

Session 3 - Medical Treatments for Menopause, Osteoporosis

HRT and Medical Alternatives to HRT Osteoporosis

Welcome

Introductions

If Appropriate

Name stickers and felt pens

“ “

Icebreaker

“ “

Groundrules and confidentiality - Remind group from previous session

Time – 10 mins

Refreshments – at start or half way through

Aims of the session To understand the benefits and risks of HRT, preparations, effectiveness, side effects and duration of use.

To understand who is at risk from Osteoporosis and who needs treatment.

Introduction to the session

Many women do not need HRT to control symptoms that are just at nuisance level, once they understand that they are part of the natural “Change of Life”.

Women frequently worry that they are having a breakdown – or have cancer – because they are so disturbed by symptoms they don’t understand.

Unresolved issues about menopause, ageing, self esteem, mood swings, relationship or other problems may need talking through before discussing if HRT is really needed or not.

Difficulty in decision-making is a menopause symptom! - so women need time to think and make their own decision about what form of help they want with their menopause symptoms – or if life-style changes will sort their problems out.

Research shows that daily exercise, healthy eating, stopping smoking, stress management and positive enjoyment of life are the most important things that lead to a healthy old age!

However there is a small group of women whose menopause symptoms make it impossible to do their work properly, are threatening their family and relationships or may just be making their life a total misery.

We’ll look today at what options there are for safe medical treatments for menopause symptoms and what you need to know about Osteoporosis.

Time 3 mins

Introduction to HRT

What is HRT?

Most menopause problems are due to the sudden fall in levels of the female sex hormone Oestrogen as the ovary shuts down.

HRT replaces the lost oestrogen – but can have a harmful effect on the womb lining if given alone.

You need to add in a second hormone, Progestogen, similar to the sex hormone progesterone, to protect the womb lining from the oestrogen, if you have not had a hysterectomy.

After hysterectomy oestrogen is used alone.

Women who have **not** had a hysterectomy need combined oestrogen and progestogen.

Up to the age of 54 – or if a woman is still having some periods – this is given in a **monthly cyclical** form to produce a monthly period. (there is a 3 monthly form which suits some women – but not others)

After the age of 54 – or if a woman has not had a period for over a year when starting HRT – it is used in a **continuous/combined** form which will not produce periods.

There is no evidence to date that natural progesterone or so-called “bio-identical” hormones which are produced in a lab - are better for the body than currently used HRT (2011)

As the ovaries also produce testosterone - this may need to be added to HRT in some women - especially those who had the ovaries removed surgically when young.

Time 3 mins

Activity A

“HRT True or False” quiz sheet

“HRT True or False” quiz answers and discussion points

Pens

Flipchart or A3 pad for feedback

Post-it notes for Thorns and Roses evaluation

- Ask the group to fill in the quiz sheet – not spending too long on any question they’re not sure of the answer to. It may be good to offer for people to work in 2’s if they want to, so any difficulty with literacy won’t be so obvious - but they are likely to discuss their different viewpoints which might take up a lot of time so you’ll need to keep them focussed.

Time 5-10 mins

- When they have finished – go through the answers on the answer sheet with them – getting them to volunteer answers before you give the ones on the sheet. Get them to fill in the right answers on their quiz sheet so they have a record of the answers. Allow some discussion – but keep an eye on the time. Explain that they can get up-to-date leaflets off the internet - or provide them yourself. **Time 30-40 min**

Medical alternatives to HRT

Mention that there are a few Medical alternatives to HRT if people are not recommended to have HRT, or don't want it.

They are not usually as effective as HRT and may have quite bad side-effects - but can work for some women. **See GP to discuss** **Time 1 min**

Main points to be learned in this activity - HRT

Check that each idea has been dealt with during the activity or session.

Read out a selection, in these or your own words, as a way of reminding people of the most important points and rounding off the activity or session. Include any new points the group has made which you know to be relevant and accurate.

