

By Sarah Forster

Empowered peri/menopause handbook

Tips and techniques to support yourself
whether or not you can or want to take HRT



Introduction

Across her lifetime a woman has three potential hormonal shifts: puberty, pregnancy and menopause. These shifts alter how your body functions and yet until recently, the menopause was something that was rarely discussed.

Thankfully it is no longer the taboo subject it once was, but when I entered perimenopause, I found much of the available information was focused on hormone replacement therapy (HRT) shortages, unsupportive GPs and how awful the symptoms would be ("Beware the menopause fairy: First she steals your sleep.....").

That's not to deny many women struggle with menopausal symptoms, a loss of identity and a drop in confidence. But it can also provide an opportunity for taking stock; a catalyst for laying solid foundations for living well in later life.

I believe that knowledge is power. So, I created this handbook to share easy-to-digest information, suggestions and tools that have helped both me and my clients.

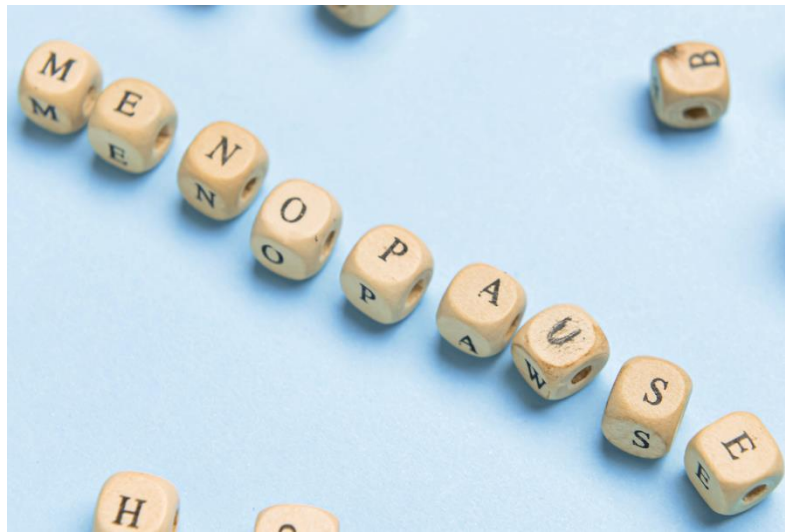
Understanding what is happening to your body and hormones and why, and the things you can do to help, will support you to transition through this stage of life with as much ease as possible.

You have options and choices, and I'm here to support you through [reflexology treatments](#) and this handbook as you navigate your 'second spring'.

In the first chapter we'll take a look at what we mean by the term menopause and learn more about what's actually going on with your hormones.....

MENOPAUSE 101

Menopause is the anniversary of your final period; a single day, twelve months after you last had a menstrual bleed. It comes from the Greek phrase meaning 'the end of monthly cycles'. In the UK the average age of menopause is 51.



Perimenopause is the time leading up to menopause as your body begins to make the transition to menopause. You still have a menstrual cycle, however erratic, but begin to experience 'menopausal' symptoms. It typically starts in your mid to late 40s and lasts four to eight years but can be anywhere between a few months and a decade.

Postmenopause is the time after menopause. Some women continue to experience menopausal symptoms post menopause.

Menopause between 40 and 45 is referred to as **early menopause**. Around five per cent of women experience early menopause.

Premature ovarian insufficiency (POI) causes menopause in women under 40 and affects around one per cent of women. This can be referred to as **premature menopause**.

Surgical menopause occurs when a woman's ovaries are removed; hormone levels plummet and menopause is immediate.

Medical menopause occurs when a woman's ovaries stop working because of chemotherapy or radiotherapy or certain other medications.

What are hormones and what do they do?

Your endocrine system is a network of glands (including the pineal, hypothalamus, pituitary, thyroid and parathyroid, adrenals, pancreas and ovaries) which create chemical messengers that tell the organs and systems in your body what to do and when to do it. These chemical messengers are your hormones.

The three hormones that cause menopausal symptoms are oestrogen, progesterone and testosterone; commonly referred to as sex hormones.

Why does menopause happen?

Every woman is born with a finite number of ovarian follicles and some of these will develop into mature eggs, which are released during ovulation as part of your monthly cycle. By your 40s, the number of eggs you have left has decreased and your ovaries become less responsive to the hormones which stimulate ovulation (follicle stimulating hormone and luteinising hormone). Your fertility tapers off, your cycle changes and the amount of oestrogen, progesterone and testosterone produced by your ovaries declines, leading to menopause.

What's happening with your hormones during perimenopause?

We tend to associate menopause with declining oestrogen levels, however during perimenopause your hormone levels can fluctuate wildly. Oestrogen often remains high and progesterone levels decline first, leading to shorter cycles and many of the symptoms we associate with pre-menstrual syndrome (PMS) such as bloating, migraines, tearfulness, anxiety and irritability.

In the later stages of perimenopause, as oestrogen also declines, your periods become further apart and you might experience symptoms such as hot flushes, night sweats and vaginal dryness.

Testosterone decreases steadily as you transition through perimenopause and can impact cognition, libido and energy levels.

Symptoms

Oestrogen, progesterone and testosterone not only coordinate your reproductive health, but play pivotal roles in your bone, heart, gut and brain health, metabolism and sleep, with hormone receptors all over your body. That is why there is such a range of symptoms that you can experience during perimenopause.

Research suggests 80% of women will experience menopausal symptoms; with 77% describing at least one of their symptoms as severe.

Symptoms can include:

- Anxiety and panic attacks
- Brain fog
- Breast tenderness
- Brittle nails
- Changes to body odour
- Changes to taste and smell
- Depression
- Difficulty concentrating
- Dizziness
- Dry eyes
- Dry or burning mouth; sore gums
- Dry or itchy skin
- Fatigue
- Forgetfulness
- Hair thinning
- Headaches and migraines
- Increased allergies
- Increased facial hair
- Irregular and/or heavier periods
- Irregular heart beat or palpitations
- Irritability
- Joint pain
- Loss of confidence/self-esteem
- Mood swings
- Muscle aches
- Reduced libido
- Sleep disruption
- Urge incontinence
- Urinary tract infections
- Vaginal dryness
- Weight gain

Will a test tell me if I'm perimenopausal?

