



Harley Street at Home
MENOPAUSE

Take Control of Your Menopause



www.harleystathome.com

Defining Menopause

Menopause is inevitable. It refers to that time in every woman's life when her periods stop and her ovaries stop producing eggs. At the same time, three key hormones decline – oestrogen, progesterone and testosterone – and trigger a vast array of symptoms that can be both confusing and distressing.

Menopause generally occurs between the ages of 45 and 55, with an average age of 51, but exceptionally it can happen at a much younger, or much older age. It can also be triggered at any age by certain medical treatments such as chemotherapy.

Menopause is officially marked by a full twelve months of no periods. The term post menopause is also often used. Again, this is simply a woman who is twelve months or more from their last menstrual period.

Perimenopause refers to the time from when a woman starts to experience menopausal symptoms, and can last several years. Periods don't have to have stopped and symptoms, and their effect will vary dramatically among women. Only once a full twelve months of no periods is reached is a woman in menopause. There is no reversing the clock.

It's important to note that symptoms don't necessarily stop at menopause; they can continue for several years after this.

For further information, check out [Menopause Explained](#) on BMS TV.



Menopause Myth Busting

Menopause myths are often one of the first challenges women need to navigate when trying to make sense of their menopause journey - hence why it's important to only seek advice from a knowledgeable health professional or accredited menopause specialist doctor or nurse when it comes to menopause symptoms, diagnosis and treatments. Whatever social media, internet searches or online support forums may tell you, there's no guarantee that the information shared is evidence based and safe.

We've listed some of the most common myths below.

Myth | HRT delays the inevitable

HRT is used to help manage symptoms of menopause caused by hormonal fluctuations. It doesn't delay the menopause or mean you will have periods forever.

Myth | My periods need to stop before I can start HRT

Perimenopause symptoms can be felt several years before full menopause, and periods don't need to have stopped to have stopped before HRT is started. In fact, periods stopping can be one of the very last things to happen in perimenopause.

Myth | HRT causes weight gain

The results of very many accurate scientific studies show that HRT does not increase weight gain. However, for some women, the side effects of HRT can include water retention, bloating and breast tenderness and swelling, which can all feel much the same as weight gain. If these side effects don't settle, and make you feel uncomfortable, it is worth discussing changes to your HRT prescription with your GP or menopause specialist doctor.

Myth | I'm too young for menopause

The average age for menopause is 51, but many women experience menopause many years before this. Whatever your age, don't suffer in silence.

Myth | HRT causes cancer

Whether it's breast cancer, ovarian cancer, or a family history of cancer, it's important to have the right evidence based information to empower your conversations about HRT:

- Breast cancer risk doesn't increase with oestrogen only HRT
- Baseline risk for most women is extremely low with combined HRT



- With the right balance of oestrogen and progestogen, the endometrial lining is adequately protected against endometrial cancer
- Family history is very much individualised and a risk benefit conversation

Myth | **Once I start HRT I can't stop it**

Choosing to use HRT is personal choice. If you decide it's not for you, or you want to stop, that's your choice too. Stopping won't make symptoms worse, but they may still be there, so be prepared to manage symptoms with other non hormonal options if needed.

Myth | **I don't need contraception with HRT**

HRT isn't contraception, so speak to your doctor about suitable protection until the age of 55 if pregnancy isn't on your agenda.

Myth | **I can't take HRT because of other health conditions**

All HRT prescribing is individualised, but in general HRT in transdermal form is the safest preparation where other medical concerns are present. Whether you suffer migraines, have a history of clots, have high blood pressure, smoke, are overweight, or anything else – speak with a knowledgeable HRT prescriber. They should discuss all relevant risks and benefits with you. Rarely is HRT contraindicated, and it is always an individualised risk benefit conversation.

Myth | **I can't take HRT for too long**

There are no arbitrary limits for taking HRT. This is supported by NICE guidelines on managing menopause. Annual HRT reviews should discuss individual risks and benefits and adjustments made if needed.



Menopause Symptom Checklist

Hormonal changes in menopause can lead to a variety of symptoms, both physical and psychological. While no two women will experience exactly the same journey, or symptoms, we've listed some of the most commonly mentioned below.

