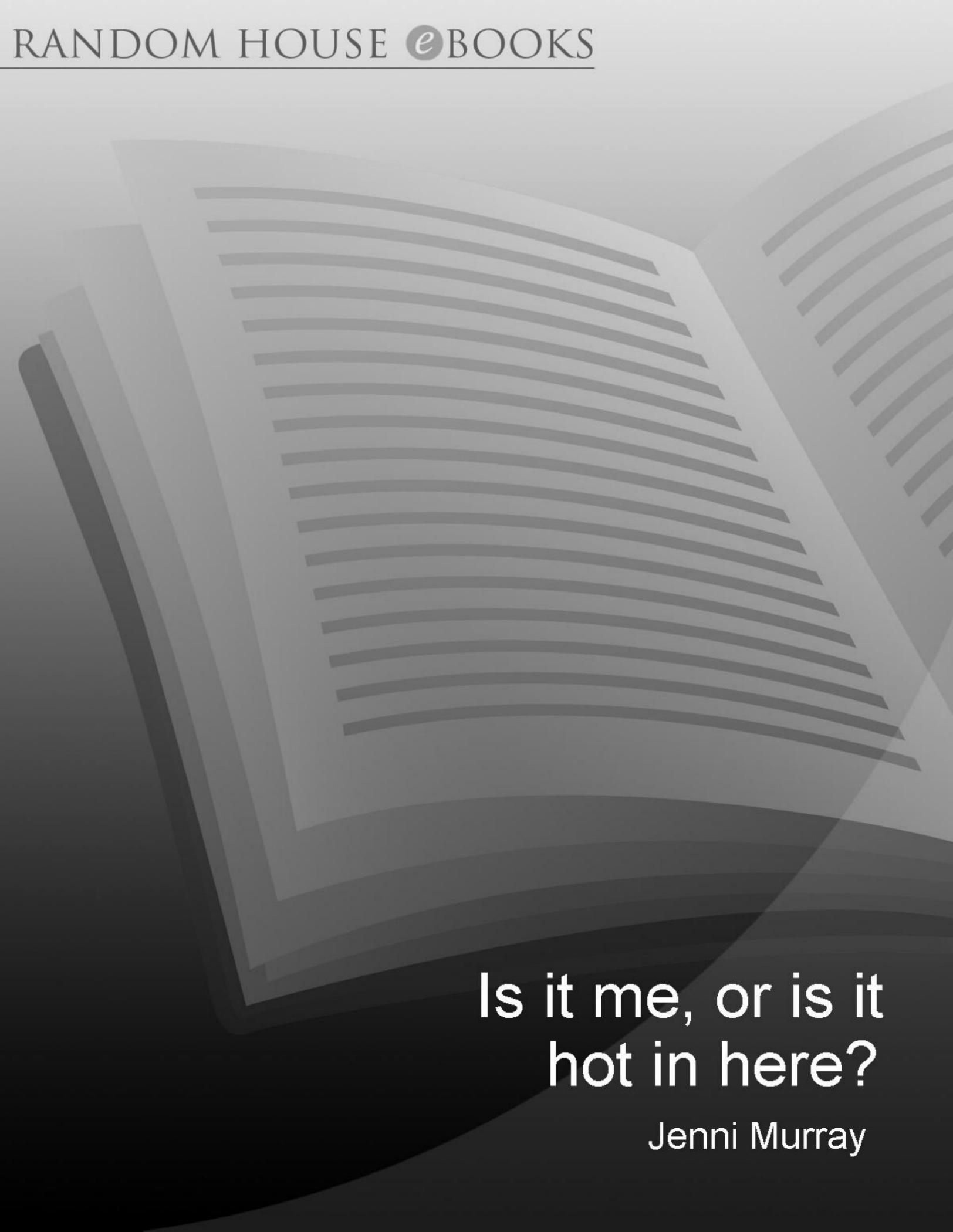


RANDOM HOUSE  BOOKS



Is it me, or is it
hot in here?

Jenni Murray

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About the Author

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Is it me,
or is it hot in here?

*A modern woman's guide
to the menopause*

Jenni Murray

Vermilion
LONDON

DEDICATION

I dedicate this book to my agent, Barbara Levy, who is a prop beyond the call of duty and for whom the book has become a bible, and to Liz Senior, my indefatigable researcher who is only 26 but will one day be the best informed perimenopausal woman in the world (and it will come, Liz. I promise, one day, you too will be able to say 'Is it me?' and I will groan 'No, it's bloody hot in here').

INTRODUCTION



'Is it me or is it hot in here?' Words I first uttered, in genuine discomfort, during an extremely hot, outside summer broadcast, only a couple of years ago. The grin of recognition which broke out around the hall was warming - which was a pity given the circumstances. The grin turned into full-bellied laughter from the studio audience and resulted in 3000 sympathetic letters from people listening at home, thanking me for being brave enough to mention a hot flush in such a public arena.

I have to say, I hadn't realised until then that the menopause was still such a taboo, to be moaned about in private with one's best mates, but never shouted from the roof tops. (You are no doubt reading this, covered in brown paper with an inky title, perhaps *Latin Primer for First Formers*. A sort of latter-day *Lady Chatterley*, to be passed, unobserved, around your girlfriends!)