Because of the fluctuating levels of hormones during perimenopause, blood tests are not a very reliable way of confirming it, so diagnosis is usually made based on symptoms (using [NICE guidance](#)).

However, if you're under 45 your GP may order blood tests to exclude other possible causes of your symptoms, such as hypothyroidism and diabetes.

Tracking your cycle and your symptoms during perimenopause

If you aren't already, I encourage you to track your cycle (even if your periods are very erratic) and any symptoms you are experiencing. Early signs of perimenopause can be subtle, symptoms vary considerably between individuals and can also change as you transition to menopause. Tracking will help you see patterns and support any conversations you have with your GP or healthcare professional.

Have a look through the list of possible symptoms above and note any you have, how often they occur and how severely they are affecting you.

Sarah loves.....

[The Balance app](#). Created by menopause specialist Dr Louise Newson, the app allows you to log and track your symptoms which you can use to generate a personalised health report. It also gives you personalised content based on your symptoms and provides a forum for sharing with other app users.

SLEEP

The key to mental and physical wellbeing

You spend about a third of your life asleep, allowing your body to rest, recover and perform at its best. When you don't regularly get enough sleep, or your sleep quality is poor, your mood, memory, cognitive function and immunity are all affected.

Sleep deprivation over time increases your risk of diseases such as type 2 diabetes, heart disease, stroke, anxiety and depression. When you're sleep-deprived your body also releases more ghrelin (the hormone that makes you feel hungry) and produces less leptin (the hormone that makes you feel full), increasing the likelihood of weight gain.

How menopause affects sleep

Oestrogen promotes falling and staying asleep, as well as regulating body temperature, and progesterone has a sedative effect. So, sleeping well can become a challenge during menopause when hormone levels fluctuate, particularly if you experience hot flushes and night sweats.



It's getting hot in here.....

One of the most common complaints about menopause, and the image that springs to most people's minds when they think about menopause, is hot flushes. A hot flush is a sudden sensation of heat, sweat and going red. It can be accompanied by heart palpitations or an adrenaline rush as well as dizziness, shortness of breath and nausea. Up to 85% of women report experiencing hot flushes during perimenopause and they can persist post menopause.

Reduced oestrogen levels affect the hypothalamus (a gland deep within your brain that links your endocrine and nervous systems) which controls your body's internal temperature regulation, making it more sensitive to temperature change. Hot flushes are your body's way of regulating your temperature by quickly dispersing heat. But they can also interfere in your day-to-day life and quality of sleep.

Managing hot flushes

- Keeping your room temperature cooler, opening windows or using fans and wearing loose-fitting layers of clothing in natural fibres can help.
- Consider separate duvets if you share a bed with a partner.
- Paced respiration – deliberately slowing your breathing to six to eight breaths per minute – can help reduce hot flushes if practiced regularly and also at the start of a hot flush.
- Caffeine, alcohol and spicy food can trigger or exacerbate hot flushes for some women so consider keeping a diary and reduce these if you see a pattern.
- Phytoestrogens are plant-based compounds that mimic oestrogen in your body when eaten and can relieve hot flushes. Consider including more soya beans and soya-based products, chickpeas, peanuts, flaxseeds, barley, grapes, berries, plums and green and black tea (foods which are all high in phytoestrogens) in your diet.
- HRT and other non-hormonal medications can be very helpful, as can herbal medicine, acupuncture and reflexology.

Night, night, sleep tight

Good sleep hygiene refers to practices that support your sleep quality and duration such as:

- A consistent sleep schedule; going to bed and waking at roughly the same time each day. Keeping a regular sleep pattern is vital for your mitochondrial health. Your mitochondria are the tiny generators in your body's cells which produce energy, fuelling almost every biochemical reaction and cellular process in your body. Disruptions to your circadian rhythm (your sleep-wake cycle) as well as declining oestrogen impact your mitochondrial function, exacerbating menopausal symptoms such as anxiety, depression, fatigue and brain fog.
- A supportive bedtime routine that allows you to wind down. Avoid any screens for at least an hour before bed, read a book, journal, have a warm bath or shower, have a cuddle or an orgasm. A spritz of sleep-inducing pillow spray can help signal to your mind that it's time to switch off.
- A sleep-promoting bedroom environment. An inviting, uncluttered, device-free space supports sleep. Use blackout blinds or curtains, ear plugs and keep the bedroom cool (16 to 19 degrees C is ideal).
- Supportive lifestyle choices – avoid smoking, avoid caffeine after 2pm (or midday if you are particularly sensitive to it), reduce alcohol intake, eat a balanced diet and don't eat too heavily late in the evening, move your body regularly (but not too strenuously close to bedtime).

Sarah loves.....

Some DIY reflexology at bedtime. Gently massaging your hands and feet with some oil, balm or cream can be done intuitively and will help your body and mind relax. Check out [my Instagram](#) for a really simple reflexology routine which will work reflexes to support sleep.

Prioritising sleep is fundamental to your wellbeing, and the first area of self-care I encourage all my clients (not just those going through menopause) to consider.

Even if you do nothing else, creating habits that support sleeping well can improve your mood, your mental health, your physical health, your concentration, your performance and your sex drive. Get that foundation right and you'll feel much more able to tackle other factors that can improve your menopause experience.

If you're a long-term insomniac, I would encourage you to also explore cognitive behavioural therapy (CBT) for insomnia as it consistently emerges in clinical trials as the most effective treatment for poor sleep.

NUTRITION

Eating well during perimenopause and menopause– enough lean protein, healthy fats, wholegrain carbs and a rainbow of fruit and veg – will help keep your blood sugar balanced and your mood more stable, support your heart, bones, liver and gut microbiome, and counteract the waist-thickening effects of declining oestrogen. Go easy on the booze and make sure you're keeping well hydrated too.



Eating to support your heart

Oestrogen helps keep your blood vessels flexible for good circulation. During perimenopause, as oestrogen levels decline, your blood vessels become increasingly stiff and narrow and blood pressure increases, which combined with potential weight gain, can increase your risk of heart disease.

