide ranging, women don't connect them with the menopause and don't seek medical help, or if they do some GPs don't make the connection with the menopause either and they'll end up being referred to multiple specialists for individual symptoms," explains Dr Arif.

Haitham Hamoda, a consultant gynecologist, clinical lead for London King's College Hospital menopause service, and chairman of the British Menopause Society, agrees. "If a woman has hot flushes and night sweats she will recognise them as menopause symptoms," he says. Other symptoms, however, might slip under the radar or be misdiagnosed: "if she is forgetting things and doesn't have other menopause symptoms, she may worry she is developing dementia." Sadly, he says, he hears this day in and day out.

"Those symptoms may be caused by other medical conditions , of course, but hormone deficiencies may also be an explanation," added Dr Arif. Oestrogen, the main female sex hormone, is a lubricant: it lubricates the brain, the backs of our eyes, blood vessels, the skin and everywhere else in the body that has oestrogen receptors. It is also needed to make collagen, the scaffolding structure that keeps the skin plump, and promotes the activity of bone-building cells called osteoclasts. When levels start to drop this can cause symptoms such as brain fog and memory problems, itchy eyes, dry skin and vagina, and the fragile bone condition osteoporosis.

Mr. Haitham Hamoda

Consultant Gynaecologist and Subspecialist in Reproductive Medicine and Surgery at King's College Hospital, London.

Low levels of testosterone may also cause loss of sex drive, and a drop in progesterone may cause headaches or migraines, vaginal dryness, and sore breasts as well as mood swings and anxiety. "Testosterone also drives energy, brain function, mental sharpness and muscle strength, so when levels fall this can have a dramatic effect," says Tania Adib.

Do menopause symptoms last forever or eventually ease off?

Menopausal symptoms can last an average of four years, according to experts, but one in 10 women might experience them for 12 years after their last period.

"In most cases, the symptoms do ease off after a time as our bodies find the harmony of hormonal balance," says Dr Arif. "Having said that, I do have one 92-year-old patient who still uses oestrogen gel as still she has symptoms, so how long symptoms last can be very individual. Symptoms can also wax and wane – and come back after appearing to settle down."

Does the menopause make you fat?

"The body is very clever and when the ovaries stop making as much oestrogen, fat cells in the body expand so that they can help make up some of

Dr. Nighat Arif

Family GP specialising in women's health and BBC presenter.

the shortfall," explains Dr Arif. "Therefore some women gain weight around the menopause and it can prove quite stubborn to shift."

Eating healthily and exercising can definitely help. "I'm not saying women should just accept it, but if you're experiencing weight gain during menopause you shouldn't beat yourself up about it either," she continues. "What I find in my GP practice with patients is that the extra weight does go eventually, but it can take about four years."

What's the perimenopause and when does it start?

Contrary to myth, women can experience menopausal symptoms when they are still having periods. Typically, this happens around the age of 40 to 42 during the perimenopause - aka the months and years leading up to the menopause - when hormone levels can fluctuate wildly.

Perimenopause symptoms are like menopause symptoms and include anxiety, irritability, irregular and heavy periods, sleep problems, mood swings, hot flushes, frequent urination, concentration problems and breast tenderness.

Tania Adib said that women who are in the perimenopause and still having periods won't realise that these symptoms are connected to the hormones. "Especially as they tend to start slowly – they might find they can't exercise as much as they did previously or can't focus at work as well. It creeps up and just becomes the new normal for them."

If you're under 45 and having these types of symptoms your GP may do a test for levels of a hormone called Follicle Stimulating Hormone (FSH) which stimulates the growth of eggs in the ovaries. But, because hormones fluctuate so much in the perimenopause even within one cycle, it's not regarded as a reliable test.

Does being post-menopausal raise your risk of any diseases?

Oestrogen protects the lining of blood vessels, so post-menopausal women lose their protection against heart disease, and their risk of having a heart attack or stroke quickly catches up with the same risk for men.

Oestrogen is also believed to be protective against Alzheimer's disease, providing a possible explanation for why dementia affects more women than men (who convert the testosterone they produce into oestrogen inside brain cells). Nothing has been proven yet, however. One study (in rats) found oestrogen increased connections in the area of the brain called the hippocampus, responsible for learning.

Lack of oestrogen also affects bone health: one in three women over 50 will develop fractures due to the fragile bone condition osteoporosis, where bones become porous and break more easily. "HRT has been shown to significantly reduce the risk of osteoporotic fractures and lead to a significant reduction in cardiovascular events and mortality," said Haitham Hamoda. "There is an increased risk of breast cancer, but that is small."

"The British Menopause Society is not saying every woman needs Hormone Replacement Therapy (HRT), but women shouldn't be scared off it and be made aware of the benefits," added Hamoda. "For the vast majority of women, the benefits will outweigh the risks. We want women to have access to accurate information and be supported to manage their symptoms."

2

The truth about HRT and menopause pharmaceuticals

Whether you want to take Hormone Replacement Therapy (HRT) for your menopausal symptoms, or try individual drug treatments for isolated symptoms, help is available.

Individual drug treatments for symptoms include antidepressants for depression, vaginal moisturisers and lubricants for dry vagina and painful sex, drugs such as clonidine which is normally used to treat blood pressure but is also used for hot flushes, and painkillers for muscle pain and aching joints.

“While drugs can treat some of the individual symptoms of the menopause, HRT is really the only one that addresses all of them,” said GP and womens health expert Dr Nighat Arif.

“However, HRT is not a silver bullet for the menopause, it’s just a part of the jigsaw that we make to treat the big change in life. Every woman is unique and will have her own individual problems. But my own view is that life is short, and HRT gives you your life and joy back.”

What is HRT?

Menopause is caused by a hormone deficiency; HRT replenishes the hormones your body is no longer making in sufficient quantities. The three main sex hormones that dramatically reduce at the time of the menopause are oestrogen, progesterone, and testosterone.

Oestrogen HRT will compensate for the plummeting levels of the oestrogen hormone, which is a lubricant for blood vessels, vital for building new bone, cognitive function and for producing collagen (the scaffolding of skin). Progesterone will protect the lining of the womb against endometrial cancer. Testosterone gel is often prescribed as an add-on to HRT to help restore sex drive, sexual arousal, and ability to orgasm, but also to help with joint pains, memory, and fatigue, particularly in women who have had a surgical menopause after hysterectomy.

