WHERE HORMONES **MEET HARMONY**

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# meno pause Magazine

ISSUE 4 | 2026

## We speak to Cherry Healey...

*the cheerleader of women's health*

*"I don't act my age – because I don't know how I'm supposed to act!*

Angela Rippon

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pause Live!

# THE **POWER** OF PAUSE

An interview with **Charlotte Body** on redefining women's health and empowerment

**PAUSE Live feels very different this year. What inspired the shift in direction?**

**A:** This year, PAUSE Live is all about helping women reconnect with themselves and better understand the root cause of so many symptoms we experience, our hormones. Our theme, "Where Hormones Meet Harmony", really reflects the direction we've taken this year.

In previous years, we've been loud, proud and completely unapologetic in shouting about vulvas and breaking taboos, and that will always be part of who we are. But we also recognise that not every woman connects with that approach. We want women to walk into PAUSE and feel supported and understood, whether they're just beginning their hormone journey or have been navigating it for years.

**You've moved PAUSE Live to a brand-new venue this year. Why was now the right time for a change?**

**A:** We'd completely outgrown the old venue. We're so excited to be at Convene Sancroft in St Paul's this year because it just feels like the next step for PAUSE Live. It's bigger and all on one floor, which makes the whole experience feel more connected.

We can't wait for everyone to join us!

**You've announced Michelle Ford, Nina Ambrose and Cherry Healey as hosts for the Live Stage. What made them the right fit?**

**A:** They're all incredibly honest women and that's really important to us. Like always, we want the conversations to feel open and relatable. Each of these fabulous women brings something completely different, but together they create exactly the kind of atmosphere we want for PAUSE Live.

**Professor Joyce Harper is leading the Educational Stage this year. What are you most looking forward to about the conversations happening there?**

**A:** Education and evidence-based conversations are the backbone of PAUSE Live, so to have someone like Professor Joyce Harper leading the Educational Stage is amazing. Our goal is for women to leave feeling informed and more confident, whether that's knowing more about managing their symptoms or learning how to get the right answers from their GP.

**You've mentioned there will be topics this year that have never been discussed at PAUSE Live before. Can you give us a little hint?**

**A:** I can definitely say the conversations feel broader this year.

We're talking much more about the full impact hormones can have on women's lives, not just menopause on its own. Some of the topics we'll be touching upon have come directly from conversations within our community, which makes it even more exciting.

**What has surprised you most about building the PAUSE community over the last four years?**

**A:** When I first started PAUSE Live, I really didn't know how people would respond to it, especially because menopause has always been considered such a taboo subject. Seeing women come back year after year means so much to me, and the support we've had from speakers, exhibitors and attendees has been overwhelming in the best possible way. I just hope we can continue growing the community and welcoming new faces every year.

**And finally, what's bringing you harmony at the moment?**

**A:** It's still dancing around the kitchen to rave music! Some things never change. Although these days, it's probably paired with magnesium and an early night afterwards!

*Charlotte xxx*

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1. National Institute for Health and Care Excellence, Topical local antipruritics, https://bnf.nice.org.uk/treatment-summary/ topical-local-antipruritics.html (last accessed August 2026)

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# Mushrooms & MENOPAUSE

Co-founder Smith Feeney and Health Director Rachael Hall from Love Mushrooms share how mushrooms moved from passion to business and why menopause matters to them.

### What inspired you to start Love Mushrooms Smith?

**SF:** Two things: my passion for the magical and mysterious holistic health properties of mushrooms, and a wish to serve. From mycelium's role in the earth's ecosystems to the multitude of beneficial compounds they can provide our bodies and minds, the world of fungi is super wild. I wanted to bring these amazing benefits to a broader audience, at accessible prices, with ethics such as no animal-derived ingredients at our heart (pun intended!).

### What are some of the biggest challenges you've faced, and how have you overcome them?

**SF:** Some of our products include additional ingredients such as ashwagandha and B12 and sourcing these, ensuring they're ethical and ideally organic (we're the only mushroom company we know of using mushroom-derived organic B12) is harder than you might think. The scaling of the business from a local, farmers' market set-up to selling in major chains and supermarkets has been a huge learning curve for us. Education is another big part of the business - it's still early days for the market and the UK in general is mycophobic culturally

**RH:** It can be a bit of an uphill challenge to emphasise the benefits these mushrooms can bring. In Eastern society they've been used for centuries, it's about spreading awareness and understanding in our society. Events like PauseLive help us reach new audiences and share our passion.

### You have the Mtick on you products, why is this important to Love Mushrooms?

**SF:** This has not been simple, but it's a core principle of the business to offer products backed by accreditation.

**RH:** The MTick is the worlds first Menopause Icon that women can trust and believe in. There is a full testing process for all products who receive it and we have it on both our decaf coffee and capsules and scored highly for signs we support.

### Why was Menopause an area you wanted to support?

**RH:** A lot of my friends have had bad experiences and I spoke to Smith about how we could support them. I then went on a menopause coaching course to ensure we were looking at all aspects of the problem and then we started working on our Empower range. I'm a mum of 3 daughters and I want them educationed and aware of what is happening to their bodies.

**SF:** I think it's important that men get in on the conversation, we have partners, daughters, mothers and co-workers who will experience this and we should know enough to be able to support.

### So, what can mushrooms help with?

**SF:** We use our core 3 as a base of these products - Lion's Mane can support mental clarity, especially when the dreaded brain fog creeps in. Cordyceps offers gentle energy and stamina, without overstimulation also, libido, and Reishi remains a grounding force, helping the body unwind naturally. We also add in Maitake and Shiitake which support weight control, low energy and cholesterol.

**RH:** Whatever the stage of your hormonal journey, whether you're navigating PMS, struggling with perimenopause, or embracing menopause, functional mushrooms offer something extraordinary.

**Above** Perimenopause Decaf Coffee and 60 Capsule jar
Menopause Decaf Coffee and 60 Capsule jar

### Why decaf coffee & capsules?

**RH:** For me this was easy, a supplement can only work if we take it - some women reach for water first thing others a coffee. For this range to really work we needed formats women could relate to and fit into our busy lifestyles. Both our capsules and the coffee contain added Vitamins and minerals as well as other ingredients such as Hops, Sage, Ashwagandha, Flaxseed - it was important to us that we provide a product that gives you all your daily intake on vitamin B for example, this way you don't need to spend more - you have everything in our blend already. We opted for 100% arabica decaf coffee because based on data, no one needs caffeine - it increases hot flushes and plays havoc with biological responses.

> *" Whatever the stage of your hormonal journey... functional mushrooms offer something extraordinary. "*

You can find us in Boots Online, Amazon, Holland & Barrett online, CLF, Natural Dispensary and Pharmacy2u with more retailers coming soon

Find out more at lovemushrooms.co.uk


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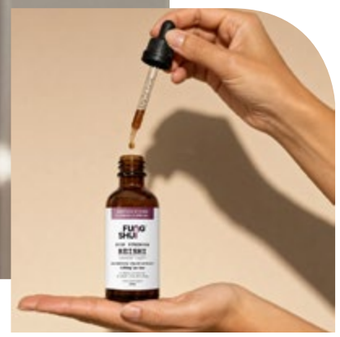

# Could mushrooms be menopause's best kept secret?

**Pause Live Health Editor Anna Dobbie meets Lucy Machin, co-founder of British brand Fung Shui Mushrooms, to talk perimenopause, research for cognition, hormones and sleep, and the question we should be asking: what's really in the bottle?**

**Functional mushrooms have found their way into our coffees and our conversations. But for women navigating menopause, choosing one can feel overwhelming, and quality varies more than most of us realise.**

Fung Shui Mushrooms makes liquid extracts from UK-grown mushroom fruiting bodies, with a quarter of a kilo of mushrooms in every 100ml. Where many products rely on a single extraction method, Fung Shui uses three: hot water, alcohol and ultrasonic. Each 5,000mg dose contains no fillers or additives, and the extracts are independently tested in a specialist UK laboratory. Fung Shui shared its lab certificates with us.

> *"We use a quarter of a kg of mushroom for a 100ml bottle*

## Lucy, how did mushrooms find you?

"Will, my partner, and I found them at the same time, from different directions. I was in perimenopause. I found myself walking into rooms and forgetting why, and my sleep was suffering. Will was stressed and burnt out and not sleeping properly either. We both started reading, and the research kept leading us back to mushrooms. But the more we read, the more we realised how much they varied. We only wanted the best, so Will, a Yorkshire farmer, set out to grow and make them."

## What does the research actually say?

"Despite being used for millennia, it's still early in modern-day scientific terms, but it's exciting. A Japanese study followed 30 women taking Lion's Mane for four weeks, looking at menopausal symptoms, focus, mood and sleep. Cordyceps has been studied for physical energy and its relationship with oestrogen. And this summer, researchers presented a trial in which more than 200 adults with insomnia took a Reishi extract nightly for eight weeks. What struck us was that the extract was standardised for triterpenes, compounds hot water alone largely leaves behind."

## Why does extraction matter so much?

"Mushroom cell walls are made of chitin, the same tough material found in crab shells, and our bodies can't break it down, so with poor quality extracts, the compounds that researchers are studying usually stay locked inside. Different compounds need different methods: hot water draws out the beta-glucans, alcohol draws out the triterpenes, and ultrasonic extraction helps break open the cell walls. Use one method and you only get part of the picture. That's why we use all three.

"It's also why we don't use glycerin. Some liquid extracts are made with it because it's sweet and acts as a preservative, but it doesn't draw out triterpenes the way alcohol does, nor does it have the same bioavailability."

Fung Shui recently gave a seminar at the College of Naturopathic Medicine (CNM) on how to spot a good extraction and where the research is strong versus still early. It has also partnered with the Complementary & Natural Healthcare Council (CNHC), offering registered practitioners exclusive insights through a CPD webinar programme.

## What would you say to a woman who's curious but unsure?

"Be curious, but be choosy. Check how the brand extracts the compounds from mushrooms and that they lab test and how much mushroom is actually in it. Our Menopause pack brings together Lion's Mane, Cordyceps and Reishi, so it's a lovely place to start."

**Meet Lucy and the Fung Shui team on stand T9, or visit fungshui.co.uk**

### Five questions to ask before you buy

1. **Which part of the mushroom?** Look for fruiting bodies.
2. **How is it extracted?** At least alcohol and hot water, not just one method.
3. **How much mushroom per dose?** A clear figure of fresh mushroom, not a dried weight or obscure extract ratio.
4. **Is it independently tested?** Ask to see the lab certificate.
5. **What else is in it?** Watch for glycerin, sweeteners and fillers. There shouldn't be any need for extras.


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Join us at pause Live Stand No. T9

*"I don't think, 'What can't I do?' I think, 'What can I do?'*

# Angela Rippon

**At 81, Angela Rippon has little interest in acting her age. From the lessons she learned from her mother's menopause to why she still says yes to fresh challenges, the broadcaster believes midlife should be about possibility, not limitation.**

Certain assumptions always seem to arrive with each birthday. At some point, we are expected to become more sensible about what we wear, more cautious about what we attempt, and more accepting that some things are simply no longer "for us".

Angela Rippon isn't having any of it.

"I never think, 'Is there something I can't do?'" she says. "I always think, 'Is that something I can do?'"

### A different menopause story

Rippon's own experience of menopause was relatively straightforward, something she is keen to acknowledge at a time when conversations about menopause can sometimes focus almost exclusively on the women who have the most difficult symptoms.

"I was one of the lucky 70 or 80% who didn't have any terrible symptoms with the menopause," she says.

Her own understanding of menopause was shaped partly by her career. As a journalist, she spent years researching the subject, reporting on it, and speaking to women experiencing it.

"I think, probably because I had thought about it, researched it, done stories on it, and talked to women who were going through the menopause, that gave me a mindset which said, 'Well, I'm just going to get on with this.'"

She was also taking HRT, which she says helped. Her mother experienced a very early menopause, in her late twenties, which, by her account, was an extremely difficult experience.

It is perhaps one reason she feels so strongly that women need information before they reach menopause, rather than being left to discover it when symptoms begin.

### "It could be absolutely fine"

Rippon has heard younger women talk about menopause with genuine fear.

"If you've got a young friend in your life who is a bit concerned about it, just say, 'Look, it could be absolutely fine,'" she says.

"Just be open about it and honest," she says.

"Women talk," Rippon says. "Women are good at talking to each other about things. My women friends are my safety net. They're my anchor."

### Why women need each other

She has seen the importance of those networks through her work with carers.

"Many carers feel isolated and lonely," she says. "I think that the great thing about what we do at PAUSE Live is that it brings women together. That is the real value of community: someone to tell you that you're not the only one. Someone to say 'I've been through this too', or 'Actually, you can do this'."

This philosophy extends to dance and movement, too.

However, she does believe that, wherever possible, maintaining movement can help preserve independence.

"I want to go on doing the things that I've been taking for granted all my life for as long as I possibly can."

And then there's her youngest goddaughter, Olive.

"She's only two," Rippon says. "I can keep up with her."

"I don't think about my age," she adds. "As far as I'm concerned, age is only relevant if I have to produce my birth certificate."

Rippon questions why getting older should automatically come with a list of restrictions. Someone once suggested that she shouldn't wear leather trousers because of her age. Her response was: why not?

*"When people offer me work, I say yes," she says. "To me, it's a challenge, an adventure. It's something new."*

### The two-minute rule

If the thought of starting an exercise routine fills you with dread, Rippon has an alternative. Don't start with an hour; start with a song.

"Just put on your favourite track," she says. "Just boogie around to it."

It could be two or three minutes; it could happen in the kitchen, while you're waiting for the kettle to boil.

Rippon even takes inspiration from cats.

"Think about a cat when it gets out of its basket," she says. "Whenever a cat moves, the first thing it does is that it stretches everything."

Rippon is realistic about ageing. She knows the body changes, that some people live with arthritis, have had strokes or experience conditions that affect their mobility. She isn't suggesting that determination can overcome every physical limitation.

### Say yes to the next thing

Her career continues to bring her into contact with people she admires, including Hugh Jackman, whom she recently interviewed on The One Show.

When asked what women should give themselves permission to do more often, Rippon doesn't hesitate: *"Like yourself. Be kind to yourself."*



Menopause can become another chapter in that story if we're not careful – another reason to feel that our bodies have failed us or that we're somehow no longer ourselves. But what if this stage isn't about becoming a different version of yourself, and instead about becoming more comfortable with the woman you've already become?

What if the question isn't "How do I stay young?" but "How do I stay engaged with my life?"

At 81, Rippon is still working, still dancing, still making friends across generations, still curious, and, most importantly, still saying yes.

She isn't promising that ageing will be effortless, or that menopause will be the same for every woman. She's offering something more useful: permission not to fear the next chapter before you've lived it, and, when the music starts, permission to get up and dance.

*If this message is one you need to hear – that you don't have to shrink your life as you get older – **PAUSE Live** is an opportunity to take that spirit off the page and into a room full of women doing exactly the same thing. Join us at **PAUSE Live** this October and be part of the conversation!...*

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pause Live!

# Your day at PAUSE Live26

**On Saturday 10 October, PAUSE Live returns with more to see, hear and get involved in than ever before. One day. So much to discover.**

***Here's how to make PAUSE Live 2026 your own!***

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**For too many women, debilitating symptoms are still brushed aside or left unexplained. PAUSE Live is about changing that. Lead with education, you can get the answers you deserve, while discovering just how empowering this next chapter can be.**

This year, it's all happening at our new home, **Convene Sancroft** in **St Paul's**. And with only a limited number of tickets now remaining, if you're joining us, don't leave it too late.

So, consider this your guide to the day. Browse the programmes, circle your must-sees and start planning your day.

## LIVE STAGE

Cherry Healey

Nina Ambrose

This is where **PAUSE Live** turns up the fun! Expect famous faces, laugh-out-loud moments and refreshing conversations that show women's health doesn't always have to feel so serious. Hosted by *Cherry Healey* and *Nina Ambrose*, it's all about embracing what comes next and having a good time while you're at it.

## EDUCATIONAL STAGE

Anna Dobbie

Emily Rose Adams

When something doesn't feel right, you deserve to understand why. Our *Educational Stage* brings the UK's leading experts together to tackle the health questions women really want answered, giving you information you can take away and use.



