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HSE South West

Plain English
Approved by NALA

Let's talk about menopause

hi Healthy Ireland

Contents

Introduction

This booklet is a follow-up to the Let's Talk About the Menopause webinar. It was run by the Health Promotion and Improvement Department, Health and Wellbeing Section of HSE Southwest. This webinar and booklet is a collaboration between a range of HSE staff listed below, alongside an accredited menopause specialist GP. We have summarised the key pieces of information from the webinar in this booklet, and we hope you find it useful and supportive.

Details of Let's Talk About the Menopause webinar

https://www.youtube.com/watch?v=yJcROKKsg7M

Understanding Hormone Replacement Therapy (HRT)

By Dr Brenda Moran

GP and Menopause Specialist

CUMH Complex Menopause Clinic

Pelvic Floor Health during Menopause

By Orla McCarthy

Clinical Specialist Physiotherapist in Pelvic Health

Cork University Maternity Hospital

Managing the Psychological Impact of Menopause

Dr Coleen Cormack

Senior Clinical Psychologist, HSE

Ireland South Women & Infants Directorate

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By Shirley O'Shea

Senior Health Promotion Officer, HSE

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By Fiona Rush

Senior Health Promotion Dietitian, HSE

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By Dr Coleen Cormack

Senior Clinical Psychologist, HSE

The aim of this booklet

We aim to:

- support women by sharing knowledge and information
- increase people's knowledge and awareness about the menopause
- direct people to resources, information and support.

The HSE Menopause Policy provides information to HSE staff about perimenopause and the various forms of menopause.

There are also 2 menopause training modules for HSE and Social Care staff and Managers on HSeLanD (an online learning platform for HSE staff):

- Menopause and You - What Everyone Needs to Know
- Menopause and You - What Managers Need to Know

Glossary

Arousal

Arousal is the feeling of being turned on sexually. When you're turned on, your body experiences physical and emotional changes.

Brain fog

Brain fog is characterised by:

- confusion
- forgetfulness
- lack of focus
- lack of mental clarity.

Cardiovascular

Refers to the heart or blood vessels.

Cholesterol

Cholesterol is a fatty substance found in your blood. It is vital for the normal functioning of the body. It is mainly made by the liver, but it can also be found in some foods. Having a high level of cholesterol in your blood (hyperlipidemia) can have an effect on your health.

Colorectal

Refers to the colon and rectum.

Contraception

Methods or devices to prevent pregnancy.

Endometrial

Refers to the endometrium (the layer of tissue that lines the uterus).

Endorphins

Endorphins are chemicals (hormones) your body releases when it feels pain or stress. They are released during pleasurable activities like:

- exercise
- massage
- eating
- sex.

Endorphins help relieve pain, reduce stress and improve your sense of well-being.

Gastrointestinal

The gastrointestinal system includes the:

- mouth
- pharynx (throat)
- esophagus
- stomach
- small intestine
- large intestine
- rectum
- anus.

It also includes the salivary glands, liver, gallbladder, and pancreas. They make digestive juices and enzymes that help the body digest food and liquids.

Genitourinary

The genitourinary system includes the organs of the reproductive system and the urinary system.

Hot flush (also called Vasomotor symptoms)

A feeling of intense heat in your face, neck, and chest. You may also sweat large amounts and feel chilly afterward.

HRT

Hormone replacement therapy (HRT) is a medicine-based treatment used to relieve symptoms of menopause.

Incontinence

Lack of voluntary control over urination or defecation.

Insomnia

Insomnia is a common sleep disorder that can:

- make it hard to fall asleep
- make it hard to stay asleep
- cause you to wake up too early.

Libido

Libido means sex drive or the desire for sex.

Menstrual cycle

A series of natural changes in hormone production and the structures of the uterus (womb) and ovaries of the female reproductive system. They make pregnancy possible.

Metabolism

Is how the body changes food and drink into energy.

Oestrogen

Oestrogen is one of the main female sex hormones. It is needed for:

- puberty
- the menstrual cycle
- pregnancy
- bone strength
- other functions of the body.

Osteoporosis

Osteoporosis is a health condition that weakens bones making them fragile and more likely to break.

Ovarian

Refers to the ovary or ovaries.

Palpitations

Palpitations are feelings of having a fast beating, fluttering or pounding heart.

Perimenopause

This is the stage before menopause where ovaries gradually begin to make less estrogen. (Estrogen is a hormone that affects reproduction.) You can read more about this on page 9.

Pessary

A pessary is a device inserted into the vagina. It supports your pelvic organs and so can help with stress incontinence and organ prolapse.

Phytoestrogen

Phytoestrogens are plant nutrients found in several different types of food like:

- soy products
- grains
- beans
- some fruits and vegetables.

They are similar in structure to the female hormone oestrogen.

PMS

PMS (premenstrual syndrome) is the name for the symptoms women can experience in the weeks before their period.

Progesterone

Progesterone is a hormone that occurs naturally in the body. It is involved in pregnancy and is produced mainly in the ovaries.

Prolapse

Prolapse is when an organ (uterus, bladder or rectum) drop and bulge in the vagina. (This is caused by weakening of tissues that support the pelvic organs.)

Psychological

Matters affecting or arising in the mind related to the mental and emotional state of a person.

Sedative

A sedative is a substance that induces sleep or sleepiness by reducing irritability or excitement.

Serotonin

Serotonin is a chemical that carries messages between nerve cells in the brain and throughout your body and is involved in controlling mood.

Testosterone

Testosterone is a hormone that occurs naturally in the body. It is produced mainly in the ovaries and adrenal glands. In females it plays a role in libido (sex drive), energy levels, muscle mass and bone density.

Vasomotor symptoms (hot flushes)

Vasomotor symptoms (VMS) are commonly called hot flashes or flushes (HFs) and night sweats.

What is the menopause?

Menopause is when periods stop due to loss of the ovarian sex-steroid hormones, oestrogen and progesterone. This is usually caused by changes within the ovary as a woman gets older. This can lead to symptoms affecting different areas of the body and can also induce changes which can affect a woman's long-term health.

Menopause in Ireland generally occurs between the ages of 45-55 years of age, with 51 years being the average age. It occurs naturally in most women.

An early menopause is when a woman goes through menopause between the age of 40 and 45 years. If a woman enters menopause before the age of 40 it is called premature ovarian insufficiency. (This used to be called premature menopause.)

Sometimes early menopause is caused by interventions like surgical removal of the ovaries or other medical treatments like chemotherapy, pelvic radiotherapy, or medication.

Other than after surgery, we cannot determine the exact moment someone becomes menopausal. A woman begins the menopause 12 months after her last period.

What is perimenopause?

The perimenopause or the menopause transition is the time before menopause when ovarian hormone production starts to change. This can lead to the onset of menopausal symptoms due to the changing hormonal levels in your body. It can last for several years and ends 12 months after your last period.

Menstrual changes are common during this time. For some, periods can become shorter or lighter, whereas for others, they can become heavier and more prolonged.

Usually, periods start to space out when approaching menopause.

Psychological symptoms such as anxiety, low mood, brain fog can also be common during this time.

Because hormones can change significantly during the perimenopause, the diagnosis is based on the presence of symptoms rather than blood tests.

Understanding menopausal symptoms

Menopausal symptoms vary from woman to woman, and no two women experience the same symptoms.

- About 75-80 per cent (between 75 and 80 out of every 100) of women experience at least one or more symptoms of menopause.
- Symptoms last about 7 years but one third of women will experience ongoing symptoms for longer.
- One in 4 women will experience a difficult menopause transition with multiple symptoms.
- Many symptoms overlap with other conditions so talk to your health professional.

What causes perimenopausal and menopausal symptoms?

For most women, fluctuating ovarian hormones and a decline in hormone levels lead to symptoms during the perimenopause. Often these symptoms are the same as menopausal symptoms.

When someone becomes menopausal, the production of oestrogen and progesterone ends. This can lead to a variety of symptoms affecting different parts of the body. Areas of the body affected can include the:

- brain
- gut
- cardiovascular system
- bones
- joints
- bladder
- vagina
- skin
- eyes
- mouth.

You can actively manage your menopause by looking for help to improve or resolve troublesome menopausal symptoms.

Symptoms of perimenopause and menopause

Below is a list of some symptoms that women may experience when going through perimenopause and menopause.