- Self help options for dealing with menopause symptoms are really important for your future health - whatever you may decide in relation to medical or complementary treatments.
- HRT can provide great relief from menopause symptoms but it may take several tries before you find a type that suits you well.
- For women with no special risk factors new research is showing that starting HRT at the menopause reduces menopause symptoms and prevents osteoporosis without any increased risk of stroke, thrombosis in heart or leg, or any cancer - and actually lowers the risk of death from all causes.
- Choose a good time to try coming off HRT - ie. not just before a demanding event at work or socially - or in the middle of a hot summer when flushes may be more troublesome.
- Rebound menopause symptoms are likely after stopping HRT - but usually settle well - or can be controlled with complementary therapies.
- If you feel you have to restart HRT after trying other options, start at a lower dose and review yearly with your GP or ask for referral to a Menopause clinic.
- A very few women will never feel well without oestrogen and they need to be cared for by a specialist Menopause clinic.

Break

Activity B Osteoporosis

Buy a **chocolate honeycomb bar** (or several to share) and bring it to the session – but keep it hidden until after the quiz

Osteoporosis quiz sheet

Osteoporosis Answers and discussion sheet

Pens

Flipchart or A3 pad for feedback

- Ask the group to fill in the quiz sheet – not spending too long on any question they're not sure of the answer to

Time 5-10 mins

- When they have finished – go through the answers on the answer sheet with them – getting them to volunteer answers before you give the ones on the sheet

Time 20-30 mins

Main points to be learned in this activity - Osteoporosis

Check that each idea has been dealt with during the activity or session.

Read out a selection, in these or your own words, as a way of reminding people of the most important points and rounding off the activity or session. Include any new points the group has made which you know to be relevant and accurate.

- Women are 3 times more likely to get osteoporosis than men
- Thinning of the bones is much more rapid at the time of, and just after, the menopause for some women.
- Other things that can increase your risk include
 - early menopause – before age 40
 - long term treatment with corticosteroid tablets (inhalers probably fine)
 - family history of broken bones from mild accidents - or “Dowager’s hump”
 - if you have broken a bone after a minor fall or bump
 - long times in your life without monthly periods due to Sport or Anorexia
 - past or present heavy smoker or drinker
 - low calcium diet, immobility and very low exposure to sunlight
- There are no early symptoms of thinning bones – so check possible risk factors and see your GP if you think you are at risk at the time of the menopause, when bone can be lost quickly. Your doctor can arrange a bone density scan to check how solid your bones are.

- If they are definitely brittle they will recommend treatment which may be HRT if you are in the menopause years, as it is currently the most effective at this time. This may change in the future.
- If they show very early thinning they will recommend exercise, healthy eating with plenty of calcium, or calcium tablets – and a repeat bone density scan in a couple of years
- Some women develop osteoporosis with no risk factors at all - so it's really important for all women to eat well, with plenty of calcium, and to exercise regularly during and after the menopause.

For a review of the latest thinking and advice on HRT, risks and benefits and osteoporosis please look at the **fact sheets and leaflets** on the following websites.

Menopause Matters	Information, magazine, books, leaflets etc. www.menopausematters.co.uk No phone
The Menopause Exchange	Independent magazine and other useful information www.menopause-exchange.co.uk tel 0208 4207245
Women's Health Concern	Wide range of info on women's health and menopause www.womens-health-concern.org tel 01628 47847
Royal College of General Practitioners	www.rcgp.org.uk Some patient advice on menopause
The British Menopause Society	Mainly for medical professionals www.thebms.org.uk
National Osteoporosis Society	www.nos.org.uk Helpline 0845 450 0203
Daisy Network	Information and activities for women with premature menopause www.daisynetwork.org.uk

Other issues that might come up

How to decide about HRT
Living with a debilitating illness
Ageing - and others

Other services or agencies that might be relevant

Local Menopause/PMS clinics
Local Osteoporosis Centre – though usually need a doctor's referral
Local Counselling services – individual, relationship, bereavement, alcohol, sexual preference and sexual and relationship etc.
List of Helplines for Carers, Domestic Abuse, CAB, - or whatever may have special relevance to your group
Exercise and relaxation classes/centres
Women's Massage practitioners

Handouts

Menopause leaflet and Symptom chart - if needed - see session 1

Menopause - what you lose on the swings you gain on the roundabouts!