NICE guidelines say that diagnosis of menopause can be based on symptoms alone, and are not usually needed at age 45 and over. Symptoms may also be due to other causes, and your doctor may wish to exclude these.

Symptoms may include:

Physical Symptoms	Yes	No	Details
Allergies			
Body odour changes			
Breast soreness			
Burning mouth			
Difficulty sleeping / insomnia			
Digestive issues			
Dizziness			
Dry eyes			
Dry / itchy skin			
Dry mouth			
Fatigue / low energy			
Headaches / migraines			
Heart palpitations			
Joint aches / pains			
Hot flushes			
Loss of libido			
Muscle aches / pains			
Nausea			
Night sweats			
Oral health changes			
Pelvic pain			
Period changes			
Skin changes			
Restless legs			
Thinning hair			
Tinnitus			
Tingling sensations			
Urinary symptoms*			
Vaginal symptoms*			
Weight gain			

* Vaginal and urinary symptoms, otherwise known as Genitourinary Syndrome of Menopause (GSM), are expanded on in our accompanying GSM symptom checklist.

Psychological Symptoms	Yes	No	Details
Anger			
Anxiety			
Brain fog			
Crying spells			
Depression			
Irritability			
Loss of confidence and self-esteem			
Loss of joy			
Mood swings			
Panic attacks			
Poor concentration			
Poor motivation			



Genitourinary Syndrome of Menopause (GSM) | Symptom Checklist

Urogenital problems are very common in menopause and can involve the vagina, vulva and bladder. Over 70% of women may be affected. Left untreated, symptoms can become worse, so seek help early.

NICE guidelines state that declining oestrogen in menopause can cause significant urogenital problems, but these are often under-treated. The guidelines also state that local oestrogen treatments can be:

- Offered and used long term without risk, including by women who may be unable to consider systemic HRT
- Used alongside systemic HRT without risk
- Used alongside vaginal lubricants and moisturisers

Symptoms may include:

Symptoms	Yes	No	Details
Abnormal vaginal bleeding*			
Bladder infection			
Bleeding after sex*			
Burning sensations to the vulva or vagina			
Changes to vaginal discharge			
Dryness of the vulva or vagina			
Itching of the vulva or vagina			
Irritation of the vulva or vagina			
Loss of vaginal lubrication			
Painful sex			
Painful smear tests			
Physical changes to vulva, labia and clitoris			
Prolapse of pelvic organs			
Skin irritation – soreness, splitting, thinning			
Stress incontinence			
Unexplained pelvic pain			
Urge incontinence			
Urinary Tract Infection (UTI)			
Urinary frequency			
Urinary urgency			

* Any unexplained bleeding should always be checked with a doctor in the first instance.

What is HRT and What Does it Do in My Body?

Hormone Replacement Therapy, more commonly abbreviated to HRT, is a term given to hormone medication for women during the perimenopause or menopause. For far too long it has been the subject of media misinformation and scare stories, but is thankfully now being more accurately reported for the health benefits it offers women both short and long term during this phase of their lives.

British and International Menopause societies advocate the use of HRT as first line treatment to help improve symptoms for women during perimenopause and menopause.

Which hormones are being replaced?

The main hormone replaced with HRT is oestrogen. There's also progesterone for all women who still have a uterus. Testosterone replacement is an addition for women where low libido is a concern and isn't adequately managed with oestrogen alone. It's not for everyone.

How does HRT help symptoms?

During perimenopause HRT helps to smooth the rollercoaster of hormonal fluctuations that can go on for many years. It's these fluctuations that create many of the well known, and lesser known, symptoms that we all associate with menopause. HRT gives a mask like effect, helping your own background hormones appear more stable by boosting oestrogen levels.

Once into menopause, oestrogen falls and plateaus at a very low level and HRT boosts this level up, helping to maintain all of the benefits of oestrogen in the body. It also helps keep some of the longer term symptoms women may continue to experience under control.

While menopause is something that women will naturally enter at some point in their life, it doesn't mean that it is unnatural to choose to replace these hormones during perimenopause or menopause. In fact, replacing them can not only reduce symptoms and improve wellbeing, it can, as evidenced by all international menopause societies, have a long term protective effect on bone, cardiovascular and potentially brain health.

How do I protect my uterus?

