



**Middllessence,
Mid-life Crisis
and Menopause**

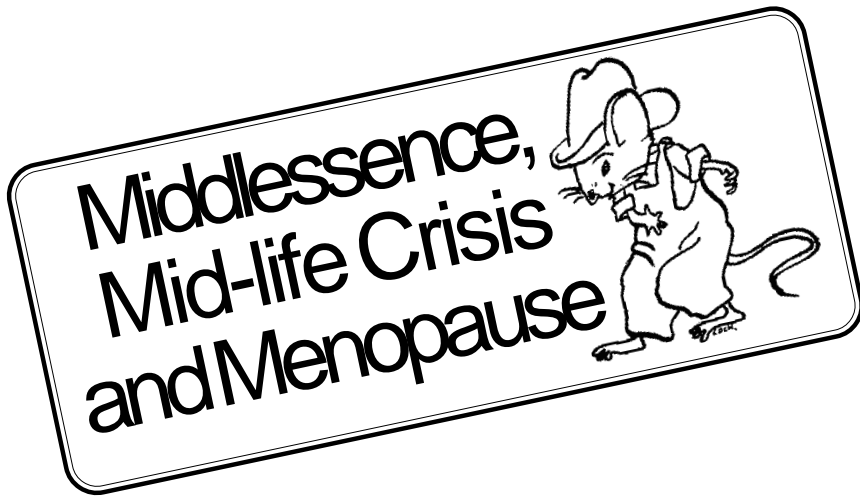


Lionel Hartley, PhD

Middlence, Mid-life Crisis
& Menopause

Transcribed and condensed
from a public seminar by
Lionel Hartley, PhD

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A practical programme of coping skills
for men and women frustrated by changes
due to the normal life stages of middlissance,
mid-life crisis, and menopause (change-of-life)

Transcribed and condensed
from a public seminar by
Lionel Hartley, PhD

Published by
Salubrity™ Seminars

Middlence, Mid-life Crisis & Menopause
by Lionel Hartley, PhD

Condensed from a seminar of the same title.

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Introduction

“W
Writer Jules Feiffer observed,
'At sixteen I was stupid, confused, insecure and indecisive.
At twenty-five I was wise, self-confident, prepossessing and
assertive.
At forty-five I am stupid, confused, insecure and indecisive.
Who would have supposed that maturity is only a short break in
adolescence?'

Lady Nancy Astor dreaded menopause. She described her
frustration this way, 'I used to dread getting older because I
thought I would not be able to do all the things I wanted to do.
But now that I am older I find that I don't want to do them
(anymore).'

Well, what is all the fuss about the stages of Middlence, Mid-
life Crisis and Menopause?

Actor Mickey Rooney, afraid of a mid-life crisis, confessed, 'I
was a fourteen-year-old boy for thirty years.' If you saw his early
movies, you would believe it!

Victor Hugo recognised this problem when he said, 'Forty is the
old age of youth and fifty is the youth of old age.'

Public speaker, author and illustrator, Dr Lionel Hartley refuses
to succumb to either the *old age of youth* or the *youth of old
age!*

Here he is to give us some practical help in guiding our lives
through the murky waters of time.

I present, Lionel Hartley....”

Introduction to Middlence, Mid-life Crisis and Menopause Seminar.

What follows is primarily the condensing of a transcription of Dr Hartley's
seminar with supplementary material and chapters covering subjects that have
come up occasionally during the seminar question time.

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Chapter 1

Turning Theories Upside-down

Maggie's become an awful frump
She's getting big around the rump.
Her nights are hot
Yet her feet are cold.
Could it be she's getting old?

Egbert's glum. There's no deny
A younger girl will take his eye.
His life is blue,
His wife is green.
He thinks of what it might have been.

Now Maggie needn't be that way
Nor Egbert allowing his heart to stray.
For help is near,
The answer's clear,
And we will learn of it today.

– Seminar introduction by Lionel Hartley



When a child misbehaves we often say, “Oh, it’s just a stage he’s passing through.” Similarly, many of our own problems arise because we’re passing through some stage of personal development.

Our lives *can* be divided into various stages.

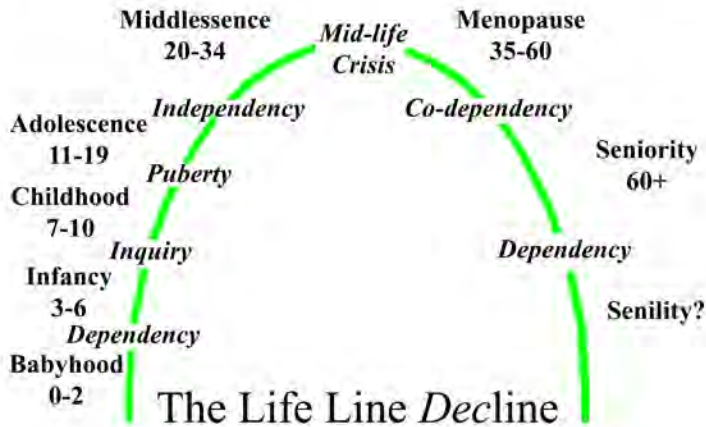
These periods have been called the tiring tiny-tots, the terrible toddlers, the testing teens, the teachable twenties, the terrific thirties, the fiery forties, the forceful fifties, the serious sixties, the sacred seventies, and the aching eighties.

Middlence, Mid-life Crisis and Menopause are also life stages – perhaps the most misunderstood, next to the teen years.

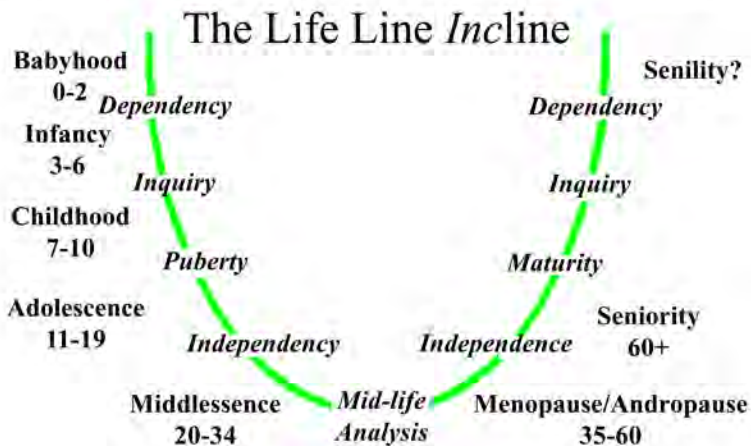
Middlence, Mid- [9] -life Crisis & Menopause

As misconceptions & myth-conceptions abound, we will begin by turning all our life-stage preconceptions on their head.

Let us start by looking at what society imposes as the pattern of life decline:



Now I would like to suggest turning that completely upside down, and call it a *life line incline* rather than a *life line decline*.



A gardener is someone who believes that what goes down must come up.

Now this means that *Mid-life Crisis* (or the *Corvette syndrome* as it is sometimes called) becomes *Mid-life Analysis* or *Mid-life Progress*.

