

## Session 6 - Living with Hormone swings - 2 Perimenopause

Welcome

Introductions If Appropriate

Name stickers and felt pens “ “

Icebreaker “ “

Groundrules and confidentiality

**Time 10 - 20 mins depending  
if a new or on-going group**

Refreshments – at start or half way through

There is an excellent book **“The change before the change”** which deals with the perimenopause in great detail - with lots of real-life stories, ideas for dealing with problems in the perimenopause and prevention of future health problems.

By Dr Laura Corio and Linda Kahn -published by Piatkus ISBN 0-7499-2619-8

**Much of this session is similar to the PMS session - so it would not work well to run them for the same group of women.**

**Aims of the session** To understand the relationship between perimenopause, menopause and PMS and the issues that arise for perimenopausal women. To learn how to reduce symptoms and what treatment options are available.

### Introduction to Perimenopause Session

The time before the periods stop completely can be very difficult to live with and may be more confusing and distressing than full menopause - when it's clear that the periods have stopped and the hormones have settled into their new level.

The varying hormonal swings in different months as well as the gradual dropping of the oestrogen hormone can leave women suffering symptoms typical of PMS and menopause at the same time and this can be really confusing and exhausting.

### Activity A

Flipchart - or A3 pad and large felt pens

### Brainstorm

- Write on the flipchart “What personal, social and family changes may happen to women or their partners in the “perimenopause years” ie. 40 – 50.

- Ask the women to think about this for a minute then talk to the person sitting next to them about their ideas.
- Say that you will ask them to swop over so both partners can give their ideas.
- After a few minutes get them to swop over and give them an equal time.
- When you feel they have had enough time ask the group to feed back their ideas to you and summarise them onto the flipchart in the words they use – unless you feel it's confused or might give an unnecessarily negative slant to the idea, in which case get the speaker or group to help you rephrase it.
- Summarise the main points that have emerged on the flipchart.

**Time 20 - 30 mins**

### **Activity B Perimenopause Quiz**

Perimenopause Quiz Worksheets for all the group

Perimenopause answers and Self-help solutions sheet

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 10 - 15 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. Allow some discussion – but keep an eye on the time.

**Time 1 hour**

### **Main points to be learned about Perimenopause**

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.

This is often a time of great confusion due to the completely random hormone swings as the ovaries start to fail.

- It can last for a few years
- It can be exhausting and distressing at times for some women - but others may sail through!

- It may be essential to change your normal lifestyle to adapt to the new stresses, learning to slow down, chill out, say “No” and start to look after yourself in a new way
- Counselling can be really helpful if you can't sort out emotional problems with family or friends
- It is possible to start HRT during the perimenopause if there are no gynaecological problems that need sorting out first

### **Other issues that might come up**

Difficulties with children or partners

Problems at work

Carers needs

Physical or Mental health problems

Coping after losing someone - through death, separation or divorce

Becoming more assertive – knowing what we want – and saying it

Knowing we have a right to a fulfilling life

Learning to organise our time and make the choices we want

Being honest about long term emotional or family problems - and thinking about using counselling to help sort things out if stuck

### **Other services or agencies that might be relevant**

Read the list out to the group without contact details so they know what help is available if they ever need it.

If you can't locate some of these ask for suggestions from the group. Say you can give out details 1-1 after the session is over. This maintains confidentiality

Local PMS and Menopause clinic

Assertiveness classes

Local counselling services – individual, relationship, alcohol, bereavement, sexual preference, sexual and relationship etc.

Leisure Centres - for exercise classes, T'ai Chi, Yoga, and ? relaxation sessions

List of Helplines for Carers, Domestic Abuse, CAB, - or whatever may have special relevance to your group

Adult Education

Local Complementary Therapy Centres - Women's Massage Practitioners

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

## **Handouts**

PMS leaflet as appropriate

Menopause leaflet “ “ - or both

Symptom chart

**Time for short 1-1 discussions**



5) contd. What advice might help a perimenopausal woman cope better?

b)with stress

c) with eating

6) As stimulants usually make things worse in the long run – what advice could you give about caffeine (in tea, coffee, cola drinks, chocolate) and nicotine?

7) How do you think alcohol should be used when you're perimenopausal?

8) What particular times of the day are most difficult for you - and how could you make things easier for yourself?

9) Do you know of any Herbal treatment or other Complementary therapy that has been shown to help with perimenopause – or that has helped you?

10) When is it safe to stop contraception in the perimenopause

11) Is it possible to start HRT before the periods stop completely - and who can you ask about this?

## Session 6 Peri-menopause quiz - answers and discussion points

### Q1) At what age can women start getting hormone changes prior to the menopause?

The average age that women stop their periods is 51 - but many women experience perimenopausal symptoms from mid 40's, some from early 40's and rarely from late 30's.