For women who still have a uterus, that is women who haven't had a hysterectomy, progesterone is prescribed alongside oestrogen as part of HRT. Progesterone protects the lining of the uterus (the endometrium) and either keeps it thin, or helps it to shed depending on the stage of menopause a woman is at. Progesterone is also prescribed in exceptional circumstances for women without a uterus where endometriosis is a concern.



Is HRT safe?

There are different types of HRT and the British Menopause Society recommends only taking those that are regulated and standardised by the UK Government's regulatory agency, MHRA. This includes both synthetic forms of HRT, and those referred to as 'body identical.'

What is body identical HRT?

Body identical HRT is increasingly becoming the gold standard prescription. It uses an oestrogen preparation through the skin as either a patch, gel or spray, giving the same hormone back that is chemically identical to the oestrogen we have in our own body. If progesterone is needed then micronized progesterone is often used. This again is the same formula as the body's own natural progesterone.

What is HRT made from?

HRT products are manufactured in a laboratory under tight regulations so we know exactly what is contained in each dose. The source of body identical HRT is wild yams or soy. In many ways this is as natural as medicine gets as well as being very safe.

There's also the slightly less modern, but still commonly prescribed oral forms of HRT. For some women these work well, but are less adjustable in terms of dosing. They also carry a slightly higher risk in the long term, although still very low. The hormones contained in the tablet forms tend to be a combination of body identical and synthetic hormones.

An older form of HRT that occasionally makes headlines is Premarin, which is made from horse urine. It isn't common to be started on this preparation, but some women are still taking it having started on it many years ago.

In summary

Regulated HRT is the safest and most natural way of replacing a woman's hormones that decline during menopause. For many women it improves symptoms and wellbeing, and protects the heart, bones and brain in the longer term.



Is HRT Safe?

Over the past few decades there has been much controversy, and many media headlines, surrounding the safety and associated risks of taking Hormone Replacement Therapy (HRT). The controversy began in 2002 following the leak of incorrectly interpreted data from the Women's Health Initiative (WHI) study. The resulting headlines wrongly declared that HRT caused breast cancer, heart attacks and strokes. As a result, many women stopped their HRT and doctors changed prescribing overnight. Prior to this women had been taking HRT to improve menopause symptoms and wellbeing since the 1960s.

What is the current medical view of HRT?

The mis-interpretation of the WHI study data has now been fully accepted by all doctors working within menopause care, both in the UK and internationally, and HRT is considered to be very safe for the majority of women.

Is there a risk of breast cancer with HRT?

According to current evidence from **Cancer Research UK**, the background population risk of developing breast cancer during a woman's lifetime in the UK is around one in seven. As such, many women will unfortunately develop breast cancer at some point in their lives, whether they are taking HRT or not.

However, it is important for women to understand that HRT can't cause breast cancer, but that some hormones, in the presence of already developing or present breast cancer cells, may promote it.

What does the current data show?

Over a five year period for 1000 women aged between 50-59 there will be 23 cases of breast cancer in the general population. For women in this group who take combined HRT (oestrogen and progesterone) there will be an extra 3 cases of breast cancer over that five years. For women who take oestrogen only HRT there will be no extra cases.

For women who start HRT under the age of 50 there is no increased risk of breast cancer as we are replacing hormones that are ordinarily there.

It is also thought that newer body identical types of progesterone, such as micronised progesterone, and Dydrogesterone, a synthetic option, are even more breast friendly.



Does taking HRT increase your risk of dying from breast cancer?

Women who are diagnosed with breast cancer while taking HRT are no less treatable, and are at no higher risk of death, than women who are diagnosed and aren't using HRT.

Is there an increased risk of heart attack with HRT?

NICE menopause guidelines state that there is no convincing evidence that HRT increases the risk of heart attacks in women under the age of 65 years, and therefore cardiovascular risk factors such as raised cholesterol or high blood pressure are not reasons to avoid HRT, as long as they are properly managed.

In fact, the most up to date evidence suggests that women who start HRT during perimenopause and up to around 10 years after the menopause will have a lower risk of heart disease and stroke. HRT is beneficial to the health of the arteries and the heart.

Is there a higher risk of blood clots with HRT?