WHAT TO EXPECT AT **PAUSE LIVE 2026**

| TIMINGS | LIVE STAGE PROGRAMME | EDUCATIONAL STAGE PROGRAMME |
|---|---|---|
| 9:25 - 9:30 | **INTRODUCTION to PAUSE Live - 'Where Hormones Meet Harmony'** | **INTRODUCTION to PAUSE Live Educational Stage** |
| 9:30 - 10:00 | **Me vs My Hormones:** What's really going on? (Live case study) | **Living With Menopause Younger Than Expected:** How to Manage This New Phase of Life |
| 10:00 - 10:30 | **When life feels too much:** Finding your way back to balance | **Hormone therapy (P.E.T):** The basics |
| 10:30 - 11:00 | **Stronger after heartbreak:** Rebuilding confidence and joy in midlife | **Hormone therapy challenges:** Intolerance and suitability |
| 11:00 - 11:30 | **The career rewrite:** Owning your next chapter (and ditching imposter syndrome) | **When stress doesn't switch off:** Cortisol and nervous system health |
| 11:30 - 12:00 | **Financial freedom:** Taking back control in midlife | **Tired but wired:** Understanding sleep disruption |
| 12:00 - 12:30 | **Love Mushrooms:** The hype, the health, the truth | **Hair Loss:** What's normal, what's not, what helps |
| 12:30 - 13:00 | **The PAUSE pitch:** Big ideas, real impact | **Testing and diagnostics:** Making sense of the options |
| 13:00 - 13:30 | **Power through the pause:** Pause by SIX | **The hidden impact of menopause on oral health** |
| 13:30 - 14:00 | **Your skin on hormones:** What's changed? | **Vulval health:** Recognition and management |
| 14:00 - 14:30 | **Men and menopause:** Changing the conversation | **Wearables:** Separating evidence from expectation |
| 14:30 - 15:00 | **Food for Thought:** What your body really needs | **UTIs, urgency and bladder health:** What's really going on? |
| 15:00 - 15:30 | **Beyond Beauty:** The truth about collagen | **Strong for life:** Protecting your bones, muscles and mobility |
| 15:30 - 16:00 | **Inclusivity in women's health:** Who is being left behind? | **Brain health and ageing:** Biological vs chronological change |
| 16:00 - 16:30 | **Let's talk about sex:** Desire, confidence and midlife | **Regenerative skin health:** Beyond the quick fix |
| 16:30 - 17:00 | **Beyond 50:** Redefining health, energy and joy | **Optimising metabolic health in midlife** |
| 17:00 - 17:30 | **All aboard the Love Train!** Join Charlotte and friends for a feel-good finale filled with music, laughter and motivation. Let's celebrate ourselves, each other and everything still to come! | |

READ MORE & BOOK

VISIT OUR WEBSITE & JOIN OUR SOCIALS TO FIND OUT MORE... **www.pauselive.com**

# WORKSHOPS

Sometimes you want to go deeper. Our *workshops* bring smaller groups together for more focused conversations around the issues affecting women throughout their lives.

| TIMINGS | WORKSHOPS PROGRAMME |
|---|---|
| 9:15 - 10:15 | **Menopause and Cancer:** Finding the Right Support and Care |
| 10:20 - 11:20 | **PCOS or PMOS?** What's in a Name and Does It Matter? |
| 11:25 - 12:25 | **Period confessions with WUKA** |
| 12:30 - 13:30 | **Not just period pain:** Endometriosis and Adenomyosis |
| 13:35 - 14:35 | **Women at work:** Progress, pressure and possibility |
| 14:40 - 15:40 | **The relationship reset:** Finding your way back to each other |
| 15:45 - 16:45 | **ADHD in women:** Missed, masked and misunderstood |

READ MORE & BOOK

# EXPERIENCE HUB

Not everything at **PAUSE Live** involves sitting down and listening. The *Experience Hub* is your chance to get involved and try something new to support your wellbeing, with new additions for 2026 too!

| TIMINGS | EXPERIENCE HUB PROGRAMME |
|---|---|
| 9:30 - 10:00 | Thriving with confidence |
| 10:15 - 10:45 | Body Positive Yin-Yang Yoga Flow |
| 11:00 - 11:30 | Joyology - Joy and journalling |
| 11:45 - 12:15 | The healing power of tapping |
| 12:30 - 13:00 | "The Power within" (Breathwork and pelvic floor connection) |
| 13:15 - 13:45 | Happy Hula Hooping |
| 14:00 - 14:30 | Aromatherapy for happy hormones |
| 14:45 - 15:15 | Pilates - The shift from within |
| 15:30 - 16:00 | Sleep smarter (reclaim your sleep) |
| 16:15 - 16:45 | The PAUSE Live sound bath |

READ MORE & BOOK

INCLUDING **OVER 80** TRUSTED BRANDS THROUGHOUT THE EXHIBITION

# DELITE RADIO RETURNS

**Delite Radio** returns for a second year as our official media partner, broadcasting live from **PAUSE Live** throughout the day and catching up with some of the people taking part.

WHAT TO EXPECT AT **PAUSE LIVE 2026**

# MEET THE EXPERTS

Ever left a GP appointment wishing you'd had another half an hour?

Brand new for 2026, *Meet the Experts* gives you the chance to pre-book one-to-one time with specialists across menopause and women's health, so you can talk about the questions and symptoms that matter to you.

Spaces are limited and must be pre-booked. A **PAUSE Live** ticket is also required.

READ MORE & BOOK

| MEET THE EXPERTS |
|---|
| **Chloe Evans** ***CE Physio*** Chartered pelvic health physiotherapist and pilates instructor |
| **Zhi Wei Khoo** ***Physiolosophy*** Chartered physiotherapist |
| **Dr Amy Vowler** ***Hair GP*** GP and Women's hair loss Consultant |
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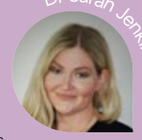
**12pm** *Inner circle session with Trudi Roscouet*
**2pm** Nadia Sawalha & Laura Dowling: *ADHD in Midlife*
**3pm** *Breathwork with Kerry Waters*
**3.45pm** Dr Sarah Jenkins, Dr Helen Wall, Adele Wimsett & Laura Mears-Reynolds: *ADHD in Women: Missed, Masked & Misunderstood*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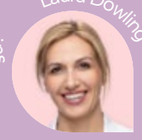
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# *Joy* at 50:

**Professor Joyce Harper** on dancing, menopause and the power of being seen

**Forget anti-ageing. Professor Joyce Harper is ageing forwards, preferably on a dance floor.**

It's Saturday afternoon in London and Professor Joyce Harper is out dancing. Not at 2am, under a sticky nightclub ceiling, wondering when the sun is going to come up. Prof Harper has been there, done that, and she has absolutely no intention of doing it again.

These days, she's a fan of the day rave: music from the early afternoon, dancing with friends, home by 10pm and, crucially, in bed before midnight. "Sleep is my superpower," she says. "It's also my non-negotiable."

For Prof Harper, a reproductive health expert and author of *Joy at 50* (See our book review on page 59), this isn't just about having a good time, but also rewriting the rules of midlife and rejecting the idea that women should somehow become less visible, less adventurous or less interested in pleasure as they get older.

"I'm a very positive person," she says. "Every year I seem to enjoy life more and more."

This attitude inspired her book, *Joy at 50*, in which Prof Harper interviewed 50 women about their lives, relationships, sex, exercise, food, menopause, ambitions and what comes next. What she discovered was more about ageing loudly as opposed to gracefully.

> ***"Post-menopause is a new beginning. It's a change, it's a second spring, it's a really exciting time of our life."***

Prof Harper is determined that women should have permission to make that second spring whatever they want it to be.

That might mean a career reinvention, travelling, swimming, joining a choir or learning something completely new. Or it might mean putting your favourite playlist on in the kitchen and dancing around the house.

"You don't have to go to a day rave," she says. "Just put some music on and start dancing around.

"I pretty much guarantee you will be smiling."

Prof Harper has taken the idea further, curating women's health ecstatic dance sessions where participants can close their eyes, move however they want, and forget about being watched. At one event, women hugged, floated around the room and sang along to I'm Every Woman. She feels women need more spaces where they are given permission simply to be.

Prof Harper's recipe for healthy ageing is refreshingly unglamorous: move regularly, eat well, sleep properly, look after your mental health and stay connected to other people. There's no miracle treatment and no quick fix, but perhaps the most important ingredient is attitude.

After decades of life and work, women over 50 have something technology can't replicate: experience. Prof Harper believes that should make them more valuable, not less. "We honestly can do whatever we want," she says.

And if what you want is a Saturday afternoon rave followed by an early night? Even better.



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# Dr Itunu Johnson

Read more about Dr Itunu: dritunujohnson.com

## PCOS to PMOS: It was never just my ovaries

***PCOS was recently re-termed PMOS. Here, Dr Itunu Johnson shares her personal journey, from diagnosis to understanding just how far beyond the ovaries the condition really goes.***

I was diagnosed in my early twenties, and like many women, most of what I heard centred around fertility. I worried that I might never have children and that my future had somehow been written for me before I'd even had a chance to live it.

Some of those fears didn't become my reality. I did become a mother, although the journey wasn't straightforward. What completely caught me by surprise was everything else. Nobody prepared me for developing severe hypertension at just 27, metabolic syndrome, pre-diabetes, abnormal cholesterol, or the increased risk of endometrial disease.

I didn't realise this wasn't simply a condition affecting my ovaries; it was affecting my whole body. Looking back, I wish someone had explained that PMOS is a lifelong metabolic condition that deserves the same attention we give to other long-term health conditions.

### When the name doesn't tell the whole story

The name never reflected my lived experience. My ovaries were only one small part of the picture.

The condition influenced my blood pressure, my metabolism, my mental health and my long-term cancer risk. Yet because of the name, conversations often became focused on periods and fertility. It unintentionally minimised everything else women were experiencing.

That's why the move to PMOS feels so significant. It finally acknowledges that this is a complex, multisystem condition rather than simply an ovarian disorder.

I hope it tells women that what they've been experiencing is real and that their symptoms have always mattered.

Practically, I hope it changes the questions clinicians ask. Rather than focusing almost exclusively on fertility and menstrual cycles, we'll also think about metabolic health, cardiovascular disease, diabetes, mental health and endometrial risk. Earlier recognition means earlier intervention, and that has the potential to change lives.

I also think it will improve public understanding. The old name often led people to assume the condition was simply about ovarian cysts, which isn't accurate. PMOS better reflects the complexity of what women are actually living with.

### Replacing shame with understanding

For a long time, I blamed myself. Like many women, I internalised a lot of the symptoms.

I questioned whether I just wasn't disciplined enough or whether I simply needed to try harder.

Learning more about the biology behind PMOS was incredibly freeing. It helped me understand that insulin resistance, hormonal changes and chronic inflammation were driving many of the things I had been blaming myself for.

That didn't remove the responsibility of looking after my health, but it replaced shame with understanding. There's a huge difference between making healthy choices because you value yourself and making them because you feel you're constantly trying to fix yourself.

There have certainly been times when I appeared completely fine professionally while privately navigating the complications of PMOS. As doctors, we're often very good at carrying on. Patients see us smiling, working and functioning, but they don't always see the physical and emotional load we're carrying ourselves.

That's why I'm passionate about reminding women that invisible conditions are still real. You don't have to look unwell for your health challenges to be valid.

### Sitting on both sides of the desk

Living with PMOS has made me a better clinician because I understand the emotional weight that often comes with the diagnosis.

> *I know what it's like to feel frustrated by your body, to wonder whether you're somehow failing, and to carry worries that aren't always visible to others.*

My consultations are less about ticking diagnostic boxes and much more about understanding the woman sitting in front of me. We talk about long-term health, mental wellbeing, cardiovascular risk, body image and the everyday impact of living with PMOS.

I also make a point of giving women hope. A diagnosis is not the end of the story; it's the beginning of understanding your body and taking control of your health.

I've met women who were diagnosed years later than they should have been, despite repeatedly seeking help. Others had been reassured that because they weren't trying for a baby, there was nothing to worry about.

Those conversations reinforced how fortunate I was to have medical knowledge that allowed me to advocate for myself. They also strengthened my determination to improve care for all women. Your postcode, ethnicity, socioeconomic background or medical knowledge should never determine whether you receive timely diagnosis and appropriate care.

### What I wish I'd known

***I wish someone had said, "This isn't your fault, and you are not defined by this diagnosis."***

I also wish someone had explained that PMOS is a marathon, not a sprint. Looking after your health isn't about perfection; it's about making small, sustainable choices over many years.

Most importantly, I wish someone had talked to me about preventing future complications rather than only managing the symptoms I had at the time.

If you are reading this after recently being diagnosed, I want you to know that a diagnosis of PMOS does not define your future.

### Knowledge is powerful

Understanding what's happening in your body allows you to make informed decisions, reduce your long-term health risks and advocate for the care you deserve. You are not alone, and there is every reason to be hopeful.

> ***I also want women, particularly those from Black and other underserved communities, to know that their symptoms deserve to be taken seriously. We must continue challenging inequalities in diagnosis and treatment so that every woman has the opportunity to live a long, healthy life with PMOS - not simply survive it.***

# “Be a little bit ballsy

**The broadcaster, women’s health campaigner and *No Appointment Necessary* podcaster spoke to editor Anna Dobbie about medical misogyny, UTIs and why women need to become their own fiercest health advocates**

***Cherry Healey has spent much of her career asking women questions they might otherwise only discuss with their closest friends. Money, relationships, sex, work, motherhood – the subjects that come up “in the pub together”, as she puts it. But over the past 15 years, her focus has turned to something the mainstream media has, previously, overlooked: women’s health.***

Her passion began through her work with the Eve Appeal cancer charity, where she says she became “gobsmacked” by the scale of inequality in healthcare. The more she researched, the more she realised how profoundly the medical system had been shaped around male bodies.

“The reality is that if your health isn’t right, nothing else matters,” she says. “So I thought, what’s the most useful thing that I can do with my voice and with my platform to make women’s lives better?”

For Healey, the answer has been to keep talking – loudly, honestly and without shame – about the conditions that affect women, from endometriosis and heart disease to urinary tract infections (UTIs), perimenopause and menopause.

The progress is encouraging, she says, but there is still a huge amount of work to do. And for women navigating midlife, she believes that feeling awful should not simply be accepted as the price of getting older.

***One of Healey’s biggest frustrations is how many women know something is wrong but struggle to get anyone to take them seriously.***

“40s, 50s and 60s, and beyond are an amazing, exciting chapter for so many women. Often women have grown-up children or they are senior in their field of work or they have time for themselves for the first time” she says. “Then menopause and perimenopause come along, and that can ruin this, which should not be the case.”

## Being heard

Through her podcast *No Appointment Necessary* with Dr Amir Khan, as well as her social media, she hears stories from women every day. Some have spent years seeking answers. Others have been told that what they are experiencing is simply “normal” for a woman of their age.

She tells me about a man she met a few months ago – and talked about how his wife suffered severe perimenopausal symptoms but was repeatedly dismissed until her mental health deteriorated and she died by suicide. Another woman, who she met in a paint shop, told Healey she had been suffering with recurrent UTIs for a decade, despite repeatedly asking for further investigation, and ultimately spent huge sums seeking specialist treatment abroad. These stories happen every day and stay with her because they demonstrate the consequences of not being heard.

“Women go to the doctor, which takes up precious time women do not have to spare and which can be very embarrassing, which can take a lot of courage, to then be told that they are overexaggerating or they’re being silly. It’s so disheartening,” she says.

Healey is careful not to blame individual doctors. She has enormous respect for medical professionals and understands many are working under extraordinary pressure. The problem, she argues, is systemic: lack of funding, lack of time and insufficient investment in women’s health. There are GPs without work yet we can’t get a GP appointment. That is a problem with front line care funding.

That does not mean women should simply accept the situation.

> ***“Being an advocate for yourself is really important***

Her advice is refreshingly practical. Before an appointment, write down your symptoms and concerns. Do some research. Go in knowing what you want to discuss. If you feel you are not being listened to, ask for a second opinion or another doctor.

“Be equipped and be your own advocate,” she says. “If you don’t get listened to, you are allowed to ask for a second opinion.”

Healey knows this from personal experience. When she began experiencing anxiety – something that had come on in her late 30’s and was starting to seriously affect her life, she had already made significant lifestyle changes and had given herself what she describes as a “big lifestyle MOT”. It helped, but she felt she needed more.

“I thought, no, I think I need HRT to help with the final bits,” she says.

Her first offer was an antidepressant. She declined and pushed for HRT instead.

“I was very assertive about wanting to try HRT,” she says. “It’s been amazing. It’s been so, so good.”

For Healey, this is not an argument against antidepressants or lifestyle changes. It’s about looking at the whole picture, and women being able to have informed conversations about the options available to them.

She is also acutely aware that not every woman finds it easy to be assertive in a GP consultation. Her solution? Come prepared.

Making UTIs impossible to ignore

Healey's campaigning around UTIs came from personal experience. Around three years ago, after once again struggling to get antibiotics and further medical advice, she posted a frustrated rant on Instagram. It received around two million views.

The response shocked her. Messages flooded in from women describing recurrent and chronic UTIs, pain, anxiety and even lives put on hold. Healey realised that what she had thought was a personal problem made up part of something much bigger.

She responded by researching the issue and eventually working with wellness brand Extracted to develop a urinary tract health supplement called Utee, alongside a probiotic designed to support the vaginal microbiome.

Although she always advises women with existing health issues to speak to their GP before trying something new and acknowledges that there are no guarantees, she says these products are a real game-changer for her.

Her campaign is about more than a product; it is about ending the shame that women with UTIs experience.

When she first began talking publicly about UTIs, Healey joked that she was going to "make UTIs sexy".

"It gets better every year," she says. "I think PAUSE Live is a trailblazing event. It was the first of its kind, and it's been a huge part of helping women feel they can talk about it honestly and openly without any shame."

