

A woman is sitting on a dark metal bench. She is wearing a bright pink, textured knit cardigan over a light blue button-down shirt, light blue jeans, and white high-top sneakers with white laces. She is holding a small bouquet of tulips in her right hand, which includes pink, white, and yellow flowers. Her left hand is resting on the bench. She has pink nail polish and is wearing a ring on her left ring finger. The background is a blurred outdoor setting with greenery.

MENOPAUSE

A No Nonsense Guide

**Everything a
Woman With
Brain Fog Should
Know**

by Dr Sarah Thomas

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About Me

Before we embark upon the world of droopy boobs and sore vaginas - a bit about me.

I'm Dr. Sarah Thomas — a GP with nearly three decades of experience. I am an Advanced Menopause Specialist with a Diploma in Lifestyle Medicine. I'm also internationally certified by the World Obesity Federation and accredited via the Royal College of GPs "GP Leaders in Obesity and Weight Loss" (GLOW) programme.

No mountain too high, no vagina too dry... I've seen it all..and probably done it all!!

About this book

A no nonsense guide to the menopause - aimed at those with brain fog and those who just need a place to start.

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01

**So Your Body's
Decided to Throw a
Hormone Party (and
Forgot to Invite You)**

Hello there! Welcome to The Basic Guide to Menopause - or as I like to call it, "What's Happening to My Body and Why Am I Suddenly Furious About the Way My Partner Breathes." As a GP and specialist in menopause, obesity, and lifestyle medicine, I've created this guide after years of watching women struggle to find straightforward information that doesn't require a medical degree to understand.



Think of this as your basic menopause guide to help you when brain fog is at its worst.

[There's enough to remember including where you put your car keys for the fifth time today!]

What This Guide Is (and Isn't)

Let's get one thing straight: this isn't one of those intimidating medical textbooks that leaves you more confused than when you started. Nor is it a collection of wishy-washy remedies with promises to "balance your feminine energy" using nothing but moonlight and expensive crystals.

This is a practical, no-nonsense guide based on actual science and clinical experience. I've worked hard to translate complex medical information into plain English - the kind you might use chatting with a knowledgeable friend over a cup of tea.

This guide won't replace a proper consultation with your doctor, but it will help you:

- Understand what's actually happening to your body (and why)
- Recognise common symptoms and strategies to manage them
- Know when to seek professional help
- Navigate treatment options without feeling overwhelmed
- Avoid wasting money on useless "miracle cures"

Why I Wrote This Guide (and Why You Should Read It)

If you've ever Googled "menopause symptoms" at 3 AM while suffering from night sweats, you'll understand why this guide matters. The internet is a wild west of information - some helpful, some harmful, and much of it downright terrifying.

My goal is to cut through the nonsense and give you reliable information that actually helps. Consider this your nonsense detector for the menopause journey - saving you time, worry, and potentially a small fortune on supplements that taste like pond water and do precisely nothing.

Every Woman's Menopause is Different (Thank Your Genes and Your Lifestyle)

Here's something crucial to remember: menopause is as individual as you are. Some women sail through with barely a hot flush, while others feel like they're riding an emotional and physical rollercoaster without a safety harness.

Your experience will depend on many factors:

- Your genes and family history
- Your overall health and lifestyle
- Your attitude and psychological resilience
- Your support network
- Sometimes just plain luck

This is why it's essential to see this guide as a starting point, not the final word. What works brilliantly for your sister or best friend might do absolutely nothing for you - and that's completely normal.

The Secret Power of Lifestyle Medicine

While we'll discuss medical treatments like HRT (which can be genuinely life-changing for many women), I'd be doing you a disservice if I didn't emphasise how powerfully lifestyle factors can affect your menopause experience.

Lifestyle Medicine is an evidence-based approach focusing on six fundamental pillars that can significantly improve your menopause symptoms:

Mental Wellbeing: Learning to manage stress through mindfulness, meditation, or whatever calms YOUR particular mind. That persistent worry about whether you left the iron on isn't helping your hot flushes!

Physical Activity: Moving your body regularly - and no, chasing the dog to retrieve your favourite slippers doesn't count (though it's a start). Research consistently shows that active women report fewer and less severe menopause symptoms.

Healthy Eating: Focusing on whole foods rather than processed rubbish. Your body's going through enough without dealing with a diet of ready meals and wine (though I understand the temptation, believe me).



Restorative Sleep: Prioritising good sleep habits even when hormones and night sweats conspire against you. We'll talk about practical strategies that don't involve counting thousands of sheep.

Avoiding Harmful Substances: Reducing alcohol, quitting smoking, and moderating caffeine - all of which can make menopause symptoms worse. I know, I know - sometimes wine o'clock feels essential, but we'll discuss healthier coping strategies.

Nurturing Relationships: Maintaining connections with people who support rather than drain you. This might mean politely distancing yourself from that friend who suggests your hot flushes would disappear if you just tried her expensive essential oils!

In later chapters, we'll explore each of these pillars in detail, with practical tips you can actually implement in real life - not just if you have a personal chef and unlimited free time.

What to Expect From This Guide

In the coming chapters, we'll explore:

- What menopause actually is (beyond "that time when periods stop and madness begins")
- The stages of menopause and how to tell where you are in the process
- Common symptoms and practical strategies for managing them
- Treatment options from lifestyle changes to medical interventions
- How to talk about menopause with partners, family, and even colleagues
- Resources for further support when you need it

Each chapter is designed to give you practical, usable information without overwhelming you. Read it cover to cover, or dip in and out as needed - it's entirely up to you.

Final Thoughts For Now

Menopause is a natural transition, not a disease - with the right information and support, you can navigate this phase with your sanity (mostly) intact.



Remember: millions of women have gone through this before you, and millions will follow. You're part of a grand tradition of women discovering their post-reproductive power - it's just that some days that power feels more like a wonky superpower you never asked for!

Let's embark on this journey together. I promise to keep things straightforward, evidence-based, and occasionally amusing. Because if we can't laugh about waking up in pools of our own sweat, what can we laugh about?

Turn the page when you're ready - your menopause education awaits!

02

***What is Menopause,
Anyway? The
Hormonal
Rollercoaster
Explained***

"Is It Hot in Here, or Is It Just Me?" - Understanding the Basics

So your body's decided to switch things up, has it? Welcome to menopause - that thoroughly inconvenient biological process where your reproductive system essentially decides to retire without consulting you first. If you're wondering why you're suddenly furious at supermarket queues, forget what you walked into a room for, you're in the right place.

Not Just One Event, But a Whole Journey

First things first - "Being Menopausal" isn't just one day when your periods stop and you're handed a certificate saying "Congratulations! You're menopausal now!" Though that would be handy, wouldn't it?

It's actually a gradual transition with several stages, like a very long and sometimes irritating play where you're not quite sure which act you're in. Let's break it down:

The Official Definition: Menopause itself is technically just one point in time - the 12-month anniversary of your last period. That's it. One day. Everything before is "perimenopause" and everything after is "postmenopause." Medical types (myself included) love these distinctions, but for most of us (also myself included), it feels like one long, sweaty journey.



The Timeline: The average British woman hits menopause around age 51, but anywhere between 45-55 is considered normal. About 1-3% of women experience premature menopause before 40, which is like being invited to a party much earlier than you expected - and it's not even a good party.

The Supporting Cast: Your Hormonal Drama in Three Acts

Act 1: Perimenopause - The Warm-Up That Nobody Asked For

Think of perimenopause as the opening act where your hormones start experimenting with improvisational theatre:

Early Perimenopause: This sneaky phase can begin in your early to mid-40s and last for years. Your periods might still be fairly regular, but you might notice:

- The occasional hot flush (where you suddenly feel like you're being cooked from the inside)
- Slight mood changes (like crying because nobody can be bothered to unload that poxy dishwasher...but enough about me)
- Sleep getting a bit dodgy
- That vague feeling of "something's not quite right" but you can't put your finger on it

Late Perimenopause: As you get closer to the main event, things intensify:

- Periods become properly irregular - sometimes skipping months entirely
- Hot flushes become more frequent and intense (cue frantic removal of layers during important meetings)
- Sleep disturbances reach new heights - 2 AM club, anyone?
- Mood swings that make your teenage years look emotionally stable

This chaotic phase typically lasts 1-3 years, though for some unlucky souls, it can stretch longer. It's like your hormones are having their last rodeo before they settle down.

Act 2: Menopause - The Main Event (All of One Day)

The technical menopause is simply that moment when you've gone a full 12 months without a period. No parade, no certificate, not even a "well done" card from your ovaries.

Act 3: Postmenopause - The Rest of Your Life

Once you've passed that 12-month mark, you're postmenopausal. This is your new normal, and while it might sound depressing, many women report feeling more emotionally stable and energetic once they push through the transition. Hot flushes and night sweats typically improve within 2-7 years, though some women continue to experience them longer.

Some women describe this phase as liberating - no more periods, no more PMS, no more worrying about pregnancy. Silver linings and all that!



The Science Bit: What's Actually Happening in There?