But, didn't Mrs Thatcher run the country, allegedly keeping the HRT industry extremely buoyant during her tour of duty? She was praised, even by her arch-political enemy, Shirley Williams, for the model she set for women of a certain age.

When I look back and think of when women as possible Prime Ministers were first discussed, I remember that one of the arguments always made was that they would probably come to power at the time when women have the menopause and they would be

incapable of making any decisions. Mrs Thatcher, presumably, at one stage or another went through the menopause. There was not a single indication that she did and one never saw anything in her behaviour that would suggest the slightest ups and downs. Since then, no one has ever said women can't be tough enough to be politicians.

The letters suggested, though, that Thatcher, the glowing Teresa Gorman, the heavenly Helen Mirren gracing the front page of *Radio Times* in her birthday suit, proclaiming she was Fabulous and Fifty, or Germaine Greer claiming the right to become a crone, were not enough to convince the rest of us that the Change was something to be spoken of in polite society.

There's a hidden fear, I suspect, that if we're open about it, someone will question our right to be out there, fresh-faced and full of ourselves, on top of the job, planning a climb up Everest or rowing across the Atlantic and they'll send us back where we belong – wearing black in a darkened room, greying, knitting, sliding into cantankerous, brittle-boned senility.

But we are the Baby Boomers, the ones who rode on the coattails of second wave feminism and reaped the benefits of the radical seeds they sowed. They tried out the pill, opened up the workplace, threw their stilettos in the bin (although I'm told no one ever actually burned a bra), made childbirth a potentially humane experience where we wrestled back some control and test-drove HRT.

Thus, when I became perimenopausal – the one to two years when you start to feel a bit down and the periods can become erratic and heavy, but don't stop – I knew to trot along to the doctor's and make enquiries. A blood test later, I was told, 'Yes, you're clearly menopausal. What do you want, pills or patches?' And thanks to the sisters with challenging minds who'd gone before, I knew not to accept

the medicalisation of my 'problem' as a given. I took pills for a bit, tried patches for a while and I'm having a go with natural progesterone. The medication helped the depression, but the hot flushes and night sweats are still humungous – and that's nearly five years on. I still can't pass a mirror and see my grandmother – thickened waist, specs and slightly sagging chin – and quite believe it's me.

Now it's a question of checking on the bones with a density test and organising a diet and exercise that will sustain the energy levels, keep me out of the orthopaedic ward and maybe reduce my weight again. I still can't decide whether or not to go back on HRT.

As in every other area of life for women of my age, there are choices. Given today's longer life spans, lots of us will be post-menopausal for a third of our lives. As we bring up our children so much later we'll have to deal with that explosive hormonal cocktail, the menopausal woman and the teenage son or daughter. We'll have to decide whether we want to go along with science that seeks to keep us young and nubile, either through pills and potions or the surgeon's knife, whether we want to grow old disgracefully with a hairdresser with a great line in hair dye as our constant companion, or whether we'll be graceful and grey in the distinguished manner so far only open to the male of the species.

We'll discuss all these options in this menopause manual – and just remember one thing if you begin to waver and wonder whether the post-menopausal period will be worth living – you are never, ever going to have to worry again about getting pregnant. No more pills, caps, agonising over terminations or fiddling with condoms (unless you're really planning a high old time). Women's Liberation proper begins here.

CHAPTER 1



WHAT IS THE MENOPAUSE?



IN THE LATE 1980s, at the age of 49, one of Britain's best-known and best respected actors, an award-winning international star of stage and screen and now a busy Member of Parliament, missed a period. 'Jesus Christ' – her heart flipped over in horror – 'I must be pregnant.' A moment of calm consideration convinced her that this couldn't possibly be the case. Immaculate conception was, she conceded, unlikely. 'So, that's it,' she told herself, 'the menopause.'

In Glenda Jackson's case it was, indeed, the menopause, although if this happens to you, and you are sexually active, it is worth having a pregnancy test just to be sure – even if you are past the age when you thought you might still be fertile. Of every 20 women between the ages of 40 and 55 seen in a doctor's surgery complaining of missed or irregular periods, 19 of them will not be pregnant. Which means, of course, that one of them will be. One GP, by the way, recently told me how astonished she is at the number of women, even in the 21st century, who come to her surgery in a complete tizzy, complaining of heavier, more irregular periods, or of their sudden absence. They wonder what on earth is wrong with them and menopause, she says, often never crosses their minds. Which is what this

book is all about: information and shared experience, so that you know what's happening to you and can make choices about what action to take.

Generally, you would not be expected to be sterile, unless you've undergone an operation for that purpose or have had a hysterectomy, until you have been menstruation-free for a year over the age of 50, or two years under 50. Younger women with typical symptoms might believe themselves safe, but it's not unknown for them to begin having periods again after what they thought might be menopause. So it's as well to continue with contraception until you're certain that you are post-menopausal. Your doctor can usually confirm this by taking a blood test to establish the levels of the follicle-stimulating hormone (FSH), which tend to be higher after the menopause, but lower in women whose periods may have stopped temporarily due to severe weight loss or stress.

If you suspect you may be pregnant, be a little wary of some over-the-counter pregnancy tests which can, in older age groups, give false positives. Don't panic. Go to a doctor you trust. Equally, abnormal pregnancies such as ectopics can give false negatives with some types of test. Again – be safe, not sorry, and see a doctor in good time if you think you may be pregnant. Leaving it too late will preclude the possibility of carrying out certain genetic investigations to check the health of the foetus. It may also rule out early termination, which you may want to consider if you can't face starting again with a new baby in your forties or even early fifties. If in doubt, check it out.