Any sign of menopause symptoms before that suggests Premature Menopause - which needs referral to a gynaecologist.

### Q2) At what stage in the monthly period cycle may peri-menopause symptoms show up first?

They often usually cluster around the period when the oestrogen levels are low.

Women's experience of the period cycle can vary a lot at this stage as eggs are no longer released every month and the hormone balance can fluctuate from month to month, sometimes leading to missed periods and long spells of breast tenderness and other PMS type symptoms.

### Q3) How can you know whether you are having PMS or peri-menopausal problems?

- The easiest way is to fill in daily symptom charts for 3 months which include menopause as well as PMS symptoms.
- The presence of hot flushes, night sweats etc. for the first time suggests that this is perimenopause rather than PMS.
- Worsening and lengthening of symptoms in women with longstanding PMS outside the normal 2 weeks before the period suggests perimenopause.
- Hormone blood test from the GP taken on day 2 of a period may confirm perimenopause - as a random blood test might not show anything.

### Q4) In what ways can peri-menopause affect you?

#### a) your physical body?

#### Intermittent menopause symptoms

- Hot flushes and night sweats
- Unpredictable periods
- Heavy bleeding with clots and flooding (See GP)
- Disturbed sleep
- Vaginal dryness and soreness

- See other menopause symptoms in session 3 - though these are usually the first to appear.

### **Intermittent PMS symptoms**

- weight gain
- bloating and breast tenderness
- tiredness
- craving sweet things – especially chocolate! – maybe because chocolate also contains a caffeine-like substance and a chemical which gives you a “feel-good” boost
- fuzzy heads, headaches and migraines
- clumsiness – may put things down on the edge of a table – or may drive badly

### **b) your mental performance at work or at home?**

Intermittent

- poor concentration
- poor memory
- difficulty making decisions
- difficulty coping with problems
- lower confidence sometimes, because of this

### **c) your emotions?**

Intermittent

- mood swings
- weepiness
- more tense and irritable
- anxious and panicky
- feel “out of control” at times
- aggressive verbally – and maybe physically
- low sex drive (occasionally high)
- feel unable to cope at times

If you are waking every day feel very low and weepy this may be **depression** – and you should see your doctor to tell her/him how you are feeling - and discuss seeing a counsellor or taking antidepressants.

## “Teach - in on hormone-related emotional symptoms ”

Read to group or put into your own words

Some women complain of an upsurge of emotional feelings, often around the period which **seem to come from nowhere** - and can feel like a “Jekyll and Hyde” experience. They may find it difficult to accept that the physical and emotional parts of ourselves interact and that each affects the other - that hormones can affect our behaviour - and vice versa.

As women are **usually conditioned to put other’s needs before their own** it is often difficult for them to express their boredom, misery or anger with their particular life experience - and to say when they need to stop and relax. They may also see this as being a failure.

They may be genuinely unaware of feelings of frustration or lack of fulfilment in their lives - or of an ongoing problem in a relationship or at work and may be successful in keeping their problems **“under wraps”** for most of the time.

It may only be during the stress of the large hormone swings that these feelings emerge, and they often surface with a vengeance, with **outbursts of weeping, irritability or aggression, which feel “out of control” and frightening** to the woman and her family or colleagues.

Women almost always blame themselves for these incidents and do not look at the **external trigger** which has led to a particular outburst.

If the woman is encouraged to describe **exactly** what led up to an outburst there is **always a reasonable explanation for her anger or upset feelings!** - usually in respect of her unmet needs, often unspoken - or people’s expectations that she is always there to care for others.

**Women do not become crazy irrational beings under the influence of their hormones** - though that is the popular myth!

If a woman can think about **specific examples** of recent outbursts, discussion of real incidents can help her to acknowledge her feelings - and plan changes in her life, so that her needs are made clear to others and cared for.

Counselling can help women to change their “Downward spiral of negative thinking” to :-

- **being able to see things clearly and understand themselves better**
- **problem solving**
- **and building up self-esteem** - so the feelings are seen as **a challenge to work out** rather than something that is overwhelming.

**Q5) In order to help perimenopausal women cope better with their days what would you suggest to help them with their tiredness, stress and eating and drinking patterns.**

**a) Self help with tiredness**

- going to bed really early after a hot bath can often help - or having a short nap in the day. Sleeping in the day is not normally recommended for sleeping problems but in perimenopause, when you have intermittent sleep disturbance, it can be life-saver. If women are having **sleep disturbance** before a period - they may not get enough dreaming sleep to feel refreshed in the day.
- using a **deep relaxation** before bedtime may also help you get a better night's sleep. Your local Mental Health team or MIND may have suitable tapes or relaxation courses on offer or you can use yoga or T'ai Chi.
- **10 - 15 minutes deep relaxation** in the middle of a busy day can make all the difference to how you cope - and it's good to learn a **method of relaxation while sitting in a chair, that you can use anywhere.**
- **massage**, even just hand or shoulder massage, can be relaxing and refreshing when exhausted and can be learnt in a group and shared with others.
- **Complementary therapies eg aromatherapy/massage, yoga, T'ai Chi etc. or visiting a spa** can make you feel energised and much better in yourself so why not get family or friends to give you money for those instead of other presents or treats.
- **moderate exercise 3 times a week** can reduce fluid retention and give an increased feeling of well-being. Doing this out in nature can add greatly to the experience and the relaxation. You need to choose something you enjoy and maybe go with a friend or partner - unless you want time for yourself.