Oral oestrogens and the older types of synthetic progestogens are associated with an increased risk of blood clots such as Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). It is thought that in the first year of taking oral HRT your clot risk can double, triple or quadruple, but does then level out. The greatest risk factors for clots are smoking and being overweight.

For this reason, many women elect to start or change to body identical HRT. Transdermal oestrogen (through the skin) isn't thought to add any clot risk, and body identical progesterone is thought to have the very lowest risk possible: it is even safe for women at a higher risk of a clots e.g. women that smoke, are overweight, or have an inherited clot disorder.

Does the type of HRT make a difference?

Body identical HRT is currently believed to have the safest risk profile. It typically involves taking oestrogen through the skin and adding micronised progesterone if combined HRT is required.

Oral types of HRT are associated with a slightly higher clot risk and probably a slightly higher risk of developing breast cancer, however these risks remain small.

Compounded bio-identical HRT is not currently recommended by the **British Menopause Society** due to lack of safety data. It is not regulated by the **Medicines and Healthcare Products Regulatory Agency (MHRA)** and because risks are unknown it can't be considered safe.

In summary

For the majority of women HRT is very safe, very low risk and will offer many long term benefits as well as improved wellbeing.

Factors that may increase a woman's risk using HRT include a personal history of some types of breast cancer, certain genetic cancer histories, hereditary clot disorders and starting HRT much later in life. In these cases we recommend discussion with a menopause specialist to consider all options. Every prescription for HRT should be individualised and a woman's medical and family history considered.

HRT | Types and Brands

There are a number of different types of HRT, and different brands. It can be trial and error to find what works for you, but patience is key.

Oestrogen patches, gel, spray and tablets

Brands include: Estradot, Evorel, FemSeven, Lenzetto, Oestrogel, Sandrena, Progynova, Elleste Solo

Vaginal Oestrogen

Brands include: Blissel, Estring, Imvaggis, Ovestin, Gina, Vagifem, Vagirux

Micronised Progesterone

Brands include: Utrogestan, Gepretix

Other Progestogens

Brands include: Provera, Mirena IUS

Continuous combined HRT patches, capsules and tablets

Brands include Evorel Conti, Femoston Conti, FemSeven Conti, Kliofem, Kliovance, Bijuve

Sequential combined HRT patches and tablets

Brands include: Elleste Duet, Evorel Sequi, Femoston, FemSeven Sequi, Novofem

Tibolone

Brands available: Livial

A full list of available brands, and their current availability, can be found on published British Menopause Society [HRT availability updates](#). These should be consulted for any out of stock issues and alternatives.

Top tips | Preparing For Your Doctor's Appointment

It can be challenging getting the most out of a short GP appointment, particularly if you're feeling anxious about menopause, symptoms or treatment options. Going prepared for your appointment can really help you and your doctor.

Take a look at our top tips below and prepare for your appointment with confidence.

1. Ask your practice if any clinicians specialise in women's health and menopause.
2. Book a double appointment if you can.
3. **Use a checklist** to record your symptoms – however insignificant you think they might be.
4. Do your research on Hormone Replacement Therapy (HRT) treatment options and alternatives so you have an idea of what you might like to try.
5. Take a look at **NICE Menopause guidelines (NG23)** so you are up to date with the guidance your doctor has to work with.
6. Write down a list of questions so you don't forget something, or email them in advance if that's an option.
7. Take a friend or relative with you if you need support – they can take notes and keep track of questions.
8. Be patient with your doctor if they need to research treatments or any individual clinical considerations that need to be considered as part of your personal menopause treatment plan. All prescribing is individualised.
9. Book a further appointment if you need to – whether that's to ask more questions or to speak with someone else. It's important to be absolutely comfortable with your individualised menopause care plan.
10. Ask for a referral to an NHS menopause specialist if needed. You can also self-refer privately if that is an option for you.



Non Hormonal Treatments and Therapies

There are many ways of targeting menopausal symptoms which don't involve using systemic HRT – which some women can't take, and others choose not to. A summary of these are listed below. Further information is available from the [Women's Health Concern website](#) and [BMS TV](#).

Depending on symptoms, women who do not take HRT may benefit from trying more than one alternative. These, as always, should be discussed with your doctor or prescriber.