Healey believes humour is sometimes precisely what makes difficult conversations possible.

While the healthcare system has a long way to go, she is determined that women should not wait quietly for it to catch up.

***"If you aren't naturally assertive, go in with something written down, so at least you can read off that piece of paper," she suggests. "It's harder to fob someone off when they are armed with information.***

Some women pushed back, explaining that the phrase risked minimising just how debilitating the condition can be. She listened.

"I completely understand that some people didn't love that phrase – I suppose I just wanted women to not feel ashamed ever again of having a UTI," she says. "There's nothing to be ashamed of. Nothing."

She is particularly frustrated by the assumption that women somehow cause their own UTIs through poor hygiene, sex or not drinking enough water.

"There's this idea around UTIs that you're a bit dirty," she says. "And so a woman doesn't want to talk about it. I am so clean you could eat your dinner off me. And I would still get them, for any reason it seemed – it's too hot, too cold or when a leaf fell off a tree. It's not because we have got something wrong!"

Healey believes talking is the first move toward change and that's one reason she loves PAUSELive. The event, she says, gives women somewhere to talk openly, laugh and learn without taking themselves too seriously.

Her final advice is simple: "Prioritise your health." Take the notebook to the GP appointment. Ask the awkward question. Ask again if you need to. Get a second opinion. Write to your MP. Vote for the party that is going to invest in women's health. Talk to your friends. Learn about your body. And, when necessary, channel a little of Healey's trademark determination.

***"Be a little bit ballsy, basically," she adds.***

***Women have spent decades putting everyone else first; it might just be time to make being ballsy about health their new wellness mantra.***



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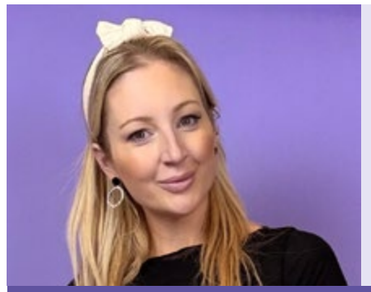
# Surgical Menopause



## The sudden transition nobody talks about enough

**Dr Liz Murray**
*Doctor & Author of Not Just Painful Periods*

While menopause is finally receiving the awareness and education it so rightly deserves, it is not a one-size-fits-all phase of life. The way women arrive into menopause varies enormously – and that journey matters deeply in terms of the impact, support needed, and overall experience of this transition.

For many women, surgical menopause does not arrive gradually; it arrives overnight. The shift from one hormonal state into another can feel as stark as going to sleep on a scorching summer's day and waking the next morning in arctic temperatures. Without preparation, understanding, and support, this sudden transition can become physically and emotionally overwhelming – but it does not have to be.

As someone who went through surgical menopause in my early thirties, I know firsthand the reality of that shock to the system.

Yet I also recognise that I remain in the rare position of someone who genuinely loves being in menopause.

> *While I have absolutely experienced the very real physical and emotional changes it can bring, I have also found it to be an unexpectedly empowering chapter of my life.*

### What IS surgical menopause?

Surgical menopause is where someone enters into menopause following a surgical procedure to remove the ovaries, often with removal of the uterus. In the absence of the ovaries oestrogen levels fall rapidly, ovulation no longer occurs and the cyclical rhythm of hormones that once existed in an attempt to help us be reproductive beings has ended. We are no longer fertile and our bodies move into 'fertility retirement'.

The key aspect that determines whether surgical menopause will occur is the removal (or not) of the ovaries.

- **Hysterectomy**
  - Total (uterus removed and cervix, but ovaries spared) does not induce surgical menopause
  - Partial (uterus remove, but cervix and ovaries spared) does not induce surgical menopause
  - Radical + oophorectomy (uterus, cervix, ovaries and tubes removed) does induce surgical menopause
- **Oophorectomy**
  - Removal of ovaries (often with the fallopian tubes) but uterus left in place. Does induce surgical menopause

### Sudden hormone shift

**Symptoms commonly talked about:**

- Vasomotor symptoms – the hot flushes, heat intolerance and night sweats
- Mood changes – bursts of irritability, tearfulness, anxiety
- Brain fog / memory difficulties
- Vaginal dryness
- Libido changes





**Symptoms less commonly talked about:**

- Burning tongue
- Insomnia
- Joint pains
- Genitourinary syndrome – collection of vaginal atrophy, discomfort, soreness, increased UTI's, urinary urgency or incontinence
- Skin and hair more fragile, thinner and more prone to bruising
- Dental/oral hygiene changes

### The part nobody talks about enough

I first described my own experience as one week I had the body of a young woman – skin, hair, energy, libido all very much signalling I was in my prime. Within weeks I felt my body had been replaced with that of a 70 year old and it was an immense shock to the system. This sudden shift of 'sense of self' can be a very surreal process that can bring layers of grief, self identity, desire changes and poignant reflections.

For me, I had a radical hysterectomy removing the ovaries and cervix as well as the uterus due to stage 4 endometriosis. The instant relief from the relentless debilitating pain was so immense and liberating. I went from not being able to stand straight and every single day worn down by pain, to completely pain free. While I still have other complications from my endometriosis – that relief from the pain gave me my life back. The joy in that, for me, far outweighed the other symptoms. I absolutely experience hot flushes, some of the GSM symptoms, and the insomnia is the one that frustrates me the most in honesty. However I remain focused and grateful knowing that these are a much better alternative to not being in menopause.

However, taking a moment to recognise that entering surgical menopause is sudden by nature and therefore naturally takes time to process, adjust to and learn what your 'new normal' feels like. Disenfranchised grief is something I talk about a lot, because losing parts of your organs, your fertility, and the hormones that 'help you feel young' is a exactly that – a loss. And it is entirely valid to need time to grieve that loss amidst whatever else you are processing that led to the surgery in the first place.

### HRT, support and hope

Prior to the surgery it is essential to discuss all options with your medical team, ensure you have been given all the information to make a truly informed choice about whether this is the right step for you.

Try to discuss the conversations around HRT (hormone replacement therapy) with your team before the surgery. For some women, particularly when the surgery is due to cancer-related reasons, HRT may not be an option. This does not necessarily mean the symptoms and experience will be worse, or that there is no support available at all.

Types of HRT and choices very much depend on the underlying causes and the presence or absence of other remaining gynae organs.

HRT can be life changing and provide incredible support for many women. Equally – there are plenty of women who struggle to tolerate the artificial hormones. For some women, they manage perfectly fine without HRT – although it is very important to know the risks of not being on HRT of osteoporosis and increased cardiovascular diseases. The key part here is that it is vital to gather all the information to make the right choices for you and your body in the immediate time as well as recognising the longer term health risks.

But ultimately – surgical menopause is not simply the end of one hormonal chapter. For many women, it is the beginning of rebuilding trust in their body, identity and future. Nobody should navigate that alone and finding your community of support, resources of reliable medical information to guide you is essential.

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# patch me *if you can...*

***After 16 years of navigating HRT, Jane James has learned that finding what works can take time. Here, she shares the lessons she wishes she'd known from the start.***

## Where it all started

My HRT journey began around 16 years ago when I was 44, following surgical menopause. I had already had one ovary removed and eventually had my remaining ovary removed too, resulting in a huge change in my hormones.

Like many women, I didn't fully understand what was happening. I had symptoms that affected me physically and emotionally and, for years, I was prescribed antidepressants. Looking back, I wish someone had joined the dots much sooner. And when I eventually started HRT, it was a learning curve.

## Patches, gels & the practical stuff

I've tried patches, gels and tablets over the years and there really is no "one size fits all" when it comes to HRT.

There are practical things nobody tells you either. Patches don't always stay stuck, especially if you're swimming or sweating, while gels come with their own routine of applying them and allowing them to dry.

Progesterone can be very different for different women too.

What one woman tolerates brilliantly might not suit another at all.

## When something changes

There have definitely been times when I've thought, "Hang on, I was feeling so much better and now I'm struggling again."

Sometimes I've needed a dose adjustment or a change of preparation. But I've also learned that not every symptom automatically means you need more oestrogen.

If something has changed, don't simply accept feeling rubbish because you think it's just menopause. Go back and discuss it with your healthcare professional.

## Don't copy her HRT

I see the comparison trap every day in the Menopause & HRT Discussion Group. Someone says, "I'm on 100mcg and two pumps of gel and feel fantastic," and immediately someone else thinks, "Well, I'm only on 50mcg. Maybe that's why I feel rubbish."

But we're all different. Our symptoms, medical history, age, surgeries and response to hormones can be completely different.

Use other women's experiences to start a conversation with your GP, rather than treating someone else's HRT as a blueprint for your own.

## What I'd tell my 44-year-old self

Don't waste years thinking you have to put up with feeling awful. Ask questions, understand what you're being prescribed and don't be afraid to go back if something isn't working.

Like many women, I was influenced by the fear surrounding HRT and I wish I'd had someone explain the evidence properly.

Don't accept feeling rubbish as your new normal.

> ***"Most importantly: you know your own body. You're allowed to say, "I don't feel right," ask questions and seek another opinion.***

*Jane James is the founder of The Menopause & HRT Discussion Group and helps Davina McCall manage her free Menopausing & Me support group. Jane shares her own lived experience of HRT and menopause; she is not a medical professional.*




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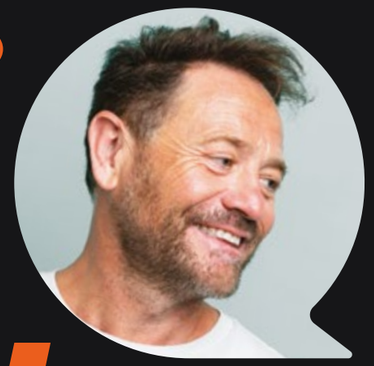

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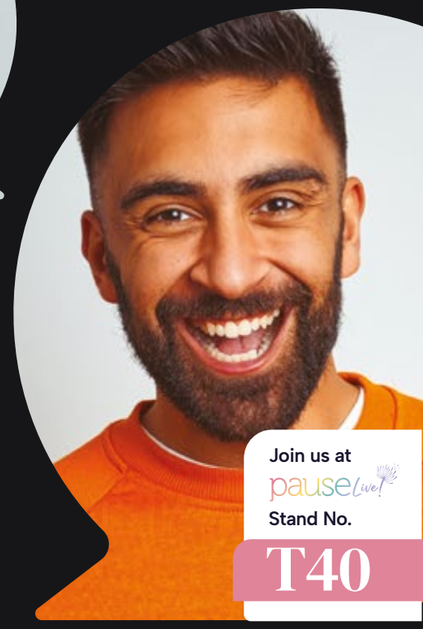

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# No Endo *in sight*

> *You are not alone. There are good support networks, patient advocacy groups and specialised clinics which can provide guidance, resources and community.*

*Mr David Griffiths* | *Consultant gynaecologist*

**For years, women with endometriosis and adenomyosis have been told painful periods are normal, that their symptoms are hormonal or that they simply have to live with them. And while awareness of endometriosis has grown, getting a diagnosis can still take years.**

We spoke to *Mr David Griffiths* about the symptoms women shouldn't ignore, why diagnosis can be so difficult and why so many women are still waiting for answers.

**Most women have heard of endometriosis now, but adenomyosis still feels really unknown. What actually is it?**

Adenomyosis is a similar condition to endometriosis and often known as the 'evil sister'. Endometriosis is a chronic, complex oestrogen-driven disorder where tissue similar to the lining of the womb grows outside the womb. Adenomyosis is where this tissue is found in the muscle of the womb. It can cause significant pain even in the early stages.

**What symptoms do women often dismiss or put up with that could actually be signs of endometriosis or adenomyosis?**

Heavy and painful periods are well-known symptoms of endometriosis, but discomfort after intercourse, abdominal bloating and general fatigue are frequently overlooked. The pelvic ultrasound scan may not show anything untoward, but if the internal probe caused discomfort after the imaging, this is very typical of endometriosis.

**How much can these conditions affect everyday life beyond periods and pain?**

Endometriosis causes local and systemic inflammation, fibrosis, pain and, in some cases, infertility. The inflammation can result in marked fatigue. It can cause relationship issues and a lack of confidence, and women often navigate to jobs where they have some control over their work environment.

**Why are so many women still being told their pain is "normal" for years before getting answers?**

There is a lack of healthcare provider training in recognising endometriosis and its associated conditions. Another factor is the normalisation of painful periods, especially in teenagers, and that the symptoms are not specific to the disease.

Despite awareness improving, the average time to diagnosis has actually risen.

**Why are women still waiting so long to get answers?**

A woman's first encounter is usually with their GP, and endometriosis cannot at the present time be detected by blood tests. Imaging with ultrasound scans and MRIs is highly accurate, but only in women with advanced disease. So for the majority of women all the tests will be negative.

For those who proceed to a laparoscopy, the accuracy is only 50 to 75%, meaning approximately a third will show no abnormality.

**Is diagnosis more complicated than people realise?**

Women often see multiple healthcare professionals over eight to 12 years until they are correctly diagnosed. Although the suspicion of endometriosis can be raised by taking a good history, there has been until now no accurate and simple non-invasive test.

The Endosure test takes 30 to 40 minutes, with the result available at the end. It is highly accurate for detecting the presence of endometriosis/adenomyosis and how active the disease is, but cannot detect the stage or exactly where it is in the pelvis.

**We often hear women say they "just get on with it". Why do you think so many suffer in silence?**

Many women are simply not believed, and many have had the standard tests – scans and surgery – and nothing has been found. These women just do not know where to turn.

**What should a woman do if she knows something doesn't feel right but feels like she's not being listened to?**

I would ask for a second opinion and a third and fourth if necessary. I tell my trainees that women would not subject themselves to investigative surgery if they did not feel that something was wrong. I teach my trainees to look for the very subtle clues of endometriosis and adenomyosis which are commonly missed when we are operating.

**There's still no cure for endometriosis or adenomyosis. How can these conditions be treated and managed?**

Thankfully there are now some new drugs available and licensed on the NHS for endometriosis which are very effective for most women. Hormonal manipulation and surgery can only do so much, and dietary changes to include an anti-inflammatory diet and the avoidance of gluten can bring considerable benefit to many sufferers.

The importance of exercise should not be underestimated. All women need a tailored individualised plan of treatment.

**If there's one thing you wish every woman knew about endometriosis and adenomyosis, what would it be?**

If you are suffering with chronic pelvic pain then you should consider that you have endometriosis/adenomyosis until proven otherwise. Pain is real and 'not just in your head'.

"We were the first clinic in the country to offer the Endosure test and have conducted almost 500 tests. We have retested some patients after starting medication and have seen an improvement in their symptoms and wellbeing and a healthy reduction in their endo severity test score.

"NICE is due to report back in October with their review and I anticipate the Endosure test will be rolled out quickly across the NHS. The future is very promising."

> ***You are not alone. There are good support networks, patient advocacy groups and specialised clinics which can provide guidance, resources and community.***

**Could diagnosis finally be changing?**

Since answering our questions, David also spoke to PAUSE about recent developments around the Endosure test, which NICE is reviewing as a potential initial test for women with pelvic pain.

"The Endosure test has the potential to change the clinical pathway for the diagnosis and long-term management of endometriosis and adenomyosis. We can cut down the diagnostic delay from almost a decade to 30 minutes and start our patients on the appropriate medication.

> ***I hope that in the future we will be able to avoid the repeat and sometimes very extensive surgeries that far too many women undergo, with appropriate medication and regular Endosure assessment.***

# Sleep and the *menopause:*

## a Q&A with Dr Ritz Birah



Sleep can feel elusive at the best of times, but during menopause, getting a good night's rest can become even more challenging. From night sweats and changing sleep patterns to waking in the early hours with a mind that simply won't switch off, hormonal changes can have a very real impact on how well we rest.

So, what's actually happening to sleep during menopause – and more importantly, what can actually help? We sat down with Dr Ritz Birah, a consultant counselling psychologist and Panda sleep expert, to answer some questions around menopause and sleep, separating fact from fiction and sharing practical advice for making nights feel a little more restful.

**How can someone tell the difference between sleep disruption caused by physical menopausal symptoms and insomnia that has developed a psychological or behavioural component?**

Often the two become intertwined. A hot flush, night sweats or physical discomfort may wake you initially, but after repeated disturbed nights the brain can start to become more alert around sleep itself. You may notice thoughts such as *What if I don't sleep again tonight?* or *How am I going to function tomorrow?* That is often the point where the psychological side starts maintaining the sleep problem. The body wakes you, then the mind keeps you awake.
It's important to work on the thoughts, behaviours and associations around sleep, alongside managing the physical symptoms of menopause.

**How does persistent poor sleep affect mood, anxiety and our ability to cope with everyday stress?**

Poor sleep reduces our emotional bandwidth. Things that would normally feel manageable can suddenly feel much bigger, we become more reactive, and it is harder to step back from anxious or negative thoughts.
I often describe sleep as part of our emotional reset system. When that reset is repeatedly interrupted, our ability to regulate emotions and cope with stress can become much more fragile. During menopause, our brain may simply be trying to cope with depleted resources.