Let's get scientific without putting you to sleep (your hormones are already doing a fine job of disrupting that).

Your Ovaries' Retirement Plan

You were born with all the egg follicles you'll ever have - about 1-2 million of the little blighters. By the time you hit puberty, you're down to about 300,000-400,000. Throughout your reproductive years, these follicles continue to diminish, with only about 400-500 actually making it to the "release" stage during your lifetime.

By perimenopause, your follicle supply is running seriously low, like supermarket toilet roll supplies during covid. The remaining ones don't respond well to hormonal signals anymore - they're like employees counting down to retirement who have stopped caring about performance reviews.



The Hormonal Chaos Behind Your Symptoms

Oestrogen Rollercoaster: During perimenopause, your oestrogen levels fluctuate wildly - sometimes higher than normal, sometimes lower - which explains why you feel fine one day and completely bonkers the next.

Progesterone Problems: Your progesterone (which normally balances oestrogen) starts declining, throwing the whole system into further disarray.

Thermostat Tampering: The hypothalamus in your brain (your body's thermostat) gets hypersensitive to temperature changes. When it misinterprets signals, it triggers your body to rapidly cool down - hence the sudden sweating and feeling like you've been put in a microwave, roasted alive from the inside.

The Silent Player: Testosterone (Not Just for Blokes)

While oestrogen gets all the attention, testosterone deserves a mention too. Yes, women have testosterone - just in smaller amounts than men. It contributes to:

- Your sex drive (that thing you might be wondering what happened to)
- Energy levels and muscle strength
- Mood and cognitive function

Unlike the dramatic crash of oestrogen during menopause, testosterone levels decline gradually throughout adulthood. By menopause, they may be about half what they were in your 20s. This can contribute to:

- Feeling about as frisky as a frozen fish finger
- Having the energy levels of a sloth on holiday
- Experiencing the memory capacity of a goldfish

Some women benefit from testosterone supplementation, particularly for libido issues, but it's prescribed "off-label" in the UK (meaning it's not officially licensed for women). If you're interested, you'll need to chat with a clinician who specialises in menopause care.

"Which Stage Am I In?" - The Menopause Detective Guide

Trying to pinpoint your menopause stage can feel like trying to nail jelly to a wall, but here are some clues:

Probably Perimenopausal If:

- Your periods have gone rogue
 - sometimes early, sometimes late, sometimes doing a disappearing act altogether
- You've started carrying a fan everywhere, even in February
- Your patience has shortened more dramatically than your periods
- You're regularly forgetting words mid-sentence "Can you pass the... the... oh bloody hell, the fork!")

Likely Close to Menopause If:

- You haven't seen your period for nearly a year (but it is a retrospective diagnosis)
- Your symptoms are still there but perhaps more consistent rather than wildly fluctuating

Possibly Postmenopausal If:

- Your periods have been AWOL for over 12 months
- Your symptoms may be gradually improving
- You've developed a newfound intolerance for nonsense and no longer care what people think of you (or is that just getting older and wiser?!)

What if you have a coil/LARC and can't tell whether you are having periods?

- This is one of the few times when a blood test may help.
- Sometimes tracking symptoms does identify "PMS" like symptoms regularly which can also help stage you.

Track It To be Able to Tackle It: Symptom Monitoring Made Easy

Keeping track of what's happening is extremely useful, not just for figuring out which stage you're in, but also for spotting patterns and explaining things to your doctor without bursting into tears (another common symptom).

Old School Method: A diary or calendar where you note periods, symptoms, and possible triggers.

New School Method: New apps or simply using the notes function on your phone.

Whatever method you choose, try tracking:

- Periods - dates, flow, any unusual spotting
- Hot flushes - frequency, intensity, and potential triggers (that extra glass of wine was probably not your friend)
- Sleep quality - including night sweats and early waking
- Mood changes - anxiety, irritability, wanting to throttle someone for breathing too loudly
- Energy levels - noting any patterns throughout the day



The Bottom Line

Menopause isn't a disease - it's a natural transition that every woman who lives long enough will experience. Understanding where you are in the process can help you navigate it more smoothly and make informed decisions about managing symptoms.

Remember, this journey is uniquely yours. Your experience might be completely different from your mum's, your sister's, or that woman at work who claims she "barely noticed" menopause (we all secretly hate her a bit, don't we?).

The key is to stay informed, listen to your body, and don't be afraid to seek help from a doctor who understands menopause. This isn't the time for a stiff upper lip - it's the time for fans, comfortable clothing, and telling people exactly where they can put their unhelpful advice about herbal remedies.

Welcome to the club - the hot flush society meets regularly, usually at 3 AM when everyone else is asleep!

03

**Myths : Separating
Fact from Fiction in
the Menopause
Circus**

Let's face it - menopause has more myths surrounding it than Stonehenge. From old wives' tales passed down through generations to your well-meaning mate Sharon who's suddenly an expert because she read something on Facebook, the amount of menopause misinformation floating about could fill the English Channel.

Time to sort the wheat from the chaff, the truth from the tosh, and give you the straight facts about what's actually happening to your body - no sugar-coating, no scaremongering, just honest information you can actually use.



Why Are There So Many Menopause Myths Anyway?

Ever wondered why menopause is surrounded by more fiction than your local bookstore? Three main reasons:

The Great Historical Silence: For centuries, women's health - especially anything to do with "down there" or "women's problems" - was discussed about as openly as Auntie Mabel's secret gin habit. This hush-hush approach created the perfect breeding ground for myths and misconceptions.

Doctors Unintentionally

Dropping the Ball: Even today, with all our medical advances, women often get precious little guidance about menopause from their GPs. Up to 62% of women report feeling unprepared for menopause, and 50% say their doctor never discussed it with them.

Everyone's Experience is

Different: Your menopause might be a gentle stroll in the park, while your sister's feels more like scaling Everest in flip-flops. This massive variation makes it hard to generalise, leaving plenty of room for myths to flourish.

The Menopause Myth-Busting Extravaganza

Myth 1 "Menopause is a Disease That Needs Treating"

The Reality: Menopause is as natural as puberty, just less spotty and with fewer boy bands posters. It's simply your body's way of closing down the baby-making department after years of loyal service.

Menopause itself doesn't need "curing" any more than puberty does. However, the symptoms that come along for the ride - like hot flushes that make you want to stick your head in the freezer - might need managing if they're disrupting your life. We treat the symptoms, not the menopause itself.

Myth 2 "All Women Turn into Sweaty, Moody Messes"

The Reality: The menopause experience falls on a spectrum wider than a politician's promises.

About 20% of lucky ducks sail through with barely a hot flush, while another 20% get hit like a ton of bricks. The rest of us fall somewhere in the middle - some days feeling fine, others wanting to murder someone for breathing too loudly.

Factors affecting your personal menopause experience include:

- Your genes (thanks Mum!)
- Your weight and overall health
- Your stress levels and mental wellbeing
- Sometimes just the luck of the draw

Worth remembering: symptoms often come and go. You might have intense hot flushes for a few months, then they fade, only to be replaced by insomnia or mood changes. It's like a hormonal game of whack-a-mole.

Myth 3 "Say Goodbye to Your Sex Life"

The Reality: This myth needs binning faster than the week-old opened tuna can at the back of your fridge. While hormone changes can bring challenges - vaginal dryness being the most common party pooper - many women report their post-menopausal sex lives are better than ever!

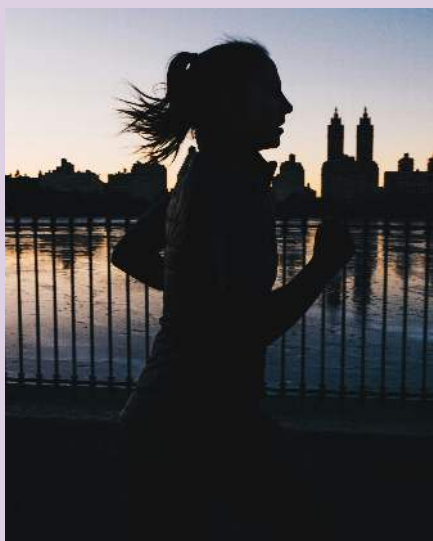


Without pregnancy worries and with empty-nest privacy, many couples discover a second honeymoon phase. Plus, there are plenty of solutions for the physical challenges:

- Lubricants and vaginal moisturisers become your new best friends
- Local oestrogen treatments work wonders for vaginal tissues
- Open communication with your partner about what works now (hint: it might be different than before)

Myth 4 "Menopause Happens Overnight - One Day You're Fine, Next Day You're Not"

The Reality: For most women, menopause is more marathon than sprint. The journey typically starts with perimenopause - a transitional phase lasting anywhere from 2 to 10 years where hormone levels fluctuate like the British weather.



Menopause itself is technically just one day - the 12-month anniversary of your last period. Everything before is perimenopause, everything after is postmenopause. Understanding this timeline can help you recognise what's happening and seek support early if needed.

Myth 5 "You Can't Get Pregnant During Perimenopause"

The Reality: Oh yes you bloomin' well can! This dangerous myth has led to many a surprise "change of life baby."