Prescribed non hormonal medications

There are several non hormonal medications that can be prescribed. While they have a primary use for certain other medical conditions, as a side effect they can help reduce hot flushes. These medications include oxybutynin, gabapentin, pregabalin and some antidepressant medications. These medications can have some side effects which should be discussed with your doctor.

Herbal Remedies

There are a variety of herbal remedies and products marketed and sold to treat menopause symptoms. However, these products are not tested or regulated in the same way as other prescribed medicines, so their safety or possible interactions with other medications can't be guaranteed. This is clearly specified in NICE guidelines. Always seek guidance from a doctor or pharmacist before trying a herbal product.

Complementary Therapies

- CBT 'cognitive behavioural therapy' has been used for hot flushes, low mood and other menopausal symptoms. There are studies to support its effectiveness at reducing stress and some other menopausal symptoms.
- Relaxation and mindfulness can help make symptoms of the menopause more manageable.
- Hypnosis has some evidence to back up its potential benefit in reducing hot flushes and associated symptoms. However, access to hypnosis targeting menopause symptoms is limited.
- Some women have found acupuncture or reflexology helps their menopause symptoms. There is no clinical data to support the effectiveness of either of these treatments. But this does not mean an individual will not benefit.



Weight Gain and Menopause

Few menopause symptoms cause more anguish and distress than weight gain. The 'spare tyre' that literally appears from nowhere and won't go away is a very real phenomenon. It affects most women in menopause and needs a very different approach to any other weight gain you may have previously experienced. One thing is certain though, you absolutely can do something about it, and you can take back control. What's more, you can do it without any fads, gimmicks, or quick fix diets.

Why do women gain weight in menopause?

Hormonal, metabolic and social influences come together to create an almost perfect storm for midlife weight gain.

Oestrogen, the female hormone that gives a female hour-glass body shape declines through perimenopause and menopause, resulting in a more filled out shape – notably around the trunk. Declining oestrogen levels also have a detrimental effect on metabolic rate.

Metabolic rate (how effectively your body burns calories) gently slows through the natural process of ageing for both men and women, and lean muscle loss starts around the age of 35 years. Unless you reduce calorie intake, you gain weight.

Life changes in midlife may also have an impact on your diet and lifestyle. Menopause symptoms which affect mood, confidence and self esteem can also impact eating, drinking and exercise behaviours.

If all or some of these occur at the same time, it's highly likely that some weight gain will occur.

What about HRT, does it make you fat?

Despite a lot of women thinking HRT has made them gain weight, there is no clinical evidence to support this theory. Some women may retain fluid with certain types of HRT, but for most women the relief of symptoms with HRT is actually a critical element in helping them make changes to their lives which help with weight loss.

Is menopausal weight gain preventable?

Yes – most definitely – but the only way you can prevent something, is to take action before it happens. And if you don't know about perimenopause or menopause, let alone menopausal weight gain, you can't take action. Women need to adjust their exercise, eating and drinking habits before perimenopause even begins to prevent weight gain and most women simply don't see perimenopause creep up.



Is it possible to lose weight gained during perimenopause and menopause?

We promise you it is, but it's not the time to be launching into fad diets of any kind. Your body needs good nutrition during the menopause to support good health, particularly bone and heart health. Rather than using an off-the-shelf, one size fits all weight loss diet, we strongly recommend you develop a diet and lifestyle plan you can follow for the rest of your life. The hormonal and metabolic influences which have contributed to menopause weight gain won't go away, so whatever plan you use to get rid of menopause weight gain needs to be something you can continue long term.

What does a lifestyle plan mean?

Women can expect to live longer than ever before, and while the quality of the years ahead can't be accurately predicted, they can be heavily influenced. Choosing to eat well, drink moderately, exercise regularly and manage your emotional health efficiently, gives you a much better chance of living an active and fulfilling second half of your life. In fact, many diseases that impact the quality of life for people over 50 years are largely affected by lifestyle choices. Try to see this as an opportunity to bring in new, healthier habits which can have a positive effect on your health and weight.

In summary

Weight gain in menopause is very common, and hormonal, physiological and social influences can all contribute to the weight gain experienced by many women. Adapting your lifestyle to manage menopausal weight gain can reverse this trend, and is much healthier than embarking on quick fixes and diet fads.