As Glenda pondered the preceding weeks and months, she realised that her periods, although regular, had been quite heavy for a while and there had been a few nights when, as she puts it, she had woken up wrapped in 'sodden sheets', but she really hadn't paid it too much attention. In fact, she had barely thought about it at all. Now she felt an immense sense of relief that she wouldn't have to bother

with 'all that' any more, chucked out the sanitary products that littered her bathroom and 'got on with life'.

Glenda rightly identifies the meaning of the word 'menopause'. It derives from the Greek *meno*, meaning month, and *pausis*, which means ending. It refers to one date, the last day of your final period, and can consequently only be pinned down retrospectively. Menopause is generally assumed to have been completed when a clear year has passed, period-free. As the writer Germaine Greer describes it: 'The word menopause applies to a non-event, the menstrual period that does not happen.'

Few of us, I suspect, will ever have taken the trouble, as we often failed to when we were trying to have children, to mark down the day exactly – with the result that the precise timing of the menopause becomes as vague for most of us as was the due delivery date for our kids. So, if you really want to know for future reference, start jotting down in your diary – now.

It would have come in handy in my case. I'm taking part in a trial of natural progesterone (more later), primarily because of my interest in alternative therapies, but mainly for a thorough MOT (mammogram, endometrial aspiration – the worst test known to woman, involving removal of a tiny bit of the lining of the womb via the cervix without anaesthetic. Yuk! Ouch! – pelvic ultrasound scan, which can reveal ovarian cancer, blood tests, blood pressure monitoring, etc). Any clinical trial has to make sure you're fully healthy before using you as a human guinea pig. It makes you sound really dim when they ask, 'And when was the date of your last period?' and you have to make it up. 'Sort of Aprilish, last year,' was the best I could do. I think they were used to hearing it, but it does help if you can be precise about it.

It is perhaps a little premature to toss out the tampons after the first missed period. It's quite common, indeed it happened to me, to go for a whole year and then find your

body has just one final fling – fooled you! – and you have to count all over again for another year to be considered, officially, a post-menopausal woman. Christine Clancy, the tea-pourer on the September page of the Rylstone WI calendar, tells me her periods stopped suddenly when she was 46 with absolutely no prior warning. She was free for a year and then the rogue one, almost a year to the day, came right at the beginning of a week's holiday with her husband John in Majorca. They have no children, so were looking forward to a romantic fling. It was not to be and, of course, she was taken totally by surprise. Best, as every good Girl Guide knows, to Be Prepared!

There are other terms which are often used to identify this time in a woman's life. 'The Change' was the favoured designation of my childhood, muttered conspiratorially by middle-aged aunts who mopped the beads of sweat from their brows with freshly laundered and starched, lace-edged handkerchiefs and, unnaturally pink of cheek, complained of the heat in the days long before central heating. Vera Ivers OBE, chair of the steering committee for the Older Women's Network UK (OWN), remembers her mother and aunts gossiping in condemnatory whispers about one of their number, 'Why does she keep going on long shopping trips when she keeps flooding?' 'She's going through the Change, you know.'

It would never have occurred to a girl to ask what they were talking about, although the tone said it all. A change for the worse. Dangerous, depressing, a descent into useless tittle-tattle over tea and scones, bemoaning the waywardness of absent adult children and the woes of caring for ailing husbands or dying parents. Nothing to look forward to. It's not a word I would choose to use at all.

Although she calls her book on the subject, *The Change*, Germaine Greer favours a terminology which, like menopause, derives from the Greek. 'Climacteric' is rooted in klimacter, meaning critical period, and refers to the ten

years, usually from 45 to 55, when the majority of us make our transition from reproductive to non-reproductive creatures. For me it still accentuates the negative, rather than the positive. 'Critical' has associations with illness, accidents, descent.

There's nothing in 'climacteric' to reflect a new and welcome tone in depictions of women in middle age which, for the past few years, have begun to be the norm. The American feminist Gloria Steinem started the trend when, in the late 1980s, she published a photograph of herself in the bath in celebration of her birthday and proudly proclaimed, 'This is what 50 looks like.' Helen Mirren stunningly did the same in the 1990s on the front page of the *Radio Times*.

In New Year 2000 came the 'calendar pin-up girls' of the Rylstone WI, unashamedly revealing flesh way past the first flush of youth, but with pride and a wicked sense of humour. In the summer of the same year *Good Housekeeping* magazine referred to women in their forties and fifties not as middle-aged, but as 'grown up'. This was followed by a feature in the *Sunday Express*, accompanied by photographs of the actress Kathleen Turner, who famously stripped off in *The Graduate* on the London stage, Harriet Harman MP and Camilla Parker Bowles, resplendent in pink Versace.

None of these women is conventionally pretty. Turner is quite plump, Camilla has always been a surprisingly Plain Jane choice of sex siren mistress for a Prince of Wales and Harman is the jolly hockey sticks head girl lookalike she's always been. But the article was headlined 'Women's Lib? It Really Starts in Middle Age'. The women were described as older and sexier, difficult to control and independent-minded.