While fertility does decline, many women still ovulate occasionally during perimenopause, even with irregular periods. In fact, those erratic cycles make it harder to predict fertile days, creating the perfect storm for unplanned pregnancies.

The official guidelines are crystal clear:

- If you're under 50, continue contraception until 2 years after your last period
- If you're over 50, continue contraception until 1 year after your last period

Unless you fancy explaining to your adult children why they're getting a new sibling for Christmas, take this one seriously!

Myth 6 "HRT Is Dangerous and Should Be Avoided"

The Reality: The great HRT scare of 2002 (following the Women's Health Initiative study) sent thousands of women flushing their hormone treatments down the loo. But subsequent research has given us a much clearer picture.

The truth about HRT is more nuanced:

- Age matters: Starting before 60 or within 10 years of menopause generally offers the best risk-benefit profile
- Duration matters: Short-term use for symptom management carries fewer risks
- Delivery method matters: Patches, sprays and gels have different risk profiles than tablets
- Your personal health history matters most of all

For many women, the benefits of HRT - relief from debilitating symptoms, improved sleep, mood and protection against osteoporosis - far outweigh the potential risks. Each woman deserves a personalised assessment from a knowledgeable doctor rather than one-size-fits-all advice.

Myth 7 "Natural Remedies Are Always Safe"

The Reality: Just because something grew in a garden doesn't automatically make it safe. Hemlock is natural too, but I wouldn't recommend sprinkling it on your salad!



Many herbal supplements marketed for menopause:

- Lack solid scientific evidence
- Aren't regulated as strictly as prescription medications
- Can interact dangerously with other medications
- May contain plant oestrogens that aren't suitable for everyone

Always tell your doctor about any supplements you're taking - that innocent-looking herbal remedy might be interfering with your blood pressure medication or diabetes treatment.

Myth 8 "It's Natural, So Just Grin and Bear It"

The Reality: Yes, menopause is natural. So are childbirth, toothaches, and getting caught in the rain without an umbrella - but we don't expect people to suffer through those without help!

The "just tough it out" attitude stems from outdated views about women's health and the normalisation of women's pain. If menopause symptoms are affecting your quality of life, relationships, or work performance, seeking treatment isn't a sign of weakness - it's a sensible response to a challenging transition.

Options range from lifestyle adjustments to medical treatments, and the right approach depends on your symptoms, preferences, and health background. You wouldn't hesitate to treat a broken ankle - why suffer unnecessarily through menopause?

Spotting Reliable Information in a Sea of Nonsense

With menopause advice coming at you from every direction - from your hairdresser to that random woman in your Zumba class - how do you sort the helpful from the hogwash?

Check the Source:

- Trustworthy organizations include the British Menopause Society, Royal College of Obstetricians and Gynaecologists, and NICE
- Look for qualifications - is the advice coming from someone with actual medical training?
- Be wary of anyone selling miracle cures alongside their "educational content"

Question the Quality:

- Does the information cite actual research?
- Is it recent?
Recommendations change as new evidence emerges
- Does it acknowledge that experiences vary, or make sweeping claims?

Talk to Your Doctor:

- Come prepared with specific questions
- Don't leave until you understand the answers
- Seek a second opinion if you feel unsatisfied

The Bottom (or perineal) Line

Menopause comes with enough challenges without adding confusion and misinformation to the mix. By separating fact from fiction, you can make informed decisions about your health and wellbeing during this transition.

You wouldn't take driving directions from someone who's never been behind the wheel - so why navigate menopause based on myths and misunderstandings?



04

**Symptoms : Welcome
to the Menopause
Mystery Tour!**



If menopause were a theme park ride, it'd be one of those unpredictable ones where everyone has a different experience. Some sail through with barely a tickle, while others feel like they've been strapped to an emotional and physical rollercoaster without a safety harness. [Others vomit or pass out! (no not really)] Let's dive into the most common symptoms and - more importantly - what you can actually do about them besides fantasizing about moving to the Arctic.

Hot Flashes: When Your Internal Thermostat Goes Haywire

Ah, the hot flush - that special moment when you suddenly feel like someone's lit a bonfire inside you. About 80% of us menopausal ladies get these uninvited heat surges, which typically start in your chest and face before deciding to throw a party throughout your entire body.



One minute you're chairing a meeting, the next you're frantically fanning yourself while attempting to discreetly peel off layers of clothing like a sweaty lettuce. The cherry on top? The visible red face and sometimes the bonus round: a chilly feeling afterward as your body tries to sort itself out.

Why's this happening to me? Blame your hypothalamus - the brain's temperature control centre. As oestrogen drops, this little blighter becomes as sensitive as a teenager on social media, misreading normal body temperature as "EMERGENCY! SHE'S OVERHEATING!" and triggering cooling systems (sweating and dilated blood vessels) when you don't actually need them.

Survival tactics:

- **Dress like an onion** - layers you can peel off when the internal furnace kicks in. Natural fabrics like cotton are your new best friends.
- **Keep cool kit handy** - a mini fan in your handbag might just save your sanity during an important meeting.
- **Identify your trigger foods** - spicy curries, caffeine, and that lovely glass of red wine could be setting you off.
- **Try some calm-down techniques** - deep breathing or mindfulness might help reduce both frequency and intensity.
- **Stay hydrated** - being thirsty can actually trigger more hot flushes. Typical, isn't it?

Night Sweats: The Midnight Drench

Night sweats are essentially hot flushes that rudely wake you up leaving you and your bedding soggier than a British picnic. Nothing quite like waking up looking like you've just completed a triathlon in your sleep, is there?

Battle plan:

- Create a sleep sanctuary - keep your bedroom cool (18°C is ideal)
- Invest in moisture-wicking nightwear - technology originally designed for athletes now serves the menopausal community!
- Layer your bedding rather than one thick duvet
- Keep a change of nightclothes by the bed for quick mid-night switches

Mood Swings: The Emotional Merry-Go-Round

Remember teenage mood swings? They're back, with a vengeance! One minute you're laughing at bloopers on the internet, the next you're sobbing because someone loaded the dishwasher "wrong" or your partner breathed too loudly.

Why the emotional tornado? Those fluctuating hormones aren't just messing with your body temperature - they're also affecting brain chemicals like serotonin that regulate your mood. Add in sleep disruption from night sweats, and you've got the perfect storm for emotional volatility.

Keeping your cool (emotionally speaking):

- **Get moving** - even a 20-minute walk releases enough endorphins to brighten your outlook
- **Prioritize sleep** - everything looks worse when you're exhausted
- **Find your tribe** - connect with friends who get it (especially other menopausal women who won't look horrified when you suddenly rage about supermarket queues)
- **Try mindfulness** - it creates space between feeling triggered and unleashing the kraken



Brain Fog: "What Was I Saying Again?"

If you've recently found yourself standing in rooms wondering why you entered, or describing the TV remote as "the clicky thing for the rectangle," welcome to menopause brain fog. This isn't early-onset dementia (though many women secretly worry it is) - it's another delightful hormonal side effect.

Why your brain's gone on holiday: oestrogen actually affects cognitive function, including memory and concentration. As levels drop, your mental sharpness can temporarily follow suit. Throw in poor sleep from night sweats, and your poor brain is essentially trying to function while wrapped in cotton wool.

Brain-boosting strategies:

- Embrace memory aids - smartphone reminders, notes apps, or sticky notes everywhere
- Create systems for commonly forgotten items (keys ALWAYS go in that bowl, glasses ALWAYS go on that shelf)
- Feed your brain - omega-3 fatty acids from oily fish, nuts and seeds can help
- Be kind to yourself - your brain isn't broken, it's just renovating

The Vagina Chronicles: When Down Below Goes Dry

While everybody talks about hot flushes, the changes "down below in my love garden" often get whispered about, if mentioned at all. But vaginal dryness and urinary changes affect up to 50% of menopausal women and can seriously impact quality of life.

What's happening? Declining oestrogen causes vaginal tissues to become thinner, less elastic and produce less natural lubrication. The same hormone drop affects your urinary tract, potentially leading to more frequent trips to the loo or those delightful "laugh/sneeze/cough and leak" moments.

Keeping things comfortable:

- Vaginal moisturizers work differently from lubricants - they're for regular maintenance, not just during intimacy
- Lubricants are your best friends during sex - water-based if using condoms, silicone-based for longer-lasting effect
- Regular sexual activity (with or without a partner) helps maintain blood flow to the area
- Pelvic floor exercises aren't just for after childbirth - they can help with bladder control issues
- Talk to your doctor - effective treatments exist, but many women suffer silently out of embarrassment

Sleep Troubles: Beyond the Night Sweats

Even without night sweats, many women find their sleep patterns doing a disappearing act during menopause. You might struggle to fall asleep, wake frequently, or find yourself wide-eyed at 4 AM contemplating life's great mysteries (or your to-do list).

Why counting sheep no longer works: oestrogen and progesterone help regulate sleep, and progesterone has natural sedative effects. As these decline, your sleep architecture changes. Plus, all those other menopause symptoms hardly create ideal sleeping conditions!