“HRT is available on NHS GP prescription to treat menopausal symptoms, although this does not include testosterone gel routinely, as it is not licensed for use in women, and only prescribed privately,” said Dr Arif.

How to ask for HRT

Dr Arif says women suffering from menopause symptoms who want to go down the HRT route should tell their GP about their symptoms, and state that they have read the NICE Guideline on Menopause from 2015. This says that women with menopausal symptoms should be treated with HRT as a first line even if their symptoms are just psychological and not physical.

“If you are diagnosed with menopause then the first offer of treatment you should get is HRT,” Dr Arif emphasised.

Does HRT raise your risks of breast cancer and blood clots?

A lot of the confusion and negative publicity about HRT stems from research published in 2002/2003, which scared millions of women off the treatment. The Women’s Health Initiative (WHI) in the USA and the Million Women Study in the UK in 2003 both raised concerns about HRT’s safety. These centred on an increased risk of breast cancer with combined progestogen and oestrogen HRT, and blood clots, raising the risk of stroke and heart attack. The WHI trial was even halted early, so great were the risks thought to be.

"Because the symptoms are so wide ranging, women don't connect them with the menopause and don't seek medical help, or if they do some GPs don't make the connection with the menopause either and they'll end up being referred to multiple specialists for individual symptoms."

"GPs were told by the Medicines and Healthcare Regulatory products Agency (the UK's drugs safety watchdog) that they should take patients off HRT because of the higher risk of breast cancer and clots, and we had to listen to that," explained Dr Arif. "It made a lot of doctors scared to prescribe it and if they did, warnings would flash up on their computer screens. But the data was never easy to decipher or that clear cut."

Later analyses of the studies showed that both were flawed: they weren't double blinded (so people knew what they were taking), and the studies were done in older women in their 60s and didn't consider the background risks that older women have of clots and breast cancer due to their age, said Dr Arif.

"Neither did they consider other risk factors such as smoking, drinking alcohol, family history and being obese. For example, having a BMI of 32 gives you a 50 percent increased risk of breast cancer, and all women have a background risk of 1 in 8 for developing breast cancer during their lifetime, but this wasn't considered, and any cases of breast cancer or clots were just blamed on HRT. By then the damage was done and a massive panic had been created."

Dr Arif said another source of confusion is people wrongly believe that HRT uses the same artificial hormones as the combined contraceptive pill (with its association with increased risk of blood clots) which suppresses hormone release to prevent pregnancy.

Publication of the NICE Guideline on Menopause in 2015 was a real turning point though, as the independent body analysed all the evidence and came out with clear advice that said HRT is safe if given transdermally (through the skin) and started before the age of 60. "This has given doctors confidence to prescribe it again," said Dr Arif.

HRT has also moved on in the last twenty years. Older studies are based on HRT which used artificial hormones and chemicals in its formulation, but newer types, such as body identical hormones, are made from yams and root vegetables. There are natural, and can be given through the skin as a gel, patch or spray. "Studies have shown that, with this type of HRT, your background risk of breast cancer or clots does not increase," explained Dr Arif. "If HRT is given through the skin, it doesn't go into the bloodstream or fat cells and doesn't go into the liver and affect clotting.'"

Oestrogen HRT can also be delivered vaginally, and this has a localised effect, treating vaginal atrophy (where the skin of the vagina becomes dry and shrinks) and it also doesn't raise the risk of breast cancer and strokes.

"Even with oral HRT the risk is very small, and I still prescribe it to some patients after careful counselling with them about the risks v benefits as I would with any medication."

How long can you take HRT for?

The NICE Menopause Guideline is very clear on this, stating women should be prescribed the lowest dose of HRT, but for "as long as the woman needs it."

"Some GPs such as myself believe menopause is a hormone deficiency disease and therefore women should remain on it for as long as they have symptoms," said Dr Arif, "but we don't have the studies to back this up: we're making a clinical judgement based on our experience."

If women feel they might no longer need it, added Dr Arif, "they can stop it for a while and if their symptoms don't return, they might feel they can discontinue it. But if symptoms do return, they may want to go back on it."

Does HRT give you protection against long-term health conditions?

HRT is protective against the fragility fractures caused by osteoporosis when you are taking it. The NICE Menopause Guideline says HRT with oestrogen alone is associated "with no risk of – or at least a reduced risk of – coronary heart disease".

HRT is being investigated to see if it protects against dementia, but currently there's not enough evidence to recommend it for this purpose. "More women than men develop dementia and there's a theory that this could be due to the lack of oestrogen in the brain," said Dr Arif.

Can I still take HRT if I have risk factors for heart disease such as high blood pressure?

The NICE guideline says having risk factors for heart disease (such as high blood pressure and raised cholesterol) doesn't mean women can't have HRT, so long as their risk factors are being optimally managed. However, HRT is not generally recommended for women with a history of strokes or blood clots.

Can women who have had breast cancer take HRT?

Cancer Research UK says it does not recommend women who have had breast cancer take HRT as it increases the risk of breast cancer returning, although some doctors will prescribe it to women who have severe symptoms. Oestrogen creams, pessaries and rings may help with vaginal dryness and are safe as minimal amounts of oestrogen are absorbed.

3

Bioidentical, body identical or artificial – what type of HRT do you need?

HRT can be daunting to navigate: there are lots of different treatments available, all delivered in different ways, including pills, patches, gels, sprays, and pessaries, so do your research and talk through your symptoms with your GP to find the most appropriate for you.

After all, your set of symptoms will define what type of treatment is going to be most effective. “If your only symptoms are vaginal dryness and urogenital symptoms then you may only need local oestrogen which can be applied via a pessary, cream or ring,” said Dr Nighat Arif, GP and women’s health expert. “Whereas if you have multiple symptoms such as hot flushes, night sweats and brain fog, then a treatment that supplies oestrogen to hormone receptors all over the body may be a better solution for you.”