Bring samples of **leaflets** you have found on the above websites so that people can look them up on the internet - or order them yourself if you feel the group will not be able to do that.

For next time

Remind re date and time Any ideas for the next session

Time for short 1-to-1 discussions

Quiz -True or false about HRT

1)HRT has been made in the following forms tick True or False

Tablet	T	F
nasal spray	T	F
chewing gum	T	F
patch	T	F
vaginal creams and tablets	T	F
hairspray	T	F
rub-on gel	T	F
implant	T	F
IUS or coil (Progestogen only)	T	F

2) HRT can relieve the following problems – if they have started at the menopause tick True or False

Hot flushes and night sweats	T	F
Poor sleep and tiredness	T	F
Relationship problems	T	F
Vaginal and bladder discomfort	T	F
Mood swings	T	F
Very heavy bleeding	T	F
Depression	T	F
Poor mental performance	T	F
Low sex drive	T	F
Osteoporosis or Brittle bones	T	F

3) What self-help changes are more important than HRT to your future health?

4)Who may be at special risk for taking HRT?

5) What increased health risks does HRT give to women with no special medical risk factors?

6) When can you start HRT and how quickly does it work?

7) What side effects are common, to start with, on HRT?

8) How long can you take HRT for?

9) Don't you "go through the menopause" anyway when you stop HRT?

10) How long might the rebound symptoms last when you stop HRT?

True or false about HRT – Answers and discussion points

1) HRT has been made in the following forms tick True or False

Tablet	<u>I</u>	F
nasal spray	<u>I</u>	F
vaginal ring	<u>I</u>	F
chewing gum	T	<u>F</u>
patch	<u>I</u>	F
vaginal creams and tablets	<u>I</u>	F
hairspray	T	<u>F</u>
rub-on gel	<u>I</u>	F
IUS or coil (progestogen only)	<u>I</u>	F

You can discuss with your doctor which form of HRT might suit you best – though they will usually start with the cheapest form ie. Tablets - unless you have a medical condition which needs a different type.

The most common forms now are tablets and patches to supply the oestrogen and progestogen - and the IUS progestogen-carrying coil which only supplies the progestogen hormone, but can be used with oestrogen patches or tablets.

The IUS or Mirena coil is also a very effective contraception for the perimenopause years.

2) HRT can relieve the following problems – if they have started at the menopause

Hot flushes and night sweats	<u>I</u>	F
Poor sleep and tiredness	<u>I</u>	F
Relationship problems	T	<u>F</u>
Vaginal and bladder discomfort	<u>I</u>	F
Mood swings	<u>I</u>	F
Very heavy bleeding	T	<u>F</u>
Depression	T	<u>F</u>
Poor mental performance	<u>I</u>	F
Low sex drive	<u>I</u>	F
Osteoporosis or brittle bones	<u>I</u>	F

Hot flushes and night sweats should be relieved over the first few months of treatment – and the dose needs to be increased every 3 months until virtually all flushes and sweats are gone. Tell your doctor if they don't settle - as they can sometimes be caused by other medical problems

Poor sleep and tiredness can make life a misery – some people are woken 8 times a night with sweats and this is not compatible with normal life! Menopause can also cause long periods of wakefulness in the night and if there seems no other reason for this, and nothing else helps, it's worth trying HRT if it's affecting daily life.

Relationship problems can be made worse if a woman is exhausted and struggling with symptoms but is not a menopause problem as such

Explaining things to your partner and family and asking for them to share the work, as you need, should resolve things – though partners often don't like losing the woman who kept everything running nice and easy for them!

Do consider going to Relate for counselling if things don't improve, as talking things through can help you both understand the other better and find ways to resolve things you have become stuck with.

Vaginal and bladder discomfort usually improves well on HRT. Vaginal forms of HRT can be used for women who are not recommended HRT for medical reasons or who only have this symptom.

See doctor for examination and tests if things don't improve.

Mood swings usually improve on HRT but until the oestrogen level has built up in your blood stream you may get **worse mood swings!** – especially on the second 2 weeks of a cyclical version ie. the one that gives you periods.