Reclaiming your sleep:

- Consistent bedtimes and wake times - yes, even on weekends
- Create a wind-down routine your body recognizes as "sleepy time is coming"
- Limit screens before bed - the blue light tells your brain it's daytime
- Avoid caffeine after lunch and alcohol close to bedtime
- Keep a notepad by your bed to jot down thoughts or worries rather than letting them ping around your head

Achy-Breaky Joints: The Surprise Symptom

Many women are shocked when their knees, hips and fingers start complaining during menopause. You thought hot flushes were the main event, but suddenly you're creaking like a rusty gate.

Why everything hurts: oestrogen has anti-inflammatory properties and helps maintain collagen, which is crucial for joint cushioning. As levels drop, inflammation can increase and joint comfort can decrease.

Moving more comfortably:

- Low-impact exercise like swimming, cycling or walking
- Maintain a healthy weight to reduce pressure on weight-bearing joints
- Consider anti-inflammatory foods like fatty fish, berries, and turmeric
- Stay hydrated to keep joints well-lubricated

When to Call for Backup

While menopause symptoms are normal, they shouldn't completely derail your life. Talk to your doctor if:

- Hot flushes or night sweats are making life miserable
- Mood changes are severe or include persistent feelings of hopelessness
- Vaginal dryness makes intimacy painful
- Bleeding patterns are concerning
- Any symptom feels overwhelming or unmanageable

Remember, you wouldn't hesitate to see a doctor for other symptoms like stomach pains- menopause symptoms deserve the same attention. Effective treatments exist, from lifestyle tweaks to medical options. Don't suffer in silence thinking it's "just menopause" - that's about as sensible as ignoring a fire alarm because it's "just a bit of smoke."



The Bottom Line

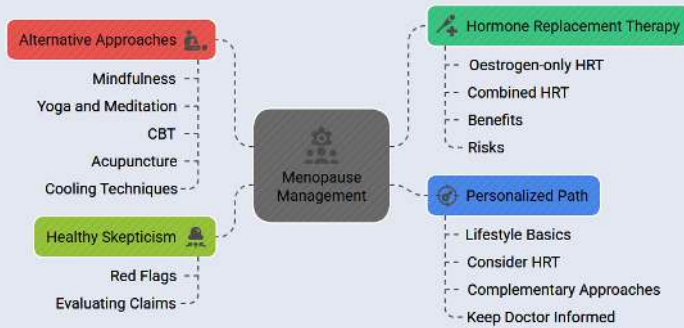
Menopause symptoms can be a right pain in the backside, but understanding what's happening and having practical strategies can make this transition more manageable. Remember, you're not going mad, your body's just remodeling - and like all renovations, it's messy, inconvenient, and temporary.

Every woman's menopause journey is unique, so be patient with yourself while you discover what works best for you. And remember - a sense of humour helps. When you find yourself standing in front of an open freezer at midnight, at least you can take comfort in knowing millions of other women are doing exactly the same thing!



05

**Treatments : "So
What Can I Actually
DO About These
Symptoms?"**



If you've made it this far into the menopause journey, you're probably thinking, "Enough about what's happening to me - what can I DO about it?" You're not alone. From your GP's prescription pad (electronic these days- oh the good old days..) to your mate Susan who swears by some herbal concoction she found online, there's no shortage of suggestions for managing menopause.

Let's sort through these options without the medical mumbo-jumbo or the sales pitch - just straight talk about what might actually help and what's more likely to lighten your wallet than your hot flushes.

Hormone Replacement Therapy: The Big Guns

HRT is essentially what it says on the tin - replacing the hormones your body's decided to stop producing. It's the most effective treatment we have for menopause symptoms, particularly those lovely hot flushes that have you stripping off layers in the frozen foods aisle.

What's in the HRT Goodie Bag?

Oestrogen-only HRT: For women who've had a hysterectomy. No uterus means no risk of endometrial cancer, so you can skip the progesterone.

Quick note: If you've had a partial hysterectomy and still have some of your cervix, or have a history of endometriosis, you might still need progesterone - worth checking with your doctor as there might still be some uterine cells lurking about.

Combined HRT: Contains both oestrogen and progesterone. If you've still got your uterus, this is the one for you. The progesterone protects your womb lining from getting overexcited by oestrogen alone, which can increase cancer risk.

The Good Stuff: Benefits Beyond Just Cooling You Down

HRT isn't just about stopping you from melting during important meetings:

Hot flush farewell: Drastically reduces those personal tropical moments and night sweats

Vaginal revival: Helps restore moisture and elasticity "down there"

Bone buddy: Helps prevent osteoporosis by slowing that post-menopausal bone loss

Potential heart helper: When started within 10 years of menopause or before 60, may actually reduce heart disease risk

Quality of life booster: Makes many women feel more like themselves again - something hard to measure (although there are questionnaires we can use) but invaluable to experience

The Not-So-Good Stuff: Understanding the Risks

Nothing in life comes without some fine print, and HRT is no exception:

Breast cancer: Combined HRT slightly increases breast cancer risk, particularly with longer use. However, this risk is actually smaller than the risk from being overweight or drinking a couple of glasses of wine daily.

Blood clots: Mostly an issue with tablet forms. The risk is lower with patches, gels, or sprays.

Stroke: A small increased risk with oral forms of oestrogen.

These sound scary, but remember we're talking about small increases to already small risks - your doctor can help you understand what these numbers actually mean for you personally.

How to Take the Stuff: Delivery Methods

HRT isn't one-size-fits-all - there are several ways to get those hormones into your system:

Tablets: Convenient but pass through your liver first, which may increase clot and stroke risk

Patches: Stick 'em on your skin and forget about them for a few days (replacing twice a week usually)

Gels or Sprays: Apply daily to your skin - quick and easy

Vaginal preparations: Creams, gel, rings, or pessaries specifically for "down there" symptoms, with minimal hormone absorption elsewhere

Timing Is Everything

Starting HRT isn't like deciding when to plant your garden - the timing actually matters:

The sweet spot is within 10 years of menopause (your last natural menstrual period) or before age 60, (but if the risk benefit balance is favourable then there is no arbitrary upper limit)

This "window of opportunity" maximizes benefits and minimizes risks (especially cardiovascular benefits)

Beyond Pills, Patches and Potions: Alternative Approaches

Not all menopause management comes in a pill form. These approaches might help manage symptoms while also improving overall wellbeing:

Mind-Body Approaches: Training Your Brain

Mindfulness: While it might not cool hot flushes directly, mindfulness can significantly improve quality of life and sleep

Yoga and Meditation: Great for stress reduction, which can indirectly help with many menopause symptoms

CBT Cognitive Behavioural Therapy: Particularly helpful for mood issues, anxiety, and developing coping strategies for dealing with physical symptoms

Acupuncture: Some studies suggest it might help with hot flushes and sleep problems, though the evidence isn't overwhelming

Cooling techniques: From bedroom fans to cooling pillows and clothing - sometimes practical solutions are the best!

Developing Your Rubbish Detector: Healthy Scepticism

With every passing day, someone's inventing a new "miracle cure" for menopause. Here's how to sort the wheat from the chaff:

Red Flags That Should Set Off Your Alarm Bells

"Revolutionary breakthrough!" - If it were truly revolutionary, it would be front-page news, not just on a sales webpage

"Doctors don't want you to know this!" - Actually, doctors would love effective treatments, thank you very much

"Cures ALL menopause symptoms!" - Nothing treats everything; be suspicious of catch-all claims

"No side effects whatsoever!" - Everything that does something does something else too



How to Evaluate Claims Like a Pro

Check for actual research - Not "clinical studies show" without references, but published, peer-reviewed research

Consider the source - Information from medical societies or universities tends to be more reliable than sites selling products

Follow the money - Always ask who benefits financially from you believing the claim

Talk to your doctor - Yes, even about the supplements or alternative treatments you're considering

The Bottom Line: Finding Your Personal Path

Menopause treatment isn't a one-size-fits-all proposition. What works brilliantly for your sister might do nothing for you. The best approach often combines several strategies:

Start with lifestyle basics - Diet, exercise, stress management, and sleep hygiene can significantly reduce symptoms

Consider HRT if symptoms are significant - Especially if you're within that 10-year window and have no contraindications

Add complementary approaches - Whether it's acupuncture, mindfulness, or careful use of selected supplements

Keep your doctor in the loop - They need to know everything you're taking or doing to manage symptoms



Remember, the goal isn't to "beat" menopause - it's a natural transition, not an enemy. The goal is to minimize disruptive symptoms so you can get on with your life without constantly wondering if you're about to melt down in the middle of the supermarket.

06

***Alternative treatments
: When Your Body
Says "No" to
Hormones, But "Yes"
to Relief***



Let's be honest - HRT is like the luxury car of menopause treatments. It's powerful, effective, and generally gets the job done. But not everyone can hop into that luxury vehicle, can they? Maybe you've had breast cancer, have active blood clots, or your liver's throwing a tantrum. Perhaps you've tried HRT and the side effects made you feel like you were on a particularly nasty fairground ride.