While your local GP might well be able to help you, it’s important to specify you need to speak to one who specialises in menopause and women’s health. “Menopause is still not a compulsory part of GP training,” explained Dr Arif. “Don’t forget you can also ask to be referred to a menopause clinic at a local hospital if you think you need more specialist expertise.”

Is HRT free?

The NICE Guideline on Menopause says HRT should be offered to women as a first-line treatment for menopause. Women in England must pay £9.35 NHS prescription charges for HRT (per item), although there is currently a campaign to get these charges waived as they have been in Scotland and Wales. Labour MP Carolyn Harris, chair of the newly-formed All-Party Parliamentary Group on Menopause, backed a Private Members’ Bill calling for the scrapping of the charges which is due to have its second reading on 29 October.

What to take and when?

The type of HRT you are prescribed will depend on factors such as whether you are peri or post-menopausal, if you have a history of breast or endometrial cancer or blood clots, your weight, what your symptoms are and your own personal preference for how it is delivered (e.g., pills, gel, spray, pessaries, or patches).

If you are still having periods and are in the perimenopause, you will be prescribed cyclical HRT. This will mean you take oestrogen daily, and then progestogen with it for the last 14 days of your cycle. This can also be done on a three-monthly basis with progestogen taken for 14 days every three months.

If your periods stopped a year or more ago, you are classed as post-menopausal and can take combined oestrogen and progestogen HRT continuously.

Women who have had hysterectomies to remove their womb only need oestrogen HRT. This is because progestogen is there to protect the womb against endometrial cancer.

HRT methods in a nutshell

Pills, patches, spays and gels: HRT comes in pill forms (either oestrogen-only or combined with progestogen), transdermal/skin patches (oestrogen only or combined), oestrogen gels, implants (which release oestrogen under the skin), and oestrogen sprays (containing estrodiol and known as Lenzetto), applied to the inner part of the arm between the wrist and the elbow.

IUS implants: Intra-uterine systems such as Mirena deliver progestogen directly into the womb for 3-5 years and function as a contraceptive too (you can still get pregnant when you are perimenopausal).

Synthetic oestrogen and progestogen: These are the older types of HRT made of synthetic chemicals, some of which are derived from horse urine. They are not regarded as being as safe as the newer body identical HRT (see below). Synthetic HRT comes in tablets or patches which combine both oestrogen and progestogen or contain only one.

Bioidentical oestrogens: This type of natural HRT is made from plant chemicals and is the safest form of HRT when delivered transdermally (aka through the skin). Bioidentical oestrogens don't raise the risks of breast cancer or blood clots as it doesn't go through the liver. It's available as gels, (e.g., Oestrogel and Sandrena) a spray (Lenzetto) and tablets. The safest type is the sort available on NHS prescription – more on that later - which has been regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).

Bioidentical progestogen: Micronised progesterone (Utrogestan) tablets, are the only body identical form of progestogen currently available. It is chemically identical to human hormones and made from plant sources. It's used in conjunction with body identical oestrogen for women who have an intact uterus.

Testosterone gel: Although testosterone is better known as being a male hormone, women make it too, and most of it is produced in the ovaries. Young women normally make approximately 100 to 400 mcg per day (3-4 times the amount of oestrogen produced by the ovaries).

If you don't have enough testosterone, symptoms can include low sex drive, sexual arousal and orgasm problems, plus memory and concentration issues, fatigue and loss of muscle strength. Testosterone gel is not available routinely on NHS prescription for women with menopausal symptoms, but it can be prescribed if other types of HRT don't restore sexual function. The NICE Menopause Guideline says that testosterone gel can be prescribed if the prescriber is familiar with it and is willing to prescribe it 'off licence.' Some GPs prefer not to take this responsibility though, and will refer you to a menopause specialist for advice before prescribing. Other GPs will have prescribing restrictions which mean they are not able to offer it. It can also be prescribed privately. Possible side-effects include body hair growth and acne.

Local vaginal oestrogen: This can be delivered into the vagina via pessaries and vaginal rings, creams, and gels.

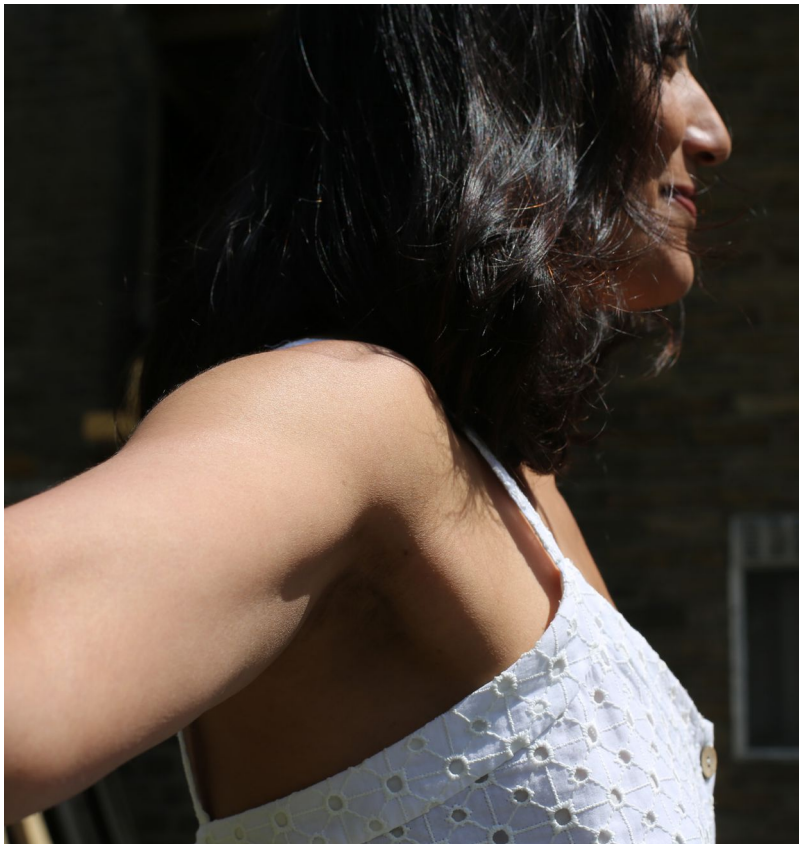
It's a treatment used for urogenital atrophy - the medical name for thinning and shrinking of the tissues of the vulva, vagina, urethra and bladder - which is caused by oestrogen deficiency. This results in vaginal dryness, vaginal irritation, a frequent need to urinate and urinary tract infection.

