

Feeling off your game?



Women who are otherwise bossing life are having their careers, fitness goals and sex lives scuppered by the perimenopause. Never heard of it? Exactly. *WH* reports on the hormonal headwind no one sees coming

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orty. The big 4-0. When life *really* begins. It's a decade that's been rebranded as effectively as the British monarchy; and if you're not there yet, you're probably pretty chill about entering a life stage where you no longer have to fake it, you know your own mind (no more pretending you know who Wiz Khalifa is) and you're smashing more goals than Harry Kane when England's World Cup hopes were still alive. It's how *Women's Health* Editor-In-Chief Claire Sanderson felt in the months before her Big Birthday. That is, until something began to feel a little... off.

'At first, my symptoms were physical. My periods – which had always come like clockwork – started to become irregular, my breasts were really painful and I was starting to carry more weight around my waist. Things felt *so off* that, even though my husband has had a vasectomy, I began to think I must be pregnant.' After months of struggling to fall asleep, PMT that was off the scale and

ridiculous arguments with her husband, Claire began to open up to other women – and once she did, their stories kept coming. Daily tasks making you feel as if someone's upped the incline on a treadmill; a body that feels straight-up weird; about as much interest in sex as you have in the finer points of tax law. Happy, successful women, inexplicably off their game. It wasn't until Claire confided in a friend who's a practising doctor that she heard the word perimenopause – the term used to describe the process of transition from menstruation to menopause – a diagnosis later confirmed by her own doctor.

Here's the thing about the change before The Change: it can start some 15 years earlier than you'd probably think. 'Perimenopause is the adjustment from your ovaries working normally and



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producing the correct balance of reproductive hormones to maintain regular periods, to the point when the ovaries stop producing hormones altogether,' explains Dr Heather Currie, spokesperson for the Royal College of Obstetricians and Gynaecologists and former chair of the British Menopause Society. As with all things hormonal, timings vary from woman to woman – just as you might have got your period two years earlier than some of your friends at school, you won't all start the perimenopause together, either. Given that the process can last between two and seven years, and the average woman has her final period at 51, most women will start to experience the first symptoms of the perimenopause in their forties. The 1% of women under 40 who have premature

ovarian insufficiency – not perimenopause, but premature menopause – will begin the transition phase in their thirties.

FOGGY FORECAST

Not only do these ambiguities in timeline mean perimenopause has a nasty habit of catching unsuspecting women off guard, it also seems to be something of a knowledge blind spot among even the most health-conscious women. Like most conditions that involve the female reproductive system, it's hushed up, gathering conversational dust along with details of your salary and who you vote for. Plus, it presents the kind of symptoms – we're talking weight gain, mood swings, muscle pain, trouble sleeping and fatigue – that, when taken in isolation, you could easily misattribute to a bad day.

Katie Taylor did just that. The first time the former charity marketing manager experienced

what she calls 'the brain fog' at 43 years old, she put it down to getting out of the wrong side of the bed. When it hadn't shifted weeks later, she became convinced she was losing her edge at work. 'I'd always been sharp in the office, really on the ball, then this fog descended and I couldn't think straight,' she explains. 'I felt overwhelmed by budgets and simple tasks I used to do with my eyes closed. I'd be discussing something very basic, then suddenly I couldn't concentrate and I'd struggle to recall specific words.'

It's a similar story for Jane Hallam, founder of Esteem menopause clothing and a former manager in education. For Jane, it was the mood swings that hit hardest. At 47, she was mother to a self-sufficient 16-year-old daughter and, after a turbulent few years during which she became a widow, life at last felt pleasantly predictable. But although she appeared sorted, something wasn't quite right. It was on her drive home one evening that she suddenly burst into uncontrollable tears. She put it down to delayed grief, but when symptoms persisted for weeks, she became convinced she was having a nervous breakdown. 'I wasn't interested in work and I couldn't enjoy anything. I existed in a state of total apathy,' she recalls.

So what's going on? A lot. 'During the perimenopause, your oestrogen levels fluctuate in the run-up to the post-menopausal period, when they are constantly low,' explains Dr Currie. Essentially, perimenopause sends your hormones on a rollercoaster ride – the kind that'll have you running in horror from a mid-ride photo. And consider

YOUR PERIMENOPAUSE CHEAT SHEET

What is it? The transition from having a regular menstrual cycle to the menopause (when you have your final period). During this time, your oestrogen levels begin to fluctuate and gradually reduce.