To support your heart:

- Reduce red and processed meat and eat at least one portion of oily fish per week (salmon, mackerel, herring, trout, sardines, kippers)
- Replace foods that are high in saturated fat and trans fatty acids (butter, lard, fried food, pastries) with foods high in monounsaturated and polyunsaturated fats (olive or plant oils, avocados, nuts, seeds)
- Increase your intake of whole grains (wholemeal bread, oats, barley, brown rice, spelt and rye)
- Increase the amount of fibre you eat by including a variety of fruit, vegetables, pulses, grains, cereals, nuts and seeds in your diet

- Eat a rainbow of fruit and vegetables, aiming for at least five a day
- Watch your salt and alcohol consumption.

Eating to support your bone health

Oestrogen helps you maintain bone density, so declining levels during perimenopause, combined with muscle loss and strength as you age, increases your risk of osteoporosis, fractures and falls – which can have a huge impact on your overall health, independence and quality of life.

Key nutrients that support your bone health include:

- Calcium (found in dairy products, fortified plant milks, tinned fish with bones, nuts, seeds and green leafy vegetables)
- Vitamin D (found in oily fish and egg yolks, though most of our vitamin D comes from exposure to sunlight so its worth considering a supplement during the autumn and winter months)
- Magnesium (found in almonds, cashews, Brazil nuts, pumpkin/sunflower/chia seeds, spinach, soya beans, black beans, potatoes, whole grains and dark chocolate)
- Vitamin K (found in green leafy vegetables, turnip, broccoli and soya beans).

Eating to support your liver

Your liver plays a key role in regulating your body's balance of hormones, transforming or removing excess from the body. Reducing your intake of processed food (particularly those high in high fructose corn syrup and trans fats), reducing your alcohol intake and drinking plenty of water will help your liver do its job. Liver supporting foods include lean meat, fish, eggs, lentils, beans, nuts, seeds and green leafy vegetables.

Eating to support your gut microbiome

Your gut microbiome (the millions of microbes in your intestines) plays a vital role in many of your body's processes far beyond your gut, including metabolism, immune regulation, brain function and mood. Stress, illness, antibiotics, being overweight and poor diet can cause your gut microbiome to become imbalanced.

A subset of your gut microbiome is known as the estrobolome and it regulates how your body processes oestrogen.

An imbalanced gut microbiome can therefore impact the metabolism of free oestrogen, causing a deficiency or excess, which can exacerbate oestrogen-related menopausal symptoms.

Reducing processed food and including probiotic-rich foods such as live bio yoghurt, sauerkraut, kombucha and kefir can help maintain a healthy gut microbiome.



Eating to balance your blood sugar

If you've fallen into patterns of snacking on sugary foods for a mood or energy boost, remember that these will cause your blood sugar to spike and then drop. When your blood sugar drops, your body releases stress hormones which disrupt the balance of sex hormones and make menopausal symptoms worse. Instead of focusing on what you're cutting out, focusing on what you're crowding in – nutrients that will support your health and wellbeing.

Sarah loves.....

[Glucose revolution: The life-changing power of balancing your blood sugar](#)

by Jessie Inchauspe. An easy and insightful read with simple techniques for keeping your blood sugar stable.

Supporting supplements and helpful herbs

Eating a nutritious, balanced diet should give you much of what your body needs in terms of vitamins and minerals, but supplements can be helpful in supporting you during menopause and there are many formulas that have been specifically created to do so. If you're at all confused or think your specific circumstances might be better served by professional advice, I would recommend contacting a nutritionist for guidance.

The World Health Organisation estimates that 70% of the world's population uses herbal medicine as their main medical approach, but it is less prevalent in Western society. There are many herbs such as red clover, black cohosh and wild yam which have traditionally been used to manage menopausal symptoms and others which support sleep, immune function and stress relief.

A herbalist will look holistically at a client (much like a reflexologist would) and consider your individual situation before prescribing a blend of herbs to support you.

Sarah loves.....

Patina Blakeney, herbalist and founder of [Broadstairs Herbal Apothecary](#). When I came off the pill after many years, Patina created specific herbal blends to regulate my cycle and balance my hormones, and advised on vitamins that would support me.

How do you feel about food?

Food and eating can be emotive areas. Few of us reach adulthood with a completely healthy relationship to food and our bodies. If this is something you struggle with, I really encourage you to look into intuitive eating.

Sarah loves.....

[Intuitive Living: A 6-week guide to self-love, intuitive eating and reclaiming your mind-body connection](#) by Pandora Paloma. A really supportive read to help banish any unhelpful behaviours around food.

MOVEMENT

Physical activity is essential if you want to lead a long, healthy life. I prefer the term 'movement' rather than exercise as it feels more inclusive and accessible. But whatever you call it, women who exercise regularly enjoy:

- Better mood
- Better sleep
- Increased energy levels
- Stronger orgasms
- Better self-esteem
- Reduced risk of heart disease, stroke, type 2 diabetes, dementia, osteoporosis and some types of cancer.



However, menopausal symptoms such as joint pain and fatigue may mean that exercise is the last thing you feel like doing, despite the benefits. If that's the case for you, start small and build up.

If you've never really been into formal exercise, I encourage you to think about what sort of movement you might enjoy, rather than what you think you 'should' be doing and start there: Walk the dog, ride a bike or swim in the sea, rope a mate into an exercise class or '[Couch to 5k](#)', join a team sport.

Sarah loves.....

[Lucy Wyndham-Reid](#). Lucy is a personal trainer in her 50s who creates hundreds of safe, accessible, inclusive online workouts for free via her YouTube channel. No equipment needed and you can do them anytime, anywhere.

If there's a type of movement you do regularly that you love, keep doing it as consistency is what really makes the difference and builds the habit. Make 30 minutes of daily movement as non-negotiable as brushing your teeth. Everyone can benefit from moving more and sitting less.

Movement for heart and bone health

Oestrogen has a protective effect on your heart and bone health, so during perimenopause and menopause your risk of cardiovascular disease and osteoporosis increases.