Cognitive symptoms

- Reduced or lack of concentration
- Reduced focus and clarity of thought
- Reduced verbal fluency like problems with 'word-finding'

Gastrointestinal symptoms

- Bloating
- Constipation
- Excess gas
- Diarrhoea

Genitourinary symptoms

- Vaginal dryness
- Vaginal itch
- Vaginal discharge
- Painful sex
- Overactive bladder
- Recurrent urinary tract infections
- Decreased arousal and orgasm
- Urinary incontinence
- Faecal incontinence
- Pelvic organ prolapse

Hot flushes and night sweats

- May have one without the other
- May lead to poor quality sleep

Long-term effects

- Increased risk of cardiovascular disease
- Increased risk of osteoporosis
- At least 1 in 2 women will have genitourinary symptoms (used to be called genitourinary syndrome of the menopause)

Menstrual symptoms

- Periods may become lighter or heavier
- Period cycle may become shorter or longer or have no discernible pattern
- New onset dysmenorrhoea (painful periods)

Mood symptoms

- Anxiety
- Irritability
- Low mood
- Tearfulness
- Mood swings
- Feeling overwhelmed
- Loss of confidence

Miscellaneous

- Poor sleep
- Fatigue
- Low energy
- Low libido
- Dizziness

Physical symptoms	Skin and hair symptoms
• Palpitations • Headaches • Generalised aches and pains • Joint stiffness • Tinnitus • Breast tenderness • Dry eyes or nails • Dry mouth • Burning tongue or mouth • Restless legs	• Dry hair • Hair thinning • Itchy skin • Acne • Increased facial hair • Formication (feeling of insects crawling on skin)

The Good News

It is not all bad news. Many women find the menopause a time of positivity, creativity, and an opportunity for change such as personal growth and lifestyle adjustments For some women no longer having periods is an advantage.

For those experiencing symptoms the good news is that there is a range of treatment options available including:

- lifestyle changes – pages 13-14
- psychological therapies – page 14
- complementary therapies – page 15
- prescribed non-hormonal oral therapies – page 14
- HRT – page 14
- Pelvic floor physiotherapy – pages 26-27.

We look at each of these next.

In China the menopause is known as the

"Second Spring"

where women are admired for their wisdom and menopause is looked upon as a time of opportunity and a positive life event.

Treatment options

Lifestyle changes

Dietary changes

Eat a healthy balanced diet to support weight management, bone and heart health. While it's unlikely that menopause symptoms can be controlled through diet, some foods and drinks may increase hot flushes and disturb sleep. This includes caffeine, alcohol and spices.

Stop smoking

Smoking may make symptoms like hot flushes worse as it disrupts hormone balance and affects blood vessels (check out quit.ie for support).

Physical activity

Being active:

- improves our fitness
- keeps our hearts healthy
- helps manage our weight

It also releases endorphins and serotonin which improves our mood.

Limit caffeine

Too much caffeine can worsen symptoms of:

- insomnia
- anxiety
- palpitations
- hot flushes

Caffeinated drinks include coffee, tea, cola, energy drinks, and so on. Some people are more sensitive to caffeine than others, and these drinks may or may not affect your menopausal symptoms. While most adults can safely consume up to 400mg of caffeine daily (about 3 mugs of brewed coffee), it's wise to reduce intake during menopause to see if symptoms improve. You could try switching to decaffeinated options.

Limit alcohol

Limit alcohol intake to no more than 11 standard drinks (1 standard drink equals 1 small wine glass, 1 glass of beer or 1 measure of spirits) per week. Make sure to have least 2 to 3 alcohol-free days. Check out www.askaboutalcohol.ie online for more information.

Manage wellbeing and reduce stress

Check out Minding your Wellbeing, a free online HSE mental health and wellbeing programme. https://www2.hse.ie/mental-health/self-help/tools/minding-your-wellbeing-programme/

Check out Balancing Stress, a programme that teaches you practical skills to deal with stress. https://www2.hse.ie/mental-health/self-help/balancing-stress/

Sleep hygiene

Some practices that help you sleep well include using layers of blankets rather than a duvet (for breathability). Wind down for an hour at night and don't use any digital devices in your bedroom.

Psychological therapies

Cognitive Behaviour Therapy (CBT) - this is a type of talking therapy.

See page 29-33 for more information.

Prescribed non-hormonal therapies

These are useful when HRT is not advised or wanted. These medications act in areas of the brain that can influence body temperature and mood. They usually influence small chemicals in the brain called neurotransmitters. As a result, they can help to improve menopausal symptoms like hot flushes and night sweats in some women.

Examples of non-hormonal therapies include:

- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Selective Norepinephrine Reuptake Inhibitors (SNRIs)
- Oxybutynin
- Gabapentin
- NK3 receptor antagonists.

Hormone Replacement Therapy (HRT)

Menopausal hormone replacement therapy remains the most effective treatment for menopausal symptoms.

For more information on HRT see pages 16-21.

Complementary therapies

There is little evidence to show that complementary and alternative treatment options are effective.

Many of these therapies do not stand up to scrutiny based on evidence, but there are individual women who may benefit from some of these treatments.

Acupuncture

Some studies suggest acupuncture can improve:

- hot flushes
- joint pains
- sleep
- sense of wellbeing.

However, the quality of some of these studies is not great. There is some evidence for its use in managing treatment-related symptoms in women with a history of breast cancer.

Hypnotherapy

Clinical hypnosis is a mind-body therapy that involves a deeply relaxed state and individualised mental imagery. It is listed as a possible effective non-hormonal option by the North American Menopause Society.

Phytoestrogens

They are plant compounds that can act like the hormone oestrogen in the body but at a weaker level. They may help some women in menopause, but the scientific evidence for their action is weak.

See pages 39-40 for further details.

Menopause supplements:

See pages 39-40 for further details.

Herbal medicines

These can include St. John's Wort and black cohosh. If using herbal medication, make sure the product has a TR number which is a Traditional-Use Registration. Avoid black cohosh if you have a history of breast cancer. Generally, herbal medication is best avoided if you are taking prescribed medications, as they may interfere with how the medication works in your body.'

Important: herbal medicines and supplements are not subject to the strict regulatory checks imposed on conventional medication. The quality of herbal medicines can vary. Always tell your health professional if you are taking a herbal medicine.

Understanding Hormone Replacement Therapy (HRT)

By Dr. Brenda Moran, GP and Menopause Specialist

Hormone Replacement Therapy (HRT), or Menopausal Hormone therapy (MHT), remains the most effective treatment for menopausal symptoms. It usually consists of a small amount of oestrogen and progesterone (and sometimes testosterone), or of medications that act similarly to these hormones.

HRT is mainly used to improve or resolve troublesome menopausal symptoms. It reduces hormonal fluctuations (changes) during perimenopause by giving back a small amount of hormone or medication that works similarly to ovarian hormones – after menopause. Most HRT delivers the hormones through the bloodstream to all parts of the body. This is called systemic HRT.

For most women who require HRT, it is a safe medication. The benefits generally outweigh the risks when started within 10-years of menopause, or under the age of 60. If HRT is to be used over aged 60, lower doses should be started, the benefit/risk profile is more favourable before 60.

Like all medications, it can also be associated with complications and side-effects (see below).

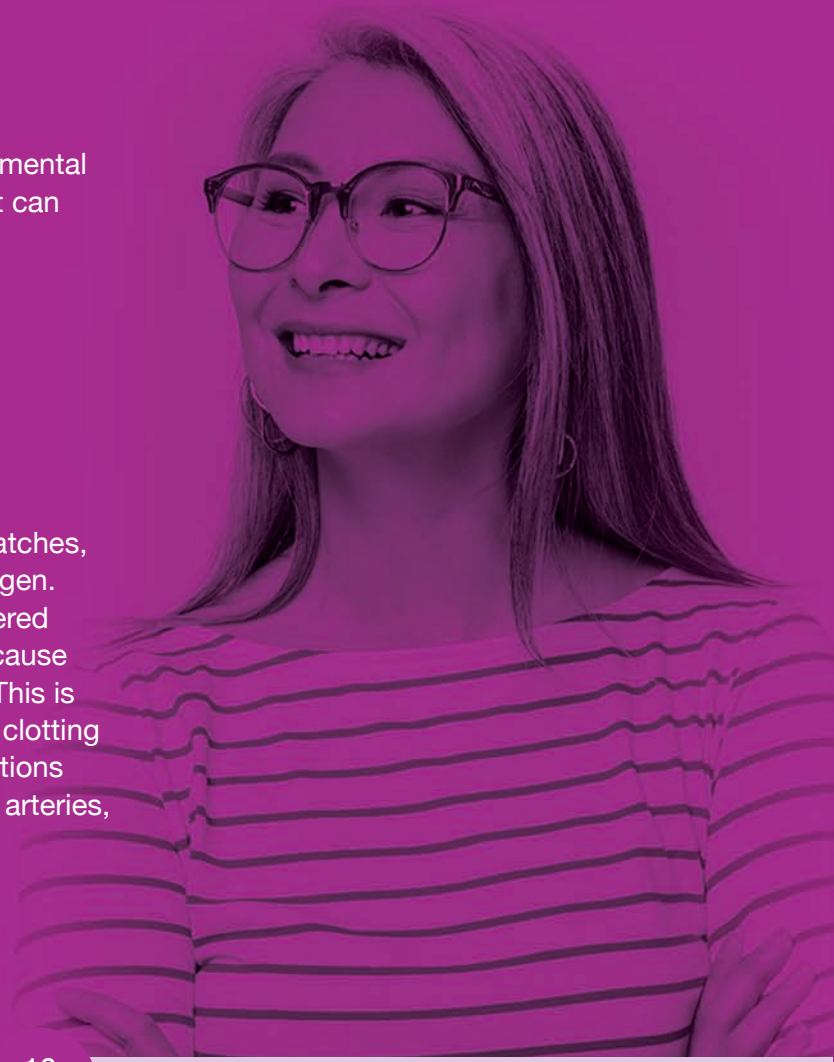
The most important hormone in HRT is oestrogen, and this can be taken in different ways including:

- patches
- gels
- sprays
- pills
- implants
- pessaries (see page 5).