Whatever your reason for not taking HRT, **don't despair!** You're not destined to drown in night sweats or strip off layers in the frozen food aisle forever. There are other options that don't involve hormones but can still help tame those unruly hot flushes and other menopausal mayhem.

Why Some Women Need to Skip the HRT Queue

Before we look into alternatives, let's quickly review why some women can't take HRT. Your doctor might give HRT the thumbs-down if you have:

- History of hormone-sensitive cancers (breast, endometrial)
- Mysterious vaginal bleeding that hasn't been investigated
- Blood clots, recent stroke, or heart attack
- Liver problems (your liver processes hormones, so it needs to be in working order)
- Migraines with aura (especially for tablet forms of HRT)
- Certain clotting disorders that increase your risk of thrombosis

And some women simply prefer to avoid hormones altogether—which is completely your choice! Your body, your rules.

Non-Hormonal Medications: The Alternative Medicine Cabinet

Fezolinetant (Veoza) - The New Kid on the Block

The most exciting recent development in the non-hormonal menopause world is fezolinetant, brand name Veoza. It's the first medication specifically designed to treat menopausal hot flashes rather than being repurposed from another use.

How it works: This clever drug targets the brain's temperature control centre by blocking a protein called neurokinin-3, which helps regulate body temperature. It's like having a smart thermostat installed in your brain.

Effectiveness: The European Medicines Agency reports it can reduce hot flushes by about 65% compared to 40% with placebo—not quite as effective as HRT but still significant. Effects can be seen as early as day one of treatment.

Availability in the UK Approved by the UK MHRA in December 2023, Vezoza is currently available on private prescription for around £45-60 per month. The National Institute for Health and Care Excellence (NICE) is reviewing it for NHS use, with a decision expected in 2025.

Side effects: Generally well-tolerated, with headache being the most common complaint. Some women experience insomnia, abdominal pain, or diarrhoea. About 2-3% of women experience elevated liver enzymes, but these are usually temporary and resolve without symptoms. That said, in April 2025 a safety alert about this has been issued by the MHRA relating to potential liver injury with recommendations of clinicians how to monitor and reduce these risks.

Best for: Women seeking a non-hormonal option specifically designed for menopausal symptoms who can afford private treatment or are willing to wait for NHS approval.

Antidepressants That Aren't Just for Depression

Certain antidepressants, particularly SSRIs (Selective Serotonin Reuptake Inhibitors) and SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors), can help reduce hot flashes. They're not licensed specifically for menopause in the UK, so they're prescribed "off-label."

How they work: These medications affect serotonin and noradrenaline levels in the brain, which help regulate body temperature and mood. During menopause, fluctuating oestrogen levels affect these neurotransmitters, contributing to hot flashes.

Effectiveness: They can reduce hot flush frequency and severity by 10% to 64%, with most women experiencing around a 50% reduction.



Options include:

- **Venlafaxine** (an SNRI Often considered first-line among this group, particularly for women on tamoxifen)
- **Escitalopram, citalopram, and paroxetine-SSRIs** Though paroxetine should be avoided if you're taking tamoxifen
Side effects: Most commonly nausea and diarrhoea which typically improve within the first week. SNRIs may increase blood pressure in some women.

Best for: Women experiencing both hot flushes and mood changes. Also particularly helpful if you have a history of breast cancer (though medication choice matters if you're on tamoxifen).

Gabapentin and Pregabalin: The Unexpected Heroes

These medications were originally developed for epilepsy and nerve pain but have proven effective for managing hot flushes.

How they work: The exact mechanism isn't fully understood, but they appear to affect calcium channels in nerve cells, which may help regulate temperature control.

Effectiveness: Studies suggest gabapentin can reduce hot flushes in around 50-60% of women, with higher doses showing effectiveness comparable to oestrogen in some studies.

Side effects: The most common are dizziness, drowsiness, and fatigue, which is why treatment usually starts with a low dose at night and gradually increases.

Best for: Women who experience hot flushes predominantly at night, as the drowsiness side effect can actually be beneficial for sleep. Also helpful for women with nerve pain or migraines.

Clonidine: The Blood Pressure Option

Clonidine is the only non-hormonal medication licensed specifically for treating menopausal hot flushes in the UK.

How it works: Originally developed for high blood pressure, clonidine affects the part of the brain involved in temperature regulation.

Effectiveness: While it helps some women, research shows its effectiveness is more modest compared to other options.

Side effects: Can include dry mouth, drowsiness, dizziness, and constipation. Since it lowers blood pressure, it's not suitable for women with already low blood pressure.

Best for: Women who may also benefit from its blood pressure-lowering effects. Doses start small (25mcg twice daily) and can gradually increase.

Making Your Decision: Finding Your Perfect Match

Choosing the right non-hormonal treatment isn't like picking your favourite biscuit - it requires careful consideration. Here's what to think about:

What's bothering you most? Are hot flushes your primary concern, or do you also have mood changes, sleep problems, or pain?

What other health issues do you have? Some options may be more suitable depending on your other conditions. For example, gabapentin might be preferred if you also have nerve pain, while clonidine might be beneficial if you have high blood pressure. What other medications are you taking? Be sure to discuss all medications with your doctor, as some combinations don't play nicely together.

Which side effects can you tolerate? Consider which potential side effects would be most problematic for your lifestyle and work with your doctor to find the option with the most acceptable profile.

Starting Treatment: The Beginning of the End (of Hot Flashes)

When beginning any non-hormonal treatment for menopausal symptoms:

- Start low and go slow: Most treatments begin with a low dose that increases gradually to minimise side effects.
- Give it time: Many treatments take several weeks to reach full effectiveness. Don't give up too quickly if you don't see immediate results (with the exception of fezolinetant, which can work from day one).
- Track your symptoms: Keeping a diary of your hot flashes, their severity, and any triggers can help you and your doctor evaluate how well the treatment is working.
- Schedule check-ups: Plan to see your doctor after 4-12 weeks to assess effectiveness and side effects.

The Power of Combining Approaches

Many women find the most relief by combining pharmaceutical approaches with lifestyle modifications:

- **Temperature management:** Dress in layers, keep your bedroom cool, use cooling products designed for menopausal women
- **Stress reduction:** Practice relaxation techniques, mindfulness, or cognitive behavioural therapy
- **Diet modifications:** Limit triggers like caffeine, alcohol, and spicy foods
- Regular exercise: Aim for at least 150 minutes of moderate activity weekly

The Bottom Line

While HRT remains the most effective treatment for menopausal symptoms, non-hormonal alternatives can provide significant relief if hormones aren't an option for you. The right choice depends on your individual circumstances, symptoms, and preferences.

Remember that these non-hormonal treatments focus primarily on symptom management—they don't provide the additional benefits of HRT, such as protection against osteoporosis or heart disease. If you're using non-hormonal treatments because of contraindications to HRT, discuss with your doctor what other measures you might need to protect your long-term health.

Don't settle for suffering through symptoms—there's almost always something that can help. Work closely with your doctor to find the approach that works best for you, and remember that what works best may change over time, so regular reviews of your treatment plan are essential.

07

Lifestyle Changes : Beyond Pills and Potions - Taking Control of Your Menopause Journey



So you've read about HRT and all those fancy medications, but what if I told you some of the most powerful menopause weapons are already in your kitchen, your trainers, and your bedtime routine?

Welcome to lifestyle medicine - where small, everyday choices can make the difference between feeling like you're melting in a sauna or actually enjoying this new phase of life.

What's This "Lifestyle Medicine" Malarkey Then?

Forget the image of some hippy-dippy nonsense involving crystals and chanting. Lifestyle medicine is proper science-based stuff that's gaining serious momentum in the UK. The British Society of Lifestyle Medicine defines it as using evidence-based lifestyle changes to prevent, treat, and sometimes even reverse chronic conditions.

Think of it as addressing the root causes rather than just plastering over symptoms. It's like fixing the leaky roof instead of just putting buckets under the drips. And the beauty of it? You're in charge, not some prescription pad.

The Six Magic Ingredients: Your Menopause Survival Kit

Lifestyle medicine focuses on six key pillars that are particularly great for menopausal women:

Nutrition: What Goes in Your Gob

Regular physical activity: Getting Your Bottom Moving

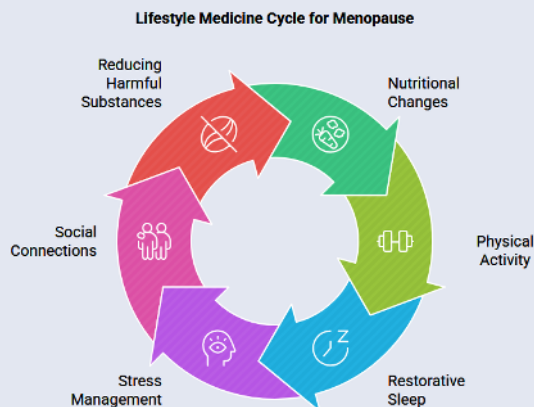
Restorative Sleep: Quality Kip

Stress Management: Keeping Your Head Screwed On

Positive Social connections: People Who Don't Drive You Mad

Reducing Alcohol, stopping smoking: Not Poisoning Yourself

The brilliant thing is that these pillars work together.