Ask your doctor for a higher dose HRT near the end of the first 3 month prescription if you're still having significant mood swings along with other menopause symptoms.

If all the other symptoms have gone apart from mood swings they may be due more to psychological, family or social pressures – so consider talking to someone you trust or a good counsellor.

Very heavy bleeding is common coming towards the menopause due to the irregular hormone output but is not a menopause symptom as such and may be due to fibroids or other problems.

Women need to be referred for gynaecology tests and treatment before considering HRT if they have such problems, but not otherwise.

Poor mental performance usually improves a lot on HRT if it started with the menopause but may take several months to do so. If it persists it may be due to stress, depression – or, rarely, early dementia or other medical problems.

Depression does not necessarily improve on HRT – and can actually get worse if the woman was not really acknowledging her depression and was pinning all her hopes on HRT. If this happens there may be a risk of suicide. If there are definite

symptoms of depression (see session 2) see GP for discussion of talking therapies, now shown to work well, or other options.

Low sex drive HRT alone can sometimes improve sex drive but you may need added testosterone, which is also produced by the ovaries, particularly if you had the ovaries removed when fairly young.

Testosterone patches are now licensed for use with HRT in this situation.

Sex drive usually recovers naturally in time - but may never be quite the same and some women may prefer more sensual stimulation rather than penetration at this time of life. Couple-centred sex therapy can help if it becomes a real problem.

Osteoporosis or Brittle bones Although daily exercise, stopping smoking, healthy diet and prevention of falls in the elderly are still the most important factors in reducing fractures, HRT can help reduce them by 18 cases per 10,000 - and can hold the bone density steady while you are on it. This could delay serious fractures occurring in those at risk of osteoporosis.

Bowel Cancer HRT can also reduce the incidence of bowel cancer by 6 cases per 10,000. Do take advantage of any bowel screening offer you have - as bowel cancer is easily curable if found in the early stages. The test just involves posting off small samples of 3 day's faeces in a special envelop. If you ever pass blood from the back passage as a new symptom you must see your GP for examination and referral for tests.

It's important to find a doctor or nurse who **listens and explains things well** - as many women really suffer in the menopause because they are unnecessarily anxious about using HRT for a few years.

HRT is safe for almost all women for a few years - to tide you over the worst of the symptoms if they are causing you real trouble.

The British Menopause Society can give up-to-date advice to doctors - if you feel they are being over-cautious after the media scares.

HRT is only used nowadays to relieve menopausal symptoms and prevent osteoporosis worsening - not for prevention of other medical conditions.

3) What self-help changes are more important than HRT to your future health?

Research shows that

- daily exercise,
- healthy eating,
- stopping smoking,
- stress management
- spending time with women friends and
- positive enjoyment of life are the main factors in keeping fit and healthy into old age!

4) Who may be at special risk for taking HRT?

Women who have had – or whose female relations have had :-

- Breast cancer below the age of 55
- Cancer of the ovary
- (There's no problem taking HRT after cervical cancer)
- Blood clot in the leg or lung (DVT or VTE) or stroke
- Some other serious medical conditions

Any woman with

- undiagnosed abnormal vaginal bleeding
- severe liver or kidney problems
- recent heart attack
- jaundice in pregnancy
- untreated high blood pressure (Though HRT may change the dose of treatment needed, once the blood pressure is under control, HRT should be fine)

Even if you have one of these conditions a Menopause Specialist or other hospital Consultant may be able to prescribe HRT if your symptoms are making your life a complete misery – and you have tried other options – see below.

5) What increased health risks does HRT give to women with NO special medical risk factors?

For women with no special risk factors new research is showing that starting HRT at the menopause reduces menopause symptoms and prevents osteoporosis without any increased risk of stroke, thrombosis in heart or leg, or any cancer - and actually lowers the risk of death from all causes.

- **Gallbladder problems**

Slightly increased risk.

Symptoms include right-sided upper abdominal discomfort or pain especially after fatty meals.

6) When can you start HRT and how quickly does it work?