When your oestrogen levels fall, taking supplemental oestrogen helps with the many symptoms that can result. This includes:

- hot flushes
- night sweats
- psychological symptoms such as poor concentration, tiredness, irritability
- vaginal dryness.

Taking oestrogen through your skin through patches, gels or sprays is known as transdermal oestrogen. Taking oestrogen at standard doses is considered the safest way of taking oestrogen. This is because it avoids the risk of oestrogen causing a clot. This is recommended for women with risk factors for clotting and women who have vascular disease (conditions that affect the body's blood vessels, including arteries, veins, and lymphatic vessels).



You usually take oestrogen with progesterone. This is because you need progesterone to protect the lining of the womb from the thickening effect of oestrogen. You usually do not need progesterone if you have had a hysterectomy.

During the perimenopause, you take progesterone or progesterone derivatives (chemically altered versions of natural progesterone) for 12-14 days of the month. You then have a monthly bleed similar to a period.

This is known as 'Sequential HRT'. Whereas when postmenopausal, progesterone is taken every day or night without a break, and this is known as 'Continuous HRT' and you do not bleed. It is called a 'non-bleed regimen'.

Alternatively, when you are either perimenopausal or postmenopausal you can receive progesterone through an intrauterine device (IUD) coil called the Mirena levonorgestrel 52mg coil. It is inserted into the womb where it releases the hormone steadily over time.

Vaginal oestrogen

Vaginal oestrogen works mainly on the genitourinary tissues like the vagina.

This is a very effective treatment for genitourinary symptoms like:

- vaginal dryness
- vaginal itch
- discharge
- painful sex.

Vaginal oestrogen can also sometimes help with symptoms of overactive bladder and repeated urinary tract infections.

You usually insert vaginal oestrogen into the vagina as a pessary, cream, gel, or ring.

It can usually be used by women who choose not to or cannot take, systemic HRT. It can also be used by those that are taking systemic HRT.

It is not linked with an increased risk of breast cancer

Benefits of HRT

HRT can resolve or reduce symptoms of perimenopause and menopause.

HRT reduces the risk of developing cardiovascular disease.

HRT reduces the risk of developing osteoporosis (a condition that weakens bones and increases risk of fractures).

Continuous HRT reduces the risk of developing endometrial (womb) cancer.

Side effects

Spotting or irregular vaginal bleeding is the most common side-effect. This is to be expected up to 3-6 months after starting HRT. It tends to settle with time or with changes to the HRT medications. If bleeding persists your GP may decide to do more tests.

Individual hormonal side-effects can include:

Oestrogen-related side effects

- Breast tenderness
- Headaches
- Rash
- Heartburn
- Leg cramps
- Anxiety
- Nausea

Progesterone-related side effects

- Bloating
- Rash
- Mood symptoms
- Breast tenderness
- Gastrointestinal side-effects like diarrhoea and constipation

When HRT is not recommended

HRT is not recommended if you have:

- had a recent heart attack
- poorly controlled angina
- had a recent stroke
- had a recent blood or lung clot
- suspected, active or previous history of breast cancer or a hormone-sensitive cancer
- severe or active liver disease
- irregular vaginal bleeding which has not yet been investigated or had a diagnosis.

Risks associated with HRT

Small increased risk of breast cancer

When you take HRT there is a small increased risk of breast cancer. The risk increases the longer you take HRT, but it goes down when you stop HRT.

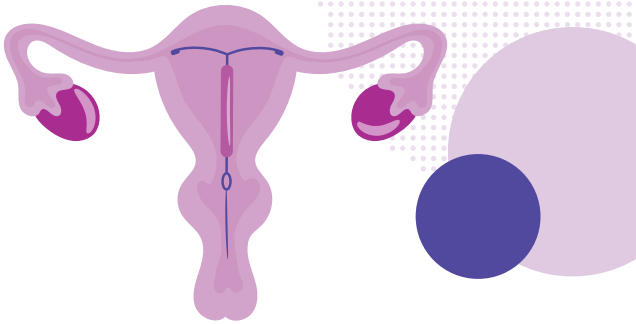
This risk is small in real numbers and varies with the type of HRT used.

Small increased risk of endometrial cancer

When you take HRT there is a small increased risk of endometrial cancer if you take **sequential HRT**. This risk occurs only after 5 years of use.

Sequential HRT is where oestrogen is taken with progesterone for 12-14 days of your cycle.

There is no evidence of the risk of endometrial cancer with continuous HRT.



Very small risk of ovarian cancer

HRT introduces a very small increased risk of ovarian cancer.

Small increased risk of clots and strokes

HRT introduces a small increased risk of clots and stroke with oral oestrogen. This is where the oestrogen is taken as a pill which is then absorbed into the body through the digestive system.

Irregular vaginal bleeding

HRT may cause irregular vaginal bleeding that may mean you need to see a gynaecologist to investigate further. A gynaecologist is a specialist in the health of the female reproductive system.

Rare liver function risk

In rare cases, your liver function may deteriorate.

How long can I stay on HRT?

How long you decide to stay on HRT is an individual decision. It depends on your own benefit and risk profile. This changes with time, and whether you have ongoing symptoms.

All patients taking HRT should have an annual consultation with their GP (family doctor) or specialist in menopause care. You need to discuss things like whether you need to keep using HRT and if you should consider reducing or changing your dose.

If you use vaginal oestrogen for genitourinary symptoms, these will often be required long-term.

HRT and contraception

Although fertility declines with age, pregnancy can still occur in perimenopause even when periods are irregular and more spaced out. The Faculty of Sexual & Reproductive Healthcare UK recommends using contraception until the age of 55. By that age most women will either be menopausal, or the chance of pregnancy will be extremely small even if still menstruating.

HRT is not a contraceptive, and, therefore, you will still need contraception alongside HRT. An exception to this is the Levonorgestrel 52mg coil (for example, the Mirena coil). It is a very effective contraceptive and can be used as the progesterone component of HRT for up to 5 years.

You can use HRT alongside most contraceptives like:

- condoms
- the progesterone-only pill
- progesterone implant
- intra-uterine coils.

You should not use HRT with combined oestrogen and progesterone hormonal contraception like the combined oral contraceptive pill (COCP).

Talk to your GP or menopause practitioner about which option may suit you best. This will depend on your medical history, contraception requirements, and lifestyle.

Testosterone therapy

Women also produce testosterone but produce less than men. Testosterone is made in the ovary and the adrenal glands. It plays a part in:

- reproductive health
- libido
- muscle and bone health
- the brain.

Testosterone production declines as you get older, but it does not stop when you become menopausal. The main indication for using testosterone therapy is if your libido is low or you are unable to orgasm. However, low libido is a complex symptom with many causes and psychosocial factors are an essential part of this.

Testosterone therapy for women is provided as a cream or gel which you usually apply every day. Side-effects are usually rare but can include increased hair growth, acne, nausea and headache. You should not develop typical male characteristics like male-patterned baldness and deepening of the voice if blood levels are kept within the female range.

Before starting testosterone, you need a blood test to find out how much testosterone you are producing and that it is within the normal range. You then need a blood test 3-6 weeks after starting testosterone to check your levels. You need further tests every 6-12 months to make sure the level does not go above the range of a young premenopausal woman.

There is no conclusive evidence that testosterone can improve low energy, fatigue or brain fog.

Factors to consider around HRT

- Perimenopause compared to post menopause
- Is contraception required?
- Personal preference
- Limited availability of some HRT products

Pelvic floor health during menopause

By Orla McCarthy, Clinical Specialist Physiotherapist in Pelvic Health

During the menopause and perimenopause your hormone levels fluctuate (change). Your hormones change and muscle mass reduces as you age, and this can cause some women to experience the following symptoms:

- bladder problems
- bladder urgency, which is a sudden or constant need to pass urine
- leaking with the urge to urinate (urge incontinence)
- leaking during exercise or when laughing or coughing (stress incontinence)
- both of these (mixed incontinence).