As you see, the parabolic arc depicting the pattern of life decline is represented as a hill. The early years are a struggling climb to independency. At the top of the hill, instead of being greeted with a glorious panoramic view, the individual is confronted with a mid-life crisis when he sees that he is going “over the hill”, that from now on life is a rapid decline toward old age and possibly senility. He loses his quest for independency as he becomes dependent on others for his self esteem.

However when we invert the curve, we get quite a different picture. The early years are a rapid slippery slide to our goal of independence. Mid-life becomes a time of analysis, (or progress) not crisis. With this concept, there is nowhere to go except *up*. And so we grow and learn, gaining maturity as we grow.

The years between Seniority and the end of our years, are years of inquiry, following our inclination (incline-ation), not succumbing to declination.



This is my philosophy, and bearing this in mind, we can now look at middlence, mid-life, and menopause as stages in a maturing process and not the inevitabilities of degeneration.

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Chapter 2

Male Menopause— *Andropause or Viropause*

What is menopause, and does it apply to women only? Is it possible that *men* may have the twelve B's: big belly, broad body, bent back, bald bump, bifocals, bad breath and bunions?

So what happens to men? Some men experience a true biological menopause like women do. This is called andropause.

Andropause or, as it is called in Europe *viropause*, is a syndrome associated with lack of or absence of testosterone. There are two general forms found in adult men who had normal hormone levels through puberty and young adulthood and who experience normal sexual development.

One form, analogous to female menopause, is associated with the rapid drop of testosterone levels.

There are a number of typical symptoms associated with andropause. Eighty-two percent will suffer from fatigue and an associated loss of a sense of well being, sixty percent will experience aches in their joints and stiffness in their hands, half will have hot flushes, sleep disturbances, at least seventy percent will suffer from depression, irritability and anger are symptoms of sixty percent and eighty percent will complain of a reduced libido and/or reduced potency. Other symptoms include premature ageing including signs of changes in both hair growth and skin quality.

Typical Symptoms of Andropause

- Fatigue, loss of a sense of well being
- Joint aches and stiffness of hands
- Hot flushes, sleep disturbances
- Depression
- Irritability and anger
- Reduced libido
- Reduced potency
- Premature ageing
- Changes in hair growth and skin quality



Does that sound familiar? Does it sound like women at mid-life. Yes, it is similar to female menopause – *it is the same condition* because the **relationship** between the ovaries, estrogen, the brain, and the pituitary are exactly the same as the **relationship** between the testis, testosterone, the brain, and the pituitary.

However *acute* andropause in men is relatively uncommon, compared to acute menopause in women, because testicular function declines gradually in most men.


Perhaps the principal reason male menopause has never been in the public spotlight is because men who experience the characteristic decline in virility during middle age are reluctant or even unwilling to acknowledge the condition.

There are a number of common causes for acute andropause in adult men and these include viral infections such as mumps, which (fortunately) has been almost completely eradicated by immunization, the surgical removal of or injury to the testis and the male reproductive tract (for example: testicular cancer, or poorly performed hernia repairs and perhaps vasectomies), diseases when the immune system attacks and destroys the testis such as variations of systemic lupus erythematosus, subtle genetic abnormalities which, although they permit normal adult develop-

ment, are known to lead to premature genital failure – such as chromosomal mosaicism. Causes such as some generalised vascular diseases (e.g. diabetes), problems resulting from smoking & alcohol usage, the effects of some forms of chemotherapy, extremely low fat & poorly managed vegan diets, or from a pituitary tumor (which is very rare).

Common Causes of Acute Andropause

- Viral infections
- Removal of or injury to the testis & reproductive tract
- Diseases which attack and destroy the testis
- Subtle genetic abnormalities
- Generalised vascular diseases
- Smoking & alcohol usage
- Chemotherapy
- Very low fat & some vegan diets
- Pituitary tumors (very rare)



The second form of this syndrome is more insidious since it occurs gradually. It is often confused with male mid-life psychological adjustment disorders because it exactly mimics depression in mid-life men.

Male hormones decline gradually. Testosterone (from the testis), human growth hormone (from the pituitary), and DHEA and androstenedione (from the adrenal gland) all begin to drop. For many men, this does not occur until their 60s or 70s but there are others it may occur much earlier.

In addition, there are proteins in the blood which bind testosterone in a biologically inactive form. These are called human sex hormone binding proteins or globulins. Their levels can rise in response to many conditions including medical disorders and exposure to other hormones including phytoestrogens (estrogens

derived from plant sources such as soy) and other environmental estrogen-like compounds (pesticides, hormones used in agribusiness to produce fatter animals, etc.)

For example, there is some data suggesting that men on very low fat or pure vegetarian (vegan) diets have lower testosterone levels. The overall effect of rising sex hormone binding proteins is that there is less bio-available testosterone.

The symptoms of male menopause are not as overwhelming as the wholesale changes that women experience, and male menopause does not affect all men. Approximately 40% of men in their 40s, 50s and 60s will experience some degree of lethargy, depression, increased irritability, mood swings, and difficulty in attaining and sustaining sexual capability that characterise male menopause. This latter problem cannot be attributed to the ageing process alone, however, because well over 40% of males remain sexually active at 70 years of age and beyond.

So what can we do about it?

Usually there is more than one explanation or cure for the phenomenon known as male menopause. Ageing, hormones and overall physical and mental well-being all factor into the condition. Many doctors agree that if a man has an understanding partner, monitors his medications, minimises alcohol intake, controls eating habits, stops smoking, and improves the health of his vascular system through gentle aerobic exercise, he will almost certainly see an improvement in his overall wellness and delay the progression of menopause.

Also men need to **disassociate their ego from their organs**. Men need to realise and accept that these disorders exist, that it is often a simple endocrine problem which is no different than thyroid disease or diabetes, and that it can be treated.

I have a number of other suggestions, but I will save them until later to save repetition, as now we turn our attention to the women-folk....

Chapter 3

Female Menopause— *Change of Life or Climacteric*

Menopause represents the end of menstruation and is usually diagnosed when a woman has not had a menstrual period for 12 consecutive months, and there is no other obvious biologic or physiologic cause. In the Western world, the majority of women experience a natural menopause between the ages of 45 and 55 —on average at about age 51 — but it can occur as early as in a woman’s 30s and as late as in her 60s.

Now this next statement is important:

Menopause is not a disease, but a natural event!

Menopause is the end of fertility — resulting from the ovaries slowing down production of two sex hormones: oestrogen and progesterone. When the ovaries are removed surgically (“surgical menopause”) or when the ovaries are damaged through drugs or x-rays, “induced menopause” results. Menopause is considered to be “premature” when it occurs either naturally or is induced before age 40.

Although menopause has been defined as a point time, in truth this is a process which unfolds over many years. These years bring a variety of changes associated with decreasing oestrogen levels. These changes or “symptoms” most often start in a woman’s 40s and sometimes in her 30s. Many women are surprised by two things: the age at which menopause-related symptoms

can begin, and the range of symptoms.

Other terms often used to discuss menopause include “pre-menopause” (all the reproductive years leading to menopause), “peri-menopause” includes the time immediately prior to the menopause (when the endocrinological, biological, and clinical features of approaching menopause commence) as well as the first years immediately after menopause, and “post-menopause” (all the time beyond menopause).