It can be used alongside other forms of HRT or on its own and can also be considered as a treatment option if standard HRT is contraindicated (in women who have had breast cancer for instance, or have a history of blood clots).

Weight gain and side effects

There's no evidence that HRT causes weight gain, although weight gain is common around the time of the menopause. This is because the body attempts to expand fat cells to produce more oestrogen and compensate for the ovaries producing less.

Supplemented oestrogen side effects can include bloating, breast tenderness, swelling, leg cramps, nausea, headaches, and vaginal bleeding. These normally settle after a few weeks, however. Side effects of progestogen include mood swings, depression, acne, back and tummy pain, breast



"Menopause is still not a compulsory part of GP training. Don't forget you can also ask to be referred to a menopause clinic at a local hospital if you think you need more specialist expertise."

tenderness and vaginal bleeding, but these are usually short term.

Which is the best type of HRT?

The best type of HRT for you will depend on your symptoms, medical history, and background risk factors for your age. Dr Arif recommends the newer bioidentical hormones - sometimes called body identical hormones - which are made from yams and other plants, as they are the closest to those produced naturally by the body.

"These can be delivered through the skin and are the safest way to take HRT," said Dr Arif. "The NICE Menopause Guideline has said bio identical HRT does not raise the risk of breast cancer or heart diseases if given through the skin."

Dr Arif prefers to prescribe gels like Oestrogel or Sandrena, or the spray Lenzetto, "as it gives women more flexibility to control their symptoms than patches do. But I also prescribe patches a nd the oral version. Although the risks with the oral pill are slightly higher, they are still small."

Mr Haitham Hamoda, a consultant gynaecologist, clinical lead of London's King's College Hospital menopause service and chairman of the British Menopause Society, says bioidentical hormones are safest when administered through the skin. "Then there is no added risk of blood clots or stroke."

Women can be prescribed bioidentical forms of both oestrogen and progesterone on the NHS, so if you decide this is the type of HRT you want, make sure you are specific when you have your GP consultation and mention the NICE Menopause Guideline.

Different types of bioidentical HRT

Confusingly there are two types of bioidentical hormones: those that are regulated and prescribed by GPs, and compounded bioidentical HRT - available from private clinics or 'specials' from pharmacies - which are not regulated in the same way as medicines by the Medicines and Healthcare products Regulatory Agency (MHRA).

The British Menopause Society has tried to clear up some of the confusion by defining the two types as conventionally prescribed 'regulated' bioidentical hormone replacement therapy (rBHRT) or 'compounded' bioidentical hormone replacement therapy (cBHRT).

Both types are made from plant sources such as yams, but rBHRT is a regulated medicine and has been assessed for safety and efficacy. Meanwhile cBHRT is not subject to the same regulatory pathways of evaluation by the MHRA as conventional pharmaceutical products. For these reasons, the BMS does not recommend cBHRT products .

Mr Hamoda says: "You don't know what you are getting with cBHRT – it's potentially made from the same raw materials, but the purity hasn't been followed up. There was one report from the States, where cBHRT samples from the 10 main outlets selling them were analysed and some had more oestrogen than was needed and others had less progestogen - which would be of concern because there would be a higher risk of endometrial cancer."

The BMS also expressed concerns about individualised serum and saliva tests offered by private practitioners and used to make up treatments tailored for individual hormone profiles, saying there was insufficient evidence to back up the claims.

Bioidentical hormones are also sometimes prescribed by health care practitioners who don't have expertise in menopause. To find a BMS recognised menopause specialist follow this link.

HRT supply shortages

As autumn 2021 begins women are experiencing difficulties obtaining HRT products due to shortages and problems in the supply chain, caused by Covid-19-related factory shutdowns and other disruptions. The BMS has issued the following helpful guidance about what to do if women can't get their usual prescription.

Menopause, and the perimenopause preceding it, don't just bring on hot flushes, night sweats and other physical problems. They can also bring on a cluster of psychological symptoms too.

These can include anxiety, insomnia, brain fog or concentration problems, forgetting things, depression, loss of joy, feelings of anger, a sudden lack of confidence, low (or non-existent) sex drive, inability to orgasm, and even panic attacks.

4

Menopause – the psychological fallout

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The symptoms can make women doubt their abilities (despite their years of experience) and even quit their jobs, fall out with long standing friends, or become distant from their partner. “Menopausal women are going through a lot, but many feel it’s invisible as it’s not discussed enough,” said psychotherapist and counsellor Julia Bueno.

Julia Bueno

Integrative Psychotherapist and Counsellor

There’s been a flurry of high profile TV documentaries and books on menopause in the past six months, and even the formation of an All Party Parliamentary Group on Menopause. But many women still keep guard their personal menopause with privacy and struggle on. Women, said Bueno, are taught to “suck up all aspects of their reproductive lives: from painful periods that have them doubled up on the floor two days a month, to incontinence after childbirth. It’s the same with menopause.”

Feelings of being overwhelmed

The brain needs oestrogen to lubricate it and falling levels of this hormone may affect cognitive skills or your mood. But it’s also about your mid-life individual circumstances: this is a time when troubles come in multiples. Often women are juggling menopause and the end of their reproductive life alongside empty nests, or teenage children with their own issues and exams. Add to that the stress of coping with or caring for ageing parents, bereavement, and navigating changing relationships with partners. Early 50s is a peak time for divorce, and it is also when many careers either stagnate or end in redundancy.

“Women tend to have a lot going on when they hit this time in their lives,” said Bueno. “They can get totally overwhelmed when there’s so much happening. It’s crunch time for a lot of women I see: they are overwhelmed by what’s happening internally with their biology, but also with all the other external factors that the ‘sandwich’ generation are dealing with.”

Bueno said the common psychological symptoms women experience in perimenopause and post-menopause are insomnia, feelings of anxiety and panic, and mood fluctuations that they just haven’t experienced before – and it freaks them out.

