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Menopause Clinic, London

Free online talks with the experts

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From retirement to rap

For some, retirement can mean more time to spend with friends and family, and possibly grandchildren, reading all the books we intended to read over the last few decades, visiting places that have been on the 'list' for years … It's unlikely many people consider taking on 'the youngsters' at their own game. Joy France isn't most people. This is the unlikely story of how Joy became the world's only over-60 Battle Rapper.

My journey

I was an ultra-shy child who wanted to be invisible and this continued into my adulthood. The less people saw me, the better as far I was concerned. I reached my mid-50s, and thought 'my life is so dull.' So, I wanted to shake things up a bit by doing something new and taking myself out of my comfort zone. Somehow, I'm not sure how, I managed to stand in front of an audience and read a poem I had written. What I didn't know is that that moment would change my life forever. I had found my confidence, my creativity and, most importantly, my voice.

So, why battle rap?

I knew very little about the whole battle rap scene, other than seeing Eminem in the film *8 Mile*. I wasn't impressed with battle rap to be honest: it appeared to represent everything I hated: racism, homophobia, sexism …

However, there was one battle I had seen on YouTube that I did enjoy. That was with a teacher / poet called Mark Grist who was battling a youngster. At that point a seed was sown inside of me and I wondered – would I ever be capable of doing that?

I knew, as well, that I wanted to see if I could battle rap without being racist, homophobic, or anything else I hated. Mainly, though, I was ready to push myself to go as far outside of my comfort zone as I could ever imagine! I wanted to show the battle rappers that a short, fat, grey haired woman could give them a run for their money and bust the stereotypes of what older women are and what they can do.

Now, after a lifetime of wanting to be invisible, ironically, as an older woman when I feel invisible, I fight it! I knew it was going to be a gamble. It could have gone really, horribly wrong, or I could have 'gone viral', but for all the wrong reasons! But at least I could say that I 'had the balls' to give it a go.

As I entered the arena of battle rap, the initial reaction of those there was a combination of curiosity, confusion and disbelief! However, as soon as the battle was over, they were overwhelmingly enthusiastic and welcoming. I was now 'one of them'.

I've learnt that I'm brave!

Not only was my presence there an eye opener for them, it was an eye opener for me too. All my assumptions and stereotyping about the battle rap scene was blown out of the water. Away from the brutal battles, it's a gentle world where young men openly talk about their mental health struggles and support each other.

What I have learnt about myself and others in the world of battle rap

Firstly: I am brave!

I really want to share the story of the magic I see in my new-found community and I now have the confidence in myself to make that happen. I have learnt not to judge people and situations about which I know nothing. I now have friendships with other people who are so, so different to me. These friendships are not only possible, they are also truly wonderful.

I didn't want to sit within the stereotype of the 'middle-aged woman' and I have learnt not to put battle rappers into any stereotype. They are from hugely diverse backgrounds. Many are neuro diverse, in particular autistic, dyslexic and with ADHD. Any mental health issues are dealt with directly and with humour.

Yes, the battles are undoubtedly brutal. There are 'do' rules: you can be racist, homophobic etc. However, you have to face the consequences of those views from the fans and fellow battlers afterwards. As a battler, you always have to be prepared to be challenged and held to account.

What I would love you to take away from my story

small steps ... keep taking them

If you are considering taking yourself out of your comfort zone, you don't have to be as outrageous as me! Your steps can be small ones. The important thing is to remember to keep taking them!

I urge you not to listen to people who tell you (or who have told you) what you should / should not do and who you should / should not be. The only person who can define who you are is you.

Ask yourself, "What's the worst that can happen?" Then decide whether to go ahead, or not.

In terms of what's next for me, I'm making a documentary with a battler friend about my story. I am rescheduling a planned battle in New York that was due to take place in 2020, but got cancelled due to Covid. I am working on a variety of cross-generational creative projects and continuing to battle rap!

If you'd like to see Joy in action, here's a great **interview with her on the BBC**

Men's Sheds - sharing and caring

Men have a reputation for being reticent to share their feelings and to seek help. Vinny Wagjiani talks about the valuable contribution of Men's Sheds and how they help through sharing skills and talking about life!

Why Men's Shed? So, I went to the inaugural meeting to talk about starting a Men's Shed in Horsham, primarily so that I could encourage my father-in-law to attend when it began. A briefing took place, and people from the audience were encouraged to share what they did and their primary skill. Well, I was in awe of the experience, skill and knowledge surrounding me and with a soft tone said 'Police Officer'. Little did I know, that sealed my fate with what was to follow. The Council representative then reached out to the audience seeking to get key roles identified and the Treasurer was still untaken. The desire for this movement to progress overrode any of the fears I had built internally and I put myself forward.

Men's Shed Horsham (MSH) was born. The team worked relentlessly and we discovered the perfect place to set up base and were fortunate to get a significant grant from the County and Local Councils. In May 2016, we officially opened MSH with a membership of over 40 men, ranging in age from as young as 18, to a wise age of 85.

We soon discovered that MSH was a lifeline for many across the county. It is a place that creativity thrives, stories are shared and an opportunity for men to be shoulder-to-shoulder and build things. It was the completion of the fully-functional workshop that really inspired, not only the members, but also the community, with what could be achieved when we worked together.

Mental Health and well-being is at the core of what MSH is about. It's through talking and creating a circle of safety that allows our members to be vulnerable with their feelings, so we're able to discover the support that can be offered. Working with the local Council has helped us get longer-term support put in place.

I am generous with my time to MSH and my involvement has been cemented when the journey of a member left a lasting impression that will stay with me. Before I knew his story, all I saw was a happy and engaged member. He was an assistant for a school for which I am a Governor and joined because I promote the charity everywhere I go. He said that he had lost his wife and daughter in the same year and had spiralled into deep depression, with nothing to live for and deteriorating in health (something we see time and time again). He joined MSH and it changed the rest of his life

forever. He developed a sense of purpose, his health improved and he is now a thriving member. I have been inspired by him and many of our members who have exceeded their own expectations and the energy and buzz that surrounds them.

My contribution is little compared to what members offer each other and the community. I firmly believe they wake up feeling grateful for having had a second chance and that they have an abundance of generosity to give. We have helped hospitals, refugees and also bridged a generation gap when we invited children to attend the Shed and build hedgehog houses that they took home that day. They took away more than a hedgehog house that day. With the power of talking and listening to each other as human beings, they learnt about togetherness.

In March 2020, Lockdown hit the UK and our members fast became isolated. It was the swift response of the Trustees that gained our members' confidence as we got them connected remotely. It was through this medium that we have been able to remain engaged with our members and, as we navigated through the rough seas that lay ahead with Covid, we were able to discover how we could reconnect with the new norm.

We have some amazing stars in MSH and we ensure that they are recognised by holding an awards ceremony when we reveal the 'Shedder of the Year', along with other jovial awards that the members have created and voted by each other. I've learnt so much from this group of inspirational men and they have all become father figures.

My Dad died on my birthday in 2019: he was a carpenter. I was a kid who never really paid attention to his craft, so I am grateful to be part of MSH where these wonderful men teach me their knowledge and skills which allows me to be connected to my Dad.

You can contact Vinny via **www.kardia-cm.co.uk**

Fearless female football ...

