

MENOPAUSE HEALTH COACHING

Week ONE

Energy through the Menopause and beyond

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Health, Food & Movement Coach to Women



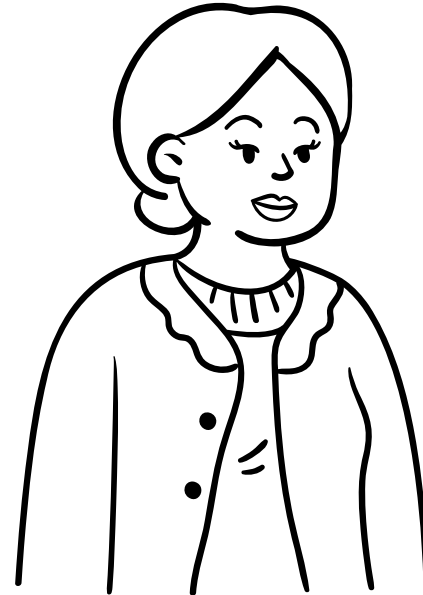
MENOPAUSE OVERVIEW – MEET CLAIRE, AGE 49 – Mrs Average Menopause

Is 1 of approx. 13m women in the UK either Peri or post MP

Has been in peri-menopause for about 4 years and will be post-menopausal at 51. Her symptoms might last at least another 3 years, perhaps longer

Has experienced many of the 34 generally recognised menopause symptoms

Is part of the 3 out of 4 women who get symptoms (25% of these women debilitating symptoms)



Claire could be 1 of the –

- 1 in 10 leaving work
- 77% find at least one menopause symptom ‘very difficult’
- 84% experience trouble sleeping
- 73% experience brain fog
- 69% experience difficulties with anxiety and depression
- 44% experience 3 or more severe symptoms
- 45% hadn’t spoke to GP about symptoms
- 54% had a lack of interest in sex
- 41% treated as a joke in workplace

<https://www.fawcettsociety.org.uk/menopauseandtheworkplace>

https://menopausesupport.co.uk/?page_id=60

Up to 50% of our lives will be spent from peri-menopause onwards.

- **Oestrogen** - we have oestrogen receptors all over the body. It is involved in numerous essential functions such as brain health, bone health, temperature control, metabolism and insulin resistance, calming inflammation
- **Progesterone** – with the loss of its role in fertility we also lose the benefits of this calming hormone, which helps produce GABA. Can result in anxiety, agitation, lower pain threshold.
- **Testosterone** is essential for women too, though in smaller quantities. Needed for libido, energy, mood, motivation.

	SHORT TERM	LONG TERM (increased risk)
Emotional	Mood swings, depression, irritability, anxiety, 'fed up'	Depression, anxiety
Physical	Joint pain, dryness, sweats, digestive issues, weight gain (especially midriff) fibroids, insomnia, erratic cycle, heart palpitations, itchy skin, low libido, insulin resistance	Loss of bone (osteoporosis) and muscle (sarcopenia) heart disease, arthritis, insulin resistance & type 2 diabetes
Psychological	Brain fog, forgetfulness, insomnia, need to be alone/ time to herself	Dementia

The medical side of menopause

Types of menopause

- Natural,
 - Surgical, this occurs when both ovaries are removed
 - Induced, this is caused by some forms of medical treatment.
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- Early, occurs under the age of 45
 - Premature, occurs under the age of 40
 - 1 in 100 will experience menopause under age 40
 - 1 in 1000 will experience menopause under age 30
 - 1 in 10,000 will experience menopause under age 20
 - Transgender and non-binary people may also experience menopause

https://menopausesupport.co.uk/?page_id=60

Types of help available

- 1. HRT –**
 - oestrogen (gel, spray or pill)
 - Progesterone (if there is still a womb present) (pill)
 - Combined (patches)
 - Testosterone? (unlikely on NHS)
- 2. CBT – NICE guidelines for the NHS Nov 23 – talking therapy**
- 3. Increase wellbeing through -**
 - Improve stress response
 - Improve diet and movement
 - Focus on sleep and relaxation
 - Keeping connected
 - SELFCARE