“The effect of sleep deprivation in particular is really core - bad sleep or interrupted sleep can have such a profound effect on mental health, including memory and cognition, as well as mood,” said Bueno.

“Loss of sex drive can also be very damaging to relationships unless there is good communication with the partner.”

Hormonal or just overload?

Bueno said some women do need Hormone Replacement Therapy (HRT) for hormonal symptoms underlying their psychological problems, especially as it helps with sleep, low mood, and anxiety. But others might not, and it also might be the case that blaming their hormones for issues stemming from elsewhere is doing themselves a disservice.

"A lot of the women I see who end up paying for psychotherapy are high achieving, they've got good jobs and they're juggling a lot and they just tend to set the bar really, really, high and expect a lot of themselves," explained Bueno. "They've brought up their kids, done well at work and then the storm hits, and they just think they've got to cope better."

In these cases, Bueno encourages them to take their foot off the pedal and allow themselves to be a bit more vulnerable. "It's about them showing themselves some self-compassion, learning to delegate and say no," she explains.

"I'll ask them about how they'd treat their best friend if she'd hadn't slept in days, had a mum with early onset Alzheimer's, a daughter with an eating disorder and was working a 50-hour week and was beating herself about being half an hour late," said Bueno. "It's getting women to see that they need to be kind to themselves."

One of her clients, Bueno says, has taken to describing the menopause as a time of 'shedding'. "I think that's a good way to describe it. It's okay to take your foot off the pedal."

What treatments are available on the NHS?

HRT: The NICE Guideline on Menopause recommends women suffering from low mood around the menopause should be offered HRT as a first line treatment, rather than trying antidepressants first. The guideline says there's no clear evidence that antidepressants such as selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrine reuptake inhibitors (SNRIs) can ease low mood in menopausal women who haven't been diagnosed with depression. HRT can also help with low libido. See our HRT FACT SHEETS.

Cognitive Behavioural Therapy: CBT helps you develop practical ways of managing problems by equipping you with new coping skills and useful strategies. It can help with anxiety and low mood and even give you breathing techniques for hot flushes. The focus is on developing a calmer and more accepting view of things that happen. The NICE Menopause Guideline recommends it for low moods associated with the menopause. Women's Health Concern have a factsheet written by experts giving examples of specific situations in the menopause when CBT techniques can be useful.

Counselling: "Counselling can be useful for situations where you are feeling overwhelmed," advised Bueno. "Sometimes just saying it all aloud, so you can unpack it all and be heard and not be fobbed off, is an important turning point. It can help women give themselves permission to acknowledge that things aren't right and helps them realise they are not treating themselves well or being kind enough to themselves. Women tend to put themselves at the bottom of the pecking order and it's about raising them up and getting them to realise that they deserve as much care and attention as everyone else."

Mindfulness: Mindfulness is defined as learning to be fully present, aware of what we are doing, and learning how not to overreact or be overwhelmed by what's happening around us. There is emphasis, too, on learning to sit quietly and focus on breathing. A review published in the British Journal of Obstetrics and Gynaecology found mindfulness (as well as CBT and other behaviour-based therapies) can reduce the impact of hot flushes and other menopausal symptoms.

"Women are taught to suck up all aspects of their reproductive lives: from painful periods that have them doubled up on the floor two days a month, to incontinence after childbirth. It's the same with menopause."

Testosterone gel: This can be prescribed for women who have lost their sex drive and are experiencing other menopausal problems such as brain fog, fatigue, and memory problems whose symptoms haven't responded to HRT. This can be particularly beneficial for women who are going through a surgical menopause after hysterectomy. See our Menopause Factsheet : What types of HRT do you need?

Treating depression

The NICE Guideline on Menopause recommends treating low mood in women experiencing menopausal symptoms with HRT as a first line treatment, rather than antidepressants. "Women with low mood related to the menopause will usually have other menopausal symptoms too such as cyclical anxiety, fatigue or loss of libido," explains Tania Adib, consultant obstetrician and gynaecologist at the private HCA Lister Hospital's Menopause Clinic, London. "They'll often say their life is great and they have no reason to be depressed but they just feel miserable and down."

However, if you have not responded to HRT or behavioural therapy techniques, cannot take HRT, or have a history of depression, your GP may then consider prescribing antidepressants. This is because you may have clinical depression (where you feel persistently sad for weeks or months rather than just a few days), and this is unrelated to the hormone fluctuations of the menopause. "In those women HRT will only take the edge of their depression, but may help when combined with antidepressants," adds Adib.

A recent review published in Nature says there's evidence SSRI and SNRI antidepressants are effective for the treatment of depressive disorders for women during and after menopause. The authors add, however, that more long-term studies are needed to investigate the safety, efficacy, and maintenance treatment with antidepressants during menopause.

"Generally, I'm very pro my patients taking antidepressants to get them well enough to have therapy," says Bueno. "But with women going through the menopause I tend to concentrate on getting them sleeping well first, then recommend they see a GP who knows about the menopause. I've heard a lot of patients say that taking HRT improved their sleep and anxiety problems."

5

The truth about menopause supplements

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Pharmacy and health food stores are groaning with vitamins, minerals, and herbal remedies which claim to ease symptoms of perimenopause and menopause, and improve post menopause health. But do they work? And are they even safe?

Herbal remedies

Many women report that supplements provide great support during menopause, for some they make little difference. There's black cohosh, sage, red clover and evening primrose oil for hot flushes, ashwagandha and saffron for insomnia, rhodiola rosea, passionflower and saffron for anxiety, and St John's Wort (and saffron, again) for depression. They come in tablets, tinctures and tisanes, and many have been used as traditional remedies for centuries.

Valerian has been used since Roman times for insomnia, saffron has been a staple for depression and anxiety since the 10th century and sage has a long reputation for enhancing memory and alleviating hot flushes. Some of these have solid clinical research behind them and clearly do work.

But how can you find the good stuff? With many herbals there's no guarantee about what ingredients are actually in the pack, or what dose. A few products contain actives which are standardised and validated to work as a medicine; but the majority are little more than uncharacterised plant dust.

What are the caveats?