Before menstruation stops completely, most women experience noticeable changes in their periods. Some periods become shorter in length; others become longer. The flow may be lighter or heavier —and some women have extensive bleeding with clots. The time between periods often changes, with irregularity being very common.

Another change often experienced is what we described in our verse about Maggie: *“Her nights are hot / Yet her feet are cold”*, and that is the hot “flash” or “flush” — an uncomfortable warm feeling and increased pulse rate often triggered by being too hot, eating hot or spicy foods, hot drinks, alcohol, caffeine, or stress.

There is usually a consistent pattern for a woman’s hot flushes; however, each woman’s pattern is different. Some hot flushes are easy to ignore, others are embarrassing, still others can be debilitating.

When hot flushes occur along with drenching perspiration while sleeping, they are called “night sweats.” Since they interfere with sleep, women who have them become tired and sometimes irritable. Healthy sleep patterns are also disrupted by falling oestrogen levels.

Other changes associated with menopause can include mood changes, forgetfulness, difficulty concentrating, dryness of the vagina, discomfort with intercourse, and lowered sex drive.

These are normal reactions to the body’s withdrawal from sex hormones. Ageing changes which may or may not be related to

menopause include incontinence (involuntary leaking of urine), heart disease, and osteoporosis (thinning of bones).

These latter two we will deal with in Chapter Five.

Each woman's menopause experience is different, and most women have minimal symptoms. Indeed, the majority continue to function well. Another piece of good news is that, for most women, the symptoms do not last forever. Most or all diminish or disappear over time, many can be reduced with certain lifestyle changes such as exercise and diet modifications, and most or all decrease or disappear with treatment.

For some women, menopause brings a sense of freedom since the end of fertility means no more birth control and dealing with periods. Menopause is a bridge to a part of life when most women report feeling more confident, empowered, involved, and energised than in their younger years. For some women, however, menopause — coupled with mid-life psycho-social crises — can contribute to serious health problems.

So menopause is a signal to continue, or start, a good health program.

Many women ask when they will go through menopause. Family history might provide clues, since the time of menopause is determined genetically; however, recalled dates of a mother's or grandmother's menopause may not be accurate.

Contrary to what I was taught when I studied venereology in the 1970s, recent research suggests that there is no correlation between the time of a woman's first period and her age at menopause.

In addition, in most studies, other factors that have no influence on age at menopause include race, height, the number of children a woman has had, and whether she took oral contraceptives. There is some evidence that a small percentage of women who have had their uterus (but not ovaries) removed — called a "hysterectomy" — experience menopause several years earlier than


women of the same age without hysterectomy.

Menopause is not a disease

- a natural event
- a prolonged process
- a bridge or a barrier

Two Surprises:

- The age when symptoms begin
- The range of symptoms.



One factor that definitely influences the age of menopause is cigarette smoking. Smokers, and even former smokers, can experience menopause up to three years earlier than non-smokers — providing yet another excellent reason not to smoke.


Although the time of the initial menstrual period (“menarche”) is typically experienced at an earlier age than years ago — probably because of improvements in health, education, nutrition, and living conditions — the average age at menopause (about 51 in the Western world) has not changed much since ancient times.

Changes in periods:

- Some shorter / others longer
- Flow may be lighter or heavier
- Extensive bleeding with clots.
- The time between periods often changes/irregularity

Other changes:

- Hot “flash” or “flush” / “night sweats.”
- mood changes
- forgetfulness
- difficulty concentrating
- dryness of the vagina
- discomfort with intercourse
- lowered sex drive.



Women who have had hysterectomies and who have not had their ovaries removed will ask whether they have gone through menopause. Following “hysterectomy” (the surgical removal of the uterus or womb, but not the ovaries), there will be no more menstrual periods. Therefore, a woman will not have the best marker for identifying menopause: which you may recall is the stopping of menstrual periods for twelve consecutive months. However, with the ovaries still intact, oestrogen will continue to be produced so that signs of approaching menopause that may appear include the same ones that could appear with a uterus: hot flushes and night sweats. These changes may continue to be experienced or even worsen when the ovaries shut down their production of oestrogen at menopause.

Perhaps we could understand this better if we reminded ourselves of some basic biology (If you don't need this reminder, just skip on to the next chapter or the next section on the diagnosis of menopause).

Throughout the body, there are cells that respond to stimulation by estrogen. These cells are found in the brain, breast, skin, liver, uterus, vagina, and bladder as well as other sites. On the surface of these cells are small areas called receptors. A receptor is like a keyhole. If something touches it which fits, then the cell responds in a certain way (like growth of the lining of the uterus).

Conversely, the absence of stimulation of a receptor site can cause the cell to act in a different way (such as triggering hot flashes). Interestingly enough, when there is a lot of a substance around for a long period of time, more receptor sites become established. Likewise, if there is an absence of a substance for a long period of time, the receptor sites become fewer. From a practical perspective, this means that...

- An individual (a young woman) who had a lot of receptor sites because her body is accustomed to the presence of a lot of estrogen will need more estrogen to achieve the same effect than the individual who has fewer receptors.
- The individual (an elderly woman) who has few receptor sites will need less hormone.



As estrogen receptors are induced by hormone administration or production, or depleted by lowering levels of estrogen, an individual may need more or less estrogen over time to achieve the same biological effect.

The reverse is also true. The individual with few receptor sites will bind less estrogen so there is more available in the circulation of the blood for each site. This can result in overstimulation and symptoms of hormone excess with relatively low dosages in estrogen depleted individuals.

Finally, a cell does not have a brain and it cannot distinguish between estrogen and estrogen-receptor stimulating compounds. Whatever fits the keyhole will work. It does not matter to the receptor site if the substance is natural, synthetic, derived from a plant, or is a toxic chemical (for example DDT is now known to bind to estrogen receptors).

Menopause Diagnosis

The diagnosis of menopause is pretty obvious if a woman is in her late 40s or early 50s, her periods stop, and she has hot flashes. The diagnosis can be more difficult in young women, women with atypical symptoms, or women who have had a hys-

terectomy. Because thermal abnormalities that could be construed as hot flashes are also a symptom of some diseases (thyroid problems and some cancers), the presence or absence of these conditions should be sought. There is a simple blood test which measures circulating follicle-stimulating hormone (FSH) levels. As the ovaries lose the ability to produce estrogen, the pituitary gland increases production of other hormones (called "gonadotropin") to stimulate the ovary to do better. One stimulating hormone is FSH. It is generally accepted that a woman has reached menopause when her FSH blood level rises above 30 to 40 MIU/ml (depending on the testing laboratory). Estrogen (as estradiol or estrone) is also sometimes measured, but at this time obtaining a reliable diagnosis of menopause may be difficult by measuring estrogen alone.

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Chapter 4



Rules of Life Prolongation

Once again, we ask: what can we do about it?

There are three areas where we can make a difference, I call these things the Rules of Life prolongation.

The first of these are the

Ten Commandments Of Preventative Health Care.

1. Exercise should be SMART – This is an acronym meaning: Sensible, Moderate, Aerobic, Regular, Teamwork. We need to be sensible about how we exercise and not overdo it (moderation). We need to exercise to bring oxygen into our bodies (aerobic) and it needs to be regularly rather than us going on infrequent binges of exuberant enthusiasm. And an exercise regime is more likely to be adhered to, and more fun, if you share it with a friend.