One thing that's so important in midlife, is for women to be active. Another important issue that encourages women in midlife to get active, is that sport (or any activity) is offered to every ability, shape, size, or fitness level, including those who don't have any experience at all, says Carol Bates BEM, Founder of Crawley Old Girls.

Having grown up with football in my life since the age of 7 or 8, in various roles: as supporter of my Dad, kit washer, post-match dinner maker, Manager, Coach, Secretary and side-line Mum, to name a few, playing football was something I had never been able to do. With women's football being banned for 50 years until 1971, growing up in the 70s and 80s, football was for boys and not girls. The 'missed generation' (as we are known) is now making up for lost time!

After being asked, by my friend, to play in a fun charity football tournament in 2015 and not knowing what I was doing, but absolutely loving it, I wanted to do it again and again. It was a few weeks later that I saw a tweet from the Crawley Town Community Foundation about a female football programme they were running to try and get girls, aged 14+, into playing football that caught my eye. This was my chance to be able to play, but, unfortunately, the maximum age was 25 and I was 48. Not to be put off, I asked them if we could set up a new session with 'older' women to learn to play and we got 10 weeks' funding from the EFL Trust to start it up.

I gathered some friends from my own Facebook page and we had 10 women on the first night. We didn't really know what we were doing, but we soon learned how to kick a ball and have so much fun that we didn't want the session to end. We were very lucky in the beginning in that this was a new genre of football and the Crawley Old Girls often featured in the media, won some awards, including an FA Women's Football Award, and managed to inspire other groups to set up along the way. Many other women, mainly those who hadn't played before, were now playing football and inspiring others to do the same. We always said that everyone was welcome, especially those who hadn't kicked a ball before and to see the improvement and continual increase in the numbers of women joining us and returning each week, is something that I will never tire of seeing. We have women in their 60s who are running around and inspiring others to do the same and they had never played before. Everyone just encourages each other.

Being active during midlife is paramount to helping improve your health, including increased bone density and better circulation, as well as helping to lower your risk of heart disease.

Not only does being active improve your physical health, it's also vitally important for mental health too. Being with supportive women in a safe, non-judgemental environment will encourage your fellow team mates to communicate and offer help where needed. We have seen women building their confidence, not only while playing football, but in their lives outside football and all because they took the decision to come and join a group of women who came to learn.

Once word spread over the next few years, our number of sessions steadily increased from one to five each week. We cover all abilities, from beginners to experienced players, to women who want a slower-paced version of the game, who play Walking Football.

Two things we often hear before women join us are, "But I don't know anything about football" and "I'm not fit at all" and our answer to that is, "It really doesn't matter". Women in their 30s, 40s, 50s and 60s are enjoying life running around a pitch at their own pace, without any pressure or commitment and are having a great time, getting fitter without realising it and just having

fun. We, obviously, recommend it to any woman who hasn't been active for a long while or who wants to get back into being active. It's everyone's choice how slow or fast they want to play, but we always make sure it's fun and enjoyable for everyone.

Being able to learn to play football, when I'm overweight, not at all athletic, going through the menopause and not being too fit, has completely changed my life. I can't recommend it enough, because you are increasing your fitness and benefitting your health. You just need to take that first step onto the pitch and you'll never look back!

To discover more about Carol and her women's football sessions, find her here: **www.crawley-cogs.co.uk**

To BMI or not to BMI ...

Having been in the Fitness Industry for 25 years, body image is something that Nikki Hughes is very familiar with, having seen many clients at the gym, or coming directly to her and wanting help with weight loss, muscle gain, making this bit smaller, or that bit bigger. However, for Nikki, it is asking the 'why' that is the really interesting part.

Some of my first memories of school are feelings of being uncomfortable and wondering why I looked a little different because I thought I had a 'potbelly'. Not wanting to be in my leotard or swimsuit because of this, made some activities unpleasant at times. Wondering why the other girls had flatter tummies and were skinnier and 'normal', whatever that was then.

When I was 17, I started working in a gym and began weight training. I have been training with weights ever since: for 25 years now. Always being a little broader than a lot of the females I was working alongside, never feeling comfortable in the lycra outfits that were on trend at that time (Jane Fonda eat your heart out!) and being on the 'front line' of the Fitness Industry can definitely make you look at your body in a negative, sometimes compulsive manner.

In an industry where everything seems to be judged visually: low body fat, lean muscle and a small waist must mean you are 'fit', right? Well yes, if 'fit' means you are fitting into the box that the media tell us we need to in order to be fit. But what if you don't?

The clearest example I can give of a personal experience was when I was in my final week of basic training in the Army. I had been through the toughest 12 weeks of solid training. I was the fittest I have ever been physically and mentally

and visually, it was the first time I could actually see some abdominal definition. (Not something you aim for or even think about at the time!)

It came to final health checks and performance tests and all was going fantastically well, until I had my weigh-in with the nurse. I weighed 67kg.

I was told that I was obese and that it could affect my successful Passing Out from Basic Training.

As I already mentioned, I have never been a woman of 'slight' stature, naturally of broader build than some, perhaps increased from years of swimming and weight training. However, this was the leanest, fittest and most healthy I had ever been and yet I was being told that I was not just over weight, but actually borderline obese!

Way too often 'fitness' is determined by how we look, or a number on the scales or tape measure, not what we are capable of, or how far we have come in comparison to where we started, OR how we feel.

What about what we achieve? What progressions we have made since starting? What we are now capable of?

We are all different shapes and sizes. Bodies change, depending on how they need to function.

Being 11 months *post-partum* at present, my body has changed again, perhaps even permanently in some ways. My focus is a healthy diet to nourish my body through its recovery and a training programme that focuses on regaining strength, mobility and stability to ensure I am able to enjoy all the activities over the coming years with my son.

My focus has not been a number on the scales. When my energy levels are good, I'm sleeping well, moving well and my clothes fit well, I am happy.

Being a Personal Trainer and Nutrition Coach for women at midlife gives me the opportunity to empower, be true to myself and clients, embrace shapes and ensure growth, both physically and mentally.

You can reach Nikki via her **Facebook page**

Your pelvic floor – not one to ignore!

***Working** in Pelvic Health Physiotherapy, Nicola Cole would like to share the importance of a topic that is not often discussed - your pelvic floor! Throughout the natural ageing process, it seems that other symptoms are liberally discussed and yet few are open about the development of urinary symptoms that can severely impact mental health, physical health and well-being - for both women and men.*