This is why the NICE Guideline on Menopause is so cautious about herbal remedies. They recommend quite rightly that doctors should explain to women that "the quality, purity and constituents are unknown". But the reality is that the majority of doctors are not trained in supplements, so aren't able to recommend an optimal protocol to help women navigate menopause, with or without HRT.

"People tend to think of herbal remedies as being a 'harmless' alternative to HRT because they are perceived as natural, but any substance that has an effect can also have negative side effects," says Professor Gunter Kuhnle, professor of Nutrition and Food Science at Reading University. "One of the biggest concerns is about the quality and strength of ingredients: legally they are food supplements and not medicines, so they are not subject to the same regulation, scrutiny and legal control as drugs." This might mean that there's more or less of an ingredient in a supplement than needed, for instance, there may have been other substances added, or it may have deteriorated in efficacy since bottled.

Some supplements, such as St John's Wort for instance, can also interact with prescription drugs such as the contraceptive pill and antidepressants. Too much soya can affect thyroid medication too. It's important to be aware of these things before you buy supplements - there is so little regulation of products." The take home message is that just because something is plant based, it doesn't mean you should assume it's safe," says Professor Kuhnle. He advises choosing products which make assurances about the quality of their ingredients. Shockingly companies are not legally obliged to do this. A quick shortcut is to look for patented ingredients – generally if something is patented it has time, money and clinical trials invested in it.

Another tip to look out for is the THR (Traditional Herbal Registration) logo on the pack. This means the product has been approved by the Medicines and Healthcare products Regulatory Agency, has the correct dosage of the right ingredients, and meets current safety criteria. However, the MHRA's THR scheme does not assess effectiveness and some of its information is out of date.

What herbs help with hot flushes?

A number of herbal remedies are marketed for the relief of menopausal hot flushes and night sweats, but what does the science say about them?

Black Cohosh: Black cohosh is a popular herbal remedy for hot flushes and has been used for centuries by native Americans. The way it works isn't fully understood but it's thought to act on neurotransmitters (brain chemicals) and inflammatory pathways. It is not unanimously favoured: a review of 16 studies of 2,000 women in 2012 by the Cochrane Centre found there's insufficient evidence on the safety and effectiveness of the traditional remedy in relieving menopause symptoms. However, the reviewers did conclude it was a supplement worthy of further investigation. A small study from 2012 on 80 postmenopausal women (average age 53) found that both black cohosh and evening primrose oil supplements lessened the severity of hot flushes, but only black cohosh reduced their frequency. Black cohosh has side effects including stomach pain, vomiting and skin rashes, and there have been rare reports of severe liver damage, which led the Medicines and Healthcare products Regulatory Agency (MHRA) to state all black cohosh products should carry a warning. It is not recommended for women with breast cancer.

Fenugreek: Selected strains of fenugreek contain fenusides, compounds which look very like oestrogen. They are not phytoestrogens, but they do have the ability to displace oestrogen from binding sites in the blood and thus gently raise levels of the natural hormone. This is new science; there are at least 15 studies in the medical databases, several of which show clear improvement of menopausal symptoms. Not all fenugreek is equal, however: Libifem is a brand with a unique standardised extract, a propriety matrix of furostanolsaponin glycosides which provide this unique support to the body, effective at 600mg daily.

Sage: This herb was traditionally used for boosting memory, but a 2019 study on 30 post-menopausal women showed that it might have wider applications in menopause. The study showed a significant difference in the severity of hot flushes, night sweats, panic and fatigue and concentration before and after taking sage extract supplements at a dose of 100mg for four weeks. Sibelius is a brand with built in bioavailability.

Herbs for Stress and Anxiety

Ashwagandha: Ashwagandha root extract has been used in Ayuverdic medicine (an ancient Indian system which is natural and holistic) for 4,000 years as a tonic. It is an adaptogen, a herb that helps the body cope better with stress, and is said to help with sleep. A randomised controlled trial (where a treatment group is compared to a group receiving a placebo) published in the Indian Journal of Psychological Medicine found that in

"Clinical trials will tell you what dosage was used, and what doses work. Sometimes they tell you what didn't work too, which is just as important."

a group of 64 people with a history of chronic stress, those who took a high dose (2 x 300mg capsules) of ashwagandha extract daily had significant reductions on all stress assessment scales, compared to those given a placebo. Levels of the stress hormone cortisol were also reduced. LYMA uses a patented extract of ashwagandha, at a proven daily dose of 600mg.

Rhodiola Rosea: Rhodiola has been used for centuries to promote stamina and stave off mental and physical fatigue. It's great if you've got lots on and need to push through – so much so that even the Vikings loved it, apparently. However, a review of 11 studies in 2012 concluded that current evidence for rhodiola's effectiveness was inconclusive, and said more randomised controlled trials (RCTs) were needed.

Passionflower: Passiflora has been used in herbal medicine for centuries; the Aztecs were fans of this one. It's believed to work on GABA receptors

in the body (GABA is a neurotransmitter than can calm the nervus system.) A review of 11 clinical trials found it had a tendency to reduce anxiety levels.

Saffron: The first references to saffron's anti-anxiety and anti-depressant actions are in Avicvenna's great Canon of Medicine, completed in 1025 and a staple medical text for 800 years. In the last 20 years over 40 clinical trials have demonstrated its anti-depressant and anxiolytic effects, with numerous meta-analyses confirming efficacy similar to drug treatments. Avicenna, it seems, was on the money. Crucially, one of the recent trials showed that saffron improved mood and reduced anxiety in peri-menopausal women (https://pubmed.ncbi.nlm.nih.gov/34463070/). LYMA uses a patented formula of saffron extract, dosed at 28mg; optimal for max efficacy.

Lavender capsules: Lavender oil (ie Silexan, a capsule sold in pharmacies) has been found to relieve symptoms of anxiety, with effects comparable to drug treatments such as benzodiazepines, but without addiction problems. A review of studies published in 2019 confirmed these benefits.