If you also want to reduce weight you probably need to do 30 - 45 mins exercise, that makes you puffed, nearly every day

**b) Self help with the stress**

Women need to be encouraged to **keep stress to a minimum** wherever possible when they are perimenopausal.

- **Don't book too many things** at work, or even social engagements, just before the period wherever possible, if you can tell when that is going to be! Even something social can be too demanding at this stage of life and could

end in tears or a fight! - so stick out for what **you** know you can handle at this time.

- Learn to pace yourself in booking work or social things - and try and arrange fewer things per day - so you have time to recharge your batteries in between. Let the family do things without you sometimes.
- **Learn to say “NO”** - when you need to.
  - a) cut down your workload - where possible
  - b) refuse extra demands at home or at work
  - c) leave things until you can manage them more easily

Being a martyr doesn't help you or anyone else in the end.

- **Book “time out”** on your own and with friends, regularly.

**Women who spend time regularly with other women live longer, healthier, happier and less stressful lives than those who don't!** Making time for our women friends isn't a luxury - it's essential to our health and happiness. (See References)

- **Talk about how you feel with someone who cares about you.** Many women feel more vulnerable, and less able to control expression of their feelings when their hormones are out of balance but **WHAT** they feel is real for them and needs expressing in a safe environment.
- **Write** down every situation in which you feel upset or angry - who was there, what happened, what triggered your tears/outburst etc. - but **wait until you are feeling calm** before talking to those involved in the incidents, to sort out what is going wrong.
- If you are unable to do this comfortably, in your home or work-place - a self-assertiveness course, individual counselling or Relate counselling might help

### c) Self help with patterns of eating and drinking

Many common “hormonal” symptoms eg. feeling tired, irritable, anxious, dizzy, weepy or headachey are similar to the early symptoms of **low blood sugar** - and the frequent **chocolate craving** in PMS and perimenopause patients supports this link.

Ways to deal with this include:-

- eating three or four separate meals a day including protein in each (fish, eggs, beans, cheese, nuts or meat) without skipping meals or snacking can dramatically relieve PMS symptoms!

- eat food which takes time to chew and digest to allow a slow release of sugar into the blood rather than a sudden sugar surge eg. **plenty of fresh vegetables and fruit, whole grains, oily fish, nuts. Bananas** release endorphins - the “feel good” hormone as well as sugar - but can release sugar too quickly if eaten in their own.
- **don't eat chocolate or sweet snacks instead of meals** as this produces a sudden rise in blood sugar. The body responds by releasing insulin which pushes the blood sugar down again. This usually goes too low, producing cravings for something sweet about an hour and a half later. This can produce a **sugar craving cycle which can go on all day** - may produce energy dips or outbursts and doesn't help the waistline!
- if it's a “**chocolate or die**” day have a small amount of, preferably dark, chocolate at the end of a meal or healthy snack so the sugar is absorbed slowly.
- some foods aggravate PMS or perimenopause symptoms eg. animal fats and refined white flour and sugar and it's best to reduce foods made from these in your diet.
- as **caffeine** makes symptoms worse use decaff versions of coffee, tea and cola drinks or change to herbal teas.
- drink plenty of fresh tap water to detox naturally - or low calorie drinks rather than canned or bottled fizzy drinks which can have up to **6 teaspoons of sugar per can**. Fresh fruit juices may also contain lots of sugar.
- **fluid retention** and bloating can be minimised by **reducing salt intake** - and by herbal or natural diuretics eg. melon, cucumber. Medical diuretics don't usually help.
- keeping to your recommended weight also reduces the risk of fluid retention.
- **cooking meals for the family**, after a busy day at work, can be the last straw when you are tired - so discuss who else in the family can share the cooking (and tidying up afterwards) or plan around meals from the freezer or takeaways during the working week.
- teenagers need to learn to cook for when they leave home so teach them how to cook when you're feeling ok - and get out of the kitchen and leave them to it when they have agreed to cook - but make sure they or your partner tidies up afterwards!  
One patient told me that she would never stop in the kitchen, when one of the family was cooking, as she would always interfere in what her family

were trying to do to help her. She learned to walk straight through the kitchen when she got in from work, and would go and do something relaxing, until the meal was ready.