Perhaps 'metamorphosis' would be a more suitable handle for this time of life for us all. A change for the better, leaving behind the confining chrysalis of anxiety

about being overburdened double shifters, bound by biology to a constant fear of pregnancy and a monthly cycle that, if we're honest, at best bores us, at worst drives us temporarily barmy with the moon. As the magazine editor Marcelle d'Argy Smith observes, 'Women are like eggs. They hatch in their forties.'

There are, of course, for most of us, some grotty bits to go through before we reach menstruation-free nirvana. When Glenda Jackson talked about the hot sweats and heavy bleeding she experienced, she pinned down two of the common symptoms of the perimenopausal period and – in the case of the hot flushes – sometimes of the post-menopausal period too. (Perimenopause can extend from a few months to several years and refers to the time when we first observe changes to the menstrual cycle. It usually lasts for about a year after the last period.)

Hot flushes, night sweats and palpitations are thought to be experienced by 70 per cent of women for a year, 30 per cent for five years and 5-10 per cent for 10 years. After an induced menopause, where the ovaries are surgically removed, almost all women will have severe hot flushes, beginning immediately after surgery, regardless of their age. In a natural menopause, flushes usually begin in the late forties, but can start earlier and can go on for as little as a year or as long as 15 years – although that's rare, you'll be relieved to know. Like adolescence, where the body and the mind set are adjusting to a new reproductive role, the 'metamorphosis' can take several years, during which we can learn to accommodate ourselves as a new and different kind of woman with time and energy to follow our own inclinations rather than those of the people who have depended upon us in the past.

Hot flushes generally have a consistent pattern, but manifest themselves differently in each individual woman. They can last for two to three minutes or up to an hour and can come several times a day or only occasionally (mine

come at night, or at a party or an important business meeting. I find a joky 'Is it me or is it hot in here?', a sweet smile, and a tissue to mop the fevered brow, invaluable and much less embarrassing than trying to conceal what's going on! Lightweight clothing is essential. Don't bother with expensive silk shirts, you'll only ruin them, and I have drawers full of sweaters that I'm looking forward to wearing some time in the future when this inbuilt central heating runs out of fuel and hypothermia sets in! I just hope they'll still fit, but that's another story!)

Glenda Jackson was lucky and, from my conversations with a great range of women, relatively rare, in that her symptoms were quite mild and continued for a short time. Her fellow MP from the other side of the house, Teresa Gorman, says her first indication came in her mid to late forties, when her memory became very poor. She's a scientist and knowing the generic names for the plants in her garden was second nature to her. Suddenly she couldn't tell her *Cistus creticus* from her *Nicotiana sylvestris*. She was running her own business and was used to being interested in everything; indeed she was known for her phenomenal energy, sense of humour and bright outlook. For the first time in her life, her desk was piling up with things to do and she wasn't getting on with them. She was sneaking off to bed, exhausted, at 7 o'clock in the evening, interested in nothing but going to sleep.

She also suffered inklings of hot flushes but, more worryingly, pains in her joints, which she thought might be the early onset of arthritis or rheumatism. She had difficulty climbing the 75 steps in her London town house thanks to stiffness in her knees and hips, and her wrists, in particular, became a problem. She avoided using knives because cutting, chopping and peeling became so painful (sounds like an excuse to bunk off the cooking to me. I had similar problems, and used them to good effect! Luckily, him indoors is a great cook too.)

Moyra Livesey – Miss May, the flower-arranger, in the WI calendar – reports a similar deterioration in her memory and mental processes. She says she couldn't think of words of more than two syllables and became afraid to take an active part in meetings any more as she found herself stuck for simple means of expression. She remembers one particular gathering of the WI where she couldn't remember the name of a very close friend and had to nudge a neighbour to ask the 'dark-haired woman in the green sweater' to turn around and speak to her. Her night sweats were horrendous and her poor husband would shiver on freezing cold nights as she tossed off the bedclothes. It was, she says, as if someone had turned the heating up full-blast. She went off sex completely, mainly because she couldn't stand the heat of her husband's body, but regained the physical side of her relationship post-menopausally.

Only one person I have spoken to has suffered from the vaginal dryness that is reported as a symptom in most of the books I've read, and even in her case the symptom disappeared of its own accord after the menopause. The latest research suggests that it can be a factor for some women, as oestrogen deficiency (the attributed cause of the menopause) is said to be influential in a number of urogenital problems. It's said, in some cases, to result in thinner and paler mucus which can cause itching and what are charmingly described as pelvic laxity and stress incontinence. Is it my naturally suspicious mind that leads me to suspect that it's extremely useful for the marketing department at KY Jelly for this to be promulgated as common? Especially when most of us know that a few pelvic floor exercises (for laxity or incontinence) or letting the imagination substitute George Clooney for the old man (for any dryness that might be a problem) can work miracles! I often find that books on the subject either don't include women's personal experience or are written by

men. I guess it wouldn't occur to them to look to their own laurels in this department.

Melba Wilson, who at the age of 50 became policy director for the mental health charity, MIND, had the classic hot flushes and night sweats, but says that in her case her menopausal changes largely involved her sexuality. She's been married to Jake for 25 years and they have had a happy, energetic and physically satisfying relationship throughout. Suddenly she found she wasn't interested at all. Primarily, it was her reduced energy levels – she was so focused on the intricacies of her new job, she could only see bed as a place to slumber. She also became very tired because the night sweats caused her sleep to be disturbed. Few of us would feel like an energetic sex life if we were simply exhausted.