Walking & talking together exercises our weight-bearing joints, our thought-bearing mind, our interest-bearing tongue, and our emotion-bearing heart!

2. Diet - Eat for your health and not for your hurt. We use the acronym, MORE BRAN, (a pun on our need for more fibre in our diet to assist bowel regularity) to refer to our diet being: Moderate, Often, Regular, Energising, Balanced, Relaxed, Appetising, and Nutritious. Our dietary needs are not the same as our physical growth years in the first half of our Life Line Incline. Our intake

Lionel's Rules for Life Prolongation

1) Sound Preventative Health

Exercise
Sensible
Moderate
Aerobic
Regular
Teamwork



Diet

Moderate
Often
Regular
Energising

Balanced
Relaxed
Appetising
Nutritious

6 to 8 glasses of water daily

Sunshine & fresh air

No Smoking

Moderation or zero use of alcohol

Rest and relaxation, stress control

Accident and Injury Control

Prevention of infectious disease

2) Preventative Medical Care

Self examination

Annual Medical Assessments

Regular monitoring of blood pressure, weight

Pap smears & Mammography

Simple blood tests

Immunisations

3) Preventative Personal Care

Covering Clothing

Carriage Care

Comfort

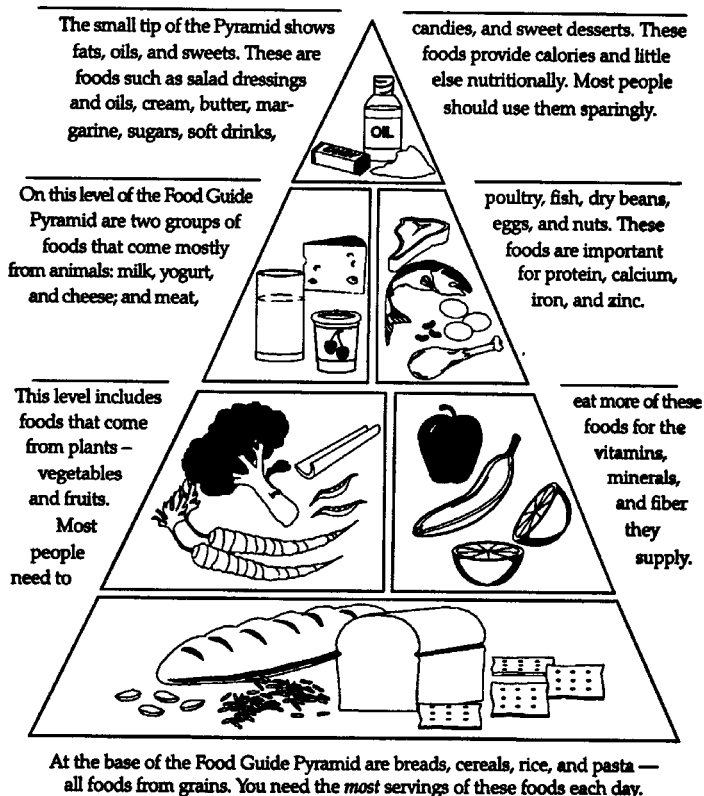


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can therefore be more moderate, and yet we need to eat often even when we don't feel like it. Regular meals help to keep our bowels regular, and lighter meals at night help to keep our sleep regular.

We need to select food that is energising with a good balance. How do we get that balance? The Food Guide Pyramid emphasises foods from the five major food groups shown in the three lower sections of the pyramid illustrated below.



Each of these food groups provides some, but not all, of the nutrients you need. Foods in one group can't replace those in another. No one food group is more important than another - for good health you need them all.

Mealtimes need to be relaxed with the food being both appetising and nutritious.

3. Our bodies are made of 90% **water**. In order to replenish that which is lost daily, we ought to drink at least six to eight glasses of water every day. Water is also great on the outside of our bodies as a cleanser and relaxant.

4. We each need a moderate amount of **sunshine & fresh air**

5. I have already discussed the importance of **not smoking**

6. Once again I urge the **moderation or zero use of alcohol**

7. **Rest and relaxation**

8. **Stress control**

9. **Accident and Injury Control**

10. **Prevention** of infectious disease (E.g. Sexually transmitted diseases).

2) The second Rule of Life Prolongation is **Preventative Medical Care** which includes...

Self examination:

Testicular/ breasts/ warts & moles/ skin spots

Annual Medical Assessments:

Regular monitoring of blood pressure and weight

Pap smears & Mammography

Simple blood tests (EG blood glucose)

Immunisations

3) The third Rule of Life Prolongation is **Preventative Personal Care**. Look at these five 'C's...

— **Covering** - gardening gloves, sun-hats & screen, boots

— **Clothing**- loose fitting underwear, well fitting bra, support hosiery for varicose veins, breathable socks for diabetes, comfortable footwear etc.

— **Carriage** - head up, back straight, shoulders back. One of the best remedies for sagging jowls is a smile. When I was at high school the young ladies at school assembly were singled out for special instruction on how to sit in assembly. They were told, "Feet on floor, hands on knees, smile on face".

— **Care** - hygiene. Proper drying is as important as proper washing.

— **Comfort** - room temperature, firm bed - elevate foot for varicose veins or diabetes, elevate head for easy breathing. I'm not sure how you get on if you have both.

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Chapter 5

Of Special Mention (1)

Of special mention... We will digress for just a few moments to discuss four issues of importance: Coronary Heart Disease, Cancer, Osteoporosis & Hormone Replacement Therapy.

Coronary Heart Disease

Traditionally regarded as a disease affecting primarily men, coronary heart disease is the single leading cause of death for all Australian women. It is also a major cause of serious illness and disability.

Most of the research has been conducted on men, leaving a dearth of data on how prevention and treatment may differ for women. Women in mid-life need to take the risk of coronary heart disease seriously and insist that their doctors do the same.

The main risk factors for coronary heart disease are smoking, cholesterol levels and hypertension.

Cancer

There are some things cancer cannot rob us of, and one of those is love.

What Cancer can't Do.

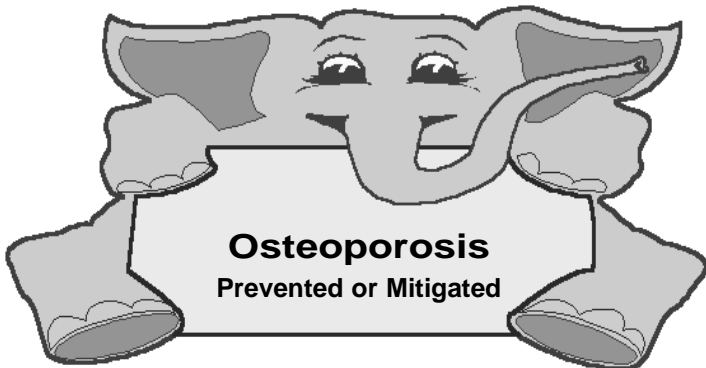
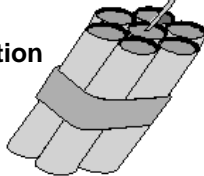
Cancer is so limited...	Cancer cannot kill friendship,
Cancer cannot cripple love,	Cancer cannot shut out memories,
Cancer cannot shatter hope,	Cancer cannot silence courage,
Cancer cannot corrode faith,	Cancer cannot reduce eternal life,
Cancer cannot eat away peace,	Cancer cannot quench the Spirit,
Cancer cannot destroy confidence,	Cancer cannot stop a resurrection.