**Q6) As stimulants usually make things worse in the long run – what advice could you give about caffeine (in tea, coffee, cola drinks, chocolate) and nicotine?**

Stimulants will usually aggravate PMS or perimenopause symptoms, after the buzz has worn off, so women can often reduce their symptoms dramatically by :

- cutting right down on caffeine from all the above sources – though a couple of squares of dark chocolate at the end of a meal is actually good for you!
- Use decaff versions if you don't want to give them up altogether - try different brands until you find one you like.
- There are many herbal teas and infusions which are caffeine free.
- Cut right down on cigarettes wherever possible.

Stopping smoking is the **single most important health change you can make** – so contact your GP to see what help is available when you are ready to try. You have a much better chance of stopping, and staying off cigarettes, if you access some of the support on offer.

**Q7) How should alcohol be used at this stage of life?**

Although alcohol might make you feel better briefly it is actually a depressant, so it's best to limit it to small amounts in the evening when you have finished all you need to do for the day.

If you know you are drinking too much – do think about contacting your local Alcohol Advisory Service before it causes you real problems.

**Q8) What particular times of the day are most difficult for you - and how could you make things easier for yourself?**

Common difficult times of day are when women haven't eaten for a long time -eg. first thing in the morning, cooking the evening meal when tired after a long day at work, especially if skipped lunch. It helps a lot to eat breakfast, don't skip meals (keep nuts and raisins or a banana in your bag) and if possible get someone else to get your evening meal ready sometimes.

It's always worth spending **30 mins or so relaxing fully** on your bed or going outdoors, if you arrive home exhausted after a long day. This may allow you to recharge your batteries enough to enjoy the evening rather than just enduring it.

If you know a particular day is going to be really difficult plan how you can make things easier for yourself.

Cancel or rearrange work or family commitments, if possible, if you are having a really bad few days.

**Q9) Do you know of any herbal treatment or other complementary therapy that has been shown to help with PMS or perimenopause – or that has helped you?**

### **Herbal**

#### **Agnus Castus Vitex or Agnacast.**

This has been shown to help some women significantly with the PMS symptoms and can also be good for heavy periods etc. in women with no gynaecology problems.

It can be used off the shelf, as stated on the pack - or see a qualified Medical Herbalist. If taken after 5 pm it may cause insomnia.

It **doesn't work in menopause** when the periods have stopped altogether

**St John's Wort** can be effective at relieving weepiness and elevating mood but can interfere with uptake of Oestrogen (eg. in the Pill/HRT) and other prescribed drugs, so check with your pharmacist or GP before using it if you are on regular medication.

**Ginko Biloba** can also raise your mood - so may be helpful

### **Food supplements**

**Gamma linoleic acid** - in Star Flower Oil or Evening Primrose Oil

Can be good for breast tenderness and general wellbeing in some women – but not all. Must try a full dose for at least 3 months eg.1500 daily

**GLA** can reduce absorption of some **Epileptic drugs**

**Multivitamins and minerals** - especially those containing Magnesium, Zinc and Selenium also help some women. High dose of Vit B6 not now recommended

### **Complementary Therapies**

Many patients have reported that various **Complementary Therapies** have increased feelings of well-being and reduced their problems with PMS or perimenopause symptoms.

Herbal therapies, acupuncture and T'ai Chi have been shown to help with menopause - but others may be shown to help in the future.

It can be reassuring to have a complementary therapist caring for you, if you are struggling, through these difficult years.

The supportive and counselling aspects of complementary therapy consultations can be very helpful - and you can also get this from women friends or groups.

**Q10) When is it safe to stop contraception in the perimenopause?**

- If using non-hormonal contraception - stop one year after the last period - or 2 years after if under 50.
- If using hormonal contraception of any kind you need 2 FSH hormone blood tests at least one month apart to be sure you can't get pregnant. This won't work on the combined pill (or HRT) so you need to change to a mini-pill (progestogen only pill) at least one month before the blood test.

**Q11) Is it possible to start HRT before the periods stop completely - and who can you ask about this?**

**Yes** - see GP or practice nurse who is trained in menopause or staff at an NHS Menopause/PMS clinic in your area – your local Contraceptive and Sexual Health service might run one.

If you are having excessive bleeding (ie. flooding and clots, or much heavier than previously ) it's important to check there are no gynaecology problems before starting HRT.

**Further reading** - for background reading and recommending to the group

There is an excellent book **“The change before the change”** which deals with the perimenopause in great detail - with lots of real-life stories, ideas for dealing with problems in the perimenopause and prevention of future health problems.  
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The Menopause leaflet - see session 1 has a list of useful books, websites, films and music to help in the time coming up to menopause.

The PMS leaflet from session 5 may be more appropriate to some women - especially those with regular monthly periods.