Menopause Weight Management | Top Tips

Menopause weight gain affects 50% of women. While it's not inevitable, a combination of hormonal, metabolic and social influences all combine to contribute to up to a 10kg gain for many women. The good news, is that it can be reversed by following evidence-based guidance that works.

Take a look at our top tips below and, if you need more community support, sign up to our next [Back to Basics Lifestyle and Weight Management Programme](#).

Top Tips

- **Weight management in menopause** requires a completely different approach to anything you've used for weight loss in the past. Quick fixes, **fad diets** and radical food group exclusions don't work. A new, lifelong plan is needed for long term health.
- Set realistic expectations for what you want to achieve from the outset, and more importantly why you want to achieve it. A new dress for a special occasion, more energy for children and grandchildren, or dancing naked in your nineties – if it matters to you, there's your reason for change.
- Slow and steady change is more sustainable in the long term. Wave goodbye to radical and extreme weight loss measures that more often than not lead to a vicious cycle of yo-yo dieting. Say hello to a sustainable, healthy lifestyle for the rest of your life.
- Ditch the scales. Success is just as easily measured by how your clothes fit, body measurements, and above all, how you feel.
- When thinking about food consider food groups rather than individual food items. Consider if you're getting the right proportions of protein, carbohydrate and fruit and vegetables every day, and with every meal.
- Plan meals and snacks to stay in control and fuel your body with the **nutrition it needs** to thrive.
- Eat slowly and mindfully; savour every meal and every mouthful. Mealtimes shouldn't be a sprint.
- Don't dive into supplements to fill the gaps. Vitamin D is the only recommended supplement during autumn and winter. Anything else should be based on clinical need.
- **Movement matters**, so get your steps in and increase that calorie deficit. In simple terms, burn more calories than you consume.
- Consider strength exercise as part of your weight management regime. It's the most efficient method for increasing muscle mass, metabolic rate and changing body shape.



Menopause Movement | Top Tips

Menopause weight gain affects 50% of women. While it's not inevitable, a combination of exercise is non-negotiable when it comes to menopause and weight management. And whether you're a seasoned gym bunny, or movement novice, it's important to find something that works for you.

Exercise is more than just hitting a number on a fitness App. Regular movement can help improve sleep, ease joint and muscle pain, offer short term digest relief, improve heart health, build bone density and strengthen bones, build muscle mass and increase metabolism. It's a midlife wellbeing must do.

Take a look at our top tips to kickstart your menopause movement, and if you need more support, sign up to our Harley Street at Home community.

Top Tips

- Look to include a balance of three types of exercise into your movement schedule – strength, steps and restorative. All three are needed by the body for maximum benefit.
- Strength exercise isn't just for the boys. It can really make a difference with the changes in body fat distribution associated with declining oestrogen, and is the most efficient method for increasing muscle mass and metabolic rate.
- Steps are easily achieved by many people and the simple act of walking can achieve many benefits, from heart health to strengthening bones. No fancy equipment needed – just a comfortable pair of trainers or shoes and a raincoat.
- Restorative exercise helps the body recover and heal, as well as increasing strength and flexibility. And whatever social media myths may suggest, you don't need to be super bendy to start.
- Exercise and movement don't just offer physical benefits, emotional wellbeing is equally nurtured. Simply being outdoors, or clearing your mind as part of an exercise class, can make all the difference to anxieties and stress.
- If you're new to exercise, start slow and take time to find something you enjoy. Just going for a walk can be a great place to start. And if you're struggling to get going, enlist a friend or exercise buddy for motivation and company.



- Get creative with household items rather than buying expensive equipment. Tins of beans for weights, curtain ties as resistance bands, the step counter on your smartphone for walking, or a simple kitchen timer for getting the most out of a quick exercise snack!
- Don't measure progress by social media, or how quickly an App suggests you should be walking, running, squatting, bending or more. Your progress is yours and you'll know better than anyone how you feel and when that extra flight of stairs is just that little bit easier.
- Plan exercise in the same way you plan other activities. Don't let it slip as a priority. Commit to your exercise schedule in the same way you commit to anything else.
- Fuel your body with the nutrition it needs to thrive through exercise. Your body needs to be fuelled appropriately to perform at its best - whatever you're doing.



