

"The mechanics of menopause has not changed, but the life we lead has. "

# 01 THE MODERN MENOPAUSE

Hormonal decline as a result of **menopausal** allows the body to adapt to ever decreasing levels of oestrogens over age, in preparation for post-reproductive health and postmenopause. When periods stop and no further ovarian estradiol is created, the body is then able to manage with the oestrogens produced from the adrenal glands, fat cells and some tissue specific sites like the liver, brain and skin (very very small amounts). However, long term health consequences of mismanaging menopause transition are real.

- The physical demand on our physiology is incredibly different compared to that of 100 years ago.
- The next cohorts of menopausal people are entering unknown territory.

Healthy, disability-free life expectancy for females in the UK has dropped to

**61.3 years**



By 2025 the world population of menopausal and post-menopausal people is projected to be

**1.2billion**

"Menstruators are likely to spend more time in a postmenopausal body, than ever before in the history of the world".

## 02 SIGNS & SYMPTOMS

“Menopausal symptoms can begin months or even years before your periods stop and last around 4 years after your last period, although some women experience them for much longer”. **NHS**

With age the declining amounts of oestrogens in general, massively influenced by irregular ovarian output of estradiol, triggers a whole host of chemical changes that may manifest themselves as physical and psychological signs, symptoms, risks or consequences.

- Sign & symptoms may or may not be observed
- Risk & consequences will be present in either the short or long term, due to both hormonal and reproductive ageing, with or without signs and symptoms.

There are risks & consequences to health and well-being as part of the ageing process. How we age both hormonally and reproductively will contribute toward the level of risk of future ‘disease’ and the consequences of hormonal decline, on both mind and body.

### The Symptom Paradox

The signs & symptoms of menopause transition do not appear in a pre-determined order. However, very often the psychological ones occur first during early perimenopause, but are rarely noted or connected to the beginning of hormonal decline.

**The hormone collective creates a unique, whole person, menopausal experience for each individual.**

There may be no apparent signs & symptoms at all, but it does not mean that hormonal or reproductive ageing has not started. In addition there are no specific signs & symptoms indicators to pinpoint where on the Hormone Highway the individual is at any one time.

There are other health challenges that share similar signs & symptoms of the menopause experience. However to say a symptom is or is not ‘down to menopause’ is misleading, as reproductive aging is happening whether noted or not.

It is probably more accurate to assume, in the case of the typical blueprint, that a diagnosed health challenge is occurring ‘as well as’ the menopause experience rather than ‘instead of.’

# 2.1 SYMPTOM CATALOGUE

This is NOT Menopause BINGO!

The following list of known signs & symptoms is fairly comprehensive but not finite.

- Depression/anxiety
- Palpitations, panic attacks, loss of confidence
- Mood changes/irritability/rage
- Loss of sex drive
- Brain fog/difficulty concentrating
- Period changes, irregular, painful & heavy
- Hot flushes, Night sweats
- Changes in your skin - dry/itchy
- Vaginal dryness
- Allergies
- Brittle nails
- Breast tenderness
- Joint aches & pains
- Headaches/Migraines
- Burning tongue, electric shocks, tingling extremities
- Digestive issues/Bloating/Constipation
- Gum problems
- Muscle tension/weakness
- Sleep problems/insomnia
- Fatigue and tiredness
- Hair loss/thinning hair
- Dizziness
- Bladder irritation/incontinence
- Tinnitus
- Unexplained /sudden weight gain
- Change in body odour

# 3.0 RISKS & CONSEQUENCES

The total menopause experience brings about change from which we evolve. There is no going back. Prolonged inflammation (aka wear and tear) during the menopause experience may contribute further to ongoing health risks & consequences.

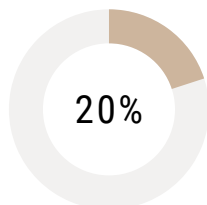
Low levels of hormones in the postmenopause places people who have stopped menstruating at higher risk of developing the following conditions:

- Dementia
- Type 2 diabetes
- Bowel cancer (some types, not all)
- Heart disease
- Osteoporosis.

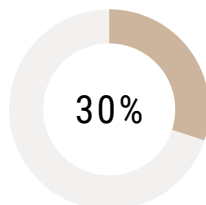
## OSTEOPOROSIS

"Osteoporosis is becoming an increasing burden to the health service both in financial and human terms with one in three women over 50 years suffering a fragility fracture. One in six women will have a hip fracture and, of these, 20% will die within one month, 30% within one year and over 50% will no longer be able to live independently."

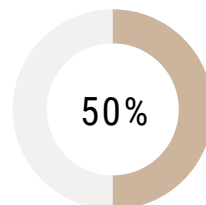
**British Menopause Society.**



die within 1 month



die within 1 year



no longer live independently

## DEMENTIA

- One million people in the UK will have dementia by 2025 and this will increase to two million by 2050.
- 15.9% of women died due to Alzheimer's disease and other dementias in 2019 in the UK.
- It was the leading cause of death for women.
- Women are 2.3 times more likely to provide care for someone with dementia for over 5 years. **Statistics from Alzheimer's Research UK.**

Based on average age markers menstruators/menopausers are destined to spend 32 years in a postmenopausal body.