Jake was very upset at her seeming lack of interest in him. Nevertheless, she found she couldn't react the way she had when, earlier in their marriage, after her pregnancies, she had also gone off the physical side of her relationship. As a younger woman she had felt apologetic and ploughed ahead, even though she wasn't necessarily enthusiastic. Now she found herself being more assertive and just saying no. It is, she says, good to have arrived at a point where she is demanding more for herself and is convinced the physical unpleasantness of menopausal symptoms have a purpose in contributing to a woman becoming less accommodating, more demanding and more sure of herself.

There was also an up side to her partial abstinence. When they did get it together, it was better than ever, with hitherto undreamed-of multiple orgasms (she doesn't know why). It is, she insists, important to articulate all these thoughts and feelings with partners, otherwise they can feel extremely lost and left out, which is when the temptation comes for men to diminish or dismiss the powerful transformation that is taking place in the woman's

body and mind with a joke. Or, in the worst possible case, decide they'll seek their comfort elsewhere!

Vera Ivers was in the first years of a new second marriage to a man 12 years her junior when her menopause began and reports no difficulties in her sex life. Now she's 68 and it still hasn't come to an end. There are, she says, days when they don't bother at all, but when it happens it's comforting and comfortable. Vera had a hysterectomy in her late thirties after the very difficult birth of her fourth child. A growth was discovered, so she happily went along with the recommendation that she should have her womb removed. Obviously her periods finished as a result of the hysterectomy, so when she got the other classic menopausal symptoms such as flushes and night sweats at the age of 50 it was a bit of a shock, even though her gynaecologist had, she now recalls, told her at the time of the operation that they would leave her ovaries behind, as they were not diseased, and this way she 'would not age suddenly'. She does emphasise out that hysterectomy should never be thought of as making you less of a woman. As she says, it's the clitoris and vagina, not the uterus or the cervix that play a part in sexual stimulation, and orgasm and libido originate from the central nervous system. So whether you fancy someone is in your head, not your womb!

Rosie Thomas is a best-selling novelist whose husband of 30 years left her soon after her menopause, but she now has a new boyfriend, with whom she says sex is 'just fine'. It leads me to suspect that, where there are problems of dryness, it's often likely to be boredom or overfamiliarity rather than physical incapacity that causes a lack of response to sexual stimuli. If you're with the same partner you've been with for many years, you're beginning to feel like an unalluring beached whale and it bothers you, talk about it with your partner, as Melba Wilson recommends,

as a first line of attack. Leaving it unspoken will only make the problem fester and get worse.

Later in the book we'll discuss ways of making yourself feel better with diet, exercise and hormonal treatments if you want to try them. Of course, some women say they really don't mind slowing down sexually at this time of life and, if they're really honest, neither do their partners. Men, too, are affected by their hormones and their potency and desire can often fade with age. The trick here would seem to be to try and match each other. No point bumping up your hormonal intake if he's happy to read, drink cocoa and grow old gracefully. Not every fella wants to become Viagra-man, just as we don't all want HRT.

Rosie's menopause was, perhaps, the most frightening, and certainly the most dramatic symptomatically, of anyone's in my wide-ranging sample. She was taking part in the Peking to Paris Motor challenge when she developed perimenopausal uterine haemorrhaging. She was 49 and when she began bleeding heavily she put it down to 'that time of life'. As she drove on through the Himalayas the bleeding became worse and at Everest camp she haemorrhaged severely. She was very ill and describes herself feeling scared and a little ethereal.

A phone call to her gynaecologist in London was not encouraging. He told her the probable cause was a severe and uncommon drop in hormone levels and ordered her to get the first flight home. Her 32-year-old male travelling companion was none too impressed either. She, though, is not a woman to be easily deflected from a challenge. In Kathmandu, by an extraordinary stroke of good luck, she found a traveller who happened to be carrying progestogen pills, borrowed some, felt better and knew instinctively that she was going to be all right. She carried on to Paris and completed the contest. On her return home she was fitted with a progestogen coil which was inserted into the uterus and she's been in perfect health ever since. Hers was not,

perhaps, a course of action to be recommended to everyone, but it is an indication that this age need be no barrier to an intrepid and determined nature.

Moyra Livesey describes another common experience. She refuses to call it depression but, with typical Yorkshire understatement, will go so far as to say she was 'very down'. Her husband, looking back on that time, recalls her going from nice to nasty in ten seconds flat. Her teenage son who, mercifully, she says, is a fairly calm, laid-back sort of chap, remembers her reaction to his typically untidy bedroom. One day she'd be fine about it, the next she would scream and shout. Similarly, if the house was untidy or the washing up hadn't been done, some days she took it in her stride; other days she couldn't bear it. She was, she says, totally irrational and difficult to live with.

For me, this was the hardest part of my own menopausal symptoms. At the age of 46, with no prior warning and no history of depressive illness, I woke up one morning looking into a black tunnel with no light at the end. Nothing in my life had changed to induce such misery. My job appeared safe and was as enjoyable as ever, my children were hale and hearty, my parents fit and well, my partnership of nearly 20 years was solid and satisfying. Nevertheless, for several months, every waking was a sock in the stomach and every programme a huge effort of will. The garden ceased to give me pleasure. I couldn't concentrate to read a book. The family avoided me and the poisonous black cloud that hung around me.