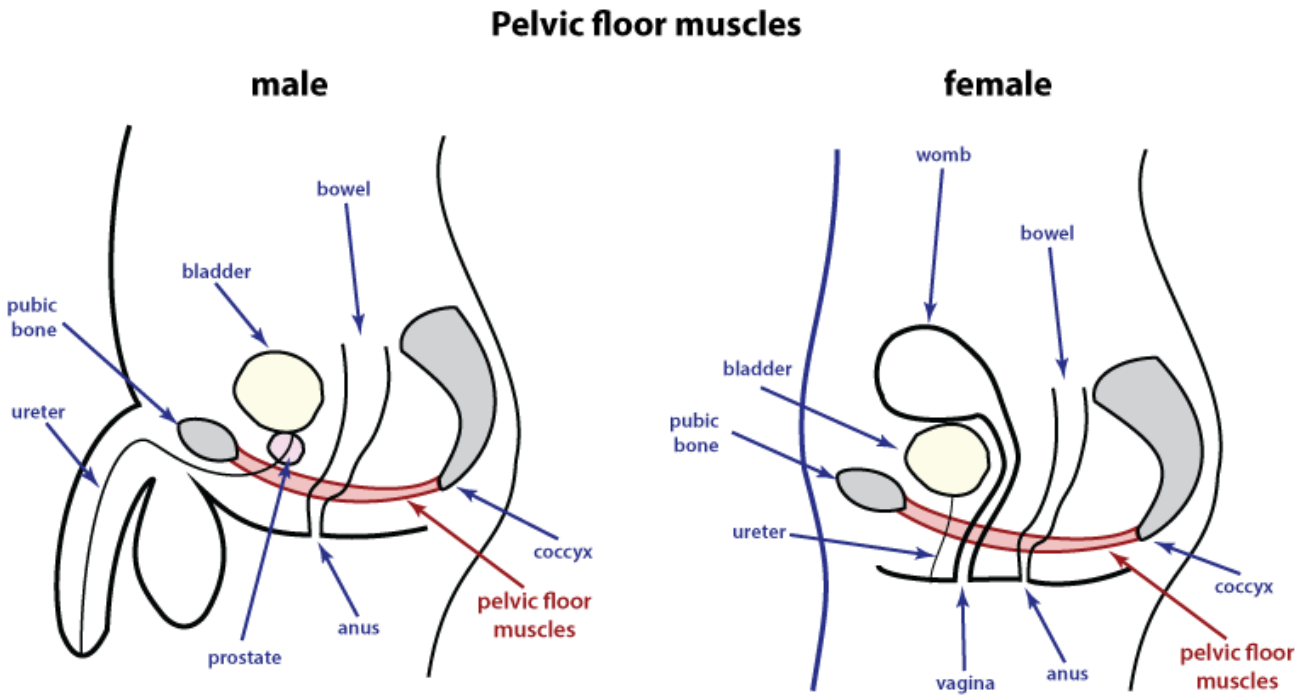
The pelvic floor is a broad sling of muscle that stretches like a hammock from the pubic bone in the front, to the bottom of the spine at the back. This sling of muscle helps to hold internal organs, such as the bladder and bowel, in place.

The pelvic floor muscles are responsible for closing the bladder outlet (urethra) to prevent leaking of urine and closing the back passage (anus) to prevent the leaking of faeces and wind / gas (flatus). Pelvic floor exercises will help to strengthen the muscles and this can help prevent urinary incontinence, treat pelvic organ prolapse and improve sexual function.

The key is being patient!

The exercises can take up to 12 weeks to become effective. Many people start the exercise regime, but stop as the benefits are not immediate. The key is being patient. Try and work pelvic floor exercises into your daily routine such as performing a set when brushing your teeth or at mealtimes.

The pelvic floor muscle consists of striated muscle tissue, the same as your biceps muscle, so without exercising, you will not maintain it or build muscle. To achieve muscle building, you will need to exercise above the minimum of one set a day as this is purely to maintain the muscle. Once you have built the muscle, you can revert back to a maintenace single set of exercises daily.



Symptoms of weak pelvic floor muscles may include:

- leaking urine (that may come with an urge to urinate). This may be a few drops or a steady flow throughout the day or it may occur with activities such as coughing, sneezing, standing up or bending over;
- a sudden urge to urinate and sometimes leaking before you get to the toilet;
- the need to urinate more often than usual, during the day and night;
- dribbling urine after you have finished urinating;
- leaking when sexually aroused.

To exercise your pelvic floor

Pelvic floor exercises can be completed in laying, sitting and standing positions. Completing the exercises lying down is easier as gravity is not pulling down on the pelvic floor. Doing the exercises standing is harder as gravity is pulling down on the pelvic floor, making it harder to pull up, and you also have all of the weight of your pelvic organs pushing down onto your pelvic floor. However, standing is a more functional position and so if you can feel the muscles working whilst standing, it is a good idea to try and do them at least once a day.

With your legs slightly apart, in a position that is comfortable for you, imagine that you are stopping yourself from passing wind by drawing in your back passage. Once you feel the back passage drawing in, work this feeling forward to the vagina / penis and imagine you are stopping the flow of urine. This sensation of 'squeezing and lifting' is called the basic pelvic floor contraction. Ensure the muscles 'let go' or relax fully when you stop tightening.

Do not tighten your buttocks or thighs or hold your breath as you perform a pelvic floor contraction. It is helpful to count out loud when performing these exercises to prevent you from holding your breath.

When you are sure that you are working these muscles correctly, you are ready to start a strengthening programme.

To strengthen and build muscle you may need to do the exercises little and often to begin with if the muscles tire quickly.

Long squeezes: Tighten your pelvic floor muscles, hold them as tightly as you can for five seconds, then release and let them fully relax for 5 seconds. Repeat this squeeze and relax sequence 5 times or until you feel the muscles tire.

Short squeezes: Pull up the pelvic floor muscles quickly and tightly, then immediately 'let go'. Repeat 5 times

You may feel your lower abdominal muscles contract when you lift up your pelvic floor muscles. This is normal as these muscles often work together.

You should do these exercises at least 3 times a day and aim to build up to a squeeze for 10 seconds, with 10 repeats each session.

Build up your exercises gradually and you should notice an improvement within three months. Missing days will delay your improvement. Once your symptoms have improved, you can reduce your exercises to a maintenance level (one set daily), but this will need to be continued for life.

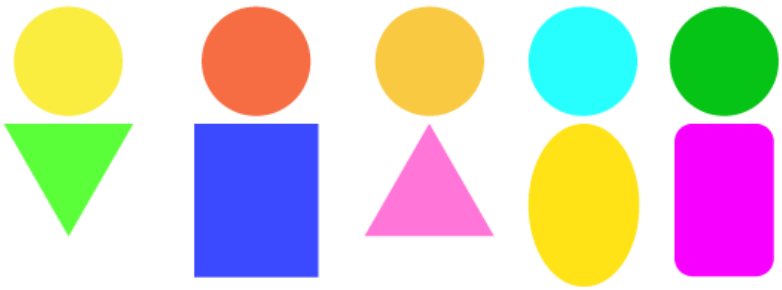
If you are struggling with any issues with your continence, please seek a referral from your GP to your local Pelvic Health Physiotherapist.

Confession, confusion and ultimate celebration

Hello, my name is Katie and I have an eating disorder. I'm lucky as I've been in remission for over 40 years now. Where did it all start? For me, probably when I was 7 years old and spent a week in Great Ormond Street Hospital for various tests (apparently I was 'hormonally precocious'!). I was also told (or my parents were) that I was overweight. I have since looked at photos of the seven-year old me and I was far from anything remotely approaching overweight. I was a healthy, active child.

However, the seed of thought that I wasn't 'good enough' had been sown. I was put on a very restrictive calorie diet and followed by the hospital - every six months until I was 14.

My childhood, from the age of about 5 and through my teenage years, was somewhat out-of-the-ordinary and for most of that time I felt completely discombobulated as I couldn't control the chaos that was going on around me that was not of my doing. My body was also far too advanced for its age. I attracted a lot of attention from the opposite sex that I had no idea how to handle. So, around the age of 11 or 12, I did put on a lot of weight. I used it as a shield to protect myself from attention. It didn't work.