HRT can be started before the periods have finished and at any age - as long as blood hormone tests have proved that the symptoms are due to menopause, or classic menopause symptoms have started in a woman aged over 45.

(It can also be used for severe PMS)

If a woman is still having some periods but getting menopausal symptoms (they often cluster around the period) – a **blood test on day 2-4 of the period** may

show low oestrogen and early menopause changes even if a random test comes back normal.

It may take several weeks for any real improvement to show after starting HRT and things may still be gradually improving for up to 4 or 5 months.

If there's no real improvement towards the end of 3 months ask your GP to try the next higher dose – as it's usually better to start on a lower dose and move up if needed.

HRT is not magic!

- it may not give much relief for the first few months
- it will not make you feel young and happy all the time
- it won't give perfect results
- but it can make a huge difference to some women with really troublesome menopausal problems.

7) What side effects are common, to start with, on HRT?

These are usually only mild and often only get one or two of them.

- Breast pain or tenderness
- bloating
- nausea
- headaches
- leg cramps
- mood swings
- indigestion (if tablet form)
- skin and hair changes - and others.

Usually disappear after 2-3 months – if not, discuss with your doctor **before** you get a new prescription and don't run out of your HRT if at all possible

Keep a daily symptom chart if on cyclical HRT (which gives you a period) as symptoms may vary widely between the first two weeks and the second two weeks of the packet - and this can show which of the two hormones you are getting side effects to.

Adjusting the relative doses of the two hormones or choosing a different type of HRT should get rid of the side effects. Eg. some versions of progestogen are more likely to give PMS side effects and should be avoided if the woman has had bad PMS or postnatal depression in the past.

The best progestogens in this case are dydrogesterone and MPA (medroxyprogesteroneacetate) - and your doctor can find a version of HRT using one of these to reduce your progestogen side effects.

Some women tolerate patches better than tablets - but any redness or itching under the patch will stop the oestrogen being absorbed and the prescription will need changing. It's worth trying different types of patches if this happens - or try an oestrogen gel.

Weight gain

Repeated studies show that HRT in itself does NOT cause weight gain!

Many women do put some weight on over the menopause years and need to exercise more and eat less calories to keep this under control.

45 - 60 mins exercise most days is needed to help with weight loss

Heavy or irregular bleeding

Periods on HRT are usually lighter than normal but if bleeds on the cyclical HRT are heavy, longer than usual, irregular or painful see your doctor to check out the cause and try a different type of HRT.

Irregular bleeding or spotting can occur during the first 6 months with "period-free" HRT – but always tell your doctor if it happens after 6 months.

8) How long can you take HRT for?

- **To relieve menopause symptoms**

Most Menopause clinics recommend HRT for up to 5 years after the age of 51 - but you can discuss how you feel about the gradual increase in risk after 5 years if you feel you need to continue.

Any increased risks from HRT are due to having oestrogen in the body after the average age of menopause ie. 51.

Theoretically any HRT needed before age 51 should not give added risks but this is not absolutely clear yet.

Choose carefully **when to stop your HRT** - ie. not just before Christmas or other big event or holiday and not in the middle of a heat wave!

It is common for some symptoms to recur after stopping – but these often resolve to manageable levels with a bit of patience.

Complementary Therapies can be very helpful if you get moderate symptoms after stopping HRT eg, Red Clover, Acupuncture, T'ai Chi, Yoga etc.

If symptoms stay severe after trying self-help measures - restart HRT after considering possible increased risks - and start off with a lower dose.

There is a **small group of women who persist with severe symptoms long term**, and they are best cared for by a Menopause Specialist.

- **Early Menopause**

Take at least until the natural age of menopause ie. Age 51 then consider further HRT if symptoms are bad after stopping it, and you have tried self-help measures.

- **Prevention or treatment of Osteoporosis**

Consider lifelong treatment if needed. The risks of allowing osteoporosis to develop may be worse than the risks of long term HRT.

A bone mineral density scan and discussion with your doctor can help you decide if you need long term treatment.

See later part of session for risk factors and treatment options for osteoporosis.

9) Don't you "go through the menopause" anyway when you stop HRT?