Herbs for Inflammation and pain

Turmeric: This review concluded that 'Curcumin has received worldwide attention for its multiple health benefits, which appear to act primarily through its anti-oxidant and anti-inflammatory mechanisms.' Research suggests that curcumin can help in the management of oxidative and inflammatory conditions, metabolic syndrome, arthritis, anxiety, and hyperlipidemia. It may also help in the management of exercise-induced inflammation and muscle soreness, thus enhancing recovery and subsequent performance in active people. In addition, a relatively low dose can provide health benefits for people that do not have diagnosed health conditions.' The issue is that in its organic form, turmeric extract is a placebo as it's not absorbed by the body. Many of the water-soluble turmeric extracts are also ineffective as the majority of the ingredient is made up of the carrier system to make it water soluble, leaving neglible space for the beneficial curcuminoids. HydroCurc is a patented form of turmeric that is 100% water soluble, and its carrier system only accounts for 15% of the total ingredient, leaving adequate room for the curcuminoids. Look for a daily dosage of 600mg which is proven to be physiologically beneficial, anything less is substandard. LYMA, it should be noted, includes a 600mg dose of HydroCurc.

Levagen®+ is an odd one out. A PEA protein, or Palmitoylethanolamide (PEA), it is an endogenous fatty acid amide produced naturally in the body in response to injury and stress. Found in lipid extracts of foods and plants such as egg yolk, peanuts and soybeans, as well as produced naturally in the body, has the invaluable role of modulating and alleviating pain. There are over a hundred papers on this molecule, which combines effective analgesia with a soothing effect rather similar to CBD. This is unsurprising since it works via some of the same pathways. Great for menopausal and menstrual pain, but for many other types of pain too. We like the brand Levagen®+ as it's a superior form of PEA with increased bioavailability thanks to the award-winning LipiSperse® technology. Due to its fatty nature, PEA normally has a poor absorption in the body.

Herbs for sleep

People assume sleep related supplements are just weak sleeping pills, but sleep has its fingers in every system. By strengthening the immune system, improving blood flow or supporting energy balance, you can impact the sleep system indirectly and improve it. Some of the remedies above may also improve sleep by reducing anxiety. Sleep is a universal process that the whole body uses and there are many different pathways to improving the quality of sleep, and you need to recognise that when your body is in night mode, that it's time to regenerate to make the body's nocturnal processes even more effective. That's where the future of the sleep is.

Saffron: Affron, the standardized saffron extract, has well documented anxiolytic properties and improves the natural production of the sleep-regulating hormone melatonin. In line with saffron's traditional use as a calming mood-booster, recent studies show that these compounds help support a normal inflammatory response, reduce levels of the stress hormone cortisol and can help balance levels of important mood and sleep regulating brain chemicals like serotonin, dopamine and glutamate. Saffon is well tolerated, and doesn't cause sluggishness or adverse effects, making it a natural alternative that doesn't carry the same chance of daytime tiredness or sleepiness that other sedative based sleep supplements can do. LYMA also includes an optimal dose of Affron.

Commonly used remedies for sleep include:

Valerian: Valerian has sedative and hypnotic properties. A 2020 review of 60 studies concluded it could be a safe and effective in promoting sleep, and had no adverse side effects. Long term use, however, is not recommended.

Melatonin: The 'dark' hormone, it is produced by the body's pineal gland as night falls to promote sleep. According to the Sleep Foundation, research has shown melatonin supplements may be a helpful sleep aid. Oral supplementation, however, is dogged by problems of low bioavailability. In the UK melatonin, sold as a drug Circadin, is available on GP prescription.

Added Vitamins and Minerals

Vitamin D: Not really a vitamin at all because the body can make it itself, but to do so it needs sunshine, something in short supply in the UK. It's needed for heathy bones and numerous other functions including immunity and normal sleep. The Department of Health recommends anyone aged four or over should take a 10mcg supplement during the autumn and winter, when exposure to sunlight is insufficient to make enough vitamin D.

Magnesium: This mineral has been found to regulate cellular time keeping, and is thought to be beneficial for maintaining normal sleep patterns. One study found supplementing with magnesium, melatonin and zinc improved sleep quality and morning alertness in older people. The Department of Health recommends women aged 19-64 take 270 mg of magnesium a day. Doses as low as 400 mg a day cause diarrhoea, so be careful.

Take-away

Many supplements don't work because they don't contain enough of the right compounds, or because they are in a form that the body cannot absorb.

The law – which lags behind the science by a good half-century – prevents herbal supplements from making any health claims at all. In the absence of any guidelines, the only way you can check if something works, is to research it yourself. Go to pubmed or GoogleScholar, type in the patented name and check out the clinical trial(s) yourself. If an extract is patented, that is generally a good thing because it means that the extract was worth studying and developing. The clinical trials will also tell you what dosage was used, and what doses work. Sometimes they tell you what didn't work too, which is just as important.

Many companies market all-in-one formulas to treat menopause. However the dosages and bioavailability of their ingredients are often not proven to deliver any medical benefit. Better to choose a formula that uses medical grade ingredients, proven to treat common factors such as stress, sleep, immunity and focus, then add a medical grade ingredient at a proven dose for your specified issue, (for example, oestrogen imbalance). Many of LYMA's customers are menopausal women who find that our formula is a one stop shop for most, if not all, of their symptoms.

6

What to eat pre and post menopause

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Eating a good diet is extremely important for peri and post-menopausal women, for managing symptoms, protecting against longer term health conditions, and preventing weight gain.

You may find you lay down more fat as you enter this stage of your life. This is because your body's fat cells start to produce more oestrogen to compensate for the falling levels produced by your ovaries, and this can sometimes accumulate around your middle and prove hard to shift.

"Even if you are the same weight as you were when you were 25, your fat distribution changes at the menopause," said Jennifer Low, a registered dietitian at JL Nutrition Clinic. "To a certain extent I think women should embrace this and not feel guilty about it and try to accept their body shape has changed."

That being said, "it's important to stay a healthy weight and eat the right nutrients to help balance your hormones and protect against long term conditions you are more at risk from developing post-menopause." The risk of heart disease and osteoporosis increases at that point, and I's worth noting that excessive weight gain increases the risk of developing type 2 diabetes and non-alcoholic fatty liver disease (NAFLD), wherein fat builds up in the liver.