If you struggle with bladder urgency and frequency (needing to go to the loo often) the following tips may help with this in the short term.

- squeeze your pelvic floor muscles
- sit on an armrest (this puts pressure on your pelvic floor)
- distract your mind to another task
- if standing rock on your tip toes
- cross your legs.

If you experience a sudden onset of bladder urgency and frequency that may be accompanied by burning pain or blood in your urine, consult your GP. They will need to find out if you have an infection and if you do to treat it.

Some women who experience recurrent urinary tract infections (UTIs) during the menopause may respond well to vaginal oestrogen cream. Please discuss this with your GP who can prescribe it if appropriate.

Healthy bladder habits

Practical tips

- Drink 1.5 litres of fluid every day.
- Spread out your fluid intake and sip your drinks.
- Gradually retrain your bladder so that you empty it every 3-4 hours during the day. Avoid going to the toilet ‘just in case’ because it will reduce your bladder capacity and can make your symptoms worse.
- Do not hover on the loo. Always sit down, relax and breathe allowing your bladder to empty fully.

During menopause, some foods and drinks can irritate the bladder and worsen incontinence or overactive bladder symptoms. However, these food and drinks may not be a problem for you.

If you suffer with bladder symptoms, try out the suggestions in column 2 in the table below.

Drinks that can irritate the bladder	Drinks that don't irritate the bladder
Caffeinated drinks such as coffee, tea, cola, green tea	Decaffeinated tea and coffee Herbal tea such as Red bush tea (also known as Rooibos) and peppermint.
Carbonated (fizzy) drinks, especially those also containing caffeine such as cola	Water or milk
sparkling water	Still or tap water
Alcohol	
Citrus fruits and juices (oranges, lemons, limes)	Non-acidic fresh drinks such as well diluted pear or apple juices
Sugar free drinks containing artificial sweeteners such as aspartame, acesulfame K, saccharin or sucralose. These may be in fizzy drinks or some sugar free cordials	Well diluted regular cordial containing full sugar may be gentler on the bladder. However, the sugar content can still affect the bladder, weight gain and dental health so dilute well and limit your intake

Some foods may also be bladder irritants for some people. You could try reducing your intake of tomatoes or tomato-based sauces, spicy foods, foods with artificial sweeteners or high sugar foods like biscuits and sweets

Vaginal dryness

The tissues of the vagina often become dry, thin and are more easily damaged. Vaginal dryness is a very common symptom of perimenopause and menopause, and it often causes discomfort or pain during sex or smear tests.

Practical tips

Use a long-lasting vaginal moisturiser. Your pharmacist can advise you on which one to get. You don't need a prescription to buy one.

Use organic lubricant during sexual intercourse. This will reduce discomfort. Ask your pharmacist for recommendations. If using condoms, use a water based lubricant. Ask your pharmacist for recommendations

Discuss the issue with your doctor who may prescribe a low-level, oestrogen-based vaginal cream, pessary or ring. These can deliver oestrogen to the vagina.

Consult your doctor about different types of HRT.

Painful sex

Lower oestrogen levels often affect your libido, and you may notice a change in your arousal and vaginal lubrication. This can lead to sex becoming painful both during penetration and even after sex. The medical term for this issue is 'dyspareunia' pronounced dis-puh-roo-nee-uh. Consistently experiencing pain with sex can lead to increased tension in your pelvic floor muscles. This can create more discomfort during sex.

Steps toward comfortable sex

Talk to your partner

Be open with your partner about what you are experiencing. Intimacy and trust require honest communication. Together you can work towards making sex more comfortable and enjoyable.

Use long lasting vaginal moisturiser

Speak to your pharmacist about buying over the counter, long-lasting vaginal moisturisers. These can help restore vaginal moisture, soothe the area and maintain comfort.

Use lubricant during sex

This can help reduce discomfort and improve pleasure.

Foreplay

This part of sex is often rushed especially if painful sex is anticipated. However, it is a key part of the arousal cycle for women. Spending time discovering what you find pleasurable will make sex more comfortable and enjoyable for you both.

Experiment

Find positions that you feel comfortable with and can control. Avoid positions with deep penetration. Choose a position like spooning and it may help decrease pain and increase your ability to relax and enjoy sex.

If you place a pillow under your buttocks when in the missionary position or you go on top, it may increase your comfort. This is especially true if you have low back pain or you have reduced range of motion in your hips. Introducing sex toys like a vibrator may help increase clitoral stimulation, resulting in increased arousal and lubrication.

Pelvic Organ Prolapse (POP)

Prolapse occurs when the bladder, bowel, rectum or uterus move downwards in the vagina causing a feeling of 'something coming down', vaginal heaviness or a dull ache. The bulge may be felt inside or outside the vagina. Some women may experience bladder urgency, incontinence or difficulty emptying their bowels fully because of prolapse.

Tips to help prevent or manage pelvic organ prolapse

- Avoid or reduce loads for carrying or make more frequent trips instead. Frequent or repetitive bending and lifting can also be a problem.
- See the image for the correct posture to lift a load
- Avoid standing for long periods if possible.
- Sit or lie down for a few minutes if you have had a busy day or your prolapse symptoms are worse.
- Manage constipation and avoid straining to empty your bowels – see next section.
- Manage your weight – if you are overweight it puts extra strain on your pelvic floor. In time this may lead to an increased risk of pelvic organ prolapse.

- Stay well – persistent coughs put strain on the pelvic floor and may worsen prolapse symptoms. Take any medication prescribed if you have a persistent cough and follow medical advice.
- If you smoke, quit – ask your GP for advice about what is available locally to help you stop like cessation groups or patches.
- Practice your pelvic floor muscle strengthening exercises.

Some women will benefit from following the above lifestyle changes. However, other women will benefit from exploring further options like using a vaginal pessary or seeing a gynaecologist to find out if they would benefit from surgery.

Healthy bowel habits

Maintaining healthy bowel habits is important throughout our lives. Constipation can put extra strain on your pelvic floor and over time it can weaken the muscles. This can sometimes lead to prolapse and urinary or faecal incontinence issues. It can also place extra strain on your bladder. This can make symptoms of urgency worse.

Tips

Make sure you have enough fibre-rich food in your daily diet. Examples of these include wholegrain breads and cereals (like brown rice or pasta, Weetabix, porridge oats and so on), vegetables and fruit (especially kiwis and pears), lentils, nuts or seeds. These will help to maintain a healthy bowel.

Aim to drink 8-10 cups or glasses of fluids per day. This is about 1.5L. Water is the best choice, but other sugar free fluids still count, for example milk, weak tea or coffee.

When going to the loo to empty your bowels, try the following:

- Sit with your knees higher than your hips where possible. It can help to use a foot stool under your feet or raise your heels and lean forwards.

Pelvic floor strengthening exercises

The pelvic floor muscles are a sling of muscles which are connected from the pubic bone to the tailbone. They contribute to your core stability and support the joints in your lower back, hips and pelvis. Along with connective tissue, the pelvic floor supports your bladder, bowel and womb and helps maintain control of your bladder and bowel. They also play a part in sexual pleasure.

Strengthening your pelvic floor muscles is important throughout life, but especially around menopause. These exercises support good control of your bladder and bowel.

Choose a comfortable position like lying on your side, your back or ‘sitting supported in a chair.

Keep the muscles of your thighs, bottom and stomach relaxed.

Breathe normally and do not hold your breath when squeezing your pelvic floor muscles.

Slow pelvic floor exercises

- Squeeze or close the muscles around your back passage as if you are trying to stop passing wind and around the urethra as if you are trying to stop urine. Aim to keep these muscles squeezed for 10 seconds
- Allow the muscles to relax fully
- Repeat this 10 times, 3 times a day

Fast pelvic floor exercises

Quickly squeeze or close both the back passage and front passage together for 1 second. Let the muscles relax fully.

Repeat this 10 times, 3 times a day

Useful tip – the knack

- Squeeze your pelvic floor muscles when you are sneezing, coughing or laughing.

This can help your pelvic floor muscles to work well, and, with practice, this may stop you leaking pee.

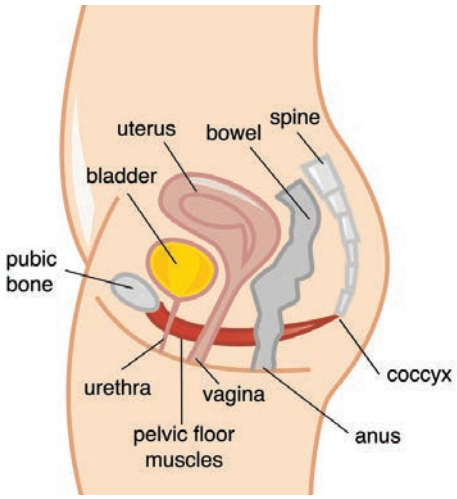
Important

- Do not practise your pelvic floor exercises when emptying your bladder as this can interrupt normal bladder emptying which may lead to problems.
- Try out one of many resources and apps available to help you do these exercises such as the Squeezy app by NHS https://squeezyapp.com/
- Stay active and consider choosing forms of exercise which can help strengthen your core stability muscles like yoga and Pilates.