**A lot of women describe waking at 2 or 3 a.m. and finding their minds suddenly racing. Why does that happen?**

We naturally move through lighter and deeper stages of sleep, so there are points when we are easier to wake. During menopause, night sweats, temperature changes, discomfort or needing the toilet can make those awakenings more frequent.
The problem often begins with what happens next. At 3 a.m. there are no external distractions competing for your attention, so suddenly the brain has the perfect opportunity to replay everything you have been carrying.
Avoid turning the awakening into an emergency. Telling the brain there is a problem to solve increases alertness.

**Are there particular points during perimenopause or menopause when women tend to be especially vulnerable to sleep difficulties?**

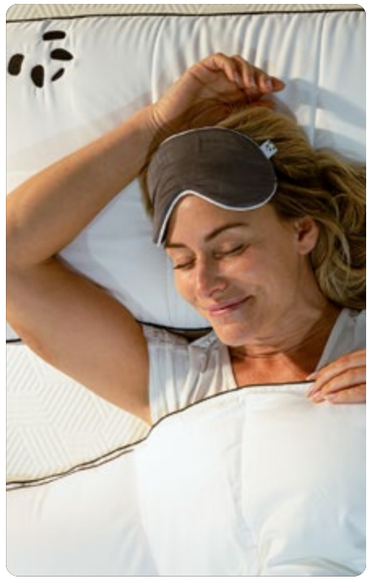
Perimenopause can be particularly challenging because hormones are fluctuating, sometimes unpredictably. Sleep may suddenly feel much less consistent than it used to. There is also the life-stage factor. Many women are navigating demanding careers, children, ageing parents, relationships and a huge mental load at exactly the same time. So sometimes menopause is not happening in a quiet season of life. The nervous system is already carrying a lot, and then disrupted sleep removes one of its main opportunities to recover.

**What changes to your routine and sleep environment can really make a difference?**

Start by making the bedroom feel like a clear cue for rest. Keep it cool, dark and comfortable, and try to keep work, emails and scrolling out of bed. If you are experiencing night sweats or feeling hot, bamboo bedding can be particularly helpful because it is soft, breathable and naturally moisture-wicking. This can help create a cooler and more comfortable sleep environment.
I also recommend keeping your wake-up time fairly consistent. Your body clock loves predictability, even when your sleep itself feels unpredictable.

**Are there techniques that can help quieten a racing mind without turning sleep into another thing we have to "work at"?**

Yes, and this is where less effort often works better. One of my favourite techniques is what I call the Dr Ritz 3-column brain dump before bed. Divide a page into: What is on my mind? Write down the worry, thought or unfinished task. Can I do anything about it tonight? Usually the aneswer is no. What will I do tomorrow?



Write one small next step. This gives the brain somewhere to put the thought rather than rehearsing it overnight. If you wake during the night, try a body scan or slow your breathing and remind yourself: I do not need to force sleep. I only need to rest. That change in mindset can remove a surprising amount of pressure.

**Are there daytime behaviours that can have a surprisingly big effect on sleep that night?**

Better sleep often starts in the morning. Get outside into natural light as early as you can, move your body during the day and try not to save all your emotional processing for bedtime.
One thing I see a lot in the therapy room is women speaking about how they go from task to task all day, then finally stopping at 10 p.m. and wondering why their brain suddenly becomes noisy. Give your mind somewhere to put things during the day – even five quiet minutes with a cup of tea!

*A huge thank you to Dr Ritz for sharing these incredible insights with us. If you're struggling with sleep during the menopause or perimenopause, you're not alone – and we'd love to hear from you, as we think it's important to hear real women's voices.*

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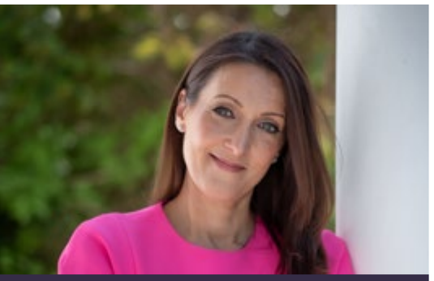


**Sara Davison | The Divorce Coach**
Best selling author | Podcaster | coach trainer

There comes a point in many women's lives – often during menopause, midlife or after years of emotionally surviving rather than truly living – when they quietly begin to realise that the relationship they've worked so hard to protect may also be the very thing exhausting them.

For so many women, emotional disconnection doesn't arrive with dramatic explosions or obvious warning signs. It happens slowly. Quietly.

**1 What are the quiet red flags women dismiss because nothing looks "bad enough" from the outside?**

The quiet red flags are often the ones women talk themselves out of noticing.

Feeling relieved when your partner isn't home. Constantly questioning whether your feelings are "reasonable." Feeling emotionally lonely inside the relationship. Losing confidence in yourself without understanding why. Feeling dismissed, criticised or unseen, but then being told you're "too sensitive" when you try to express it.

Emotional erosion often happens drip by drip. There may not be one huge event you can point to – just a gradual wearing down of your confidence, joy and sense of self.

**2 Is walking on eggshells something women recognise immediately, or does it slowly become normal?**

It almost always becomes normal slowly. Nobody wakes up one day and consciously decides to silence themselves.

It happens through adaptation. You learn what moods to avoid. Which topics create tension. What version of yourself feels safest around them.

Many women slowly become emotional shape-shifters in their own homes – constantly scanning, anticipating and adjusting in order to keep the peace.

**3 How can a woman tell the difference between a difficult phase and a relationship that is emotionally draining her?**

The difference is whether the relationship still feels emotionally safe underneath the struggle.

A difficult phase still contains care, accountability and willingness from both people to repair things together. You may be struggling, but you still fundamentally feel respected and emotionally considered.

An emotionally draining relationship feels different. You feel depleted rather than supported. You carry the emotional labour alone. Your needs become inconvenient.

Ask yourself this simple question: "Do I feel more like myself or less like myself in this relationship?"

**4 Why do so many women stay because of guilt, routine or fear, even when intimacy and connection have disappeared?**

Because leaving is terrifying when your entire world has been built around staying.

Women stay for countless understandable reasons – children, finances, loyalty, shame, fear of loneliness, fear of starting over, fear they've left it "too late." Many also stay because they keep hoping things will return to how they once were.

Routine can feel safer than uncertainty, even when it no longer feels fulfilling.

**5 Do you think midlife changes make women more honest with themselves about what they can no longer tolerate?**

Absolutely. Midlife can become a powerful emotional awakening.

Menopause can heighten emotional awareness, but it also coincides with a stage of life where women naturally begin reflecting more deeply on fulfilment, identity and happiness.

For many women, there's a profound shift from asking, "How do I keep this relationship going?" to asking, "What is this relationship costing me emotionally?"

**6 What's one relationship truth more women need to hear, but rarely do?**

You do not have to wait until things become unbearable before giving yourself permission to acknowledge your unhappiness.

One of the biggest truths women need to hear is that heartbreak is not always about losing another person – sometimes it's about losing yourself.

You are allowed to choose yourself before you completely disappear.

### Sara's top coaching tips for women navigating menopause, divorce or emotional burnout

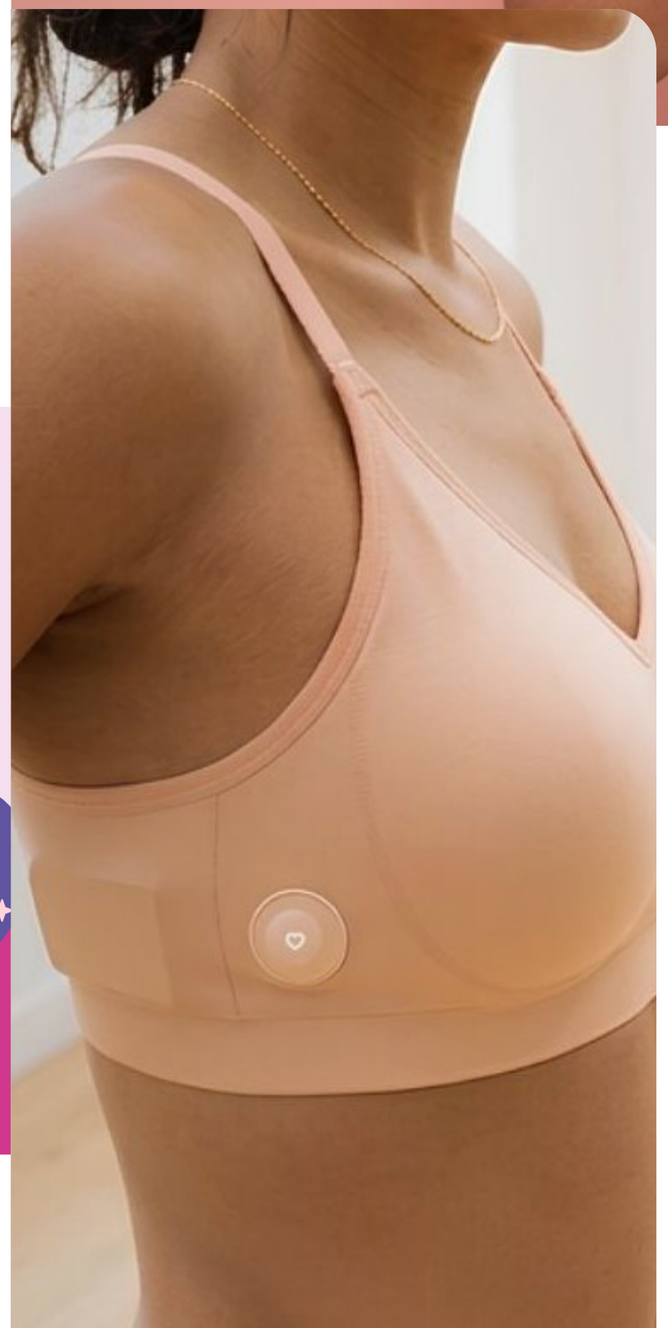
- *Stop asking, "Is it bad enough?" and start asking, "Am I happy, emotionally safe and fulfilled?"*
- *Trust patterns, not promises. Consistent behaviour always tells the real story.*
- *Rebuild your support network. Isolation keeps women stuck; connection helps women heal.*
- *Focus on small daily wins. Recovery is built one tiny step at a time.*

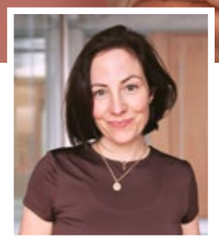
**For more support and information contact Sara Davison:**
support@saradavison.com
www.saradavison.com
saradavisondivorcecoach





# The Bra Bringing the Heat





***Anja Ueland***
*Meyva*

**Meyva started from a moment most women will recognise. That week before your period when your breasts feel so tender that even a hug hurts, you'll cancel your run and don't even know if you can wear a bra at all because the discomfort has taken over. For most women, the answer has always been the same: ibuprofen, a hot water bottle, or just waiting for it to pass.**

Anja Ueland decided there had to be something better.

Meyva is a British femtech brand building the world's first range of heated wearables designed especially for women's hormonal health. The hero product is the innovative Heated Bra, a seamless everyday bra with a built-in heating element that delivers targeted warmth directly to breast tissue, at the press of a button, discreet enough to wear under any outfit and warm enough to actually change how the day feels.

The science behind it is straightforward, and applying warmth is recommended by several clinical institutions including the Cleveland Clinic. It can improve blood circulation, support lymphatic drainage and help relax tight breast tissue. Meyva is the brand that finally designed something for this exact purpose.

Launching in September 2026, with a wearable heat pad for period pain following in December, Meyva is backed by an Innovate UK grant and a research study at the University of Lancashire, built on the belief that women's bodies deserve more innovation and better solutions.

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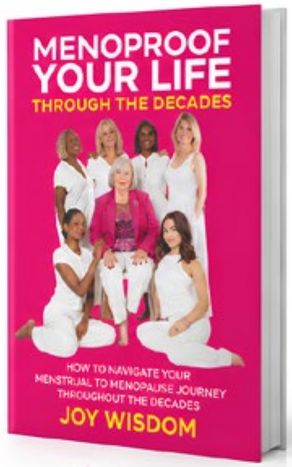


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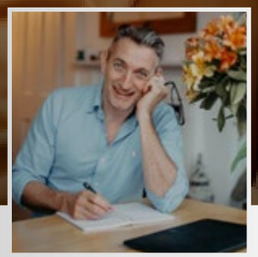
# For Better, For Worse, For Menopause



VICKY ELDRIDGE CHATS TO MEN'S HEALTH ADVOCATE AND CO-FOUNDER OF THE **MIDLIFE MENTORS**, **JAMES DAVIS**, ABOUT HOW COUPLES CAN NAVIGATE MIDLIFE TOGETHER

**In life, we often take things out on the people closest to us, and that can feel particularly true during menopause.** As irritability rises and libido takes a nosedive, both partners can be left wondering why things have changed.

"Obviously men don't experience menopause themselves," James says. "Their direct experience of it was probably their mothers going through it with that generation that didn't really talk about it. So knowledge tends to be quite limited."

James believes curiosity is key. "For men, [it's about] being curious. And for women cutting their partner a little bit of slack. If the man asks a question in the wrong way or says the wrong thing, don't jump on them. They may be trying to understand and learn."

## When emotions run high

Irritability can be particularly difficult for couples to navigate.

"When emotions are heightened, once we enter that disagreement cycle it can be very easy for things to escalate and hard to de-escalate," James explains.

Rather than immediately responding, he recommends creating space. "I'm a big fan of, like, always pause. The temptation is when we feel attacked to want to respond straight away. And normally our defence is to go on the attack as well."

## Midlife is happening to both of you

A male partner may also be navigating significant midlife changes. James often observes women seeking greater emotional connection at precisely the point their male partners begin withdrawing.

For women that may mean seeking connection, while men who haven't developed "the framework and the language for emotional vulnerability" may retreat.

"Those two strategies can work individually but aren't mutually compatible."

## Don't wait until the relationship is in crisis

Midlife can also bring bigger questions about what comes next.

James's advice is simple: "Sit down and talk it through with your partner. Go, 'I'm feeling this way. How are you feeling? How do you see this moving forward?'"

## Rethinking sex and intimacy

Menopause can affect libido and sexual comfort, while male partners may also experience changes in desire or sexual function.

If sex doesn't feel right, James suggests explaining what is happening rather than withdrawing: "'I do still love you. I still fancy you. Just, I think with what's going on for me at the moment…'"

And intimacy shouldn't be reduced to intercourse. "We're terrible at conflating intimacy with sex," James says. Emotional connection can be rebuilt through talking, holding hands and being affectionate.

His advice is straightforward: educate yourself about menopause, understand what may be happening for you in midlife too, and start talking.

> *Have compassion with yourself and then, you know, be curious and do what you can to try and fix it.*

James will be speaking at **PAUSE Live** on the **Live Stage** at 2pm alongside **Joe Warner**, discussing *Men and Menopause: Changing the Conversation*.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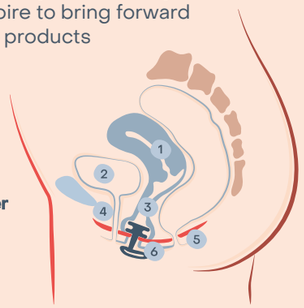


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# IS MENOPAUSE *MESSING* WITH **YOUR HAIR?**

**Eva Proudman**
UK Hair Consultants

**Hot flushes, disrupted sleep, mood changes and brain fog might be among the better-known symptoms of menopause, but for many women there is another change that can be particularly upsetting: their hair no longer looks or feels like their own.**

According to consultant trichologist Eva Proudman, founder of UK Hair Consultants and hair sponsor for **PAUSE Live**, midlife can create something of a perfect storm for our hair.

"Around perimenopause, menopause, there's kind of a window of acceleration that impacts the health of the hair and the scalp," she explains. "Part of it is down to hormonal changes, part of it is down to your genetics and part of it is down to your lifestyle."

### Shedding doesn't necessarily mean you're losing your hair

One of the first distinctions Eva makes is between shedding and progressive hair loss.

Increased shedding can be caused by something called telogen effluvium, where the normal hair-growth cycle becomes disrupted and more hairs than usual move into the shedding phase.

"You haven't lost it, but it's shedding much more quickly", Eva explains. "So it sheds, it regrows, but it sheds again."

And the trigger isn't necessarily something that happened last week. "With a telogen effluvium, there's always a trigger that sets it off, but most triggers tend to happen three or four months before you see the hair shedding."

During midlife, there can be several potential triggers. Anxiety and stress can affect the hair-growth cycle, while heavier or more frequent periods during perimenopause can deplete iron stores. Diet can play a part too, particularly if women are restricting calories in an attempt to manage menopausal weight gain.

"The one thing the hair craves is protein", says Eva. "It's made of protein and it wants protein."

### When thinning means something different

If you're noticing a widening centre parting, increased visibility around the temples or a flatter, more open crown, Eva says this could instead indicate female pattern hair loss, also known as androgenetic alopecia.

In this condition, the hair progressively miniaturises, becoming thinner until eventually it can no longer grow.