Eating Your Way Through Menopause: Food as Medicine

Your body's changing, and so should your plate. Here's what to focus on:

The Good Stuff to Shovel In

Calcium and Vitamin D: Your bones get proper grumpy during menopause as oestrogen drops. Dairy, leafy greens, and fatty fish help keep them happy. If you're in the UK, remember our gloomy weather means many of us need vitamin D supplements, especially in winter.

Plant Oestrogens: Foods like soy (tofu, edamame), flaxseeds, and chickpeas contain compounds that mimic oestrogen in a mild way. Many women find they help take the edge off hot flushes, although not as dramatic an effect as HRT. The Mediterranean diet, with its focus on plants and oily fish may help with the menopause especially in the area of cardiovascular and metabolic health and potentially vasomotor symptoms.

Omega-3 Fatty Acids: Found in oily fish like salmon and mackerel (yes, the smelly ones). They're brilliant for heart health, which becomes more important after menopause when your natural cardiovascular protection drops. If you can't stand fish, walnuts and flaxseeds are decent alternatives.

Fibre: Keeps your gut ticking along nicely and helps balance blood sugar. Important because those hormonal changes can make your blood sugar go as wobbly as your moods. Whole grains, fruits, veg, and beans are your friends here.

Magnesium: The unsung hero for sleep and mood. Found in nuts, seeds, and (hooray!) dark chocolate. Many women find they need more during menopause although evidence around magnesium is emerging.

The Villains to Avoid (or at Least Cut Down On)

Caffeine: That morning coffee might be setting off your hot flushes. Try cutting back or switching to decaf after noon.

Booze: I know, I know - sometimes wine o'clock feels essential during menopause, but alcohol is a notorious trigger for hot flushes and sleep disruption. Maybe save it for weekends?

Processed Rubbish: All that sugary, ultra-processed stuff can worsen inflammation and weight gain - both already challenging during menopause.

Moving Your Menopausal Body: Exercise That Actually Helps

Getting active isn't just about trying to squeeze back into your pre-menopause jeans (though that's a nice bonus). Regular exercise works wonders for almost every menopause symptom going:

Hot flush reduction: Moderate exercise can actually reduce both the frequency and intensity of hot flushes, though interestingly, extremely vigorous exercise might make them worse for some women. Balance is key!

Mood booster: Exercise releases endorphins - your body's natural happy drugs. A 30 minute walk can lift your mood better than scrolling through social media for hours.

Weight management: As your metabolism decides to take early retirement during menopause, exercise helps pick up the slack.

Bone strength: Weight-bearing exercise literally tells your bones to stay strong when oestrogen isn't around to do it anymore.

Better sleep: Regular physical activity helps regulate your sleep-wake cycle (just don't exercise right before bedtime unless you fancy staring at the ceiling all night).

Try a mix of:

- Heart-pumping stuff: Walking, swimming, cycling - aim for 150 minutes weekly (that's just 30 minutes, 5 times a week).
- Muscle-building: Lifting weights or resistance bands twice weekly. You don't need to look like a bodybuilder - just enough to maintain muscle mass that naturally declines during menopause.



- Stretching and balance work: Yoga or Pilates are brilliant for keeping you flexible and stable. Particularly important as we age and become more prone to taking unexpected tumbles.

If your joints are grumbling, water-based exercises or tai chi provide gentler options with excellent benefits.

Self-Care: Not Just Bubble Baths and Face Masks

Self-care during menopause isn't selfish - it's essential survival gear. Think of it as putting on your own oxygen mask before helping others:

Sleep Like You Mean It

- Create a proper bedtime routine like you probably did for your kids - consistent times, calming activities, no screens.

- Keep your bedroom cool 16-19°C is ideal to minimise night sweat disruptions.

- Invest in breathable bedding and moisture-wicking nightwear. Technology originally designed for athletes now serves the menopausal community!

Stress Management (Because Life Doesn't Stop for Menopause)

Research shows stress directly worsens menopause symptoms - it's like pouring petrol on the hot flush fire. Try:

Mindfulness or meditation: Even 10 minutes daily can lower those stress hormones.

Finding flow activities: Gardening, painting, knitting - anything that absorbs you completely and temporarily silences that inner critic.

- Getting outdoors: Nature is a powerful stress-reducer. Plus, in the rare event of UK sunshine, you'll top up your vitamin D!

Your Support Squad

- Connect with others going through the same thing: Whether it's friends of the same age or a dedicated menopause support group. The UK has brilliant resources like Menopause Cafés where you can share experiences.
- Be selective about your social circle: Now's the time to prioritise relationships that lift you up, not drain you.

The Bottom Line

Lifestyle medicine isn't about achieving perfection or following complicated regimes. It's about making sustainable changes that actually improve how you feel during this transition. The beauty is that these approaches work brilliantly alongside medical treatments like HRT if you're taking them, or can stand alone if you're not.

Rather than viewing menopause as the beginning of the end, see it as an opportunity to reset and rebuild - one healthy meal, one walk, one good night's sleep at a time. Your body will thank you for it, hot flushes and all!

08

**Weight - The
Skinny on
Getting Heavier**

If you've noticed your favorite jeans feeling tighter lately, join the club! Weight gain during menopause is so common it should have its own support group. About half of us gain weight during this time - typically around 3 pounds a year during perimenopause, potentially adding up to a grand total of about 20 pounds. Annoying? Absolutely. But understanding why it happens is the first step to doing something about it.

Why Your Body's Playing This Cruel Joke

Hormone Havoc

Remember oestrogen, your old friend? As it takes a permanent vacation during menopause, it causes a major reshuffling of your fat stores. Instead of hanging out on your hips and thighs (where it's been your whole adult life), fat starts moving to your belly. Scientists call this shifting from a "pear shape" to an "apple shape," but I call it the "Where Did My Waist Go?" syndrome.



This isn't just about looks - belly fat is the troublemaker kind that can increase your risk for heart disease and diabetes.

Your Metabolism Hits the Brakes

Your body burns fewer calories now, even when you're just sitting around watching Netflix. How many fewer? About 50 to 70 calories a day might not sound like much, but over months and years, those calories add up faster than streaming service subscriptions.

Think about it: without changing a single thing about what you eat or how you move, you could gain a pound every two to three months just from this metabolic slowdown. Totally unfair, right?

Muscle Matters

After 50, your muscles start playing a disappearing act, with women losing 5-10% of muscle mass each decade. Less muscle means an even slower metabolism, since muscle burns more calories than fat does. It's like a double whammy—you're gaining fat AND losing the very tissue that helps burn it off.

Myth-Busters: Menopause Weight Edition

Myth #1: Getting heavier during menopause is inevitable, so why bother fighting it?

The Truth: While weight gain is common, it's definitely not your destiny. Plenty of women maintain or even improve their weight and shape during menopause with the right strategies. You're not doomed to outgrow your wardrobe!

Myth #2: You need extreme diets or punishing workouts to keep weight off now.

The Truth: Crash diets and exercise torture sessions usually backfire. Sustainable, moderate changes work much better than anything extreme. Think marathon, not sprint.

Your No-Nonsense Weight Management Plan

Power Up with Protein

Your muscles are practically begging for protein now. Give them what they want with chicken, fish, beans, tofu, or Greek yogurt at every meal. Protein helps maintain those precious muscles and keeps you feeling full longer—a win-win during menopause.

TIP: Aim for about 25-30 grams of protein per meal - that's roughly the amount in a 4-ounce chicken breast or a cup of Greek yogurt with some nuts sprinkled on top.

Move It or Lose It (Muscle, That Is)

Exercise isn't optional anymore - it's essential. But here's the good news: you don't need to train for an Ironman.

Mix these types of movement for best results:

- Strength training: Twice a week, lift weights or use resistance bands. Your muscles need this stimulation to stick around.
 - Heart-pumping cardio: Walking, swimming, dancing—whatever gets you moving for 30 minutes most days.
 - Stretching and balance: Yoga or Pilates helps keep you flexible and stable, which becomes increasingly important now.
- REMEMBER: The best exercise is the one you'll actually do. Find something fun that doesn't feel like punishment.

Portion Distortion

Your metabolism's new slowdown means you might need to eat a bit less than before. Instead of counting every calorie (who has time for that?), try these tricks:

- Use smaller plates
- Fill half your plate with vegetables
- Eat slowly and stop when satisfied, not stuffed
- Keep a food diary for a week—you might be surprised what you discover!

Don't Play Hunger Games

Skipping meals to save calories usually backfires big time. When you get too hungry, you're more likely to grab whatever's convenient (hello, office donuts!) and eat too much of it. Regular meals keep your energy and mood stable.



Stress Less, Weigh Less

Stress pumps out cortisol, which is practically a magnet for belly fat. Find what helps you chill out:

- * Meditation (even five minutes counts)
- * Deep breathing
- * Walking in nature
- * Reading a good book
- * Catching up with a friend who makes you laugh

Menopause-Friendly Eating Phyto-What? Plant Power!