Getting help

If you have any difficulty following the advice or exercises described in this booklet, or feel that your symptoms are not improving, please speak to your doctor.

In some cases, your doctor can prescribe medication to help with severe bladder urgency symptoms or constipation that are not improving despite the above advice. They can refer you to a pelvic physiotherapist who has experience in the assessment and treatment of these issues.



Managing the psychological impact of menopause

By Dr. Coleen Cormack, Senior Clinical Psychologist

The changes and symptoms that happen during perimenopause and menopause can affect your quality of life and daily functioning. In this section we will help you to understand what happens from a psychological point of view and introduce you to some tips that will help you manage your mental wellbeing and help alleviate some of the symptoms at this time.

Common symptoms and psychological distress

Not all women experience all symptoms, and each woman may react or respond differently to these symptoms.

Many women experience vasomotor symptoms – hot flushes and night sweats. Hot flushes are described as sudden sensations of heat spreading to the upper body that seem to come out of nowhere. The experience can vary considerably between women. They are generally accompanied by shivering, sweating and palpitations which understandably can cause much discomfort.

Hot flushes and night sweats

Hot flushes and night sweats are the most common physical symptoms affecting women during menopause, affecting about 60 to 70% of women going through natural menopause. Hot flushes can lead to anxiety. Stress can also increase the likelihood of hot flushes so this can create a vicious cycle.

25%
of women

report having troublesome hot flushes that interfere with quality of life. Symptoms can be more severe following a sudden menopause like menopause caused by surgery or due to breast cancer treatment.

Emotional changes

The emotional changes we experience can be varied. Low mood, irritability and anxiety are the more common emotional reactions. This can be as a response to changes we are experiencing in menopause. They can also be due to other life challenges like:

- job stress
- family stress
- parents
- ill health
- bereavement
- looking after children or teenagers
- children leaving home (or not)
- response to aging.

Sleep disturbance

Sleep disturbance can be as a result of waking in the middle of the night due to night sweats or other things like anxiety, hormonal fluctuations or poor sleep hygiene (sleep routine). If the amount and quality of your sleep is disrupted it can have a knock-on effect on your functioning the following day. See pages 41 to 44 for help with sleep.

Cognitive behaviour therapy for hot flushes

Evidence shows that Cognitive Behaviour Therapy (CBT) – a talk therapy – can be helpful for managing some of the symptoms experienced during perimenopause or menopause. There are several studies showing how both group and self-help CBT interventions are useful in reducing the distress and the impact of hot flushes. It can also benefit mood and quality of life, (Hunter & Smith, 2021).

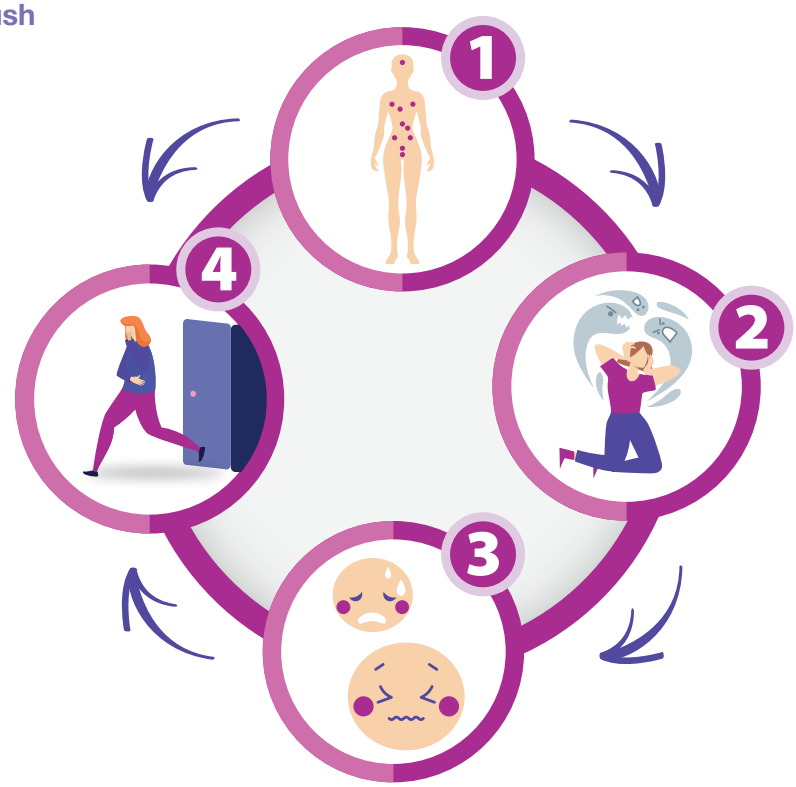
The cognitive part of CBT aims to help you identify unhelpful or negative beliefs or behaviours in relation to menopause and menopausal symptoms and to change them.

The behaviour part is about increasing your strategies for managing your symptoms like hot flushes.

When applying CBT to your menopause symptoms, it is important to make small manageable changes over time. Give yourself time to make any changes.

For example, when having a hot flush our thoughts, emotions, physical sensations and behaviour are interconnected. This diagram helps to illustrate a possible response to feeling a hot flush.

Situation: Response to feeling a hot flush



1. Physical sensations
- Feeling hot, sweaty, palpitations

2. Thoughts:
- People are looking at me...
- I can't cope with this...
- I feel out of control...

3. Emotions:
- I feel embarrassed and flustered

4. Behaviour:
- I'm leaving!

How can CBT help?

Although you cannot prevent physical sensations from occurring, you can learn to approach your response to the situation in a way that supports you to manage the situation differently. By making some changes in different areas we can interrupt the cycle of thinking and engage in a different more supportive response to the situation.

1. Physical sensations: One of the best ways to calm the body is by breathing. 'Paced breathing' has been shown to be effective with hot flushes. This involves breathing consciously and rhythmically. This sends a message to the prefrontal cortex of the brain (the front part of your brain) to let it know that all is ok. This restores the mind and body to a state of calm and allows us to think more freely.

Here is a paced breathing exercise you can practise at home:

Sit comfortably with your feet flat on the floor. Keep your chest and shoulders still and your eyes gently closed

Breathe in and out through the nose so that your breath becomes naturally deeper

Breathe rhythmically at an even pace in and out, whatever is comfortable for you

Push the stomach out as you breathe in, and take slow, deeper breaths. It can help to put one hand on your chest and another on your abdomen and just notice the rise and fall of the chest or abdomen

Practise for about 5 minutes at a time to help reduce feelings of stress and to restore your mind and body to state of calm

2. Thoughts: A couple of things are important to remember about thoughts:

They are generally like a running commentary and can be somewhat relentless. Our minds are naturally busy.

They play a pivotal role in our emotions and behaviour, but we are not always aware of them.

Thinking is influenced by our general beliefs about ourselves, others and the world and by our life experience. Our thinking patterns can influence how we cope.

Thoughts about hot flushes may stem from:

- Beliefs about the menopause and menopausal symptoms
- Beliefs about yourself
- Beliefs about the reactions of others
- Beliefs about the future (expectations)

When it comes to thoughts it can be helpful to try the following:

Develop your tolerance of the frustration caused by hot flushes. Pause and choose how to respond to increase your control over hot flushes

Adopt a calm acceptance of yourself and or of hot flushes rather than engaging with angry/irritable thoughts

Thought restructuring can help with this:

It is used to come up with more calming or neutral responses to your hot flushes.

You can ask yourself the following questions to come up with a more supportive response to the hot flush:

What evidence do I have that my thoughts are true?

Would a friend whole-heartedly agree with what I am saying?

What would a friend say to help?

What would I say to a friend in a similar situation?

A note about thought restructuring:

It can be helpful to practise thought restructuring before having a hot flush. In a quiet moment spend some time creating calming or neutral thoughts that you will be able to use in the future. You can then have an alternative more supportive response to use when you are in the middle of a hot flush.

3. Emotions: It is helpful to acknowledge and validate the feelings. Notice and name how you feel rather than questioning it. It's ok to feel embarrassed and flustered. This is a normal response to a difficult situation.