To maintain or improve your heart health, choose aerobic activities (those that cause you to breathe faster and feel warmer) such as fast walking, jogging, running, cycling, swimming and dancing. These will strengthen your heart muscle and blood vessels, improving your blood pressure and blood cholesterol levels.



To maintain and strengthen bone health look to weight-bearing exercise – exercises that use weights or resistance bands or bodyweight exercises such as lunges and squats, yoga and Pilates. Yoga or Pilates will also help maintain core stability, flexibility and joint movement.

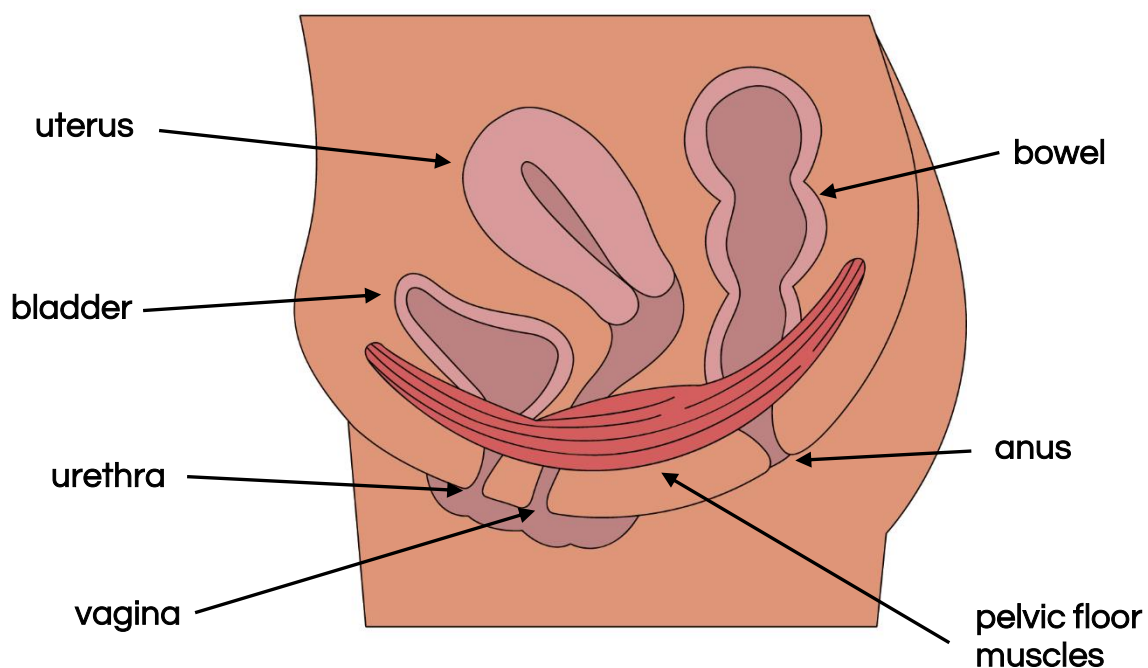
It's also really important to keep your pelvic floor strong and supple, as you'll see in the next chapter.....

VULVAS, VAGINAS AND PELVIC FLOORS

Oestrogen keeps your vulva and vaginal tissue plump and lubricated, and it also keeps your urinary system and pelvic floor happy and healthy. During perimenopause, as oestrogen declines, your vulval and vaginal tissue becomes thinner and more fragile, the lining of your bladder and urethra becomes thinner, and your pelvic floor muscles lose suppleness and strength.

Why your pelvic floor is so important

Your pelvic floor is made up of muscles and connective tissue that form a 'hammock' across the base of your pelvis from your pubic bone at the front to your coccyx (tailbone) at the back. It keeps your bladder, uterus and bowel in place, keeps you continent and stabilises your spine and pelvic bones. A strong, supple pelvic floor also improves your sex life as increased blood flow and tone increase lubrication, sensation and orgasm.



Signs of pelvic floor weakness include:

- Back or pelvic pain
- Incontinence
- Pelvic organ prolapse (when your bladder, uterus or bowel slip down from their normal position and bulge into your vagina)
- Painful sex

If you're struggling with a weak pelvic floor, I encourage you to seek support from a women's health physiotherapist. I saw Becka Hyman (thoroughly recommended for my east Kent ladies and, when I wrote this handbook, at [BodySym](#) in Ramsgate) many years postnatally because of diastasis recti (abdominal muscle separation) and her knowledge, care and support made such a difference in regaining my core and pelvic floor strength.

Even if you're not experiencing any symptoms of pelvic floor weakness it's worth investing in your future pelvic floor function by including pelvic floor exercises into your day. If you don't know where to start, [Squeezy](#) is an NHS recommended, pelvic floor muscle exercise app, designed by pelvic health physiotherapists.

Sarah loves.....

[The Pelvic Floor Bible](#) by Jane Simpson. A comprehensive guide to preventing and treating pelvic floor issues.

[MUTU](#). A fitness app with evidence-based techniques to improve postnatal recovery, pelvic and abdominal symptoms from 'baby belly' or diastasis recti to embarrassing leaks, painful sex or prolapse symptoms. It teaches you how to breathe and move in ways that strengthen and support your core while exercising. This is so important as a lot of traditional exercises like crunches and the plank can actually make core and pelvic floor issues worse.

Vaginal dryness

Vaginal dryness is one of the most common symptoms of menopause but also one of the least talked about. It can cause redness, itching, burning, swelling and pain, making everything from wiping after going to the toilet to wearing tight-fitting trousers unbearable. However, it is also very treatable.

Vaginal moisturisers can be used alongside HRT or topical oestrogen, or on their own if you can't or don't want to use hormone treatments. They help restore moisture, soothe vaginal tissue and alleviate discomfort. Also using a lubricant will make any type of sexual activity a much more pleasurable experience.

Sarah loves.....

YES vaginal moisturiser and lubricants.

Created by women to work with women's bodies, these products are certified organic, don't contain any irritants and match the natural pH of vaginas. Their vaginal moisturiser and water-based lubricant are widely available in chemists and also both available on the NHS drug formulary so GPs can prescribe them.