When I was 16, I can remember being at a disco with some school friends (it was the 70s!) and walking across the dance floor to go to the loo and hearing the boys behind me whistle ***Nelly the Elephant***. I had older boys / young men tell me they really liked my personality, but couldn't date me as I was too fat and they were embarrassed about what their friends would say. I had a drawing done of me once. It was hanging on my bedroom wall. At one of the many parties my mum and step-dad had, a friend of my mum said what a lovely drawing it was. My mum's response, whilst laughing in her somewhat inebriated state, was that it would be what I'd look like if I lost a couple of stone. She had no idea I had heard her. So, really, the die was cast.

When I was 17, I stopped eating. I lost 5 stone in 6 months. With all the madness going on around me, to eat or not to eat was the one thing I could control.

The messages I got from this weight loss were interesting. I was inundated with men wanting to date me and my girlfriends stopped talking to me! I had the realisation that before I was a 'safe' friend as all the male attention went to them. Suddenly, I was getting more attention than they were. That reaction was a shock and the first realisation that the people you believe will be the most supportive of your change, often are not!

It reached the point where I couldn't even be around food without retching. I couldn't swallow food. The thought of it, or even having food in my mouth, made me come out in a sweat of panic and my throat closed up.

I was scared and recognised things had gone too far. I went to the Doctor. I was amazingly lucky. Bearing in mind this was the 1970s when eating disorders were far from understood and my GP was a man of a certain age (probably the age I am now!). However, he was wonderful. He gave me some pills to stop me feeling sick and told me to eat whatever I

liked, he wasn't interested in the nutritional aspect. He said, "We need to get your body used to accepting food again. Once we've done that, then we can look at the health aspects of what you are eating."

It worked. I was able to bring myself back from the brink.

I never told either of my parents, or friends, or anyone else. That's the thing about eating disorders: they make you very secretive and extremely good at lying! I found all the ways to trick my parents into thinking I was eating.

I thought I was ok, I really did. I got married at 24. I remember laying on the bed in my bra and pants, on my stomach. I was a size 10, very slim and my husband told me I looked like a beached whale. The marriage didn't last long!

I recognise that I have been in remission since I was 17. I still have an eating disorder. I have simply learnt how to operate within that. I have a good relationship with food now and manage to maintain that relationship most of the time. However, I also accept that remnants of my teenage and young adult thought processes and self-image are there, loitering with intent. Every now and then they resurface and try to derail me. Over the years the gaps between their re-emergence extends and the time they hang around is shorter and shorter.

What I also find really interesting is the throw away comments from other people. These are from people who love me and are my friends. They are also from people who haven't had the lived experience I have, for whom excess weight has never been an issue. They are, and always have been, 'naturally' slim. The comments are not always to me, they can be about other people. Comments like, "Oh my goodness you've lost weight, you look wonderful." So, I didn't look wonderful the last time you saw me then?!

"Have you lost weight? You look like you have." Why, do you think I needed to?

"Xxxx is looking fab now she's lost weight, she really needs to get out there and start dating." So, she didn't deserve to be on the dating scene before then?!

The responding comments have always been in my head. I've never said them out loud, as I know it would hurt the other person.

I know these comments are coming from a good place and are said with love, however if you have never been in the place where weight is an issue, it's really difficult to appreciate the impact a seemingly innocent remark can have. I sometimes feel as though, for my whole life, I have been assessed according to my dress size, rather than who I am on the inside. Whilst I know that isn't true, the fact that it isn't true is something of which I regularly needed to remind myself.

It is this lived experience that led me to work with women on their style and image when I was in my 20s, as I was determined that everyone (woman or man) would feel fabulous about themself regardless of anything - particularly size.

When I consider my weight, what I eat and how I live my life, I now focus on the 'towards motivated joy', rather than the 'away from focussed fear' that plagued my younger self. My aim now is to be as healthy, vital and energised as I can be so that my current self and my future self is as strong and robust as I can be, ensuring my encroaching years are as energy filled as possible.

It took me to my 50s and the menopausal transition to accept myself fully in all my gorgeousness and glory! I will never be a size 0, nor do I wish to be. I am a very happy, healthy and vital size 12. I have a 'tummy' - I always have had, and I always will have. That tummy has always been soft and it always will be. That's fine. I look in the mirror now at my naked 61-year-old body and marvel at its beauty, its lines, curves, folds and magnificence. I am in awe of what it's been through, how it has carried me, nurtured me, kept everything working and continues to do so.

I celebrate me!

Softly, softly ...

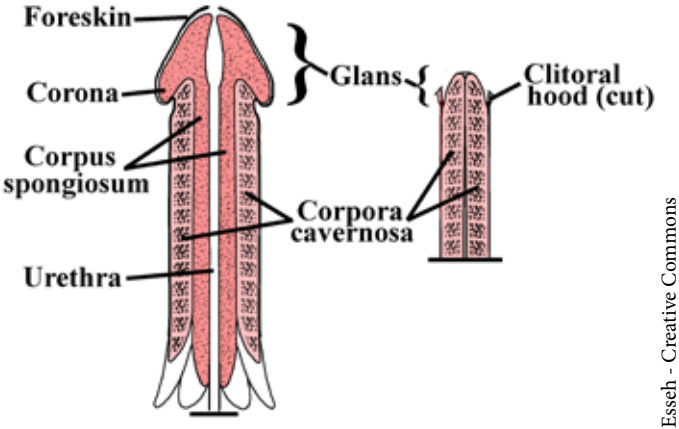
Most men, at some stage in their lives, have experienced problems with getting or keeping an erection. At last, the 'elephant in the room' is being discussed more openly and the stigma overcome. It's a common problem, particularly as we enter and pass through the midlife years (40-60). Roger discusses some of the causes and what we can do about it.

There are many causes of Erectile Dysfunction (ED) or, as it used to be called, impotence. These range from stress and anxiety, to medical. Of course, not everyone is bothered by the physical side of relationships, but doing something about ED if it causes you or a partner concern is easy and important.

ED is defined as "trouble getting or keeping an erection that's firm enough for penetrative sex".

How do erections work?

The erection happens when spongy tissue in the penis (the corpora cavernosa - same in the clitoris) gets pumped full of blood. When we get aroused, a chemical called nitric oxide is produced by the walls of the arteries (the vessels that bring oxygenated blood from the heart to our organs). It causes them to relax and widen, allowing them to carry more blood so the penis becomes erect. It also causes the veins to constrict (those vessels that take the blood away from organs and back to the heart), so more blood 'arrives' and less ' goes away'.



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The erection has to be reversible, so there's a system that causes detumescence (allowing the penis to go soft again). An enzyme called PDE5 is part of this system and inhibiting it (stopping the enzyme working so well) was found to enhance erections - and Viagra hit the headlines. Taking such PDE5 inhibitors can therefore help us to get and keep erections if there are problems.

Now there are several different versions of the PDE5 inhibitors available and they can be purchased Over The Counter at a pharmacy or online. Sildenafil is one active ingredient (as in Viagra) that 'does the job' and it is far cheaper than the branded alternatives.

A word of caution - these drugs work by affecting blood flow in the whole body, so it is essential that you consult with the pharmacist or a medical professional to be sure that it is safe for you to use them. Also, if you buy them online, only use a reputable UK supplier as you'll know that they are regulated and sell genuine products.

Historically, life expectancy wasn't as long as it is now. Erections were most important for reproduction in the younger years, but now we live far longer and sex has been decoupled from reproduction - and has become a pleasurable part of life that helps most of us with our well-being. Many people want an active and pleasurable sex life into their 60s and way beyond, so ED has become an important topic.