4. Behaviour: Change the behaviour.

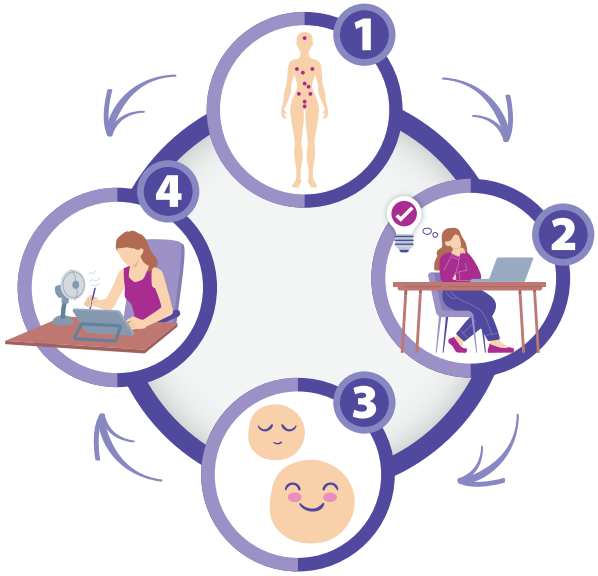
Watch out for avoidance and do something different for example:

Stay in the room and let it pass

Seek support from colleagues, friends or family

Manage temperature: open a window, turn on a fan, drink from a cold bottle of water

Situation: Alternative response to feeling a hot flush using CBT



1. Physical Sensations: Use paced breathing to soothe the physiological system.

2. Thoughts: Use alternative more supportive thoughts.

This too will pass, I'm doing ok, I have good coping skills and supportive colleagues/friends/family.

3. Emotions: Notice and acknowledge emotions. I am feeling frustrated and flustered right now.

4. Behaviour: Change your action.

Stay in the room and try and cool down. Open a window and have a drink.

Physical activity and the menopause

By Shirley O'Shea, Senior Health Promotion Officer

Physical activity is beneficial at every stage of our lives. It improves our fitness, promotes weight loss and keeps our hearts healthy.

Physical activity during menopause can help women manage and cope better with their symptoms.

It can:

- Prevent weight gain, as menopausal women tend to lose muscle mass and gain weight around our middle
- Strengthen bones and slow down bone loss, reducing the risk of fractures or osteoporosis
- Reduce the risk of diseases such as type 2 diabetes and certain cancers (breast, colon and endometrial) which are associated with excessive weight gain
- Boost your mood and reduce any feelings of stress, anxiety and depression

By the time we reach menopause, fewer of us are involved in sport and other activities, but being active is still very beneficial. Below we discuss specific types of activities and how they can help.

What is the first step?

Start by protecting time for being active. This means we need to think about prioritising time to be active. It will help you deal with symptoms of menopause. If you find it difficult to find 30 minutes together then try finding three sets of 10 minute throughout the day.

Being active is for everyone and any level of activity is better than none. If you are not very active now build up your activity levels slowly.

What kind of activities can you do to be healthier?

Weight bearing: It is very important to maintain our bones and keep them strong. Even 1-2 minutes a day of weight bearing exercise has shown to benefit women. This is especially important as we get older. Examples of weight-bearing activities include skipping, jumping and running upstairs.

Aerobic: This is the kind of activity most of us get through walking and it is fairly easy to incorporate this into our daily routine. It is great for cardiovascular health. Examples of aerobic activities include running, swimming and cycling (as well as walking).

Strength training: Strength training will help build lean muscle, and lean muscle uses up calories efficiently. From about age 30, both men and women start losing muscle mass, about 5% per decade. Use it or lose it! You can use light weights if you wish, but they aren't essential. Your own body weight for resistance exercises is enough. Examples of strengthening activities include doing lunges, squats, push-ups and the plank.

Mobility and flexibility training: Training will help you move better which can help you feel better, perform daily tasks with more ease and reduce your chance of injury. Examples of activities to improve our mobility and flexibility include Pilates, yoga and stretching. Yoga has positive benefits on menopausal symptoms and improves sleep.

Physical activity during menopause can help women manage and cope better with their symptoms.

HSE Physical Activity Video Based Programmes

HSE Health and Wellbeing have free online videos available at
https://www2.hse.ie/living-well/exercise/exercise-at-home/exercise-videos/

Pilates for Beginners:
8 part series of 30minute videos

Yoga for Beginners:
8 part series of 30 minute videos

Chair Yoga for Beginners:
4 part series of 10 minute videos

Strength and Conditioning for Beginners:
8 part series of 30minute videos

Exercises for adults living with a chronic condition: 6 videos of 10-45 minutes each

Sports Ireland also have video workouts available for women over 40 at
https://www.sportireland.ie/itsmytime/exercise-tutorials

Eat well to be well during the menopause

By Fiona Rush, Senior Health Promotion Dietitian

There are lots of confusing messages out there on what foods can help during the menopause. The truth is there is no 'superfood' for menopause. We need a balanced diet. See the food pyramid on page 38 for recommended food groups and portion size advice. Your aim should be to eat more of the foods on the bottom shelves and lesser amounts from the upper shelves to get the right balance of energy and nutrients.

We do know that good nutrition can have an impact on three key areas during the menopause: weight gain, heart health and bone health. Any lifestyle changes should consider these points.

- Watch your weight
- Feed your bones
- Love your heart

Let's look at each of these in turn.

Watch your weight

Weight gain during menopause can increase the risk of heart disease, type 2 diabetes and various types of cancers, including colorectal cancer and breast cancer.

The best way to manage your weight is to eat a healthy balanced diet. Try to eat a variety of nutrients across all shelves of the food pyramid. Weight gain at this stage of life is normal as our metabolism slows down and hormonal changes shift where we store fat.

Exercise and sleep also play a significant role in managing weight.

Think about your portions

When planning your lunch or dinner plate it should look like this:

½ vegetables

¼ protein (meat, fish, chicken, eggs, pulses and other vegetarian sources)

¼ carbohydrate (wholegrain breads, potatoes, rice, pasta and other cereals /grains)

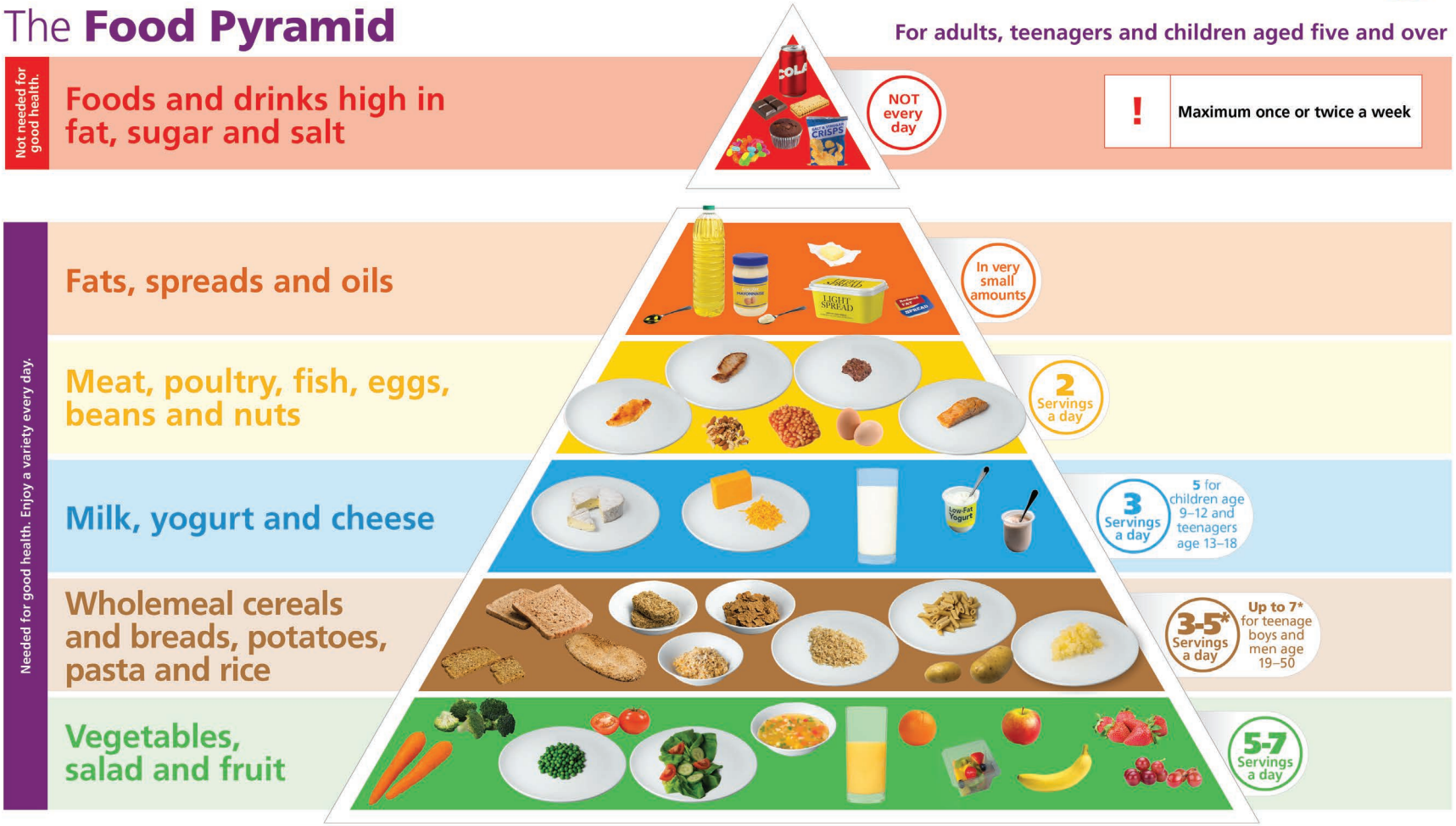
You can watch a short video on the Food Pyramid (for adults up to 65 years) on https://youtu.be/B8XZILY6RAI (about 2 minutes). A booklet on the Food Pyramid, sample meal plans, and so on, are available on https://www2.hse.ie/living-well/healthy-eating/how-to-eat-well/