Genetics, sensitivity to androgens such as testosterone and ageing can all play a role, and menopause is often when women first become particularly aware of it.

But Eva is keen to challenge the assumption that nothing can be done.

"It is extremely manageable. You can really keep pattern at bay. You don't have to sort of lose your hair to it."

Nor is HRT automatically the answer.

"People will often ask me in clinic, should I take HRT for my hair? And my answer is always absolutely no. HRT is to work systemically in the body to correct oestrogen levels, progesterone levels, sometimes testosterone."

For women using testosterone who also have female pattern hair loss, Eva recommends appropriate monitoring because higher testosterone levels may exacerbate miniaturisation in susceptible women.

### Don't forget your scalp

We might spend hundreds of pounds looking after our hair while barely thinking about the skin underneath it.





**Thinner ponytail? More hair in the shower? A widening parting or suddenly temperamental scalp? Hair changes are common during perimenopause and menopause – but trichologist Eva Proudman says we shouldn't simply accept them as another inevitable part of getting older.**

"We massively neglect the scalp", says Eva. "The scalp is exactly that. It's the growing medium of the hair. It's the most important bit."

Hormonal changes can affect the scalp too, with Eva seeing women develop increased oiliness, dryness or conditions such as seborrhoeic dermatitis around menopause.

And if you're shedding, resisting the urge to wash your hair may actually be counterproductive.

"People think, 'I won't wash it because if I wash it, I'm making it fall out,' which is completely the wrong way to look at it."

Her advice is to think about washing your scalp rather than simply washing your hair – cleansing it properly and regularly and choosing products according to what your scalp actually needs.

### Before you buy another "miracle" serum...

The hair-loss market is booming, from supplements and shampoos to oils and expensive growth serums. Eva's advice is refreshingly simple: get a diagnosis before you start spending.

"Shampoos are predominantly cleaners. That's what they do. They're on and they're off. So if a shampoo is promising to make your hair grow quicker or longer or thicker, it's not going to happen", Eva explains.

She's equally sceptical about many of the serums and oils promoted online.

"Most serums promise the world and deliver very little", she says, adding that the social-media trend for claiming rosemary oil works in the same way as minoxidil is misleading.

The problem is that women are understandably vulnerable to those promises when they're frightened about losing their hair.

"A lot of it is marketing hype and a lot of it is taking advantage of the emotions people have got about their hair, because hair loss is super emotional," says Eva. "It's not just about how it looks; it's about how it makes you feel."

> ***"We're too good at being panicked into, 'I'm losing my hair, believe the hype, spend a fortune.' And none of it works because you've got to understand what your diagnosis is first***

### It's not "just your age"

Perhaps the most important message Eva wants women to hear is that hair loss shouldn't automatically be dismissed as an inevitable consequence of getting older.

There are many possible causes of hair changes, and women can experience several simultaneously. Some are reversible; others can be successfully managed. There are also conditions where early diagnosis is particularly important, including the scarring autoimmune condition frontal fibrosing alopecia.

That is why understanding why your hair is changing comes before choosing a treatment.

And don't let anyone tell you that you simply have to put up with poor hair because you've reached a certain birthday. The oldest woman Eva has treated was 84, and she says they were still able to improve her hair.

"Age is no reason to have poor hair. Absolutely not", she states.

Because while other people might reassure you that your hair "looks fine", that doesn't mean it feels fine to you.

"Some people will say, 'I've always been known for my hair'", says Eva. "Until it goes wrong, you don't realise how much we take it for granted."

### Meet Eva at PAUSE Live

Eva Proudman and the UK Hair Consultants team will be at PAUSE Live offering advice and 10-minute scalp reviews using a trichoscope. Eva will also be available to answer questions about everything from menopausal shedding and scalp changes to female pattern hair loss and treatment options.

Her talk on ***Hair Loss: What's Normal, What's Not, What Helps*** will be on the **Education Stage** at 12pm.

**PAUSE Live** at the Convene Sancroft St Paul's on **October 10**. Get your tickets today at **www.pauselive.com**

# The TOP 4 myths *about bone health,* BUSTED

**Jenni Tarma**
CEO *Kaari*

If you've ever felt confused about what actually helps your bones during and after menopause – or why bone health is something you should be thinking about at all – you're not alone. Bone health advice is often vague, contradictory, or downright outdated. As a bone health and exercise specialist, **Jenni Tarma** from *Kaari* hears the same misconceptions again and again, so let's clear them up.

**MYTH 1: Bone loss is an inevitable part of ageing, and nothing can be done about it.**

**THE FACT:** It's true that declining oestrogen during perimenopause and menopause drives a natural trend of bone density loss. But "natural" doesn't mean "unstoppable." Bone is living tissue, it responds to how it's used, just like muscle responds to lifting weights. A large body of research supports resistance and impact training as safe, effective interventions for bone density loss, and organisations including the Bone Health & Osteoporosis Foundation, the International Osteoporosis Foundation, and the Royal Osteoporosis Society all recommend them as part of their official exercise guidelines.

The key mindset shift is this: your bones are not passive scaffolding. They constantly adapt to the demands placed upon them. Challenging and loading them appropriately helps keep them strong, healthy and resilient.

**MYTH 2: Walking alone is enough to protect your bones.**

**THE FACT:** Walking is wonderful for cardiovascular health and can help slow the rate of bone loss, but slowing loss is very different from actively building new, denser bone. Bone strengthening requires progressive overload (gradually increasing the challenge), novel stimuli (loads and movements your body isn't already used to), as well as specific loading patterns that stimulate bone density adaptation.

The loads involved in walking remain broadly similar, step after step and day after day: it is primarily your body weight under gravity, so your bones have little reason to adapt beyond what they already manage routinely. Walking is a valuable habit, but for bone health it works best alongside appropriately progressed resistance and impact exercise.

**MYTH 3: I'm already going to the gym, so I'm covered.**

**THE FACT:** Training for muscle strength and training specifically for bone health are related, but they are not identical. Muscles respond especially to tensile loading: a pulling or lengthening force. Bones need targeted loading, too, specifically via axial loading: force that travels through the length of a bone and creates compression.

Ideally, this axial loading is directed towards areas most vulnerable to bone density loss and fracture, including the hips, spine and wrists. That means exercise selection matters! Most gym machines do not provide meaningful axial loading and, even when they do, they usually lack the balance, coordination and body-awareness benefits of well-coached free-weight training. Those skills matter because improving dynamic balance and proprioception help reduce the risk of fall-related fractures.

**MYTH 4: Women with low bone density should avoid weights altogether.**

**THE FACT:** This is one of the most damaging myths out there. Doctors often advise avoiding compression and impact to reduce short-term fracture risk – understandable, since it's outside their scope of practice to prescribe exercise. But compression and load are exactly the stimuli bones need to get stronger! Avoiding them long-term leads to deconditioning, muscle and power loss, poor balance, reduced mobility, and yes, further decline in bone density, all of which raise fracture risk rather than lower it. And fractures are serious: they can mean loss of independence, inability to walk unsupported again, and a significantly increased risk of mortality within the following year, along with a much higher chance of subsequent fractures.

## The good news

You don't have to navigate any of this with guesswork. Evidence-based, expert-guided training can be tailored to any fitness level, including complete strength training novices. At Kaari, we help women build bone-protective strength throughout perimenopause and menopause.

**Our 13-week virtual program provides high-touch, one-on-one guidance for women with osteopenia or osteoporosis, while the Kaari Strong app supports women aged 35-55 to take smart, preventative action during the perimenopausal years.**

***Visit:*** **www.kaariprehab.com**

# Midlife Skin:

By *Professor Syed Haq*

## What *really changes* and what *can we do* about it?

**Midlife brings plenty of changes we expect, from shifting hormones and sleep patterns to changes in energy, body composition and mood. But one change that can be surprisingly noticeable is written all over our faces: our skin.**

According to *Professor Syed Haq*, internationally renowned consultant physician and chair of **MEN:Optimising Health 2026**, ageing skin reflects a combination of our biology, cumulative sun exposure, lifestyle and hormonal changes.

"Skin change is the visible result of intrinsic ageing superimposed on decades of ultraviolet exposure and individual biology," he explains.

As we move through midlife, skin cell renewal slows, the protective barrier becomes less efficient and collagen production declines. The result can be dryness, dullness, uneven pigmentation, fine lines, deeper wrinkles and increasing laxity. Years of sun exposure can amplify all of these effects.

Hormones play a role, too. While women experience a relatively marked hormonal transition around menopause, hormonal changes in men tend to be more gradual.

Testosterone influences skin thickness, oil production, hair growth, wound healing and the skin barrier. However, Professor Haq stresses that skin changes alone should never be interpreted as proof of low testosterone or treated with testosterone.

So, what actually helps? Daily broad-spectrum sunscreen of SPF30 or higher remains the most valuable anti-ageing step. Add a gentle cleanser and a moisturiser containing ingredients such as ceramides, glycerin or urea if skin is dry. For texture, fine lines and pigmentation, a retinoid can be highly effective when introduced gradually.

Lifestyle matters, too. Smoking accelerates facial ageing, while poor sleep can affect the skin's ability to recover.

**Regular exercise, moderation with alcohol and a balanced diet rich in protein and plants can all support healthier ageing.**

And when creams can no longer do the job? Professional treatments such as laser or IPL, resurfacing, peels, microneedling, botulinum toxin and fillers can have a role. But Professor Haq advocates a diagnosis-led, proportionate approach: the aim should be to enhance, not erase, the face.

His message is relevant to women in midlife, as much as men: protect your skin, understand what is changing, and treat the whole person rather than chasing every wrinkle.

*Professor Haq* will chair **MEN:Optimising Health 2026** on November 19, bringing together leading voices to explore the science and practical realities of men's health, ageing and wellbeing.

For anyone interested in how midlife affects the body, including the skin, tickets are available from **menevent.co.uk**.

men. optimising health



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References:
a) The aesthetic effect after initial injection of the viscoelastic implant lasts up to 16 weeks for lateral canthal lines and up to 24 weeks for perioral rhytids.[1]
1) Instructions for use
2) Sulovsky M, Müller D, Prinz V, Moellhoff N, Cajkovsky M, Duschek N, Frank K. A prospective open-label, multicentre study evaluating a non-cross-linked hyaluronic acid based soft-tissue filler in the correction of lateral canthal and perioral lines. J Cosmet Dermatol. 2022 Jan;21(1):191-198. doi: 10.1111/jocd.14460. Epub 2021 Sep 24. PMID: 34559948
3) Succi, I. B., Da Silva, R. T. & Orofino-Costa, R. 2012. Rejuvenation of periorbital area: treatment with an injectable nonanimal noncrosslinked glycerol added hyaluronic acid preparation. Dermatol Surg, 38, 192-8.
4) Data on file
The healthcare professional confirms having informed the consumer of a likely risk associated with the use of the device in line with its intended use. For risks and adverse events associated with the use of the device consult the instructions of use. CE 0123

REVITALISAD_UK_04/25

# pause Live! 2025
# YOU HAD TO BE THERE!

**Big conversations, brilliant people and plenty of moments in between. PAUSE Live 2025 was a day to remember. Here's what it looked like…**

1. **FIRESIDE FAVOURITES** *Cherry Healey* gets comfy for a fireside chat with *Dr Hilary Jones*.
2. **MUSHROOMING CONNECTIONS** Live Stage sponsor *Love Mushrooms* gets chatting with the PAUSE Live crowd.
3. **BEST SEATS IN THE HOUSE** Our audience brought the energy!
4. **FROM PERIODS TO PAUSE** *Emma Neville, Kate McLaren* and *Charlotte Body* get into the conversations every generation of women needs to hear.
5. **ON AIR!** *Delite Radio* catches up with footballer *Joe Sealey*.
6. **WARDROBE MAGIC** *Lu in Luland* brings the fun to the Magic Wardrobe.
7. **GLOVES ON!** *Kate McLaren* brings boxing to the *Experience Hub*.
8. **PAUSE. LITERALLY.** Film Producer *Charles Mattocks* finds the best seat in the house.
9. **EMERALD LASER TASTER SESSION**
10. **GOOD VIBES ONLY** *Karen Arthur* having fun in the exhibitor area.
11. **MINGLING WITH MICHELLE** Presenter Michelle Ford catches up with attendees.
12. **THAT'S A WRAP!** The PAUSE Live team celebrate an incredible day!

THAT'S WHAT **PAUSE Live** IS ALL ABOUT!

**Want to be part of it in 2026? Don't leave it too late. Tickets are selling fast, so book yours now and use code MAG20 for an exclusive discount.**

**See you at PAUSE Live 2026!**

VISIT OUR WEBSITE & JOIN OUR SOCIALS TO FIND OUT MORE… **www.pauselive.com**


# Menopause matters

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Since 2001, **Menopause Matters** has been the UK's leading independent voice for women navigating menopause and midlife.

We are here to inform, support and empower women with reliable, evidence-based information – every step of the way.

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**MENOPAUSE MATTERS, LET'S TALK PODCAST**
Honest conversations with experts and inspiring women on the topics that matter most.

## Why women trust Menopause Matters

**We are independent and woman-focussed, working with leading healthcare professionals and researchers to ensure everything we share is accurate, balanced and up to date.**

**No fads. No fear. Just facts you can rely on.**

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- Evidence-based, up-to-date content
- Written and reviewed by experts
- Independent
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## You're not alone. We're with you.

From the first signs of change and beyond, **Menopause Matters** is here to help you feel informed, confident and supported.

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*Because every woman deserves to thrive*

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*For many women, sleep is one of the first things that suffers during perimenopause and menopause.*

# Welcome to the 3am club:

**Dr Shirin Lakhani** on *Why perimenopause is robbing you of sleep...*

**For many women, sleep is one of the first things that suffers during perimenopause and menopause. One minute they are sleeping soundly, the next they're lying awake at 3am, throwing off the duvet because of a hot flush or staring at the ceiling feeling anxious despite being exhausted.**

It's frustrating and confusing, but it's incredibly common. The good news? Understanding why your sleep changes could be the first step towards improving it.

Dr Shirin Lakhani, women's health advocate and creator of sleep supplement Somniveve and PAUSE Live speaker, says: "Sleep is one of the most important bodily functions for our long-term health and longevity. It's a metabolically active process – it isn't simply a case of everything shutting down for the night. This is when the body carries out vital repair and restoration, and a lack of good-quality sleep affects far more than just how tired or irritable we feel.

That's why improving sleep can have such a profound impact on our wider health and wellbeing."

**Why does menopause affect sleep?**

As oestrogen levels fluctuate and eventually decline, women may become more prone to night sweats, hot flushes and changes in body temperature that interrupt deep sleep. Oestrogen also plays a role in regulating serotonin, a neurotransmitter involved in both mood and the production of melatonin, our natural sleep hormone.

At the same time, progesterone levels fall. Sometimes referred to as the body's natural calming hormone, progesterone has gentle sedative effects and supports relaxation.

As levels decline, many women find they struggle to switch off mentally, becoming more anxious or alert when they should be winding down.

**Why do so many women wake up at 3am?**

The infamous 3am wake-up has become something of a social media phenomenon, often blamed solely on a "cortisol spike". While the explanation is more complex than that, there is some truth behind it.

Cortisol, our primary stress hormone, naturally follows a daily rhythm. Levels should remain low overnight before gradually rising towards morning to prepare us to wake.

During perimenopause, hormonal fluctuations, increased stress, anxiety, blood sugar changes and disrupted sleep can all interfere with this rhythm.





**Are supplements the answer?**

Sleep has become one of the fastest-growing wellness markets. Scroll through social media and you'll quickly find magnesium sprays, herbal gummies, melatonin, CBD oils, mushroom powders, mouth tape and dozens of products all promising the perfect night's sleep.

Dr Lakhani says, "As a society, we're generally more stressed, and that inevitably impacts our sleep. When poor sleep becomes established, it can create a vicious cycle that is difficult to break. This is where a non-addictive sleep aid such as Somniveve can offer support, without the concerns around dependency associated with some prescription sleep medications. The important thing when choosing any supplement is to look beyond the marketing and consider whether it contains evidence-backed ingredients."

Similarly, many popular sleep trends have limited evidence. Mouth taping, for example, has gained significant attention online despite relatively little high-quality research supporting its widespread use. Blue-light blocking glasses have produced mixed findings, while the ingredients contained in many sleep gummies vary considerably between products.

If you're considering supplements, it's always worth discussing them with your healthcare professional, particularly if you're taking other medication.

**Could it be something more than menopause?**

Sleep apnoea is often associated with overweight middle-aged men, but women can develop it too, particularly after menopause when changes in hormone levels can alter muscle tone in the upper airway.

Professor Vik Veer, Consultant ENT Surgeon and sleep specialist, says: "Menopause is a turning point for sleep. After the menopause, women are almost as likely to snore as men.

Falling levels of oestrogen and progesterone reduce the tone and elasticity of the tissues around the upper airway, making it more likely to collapse during sleep. Hormonal changes can also cause a blocked nose and more frequent awakenings during the night. Together, these changes significantly increase the risk of obstructive sleep apnoea, which creates a vicious cycle that often contributes to tiredness and weight gain."