A shocking 28% of men would rather give up sex than talk to their partner or a medical professional about the problem. Often, a partner might be of similar age and so may themselves be going through physical or psychological changes or their libido might be affected.

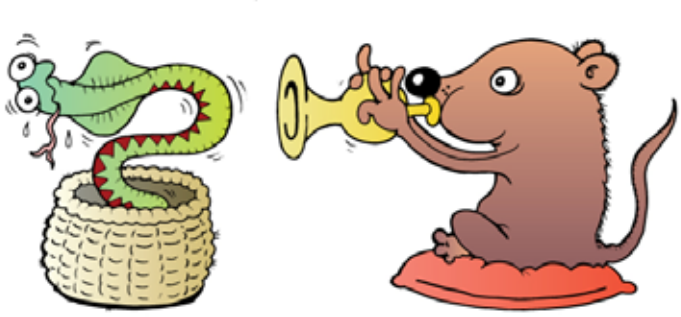
Whilst men might be affected by ED, women going through the menopausal transition can have their own issues. These include changes in the vaginal tissues making the skin thinner and prone to 'tearing', a reduction in vaginal lubrication, and a conspiracy of other things that can adversely affect a woman's libido (like sleep disturbances, hot flushes and so on).

If a partner is also suffering problems, this can exacerbate the situation. However, with open and honest communication, it could actually help. If we learn and understand what's happening, it will help hugely and also make it easier to find ways to cope with and / or remedy the situation. And, of course, good, open communication is an important part of any relationship and is to be encouraged and developed.

Physical and emotional causes

ED can result from tiredness, anxiety, too much alcohol, obesity, stress or depression.

'Performance anxiety' is when someone fails to get a successful erection one time (for whatever reason) and then they focus on that occurrence in the future. They worry about whether it will happen again and that, in itself, causes stress that can affect the ability to get an erection. It can then become a vicious cycle and, if that cycle isn't broken, it can develop into a problem requiring some psychological intervention to overcome it.



An excess of alcohol can, as most people know, lead to problems getting an erection - the classical 'brewer's droop' - not a very charming description! As we know, controlling our alcohol intake is one of those 'recurring themes' in staying healthy. Alcohol has a detrimental effect on so many health factors, so it is something worth addressing.

Stress seems to affect so many of us these days, made only more challenging by things like Covid, family circumstances, work problems, financial issues and so on. Here, it's our brains that are the issue, not the penis! The brain is our biggest sex organ. If it's not cooperating, then things just don't work well. Most people know that, even if they are just distracted by something, getting sexually aroused can be more challenging. If you're anxious or depressed, that can also make things difficult. Stress causes adrenaline to be pumped into our systems as part of the 'fight or flight' response. It constricts blood vessels in non-essential organs to conserve blood flow for the 'vitals' (like our muscles) to help us escape and protect ourselves. In this sense, the penis is non-essential, so the blood flow to it is constricted, making it difficult to get hard.

Some medical causes

Erectile dysfunction can result from a number of medical causes and can be an early warning of other, more serious, conditions.

ED is common in diabetics, particularly those having Type 2. It can result from damage to nerves and blood vessels caused by poor long-term blood sugar control. If the nerves are damaged, there may be insufficient sensory stimuli getting through to the penis to get an erection.

The penis (like the clitoris) gets erect by blood being pumped into it. If something is affecting the circulation, that can have an effect on the ability to get and keep an erection. Sometimes, small plaques (or 'deposits') form on the walls of the blood vessels and they narrow the 'tube', making it difficult for the blood to flow. This can happen due to atherosclerosis, high cholesterol, obesity, smoking and diabetes. UK statistics show that some 120,000 men in their 20s and 30s have ED due to smoking.

Whilst most ED is related to blood supply issues, sometimes the problem may be hormonal. With lower hormone levels, the libido can be affected which may also make it difficult to get and maintain an erection. Most younger men can see the effect of testosterone on erections as it is common to wake up in the morning with one! This is when the hormone typically peaks in its daily rhythm. As we age, the level of testosterone production slowly declines (around 1% per year after the late 20s / early 30s). There is no 'magic percentage' which, when reached, will affect erections. Many men continue into older age with no problems with their libido or ED.

What can we do if there are problems?

If there might be a psychological problem like anxiety, then it's a good idea to get help to overcome it. Not only will it help with your libido and erections, it will also help with the rest of life. There are many options available such as relaxation, meditation, therapy, etc.

If you have a partner, then talking to them about it may also help both of you. Honest, open and supportive conversations are really important to help us maintain our well-being in general and particularly our mental well-being.

We've already talked about PDE5 inhibitors (like sildenafil) that work by affecting the metabolism. There are other non-drug options too.

Penis ('cock') rings can be used around the base of the penis, the scrotum ('ball sack') or both to affect the flow of blood. They let higher-pressure arterial blood flow in and cause the erection and slow the outflow in the veins. They work well for some people although (I'd like to think 'obviously') they shouldn't be worn for too long (hours) as they can cause damage.

Penis pumps (often used in conjunction with penis rings) are tubes into which you insert the penis and air is pumped out of the tube. This causes a partial vacuum and encourages blood flow into the penis to produce an erection. The same *caveat* applies to the penis rings - they're not to be used for hours on end.

It's always worth consulting with your medical professional if something like Erectile Dysfunction is causing you problems. There is a chance that it could be an early warning of something like arterial plaques, high blood pressure or high blood sugar from Diabetes. So, apart from the obvious reasons for talking about it, it's always good to get things checked.

Sex and the menopause

Our experts from the Menopause Clinic, Professor Isaac Manyonda and Mr Vikram Talaulikar, take a look at changes in libido and sexual satisfaction during the menopause and talk about what can be done about it.

Human sexuality is a hugely complex issue and here no pretence is made to address the entire subject - whole books can, and have been, written on the topic. However, there can be no doubt that the menopausal transition affects female sexuality.

On a positive note, some women are liberated by the absence of the fear of pregnancy, while others feel that their maturity is such that they understand their bodies and know what they want. They may be in good relationships with their partner, have more time on their hands (especially if the children have flown the nest). Overall, for many women / couples all these factors make for a better sexual encounter in the menopausal transition. However, for many women the decline in sex hormones is associated with a negative impact on sexual function.

Sexual dysfunction during the menopause may be a result of vaginal atrophy, hot flushes /night sweats, irregular periods or bladder problems.

Some women become self-conscious because of physical changes that occur during the menopausal transition. These include dry skin, changes in the shape of their breasts and a gradual redistribution of weight away from their breasts towards their waistline. The so-called 'middle-age spread' can be an unfortunate reality. Despite rigorous exercise and dieting, women can find it difficult to shift this weight. This may have an impact on how a woman views herself, which could affect her levels of self-confidence.

The emotional changes that can occur in some women also contribute to impaired sexual function - the mood swings, the tendency to depression, the feelings of wanting to be alone, the sense of global anxiety and loss of self-confidence. All these factors can impact negatively on female sexuality.

Whilst the occasional woman experiences an enhancement in libido, for the majority of women a loss of libido is a common accompaniment to this life transition. With sexuality being so complex, the cause of this loss of libido is likely to be due to a combination of a multitude of factors, including those mentioned above. However, it is also thought that the decline in testosterone level, in particular, leads to loss of libido (as we know, women also have testosterone).