Contraception

It's still perfectly possible to get pregnant during perimenopause and a number of women misdiagnose themselves when they're actually experiencing the symptoms of pregnancy! Current guidance states that contraception should be used for at least two years following your last period if you're under 50 and at least one year if you're over 50.

Urinary tract infections (UTIs)

As well as the impact of declining oestrogen levels, menopause can change the pH balance in your vagina, making you more susceptible to UTIs and other infections. If you suspect you have an infection your GP should always be your first port of call. Things that can support you to avoid infections include:

- Drinking plenty of water
- Avoiding scented soaps, body washes, bubble bath or 'feminine cleansers'
- Using vagina-friendly moisturisers, lubricants and condoms (a lot of brands include chemicals which can irritate)
- Addressing any pelvic floor weakness
- Taking D-mannose supplements (these contain the active ingredient in cranberries without the sugar that can also irritate)
- Topical oestrogen (more on this in the medical support chapter).

Sarah loves....

[Optibac probiotics](#)

'For those on antibiotics' helped me avoid what had previously been the inevitable onset of thrush when I've had to take a course of antibiotics.

'For women' is specifically designed with probiotic strains that support your vaginal (rather than gut) microbiome.

LOOKING GOOD, FEELING BETTER



From your mid-twenties your skin loses its capacity to produce collagen, so it becomes less plump, less elastic and wrinkles appear. During perimenopause, the decline in oestrogen impacts your skin's ability to retain moisture and it becomes thinner and more sensitive. Fluctuating hormone levels can also make you spotty.

Switch up your skincare

Redness, dryness and spots seem to be the main skin complaints during perimenopause and you might be affected even if you've had balanced skin up until now.

Sarah loves.....

[Pai skincare](#). A great organic British brand made for sensitive skin, which I use myself and with my clients. They have products specifically designed for sensitive skin, acne, eczema and rosacea.

They are also Soil Association, Vegan Society and B Corp certified, and they offer complimentary online consultations to help you find the products right for you. Plus, if for any reason you don't like the products after 90 days you can return them for a full refund.

The key to supporting your skin at this time is to be gentle.

- Consider switching to a lighter, water-based moisturiser and look for products which contain ceramides or peptides to support a healthy skin barrier.
- Reduce or remove actives (such as retinol) from your skincare routine if you're experiencing sensitivity.
- Facial oils won't make your skin greasy and are supportive of dry, sensitive and spotty skin.
- SPF remains the best way to avoid the aging effects of sun exposure.

Help, I've aged overnight!

Research also suggests that you age in spurts, rather than in a linear fashion, and in midlife these spurts are often associated with periods of stress such as divorce, redundancy and bereavement. Focusing on the foundations of good health – sleep, nutrition, movement and stress management are key here. And if you need an extra boost....

Sarah loves.....

[Zone Face Lift](#). A potent combination of advanced facial reflexology, sculpting Japanese facial massage and gua sha to stimulate collagen and elastin, tighten and plump your skin, sculpt your neck and jawline and leave you with a natural, radiant glow.

Not such a crowning glory

Hair loss becomes more common as you get older and from your mid-40s your hair follicles start to shrink making your hair finer and more fragile. Declining oestrogen levels impact the growth phase of hair and also mean that the ratio of dihydrotestosterone (DHT) in your body is higher - the hormone linked to male pattern baldness. Genetics play a major role.

However, there are other factors that can contribute to hair loss during midlife. Stress, illness, poor diet and certain medications can have a huge impact on your hair so its worth seeing your GP to rule out any other reasons for hair loss.

For most women their hair is a big part of their identity and unwelcome changes to it can really knock your confidence. Things that can help:

- Choosing volumizing hair care and styling products.
- Colouring your hair can make it look and feel thicker as the colouring process expands the cuticle to deposit colour.
- Reducing heat styling or using a heat protector when heat styling.
- HRT can be helpful for some women but not all HRT is hair-friendly so its worth discussing your hair loss concerns with your GP or whichever healthcare professional prescribes your HRT.
- Seeing a trichologist for specialist support and prescription-grade treatment.



Unfortunately, at the same time the hair on your head may be taking a hit, you might also find it sprouting in unwanted places such as your chin. Your facial hair is controlled by DHT which up until perimenopause has been kept balanced by oestrogen. So, when oestrogen levels decline, your DHT levels can go up, and excess facial hair appears. Waxing, threading or laser hair removal are the easiest ways to remove it, and some forms of HRT can also help.

Nailing it

Oestrogen helps produce keratin which gives your nails structure and keeps them strong. As oestrogen declines your nails can become thinner and softer, leading to splitting and breakages.

Sarah loves....

[CND Rescue RXx](#). Like a cuticle oil but with added keratin, this treatment moisturises and strengthens your nails.

The nail equivalent of Olaplex, [OPI Repair Mode](#) bond building repair serum makes a huge difference to my nails if I've indulged in back-to-back gel manicures.

Other ways to care for and love your body during perimenopause include:

- See your dentist and hygienist regularly. Having a dry or burning mouth and dental issues are some of the lesser-recognised menopausal symptoms that your dentist can help with and your hygienist can remove stains, plaque and keep your gums healthy.
- Don't just lavish skincare love on your face; give some to your body too. Dry brushing will boost your circulation and exfoliating with a mitt or scrub will slough off dull, dry skin. Massaging on some oil or cream onto damp skin after a bath or shower will lock in hydration, as well as connect you to your body. I love [Balance Me Super Moisturising Body Oil](#) or cocoa butter.
- Throw out any knackered, uncomfortable, ill-fitting underwear and book a bra fitting. Your size or shape may have changed and there are loads of gorgeous options (including non-wired if you gave up wiring during lockdown like many women). Buy some sets that you feel good in (with two or three pairs of co-ordinating knickers for each bra) and I promise you'll notice the difference.
- Manicures, pedicures, blowdrys, root touch-ups, whatever makes you feel more confident in facing the day.

- If you've lost your style mojo, consider booking in for a makeup lesson or a session with a personal shopper. Both are available at department stores such as John Lewis. If that feels too onerous start small – try a new lipstick or an item of clothing that's out your comfort zone but has been calling to you.