If you regularly snore, wake gasping for breath, experience excessive daytime sleepiness or your partner notices pauses in your breathing during sleep, it's worth speaking to your GP.

## *Building better sleep one habit at a time...*

**These could include:**

- Going to bed and waking up at roughly the same time each day
- Getting outside into natural daylight within the first hour of waking to help regulate your body clock
- Reducing bright screens and stimulating activities before bed
- Keeping your bedroom cool to minimise night sweats
- Limiting alcohol close to bedtime, even if it initially makes you feel sleepy
- Avoiding large amounts of caffeine later in the day
- Creating a consistent wind-down routine that tells your brain it's time to sleep
- Managing stress during the day through movement, breathing exercises, mindfulness or other relaxation techniques rather than waiting until bedtime to unwind.

Research consistently shows that behavioural approaches remain among the most effective long-term strategies for improving insomnia, with Cognitive Behavioural Therapy for Insomnia (CBT-I) considered the gold standard treatment for persistent sleep difficulties.

**Wake Up to Better Sleep!**

This is a topic being explored at the UK's largest women's health and menopause event, PAUSE Live. Visitors can discover evidence-based solutions and practical, stackable habits that you can begin implementing immediately to support more restorative sleep.

**PAUSE Live** at the Convene Sancroft St Paul's on **October 10**. Get your tickets today at **www.pauselive.com**

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The Menopause Awards 2027

IT'S TIME TO

# Celebrate

THE VERY BEST IN

# Menopause care

join us
5 FEBRUARY
- 2027 -
7.30pm

The Menopause Awards return on **Friday 5 February 2027,** and now is your chance to be part of it.

If you, your team, clinic, product or service is making a difference to women during menopause, we want to hear about it. With categories spanning menopause practice, aesthetics, intimate health, education, nutrition, weight management, cognitive health, innovation, advocacy and more, the awards celebrate excellence from across the menopause community.

Enter the 2027 Menopause Awards and put your work in front of our expert judging panel.

Have your say in the Consumer Choice Award

The Consumer Choice Award puts the decision into the hands of the women these products and services are designed to support.

Which brand has made a genuine difference to your menopause journey? Perhaps you've found a product you wouldn't now be without, discovered a service that gave you the support you needed or found a brand that made you feel listened to and understood.

This is your opportunity to recognise them. Cast your vote and help choose the 2027 Consumer Choice Award winner.

join us for the celebration...

**Then comes the best bit.** On Friday 5 February 2027, we'll reveal the winners at The Menopause Awards, following Menopause in Practice.

This year's Moulin Rouge-inspired theme will bring plenty of glamour to the evening, but at its heart the night is about celebrating an extraordinary community and the progress being made in menopause care.

If you've joined us before, you'll know just how special the atmosphere is. If you haven't, 2027 is the perfect year to experience it.

*ENTER. VOTE. CELEBRATE.*

**Book** your awards tickets

menopauseip.co.uk/awards

or scan the QR code



# The girls who get it, *get it.*

*Join our inhouse Studies members club.*

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Totally free to join.

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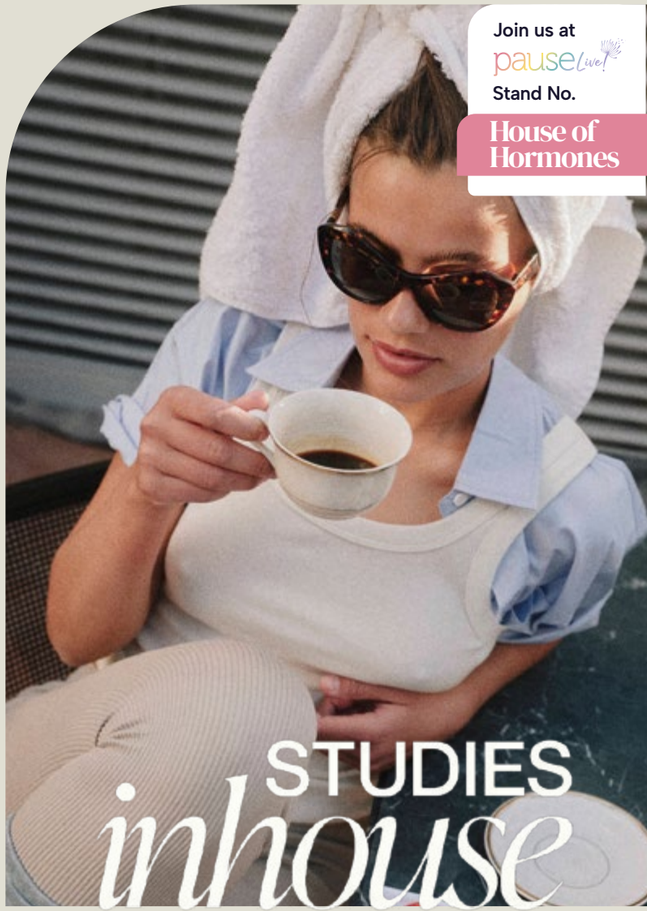


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thehouseofhormones.com

# The menopause gold rush: *are you being menowashed?*

**Menopause has finally entered the mainstream – and brands have taken notice. But as the market for products aimed at midlife women booms, how can you tell genuine innovation from clever marketing?**

**Have you noticed that menopause seems to be everywhere?** Supplements promising hormone support. Serums designed for menopausal skin. Sleep sprays, shampoos, gummies, intimate health products and even menopause toothpaste. After decades in which women struggled to have their symptoms recognised, let alone catered for, menopause has become big business.

**Welcome to the menopause gold rush.**

On one hand, this is progress. Greater awareness has encouraged innovation, opened up conversations that were once considered taboo and prompted brands to think seriously about the needs of women in midlife.

But where there is a rapidly growing market, there is also an opportunity to sell – and simply putting the word "menopause" on a product doesn't necessarily mean it has been specifically formulated for menopausal women.

It's a phenomenon increasingly described as "menowashing".

Much like greenwashing, the term is used to describe products that are marketed specifically to menopausal women when their menopause credentials may owe more to branding than to what's actually inside.

## When is a menopause product really a menopause product?

There are products being developed specifically to address the changes women can experience during perimenopause and menopause, and some can genuinely support certain symptoms.

But look more closely at the rapidly expanding menopause shelves and things can become less clear.

Some products contain very similar ingredients to standard skincare, supplements or haircare already on the market – sometimes accompanied by very different packaging, claims and price tags.

That doesn't make them useless. Hormonal changes during menopause can affect everything from skin and hair to sleep and mood, and there is nothing wrong with choosing a product marketed towards women at this stage of life.

The question is whether the product itself offers something different, rather than simply the marketing around it.

Claims such as "supports hormones", "designed for menopause" or "menopause-friendly" can sound reassuring, but they don't automatically tell you what a product does, whether it has been tested specifically in menopausal women or how strong the evidence behind it actually is.

## The celebrity effect

The menopause gold rush hasn't only attracted established wellness and beauty brands. As menopause has moved into the mainstream, celebrities and influencers have increasingly entered the conversation too, launching, investing in or endorsing products aimed at midlife women.

That visibility can be enormously powerful. Seeing a woman you recognise speaking openly about symptoms you have experienced yourself can make menopause feel less isolating.

But personal experience and product evidence are two different things.

A celebrity saying that she loves or uses a product doesn't tell you whether it will work for you, whether its ingredients are suitable for you or how robust the evidence behind its claims actually is.

Celebrity-backed or not, turn the packet over and ask: What's in it? At what dose? What evidence supports the claims? And is it appropriate for me?

## Look beyond "natural"

Those questions are particularly important when it comes to supplements.

Ingredients such as ashwagandha, red clover, phytoestrogens and high-dose biotin now appear across the menopause wellness market. But "natural" doesn't automatically mean risk-free.

Supplements can interact with medications and some may not be suitable for people with particular medical conditions. High-dose biotin, for example, can also interfere with some blood test results.

If a product promises to "balance your hormones", "detox oestrogen" or transform a long list of seemingly unrelated menopause symptoms, it is worth asking what evidence sits behind those promises.

## Does your moisturiser need to know you're menopausal?

The same scrutiny applies in the beauty aisle. Falling oestrogen levels can affect skin hydration, barrier function and elasticity, while hormonal changes can also influence hair density and quality. There is good reason for brands to think about how skincare and haircare can better meet women's changing needs.

But ingredients such as ceramides, peptides and hyaluronic acid weren't invented for menopause. They have long been used in products addressing dryness, sensitivity and skin ageing more broadly.

Sometimes a menopause-specific formulation may be exactly what you are looking for. In other cases, an existing product without the menopause label may meet the same need – potentially for less money.

Shop the product, not the menopause

None of this means we should be cynical about every product carrying the menopause label.

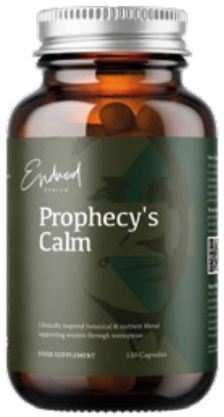
Women deserve products developed with their needs in mind, and the fact that businesses are finally investing in a demographic that has historically been underserved should be welcomed.

But recognising women as consumers and exploiting their concerns as consumers are not the same thing.

As the menopause gold rush gathers pace, brands should be able to explain what makes their product relevant: what it contains, why those ingredients were chosen, what evidence supports the claims and, where appropriate, whether it has actually been developed or tested with menopausal women in mind.

So, before buying into the packaging, testimonial or famous face, look beyond the menopause label. The best product isn't necessarily the one shouting "menopause" the loudest. It's the one that can show you why it deserves a place on your bathroom shelf.

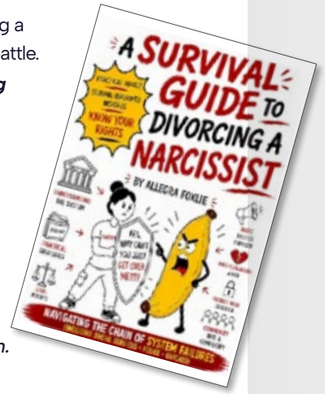
## Calm in a capsule?




When hormones are doing anything but keeping calm, we're interested in anything promising a little more balance. Prophecy's Calm from ***Endued Health*** combines adaptogens, botanicals, vitamins and minerals, including magnesium, ashwagandha and sage, in one daily menopause supplement. Designed to support energy, focus and resilience through hormonal change, it's also made in the UK with no unnecessary fillers or binders.

***£39.99 | Endued Health***

## Divorce, but make it survivable




Divorcing someone is hard enough. Divorcing a narcissist? That can be an entirely different battle. Allegra Foxlie's ***A Survival Guide to Divorcing a Narcissist*** tackles coercive control, post-separation abuse and family court through evidence-informed advice, lived experience and, unexpectedly, satire.

With 125 original illustrations, it makes an incredibly heavy subject feel accessible without making light of it.

*One to know about if you, or someone you love, is navigating a high-conflict separation.*

***£7.38 | Allegra Foxlie***

# what we're loving...

**From clever little finds to big ideas, these are the things making us stop, look twice and tell everyone about them.**

## A truffle a day...

Menopause is a "natural" part of life, but why should that mean simply putting up with it?

After years of being told her debilitating period pain was "normal", founder Abbie began researching nutrition and botanical ingredients, first creating Period Truffles for herself, then Menopause Truffles for her mother.

Made with just five purposeful ingredients, they combine Red Maca, ginger and magnesium-rich cacao, chosen to support common midlife concerns including hot flushes, sleep and mood.

And women are coming back for more: Menopause Truffles are now Unspoken's most repeatedly purchased product, with 70% of customers staying for over two years.

*One delicious truffle every day? Don't mind if we do.*

***£22.50 | Unspoken Bites | @unspokenhq***





## Wee need to talk

Bladder playing up? ***Utee*** wants to get us talking about urinary health before there's a problem. Co-created by Extracted with Cherry Healey, the two-part daily system combines vaginal probiotics and cranberry extract with high-strength D-Mannose to support urinary wellbeing.

Practical, refreshingly straightforward and tackling one of those midlife subjects we really shouldn't still be whispering about.

***£49.99 | Extracted***

## Hair today, here tomorrow

When hormonal changes start showing up in your hair and scalp, a little extra TLC can go a long way.

Curated by leading consultant trichologist Eva Proudman, Tricoextra's Menopause Hair Rescue Pack brings together four at-home treatments designed specifically for peri, menopause and beyond. Inside you'll find antioxidant scalp cream, hair-retaining shampoo and conditioner, plus a deep reconditioning mask, working together to calm and balance the scalp, reduce shedding and give thirsty midlife hair a much-needed hydration boost.

*Four steps to happier hair? We're in.*

***From £109.95 | Tricoextra***

## Craving some quiet?

Always thinking about your next snack? Elcella takes a different approach to appetite control by looking to your gut, not your willpower.

Created by gut neuroscientists following more than a decade of research, its patented, plant-based formula is designed to reach the lower gut, supporting the natural hormones that tell your brain when you're full. In a 12-week consumer trial, 94% reported improved appetite control and reduced food noise.

No injections or synthetic hormones, just some seriously interesting gut science.

***One month subscription £189.05 | Elcella***

## I thought it was menopause...

"The fatigue, the fog, the spreading waistline. I put it all down to menopause, like most women do," says nutritional therapist Gesa Stolting. Then, after trying a continuous glucose monitor for her clients, she discovered she had prediabetes. Today, Gesa is no longer prediabetic and helps other midlife women understand their blood sugar and take back control of their health.

She's now developing Prediabetes Rewind, a community-based programme for women navigating prediabetes, and is holding relaxed 30-minute research calls to hear what really shows up for women, from the questions and fears to what's helped and what hasn't.

### Been diagnosed with prediabetes?

*Share your experience with Gesa at midlifebff.co.uk/researchcall, or connect on LinkedIn.*

## Something to smile about

Dry mouth, sensitive gums and even mouth ulcers can crop up during perimenopause and menopause. Who knew? Lingora® Natural Oral Health has created a refreshingly simple way to give your mouth a little extra TLC. Made from just wild Arctic lingonberries and water, its 100% natural, additive-free Oral Rinse is designed to support the oral microbiome, soothe dry mouth and help reduce plaque and the risk of gum disease. There's also a pocket-sized Natural Oral Spray for when dryness strikes on the go. *A little midlife mouth care? We're smiling.*

***£25.90 | Lingora® Natural Oral Health***

## *It's not just us, dear...*

The men in our lives may be struggling with midlife too – and it can have a very real impact on relationships. Enter *MEN*, a brand-new men's health event coming to London on 19 November, tackling hormones, metabolic health, mental wellbeing, hair loss and healthy ageing with leading experts.

*There are only 100 tickets, so perhaps it's time to give him a gentle nudge...*

**Only 100 tickets – book now!: thehealthassembly.co.uk!**

***19 November | 6–9pm | £89 | Salisbury House, London***

## *Fancy a shot??*

Here's one shot your gut might thank you for. CECII's Discovery Pack brings together eight fermented gut shots in four flavours, including beetroot, apple and ginger, and pineapple and turmeric.

Made with organic fruit and vegetables and fermented with live cultures, each 60ml bottle offers a convenient daily gut boost.

*Shake, sip, done.*

***£26 | CECII***

## *Come what may...*

Grab the sequins and prepare for a little *Moulin Rouge* magic – the **Menopause Awards** are returning!

Celebrating the brilliant people, brands and organisations changing the menopause conversation, this year's awards are set to be bigger, bolder and a whole lot more glamorous.

***Think you know a future winner?***
***Watch this space... nominations are coming soon.***

## *Cool it!...*

Hot flush incoming? **Menthoderm®** could be one to keep within reach. This natural, non-hormonal menthol cream is designed to cool and soothe overheated, dry and itchy skin. When the heat hits, apply it to areas such as your neck, pulse points, feet or chest for a refreshing cooling effect.

SLS – and paraben-free, it comes in different strengths and sizes, including a handy 100g tube for your bag.

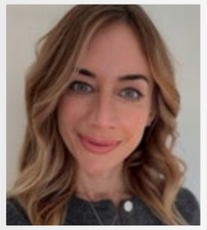
*Hot, bothered and over it? Time to get your cool back.*

***From £8.99 | Menthoderm® (Menthoderm.co.uk)***





# Why more women are talking about testosterone



***Dr Hannah Olivia Davies***
*MRCGP MBBS BSc*

**When we think about menopause hormones, oestrogen and progesterone dominate the conversation. But there's another hormone attracting increasing attention: *testosterone*.**

Often thought of as a male hormone, women naturally produce testosterone throughout their lives. It plays such an important role in libido, energy, motivation, mood, mental clarity and muscle strength. And like other hormones, testosterone levels gradually decline with age, and some women notice symptoms that may be linked to this drop.

Tick any statements that sound familiar:

- ☐ My sex drive isn't what it used to be
- ☐ I feel tired most of the time, even after a good night's sleep
- ☐ I struggle to concentrate or find myself battling brain fog
- ☐ Exercise feels harder than it used to, and I don't feel as strong
- ☐ I've lost some of my motivation and drive
- ☐ I'm finding it harder to build or maintain muscle
- ☐ I feel less confident or assertive than I once did
- ☐ I often think, "I just don't feel like myself anymore."