The challenge of menopausal sexual dysfunction is exacerbated by the fact that women often hesitate to seek help. They may find it embarrassing to do so or may consider that it is 'just part of the ageing process' for which nothing can be done. Whilst it is true to say that no hormone or tablet could ever mend a fractured relationship, in the absence of such a fracture, there is a whole multitude of interventions that could go a long way towards resolving the sexual dysfunction seen in the menopausal transition. This, in itself, can help to lessen or even avoid relationship problems.

Hormone replacement therapy (HRT) is hugely effective - local oestrogen creams or pessaries are very effective at relieving vaginal dryness and therefore the discomfort and / or pain that some women experience. Some low-dose vaginal oestrogen preparations are safe to use for symptoms such as vaginal dryness, irritation and painful sex, even with history of breast cancer in the past.

Systemic HRT can eradicate many of the symptoms described above that contribute to the sexual dysfunction - the hot flushes and night sweats, the mood lability, the dry skin etc. Open and honest conversations with partners is particularly important at this time and can add to the depth of relationships. Complementary activities such as yoga and acupuncture could also be considered.

A role for testosterone in menopausal sexual dysfunction

For many women, the mention of 'testosterone' conjures up masculinity, 'a male hormone', unwanted body hair, perhaps voice changes - 'will I turn into a man?' What is often not realised, is that women actually produce testosterone and that this testosterone is just as vital as the other sex hormones (oestrogen, progesterone etc) that they produce. Indeed, women produce three times as much testosterone as oestrogen before the menopause.

The level of testosterone in the female body gradually reduces with age and falls very abruptly / precipitously if ovaries are removed at the time of a hysterectomy, or for any other reason (because the majority of the testosterone is produced in the ovaries). The decline in testosterone may cause women to desire sex less often and when they do have sex, it is often not as pleasurable as it used to be, even though they still desire their partner.

There is also some evidence that having lower testosterone levels affects women's mood and increases their risk of becoming depressed. It therefore stands to reason that testosterone is likely to be a crucial component of HRT and that current approaches that have an emphasis on the replacement of oestrogen without testosterone may be misguided and inadequate. A full discussion of these issues is beyond the scope of this article and, indeed, a lot of research is still required, as many of the issues are yet to be fully understood.

Effects of testosterone given as HRT

The general current practice is to offer testosterone to women where loss of libido and poor energy levels are major features of the symptoms of their menopause.

It is an important hormone for muscle strength and stamina too. Many women report better quality sleep and some even report changes to the type and quality of their dreams, while others report a sense of an improvement in their eyesight. Some of these are anecdotal reports and it is not suggested that every woman will experience such benefits.

How testosterone is given

Testosterone can be given as an implant inserted in the fat layer under the skin on the buttock, abdomen or ***mons pubis***. A local anaesthetic is given and then a tiny cut made in the skin through which a special instrument is used to insert the implant. All this takes less than 10 minutes and if a stitch is applied to the wound, it is usually one that dissolves and does not need removal at a later stage. Each implant usually lasts 6 months.

Testosterone can also be given as a gel to rub into the skin. This appears to be the route favoured on the continent (such as in France), but these gels are also available in the UK and many menopause specialists prescribe them. Another novel way of administering testosterone is through oral / submucosal lozenges twice every day.

There are pros and cons where implants *versus* gels or lozenges are concerned. In the end, the effectiveness of the treatment and the woman's preference, determines the manner in which the testosterone is administered.

Side effects from using testosterone

There are usually no side effects with testosterone treatment. Very occasionally, some women notice some increased hair growth in the area in which they have rubbed the gel. This can be avoided by changing the area of skin on which the gel is rubbed.

There are currently no licensed testosterone preparations of testosterone for use specifically in women in UK. However, testosterone now forms a common and important component of modern Hormone Replacement Therapy and is widely prescribed. It has proven benefits that have been demonstrated in many clinical trials and is also very safe. When given as implants, women occasionally report an increase in body hair, the most annoying for them being facial hair. However, there are interventions, such as electrolysis, which are very effective at dealing with the unwanted hair. Having experienced the benefits of testosterone, many women would rather deal with the hair than stop using the testosterone.

It is arguably true to say that the beneficial effects of testosterone are under-estimated. The vast majority of women benefit immensely, with evidence showing that testosterone improves general well-being, emotions, mood, energy, concentration and, of course, libido. It can also provide benefits to the skin and hair.

Updates from the BMS

We belong to the British Menopause Society and receive their regular journal, *Post Reproductive Health*. Here is a summary of some of the latest data and information.

An increasing gender gap in problem-free later life

We all complete the census when it comes round every decade. How many of us know what happens with the data? The most recent UK census has shone a light on the gender gap in terms of terms of future disability. The evidence is increasing that, for women, the possibility of living a disability-free life in older age post-menopause is decreasing. Women are compromised in this regard when compared with men of a similar age. The gap widens with increased age and has the potential to impact negatively on the economic, health and well-being for both genders.

Recent statistics for osteoporosis, for example, show that the number of men in the older age group with osteoporosis was 849 compared to 6732 women of a similar age. Also, findings indicate the risk of developing debilitating conditions is more likely in women than in men. These conditions include: osteoarthritis; depressive symptoms; fall-related fractures; osteopenia; osteoporosis; Alzheimer's disease and related dementia.

Menopause, with the associated decline in hormones, is amongst the contributing factors, data suggest. Based on a recent BMA article, it is apparent that many medical professionals fall behind in terms of seeking help for themselves at menopause, let alone being in a position to support their patients. Better education about the menopause for all: the medical profession and women, will help to improve quality of life as well as quantity of life.

If women are empowered about the consequences of reduced hormone levels in later life, in terms of health effects and how HRT would be a good place to start, it would be a step in the right direction.

Is Black Cohosh back on the menu?

Black cohosh has had a bad press over the years, with its potential implications of negative impact on the liver. However, the most recent review has identified 35 eligible clinical studies that have indicated it is 'significantly superior for treating psychological menopausal symptoms' compared to a placebo.

The reviewers have considerably more confidence in the results, compared to earlier studies, and conclude that the benefits of black cohosh 'clearly outweigh' any possible risks and that it 'should be recommended'. All of the studies in the analysis demonstrated consistently the efficacy of black cohosh as a natural alternative to treat menopausal symptoms. Any concerns are focused on 'the quality, purity, constituents, and safety' of black cohosh supplements and the fact that 'different preparations may vary'. Therefore, research into the manufacturer of the supplement and ensuring that they meet pharmaceutical standards are key.