Phytoestrogens are plant compounds that act a tiny bit like oestrogen in your body. While they're not strong enough to replace your lost hormones completely, they might help with some symptoms.

Good sources include:

- * Soy foods like tofu and edamame
- * Flaxseeds (ground is best)
- * Chickpeas and other legumes



Fish Tale

Fatty fish like salmon, mackerel, and sardines contain omega-3s, which help fight the inflammation that increases during menopause. Aim for two servings a week, or consider a supplement if you don't like fish.

The Whole Story

Processed foods are not your friends during menopause. They can worsen symptoms and make weight management harder. Instead, focus on:

- * Colorful fruits and vegetables
- * Whole grains like oats, brown rice, and quinoa
- * Lean proteins
- * Healthy fats from olive oil, avocados, and nuts

Hormone Replacement Therapy and Your Weight

Some women find that hormone replacement therapy (HRT) helps prevent the metabolic changes that lead to weight gain. While it's not prescribed specifically for weight management, it's something to discuss with your healthcare provider if you're considering HRT for other menopause symptoms.

Bottom Line

Menopause weight gain isn't just about how you look—it's about your health. The shift to more belly fat increases your risk for heart disease and diabetes, so taking steps to manage your weight now is an investment in your future.



Remember, these changes aren't happening because you're doing something wrong—they're a new metabolic reality. With some adjustments to how you eat and move, plus a healthy dose of self-compassion, you can navigate this transition while maintaining your health, energy, and sanity.

09

**Brain Fog : Your
Brain on
Menopause - It's
Not Just Your
Imagination!**

If you've found yourself crying at kitten memes one minute and snapping at your partner the next, welcome to the emotional rollercoaster of menopause! While hot flushes and night sweats grab all the headlines, the mental and emotional symptoms can be just as challenging-sometimes even more so. The good news? You're not losing your mind, and you're definitely not alone.

What's Going On Up There?

Hormones Messing With Your Happy Chemicals

Remember oestrogen, that hormone we've been talking about? Turns out it does more than manage your reproductive system-it's also deeply involved with your brain chemistry.

oestrogen helps regulate serotonin, that lovely little neurotransmitter responsible for feelings of happiness and wellbeing (the same one targeted by many antidepressants).

As your oestrogen levels drop faster than attendance at a bad party, your serotonin can take a nosedive too. The result? Mood swings that make your teenage years look emotionally stable.

The Sleep-Deprived Brain Is Not a Happy Brain

Remember how night sweats and insomnia are common during menopause? Well, chronic sleep deprivation is essentially a form of torture for your mental health. When you're not sleeping well:

- Your emotion regulation centre (amygdala) goes into overdrive
- Your logical thinking centre (prefrontal cortex) takes a back seat
- Your stress hormones increase
- Your ability to cope with normal life stressors decreases

Life's Perfect Storm

As if hormonal chaos and sleep deprivation weren't enough, menopause often coincides with some major life transitions:

- Ageing parents who may need more care
- Children leaving home (or boomeranging back!)
- Career pressures or thoughts of retirement
- Relationship changes or challenges
- Your own thoughts about ageing and mortality

This perfect storm can leave even the most level-headed woman feeling like she's barely keeping her head above water. No wonder so many of us feel overwhelmed!

The Menopause Mind Menu: Common Symptoms

Mood Swings: The Emotional Seesaw

One minute you're feeling fine, the next you're irritated by everything from the way your colleague breathes to how your spouse loads the dishwasher. These rapid mood changes can be bewildering for both you and the people around you.

Anxiety: Another unwelcome party guest

Many women experience new or increased anxiety during menopause. This can range from a general sense of worry to full-blown panic attacks. Common themes include:

- Health anxieties
- Financial worries
- Relationship concerns
- Fear of ageing
- Excessive worry about minor problems

Depression: More Than Just Feeling Blue

While it's normal to feel sad occasionally, persistent feelings of hopelessness, worthlessness, or emptiness might signal depression. Women with a history of depression or premenstrual mood disorders may be more vulnerable during menopause.



Depression isn't just feeling sad-it can affect your energy, appetite, sleep, concentration, and interest in activities you normally enjoy. If these symptoms persist for more than two weeks, it's time to talk to your doctor.

Brain Fog: Where Did I Put My... Um... Whatchamacall it?

Many women report cognitive changes during menopause- difficulty concentrating, forgetfulness, or trouble finding the right words. This "brain fog" can be particularly frustrating if you're still working or managing a busy household.

Rest assured, these cognitive glitches are normal and typically don't signal a more serious condition. However, they can definitely affect your confidence and daily functioning.

Taking Back Control: Your Mental Wellbeing Toolkit

The good news? You don't have to just grin and bear it. Here are some evidence-based strategies to help you navigate the mental challenges of menopause:

Mindfulness and Meditation: Finding Calm in the Chaos

Mindfulness is simply the practice of paying attention to the present moment without judgement. It sounds easy, but in our distraction-filled world, it takes practice!

Research shows that regular mindfulness practice can:

- Reduce stress hormones like cortisol
- Decrease anxiety and depression symptoms
- Improve sleep quality
- Enhance emotional regulation
- Reduce hot flush severity (bonus!)

Getting Started with Mindfulness:

Try apps like **Calm** or **Headspace** for guided sessions

Start with just 5 minutes daily and gradually increase

Practice while doing everyday activities (mindful showering, eating, walking)

Remember it's called a practice for a reason-no one's perfect at it!

CBT Rewiring Your Thought Patterns

Cognitive Behavioural Therapy (CBT) is a practical approach that helps you identify and challenge negative thought patterns. While it's often best done with a trained therapist, you can start using some CBT principles yourself:

The CBT Basics:

Notice your thoughts, especially negative ones

Challenge unhelpful thoughts with questions like:

- Is this thought based on facts or feelings?
- Am I seeing the whole picture?
- What would I tell a friend who had this thought?

Replace distorted thoughts with more balanced ones



For example, if you catch yourself thinking "I'm completely useless now that I can't remember things," you might challenge this by recognising you're having memory blips, not complete memory failure, and there are many things you can still do well.

The Power of the Pen: Journaling Through the Journey

Writing down your thoughts and feelings can be surprisingly therapeutic. It helps you:

- Process complex emotions
- Identify patterns in your mood changes
- Release thoughts that might otherwise keep you up at night
- Track your symptoms alongside potential triggers

Move Your Mood: Exercise as Medicine

Exercise isn't just for weight management-it's powerful medicine for your mental health too. Physical activity:

- Releases endorphins, your body's natural mood boosters
- Reduces levels of stress hormones
- Improves sleep quality
- Increases self-confidence

When to Call for Backup

While self-help strategies work for many women, sometimes you need additional support. Consider talking to your doctor if:

- Mood changes are severe or persistent
- You have thoughts of harming yourself
- Symptoms interfere with daily functioning
- You have a history of clinical depression or anxiety
- Self-help strategies aren't making enough difference

Don't be embarrassed to ask for help. Your doctor has heard it all before, and getting support shows strength, not weakness.

The Bottom Line

Your brain on menopause isn't broken - it's just navigating a perfect storm of hormonal changes, sleep disruption, and often significant life transitions. With awareness, self-compassion, and the right tools, you can weather this storm and even discover new strengths along the way.

Remember: you're not alone on this journey.

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**Social Connections :
It's Not Just You
Going Through This!**

If you thought menopause was just between you and your hormones, think again! Those hot flushes, mood swings, and brain fog moments don't happen in a vacuum - they spill over into your relationships, work life, and pretty much every social interaction you have. Let's talk about navigating the social maze of menopause without losing your mind (or your friends).

Menopause and Your Love Life: Hot Flushes, Cold Sheets?

The Bedroom Blues

Let's address the elephant in the bedroom: sex during menopause can get... complicated. Between vaginal dryness making things uncomfortable and your libido disappearing intimacy might not be what it used to be.

Getting Your Groove Back

- Lubrication is your new best friend: Vaginal dryness is common and fixable! Grab a good quality lubricant (water-based if you're using condoms). For ongoing dryness, try vaginal moisturisers that work longer-term.
- Talk to your doctor about options: If dryness is severe, local oestrogen creams or tablets might help. Unlike full-blown HRT, these work mainly in the vaginal area with minimal absorption elsewhere.
- Redefine sexy time: Maybe spontaneous passion isn't happening, but planned intimacy can be just as good. Quality often trumps quantity at this stage!

Communication is Sexier Than You Think

The biggest bedroom mistake? Suffering in silence! Your partner isn't a mind reader, and they're probably confused about what's happening too.

Try something like: "It's not that I don't fancy you anymore - my body's going through changes that affect how I respond physically. Let's figure this out together."

For the especially brave, there's always the direct approach: "My vagina feels like the Sahara Desert these days. Can we try this lubricant?"



Family Matters: When Mum's Having a Moment

The Kids Are Watching

Whether they're teenagers or adults, your children will notice when you're not yourself. They might worry, get annoyed, or just be utterly confused about why you suddenly burst into tears because there's no milk for tea.