Healthy Food for Life

www.healthyireland.ie

The **Food Pyramid**

For adults, teenagers and children aged five and over



*Daily Servings Guide – wholemeal cereals and breads, potatoes, pasta and rice

Active	Child (5–12)	Teenager (13–18)	Adult (19–50)	Adult (51+)
♀	3–4	4	4–5	3–4
♂	3–5	5–7	5–7	4–5

Inactive	Teenager (13–18)	Adult (19–50)	Adult (51+)
♀	3	3–4	3
♂	4–5	4–6	4

There is no guideline for inactive children as it is essential that all children are active.

Drink at least 8 cups of fluid a day – water is best

Get Active!
To maintain a healthy weight adults need at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week); children need to be active at a moderate to vigorous level for at least 60 minutes every day.

Source: Department of Health. December 2016.

Love your heart

There is an increased risk of heart disease after menopause. This is due to lower oestrogen, increasing blood pressure and cholesterol. Research shows that a Mediterranean style diet can help. This is essentially a heart healthy diet.

- Fill up with fibre from wholegrains (in breads, breakfast cereals, brown rice and pasta), fruit and vegetables, peas, lentils and beans.
- Watch your overall intake of fat and focus on reducing saturated fats. These are fats such as full fat dairy, butter, fat on meat, and so on.
- Have oily fish (trout, salmon, mackerel, sardines and herring) 1 to 2 times per week
- Watch carbohydrate portions in particular added sugars
- Eat regularly and do not skip meals!

If you drink alcohol, follow the low-risk drinking guidelines for women to consume no more than 11 standard drinks per week. A standard drink is 1 small wine glass, 1 half pint glass of beer or 1 measure of spirits. Make sure you have at least 2 to 3 alcohol free days in the week.

Feed your bones

Calcium: 1 in 4 Irish women by the age of 60 have had a fracture due to osteoporosis. From the age of 30 onwards we begin to lose calcium from our bones. We need to replace this lost calcium. You can get your calcium from 3 servings of low-fat dairy foods or from 800mg calcium supplement every day.

Vitamin D: Comes from the sun, but it is also found in oily fish, eggs, red meat and fortified milk. In Ireland, a supplement of 15 micrograms (600 I.U) a day is recommended for all teenagers and adults during the winter months when sunshine is minimal (Halloween to St Patrick's Day). Read the label to make sure the supplement you buy has at least 15 micrograms and no more than 100 micrograms (4,000 I.U) as high doses can be harmful. Your pharmacist can help you. Ideally, you should take this supplement all year-round if:

- You have reduced exposure to being outside in the sunshine
- You have darker skin tone or
- You are aged 65 years and older.

What about phytoestrogens and menopause supplements?

At first, supplements and herbal remedies to help manage menopausal symptoms seem appealing. However, evidence shows they are not that helpful. Some supplements can pose health risks and can interact with medications. For example, supplements containing St. John's wort, black cohosh, and red clover may reduce the effectiveness or increase side effects of HRT and other medications. Despite claims of balancing hormones naturally, no supplement can stop or reverse menopause! Instead, focus on healthy lifestyle changes, consult with healthcare professionals, and the use of evidence-based treatments like HRT. These will be of most use in helping you manage symptoms during menopause.

Phytoestrogens are like, but much weaker than, human oestrogen. Rich food sources include:

- soy
- linseeds
- sprouting seeds like cress/red clover.

Some women report mild relief from symptoms such as hot flushes, but the evidence is weak. In addition, how often they get any relief is unclear. However, it may be helpful to include more plant oestrogen-rich foods in your diet for general health benefits. These foods tend to be low in fat and high in antioxidants which can help protect body cells from damage. Women with oestrogen-sensitive conditions should be cautious about use.

Multivitamin/ Mineral Supplements: There are many of these on sale and claim to help manage the symptoms of menopause. These usually include:

- Calcium
- vitamin D
- omega 3
- B vitamins
- folic acid, and others.

With the exception of folic acid and vitamin D, you are best to get these nutrients through a balanced diet. You should only need to take a certain supplement if you are deficient in that nutrient as advised by a health professional.

Be referred to your CORU Registered Community Dietitian (if needed): If you would like support from a Dietitian to help manage weight gain, heart health, bone health and gut health, ask your GP or Practice Nurse to refer to the local HSE primary care dietitian. This is a free service.

For further information on diet and the menopause see
https://www.bda.uk.com/resource/menopause-diet.html

Sleep disruption and menopause

By Dr. Coleen Cormack, Senior Clinical Psychologist

About a quarter of menopausal women report sleep disruption (Hunter & Smith 2021). When it comes to sleep disruption the quality of your sleep has more impact than how much your sleep. Enough sleep is the amount you need to feel refreshed and able to function. This varies from person to person. The average hours sleep needed by adults is 7-8 hours, but the range is anything from 4-10 hours. Allowing some flexibility around this can be helpful.

Waking in the night is a normal part of the cycle. Most people rarely remember waking, but you are more likely to remember waking if you are having night sweats or if you are anxious about something.

Follow the tips here to help you have enough and reinvigorating sleep.

They will help you manage night sweats

Understanding night sweats

Night sweats are one of the main causes of sleep disruption in menopause. They are sensations of intense heat followed by sweating and sometimes shivering and heart palpitations. In general, more people report hot flushes and night sweats increases as women transition from early to late menopause. However, it varies between women. Some women tend to experience night sweats earlier in menopause transition and others have them later.

About 25% of menopausal women seek help for troublesome night sweats due their impact on sleep and quality of life.

Factors contributing to night sweats:

Hormonal changes: The rate of change of oestrogen rather than the lower circulating oestrogen levels is what leads to night sweats. Oestrogen withdrawal which happens naturally during perimenopause menopause is thought to reset the body's central temperature control system. Night sweats are self-cooling mechanisms the body uses to maintain the body temperature within the normal range. This can happen in response to small temperature changes in our bodies or our surroundings.

Anxiety and stress: Those with higher levels of anxiety before the menopause and those under higher levels of stress during the menopause tend to report more troublesome hot flushes and night sweats. Anxious thoughts about life in general, menopause or night sweats can result in feelings of being out of control and can make them harder to manage night sweats when they happen.

Night sweats can be harder to tolerate than hot flushes due to their impact on sleep quality and daytime tiredness. This can create a vicious circle where poor quality sleep leads to worry about sleep which further affects our ability to fall asleep.

Many women get night sweats and they wake us up at night — The following tips can help.

Tips to manage your thoughts

Thoughts and our sleep:

Get to know the thoughts you have about sleep or the lack of it. Getting too caught up in your thoughts can feed into the cycle of waking, frustration and sleeplessness.

Thoughts are just thoughts. They are not facts:

Thoughts are no more powerful than we will allow them to become. They are passing words, sensations and pictures that float through our minds. We are the ones who give them meaning. We have 70,000+ thoughts a day and most of them are variations of a theme. Many of the thoughts we have today we have had yesterday and will have again tomorrow.

Be willing to be awake:

Leave the struggle behind. Part of what stops us from going to sleep or keeps us awake can be the cycle of unhelpful thoughts or perceptions we have about sleep. The more we try to control our sleep the more likely it is to become a further struggle. Choosing to leave the struggle behind can be helpful.