One of my closest friends, Griselda Cann, wrote me an e-mail when we were going through this time. It read thus:

Your brain cannot be as bad as mine. [It always was a competitive friendship!] Menopause for me means thermonuclear breakdown of all my regulators, intermittent but utter loss of vocabulary, shipwrecked sleep, spatial disorientation, jibbering articulation,

shakes, collapse of inner self, extremely vivid dreams and imaging during so-called day time, so that I get preoccupied with irrelevant thoughts when I ought to be concentrating on this or that, and a general lack of grip. AAAAAAAGGGGGHHHHH! I should have added in the extraordinary aches and scrapiness of all my muscles and joints. I imagine myself with brain tumour, impending heart attack, certainly Alzheimer's, thrombosis, arthritis, or perhaps it's not imaginary. Oh God.

In the Western world the majority of women will experience 'natural menopause' (one that is not brought about by any form of medical intervention) between the ages of 45 and 55, but on average around the age of 51. Some women reach menopause earlier in their forties and a few last out until their sixties. Menopause is considered premature if it occurs under the age of 40.

Gail Jones, who is now 42 and works with children with special needs, had the earliest symptoms I have come across so far. She married in her early twenties and had her second child at 25. Almost immediately she began to feel 'peculiar'. Like Moyra and me, she's not the sort of person who has ever suffered from depression, but she began to feel very low. She became afraid of driving her car and, in fact, felt tired, anxious and fearful all the time. She was nauseous and had difficulty swallowing. Her hair began to thin, she had headaches and hot flushes, aches in her breasts and intercourse became painful – probably because she was so full of fear. She frequently suffered from cystitis. Her periods became erratic with a shorter than usual space between them and she sometimes experienced flooding. She began to feel, she says, like a completely sexless person, obsessed in the worst possible way with her nether regions. Her symptoms were explained away as post-natal depression, until, two years later, her periods stopped.

Gail had a pregnancy test which proved negative and, after much 'fobbing off' by the NHS, decided to pay for specialist investigations of what she thought might be a life-threatening illness. Eventually, after extensive tests for every known condition, she was told she was menopausal. She then discovered that her sister had also gone through the same process at the age of 32, although their mother had had a normal change at 50.

There was no explanation for such a young woman mirroring the patterns of someone usually twice her age, except that she was told her experience was unquestionably hereditary – that both she and her sister must carry a 'throwback gene'. When she was finally given the diagnosis it was a huge relief. She was disappointed that she wouldn't be able to have more children, but, since her most fervent wish during these two years of hell had been to be spared until she was 40 so that she could bring up the two kids she'd had, she was relieved and delighted to be told her life was not in danger.

It's common to experience symptoms at around the same age as mothers and sisters – so it's a great help if you have them around to talk to. Mothers can be problematic, though. Menopause seems to be rather like childbirth – once it's over you forget about the pain and horrors and concentrate on the challenge of being the new you, so don't be surprised if your mum, like mine, is spectacularly vague about what to you seems the most dramatic time in your life since adolescence and childbirth, as indeed it is.

Apart from genetics, the only consistent factor shown to affect the age at menopause is cigarette-smoking. Smokers (and even ex-smokers) can reach menopause two or three years earlier than those who have never indulged. Contrary to earlier medical opinion, there is no link between the time of a woman's first period and her age at menopause, nor is there any proven connection between the use of oral contraceptives and the onset of symptoms.

Penny Heeley, who's a fitness instructor at the Ragdale Hall Health Hydro in Leicestershire, and whose exercise programme for health in the middle years you can find later in the book ([see here](#)), started taking the pill in 1969, at a relatively high dose, came off it for a while in the early 1970s when she had her son, transferred to a low dose in 1974 and continued to take it without a break until she was 52. Her doctor then suggested she might safely come off it without risk of pregnancy, which she did, and she hasn't had a period since. She's now 53 and, apart from one night sweat and one occasion when she had what she describes as a panic attack in a shopping mall where she had to rush out to be able to breathe, she has been symptom-free and is as well balanced and fit as it's possible to be.

The timing of the menopause can often be accelerated by traumatic events. Prolonged stress or a life crisis can halt the production of certain hormones, stop periods temporarily or, in some cases, induce an early menopause. Nutrition can also play an important role. As with the anorexic teenager whose periods stop as she starves herself, an older woman who has been under-nourished for a prolonged period is likely to become menopausal several years earlier than her fellows and anyone who has suffered severe anorexia is at risk of premature menopause.

Leni Pickles, seen repotting her plants on the April page of the WI calendar, began to have symptoms relatively young, at the age of 42. She's a smoker and she thinks both her mother and elder sister had theirs quite early too, although she isn't sure. It's not really something they've talked about much. Most significantly, her husband left her just before she first missed a period. It was a terrible shock. She had three young children: a girl of 16, a boy of 11 and a daughter of 4. She had a full-time job as a lecturer in Social Studies at a nearby college of further education and the first thing she knew about her husband's affair was

when he didn't come home one night. He then announced that he had left her for a woman 15 years her junior.