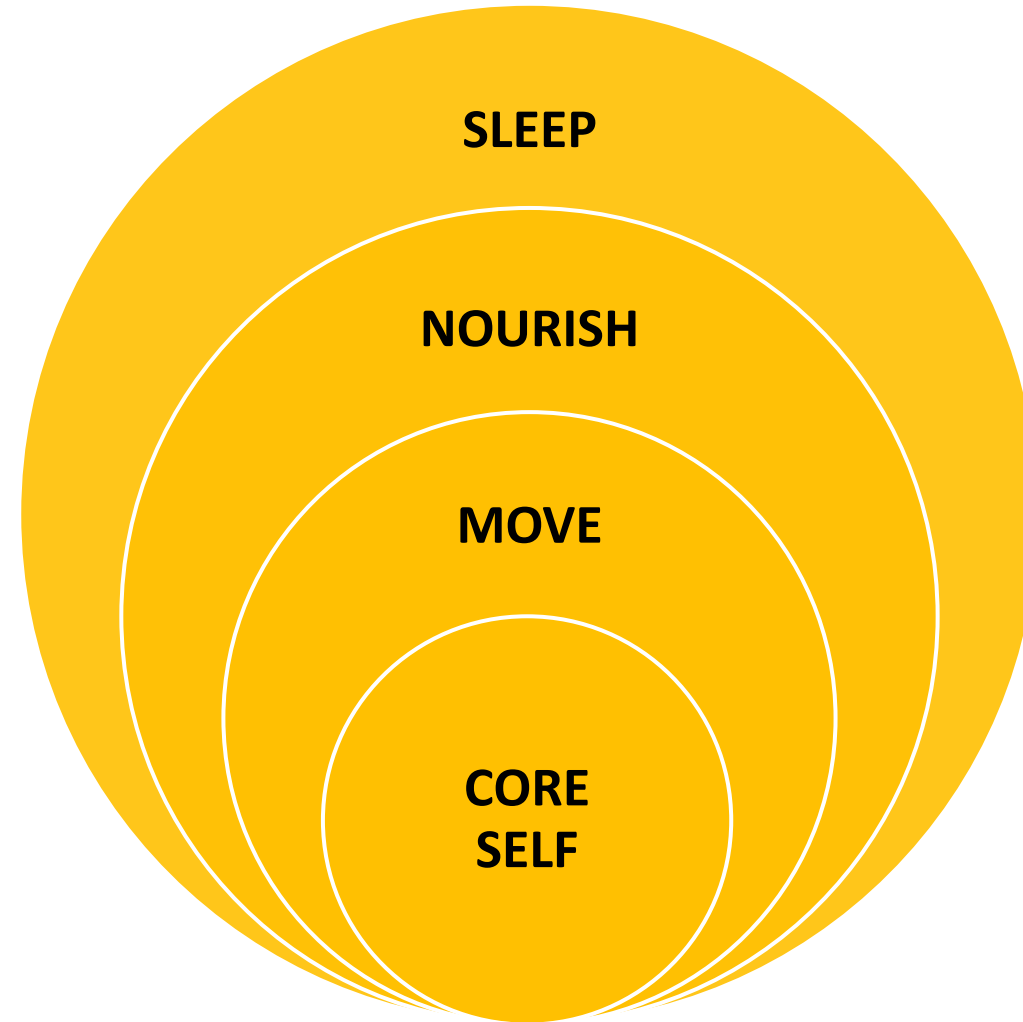
Motivation for change – part one



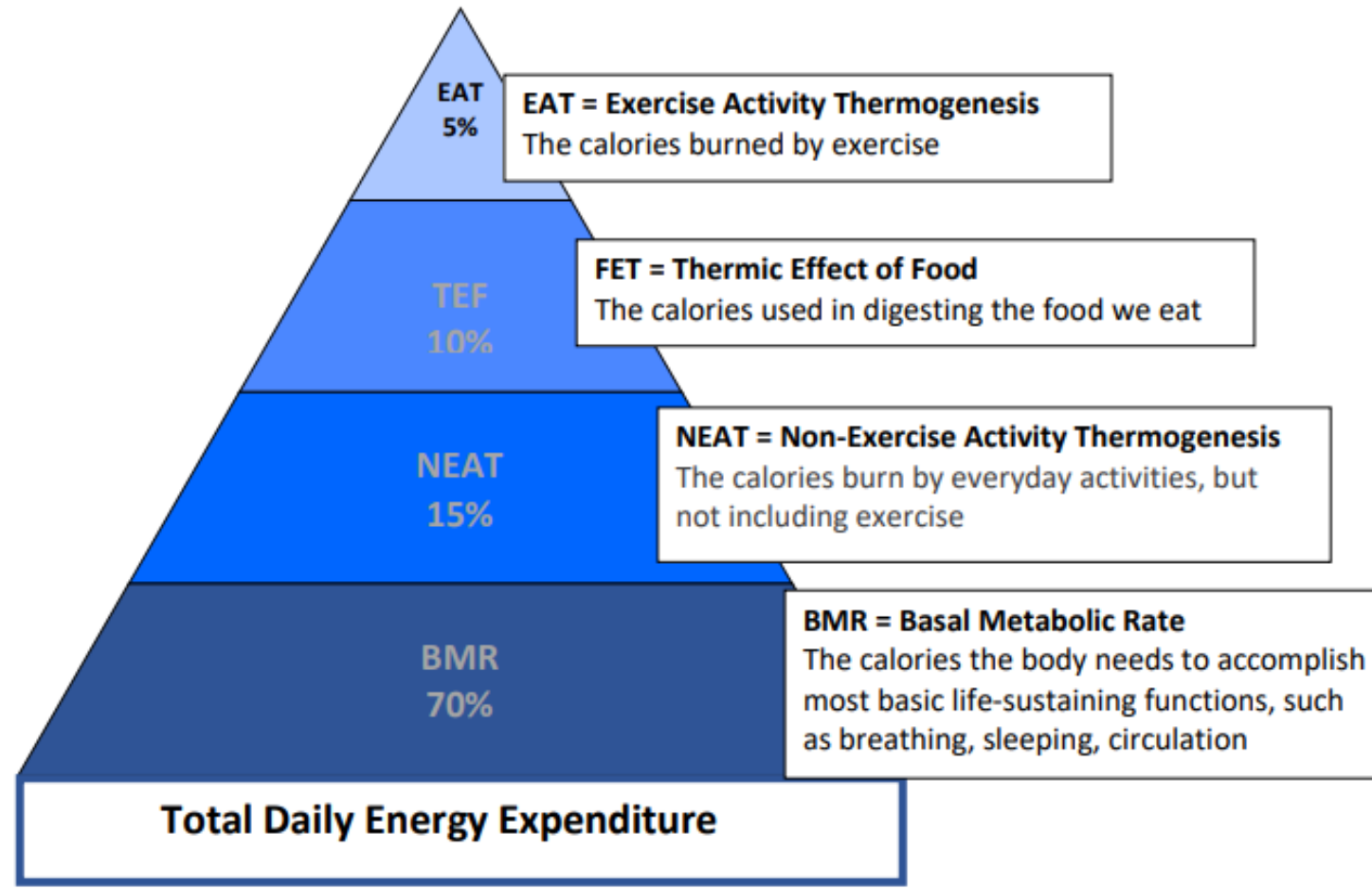
Exercise number 1.