**How many boxes did you tick?**

These symptoms don't automatically mean you have low testosterone, but if several sound familiar, it's worth discussing them with a healthcare professional who specialises in menopause care.

For some women, testosterone can help improve libido, energy, focus and overall wellbeing when prescribed appropriately. However, one of the biggest frustrations for both women and clinicians is that the UK still doesn't have a testosterone product specifically licensed for women. Instead, doctors often have to adapt products designed for men, making treatment less straightforward than it should be.

### My Top Advice

Before assuming testosterone is the answer, take a step back and look at the bigger picture. Symptoms such as low energy, poor concentration and reduced libido can have many causes, including poor sleep, stress, thyroid issues and other hormonal changes associated with menopause.

If these symptoms are affecting your quality of life, speak to a healthcare professional with expertise in menopause. They can help determine whether testosterone may have a role to play and ensure any treatment is prescribed and monitored safely.

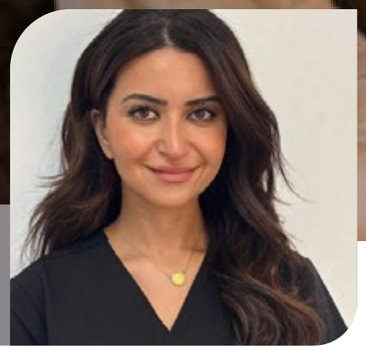
Healthcare professionals have been calling for testosterone products specifically designed for women for years, but women should be making their voices heard too. If a treatment has the potential to improve women's health and wellbeing, women shouldn't have to rely on products designed for men and adapted as a workaround. The more women speak up, ask questions and advocate for better options, the harder it becomes for their needs to be ignored.

# Is your hair paying THE PRICE

Rapid weight loss can compound the hair changes experienced during perimenopause. Here we take a look at what could be going on and the treatment that's getting people talking.

*By* **Dr Raghda Elghazawy**

**Rapid or significant weight loss can sometimes have an unexpected side effect: increased hair shedding.**



For women in perimenopause, this may compound changes already taking place as fluctuating hormone levels affect the normal cycle of hair growth. The result can be more hair falling out, finer strands and noticeably less volume.

With more people now using GLP-1 weight-loss medications such as Mounjaro and Wegovy, it is something more women may find themselves dealing with.

That doesn't necessarily mean the medication itself is directly making your hair fall out. Rapid weight loss can put the body under physiological stress and may also affect the nutrients and energy available to support healthy hair growth.

This can sometimes cause a temporary type of hair shedding called telogen effluvium. Put simply, the physical stress associated with rapid weight loss can cause more hairs than usual to stop growing and eventually fall out. Add the hormonal changes of perimenopause and your hair can potentially be hit from both directions.

The reassuring bit? Hair shedding doesn't automatically mean the loss is permanent.

## So, can your hair come back?

Often, yes, depending on what is causing the problem. In cases of non-scarring hair loss, the hair follicles remain present, meaning there may be potential for recovery, particularly when the underlying triggers are identified early.

That's why reaching straight for the latest miracle shampoo or supplement might not be the answer.

Dr Raghda Elghazawy, a GP and advanced aesthetic doctor, prefers to look at the bigger picture.

Think of your hair as a little health detective. Increased shedding can sometimes be linked to low iron or vitamin levels, thyroid problems, stress, hormonal changes or rapid weight loss. Finding out why it's happening is an important first step.

## The real-life case

One 40-year-old woman came to Dr Raghda after noticing her hair becoming progressively thinner around her temples, crown and parting.





Her hair loss had started during perimenopause but became noticeably worse after significant weight loss while taking Mounjaro. More hair was coming out when she washed and brushed it, and the hair she had left felt weaker and finer.

**Her biggest worry? That it wasn't going to grow back.**

After taking a detailed history and assessing her hair and scalp, Dr Raghda concluded that the hair loss was likely to be multifactorial. Perimenopausal hormonal changes appeared to be contributing, alongside telogen effluvium associated with rapid weight loss and physiological stress.

There were no signs of scarring or inflammatory scalp disease, and the hair follicles remained present. Blood tests were also carried out to check her iron and ferritin, vitamin D, vitamin B12 and thyroid levels, but no deficiencies were found.

## Enter: Exosomes

You may already have heard the word exosomes buzzing around recently. But what exactly are they, and what do they have to do with your hair?

In very simple terms, exosomes are tiny particles involved in communication between cells. They're now being explored in regenerative treatments, including those intended to support the scalp and hair.

After discussing the available options, the patient chose a non-hormonal approach using Purasomes HSC50+ Hair and Scalp Complex, alongside other scalp and lifestyle measures.

The formulation contains exosomes, growth factors and other bioactive ingredients intended to support the environment around viable hair follicles and the natural hair-growth cycle.

It was applied using microneedling, a treatment that uses very fine needles to create controlled microchannels in the scalp, supporting the even distribution and uptake of the formulation across the areas being treated.

Exosome-based treatments for hair loss are still an emerging area, so they shouldn't be viewed as a guaranteed cure. This is also the experience of one patient, so results, suitability and the number of treatments required will differ from person to person.

## But what happened to her hair?

This wasn't an overnight Rapunzel transformation. Hair simply doesn't work like that.

The first thing the patient noticed was less hair falling out. Over the following months, she reported that her hair felt stronger, its texture improved and it appeared fuller.

Dr Raghda also saw improved scalp coverage and thicker-looking hair, most noticeably around the crown and front of the scalp. The before-and-after photographs supplied by the clinic show the visible changes around her parting, crown and temples.

But perhaps the biggest difference was how she felt.

> ***The shedding reduced first, and over time my hair has felt stronger and fuller. I finally feel hopeful again.***

## The PAUSE takeaway

If your hair has suddenly started shedding during perimenopause or following significant weight loss, don't assume you just have to put up with it.

And don't automatically blame your shampoo, hormones or weight-loss medication either.

There can be lots of reasons why hair starts thinning, which is why it's worth getting it properly checked, especially if the shedding is sudden, significant, doesn't improve or you notice changes to your scalp.

Emerging regenerative treatments such as Purasomes HSC50+ may be one option for appropriately selected patients, but they should form part of a properly assessed and individualised treatment plan rather than being viewed as a guaranteed or standalone cure.

The exciting part is that the conversation around midlife hair loss is changing. It's becoming less about disguising a widening parting and more about asking why is this happening, and what can I actually do about it?

Because sometimes, your hair might be trying to tell you something.

# Period poverty

**Period poverty is often reduced to one simple problem: not being able to afford pads or tampons. But for WUKA founder Ruby Raut, who experienced period poverty herself growing up in Nepal, real menstrual dignity means far more than having something to bleed into. Vicky Eldridge talks to her to find out more...**

When Ruby Raut talks about period poverty, she knows first-hand why simply providing a menstrual product isn't necessarily enough.

Growing up in Nepal, Ruby was given pieces of cloth cut from her mother's old saris to manage her bleeding. They were reusable, but they weren't secure, comfortable or easy to manage at school.

"My experience is probably the reason I think about period poverty differently," she says. "Growing up in Nepal, I did have something to use. My mum cut up her old saris and gave me pieces of cloth. So technically, you could say I had a period product. But I did not have a product that stayed in place, I did not have proper toilets at school where I could change or wash, and I certainly did not have dignity."

The consequences went far beyond inconvenience.

"I remember the cloth falling onto the floor in the school toilet and having to pick it up and try to use it again.

"Often I would simply go home. I stopped participating properly in school and sport because I was constantly worried about leaking and being embarrassed."

That experience helped shape Ruby's understanding of period poverty and, ultimately, her work as founder and CEO of reusable period underwear brand WUKA.

"So for me, period poverty has never meant only being unable to buy a pad," she says. "It is about whether you can manage your period safely, comfortably and confidently enough to continue with your life."

## More than affordability

Period poverty in the UK can be less visible than we might imagine.

"It might be a teenager stretching one pad much longer than she should because there are only a few left at home," says Ruby. "It might be somebody improvising with toilet paper.

It might be someone avoiding PE or swimming because she does not have the right protection. It might be a parent having to prioritise food, heating or transport over period products."

But affordability is only part of the picture.

"You can hand somebody a pad, but if they do not have a safe toilet, somewhere private to change, somewhere to wash themselves, the right information, or a product that actually works for their body and circumstances, have you really solved the problem?"

Ruby describes this as including "choice poverty": having access to a product, but not necessarily one that is appropriate for your needs.

"A girl may technically have a product, but not the right product for a heavy flow, sensory needs, swimming or sport. That is why I think the UK conversation needs to move beyond, 'Did we give somebody a pad?' and towards, 'Could that person carry on with their day with dignity?'"





Those experiencing additional barriers can include people who are homeless, refugees, people escaping domestic abuse, disabled people, those with heavy periods, autistic and neurodivergent young people and transgender and non-binary people who menstruate.

"For me, accessibility has to mean recognising that there is no single period experience and therefore there cannot be a single solution."

## Breaking the silence

Ruby also believes that period poverty is closely intertwined with period shame.

"Shame makes period poverty invisible. If a young person is embarrassed to say they have started their period, they may not ask a teacher for a product even if free products are sitting in a cupboard somewhere."

England's free period-product scheme has been an important step, with period pants now included alongside disposable options. But Ruby argues that availability doesn't necessarily equal accessibility.

"Products need to be somewhere young people can obtain them discreetly without asking permission or feeling embarrassed. Education has to sit alongside provision.

> *"Awareness should be the beginning of change, not the finish line.*

"Schools also need to understand different flows, disabilities, sensory needs and cultural experiences."

Creating a culture in which menstruation can be discussed without embarrassment is therefore as important as ensuring products are physically available.

"If periods remain something we whisper about, people will continue to struggle quietly."

## Could reusables help?

Ruby's experiences growing up eventually helped inspire WUKA, while studying Environmental Science also made her increasingly aware of the waste generated by disposable menstrual products.

Reusable products could have another advantage when it comes to period poverty: breaking the cycle of having to find money for disposable products every month.

"With disposables, the cost comes back every single cycle," Ruby says. "If your finances are difficult this month, they may still be difficult next month.

"A reusable product changes that relationship. One pair of WUKA can replace around 200 disposable products over its lifetime, and our existing work has shown that reusables can offer significant savings over time."

However, Ruby isn't suggesting that reusable products are the answer for everyone.

"But I would never say everyone has to use period pants. Choice is essential. Some people will prefer pads, tampons or cups."

WUKA's work with schools and charities, including its partnership with ActionAid, has further reinforced that there can be no one-size-fits-all solution.

"The biggest lesson is that people need dignity, not just products."

"What all of this has reinforced for me is that you have to listen before deciding what somebody needs. Period poverty cannot be solved properly by sitting in an office and deciding that everybody needs the same thing."

## From period poverty to period dignity

If Ruby could make one policy change in the UK, she would introduce a permanent "Period Dignity Guarantee", combining free products with menstrual education, accessible toilets and greater provision beyond schools and colleges.

"Schools are incredibly important, but period poverty does not suddenly disappear when you turn 19."

## There has been significant progress.

Period pants have moved into the mainstream, conversations around menstruation have become more visible and WUKA successfully campaigned for VAT to be removed from period underwear.

But Ruby believes conversation now needs to translate into practical change.

"What frustrates me is that we still congratulate ourselves simply for talking about periods," she says. "Don't get me wrong, talking is important, but the next stage is structural change. Are girls still missing sport? Are people still choosing between food and period products? Are reusable options reaching those who would benefit most? Are toilets actually designed around menstruation."

Ultimately, ending period poverty isn't simply about ensuring everyone has something to manage their bleeding. It's about making sure menstruation doesn't dictate what someone can and cannot do.

"For me, ending period poverty ultimately means freedom. Freedom to learn, work, move, play sport and live your life without your period deciding what you can and cannot do.

"That is what I wanted when I was that girl growing up in Nepal, and it is still what I want for every girl today."

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You can meet Ruby and WUKA at **PAUSE Live** at the Convene Sancroft St Paul's on **October 10**. Get your tickets today at **www.pauselive.com**

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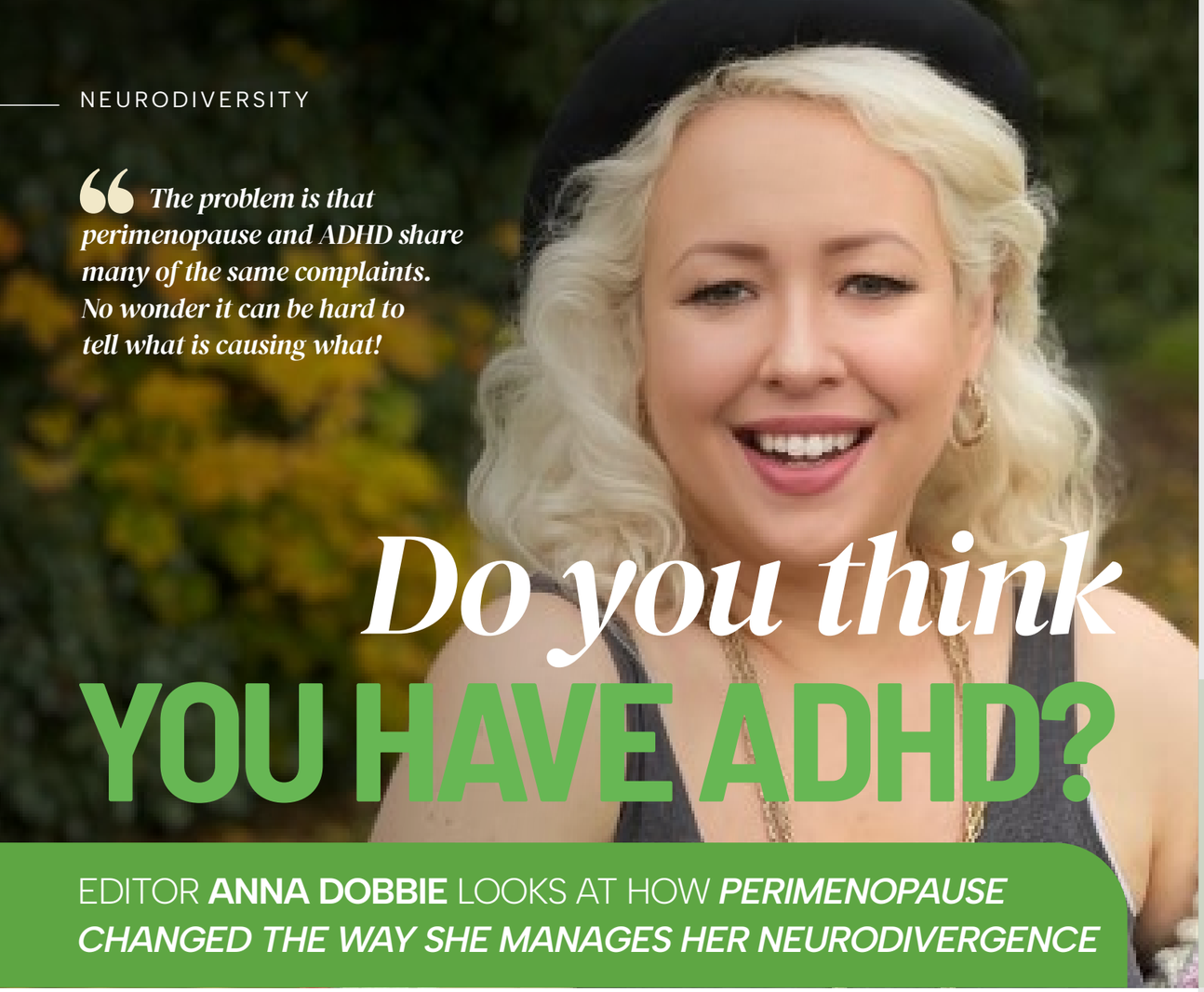

*The problem is that perimenopause and ADHD share many of the same complaints. No wonder it can be hard to tell what is causing what!*

# Do you think YOU HAVE ADHD?

EDITOR **ANNA DOBBIE** LOOKS AT HOW ***PERIMENOPAUSE CHANGED THE WAY SHE MANAGES HER NEURODIVERGENCE***

***I was diagnosed with ADHD ten years ago, and have spent the past decade learning what that means for me, including through CBT and sharing an awful lot of silly memes. I figured I understood my brain pretty well.***

After hitting 40, my concentration became less reliable. Sleep got more disrupted. I found myself struggling with life admin and everyday tasks in ways that appeared different from my usual ADHD. Things I had previously managed were taking considerably more effort. I knew I had ADHD, but I had not expected that perimenopause would change how it felt.

For women who have not been diagnosed, perimenopause can sometimes be the point at which longstanding ADHD traits become impossible to ignore. For those of us who already have a diagnosis, hormonal changes can make familiar symptoms feel more pronounced and can expose just how much energy we have been using to compensate.