What are the symptoms? It's a fairly lengthy list, including hot flushes, night sweats, changes in mood, irregular periods, heavy bleeding or much lighter periods, vaginal dryness or atrophy, loss of libido,

weight gain, itchy skin, aching muscles or joints and fatigue.

How do you get diagnosed? You don't need to be formally diagnosed by your GP if the symptoms match up and you fall within the expected age group – although you should seek medical support if the symptoms are affecting your quality of life. NICE guidelines only recommend diagnosis by blood test if a doctor has reason to believe you might be

going through early menopause, rather than perimenopause.

When does it start? On average, around the age of 45 – but it can be much earlier or later. Asking your mum, as well as the women in your dad's family, when theirs started is often a good predictor.

How long does it last? Typically, between two and seven years, but it can last up to 15 years or be over in a matter of months.

How is it treated? The most effective way to treat symptoms is hormone replacement therapy. Symptoms can also be managed through changes to diet and exercise. Some women turn to the herbal remedy black cohosh as an alternative to HRT, although scientists are yet to find conclusive evidence that it can relieve menopause symptoms. Moisturisers, lubricants, or vaginal oestrogen can help ease vaginal dryness and discomfort.

that hormones are to your bodily functions what a conductor is to an orchestra and you begin to understand why your oestrogen levels taking a nosedive can cause so many symptoms. 'You have oestrogen receptors throughout your body, so changes in levels can trigger many changes,' adds Dr Currie. 'You have them in your skin and joints, which explains why lower levels can lead to dry or itchy skin or aching joints. But oestrogen also influences serotonin, which then affects your mood.'

AGE CONCERN

This cocktail of symptoms – about as welcome as Donald Trump on British soil – is made all the more galling by the fact that it hits during a life stage when you finally feel like you've got stuff sussed. For Katie, her bad month at work turned into a bad year, and the confidence crash that came with feeling like she'd lost her edge drove her to leave her job – then, months later, she resigned from another role. 'It reached the point where I convinced myself that my colleagues would think I was stupid, a fake. The day I quit my third marketing job in the space of just a few years, I came home, sat on my bed and just cried.'

From avoiding social plans for fear of snapping at friends to choosing outfits based solely on how well they minimise sweat marks, life has changed for mother-of-two Toni-Marie Downes-Connor since she started the perimenopause at 39 – and even her rock-solid relationship has ended up in the fallout zone. 'I've lost my libido, I'm constantly sweating and grumpy, which isn't very sexy, and we argue all the time,' she

says. 'It's hardly surprising that it's affected our dynamic as a couple.' But it's confronting the reality that she is ageing that has been the biggest challenge for Toni-Marie. 'To me, it feels like the end of being a "real woman". Even though my partner and I weren't planning to have any more children, the idea that that phase of my life is ending makes me feel old, like it's all over for me now.'

Illogical as it might sound, it's an all-too-common reaction to being dealt a diagnosis that includes the 'M' word. 'There's still a big taboo around ageing, and the menopause carries a badge of "I'm old" that many people find hard to acknowledge,' explains Dr Carla Croft, a clinical psychologist specialising in women's health at The Mindworks, a therapy clinic in London. And accelerated ageing isn't the only reason why perimenopausal symptoms can trigger mental health



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issues. 'Difficulty with mood and anxiety is one of the most common symptoms of perimenopause,' says Dr Croft. 'Aside from your hormones, the situation can be complicated by all the other things that often affect you during midlife – be that having young children, ageing parents or a high-powered job. Considering perimenopause can impact your weight and your sleep – both of which influence the way you feel about yourself – it makes sense that a number of perimenopausal women develop low mood, stress or anxiety. They become so ground down from trying to manage it.'

GAME PLAN

So, how can you get back to your A-game? While many women report multiple GP visits before the word 'perimenopause' is mentioned, once you have a diagnosis, treatment will follow, the most effective of which, according to Dr Currie, is hormone replacement therapy (HRT), which replaces depleted oestrogen in the body. For Katie – who was eventually diagnosed as perimenopausal after half a dozen visits to her doctor – starting HRT 'changed everything'. 'I now have an oestrogen implant and it's like I'm back operating at full capacity,' she says. 'I'm working full-time again and running a busy family home. I've got so much energy; I really feel like I've got my life back.' She has since founded a Facebook group and website – lattelounge.co – which is an online resource and community for perimenopausal women who, like her six years ago, have all the symptoms and none of the answers.