Coronary heart disease

Risk factors: smoking,
cholesterol levels and hypertension.

Cancer

Early detection is the best protection



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However cancer is often a potentially fatal disease.

Although there are difficulties in screening for ovarian cancer, early detection of the more common cervical cancer through screening and treatment programmes is having a marked effect in reducing the incidence of these cancers.

It's not just a cliché: *Early detection is the best protection!*

The incidence of breast cancer rises dramatically with age. It cannot be prevented, and there's no certain cure except in the early stages of the disease. Your only safeguard is if breast cancer is found and treated early enough. Regular breast self examination and public screening programmes for women over 50 must therefore be a high priority.

Lung cancer, at one time far more prevalent among men, is now the sixth most frequent cancer in the world among women. Lung cancer is virtually impossible to detect early but is largely preventable. Persuading women to stop smoking, or better yet, never to start, would help.

Osteoporosis

Over the last decade researchers have learned a great deal about the causes, prevention and management of osteoporosis, an underlying bone condition responsible for many of the hip, wrist and vertebral fractures in older women.

Caucasian women over 50 have a 30-40% lifetime risk of osteoporosis related fractures, which rises 20-fold between ages 60 and 90. Fractures are painful, disabling and costly to quality of life and economics. Many patients with osteoporosis-related hip fractures never return to full function or good health.

Although osteoporosis is the most common metabolic bone disorder and a major cause of illness and disability, osteoporosis can in many cases be prevented or mitigated. There are many

diagnostic and treatment options. We will talk about that more when we discuss *alternatives* to Hormone Replacement Therapy.

Hormone Replacement Therapy

Promoted as a wonder drug, Hormone Replacement Therapy, or HRT has been touted as the answer to many women's prayers.

In the early 1970s I worked with a physician conducting *Father & Son* and *Mother and Daughter* evenings. For the ladies we screened films like *It's Time You Knew* and for some young ladies the horrible truth dawned. Very soon menstruation would begin and continue for about 30 years. For some, I guess, months of apprehension followed. Thirty years of cramps, flooding and avoiding pregnancy to look forward to. At least during pregnancy and lactation there are no periods for 12 months or more. Many women, however, take their bodily functions for granted, but then at about age 40 become aware of the end of reproductive ability and begin thinking about menopause.

The articles in magazines on menopause will cause the woman to dread the end of menstruation. *Cleo & Cosmopolitan* tout that menopause means the end of youth, the leap into middle and old age.

Some women change little over the years, retaining their posture, figure and energy. Others fade overnight. The reason ageing appears to be so dramatic after menopause has to do with oestrogen, one of the hormones essential for reproduction. Oestrogen is thought to be why women are less likely than men to suffer from stroke and heart attack. It has a protective effect on the whole body.

With the ovaries' demise, the menopausal woman may suffer many symptoms of oestrogen deficiency, ranging from unpleasant to debilitating. Just re-capping what we said before, the symptoms are many but the most common are hot flushing and night sweats, a dry vagina and lack of libido, depression, mood swings and

insomnia. Falling oestrogen levels have also been found to contribute to osteoporosis (brittle bones) and an increase in the risk of heart attack.

Enter Hormone Replacement Therapy with a blaze of light and fanfare.

HRT is oestrogen and progesterone, hormones the body produces until menopause, when their decline produces menopausal symptoms. Oestrogen in HRT replaces the body's own dwindling supplies while progesterone counters any negative effects of oestrogen (the increased risk of uterine cancer) by breaking down any uterine lining stimulated by the Oestrogen. The result may be a bleed. For many women, this "period" is the only down side of Hormone Replacement Therapy.

Aside: Hormone Replacement Therapy can be taken in many ways, and some methods, depending on the individual, are more effective than others. It can be taken orally in a daily dose; absorbed through a skin patch that needs changing every few days; implanted under the skin with effects lasting up to 12 months; absorbed vaginally in creams or pessaries or injected every two weeks into the buttocks.

According to it's advocates, Hormone Replacement Therapy will stop hot flushes, insomnia, vaginal dryness, relieve fatigue, aches and pains, dispel depression and guard against heart disease, osteoporosis and cancer of the uterus. It will restore libido, slow down the loss of skin elasticity, and help to keep women vital and energetic.

Dr Sandra Cabot, consultant to the Australian Women's Health Advisory Service and author of *Menopause, You Can Give It A Miss!* maintains "hormones can ... make or break a woman." HRT

should be taken, Dr Cabot advised, not only for the benefits of heart and bones, but for women wanting to feel and look younger for longer. She says that a woman suffering from personality changes, agoraphobia, panic attacks, frigidity, loss of libido and obesity due to the decrease of oestrogen can have the imbalance righted

If HRT is so brilliant, then why the lingering doubts over its safety? One is the recent research possibly linking HRT and the incidence of breast cancer.

Love her or loathe her, Germaine Greer's book *The Change: Women, Ageing And Menopause* made HRT and menopause controversial.

It is not my purpose here to side with the cons of Dr Greer or the pro's of Dr Cabot. But I do have some

Suggested Natural Alternatives to Hormone Replacement Therapy:

Although without Hormone Replacement Therapy there's not much you can do to replace lost oestrogen, there are ways to minimise the chances of suffering from the effects of low levels.

Don't Smoke

The chemicals in tobacco interfere with female hormone production, and can contribute to an earlier and harder menopause, bone loss, wrinkles, and damage to your heart and lungs.

Exercise Regularly

Recent trials indicate that regular moderate exercise (20 minutes, three times a week) could reduce the risk of fractures by half. It will also help to keep your joints flexible, your weight down and your heart and lungs healthy. Weight-bearing exercises, such as walking or cycling will improve bone density. Some women



Hormone Replacement Therapy (HRT)

Natural Alternatives:



Don't Smoke

Exercise Regularly

Have a Healthy Diet

Watch Calcium Levels

Don't Strive to be Slim

Extra Moisture

Look for Triggers

Natural Health Supplements

Complementary Therapies



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choose dancing which is also a form of weight-bearing exercise. Another is the walking ball game 'LifeBALL' that is becoming popular in Australia.

Even though I personally don't recommend yoga due to its long-term effect on the psyche, at least in one study, 83 per cent of women taking it up said it helped with menopausal problems.

Pelvic floor exercises are also beneficial. Lack of oestrogen causes the muscles supporting the bladder to weaken, resulting in stress incontinence which is a leakage of urine. To strengthen these (PC) muscles, imagine you have a tampon in your vagina and it's about to fall out. Squeeze yourself together – as you would do to keep it from falling – for a count of three, then relax. Then repeat the exercise about 25 times. You can even do this particular exercise watching TV or on the 'bus and no-one will ever know.