Harley Street at Home | Courses 2024

Throughout 2024 Harley Street at Home will be offering a range of online courses to help you get to grips with many of the symptoms that trouble women most with menopause. As always, they'll be hosted some of the very best experts in their field, who are passionate about empowering women to thrive through menopause.

All courses and programmes are available to members as part of their Supported Care membership to www.harleystathome.com.

Anxiety Management

Learn how to manage anxiety and overwhelm with tools, techniques and strategies that work. You'll leave the sessions with the confidence you need to tackle the issues that bother you most.

Back to Basics Lifestyle and Weight Management

Wave goodbye to the 'spare tyre' and take control of your menopause weight management journey with sustainable lifestyle changes that work. No fads. No gimmicks. Just proven techniques that work.

Better Sleep

Learn how to retrain your brain to improve your sleep and feel better rested. You'll learn proven strategies to fall asleep, stay asleep and rediscover the good nights' sleep you thought you'd lost.

Digestive Health

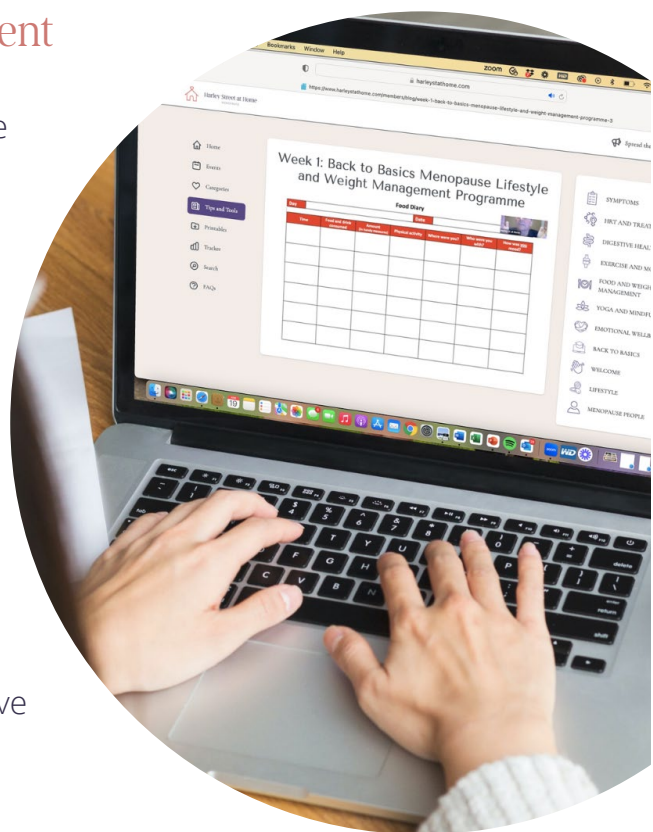
Get to know your gut and how it can support your menopause journey. From bloating and constipation to diet and hydration, learn how to nurture your gut and wave goodbye to niggling digestive symptoms.

Emotional Wellbeing

Take control of psychological symptoms of menopause. From anger, anxiety and brain fog, to low mood and panic attacks, learn how to prioritise mental health and emotional wellbeing without fear or guilt.

Heart Health

Learn how to manage heart health and reduce cardiovascular risk through menopause and beyond with diet, exercise and more. Be empowered with simple and effective changes that make a big difference.



Hot Flashes

Learn about the key triggers for hot flashes and other vasomotor symptoms in menopause, and what can be done to help control them.

Migraine Management

From migraine myth busting to available treatment options, join us to take control of your migraine journey through menopause and beyond.

Mindful Meditation

From reducing stress and improving sleep, to relaxing the body and mind when overwhelm creeps in, learn simple techniques that can bring you back to a calmer place – whenever you need them.

Navigating Relationships

Navigate midlife relationship challenges with confidence. From the effects of hormonal fluctuations and low libido, to social and family changes, regain control of relationships that matter to you.

Urogenital Health

Join us as we break taboos to discuss all things urogenital health. From understanding the pelvic floor to vaginal dryness, sex and libido, you'll learn all you need to know to keep things healthy 'down below.'



Useful Links

Empowering women through their menopause journey, and beyond, is what we're all about at Harley Street at Home. So, we've pulled together a few websites below that you may find useful.