The latest data and advice on HRT

The information below outlines the updated version of The British Menopause Society and Women's Health Concern recommendations regarding HRT. The data include the latest information on bone, heart and brain health, together with an assessment of the evidence relating to potential risk of VTE (venous thromboembolism) and stroke. Here are the headline recommendations which may be helpful when preparing for a conversation in the surgery:

- Advice on how to navigate the menopause transition should be available to all women
- One size does not fit all and discussions with a healthcare professional should be holistic and individualised
- Following on from the point above, the dose and duration of HRT should also be individualised, based on a woman's personal experience(s)
- Transdermal oestrogen should be the first choice in terms of route of delivery due to its neutral impact on stroke / high blood pressure / DVT risk
- For women who need progesterone (most women) micronised (Utrogestan) should be the first choice, as this has a similar risk ratio in terms of stroke etc. as transdermal oestrogen. It also has a much lower risk of breast cancer compared to synthetic progesterone (which in itself represents a very low risk)
- Unregulated compounded hormones are not needed. HRT from an NHS healthcare professional is the recommended route
- Age and length of taking HRT: there should be no age limits put on the start and duration of HRT. Benefits usually outweigh the risks. If prescribed before age 60, HRT has a favourable risk / benefit profile. If started before 60 (or within 10 years of being post-menopause), HRT can be linked to a reduction in heart disease. If started after age 60, lower doses are recommended, ideally transdermally. There is no evidence of increased risk of heart disease in women who started HRT after age 60
- Early menopause and POI should trigger an encouragement to start HRT at least until the 'average' age of menopause; whilst the combined contraceptive pill can also be considered. HRT may provide the additional benefits of protecting bone density and the heart

NICE quality statements - possibly helpful for a visit to the Surgery!

1. Women over 45 presenting with menopausal symptoms are diagnosed with the perimenopause or menopause based on their symptoms alone, without confirmatory laboratory tests. *[blood tests are not recommended; listen to your patient and be guided by her experiences and symptoms]*
2. Women under 40 years presenting with menopausal symptoms have their levels of follicle-stimulating hormone measured *[here a blood test is recommended - for FSH]*
3. Women with POI (premature ovarian insufficiency) are offered HRT or a combined hormonal

contraceptive *[see final bullet in previous section]*. HRT is preferred due to its benefits for bone and heart health

4. Women having treatment for menopausal symptoms have a review three months after starting each treatment and then at least annually *[if you are not automatically offered these appointments, be sure to make them yourself]*

5. Women who are likely to go through menopause as a result of medical or surgical treatment are given information about the menopause and fertility before they have their treatment *[this currently, according to what we hear from women, rarely happens]*

The BMS vision for menopause care

The BMS vision has three key areas:

- the patient experience

Women are able to make informed choices due to the full range of information being readily available, being able to have access to suitably-trained professionals, being able to understand the options available to them

- a well-educated HealthCare Professional (HCP) workforce

Ensuring HCP's have the optimum skill mix and skill set to meet population demand, together with a robust understanding of how the menopause can impact women

- integrated care

An end to disjointed care and a move towards establishing clear referral pathways, ensuring these meet the needs of each woman

So, how is progress with this vision? The BMS works closely with its membership to provide better menopause and post-reproductive healthcare. They do this via education and training for both HCPs (via the BMS) and women (via The Women's Health Concern). They collaborate and work in partnership with a number of specialist organisations: RCOG, FSRH, RCGP and RCN, for example. They are extremely active on social media and with media campaigns.

mm Q&A

Menopause Clinic, London

Q *I have been on the Mirena Coil for contraception for many years. As this stops me having periods, I don't know what stage I am at in life. How can I tell when I will be post-menopause?*

A Whilst it was a common practice in the past to test blood levels of hormones (FSH and oestrogen) to diagnose menopause, it is no longer the norm.

Most women who have the Mirena coil tend to know that they are possibly peri-menopausal as they may experience some or other symptoms such as hot flushes, night sweats, mood swings, tiredness or vaginal dryness. With no symptoms, the only other way to know if menopause has occurred is the lack of periods after removing the coil.

If a woman experiences severe symptoms of menopause whilst using the coil, she can start taking hormone replacement therapy or non-hormonal alternatives without the need for any testing (unless her medical history contraindicates HRT). In fact, the coil can be retained as it can serve as the progesterone arm (second hormone) of HRT. The coil is one of the safest and long-term methods of taking progesterone.

In absence of any symptoms, current national guidelines recommend continuing contraception until the age of 55 years, at which point loss of natural fertility is assumed and contraception discontinued.

Q *I want to go to see my doctor for a blood test to see if I am peri-menopausal. Are these tests reliable or a waste of time?*

A Traditionally, the clinical diagnosis of menopause was based on the absence of periods and a level of FSH hormone of more than 25 in the blood. However, it is now recognised that symptoms of menopause begin much earlier, before the permanent cessation of periods or a rise in the levels of FSH.

Levels of all key female reproductive hormones (FSH, LH and oestrogen) vary widely during the phase of peri-menopause (which may last anywhere between 2 and 5 years). The levels of hormones will also vary every month and sometimes within the same month. Hormones are secreted in a pulsatile (regular bursts) manner throughout the day and night and this may also affect the results. In addition, women can experience differing levels of severity of menopausal symptoms at the same blood level of hormones.

All these factors, therefore, make blood hormone tests of very little practical value during peri-menopause. It is the symptoms that a woman has and how she feels, that should determine whether the woman should consider HRT or non-HRT options for management of menopausal symptoms. The majority of women do not need any specific tests before HRT is prescribed. Occasionally, for some women, tests such as thyroid hormone profile, thrombophilia screen or pelvic ultrasound may be needed, based on their medical history.

Free online talks with Professor Manyonda and Mr Talaulikar

FREE monthly online talks with Professor Isaac Manyonda and Mr Vikram Talaulikar, our Clinical Partners from The Menopause Clinic:

First Thursday of every month: 18:30 – 19:30

Each month we will cover a particular aspect of the menopause and there will be an opportunity for live Q&A.

Some topics we will be covering during the rest of this year will include:

- Premature ovarian insufficiency (POI)
- The heart and menopause impact
- The brain and menopause impact
- Osteoporosis – why it happens and how we can support our bone health

Midlife Matters Menopause Meetings

Menopause Clinic, London

rdpi

To secure your **FREE** place click on the Eventbrite link here:
https://www.eventbrite.co.uk/e/midlife-matters-menopause-meetings-tickets-149705999675

Our Partners

We are pleased to partner with a number of great people that offer services, products and information - including contributions to the freebies in the 'goody bags' we give out at face-to-face trainings that people like so much! We do not gain financially in any way as a result of drawing them to people's attention. Of course, this includes our Clinical Partners, The Menopause Clinic and The London General Practice.

Please check the **Partners section of the RDPI web site** for contact details and special offers!

The Menopause Clinic
Professor Isaac Manyonda and Dr Vikram Talaulikar
www.menopauseclinicLondon.co.uk

YES YES Company: Organic intimacy products

Pravera: Organyc cotton feminine care products

Vitabiotics: Midlife wellbeing supplements

Active Iron: Maintaining the 'iron balance'

London General Practice
Dr Paul Ettlinger
www.thelondongeneralpractice.com

Edible Health UK: Collagen supplements

TensCare: Innovative pain relief and wellbeing products

Promensil: Red clover oil

News
read all about it!