After this her periods became erratic, she felt very tired all the time and began to have the occasional hot flush. Her first thought was that she was coming down with something nasty and then it occurred to her that she might be menopausal. She went to her doctor for a blood test which proved negative. Nine months later, as her periods became increasingly erratic – some long, some short, some missed altogether – she returned for another blood test and was now declared perimenopausal. Looking back, she feels, it's clear that the stress of picking up the pieces of her life as a lone parent may well have been the trigger.

As we've already seen, a hysterectomy usually does not have the effect of precipitating menopause unless the ovaries have been removed. Even when only a portion of ovary is left behind you should expect things to take their normal course. Sandy Chalmers, a former editor of *Woman's Hour*, now Director of Communications for Help the Aged and Chairman of the Board of Trustees for the Pennell Initiative for Women's Health, began to suffer from debilitating periods in her mid forties. She became tired and anaemic. A D & C (dilation and curettage) proved ineffective, so a hysterectomy was recommended. She was in such a tizzy, she didn't discuss what would happen with her surgeon before the operation, but remembers being told afterwards that half an ovary had been left behind in order that she would have a natural menopause, saving the need for hormone replacement therapy in a relatively young woman.

Of around 90,000 hysterectomies carried out in Britain each year, oophorectomy, or removal of the ovaries, takes place in some 14 per cent of cases, even when they are healthy and free of disease. It is more common if the woman is in her fifties and post menopausal, although it has also occurred in some high-profile and highly

controversial cases involving younger women. Some surgeons will suggest there are benefits to oophorectomy. Ovarian cancer is notoriously difficult to diagnose in its early stages, so some doctors will argue that, whilst they are in there, they may as well remove the ovaries and rule out the possibility of any future malignancy, or of ovarian cysts developing. Other doctors will be happier to leave healthy ovaries in place, to prevent the symptoms of menopause arriving before their time, although this is not guaranteed. The most recent data show that 50 per cent of ovaries fail to function after hysterectomy.

Informed consent has proved to be a key problem here. Some women have thought they were going for just a hysterectomy or an exploratory operation and have come round to discover everything has 'been taken away'. Doctors' ignorance and arrogance has been a factor. In 1996 a doctor was struck off by the General Medical Council (GMC) after he removed a perfectly normal ovary at the Luton and Dunstable Hospital, even though the patient had insisted it should not be touched. Apparently, the doctor was told in the theatre that his patient was 'about 50' and he joked, 'She won't be needing these then, will she?' She was in fact 42.

In the early part of 2000, Caroline Richmond, a medical journalist from Battersea in south London, described feeling mutilated after she discovered her womb and ovaries had been removed during what she had believed to be an exploration into the cause of a prolonged period of heavy bleeding that had lasted for ten years. Her consultant, Mr Ian Fergusson, was found to have acted in good faith because, during the operation in 1992, he was concerned about a lump which he thought may have been malignant. The GMC committee reported that he had been medically justified in his actions, but he was criticised because 'the process of counselling the patient and obtaining her consent left a lot to be desired'.

Mrs Wendy Savage, the obstetrician and gynaecologist who came to prominence over her radical support of women's right to have their wishes taken into account over the way they give birth, appeared on Channel 4 news to discuss the Richmond case. She appeared to support the GMC's decision, pointing out that the incidents under review had taken place a long time ago and that, as a result of a number of questionable cases, consent forms are now required to take much more detailed account of a patient's wishes before surgery. She was, though, obviously outraged at the prophylactic removal of a woman's ovaries, without her permission having been expressly given.

'Imagine', she said, 'the outcry if a man had gone into hospital to have his gall bladder removed and the surgeon thought it would be a good idea, to prevent any future risk of testicular cancer, to cut off his balls.' Quite. So it is worth, unlike Sandy Chalmers, making sure you do ask lots of questions, informing yourself properly about what's intended if you have to have surgery and filling out the consent form with great care. Above all, make sure the surgeon who is to carry out the operation talks to you. Most conscientious ones do; but don't be fobbed off with some tired junior who won't finally be responsible for wielding the scalpel!

Some women don't have their menopause until they are in their late fifties, or, in some very rare cases, until 60. Excess body fat can delay menopause as oestrogen is produced in fatty tissues of the body, but this is not necessarily a good thing. An overabundance of circulating oestrogen is thought to increase the risk of some cancers – it's believed, for example, to be a factor in some breast and uterine cancers. Also, women who have diabetes may experience a later-than-average menopause, again because of higher levels of oestrogen. It's recommended that, if you are still menstruating in your late fifties, you should have a precautionary check-up with your GP.

Regardless of when it happens, there are profound changes to the body's chemistry during menopause which are measurable. (Scientific bit here!) The normal menstrual cycle, as we all know, results in a regular pattern of bleeding each month. One or other of the two ovaries releases an egg that travels down the Fallopian tube to the uterus. Before the egg is released, the lining of the womb, or endometrium, thickens ready to receive the egg, should it be fertilised by a sperm, and to nourish the embryonic pregnancy. If there is no conception the egg doesn't implant itself, the hormones that would support it diminish, the lining of the womb breaks down and is shed, and the whole process begins again.

It's the body's endocrine or glandular system that regulates the release of eggs, thousands of which are already present in the newborn baby girl, and the preparation of the womb lining. The system is controlled overall by the hypothalamus in the brain which can be disrupted by stress or drastic changes in body weight. This is why anorexia nervosa can cause periods to stop.