No - you don't start the whole menopause over again as some people think.

While you have been on HRT the ovaries have aged and have probably stopped functioning altogether – so you will suddenly be faced with no natural or HRT oestrogen circulating in your body when you stop it.

If you're on oestrogen-only HRT – ie. you have had a hysterectomy – you can try **reducing the HRT dose** over a couple of months before stopping it altogether. If rebound symptoms become severe on the lower dose – you probably need to stay on it or try Complementary Therapies.

Reducing the dose doesn't usually work well if you reduce the oestrogen on the combined version but keep the progestogen dose normal – as there are not many versions of HRT where you can alter the doses of both types of hormone. This may well give you PMS symptoms – and it is better just to prepare yourself, and those around you, and come off it!

Do **choose your time to come off HRT carefully** – as a midsummer heatwave, just before a big family celebration, an exam or a holiday would not allow you to take life easily over the first few months off HRT – and may result in your restarting it unnecessarily.

10) How long might the rebound symptoms last when you stop HRT?

Many people do get symptoms when they stop HRT – but they often settle over a couple of months and can be lived with.

Self help options and stress management can allow you to function fairly well despite flushes and sweats, tiredness and sleep disturbance – though you may have to cut down on some of the things you are doing for a while, and maybe drop your hours at work if that's possible.

This can feel very threatening to women who have always coped with everything life has thrown at them, but talking things through with friends, family or a counsellor can allow you to learn how to slow down, chill out, hand things over to others and work at a pace you can actually manage during this stage - without feeling guilty.

Complementary therapies may relieve some symptoms and/or generally make you feel better eg, Red Clover, Acupuncture, T'ai Chi, Yoga etc.

Menopause - what you lose on the swings you gain on the roundabouts!

If severe symptoms persist see your doctor or a Menopause Specialist.

A small group of women will continue with distressing menopause problems into their 70's and beyond and can sometimes continue with HRT long term under the guidance of a Menopause Specialist.

Session 3 Osteoporosis quiz sheet

1) Which type of chocolate bar shows the difference between healthy bones and brittle bones best?

2) At what age are your bones at their strongest? – their Peak Bone Mass?

3) Roughly how many people develop osteoporosis as they get older?

Women one in ___?

Men one in ___?

4) What might make you more likely to have brittle bones as you get older?

5) How may you know that your bones are getting too thin?

6) What are the long term effects of Osteoporosis?

7) What is the best way to protect your bones from middle age onwards?

8) What advice would you give to your children or other people you know - about helping **their children** build strong and healthy bones through childhood and as teenagers?

Session 3 Osteoporosis quiz sheet - discussion points

1) Which type of chocolate bar shows the difference between healthy bones and brittle bones best?

Although chocolate with air bubbles in it shows the fragility a chocolate covered honeycomb bar is a perfect illustration! (The chocolate is not strictly necessary here! - and a bag of honey comb pieces would be fine.)

Break one open in the middle – and show the solid “bone” at the edges – and the more open “bone” in the middle.

Which is stronger?

The solid bone at the side – not the “osteoporotic” bone in the middle. (Perhaps the model honeycomb bar - and maybe a few others, can then be shared out in the group!)

2) When are your bones at their strongest? – their Peak Bone Mass?

Age 25 - 35

3) Roughly how many people develop osteoporosis as they get older?

Women	one in 4
Men	one in 12

4) What might make you more likely to have brittle bones as you get older?

Being a woman!

Women are 3 times more likely to get osteoporosis than men

Thinning of the bones is much more rapid at the time of, and just after, the menopause for some women. They lose calcium more quickly as the level of oestrogen in their body drops.

Other things that can increase your risk include

- early menopause – before age 40
- long term treatment with corticosteroid tablets (inhalers probably fine)
- family history of broken bones from mild accidents - or “Dowager’s hump”
- if you have broken a bone after a minor fall or bump
- long times in your life without monthly periods due to Sport or Anorexia
- past or present heavy smoker or drinker
- low calcium diet, immobility and very low exposure to sunlight

5) How may you know that your bones are getting too brittle?