Mindfulness:

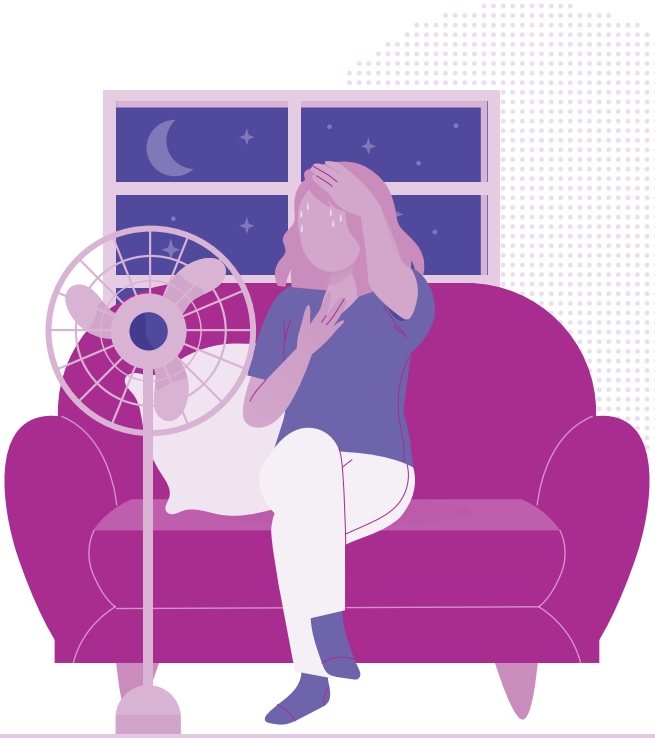
One particularly helpful way of putting some distance between us and our thoughts is to practice mindfulness. Be present in the moment without judgement. Using the paced breathing exercise on page 30 can help you to focus on the present.

Cognitive Defusion:

Cognitive defusion is about unhooking from our thoughts. It teaches us to take a step back and observe our thoughts and feelings from afar. Instead of trying to change, fight or repress our thoughts, focus on changing how you relate to them. Watch your thoughts come and go as if they are credits on a movie screen or leaves on a stream. See page 46 for link to Cognitive Defusion Practice.

Cognitive Behaviour Therapy (CBT):

See page 29.



Assign yourself a specific worry time:

Pick a time during the day where you can think about problems that arise during the night when you wake. Each time a worry comes to mind, remind yourself that you will worry about it during that time the following day.

My day is done journal:

During your wind down routine write down all the things that might come up for you in the middle of the night when you wake up. Note down the things you think you might think or worry about. As you are closing your journal say My day is done. You are giving yourself the freedom to sleep and not worry about these things until a more appropriate time.

Tips for a good night's sleep

The following is a list of environmental, lifestyle and behavioural supports which have been proven to assist with sleep enhancement during the menopause. For those with chronic sleep disruption, seek medical support.

- Prepare yourself during the day for a good night's sleep
- Avoid heavy meals before bed
- Avoid caffeine, nicotine and alcohol before sleeping. Try to avoid caffeine or nicotine for at least 4 hours before bed. If you are having a drink, try to leave a few hours between your last drink and going to bed
- Avoid naps during the day. It is more helpful to use relaxation rather than naps to manage the tension arising from tiredness. If you must take a brief nap limit it to 20 minutes before 3pm
- Be physically active during the day and avoid intense activity immediately before bed. Try to maintain your normal activity levels even if you have had a bad night. Research shows that you are more likely to feel tired on days when you limit your activities than on days when you carry on as planned
- Prepare your bedroom
- Invest in a comfortable bed and good mattress or mattress topper
- Keep your bedroom dark. Have a good set of curtains or blinds and get rid of extra light sources in the room such as a clock or standby lights
- Turn the clock away from your bed so you cannot clock watch
- Keep your bedroom quiet or wear ear plugs if necessary
- Keep the room temperature down
- Minimise bedding or use lighter bedding, opt for thinner layers of breathable bedding that can be easily adjusted

Associate bed with sleep. Use the bedroom for sleep and intimacy only. Lie in your bed only when you are tired and remove screens from your bedroom

Getting ready for bed

Have a bedtime routine. Do relaxing activities 60 to 90 minutes before you go to bed such as a warm bath or reading

Wear lighter nightwear in bed. Keep a spare nightdress or pyjamas near the bed so that you can calmly change into it if needed

Keep a fan or a cool drink nearby to help cool you down

Avoid going to bed early to compensate for a bad nights sleep. Try to stick to set bedtimes and getting up times, this helps your body clock reset itself

If you wake up

Make a point of following a calm routine that you follow if you wake up due to night sweats. This helps to prevent the cycle of negative thinking about missing sleep. It also allows you to fall back to sleep more easily.

Supports and resources

Below is a list of some supports and resources to support your menopause journey.

General Menopause Supports

Menopause Society of Ireland
www.menopausesocietyireland.ie

The National Women's Council of Ireland
www.nwci.ie

The British Menopause Society
www.thebms.org.uk

Women's Health Concern Menopause Factsheets
www.womens-health-concern.org
(see Menopause: Giving you confidence for understanding and action)

National Institute for Health and Care Excellence (NICE)
NICE Guideline (NG23) Menopause Diagnosis and Management
www.nice.org.uk/guidance/ng23

Bone Health and Osteoporosis

Irish Osteoporosis Society
www.irishosteoporosis.ie

The Royal Osteoporosis Society (UK)
www.theros.org.uk

International Osteoporosis Foundation
www.osteoporosis.foundation

Physiotherapy

Irish Society of Chartered Physiotherapists
www.iscp.ie

Pelvic Floor Health

Pelvic Floor Exercise App
www.squeezyapp.com

National Institute for Health and Care Excellence (NICE)
NICE Guideline (NG123) Urinary incontinence and pelvic organ prolapse in women: management
www.nice.org.uk/guidance/ng123

International Urogynecological Association (IUGA)
Bladder Training Brochure
https://www.yourpelvicfloor.org/conditions/bladder-training/

The Continence Foundation of Ireland
www.continence.ie

Heart Health

The Irish Heart Foundation
www.irishheart.ie

Breast Health

National BreastCheck programme
https://www2.hse.ie/conditions/breast-screening/

Cervical Health

National CervicalCheck programme
https://www2.hse.ie/conditions/cervical-screening/

Bowel Health

National Bowel Screen programme
change to https://www2.hse.ie/conditions/bowel-screening/

National Screening Service

National Screening Service
www.screeningservice.ie

Menopause and Nutrition

Irish Nutrition and Dietetic Institute
https://www.indi.ie/all-food-facts-and-fact-sheets.html

British Dietetic Association
https://www.bda.uk.com/resource/menopause-diet.html

Calcium Calculator
https://www.osteoporosis.foundation/educational-hub/topic/calcium-calculator

Menopause and Physical Activity

Sport Ireland
"Women in Sport Resources"
https://www.sportireland.ie/Women-in-Sport

Sport Ireland
"It's My Time"
www.sportireland.ie/itsmytime

The SHE Research Group
"Women's Experience of Menopause in Ireland report"
https://www.sheresearch.ie/experiences-and-health-behaviours

Menopause and Mental Health

Minding Your Wellbeing programme
https://www2.hse.ie/mental-health/self-help/tools/minding-your-wellbeing-programme/

Balancing Stress
A free HSE online programme to manage stress, worry, anxiety, low mood and relationship difficulties
https://www2.hse.ie/mental-health/self-help/balancing-stress/

Your Good Self
Lists of resources on a variety of mental health topics for all ages. Reviewed and recommended by HSE psychologists.
www.hse.ie/eng/services/list/2/primarycare/yourgoodself/

Self-help Books
Managing Hot Flushes & Night Sweats. A Cognitive Behavioural Self-Help Guide (Hunter & Smith, 2021)

Living Well Through The Menopause: An evidence-based cognitive behavioural guide (Hunter & Smith, 2022)

Mindfulness Practices

"Five Ways over Five Days" videos
https://www.youtube.com/playlist?list=PL0Wkpf1r81XlEe_KKNrh4diZE9RT3kRQk

"Five More Ways over Five days" Advancing Mindfulness videos
https://www.youtube.com/playlist?list=PL0Wkpf1r81XkvoMhkJNtctninAlHsQtx5

"Minding Yourself"
Series of videos including desk stretches and mindfulness
https://www.youtube.com/playlist?list=PL0Wkpf1r81XkyG_YhdzMPuUtD8Vx6NUut

Cognitive Defusion Practice
www.youtube.com/watch?v=w6nNs0DxBIs&list=PL0Wkpf1r81Xl4SjmGmeLS9pknm5kk-ue9&index=12

Other Useful Websites

Health Promotion Publications
www.healthpromotion.ie

Healthy Ireland
https://www.gov.ie/en/healthy-ireland/campaigns/healthy-ireland/

Sexual Health and Wellbeing
www.sexualwellbeing.ie

Sexual Health Care, Advice and Support in Cork
www.mysexualhealth.ie

National Quit Smoking support
www.quit.ie

Alcohol information and support
www.askaboutalcohol.ie

Queer / LGBTQIA+ Menopause
www.queermenopause.com

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Compiled by Health Promotion and Improvement Department, HSE South West.
To order a copy of this resource or to provide feedback please email hpdsouth@hse.ie
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HSE South West

Plain English
Approved by NALA

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