Have a Healthy Diet

Half your diet should be made up of unrefined carbohydrates - starchy foods such as bread, potatoes and pasta. Eat at least five portions of fruit and vegetables a day, and keep your saturated fat, sugar and salt intake down. Make sure your diet is rich in vitamins and minerals, especially calcium and magnesium for strong bones, the B vitamins to help to regulate hormonal activity, and vitamin E to help counter sweats, flushes, dry skin and loss of moisture from the vagina. These can all be obtained from a well balanced diet.

If you decide you really **must** take supplements, try a good quality multivitamin designed specifically for menopausal women or seek professional advice.

Watch Calcium Levels

At menopause, absorption of calcium becomes less efficient, so to guard against osteoporosis it's important to take in adequate levels each day. Good sources are dairy products, green leafy

vegetables (especially spinach and parsley), and figs. If you are a fish eater, then sardines and pilchards are sources of calcium. The specialists recommend that women over 45 who are not on HRT need 1,500mg a day. That's about four servings of dairy produce. If you know that are not getting enough in your diet and you cannot change, then ask your doctor about topping up with a calcium / vitamin D supplement.

Don't Strive to be Slim

Some may be delighted to hear that women who have a bit of padding manufacture more oestrogen and have less risk of bone fracture. (Remember Egbert's opening line from my poem at the beginning? "*Maggie's become an awful frump / She's getting big around the rump.*" Maybe we should tell him!) **However**, if a woman is more than 30% overweight, she's at risk for heart disease — even if she has no other risk factor.

Extra Moisture

Creams, gels or bath oil can work wonders for dry, itching skin. If vaginal dryness is a problem, try a lubricant. If there's no improvement, you may want to ask your doctor to prescribe an oestrogen cream.

Look for Triggers

Curb sweats and flushes by cutting down on coffee, tea, alcohol and spicy foods such as curry, as these can trigger attacks for some. You should also keep an eye on environmental factors, which seem to bring on an episode, and then try to avoid or control them.

Natural Health Supplements

According to Joyce Walter in an article on natural health supplements in the *Woman's Day*, some women also find they get relief through supplements available from a chemist, health food

shop or a natural therapist. For example, Evening Primrose or fish oil supplements contain fatty acids which may help maintain levels of the natural hormone-like substances called prostaglandins. Preliminary studies suggest that these nutrients may possibly benefit some women during menopause.

Complementary Therapies

Treatments including acupuncture, chiropractic, aromatherapy, cranial osteopathy, homeopathy and herbalism may help a small percentage of women. But always make sure that you choose a reputable practitioner by getting a referral through a professional body.

Chapter 6

Middlence and Mid-life Crisis

For people under thirty it's a *myth*.
For people over fifty it's often a *memory*.
But for men in their mid-thirties and forties
It is a *manifestation*.

Most men experience a developmental change in their psyche as they reach a point in their lives where the need to fulfil the traditional rôles of achieving power, wealth, success or fame is resolved, either through success or failure or simply being tired.

Biographies abound with of examples of this middle-age madness. Charles Dickens in his forties took a nineteen-year-old mistress and behaved quite out of character. The painter Gauguin left his family and a good job to live in the South Seas in his middle years.

Many men in their fifties develop a nurturing, artistic and expressive self while many women of the same age become more assertive, focused, and political.

Mid-life crisis

Under thirty it's a *myth*.
Over fifty it's often a *memory*.

Mid-thirties and forties it is a *manifestation*.



- Loss or Downsizing of a Job
- Separation and/or Divorce
 - A Health Crisis
- Death or Illness of a Peer or Family Member
- Children Leaving Home
- Displacement by a Younger Male
- Becoming a Grandparent
- Experiencing sexual difficulty twice in a row

What to Do about Mid-life depression?

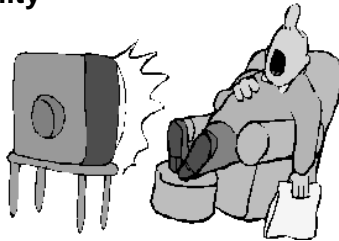
Acknowledgment of the problem

Exercise, diet, sunshine, fresh air, water, temperance

Getting in touch with spirituality

Recreating social supports

Love and accept self



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Aside: Neuroscience research suggests that the right side of the brain (which regulates logic, orderly thinking and cognitive type skills) is larger than the left side of the brain (which regulates feelings, sensitivity, and artistic qualities) in young men but as the man ages, the sizes become equal. On the other hand, in women, the two sides are equal in young adulthood but then the right side increases with ageing. Mid-life can be a time of renewed growth or withering away.

Dr. Daniel J. Levinson says, "Men such as Sigmund Freud, Carl Jung, Eugene O'Neill, Frank Lloyd Wright, Francisco Jose de Goya, and Mahatma Gandhiji (Gandhi), went through a profound crisis around forty, and made themselves creative geniuses through it." Then there are others including Sinclair Lewis and Dylan Thomas who were destroyed by their crises.

The problem of mid-life crisis comes chiefly to those who are highly motivated and successful professional men. Dr. James Dobson, in his book *Straight Talk to Men*, quotes the findings of three studies involving more than two thousand people which concluded that 80 percent of the executives between thirty-four and forty-two years of age went through a mid-life crisis.

What precipitates the male mid-life crisis?

In the simplest terms, a man begins to feel that there is something else in life other than where he is. Men either feel they have progressed as far as they can with whatever their life script is or a crisis is precipitated by a sudden change which makes a man feel obsolete, vulnerable, unsure or not competent.

Typical events can include:

- Loss or Downsizing of a Job
- Separation and/or Divorce
- A Health Crisis
- Death or Illness of a Peer or Family Member
- Children Leaving Home
- Displacement by a Younger Male
- Becoming a Grandparent
- Experiencing sexual difficulty twice in a row



Typical Symptoms of Andropause

Fatigue, loss of a sense of well being

Joint aches and stiffness of hands

Hot flashes, sleep disturbances

Depression

Irritability and anger

Reduced libido

Reduced potency

Premature ageing

Changes in hair growth and skin quality



Common Causes of Acute Andropause

Viral infections such as mumps

Removal of or injury to the testis

Diseases of the immune system

Subtle genetic abnormalities

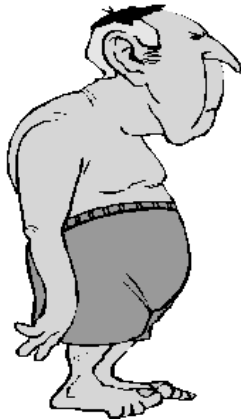
Generalized vascular diseases

Smoking & alcohol usage

Chemotherapy

Pituitary tumors (very rare)

Very low fat & Vegan diets



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Differences between Male and Female depression:

Men are more likely to act out their inner turmoil
while women are more likely to turn their feelings inward.

Female depression

Blame themselves
Feel sad, apathetic, and worthless
Feel anxious and scared
Avoids conflicts at all costs
Always tries to be nice
Withdraws when feeling hurt
Has trouble with self respect
Feels they were born to fail
Slowed down and nervous
Chronic procrastinator
Sleeps too much
Trouble setting boundaries
Feels guilty for what they do
Uncomfortable receiving praise
Finds it easy to talk about
weaknesses and doubts
Strong fear of success
Needs to "blend in" to feel safe
Uses food, friends, and "love"
to self-medicate
Believe their problems could be
solved only if they could be a better
(spouse, co-worker, parent, friend)
Constantly wonder,
"Am I loveable enough?"