Sarah loves....

[Leopard is a neutral: A really useful style guide](#) by Erica Davies is a joyful, relatable, confidence-increasing read to help when you're stuck in a rut and perhaps struggling to accept a body that no longer looks like it used to.

MOOD, MENTAL HEALTH AND MINDSET

Hormones interact with neurotransmitters in your brain so it is little wonder that your mood, memory and mental health can be hugely impacted by menopause and your fluctuating hormone levels. Mood swings can feel like PMS at maximum volume – anything from tears to rage – coupled with anxiety, depression, forgetfulness and the inability to focus (often referred to as brain fog).

Women who experience PMS, premenstrual dysphoric disorder (PMDD – an extreme form of PMS) or postnatal depression are more likely to experience mood changes during perimenopause and menopause as their brains are more sensitive to hormonal changes. Addictive behaviours such as alcoholism, drug use, gambling and eating disorders can also escalate at this time.

It can also be especially challenging if you have an existing mental health condition, as it can be difficult to know which symptoms are related to your existing diagnosis and which are hormone related.

Seeking professional support

If you're really struggling, please seek professional support. Sadly, women of menopausal age have the highest rates of suicide.

NICE guidance states that women experiencing low mood or anxiety as a result of menopause should be offered HRT and cognitive behavioural therapy. Don't be fobbed off with antidepressants if you don't have a history of depression; they have not been shown to help with low mood caused by menopause.



Helping yourself

Things that can support your mood, memory and mental health include (spoiler alert – most of these are the foundational pillars of good health we've covered in the preceding chapters):

- Keeping adequately hydrated.
- Getting enough good quality sleep. Anxiety and depression are both causes and effects of poor sleep.
- Movement – good circulation is vital for brain function and movement releases serotonin and dopamine (feel-good hormones).
- Eat well and try to make sure your diet includes sources of omega 3s, vitamin D, magnesium and vitamin B12. More than 90% of serotonin and 50% of dopamine (which are involved in mood regulation, concentration and motivation) are produced by your gut bacteria so ditch the junk food.
- Quit smoking if you smoke – it narrows your blood vessels and reduces circulation, which don't help brain function.

More than just hormones?

Midlife can be an extraordinarily stressful time, so as well as recognising the impact of hormonal changes it's vital to look at your current circumstances (divorce, bereavement, redundancy?) in terms of your mental health and how supported you feel. Even women not managing big life events tend to shoulder more of the emotional and mental load and unpaid work associated with family life.

One of the most life-changing things you can do to support your mental (and physical) health during menopause is to prioritise yourself and your wellbeing. We all know the 'put your own oxygen mask on before helping others' adage, but how many of us are actually practising that in real life? In the next chapter we'll focus on ways to help put yourself first.

Why stress management is key

Your adrenal glands produce cortisol and adrenaline (stress hormones), which they release in acutely stressful situations to help your body deal with perceived danger. That process is governed by the sympathetic nervous system and is known as the fight, flight, freeze response. When the perceived threat is no longer a danger, the parasympathetic nervous system takes over, the stress hormones are cleared and your body returns to 'rest and digest' mode.

Except when it doesn't. Chronic stress means levels of cortisol remain high in your body, lowering your energy levels and immunity, thinning your skin and bones, increasing inflammation, causing blood sugar imbalance and weight gain over time. The most common chronic degenerative diseases – heart disease, diabetes, arthritis, dementia and cancer – are all linked with chronically high levels of cortisol.

During perimenopause, as your ovaries decrease their hormonal output, your adrenal glands take over some of the work of producing oestrogen, progesterone and testosterone. But if your adrenals are already busy over-producing stress hormones, that function will be prioritised over the production and metabolism of sex hormones. So menopausal symptoms will be much worse if you're chronically stressed.

Shifting out of the stress response

Supporting your body to move out of the stress response is one of the primary ways reflexology supports your health and wellbeing. Other ways to do so include:

- Deep, slow breathing (six to eight breaths per minute)
- Laughing
- Loving touch
- Being in nature
- Singing
- Meditation

- Qigong, Tai Chi and yoga
- Acupuncture
- Massage
- Moving your body
- Progressive muscle relaxation exercises

The impact on relationships

Mood swings in menopause can severely test relationships. Irritability, rage, panic, despair will feel confusing and overwhelming for you (particularly during early perimenopause if you haven't twigged that your hormones are playing havoc with your mood) and can also leave your partner and family feeling bewildered. Throw other menopausal symptoms and a lower libido into the mix and you and your partner may feel incredibly disconnected.

Communication is vital. Hopefully with a better understanding of why you might feel the way you do, you can share with loved ones what's going on for you and how they can support you.

Menopause mindset

What are your thoughts and beliefs about menopause? What's your attitude to aging? Do you subscribe to the Western cultural and societal narrative about 'being over the hill', inevitable decline, drying up?

Your beliefs create chemical messengers in your brain that communicate information throughout your body, affecting everything from your blood pressure and immune responses, to sleep and digestion. This is how the placebo effect works (when a beneficial effect is produced by a drug or treatment, which cannot be attributed to the placebo itself, but to the patient's beliefs about the benefits of the treatment). Conversely the nocebo effect is when a negative expectation of a certain outcome causes a more negative effect than would otherwise occur.

If your beliefs about midlife, aging and menopause are negative, they will be negatively affecting your body, your health and your experiences. Take some time to notice your internal narrative and challenge yourself when a thought such as “I’m too old” appears.

Social media audit

We all like a scroll through social media, but are the accounts you follow inspiring, uplifting or amusing you? Take a few minutes and unfollow those whose content is leaving you feeling less than.

PRIORITIES, PURPOSE AND PLEASURE

Are you constantly putting your needs at the bottom of your list? Are you looking after everyone around you before yourself? Is there never enough time in your day to take proper care of yourself? Please know your value and worth are not tied to what you do for others or what you can tick off your 'to do' list.

As you've seen in the preceding chapters, there are a myriad of ways you can make lifestyle changes to support yourself. Honouring your needs in terms of good sleep hygiene, nutrition, movement and stress management practices each day really is investing in your future health and wellbeing. Self-care (literally meaning looking after yourself) is not selfish, its essential.