Please note, as these are external websites, Harley Street at Home has no responsibility for any content listed on them.

General Menopause

The British Menopause Society (BMS)

The BMS is the specialist authority for menopause and post reproductive health in the UK. They educate, inform and guide healthcare professionals, working in both primary and secondary care, on menopause and all aspects of post reproductive health.

<https://thebms.org.uk/>

Women's Health Concern (WHC)

WHC has been the patient arm of the BMS since 2012. They offer a confidential, independent service to advise, inform and reassure women about gynaecological, sexual and post reproductive health.

<https://www.womens-health-concern.org/>

NICE Guideline [NG23] | Menopause Diagnosis and Management

This guideline covers the diagnosis and management of menopause, including in women who have Premature Ovarian Insufficiency (POI).

<https://www.nice.org.uk/guidance/ng23>

Daisy Network

Daisy Network is a charity dedicated to providing information and support to women diagnosed with Premature Ovarian Insufficiency (POI), also known as Premature Menopause.

<https://www.daisynetwork.org>

The International Menopause Society (IMS)

The IMS brings together the world's leading experts to collaborate and share knowledge about all aspects of ageing in women. They advocate evidence-based treatment options that optimise mid-life women's health and promote best practice in women's health care.

<https://www.imsociety.org>



Sexual and Reproductive Health

Royal College of Obstetricians and Gynaecologists (RCOG)

The RCOG oversee the medical education, training and examination of obstetricians and gynaecologists in the UK. While their primary role is setting standards for education and clinical practice, they also produce information for the public on the treatment and care of women.

<https://www.rcog.org.uk/for-the-public/>

Faculty of Sexual and Reproductive Health (FSRH)

The FSRH is a faculty of the Royal College of Obstetricians and Gynaecologists. Their primary purpose is to work with, and support, 15,000+ medical professional members to deliver the highest quality SRH care to patients across the UK.

<https://www.fsrh.org/home/>

NHS Resources

HRT Prepayment Certificate (HRT PPC)

If you pay for NHS prescribed HRT, an HRT PPC could save you money.

<https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs/nhs-hormone-replacement-therapy-prescription-prepayment-certificate-hrt-ppc>

HRT

Information about HRT for menopause symptoms, including types and how to take it.

<https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/>

LGBTQIA+ Menopause

Queer Menopause

Inclusive menopause resources for those that need them.

<https://www.queermenopause.com>



Lifestyle Resources

British Dietetic Association

Offering a range of resources to help learn the best ways to eat and drink to keep your body fit and healthy.

www.bda.uk.com

Diabetes UK | Waist to Hip Ratio Calculator

The waist to hip ratio calculator helps determine if you are apple or pear shaped and can be helpful in assessing possible health risks.

www.diabetes.co.uk

NHS UK | Alcohol Advice

Medical guidance on calculating and managing alcohol consumption.

www.nhs.uk/live-well/alcohol-advice/calculating-alcohol-units/

Women's Health Concern | Osteoporosis: Bone Health Following Menopause Factsheet

Evidence based guidance on bone health in menopause.

www.womens-health-concern.org

Women's Health Concern | Coronary Heart Disease Factsheet

Evidence based guidance on cardiovascular health in menopause.

www.womens-health-concern.org

Women's Health Concern | Exercise In Menopause Factsheet

Evidence based guidance on the importance of movement and exercise in menopause.

www.womens-health-concern.org

Women's Health Concern | Nutrition in Menopause Factsheet

Evidence based guidance on nutrition in menopause.

www.womens-health-concern.org



Medical Disclaimer

The content of this booklet is intended as a supporting guidance only to the Harley Street at Home Take Control of your Menopause course. The content is not a substitute for professional medical advice, diagnosis or treatment.

Although we make all reasonable efforts to ensure all information is based on current evidence based guidance, we make no representations, warranties or guarantees, express or implied, that the content is accurate, complete, or up to date.

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Harley Street at Home would like to thank Astellas Pharma Ltd (Astellas) for their sponsorship of the Take Control of your Menopause Course.

Astellas are committed to shaping a world where menopause is openly discussed and understood, and their generous contribution ensures we can deliver the course, free of charge, to many more women than would otherwise be possible.





Harley Street at Home

MENOPAUSE

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