- There are no early symptoms of thinning bones – so check possible risk factors and see your GP if you think you are at risk at the time of the menopause, when bone can be lost quickly.
- Your doctor can arrange a bone density scan to check how solid your bones are.
- If they are definitely brittle they will recommend treatment which may be HRT if you are in the menopause years as it is the most effective.
- If they show very early thinning they will recommend exercise, healthy eating with plenty of calcium, or calcium tablets – and a repeat bone density scan in a couple of years.
- Any woman who has a fracture aged 45 or over should discuss having a bone density scan - as a normal Xray will not necessarily show early thinning of the bones.
- Some women develop osteoporosis with **no risk factors at all** - so it's really important for women to eat well and exercise during and after the menopause.

6) What long-term damage can osteoporosis do?

- Thin bones can break more easily and eventually may not heal fully at all leading to serious loss of mobility.
- Collapsing of the spine vertebrae can lead to a “Dowager’s hump” – with increasing upper back pain and chest problems as the lungs are affected.
- Most people lose some height in their 70’s and 80’s - but if you feel you are losing height early, or very quickly, do ask for a bone density scan and referral to an Osteoporosis Centre if needed.

7) What is the best way to protect your bones from middle age onwards?

- Daily exercise, taking your weight on your feet, as this stimulates the hips and leg bones to strengthen. Eg. Walking, jogging, dancing, tennis etc. Upper body exercise is also needed to strengthen other bones. Swimming does not strengthen the bones quite as much – but does to some extent, and is excellent for suppleness and relaxation, and for stamina and muscle strength - if you swim **hard** for at least 20 minutes several times a week!
- Healthy mixed diet including plenty of calcium-rich foods such as low fat milk and dairy products (milk, cheese, yogurt etc) canned fish with the bones, nuts, sesame seeds, and dark green leafy vegetables.

- You can take calcium supplements if you are in, or through, the menopause.
- Vitamin D is also needed to activate the calcium – from oily fish, eggs, milk and fortified margarine – and from sunlight.
- Avoid heavy smoking and drinking - as these can reduce the body's uptake of calcium.
- Use HRT or other medical treatments for osteoporosis if recommended by your GP or Osteoporosis specialist if your bones are definitely getting too thin.

8) What advice would you give to your children or other people you know - about helping their children build strong and healthy bones through childhood and as teenagers?

- Healthy high calcium diet as above.
- All children are now recommended to have an hour's physical exercise daily – which will develop strong healthy bones and also greatly reduce their risks of getting obesity and diabetes.

As the results of further research may change advice in the future - for a selection of leaflets on HRT, risks and benefits and osteoporosis see websites below.

Menopause Matters	Information, magazine, books, leaflets etc. www.menopausematters.co.uk No phone
Women's Health Concern	Wide range of ideas on women's health and menopause www.womens-health-concern.org tel 01628 478473
The Menopause Exchange	Independent magazine and other useful information www.menopause-exchange.co.uk tel 0208 4207245
The British Menopause Society	Mainly for medical professionals www.thebms.org.uk
Daisy Network	Information and activities for women with premature menopause www.daisynetwork.org.uk
National Osteoporosis Society	www.nos.org.uk Helpline 0845 450 0203

S 3 What other women shared about considering using HRT for their menopause symptoms

“I arrived with lots of questions on HRT

“Having found the menopause clinic made a tremendous difference to me, as it is only there that I have had help to understand that all this difficult change is part of the menopause.

I decided to try HRT in a mild form to help me balance mood swings and dark feelings: it was a difficult decision to make bearing in mind my history of fibroids.

“HRT certainly helped in levelling things out. It took away the bad feelings of going through the menopause and enabled me to work my way through it.

“I fear that using HRT, which I did for 18 months, simply stopped the menopause from proceeding, so to speak.

For someone like me, who always tries to solve problems by working harder, it licensed me just to “get on with things” as if the menopause actually wasn’t happening to me.....which didn’t really help.

“Enjoyed the session – thank-you!

“My mind is calmed – I am not a fool to refuse to go on HRT

“I can grow old and daft with grey hair and a smile!