But HRT doesn't come without controversy. Many women resist the treatment because it's been shown to increase the risk of breast, uterine and ovarian cancers, as well as heart disease – though it carries a smaller risk than smoking or being overweight. It's the reason Claire didn't feel HRT was the right option for her. 'My mum has had breast cancer, so I'm wary of taking it; I'd like to delay going down that route for as long as possible,' she explains. Instead, she began to make some lifestyle changes on the advice of Dr Marilyn Glenville, a nutritionist specialising in women's health and author of *Natural Solutions To The Menopause* (£12.99, Rodale). 'Your hormones are already on a wild ride, so adding fluctuations in blood sugar into the mix is going to make that

worse; it's about eating regularly – little and often – and avoiding caffeine and quick sweet fixes like chocolate,' Dr Glenville explains. 'I also recommend including phytoestrogens in your diet, which can be found in beans, lentils, chickpeas, soya and flax seeds – as these have a balancing effect on your reproductive hormones – and omega-3 fatty acids from oily fish and egg yolks, which can help with joint pain,' she adds. Since falling oestrogen levels lead to a decline in your bone mineral density, eating foods containing plenty of calcium (available in broccoli and figs as well as the obvious dairy products) and vitamin D is advisable, too. You'll find decent amounts in oily fish and eggs, as well as fortified foods like margarine and cereals. It can be tricky to get enough from food alone though, so Dr Glenville recommends taking a vitamin D supplement to keep your levels topped up, particularly if you're sun-deprived. And it's not just about what you eat. Dr Glenville also recommends regular exercise, including weight-bearing moves, as well as calming methods like yoga.

Since kicking her five-a-day coffee habit and incorporating reformer Pilates into her training regime, Claire has already noticed an improvement in her symptoms. 'I'm looking at my wellness holistically to try to defer symptoms, or certainly lessen them,' she says. 'I feel quite cool about it all because I've achieved everything I wanted to in life before this process started. It means I'm not struggling with it as I imagine someone would if they were younger and it was affecting their fertility, for example. So I feel a certain responsibility to other women to talk about this.' And just like that, she's back in the game. **WB**



'THE KEY TO MANAGING SYMPTOMS HAS BEEN LISTENING TO MY BODY'

Sally Leech, 42, is a personal trainer from Lancashire (themenopauseclub.com)

'I was approaching my 40th birthday when I started to feel different. I felt exhausted all the time – not just from lack of sleep, but a deeper kind of lethargy. I'd never really suffered from PMS before, but around the time of my period, I'd get teary and feel anxious, never knowing why. And despite running three or four times a week as usual and following my normal, fairly balanced diet, I'd put on half a stone around my middle in a few months.'

I felt self-conscious about how my body shape was changing, and I felt like I was failing as a fitness trainer. I'd be teaching classes or one-to-one sessions and find I couldn't even remember the word for a squat. For months, I felt miserable and stressed, both at home and at work; it wasn't until my husband asked what was up that I really took a step back and considered all the symptoms collectively.

I was training clients who were going through the perimenopause, but most of them were in their late forties, so I was surprised to learn that it could affect women my age. It probably took five or six months for me to recognise I was going through it too, then my

GP confirmed that the symptoms matched up. Following advice from Jenny Burrell, Jessica Drummond and Michelle Lyons at Burrell Education, I began to see that I wasn't going crazy. They supported me with nutrition and exercise tips that worked for my changing body.

For me, the key to managing my symptoms has been listening to my body and planning workouts around how I'm feeling week to week. I used to do half-marathons, but while I still run as regularly, I tend to stick to 5k. In addition to cardio exercises, I also do resistance work to build muscle mass and support my bone health. As your oestrogen levels drop, your risk of osteoporosis increases, so it's really important to me that I use the perimenopausal period to equip my body as well as possible to deal with the changes ahead. Combining all that with more restorative exercise, like yoga and Pilates, gives me the time and space I need to listen to my body. Exercise can be a challenge when you're feeling low and exhausted, but it has an incredibly positive impact on the way I feel, and it helps me to think clearer, too.'