Without judgement, consider whether people-pleasing is holding you back from prioritising looking after yourself. Do you feel guilty or worry about being judged for taking time for yourself? Do you feel unworthy of doing so?

If your best friend felt exactly how you did right now, what would you say to encourage her to take proper care of herself? Can you silence your inner critic for a moment and talk to yourself using the same words?

What do you want?

Our grandmothers used to refer to menopause as 'the change'. I prefer the term 'midlife metamorphosis' as it really can be an opportunity to take stock, consider what's important to you, decide what you want the next 25+ years of your life to look like (given average life expectancy) and release what's no longer serving you.

So many of us have been busy carving out careers, having families and running homes that there's been little time for reflection. We keep our heads down and the plates spinning. Menopause often forces us to stop. It's also a time when women report feeling lost. If I asked you now 'What do you want?', could you answer?

Take some time and really think about what you want, not what you think you 'should' want. Don't hide behind gratitude and settle for ok. You can be

absolutely grateful for what you have and still want more; in fact, that's where the magic lies.

If you're unused to considering what you want, it can feel too big a question to answer. Try thinking about it like this instead: What do you want to experience? What do you want to enjoy? If literally everything was available to you, what would you choose?

If you feel some resistance here, just notice it (staying in your comfort zone is a self-protection mechanism). Fear of failure, fear of judgment, fear of rejection and fear of being unworthy can all come up.

Now this might sound a little 'woo' but stick with me. You are worthy because you are. Full stop. And you have desires in your heart for a reason – moving towards them supports your spiritual evolution. It's just that we're so conditioned, by decades of cultural and societal norms, to be nice, compliant, fit in and look after everyone else that pursuing your desires can feel selfish. But what if honouring your desires was the greatest gift you could give those around you? Imagine what could be achieved if the world was full of fulfilled women?

Take a pen and journal and give yourself time and space to reflect on what you want. What do you want to experience? What do you want to enjoy? If literally everything was available to you, what would you choose? Revisit this again and again.

Setting an intention for your day

Tuning into your inner knowing can take a little practice if the noise of daily life has long since drowned it out. A simple way to get back in touch with it, is to take a moment when you wake up. Take a few breaths, feel into your body, ask yourself 'what do I want today?'. A word or image might pop into your head, you might sense a feeling. Then take a moment to set an intention.

For example, if fun is what comes through, set an intention around experiencing that during your day and take an aligned action: Call your sister

for giggles, watch a comedy on Netflix, put on some tunes and dance, engage in office banter.

As with most things, tuning into who you now are and what you want gets easier with practice. A lot of my insights come when I'm in the bath, in nature or home alone. I've looked honestly at what are priorities for me, simplified things and enjoy a lot more blank space in my calendar for just being. See what works for you.

The power of no

During menopause we lose the softening effects of oestrogen and tend to give less sh*ts. Embrace that and you might just find yourself feeling incredibly liberated. If you're used to people-pleasing now is the time to practice the art of saying no.

For a week, take a breath every time you're asked to do something and connect to yourself before replying. If it's a heartfelt yes, say yes. If you feel any kind of constriction, say no. And if that feels uncomfortable try something like, "I'd love to, but I can't commit right now. I'll let you know if that changes".

We all have commitments we have to honour, but a lot of the time we can default to people-pleasing. At the end of the week take stock of what's filled your time; how much of that was things you really wanted to do, and how much was done out of a misplaced sense of obligation? Keep practising.

And if you need to be reminded, remember your needs and comfort are equally as important as everyone else's.

"A passion for pleasure is the secret of remaining young" Oscar Wilde

Linked to the question of what you want, is the question of what pleases you? Do you know? And if you do, are you actively incorporating the things that please you into your day?

Love, creativity and joy are ageless. Connecting with friends and family, dancing, art, reading, learning, being in nature all feed your soul. How can you weave more of them into your life?

Expanding your capacity for pleasure

Your neural pathways are incredibly flexible and one way to help train them towards greater pleasure is to consciously connect to something when you're enjoying it.

For example, if a perfect cup of coffee in the morning sparks joy for you, take a moment to really extend that pleasure: Breathe in the aroma, let that first taste linger on your tongue, focus on the sensation as you swallow. Slow it right down.

What pops of pleasure can you incorporate into your day?



Sex

Sex can be one of life's greatest pleasures, but reduced libido is a common complaint during menopause. Fluctuating and decreasing hormone levels can impact desire but female sexuality is complex, so levels of relationship satisfaction and stress can be greater predictors of sexual satisfaction in midlife. If you're pissed off and knackered, chances are you're not going to be feeling sexy.

Again, the foundational pillars of health – sleep, nutrition, movement and stress management - are key here. Addressing pelvic floor dysfunction and any vaginal dryness will also help. If there's disharmony in your romantic relationship recognise that this will inhibit sexual desire, so look to address the issues behind that. As we saw in the last chapter, the emotional labour and unpaid work that women absorb into daily life can quickly extinguish desire, especially if you resent your partner for not sharing the load or taking time for self-care when you don't.

The confidence-knock that some menopausal symptoms can trigger (such as weight gain, hair loss, brain fog) can also affect your libido. Please remember

that sexual confidence is not about having perky breasts or a porn star repertoire of positions. Sexual confidence is about being comfortable with who you are, knowing what you like and being honest about how you feel. It is linked to self-esteem; feeling that you are enough and that you deserve to have your needs met.

Exploring what pleases you sexually, either solo or with a partner, can help reconnect you with your body and increase your libido. Taking your time, using lubrication and focusing on your pleasure as opposed to orgasm can map new pleasure pathways in your brain, which strengthen with repetition.

Sarah loves.....

[Layla Martin](#), [Mama Gena](#) and [Temple of the Feminine](#). If you want to explore female sexuality and pleasure, these ladies are incredible teachers.