What to Tell the Children

- With younger kids: Simple explanations work best. "Mummy's body is changing, like yours will someday, and sometimes it makes me feel a bit cross or sad for no reason."
- With teenagers: Basic biology plus boundaries. "My hormones are changing as I get older. If I seem more stressed than usual, it's not about you."
- With adult children: Honesty can actually strengthen your relationship. Many daughters find it helpful to understand what might await them one day.

Partner Problems: When They Just Don't Get It

The person who really needs to understand what you're going through is your partner. Unfortunately, they're often the last to get it.

Partner Education Tips:

- Share articles or books written for partners of menopausal women
- Invite them to join you at a doctor's appointment
- Be specific about how they can help: "When I'm having a hot flush, please don't comment on it or make jokes - just pass me that fan and carry on."

Menopause at Work: Professional Life, Personal Challenges

The Office Hot Flush: A Special Kind of Embarrassment

There's nothing quite like having a full-blown hot flush during an important presentation, is there? Suddenly you're red-faced, sweating through your carefully chosen outfit, and trying to remember what slide you were on while feeling like you're being cooked from the inside.

Workplace Survival Strategies

- **Dress in layers:** Cardigans, lightweight jackets, scarves—all easily removed when the internal furnace kicks in.
- **Keep a survival kit at your desk:** Mini fan, cooling spray, spare blouse, deodorant, facial mist.
- **Time management with brain fog in mind:** Schedule important tasks/meetings for your sharpest time of day, and use lists and reminders religiously.

Talking to Your Boss: The Conversation You're Dreading

The UK workplace is slowly waking up to menopause, with some employers now having specific policies. But that doesn't make it any less awkward to discuss with your manager—especially if they're a younger man who looks terrified at the mere mention of female hormones.

Starting the conversation:

- Pick a private moment
- Focus on specific work impacts rather than symptoms
- Suggest reasonable adjustments: "I'd find it helpful if I could sit near a window/adjust my hours/work from home occasionally."
- If you're nervous, put it in writing first

When Life Piles On: Menopause Doesn't Happen in Isolation

As if hormonal chaos wasn't enough, menopause often coincides with other major life transitions:

The Empty Nest (Or Not-So-Empty Nest)

Just as your hormones are going haywire, your children may be leaving home -or boomeranging back due to housing costs. Either way, your role is changing, which can feel disorientating.



Aging Parents: The Sandwich Generation

Many women find themselves caring for elderly parents just as menopause hits, creating a perfect storm of stress.

Career Crossroads

Menopause often arrives just as you're reaching career peaks or contemplating your work future.

Building Your Menopause Support Squad

You wouldn't run a marathon without training and support, so why face menopause alone?

Finding Your Tribe

- **Menopause cafés:** These informal gatherings (now all over the UK) let you chat with others going through the same experiences.
- **Online communities:** Facebook groups, forums, and other virtual spaces can provide support, especially if you're not comfortable talking about menopause face-to-face.
- **Friends in the same boat:** That friend who's suddenly carrying a portable fan everywhere? She gets it. Talk to her.

Professional Support

- **Your GP:** Don't suffer in silence—a good doctor can offer options from HRT to cognitive behavioural therapy.
- **Workplace occupational health:** Many larger employers have occupational health services that can suggest workplace accommodations.
- **Menopause specialists:** If your GP isn't helpful, consider asking for a referral to a menopause clinic or specialist.

The Bottom Line



Menopause doesn't just happen to you—it happens to your relationships, your work life, and your social circles too. By communicating openly, making practical adjustments, and finding the right support, you can navigate these changes more smoothly.

Remember: millions of women have gone through this before you and come out the other side— often with stronger relationships, renewed purpose, and a deeper understanding of themselves. You've got this!

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**Resources : So
You've Made It This
Far - Now What?**

Congratulations on getting through the hot flushes, mood swings, and all those nights when you kicked off the duvet only to be freezing five minutes later! Whether you're just starting your menopause journey or firmly in the thick of it, having the right resources can make all the difference between merely surviving and actually thriving during this hormonal rollercoaster.

This chapter is your treasure map to the best UK support, resources, and next steps-without the overwhelm. Let's face it, typing "menopause help" into Google gives you about 85 million results, and nobody has got time for that! So I've done the leg work for you.

Getting Professional Help (The Medical Kind)



Your GP Friend or Foe?

Your GP should be your first port of call, but let's be honest-appointments can sometimes feel shorter than a hot flush. Here's how to make the most of your precious 10 minutes:

- Prepare like it's a job interview: Write down your symptoms and questions beforehand. Use the symptom trackers mentioned later in this chapter.
- Be direct: Say "I think I'm experiencing menopause symptoms" right off the bat.
- Don't leave without a plan: Whether it's blood tests, treatment options, or a referral, be clear about next steps.

If your GP seems about as knowledgeable on menopause as a goldfish, don't despair. Ask for a referral to a menopause specialist or check if there's a dedicated menopause clinic in your area. GP knowledge is improving nationally but the job is extremely busy- we know a lot about a lot- just not everything about everything!!

Menopause Specialists

The British Menopause Society (BMS) maintains an online register of recognised menopause specialists. These are the menopause ninjas who eat hot flushes for breakfast and know their HRT patches from their gels. Find them at thebms.org.uk. (and yes you should be able to find my name there too!!)

Mental Health Support

If your brain feels as foggy as a Scottish morning or your mood is swinging more than a playground tyre, consider:

- **CBT (Cognitive Behavioural Therapy):** The NHS offers this through IAPT (Improving Access to Psychological Therapies) services. Self-referral is often possible.
- **Counselling:** Check out [BACP](#) (British Association for Counselling and Psychotherapy) for accredited therapists.

Digital Resources - Techie Tools for the Technophobe

Apps That Actually Help

Forget Candy Crush-these apps are genuinely useful:

- **balance:** This free app lets you track symptoms, access evidence-based articles, and generate health reports to show your doctor.
- **mySystems:** For tracking symptoms and joining a community of women in the same leaky boat.

Online Communities

Misery loves company, but so does wisdom! Connect with others through:

- **Menopause Cafés:** Informal gatherings across the UK where people meet to discuss menopause. Find your local one at [menopausecafe.net](#).
- **Facebook Groups:** "Menopause Support UK" has tens of thousands of members sharing experiences and advice.
- **Forums:** [Healthtalk.org](#) features real women sharing their menopause stories.

Websites Worth Your Time

Bookmark these gems:

- **Women's Health Concern:** The patient arm of the British Menopause Society with great factsheets:

[WHC factsheets](#)

- **Menopause Matters:** Run by UK healthcare professionals

- **The Menopause Charity:** Evidence-based information and support

- **The Daisy Network:** Specifically for women experiencing premature menopause



Books That Won't Put You to Sleep (Unlike Night Sweats)

Books about menopause have come a long way from dusty medical tomes.

Try these UK favourites:

- **The M Word:** Everything You Need to Know About the Menopause by Dr Philippa Kaye
- **Menopausal** by Davina McCall
- **Me & My Menopausal Vagina** by Jane Lewis
- **Oestrogen Matters** by Dr Avrum Bluming and Carol Tavris PhD

Workplace Warriors: Managing Menopause on the Job

Did you know one in ten women have left a job due to menopause symptoms? Many UK organisations are now waking up to this issue:

- **Menopause and Me Digital Toolkit:** Free videos and resources designed for both managers and employees.
- **Charity for Civil Service Menopause Toolkit:** Comprehensive guide for supporting menopause at work.
- Ask if your workplace has a menopause policy or support network. If not, why not start one?

Making It All Work: Your Menopause Action Plan

Step 1: Track Those Symptoms

Before you do anything else, start recording your symptoms. This helps you:

- Spot patterns (like particular triggers)
- Track changes over time
- Have concrete information to share with your doctor

Step 2: Book That Doctor's Appointment

Armed with your symptom tracker, make an appointment with your GP. If the first one has a different area of specialism, don't give up! Ask to see someone else, ideally a doctor with an interest in menopause.

Step 3: Educate Yourself (But Not Too Much!)

Choose ONE or TWO of the resources above to start with. Information overload is real, and sometimes Dr Google can be more frightening than helpful. Stick with reputable UK sources like the British Menopause Society.

Step 4: Find Your Tribe

Whether it's a local Menopause Café, an online forum, or just a friend going through the same thing, connecting with others can be incredibly powerful.

The Bottom Line

Menopause isn't a sprint-it's more like an ultra-marathon through unpredictable terrain. Some days you'll feel on top of the world; others you'll want to hide under the duvet with a family-sized chocolate bar (no judgment here!).

What matters is knowing you're not alone and that help is available. The UK has some fantastic menopause resources-many of them free-and awareness is growing every day.

Remember: menopause isn't the end of anything important-it's just a transition to the next phase of your brilliantly complex female life. With the right tools in your menopause toolbox, you might just find yourself not just surviving but thriving!

Now go forth and conquer, hot flushes and all!