Male depression

Feel others are to blame
Feel angry, irritable, and ego inflated
Feel suspicious and guarded
Creates conflicts
Overtly or covertly hostile
Attacks when feeling hurt
Demands respect from other
Feels the world set them up to fail
Restless and agitated
Compulsive time keeper
Sleeps too little
Needs control at all costs
Feels ashamed for who they are
Frustrated if not praised enough
Terrified to talk about
weaknesses and doubts
Strong fear of failure
Needs to be "top dog" to feel safe
Uses alcohol, TV, sports, and sex
to self medicate
Believe their problems could
be solved only if their
(spouse, co-worker, parent, friend)
would treat them better
Constantly wonder,
"Am I being loved enough?"

—Adapted from Jed Diamond, *Male Menopause*



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Chapter 7

Of Special Mention (2)

Depression

The most typical response of the male to Mid-life Crisis is depression which, in the male, is often expressed differently from symptoms which are classically attributed to depression. As a result, it is commonly not recognised.

Male depression is a disease that can have devastating consequences.

**To paraphrase from Jed Diamond's
book *Male Menopause***

80% of all suicides are men

The male suicide rate at mid-life
is three times higher

For men over 65, seven times higher

60-80% of depressed adults
never get professional help

80-90% of people seeking help
get relief from their symptoms



The rate of depression among women is twice as high as that of men. Women are more vulnerable for many reasons - a mix of physical illness, psychosocial factors, both psychological and external, and, in some cases, genetic susceptibility. Suicide rates are twice as high in the elderly as in younger adults.

What to Do about Mid-life Depression?

It is important to recognise the syndrome in men because most men will not see it in themselves since their most basic psychological defence is denial. Sadly, many only seek help when pressured to do so by significant people in their life.

The things we discussed earlier: exercise, diet, sunshine, fresh air, water, temperance will help. As will a mid-life man getting in touch with his spirituality, recreating the social supports he has lost or never had, and through teaching men and women to love and accept themselves for whom they are.

Psalm 90:9,12 says, "For all our days are passed away ... we spend our years as a tale that is told. ... So teach us to number our days, that we may apply our hearts unto wisdom.

Depression in Women

Approximately 10-15% of older people are thought to suffer from depression, and the incidence in nursing homes is much higher (Blazer, 1995). Rates for depression among women are at least two-fold those of men. There are many theories about why this is so, but no definitive answers. Suicide, strongly linked to depression in older people and often associated with illness or loss of a spouse, is far more common than people realise. Although the problem is more pronounced among men, older women are also vulnerable. An older UK study shows that among women, those aged 75 and over account for one in five of all suicides and this has unlikely changed. (WHO, World Health Statistics, 1990).



In one study, general practitioners missed the diagnosis of depression at least half the time because of the co-existence of physical illness. Doctors and their patients may not recognise the disorder, or they may both be uncomfortable discussing psychological problems. In practical terms, this means that the prevalence of depression is likely to be much larger than even these statistics show.

Impact on women

Why are mid-life and older women at greater risk of depression than other groups?

Several reasons have been advanced:

- Social isolation and loneliness
- More likely to be widowed
- Physical and psychological difficulties in functioning independently
- Financial hardship, and little or no earning power
- Care-giving burnout and fatigue
- Lack of understanding of the problem by both patients and general practitioners
- Older generation's reluctance to seek treatment for psychological disorders
- Longer lifespan, but often accompanied by poor health and disability
- Higher rates of institutionalisation
- Hormonal / life-cycle changes.



Causes

PHYSICAL: Although biological causes have been favoured since Victorian times, the few studies undertaken on homogeneous populations have not demonstrated any differences between the sexes that would explain the disparity. I would personally link the association between the menopause and an increased risk of depression. Research in genetics, neuro-biology and sociobiology may help uncover new answers. In addition, more research on the differing effects of medications and drug interactions on older people in general and women in particular may reveal some important contributing factors.

MENTAL: Because of the way femininity has traditionally been defined in Western society, women may feel inhibited from speaking with authority, showing assertiveness or anger openly, or directing, organising or carrying out a function energetically. As a result, women often suppress these feelings and behaviours, which can contribute to depression. This is particularly true for mid-life and older women, most of whom have been socialised to be dependent. They may lack the assertiveness to obtain the services they need in times of illness, bereavement, unemployment or social isolation.

Chapter 8

The Empty Nest Syndrome

**There are two lasting bequests we can give our children
One of these is roots; the other wings**

— Hodding Carter cited in Gael Lindenfield,
*Confident Children: A Parent's Guide
to Helping Children Feel Good About Themselves*,
Thorsons (Harper Collins), Glasgow 1994. P182)

1. Learn to let go

Congratulate yourself, because, although the job of being a parent is never complete, you have reached a goal – a milestone. You have successfully raised an independent young adult, which is no easy task. Give yourself a pat on the back for a job well done, and if you have shared the experience with a partner, give him/her a congratulatory hug.

No matter how hollow we feel inside, we still need to assure our children that we'll be all right. Hodding Carter's 'wings' remind us of our goal to make it easy for our children to move away. Be ready to love your children enough to let them make their own mistakes. It's necessary for their growth to have to struggle a little in finding their way in the world. And remember, you've already done all the hard work – you have raised an intelligent, resourceful young person.

2. If you trifle with their going you will stifle their growing

You can still do things for your child and it will make you feel better when you do them. Be very sure you try not to overdo in the

beginning. There is something special about occasionally getting groceries or a set of table linen for their new apartment. Don't add any conditions to the giving of the gifts.

Now is the time to change your communication strategy and develop an adult relationship with your young adult. Ask your young person how he or she sees your relationship with him or her changing over time. Share your hopes and listen to his/her plans. Really listen to your child. Does he or she have insecurities about cooking, laundry, budgeting or housekeeping? Does he or she have any doubts about life away from home?

Keep those lines of communication open. Let your child know that he or she can call you whenever they need to and that your door will always be open to them. Discuss with them a weekly contact routine such as Friday night phone calls or e-mails.

Without letting your child feel as though you are pushing them out the door, make plans before they leave for the space that they have occupied. (If you wait until they are gone you may find yourself putting it off.) An new colour scheme, a sewing table, or an office desk - develop some additional use for the room.

3. Learn to accept change

Prepare in advance to fill the void before they leave. You don't have to be at home just because your children are. Volunteer, take a class, go back to work, find a new hobby – or pick up an old one. Anything that will take up the time you devoted to your teenager on a daily basis. If you use the extra time constructively, you will avoid falling into a boring routine, and will not have time to mope in depression.

If you find you are having a tough time with the empty nest syndrome (and many do – this is quite normal – get some help from

your family doctor, minister, or other parents.

4. Look forward to new experiences ahead

If you're married, consider this a time to become reacquainted with your spouse. Rekindle your romance by taking off somewhere, talking together about the future, and making plans together. Think of it as a second (or seventh?) honeymoon that will start off the next phase in your relationship.

Without the children around, weekend mornings in bed, quiet evenings together, long walks, dinners out and impulsive trips are all possible now.

If you have no-one else and you've wanted a pet but felt you didn't have time or room, then now is your opportunity. Or join a club, go to church, and seek out friends.