When the hypothalamus is in tip-top condition, it releases hormone messengers into the bloodstream regularly. These, in turn, stimulate the nearby pituitary gland to release its own hormone messengers, collectively known as gonadotrophins. GnRH is the gonadotrophin-releasing hormone and the two gonadotrophins are the follicle-stimulating hormone (FSH) and the luteinising hormone (LH).

The function of FSH is to stimulate the more mature egg follicles in the ovaries to produce another hormone, oestradiol, a form of oestrogen which in turn thickens the lining of the womb. When the oestradiol level reaches a peak it tells the hypothalamus to release more GnRH, which results in LH being secreted from the pituitary to the bloodstream. The LH acts on the most mature ovarian

follicle, which bursts, releases the enclosed egg and completes the ovulation process.

The ruptured follicle that is left behind is known as the corpus luteum. This produces oestradiol and the progesterone which helps to prepare the lining of the womb for the fertilised egg. If there is no pregnancy the hormone levels fall, the corpus luteum collapses, the lining breaks down and all of us who didn't want to be pregnant anyway breathe a sigh of relief as the period begins. Oestrogen levels fall, the pituitary gland cottons on, sends out another lot of FSH and the whole cycle begins again.

At the onset of the menopause there is a gradual reduction in the number of egg follicles in the ovaries. At birth, it's believed there are as many as 450,000 follicles in the ovaries. If ovulation begins on average at 12, at puberty, and ceases at around 52, at the menopause, only 500 ripened eggs have been released. During each menstrual cycle a number of follicles ripen at the same time, but only one releases an egg. The remainder become redundant. Others are thought to disappear gradually over the years, but there is still a dramatic loss of follicles (which can reach as few as 1000) once a woman reaches her forties. The reason for this remains a medical mystery.

As the supply of eggs in the ovaries dwindles, the eggs that remain become less responsive to the hormones which are secreted for their stimulation. Oestrogen levels fall, the pituitary gland recognises what's happening and each month frantically increases its production of FSH in an attempt to kick-start the reproductive system as normal.

As things progress and other symptoms such as flushes and sweats begin, blood levels of FSH rise significantly. As oestrogen levels fall because the egg follicles are not responding to FSH to produce it, LH rises to a level three to five times its normal premenstrual level. Blood tests for the increased presence of FSH is therefore useful in establishing whether a woman is perimenopausal or not,

usually when there are other symptoms present. (Bear in mind, though, that in the early part of the perimenopause, FSH levels can fluctuate, so having only one blood test may be misleading.) This hormonal tango explains why periods might become longer in duration, shorter, heavier or lighter or go into the stop-start mode so many of the women I've spoken to have described. As we've already seen, in some women - around 10 per cent - their periods will stop quickly and suddenly, while for others the inconvenience of an erratic cycle can go on for several years.

Although mature ovaries no longer ovulate, they do not cease to function entirely. The central region is actively engaged in producing the hormones testosterone and androstenedione which convert into oestrone, the form of oestrogen which remains circulating in the blood after the menopause. Testosterone, by the way, generally thought of as a male hormone, is an important influence on women's sexual arousal. Its production does not rise during the menopause, but it can become more dominant than in the past because levels of other hormones are falling. This could account for Melba Wilson's earlier description of her new-found, post-menopausal, humdinging multiple orgasms!

The down side of an increased dominance in testosterone levels can be the development of what are generally thought to be male characteristics. Around the menopause and after, some women notice an increased growth of facial hair and a deepening of the voice. For me, the former is one little hair on the right side of the chin - easily dealt with, using tweezers. Any more than that and I'll be off like a shot to the beauty parlour for epilation, where the hair is removed from the root with an electrical charge and shouldn't return. The deeper voice in my case is a professional bonus!

More supplies of oestrogen come from the adrenal glands and by processes in fat cells and from other extra-

glandular sources. So, as the ovaries shut down, the body readjusts – substituting other oestrogen sources – although not in the same quantities as were produced during the normal menstrual cycle. In the first year after menopause the average drop in oestrogen level is 80 per cent.

It is estimated that 75 per cent to 80 per cent of women passing through menopause will experience one or more of the symptoms we've discussed, but only 10 per cent to 35 per cent say they were affected strongly enough to seek help and there is no consensus about how the severity of symptoms is affected by genetics, upbringing, culture, lifestyle or diet. Low menopausal distress has been associated with women who have never been married, never had children or had children late in life, and with higher levels of income and education. Ruth Lee, policy director at the Institute of Directors would suggest that none of these factors necessarily applies. She has never married, has no children, is highly educated and well paid, but at the age of 42 and working fiendishly long hours in a high-powered job as an economist in the City with a Japanese bank, she began to experience debilitating and embarrassing hot flushes – bad enough to send her to her doctor.

The highest levels of distress are said to be experienced by married women and mothers. It's not difficult to deduce that these circumstances may contribute to the symptoms, as worries about teenagers and juggling a relationship which may have hit the buffers of the 20-odd-year itch can't be underestimated, although the fitness instructor Penny Heeley bucks this trend, sailing through with barely a symptom, a husband and a son. There seem to be few hard-and-fast guidelines, although women who have suffered painful periods and severe premenstrual syndrome in the past and those who have undergone premature menopause, either natural or surgical, are said to report a particularly bad time. This, too, on the basis of my conversations with