*The result can be confusing. Is this ADHD, perimenopause, lack of sleep or a fluctuating combination of all three?*

Dr Sarah Jenkins, a women's health and menopause specialist who lives with AuDHD, describes this experience as feeling like you have "suddenly fallen off a cliff". I recognise that feeling; the balance I had found suddenly shifted.

### *When the strategies stop working*

For me, that has meant routines, reminders, lists, splitting tasks down, and understanding when I am most likely to concentrate. I have also learned to recognise the difference between something I cannot do and something I cannot currently get my brain to engage with.





Sleep problems made concentration harder, hormone changes affected my mood and energy and tasks that needed sustained attention or organisation could suddenly feel disproportionately difficult.

As I already had a diagnosis, I could recognise that this was not simply me becoming "more ADHD"; something had changed, prompting a different question: "What does ADHD look like for me now?"

The problem is that perimenopause and ADHD share many of the same complaints. No wonder it can be hard to tell what is causing what!

Research into the relationship between ADHD and female hormones is still developing.

**A King's College London study of 656 women aged 45 to 60 found that greater ADHD severity was associated with greater menopausal difficulties. Researchers highlighted the overlap between ADHD and common menopausal experiences, including problems with sleep, memory and concentration.**

The Measuring Adult ADHD and Menstruation Study, involving researchers at Queen Mary University of London and King's College London, is also examining how hormonal changes may affect ADHD symptoms, medication, mood, cognition, sleep and physical activity. Interest in the connection is growing, but we still don't know much.

### *The hidden work of coping*

One of the things my ADHD diagnosis gave me was a better understanding of how much effort some apparently ordinary tasks could require. Before my diagnosis, I could easily interpret those difficulties as personal failings.

Why could everyone else remember things without writing them down? Why could I become completely absorbed in something interesting but find it almost impossible to start something dull? The diagnosis did not make those difficulties disappear. It did, however, give me a system for understanding them.

You can be successful at work, raise children, manage a household and appear highly organised while putting enormous amounts of energy into making sure nobody sees how hard some of it feels, but perimenopause can challenge that carefully designed system.

For some, the diagnosis may come after years of being treated for anxiety or depression, or after watching their own child go through an ADHD or autism assessment and recognising familiar traits. There can be relief in finally having an explanation, but there can also be grief about the years spent believing you were simply not trying hard enough.

**A different conversation at PAUSE Live**

This is one reason PAUSE Live has introduced the new Neurodiversity Space this year.

The event, which is taking place on October 10 at Convene Sancroft, St Paul's, London, is putting neurodiversity firmly into the menopause conversation.

It will offer comfortable seating, sensory resources, calming creative activities and supportive sessions, alongside talks exploring ADHD in women, hormonal changes and the experience of masking symptoms.

There will also be a workshop called "ADHD in women: Missed, masked and misunderstood", looking at why ADHD can be overlooked in women and how better understanding might help.

Charlotte Body, founder of PAUSE Live, was diagnosed with ADHD after perimenopause brought symptoms she had previously managed into sharper focus.

"For me, this is personal," she says. "It was perimenopause that brought my own previously undiagnosed ADHD to the surface."

### *So what can you do?*

If you are wondering whether you might have ADHD, look at your history rather than assuming that new concentration problems automatically mean ADHD.

ADHD begins in childhood, even when it is not recognised until adulthood. Think about whether difficulties with attention, organisation, impulsivity or executive function have been present throughout your life. If they affect your work, relationships, or everyday life, talk to your GP or an appropriately qualified professional. If you are experiencing troublesome perimenopausal symptoms, discuss those too. It does not have to be either ADHD or menopause; both can be part of the picture.

For me, the biggest change has been letting go of the idea that I should simply be better at managing everything. I already knew I had ADHD. What perimenopause taught me was that managing it is not a one-off achievement. My needs can change, and the strategies that worked for me ten years ago may need updating.

So, instead of asking "What is wrong with me?", I'm saying "What has changed, and what do I need now?" Ten years after my ADHD diagnosis, I am still learning the answer.

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# Wearables... What's the *hype?*

Every morning, millions of us wake to sleep scores, recovery scores and readiness scores that appear to tell us how we should be feeling. Are these devices genuinely improving our health, or simply giving us more numbers to worry about?

**Vicky Eldridge asks whether wearable technology is helping women better understand their bodies during menopause – or simply giving them more data to worry about.**

From heart rate variability and $VO_2$ max to sleep scores and step counts, wearable technology has transformed the way we monitor our health. Smartwatches, rings and other health trackers are now helping millions of people collect data about what's going on "under the hood".

For women navigating perimenopause and menopause, the appeal is obvious. As hormones fluctuate, symptoms such as broken sleep, hot flushes, anxiety, fatigue and brain fog can feel unpredictable. Wearables promise something reassuring: objective data that may reveal patterns we wouldn't otherwise notice.

"For too long, many women have been told they simply have to put up with their hormones," says Elizabeth Sergeant, women's health and performance specialist at Well Nourished and founder of women's health technology company FLAIR. "I think wearables are helping to change that narrative. They help women understand their own patterns and recognise that, while we can't control every hormonal change, we have far more influence than many of us realise over how we support our body and how we experience those changes."

But as wearable technology becomes more sophisticated, it's also becoming noisier.

**What can wearables really tell us?**
Most devices don't diagnose illness or measure our biology directly. Instead, they collect physiological signals – such as heart rate, movement, skin temperature and breathing patterns – before using algorithms to estimate what those signals might mean.

> ***"We often confuse a precise-looking number with precise biology...***

explains lifestyle medicine physician and longevity expert Dr Alka Patel. "A wearable measures signals. An algorithm then estimates what those signals might mean. Your sleep score, stress score and readiness score are interpretations created from several inputs."

"The numbers are useful – but they're prompts, not diagnoses," says Dr Patel.

"One of the biggest advantages of wearable technology is that it helps women understand their own hormonal patterns," says Sergeant. "Instead of feeling blindsided by headaches, migraines, energy dips or mood changes, they can begin to recognise when those changes happen, take proactive steps to manage them and plan around them. That's particularly valuable during perimenopause, when cycles become less predictable."

*“Overnight temperature tracking, now available on several popular wearables, can help women build a clearer picture of their cycle, including changes associated with ovulation.*

“It allows women to stop feeling like they’re constantly guessing and start understanding their body’s rhythms,” Sergeant says.

**When health tracking becomes another source of stress**

While these devices promise greater understanding of our health, they can also become another source of pressure – another reminder that we didn’t sleep enough, move enough or recover well enough.

Many women will recognise waking feeling reasonably refreshed, only to glance at their watch and discover they apparently had a terrible night’s sleep. Before the day has even begun, an algorithm has influenced how they think they’re supposed to feel.

“There is no doubt now that we have evidence that health tracking can become a source of anxiety,” says Dr Lou Atkinson, a behavioural scientist with a PhD in Health Psychology and Clinical Wellbeing Lead at yōjō. “The most studied phenomenon is orthosomnia – a preoccupation with achieving perfect sleep scores that can actually make sleep worse.”

“I’ve seen people wake feeling well, look at a poor recovery score and then cancel exercise, meetings or social plans,” says Dr Patel. “Their device has become the authority on how they’re allowed to feel.”

“If you’re feeling a spike of anxiety every time you look at your scores, that’s probably a sign to reduce how often you’re checking them,” says Dr Atkinson.

“The healthiest relationship with wearable technology is one where it strengthens your trust in your body, rather than asking you to hand that trust over to a device,” says Sergeant.

**Beyond tracking: turning insight into action**

If the first generation of wearable technology has been about collecting data, the next is about helping us respond to it.

*“What we consistently see across different types of self-monitoring is that the biggest impact on health behaviour comes when those metrics are combined with coaching or structured support...*

says Dr Atkinson.

At yōjō, the platform combines wearable insights with non-invasive vagus nerve stimulation, behavioural coaching and personalised lifestyle support to help users translate physiological data into practical daily habits. Coaches look for trends over time and encourage users to balance objective measurements with how they actually feel.

Dr Patel agrees that wearable technology should support – not replace – the foundations of good health. “My hierarchy begins with lifestyle,” she says. “A wearable sits on top as a measurement layer.”

**Do you actually need a wearable?**

While wearable technology can provide fascinating insights into our health, it’s not essential for living well.

“The first question isn’t, ‘Which wearable should I buy?’” says Sergeant. “It’s, ‘What am I hoping to understand?’”

If you’ve got a wearable, it’s worth asking what it’s actually helping you do. If it’s simply adding more data, it may be time to pause and ask whether it’s still serving you.

If you’re curious about how your body responds to stress, sleep or hormonal changes, a wearable may help reveal patterns you hadn’t previously noticed. But if your goal is simply to move more, sleep better or improve your overall health, expensive technology may not be the first investment you should make.

Ultimately, Sergeant believes the real value of wearables isn’t collecting more data, but improving women’s “body literacy” – helping them connect the dots between their symptoms, physiology and lifestyle.

“The value isn’t in having more data. It’s in using those insights to make small changes,” she says.

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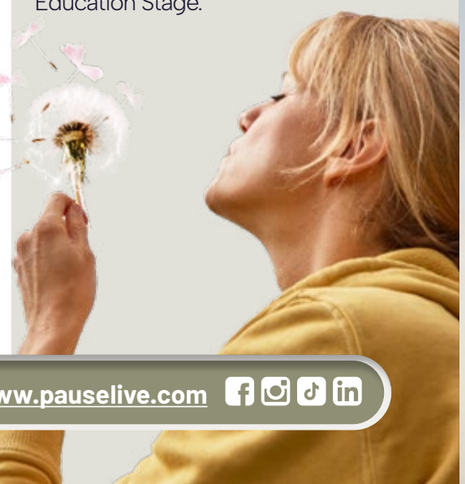
If you’d like to explore the topic further, **PAUSE Live 2026** will bring together experts including *Waldi Hoon (yōjō)*, *Dr Alka Patel* and *Liz Sergeant* for **Wearables: Separating Evidence from Expectation** on the Education Stage.



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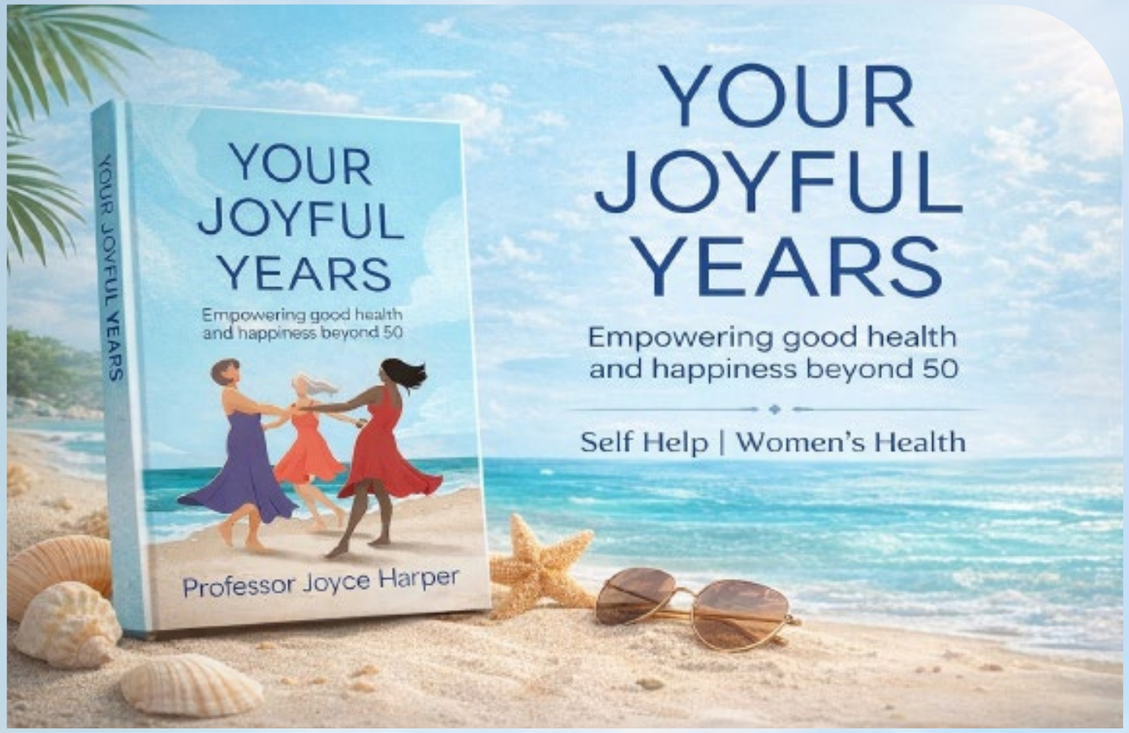


# The joy of not acting your age

Book review by **Charlotte Body**, founder of **PAUSE Live**

**One of the best things about PAUSE Live has been the incredible women I’ve met along the way, and *Professor Joyce Harper* is certainly one of them.**

Professor Joyce Harper’s new book, *Your Joyful Years*, brings together the stories of 50 women over 50 and explores what life can look like beyond the age society often tells us we are supposed to start slowing down. Spoiler alert: we are not slowing down at all!

What I loved most about this book is that it feels real. The women featured don’t pretend life is perfect, but neither do they see age as something that limits them. Their stories are honest and, at times, incredibly moving.

As someone who has had the pleasure of getting to know Joyce through PAUSE Live, none of this came as a surprise. What you see in the book is exactly who she is. She’s passionate about women’s health and loves challenging outdated ideas about ageing.

I’ve also had a lot of fun raving alongside Joyce, who at 63 is living proof that getting older doesn’t mean turning the music down! But that’s exactly why I love her.

Joyce has never been interested in fitting into society’s idea of what ageing should look like. She doesn’t just write about living life to the full, she does it. Spending time with her, whether at PAUSE Live or at a rave, is a reminder that getting older doesn’t mean putting life on hold. If anything, it’s a chance to embrace it even more. And that’s exactly the message that shines through in *Your Joyful Years*.

Reading *Your Joyful Years* left me feeling hopeful about the years ahead, and I suspect many readers will feel exactly the same.

If you’re looking for a book that challenges the tired stereotypes around ageing and celebrates how much there is still to enjoy later in life, I’d thoroughly recommend it.

Rating: ★★★★★

# I spent my career fixing other women's hair. Then I nearly lost *my own.*

**Gail Waterman**, hairdresser, salon owner and co-founder of British haircare brand **Watermans**, on hormonal hair loss after children, and being ready for menopause.

*Gail receiving the **Queen's Award for Enterprise** in 2023*

As a hairdresser and salon owner for many years, hair was my world. I spent my career behind the chair, and I saw first-hand how many women quietly struggled with thinning hair, and how devastating it was for their confidence. What I never expected was that one day it would happen to me.

Like so many women after childbirth, I noticed the changes gradually: more hair in the brush, sparse patches at the temples, a ponytail that felt thinner in my hand. Despite all my professional knowledge, I felt lost. I searched everywhere for answers, but the shelves were full of empty promises and harsh ingredients. Nothing was designed for what the hair and scalp really need.

Now, as I move through my menopause journey, my hair has entered a new chapter. Hormonal change is one of the biggest triggers of thinning for women.

I'd seen it in my clients for years, so I knew what was coming. But this time, I was ready. Using our products daily has kept my hair strong, full and healthy, through a stage of life that catches so many women off guard.

If my journey has taught me one thing, it's this: ***prevention is better than cure***. Don't wait until hair loss starts to care for your hair properly.

So I drew on everything I'd learned in the salon and created the solution myself. I threw myself into research and tested relentlessly until I had developed the products I wished I could have offered my own clients all those years ago. That's how our range was born, created from real professional expertise and lived experience, not a lab brief.

Your hair deserves it, and so do you.

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## A new non-hormonal, injection for intimate symptoms of vaginal dryness, genital burning, itching and pain during sexual intercourse[1]

**1 in 2 postmenopausal women experience genitourinary syndrome of menopause (GSM) yet many never seek support, believing it's just a normal part of ageing[3,4].**

### Menopause Intimacy Symptoms? No longer suffer in silence

Many women expect hot flushes and sleep problems during menopause. But symptoms such as vaginal dryness, itching, burning and discomfort during intimacy are also very common. Together, these symptoms are known as Genitourinary Syndrome of Menopause (GSM).

- Vaginal dryness
- Itching
- Burning
- Discomfort during intimacy

### Why Treatment choice matters

While moisturisers, lubricants and hormonal treatments work for many women, they aren't right for everyone. Some women continue to experience symptoms, while others prefer a non-hormonal option.

### Hyaluxelle®

is a non-hormonal injection treatment designed specifically for vaginal dryness, burning, itching and introitus pain during intercourse (dyspareunia)[1].

- **Helps alleviate GSM symptoms**
- **Improves sexual function**
- **Well-tolerated treatment**

**Hyaluxelle®** is an option for women whose symptoms persist despite first-line therapies, or who cannot or choose not to use hormonal treatment.

**You don't have to suffer in silence or accept these symptoms as part of ageing.**

**Speak to your healthcare professional to learn more.**

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