Breast cancer news
Drugs can help one area of concern and carry the possibility of creating other issues that need to be dealt with. This is exciting and positive news for sufferers of breast cancer

https://medicalxpress.com/news/2021-05-lasofoxifene-treatment-resistant-breast-cancer.html

Hot flush relief, what's not to like!
Good news here for all hot flush sufferers (and people who just hate the summer heat waves). A new hand-hell fan costing just £15 has got rave reviews

https://www.dailymail.co.uk/femail/article-9639875/Shoppers-say-15-handheld-fan-help-beat-heat-menopause-related-hot-flashes.html

The new 'gold' standard for non-medical menopause support?
We are used to using saffron in a paella, who knew it might support women with some of the psychological aspects of the menopause transition? This new study shines a light on this golden potential help

https://www.nutraingredients.com/Article/2021/06/17/Saffron-reduces-psychological-symptoms-of-menopause-researchers-say

"Confidence is the sexiest thing a woman can wear" …
So says the brilliant Dr Pamela Stephenson. We have always agreed, and would now add to that the fabulous lingerie designed and modelled by the fabulous 79 year old Helena Schargel from Brazil. Hurray for sensuality and the post-menopausal woman!

https://www-ndtv-com.cdn.ampproject.org/c/s/www.ndtv.com/offbeat/helena-schargel-the-lingerie-model-79-on-mission-to-make-older-women-more-visible-2150552

Equality across the Isles
Currently if you live in Scotland and Wales, you can get HRT free on the NHS. However, if you live in England, you have to pay for it! Not only that, but if you need (as most women do) both oestrogen and progesterone it will be two prescription charges. Let's celebrate MP for Swansea East, Carolyn Harris, who is introducing legislation into Government for equality across the British Isles

https://www.independent.co.uk/news/uk/home-news/menopause-hrt-free-nhs-charges-b1866482.html

Healthy dancing
It is well known that exercise helps improve our physical and mental well-being. It seems that dancing might be a good option to consider. Whilst it's a small study, the results showed an improvement of a number of important factors, ranging from cholesterol through weight to self-image. Dancing is accessible to most people and considered a 'low-risk' (in terms of injury!) option

https://consumer.healthday.com/8-2-women-may-dance-themselves-to-better-health-after-menopause-2653982274.html

Prostate progress

The possibility of prostate cancer is something that hovers in the background for a lot of men. Whilst many may get it but be unaware, it can have a devastating impact of many other. This is encouraging news

https://www.nbcnews.com/health/mens-health/new-radiation-therapy-prostate-cancer-reduces-deaths-study-shows-n1269566

Men's pelvic floor and erections

Men have a pelvic floor too? We all have them. If you have ever considered you might like to have an even better erection (not to mention avoiding incontinence!), naturally, then click here and read on …

https://www.menshealth.com.au/how-strengthening-your-pelvic-floor-can-lead-to-better-erections

The value of vulnerability

Thank goodness the 'stigma' of mental health for everyone has started to be tackled over the recent years. That stigma appears to be even more pronounced for men, the more high-profile men who speak up the better for all

https://www.menshealth.com/uk/mental-strength/a36427559/joe-marler-rugby-depression-mental-health

Men - make health matter!

Almost half of men say they are not likely to reach out to their GP or health professional if they have a health concern according to a survey. But finding problems at an early stage makes all the difference and the outcome far better!

https://www.rte.ie/lifestyle/living/2021/0614/1227976-research-reveals-42-of-men-have-put-off-seeking-advice-on-health

KitKat for breakfast anyone?

Ok, this study is aimed at menopausal women, however it may well help everyone! And if the chocolate is minimum 70% cocoa solid, possibly even better! Get munching

https://uk.style.yahoo.com/chocolate-helps-women-burn-fat-study-100258316.html

Diet, health and longevity

We all know about having good nutrition - something like the Mediterranean diet, for example. In this research, they've developed a way assessing the impact of different foods, One hotdog, for example, 'costs' 36 minutes of 'healthy life'

https://theconversation.com/individual-dietary-choices-can-add-or-take-away-minutes-hours-and-years-of-life-166022

Stop sitting, start standing

We've all heard about the minimum of 150 minutes of exercise we need to do per week. Looks like, as with many things in life, one size does not fit all. But it's not only about the exercise, this study suggests that it's about activity based on the amount of time you spend sitting down

https://www.bbc.co.uk/news/uk-scotland-57164243.amp

Yoga poses for a younger body

Ok, so the possibility of either of us being able to mimic the pose in the picture at the start of this article are, frankly, off the scale unlikely. That doesn't mean doing something to keep flexibile and strong isn't an excellent idea. If we all take small steps in the right direction, who knows what might be achievable?

https://www.yogajournal.com/poses/anatomy/hip-flexors/stretch-tight-hip-flexors

Tasty Tofu treats

Tofu may not ever have featured highly (ok, at all!) as part of your diet. Reading this article, however, can encourage a rethink. It could well be featuring on more shopping lists in the not too distant future

https://pragativadi.com/health-benefits-of-tofu-that-convince-you-to-eat-more-of-it

The love of your life

We love Philippa Perry (her husband's pretty cool too!) This is a brilliant interview with a brilliant woman. Let's hear it for Kevin the cat!

https://www.theguardian.com/lifeandstyle/2021/jun/05/philippa-perry-graysons-nice-but-have-you-met-my-cat

Can diabetes be reversed?

Type 2 diabetes is increasing in the UK. It can lead to serious health problems affecting the kidneys, eyes, nerves and circulation. A new study suggests that it can be reversed. People were given a very controlled diet and around half put their diabetes into remission. It's early days, but this is a very promising development that could have major benefits to many people

https://patient.info/news-and-features/can-you-reverse-type-2-diabetes

Gear up your good gut

Whilst this is aimed at women at menopause, the evidence that good gut health is a must for everyone is growing. A fascinating recent Zoe webinar on Covid-19 and gut health highlighted how important it is for us all to ensure we look after our gut bacteria. This article talks about why gut health is important and what to look for when choosing a microbiotic

https://inspiredhealth.co.uk/blogs/wellness/how-to-choose-the-right-microbiotic-for-you

Food and mental health

A recent review article brought together evidence that the foods we eat affect our mental health. Ranging from anxiety to ADHD, evidence seems to suggest that a Mediterranean diet can help. This is what we always say for our general health, so it's another piece of evidence!

https://www-psychologytoday-com.cdn.ampproject.org/c/s/www.psychologytoday.com/us/blog/evidence-based-living/202001/the-foods-we-eat-do-affect-our-mental-health-heres-the-proof

Loving the midlife change

People loving how they've changed course at midlife! From the woman who started a medical degree in her 40s to the one who did law in her 50s and is still working in her 70s. "Making a change is life-affirming. You have a tremendous sense of self-renewal, which goes with your sense of self-achievement"

https://www.theguardian.com/lifeandstyle/2021/aug/26/a-stunning-second-act-meet-the-people-who-changed-course-in-mid-life-and-loved-it

BMI: Body Mass Index or Broadly Misguided Information?

If someone is overweight, they know it and most people don't need a BMI figure to tell them. It can be detrimental and misleading. A person who is super fit, has excellent muscle mass and low body fat may well show up as 'obese' on a BMI scale. It's time to rethink how we assess what is healthy

https://www.vogue.co.uk/beauty/article/time-to-cancel-bmi

The menopause and equality

The menopause is not a disability, but Employment Tribunals often claim that a woman was temporarily disabled due to the severity of the problems she was suffering due to the menopause. There's now a move to make the menopause a Protected Characteristic under the Equality Act in an effort to stop women being discriminated against as they pass through this phase

https://www.thehrdirector.com/business-news/employment_law/should-menopause-be-a-protected-characteristic/

Join the conversation

Midlife_Matters LinkedIn Group
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@Midlife_Matters
Midlife_Mattters

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For information on our specialist "midlife matters" training courses please follow the links below or contact Katie Day or Dr Roger Prentis at:

info@rdp-int.com
www.rdp-int.com

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