- Think about the 3 most important areas you want to make change.
- To succeed in change, we need
 - motivation (a reason)
 - ability (to enable it to happen)
 - thinking power (to give it energy).
- For 3 changes you want, score these 3 factors out of 10. Highest score is the place to start

FOUNDATIONS OF DAILY ENERGY



Where Our Energy Goes



With credit for this diagram <https://www.neddetraining.co.uk/>

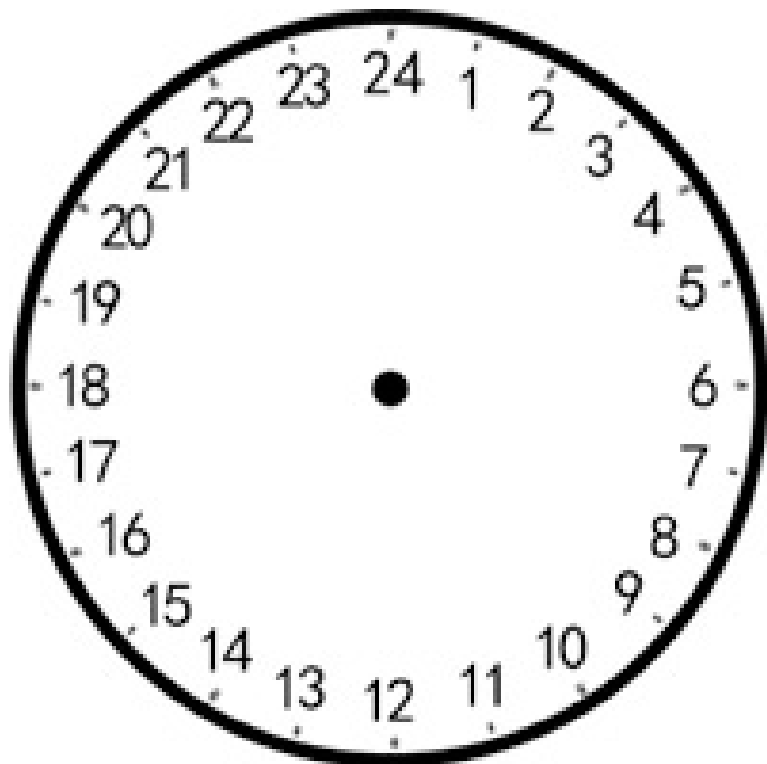
Improving our energy - some ideas

What	Why	How – some ideas
Understand & live with our circadian rhythms	<ul style="list-style-type: none"> • Melatonin (hormone) for sleep • Cortisol (hormone) for waking 	<ul style="list-style-type: none"> • Optimum sleep starts 1st thing that morning • Use the light (or lack of it) to your advantage • Keep a journal – for tiredness & sleep
Eating / drinking for energy	<ul style="list-style-type: none"> • Avoiding the blood-sugar rollercoaster peaks & dips • Help boost melatonin • Be wary around stimulants – can make MP symptoms worse 	<ul style="list-style-type: none"> • The Mediterranean style diet is associated with better sleep * • When to eat / drink is different for all of us.
Movement	<ul style="list-style-type: none"> • Humans were designed to move, to tire us out • Is evening movement helpful? 	<ul style="list-style-type: none"> • Daily activity + conscious exercise. Start small. • Move everything in different ways • Brain switch off - flow
Sleep priority	<ul style="list-style-type: none"> • Daily ongoing stress = raised cortisol = wired but tired • Fall in hormones = fall in sleep quality • Our beliefs about sleep matter 	<ul style="list-style-type: none"> • Love your bedroom – for sleep only (almost)! fresh air, minimal clutter, cool inviting space. • Be mindful of home screens • Prep for symptoms

* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6566275/>

Your 24 hour clock (circadian rhythm)

What is this like now?



How would you like it to be?