Celebration

Having a daily gratitude practice, like a gratitude journal or giving thanks to a higher power, has been shown to improve mood, resilience and contentment. I encourage you to take it one step further, and turn gratitude inwards – what is it about yourself that you're grateful for today? And while wins such as killing a presentation at work should definitely be celebrated, look for the less obvious too.

MEDICAL SUPPORT

What is HRT?

HRT is a medical treatment used to alleviate the symptoms of menopause. All types of HRT contain oestrogen and if you still have a uterus, you will also be given progesterone. Progesterone is needed as oestrogen makes the lining of the womb grow (as in a normal menstrual cycle) so taking progesterone keeps the lining of the womb thin.

If you've had a hysterectomy you don't need to take progesterone so would be prescribed oestrogen only (unless you still have part of your cervix, as this can retain some womb lining, or if you have endometriosis left in your abdominal cavity – progesterone stops endometrial plaques growing).

Oestrogen only HRT is called oestrogen only HRT and oestrogen and progesterone HRT is called combined HRT.

Testosterone is not licenced for female use in the UK, but anecdotal evidence suggests that it can improve brain fog, fatigue and libido. Your NHS GP can prescribe it 'off licence' but many prefer to refer to a specialist. It is important to replace oestrogen before starting testosterone as your body converts testosterone to oestrogen if oestrogen levels have not yet been optimised.



How do you take HRT?

Oestrogen is usually given across the skin (known as transdermal oestrogen) in the form of a patch, gel or spray, or orally, as tablets. Progesterone is usually given orally, as tablets, or via the Mirena coil.

Most women taking HRT tolerate oestrogen well (although it can stimulate histamine release) and around 10% of women experience side effects with progesterone. Your GP or specialist will usually review you at three monthly intervals adjusting your dose or medication as necessary.

There are two types of routines for taking HRT – cyclical/sequential if you are still having periods (however erratic) or continuous combined if you haven't had a period within the last year. You don't have to wait until your periods stop to start taking HRT.

Are there any side effects?

Side effects can vary depending on the type of HRT you take. You might experience some of the possible side effects listed below when you start HRT, though these generally settle within the first three months.

Possible oestrogen side effects include:

- Breast tenderness
- Dizziness
- Fatigue
- Fluid retention
- Headaches/migraines
- Leg cramps
- Low mood or anxiety
- Nausea
- Rash/itching
- Vaginal bleeding

Possible progesterone side effects:

- Backache
- Bloating
- Breast tenderness
- Dizziness
- Drowsiness
- Greasy skin/acne
- Headaches/migraines
- Itching
- Low mood/depression
- Nausea and stomach pain
- Vaginal bleeding or changes in discharge

For some women HRT is a magic bullet, making them quickly feel human again. For others it takes a bit of trial and error to get the right combination for them. Some women can't take HRT or prefer not to.

It's important to remember that lifestyle changes can make a massive difference to your menopause symptoms and quality of later life, whether or not you choose to take HRT.

What are the risks of taking HRT?

For most women the risks associated with taking HRT are usually very small, despite the scary and very misleading headlines most of us read from the infamous Women's Health Initiative clinical study that linked HRT to breast cancer.

The HRT used in the study contained oestrogen derived from pregnant horse urine and synthetic progestogen – very different from the body identical HRT that is now prescribed. Participants average age was 63, 70% of them were seriously overweight or obese, many had been treated for high blood pressure or heart disease and nearly half were current or past smokers.

In general, research shows there is a small increased risk of blood clots or stroke if you take HRT orally; there is no increased risk if you take HRT across the skin.

There is a small increased risk of breast cancer if you take combined HRT (not if you take oestrogen only HRT), but this risk is less than lifestyle risk factors such as being overweight.

Your GP will be able to advise what treatment might be most appropriate for you based on your health and medical history.

What are the benefits of taking HRT?

As well as reducing or eliminating menopausal symptoms by replacing declining hormone levels, HRT also protects your long-term heart and bone health.

What about vaginal oestrogen?

Vaginal oestrogen is a separate treatment, which can be used with or without HRT. It is incredibly effective for vaginal symptoms associated with menopause and safe to use long-term.

Accessing medical support

Unfortunately, not everyone has a good relationship with their GP, or a GP who is on the ball when it comes to perimenopause and menopause care.

If you would like to consider HRT or medical alternatives, its worth being prepared before you contact your GP practice. Here are my top tips for having a productive conversation:

- If you've been using an app to track your cycle and menopausal symptoms, download the data so you've got a clear picture of what's going on for you to share at your appointment.
- If you haven't been using an app to track your cycle and menopausal symptoms, compile a list of all the symptoms you're experiencing that could be linked to menopause. Remember, as well as hot flushes or night sweats, there are many more unusual symptoms such as itching, so go back through the list of symptoms in the first chapter of this handbook. If you know it, also write down when you last had a period.
- Write down a list of anything you've tried to manage your symptoms already.
- Write down any medication or supplements you're taking and any family medical history of note (cancer, heart disease, stroke etc).
- When you contact the GP practice you are likely to be triaged by the reception team, who will ask you why you want an appointment. Be

clear that you are experiencing menopausal symptoms and you would like to discuss treatment options. It is also worth asking whether any of the practice staff specialise in women's health and requesting the appointment be with them.

- Consider taking a supportive partner, friend or family member with you to the appointment if you are struggling. They will help you fight your corner if you feel you're not being listened to.



- At the appointment be clear about what you want. If you want to try HRT, say so.

Sarah loves....

There are some great GPs and menopause consultants who share their knowledge via Instagram, their websites and books. A number of them also run private clinics if you are looking for private healthcare.

[Dr Nighat Arif](#)

[Dr Shazhadi Harper](#)

[Dr Louise Newson](#)

[Dr Naomi Potter](#)

In conclusion

I hope you've found this handbook helpful and empowering – do let me know [@bysarahforster](https://www.bysarahforster.com) - and share what you've learnt or found useful with friends, family and other women.

By normalising conversation about perimenopause, menopause and ageing, and by sharing information and our experiences, I hope that every woman can be supported to make the choices that are right for her.

If you'd like more support, I'd love to see you in my treatment room. You can find all the details of the reflexology treatments I offer and booking links on my website www.bysarahforster.com.