An empty nest is not the end ... but the beginning.

Egbert patted his daughter's hand fondly, and told her, "Your boyfriend told me today that he wanted to marry you, and I gave my consent.."

Oh, Papa," gushed the daughter, "it's going to be so hard leaving mother."

"I understand perfectly, my dear," beamed Egbert, "You just take her with you."

A little boy came up to his mother in the kitchen one evening when she was fixing the dinner and he handed her a piece of paper which he had been writing on. And after wiping her hands on her apron she read it. This is what it said:

*"For mowing the lawn, 5 dollars
For making my own bed this week, 1 dollar
For going to the store, 50 cents
And for playing with little brother
while you went shopping, 25 cents
Taking out the rubbish, 1 dollar
And getting a good report card, 5 dollars
Leaf raking the yard, 2 dollars
Total load - Fourteen, seventy-five."*



Well, his mum looked at him standing there expectantly, and the memories flashed through her mind. So she picked up the pen, and turning the paper over, this is what she wrote:

*"For the nine months I carried you,
growing inside me,
no charge.*

*For the nights I sat up with you,
doctored you, prayed for you,
no charge.*

*For the time and the tears
that you've caused through the years,
no charge.*

*When you add it all up,
the full cost of my love is 'no charge,'"*

*For the nights filled with dread
and all the worries ahead,
no charge.*

*For the advice and the knowledge,
and the cost of your college,
no charge.*

*For toys, the food and clothes
and even for wiping your nose,
there's no charge.*

*When you add it all up,
the full cost of my love is
no charge"*

Well, when he finished reading it, he had great big tears in his eyes.

And he looked up at her standing there and said, Mum, I sure do love you. And then he took the pen and in great big letters he wrote,

Paid in full

And the Lord knows, when you add it all up the cost of real love is "no charge".

— Harlan Howard, from "No Charge" ©1973 Elektra

Middlecence, Mid- [54] -life Crisis & Menopause

Chapter 9

Growing Old Gracefully

Today the average duration of human life in Australia is just about 70 years for women and a little less for men. Conservative experts believe that man is really build to last about 100 years; and that medial advances and more healthful living habits could bring this about within a generation or two.

But, what good is it to add years to life if we do not also add life to years? In fact, unless people learn to enjoy life and to grow old gracefully, the extra years may be an additional burden.

From 18 to 30 years is roughly the period of highest physical and mental vigor. The experiences we accumulate from the day we are born help us to conserve and to use our physical and mental abilities more wisely, so that for some time after 30 years we are able to perform increasingly well in spite of slowly declining vigor. After age 50 the increasing accumulation of experience is no longer able to offset energy decline and therefore aging begins to assert itself noticeably and in many ways.

A number of things may come about gradually such as people who have not used eyeglasses before may at some time in their forties need them for reading, and in the fifties they usually need bifocals.

Also in the forties, people are likely to put on weight because there is a general slowdown in the oxidation rate of the aging body tissue. Also we tend to do less strenuous work with no reduction in the amount of food consumed.

And in the fifties there is likely to be some loss of hearing. Usually the high-pitched tones go first, so words with the sounds of F, S, and TH are confused. A hearing aid may be needed in some cases.

Aging is generally accompanied by a loss in physical and mental flexibility. This is noticed in a tendency to become stiff in the joints; in slower comeback after a strenuous trip, excessive "night life," or hard work; in slower healing of wounds, sore muscles, and sprains; in slower recovery of vitality after an illness; and in greater difficulty to adjust to new people, new places, and new ideas.

Men, especially, will notice loss of muscular strength. There will be increased unsteadiness and delicate muscle movements will be more clumsy and the stride in walking will become shorter. The conclusion now, however, is that the performance and ability of the elderly has long been underestimated and can be greatly improved by a proper diet, sleep and exercise along with rest and relaxation.

*What good is it to add years to life
if we do not also add life to years?*

Many elderly people tend to lose their joy and will to live and chronic worriers may mope around and withdraw.

Medical authorities now say that laughter is one of the best medicines for the elderly. You can always keep your sense of humour tuned up by surrounding yourself with pleasant and interesting people. Just act your age and don't be afraid to laugh at yourself even when no else is around.

Now that we all know the rôle that physical activity plays in our lives, remember to do something physical every day. The joints must be used or quite simply they will tighten with age creating that stooped worn out appearance we so often associate with getting old. Keep yourself flexible and fit on an exercise program consistent with your ability.

Growing Old With You

Song lyrics by Adam Sandler ©

I wanna make you smile,
whenever you're sad
carry you around
when your arthritis is bad
all I want to do,
Is grow old with you

I'll get your medicine
when your tummy aches
build you a fire
when the furnace breaks
oh it could be so nice
growing old with you

I'll miss you, kiss you,
give you my coat
when you are cold
need you, feed you,
even let u hold
the remote control

Let me do the dishes
in our kitchen sink
put you to bed
when you've had
to much to drink

I could be the man
who grows old with you
I wanna grow old with you

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Appendix 1 – Possible Menopause Symptoms

W Women's Checklist:

1. Aching, sore joints, muscles and tendons
2. Anxiety, feeling ill at ease
3. Bouts of rapid heart beat
4. Breast tenderness
5. Burning tongue, burning roof of mouth, bad taste in mouth, change in breath odour
6. Changes in body odour
7. Changes in fingernails: softer, crack or break easier
8. Depression
9. Difficulty concentrating, disorientation, mental confusion
10. Disturbing memory lapses
11. Dizziness, light-headedness, episodes of loss of balance
12. Dry vagina
13. Electric shock sensation under the skin and in the head
14. Exacerbation of existing conditions
15. Fatigue
16. Feelings of dread, apprehension, doom
17. Gastrointestinal distress, indigestion, flatulence, gas pain, nausea
18. Gum problems, increased bleeding
19. Hair loss or thinning – head, pubic, or whole body; increase in facial hair
20. Headache change: increase or decrease
21. Hot flashes, flushes, night sweats and/or cold flashes, clammy feeling
22. Incontinence, especially upon sneezing, laughing, or coughing; urge incontinence

23. Increase in allergies
24. Increased tension in muscles
25. Irregular periods; shorter, lighter periods; heavier periods, flooding; phantom periods, shorter cycles, longer cycles, or no periods at all
26. Irritability
27. Itchy, 'crawly' skin
28. Loss of libido
29. Mood swings, sudden tears
30. Osteoporosis (over time)
31. Sudden bouts of bloating
32. Tingling in the extremities,
33. Tinnitus: ringing in ears – bells, 'whooshing', buzzing etc.
34. Trouble sleeping through the night (with or without night sweats)
35. Weight gain

Men's Checklist:

1. Changes in hair growth and skin quality
2. Depression
3. Fatigue, loss of a sense of well being
4. Hot flushes,
5. Irritability and anger
6. Joint aches and stiffness of hands
7. Premature ageing
8. Reduced libido
9. Reduced potency
10. Sleep disturbances

"Menopause is a metamorphosis, like a caterpillar becoming a butterfly. The caterpillar needs a cocoon, and so do you. One of the most important things you can do during menopause is to take time for you. Go into your cave, go into your cocoon, go into your room and shut the door." – Su Sun Weed

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