Foods to balance your hormones

Foods such as soya, linseeds, tofu, miso, edamame beans, pumpkin seeds, dried apricots and dates are rich sources of plant chemicals called phytoestrogens. These are similar to oestrogen produced in humans and can have a weak oestrogenic effect on the body, helping to plug a menopausal shortfall.

The British Dietetic Association says there's evidence eating several portions of these foods a day may ease hot flush symptoms, although this strategy doesn't work in all women and can take 2 to 3 months to have an effect. A review of 15 randomised controlled trials published in the journal Climacteric in 2015 found that eating phytoestrogen-rich foods did reduce the frequency of hot flushes, however, and what hot flushes they did experience were tolerated with no side effects.

Jenifer Low
Registered Dietitian

"I suggest women try foods such as linseed bread, soya milk and yoghurts fortified with calcium and edamame beans which they can incorporate into two or three meals a day," said Low. "If you're suffering from hot flushes, you might also want to cut down on hot drinks and spicy food as anecdotally they can make hot flushes worse too."

Eat like a Mediterranean for a healthy heart

Oestrogen protects the heart and circulatory system, and when levels drop so does your protection. The British Dietetic Association (BDA) recommends following a heart-healthy diet, similar to the Mediterranean Diet, to lower your blood pressure and cholesterol. "The Mediterranean Diet with lots of wholegrains, fruit and vegetables, nuts, seeds, legumes and oily fish, some lean meat and unsaturated fats, is proven to be protective against heart disease," said Low. "It's also fibre-rich, so it helps you stay fuller for longer, which makes it less likely you will snack and gain weight."

The general recommendation is that we eat 30g of fibre a day, but surveys have shown

we're usually only eating 18g on average. An important study commissioned by the World Health Organisation, using data from 250 trials conducted over 40 years, concluded there was a 15 to 30 per cent decrease in cardiovascular deaths in people who ate the highest amount of fibre compared to those who eat the least. The review also found that eating fibre-rich foods reduced incidence of coronary heart disease, stroke, type 2 diabetes ,and colorectal cancer by between 16 to 24 per cent. "There are oestrogen hormone receptors in the gut," added Low. "Constipation and bloating are common problems during menopause as oestrogen levels drop and fibre helps reduce these issues. Try adding more nuts, seeds, beans and lentils to your meals."

Best practice involves basing meals on fish, nuts, beans, or pulses at least once or twice each week and eating at least four to five portions of unsalted nuts, seeds, and legumes such as beans and lentils per week, plus cutting back on salt (to cut the risk of high blood pressure). "Aim for at least two portions of fish per week, one of which should be oily; salmon, fresh tuna, mackerel, trout and herrings are rich in omega 3 fats," explained Low. "Oily fish includes canned sardines, mackerel, salmon, trout, and herrings." A study by Leeds University found intake of some foods may even influence the age menopause starts. A high intake of oily fish and fresh legumes was associated with a delayed onset of menopause, while a high intake of refined pasta and rice could be connected to an earlier menopause.

Dr. Paul Clayton

Clinical pharmacologist and pharmaco-nutritionist

The standard advice of eating a minimum of 5 a day fruit and vegetables still applies too. Fruit and vegetables provide vitamins, minerals, fibre, and other plant nutrients such as antioxidants that are cardio protective. Aim to eat a range of different coloured fruits and vegetables whether they be fresh, frozen, canned, dried or juiced. The BDA also suggests switching from saturated fats to unsaturated fats, grilling rather than frying, changing to lower fat dairy, and reducing the intake of sugar and refined foods such as soft drinks, sweets, cakes, and biscuits.

Dr Paul Clayton, pharmacologist and chief science officer with LYMA supplements, added the Med diet is also anti-inflammatory. "This is a good idea as we know that chronic inflammation is one of the key drivers of long-term health problems,' says Paul. "If you remove this inflammation in your diet, you are reducing your risk of major diseases and slowing down many core elements of biological ageing."

Protect your bones with calcium-rich foods

You start to lose bone strength from your mid-thirties onwards, but this accelerates after the menopause when bone-building oestrogen hormone levels start to decline. One in three women over 50 will experience an osteoporotic fracture in their lifetime. In peri and post menopause it's really important you eat a healthy balanced diet and take special care to get enough calcium and vitamin D.

Calcium is found in dairy products such as milk and cheese, but also green leafy vegetables, almonds, sesame seeds, sardines, dried fruit, and fortified foods such as breakfast cereal, or oat and soya milks. Women and men need 700mg of calcium a day to maintain health (but check with your doctor if you are taking medication for osteoporosis as you may need more.) Check the University of Edinburgh's list of calcium content in foods here. Aim for 2/3 portions a day: 200ml of semi skimmed milk, a matchbox size slice of cheese and a small yogurt.

Vitamin D is needed to regulate levels of calcium and phosphate vital for bone health and is found in oily fish, fortified foods such as spreads and red meat, liver, egg yolks and liver. But it's hard to get enough vitamin D from the diet alone, and in the dark UK winter the body doesn't get enough sunlight exposure to make it. For this reason, the Department of Health recommends people may want to take a 10mcg daily supplement .

What about alcohol?

Although you might want to pour yourself a glass of wine at the end of a stressful day, it may not be the best solution - particularly if you are suffering from sleep problems. Alcohol is a sedative and although it may help you fall asleep, your quality of sleep may be affected as you'll miss out on Rapid Eye Movement (REM) sleep – the most restorative type. In fact, booze can actually wake you from sleep during the night.

If you do drink alcohol, try to have alcohol-free days. Allow enough time for alcohol to be processed before you go to bed (roughly one hour per unit, although this varies). Stick within safe limits of no more than 14 units of alcohol a week.

Drinking also increases your risk of breast cancer. Drinking one unit of alcohol a day raises the risk of breast cancer by 5 % in pre-menopausal women and 9% in post-menopausal women. To put this in context: six in every 50 non-drinking women will develop breast cancer, while it's 7 in 50 among women who drink two units a day.

It's not all doom and gloom, however: some studies, including one by the University of Maryland, have shown that light infrequent alcohol consumption may benefit some women experiencing hot flushes, although more research is needed.

For further advice around the best supplementation
for menopause, e mail concierge@lyma.life

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