

Full Episode Transcript

With Your Host

Maisie Hill

Period Power with Maisie Hill

If you are in the horrors with menstrual cycle issues or you want to learn how to harness your hormones then you are in the right place.

Welcome to the Period Power podcast. I'm your host Maisie Hill menstrual health expert, acupuncturist, certified life coach and author of Period Power. I'm on a mission to help you get your cycle working for you so that you can use it to get what you want out of life. Are you ready? Let's go.

Hello lovely people. I have just walked to my studio and in contrast to the other week when it was all snow and ice here and I was wearing three layers, leggings, jeans and then waterproof hiking trousers on top, it's very different this week and today. It's the most gorgeous day, very sunny here in Margate and there isn't one single cloud in the sky and I'm only wearing jeans. So I'm feeling quite chipper even though it's day 23 which is not usually when I feel chipper.

But I am very thrilled to have a studio space to escape to and focus on my work because that's what this phase of my cycle is all about. I really love to just get down to work, focus on what's important to me, and finish things up before my cycle ends. So today I've got some podcast recordings to do and ones where I'm guesting on other people's.

And I've done some interviews this week because of course my new book, Perimenopause Power is out next week. In fact it's out the day after this podcast airs, March 4th. And I know some of you who pre-ordered yours have already started receiving your copies early because the warehouse is really on it and already getting them out which is fantastic. What I've been really fascinated by is how many of you are buying it for your mum and I love, love, love that you're doing this.

For some of you though, I suspect that you might want to read it sooner than you think and I'm going to explain why in a bit because today's episode is all about perimenopause. So I thought we'd have a bit of fun with it today and play a game of true or false. I'm going to read some statements out and I invite you to play along and guess for yourself

whether the statement is true or false. And then of course you can head over to Instagram and tell me how you scored and maybe what surprised or interested you. Okay, let's do this.

Number one, true or false, menopause is something that happens in your 50s. So technically this is true, in the UK the average age of menopause is 51 but menopause itself only lasts for one day because it just marks the one year anniversary following your last menstrual period. So let's say that you have your last period when you're 50, then a full year passes, 12 months and on the day that marks the one year anniversary of that last period, that's menopause, it's one day long. After that you're postmenopausal.

Perimenopause on the other hand is the timeframe before you go through menopause when you still experience a cycle but you start to notice a difference with your cycle in terms of length and experience, perhaps your cycle shortens by a few days and your period changes in volume, things like that. New symptoms might emerge or existing symptoms might worsen. And perhaps this might be happening just around the time that you start your period to begin with.

So you might notice things like sleep issues, night sweats, irritability, and then these things can become more significant and appear at other points in your cycle, not just around the time that your period starts. And this can happen in your late 30s and certainly in your 40s. And that's why I'm so passionate about talking about this and a big reason of why I wrote my new book, because we really need to be talking about perimenopause way in advance of actually getting there because that way we can be proactive about it and have a better experience.

But also we're often already in perimenopause without realising it. Menopause can also happen earlier. So 1% of us will go through menopause before we are 40 years old. So although it's true that most of you will go through menopause in your 50s, perimenopause is going to start in your 40s, for some of you the hormonal shifts will start before then.

Number two, you need to see your doctor for blood tests in order to be diagnosed as perimenopausal, what do you think, true or false? So before I get into this what I want to say here is that I'm not a fan of using diagnose in this instance because diagnose is a word that implies illness. And perimenopause is not an illness. It's part of the reproductive lifecycle.

And it's the same for me when I talk about being autistic. I don't like the term 'diagnosis'. And I'll get onto that in a future date. I know a lot of you would like to hear more about this. I've been receiving a lot of questions about my so called autism diagnosis. Anyway when it comes to being perimenopausal you don't need to have blood tests in order to find out if you are, so this one is false.

I recently spoke with someone who thought blood tests were required because that's what her GP thought. So she was just none the wiser until we had a conversation then she was able to go back to her GP having read the NICE guidance. So for those of you who don't know NICE, it stands for The National Institute for Health and Care Excellence here in the UK. And they create a lot of the clinical guidance that the NHS uses.

So this woman read the guidelines and when her GP suggested more blood tests she was able to say, "Look, I think I meet the criteria, this is what the NICE guidelines say." And because of that she was just referred to a menopause clinic. And I will link to the NICE guidelines in the show notes so that you can read them too and perhaps take them into your appointments if you're having any discussions with GPs or other healthcare professionals.

Now, the reason for this is that hormone levels fluctuate while in perimenopause. And sometimes they'll be the same as someone who is premenopausal, as in not going through perimenopause. So blood tests just aren't a reliable way of determining if you're in the club or not. Now, there are times when they might be appropriate and useful such as if you're experiencing symptoms kind of earlier than you might expect these symptoms to start appearing. Then your GP might recommend them.

But really I just love that this is finally a time when our actual experience of our hormones and our cycles is what matters because it's about time that we were listened to. So it's false to think that you need blood tests to determine if you're perimenopausal or not.

Number three, true or false. This is a good one. It's better to get through it naturally? False. False, false, false, false, false, let me just say that repeatedly for you. I feel very strongly about this one and here is why. This binary of doing things 'naturally' or whatever the opposite of that is, unnaturally I suppose. It just isn't helpful and I would say it's actually harmful. I'd love it if we could just remove this from the conversation altogether because it's not doing any of us any favours.

I love all forms of medicine, they all have their place and some forms can be used successfully together when it's safe to. But I don't think it's helpful to frame things as 'natural' or otherwise when it comes to perimenopause. You all know I'm a big fan of so called natural medicine but please hear this, really listen up. I want you to know that there are no prizes for going through perimenopause without western medicine. So you all get to decide what's best for you.

Some people have no need or no desire to use HRT, which I'm going to speak about next. But I know that some of you are struggling but you're holding back from using some of the treatment options that are available to you because you worry about them not being so called natural. There really is no better or worse here, this is just about you getting whatever help you need in whatever forms are most appropriate and helpful to you.

Okay, let's get onto the big one, number four, true or false. HRT is dangerous. So I've already given you a little bit of a clue, but let's get into it. So I'm going to guess that a lot of you think that I'm going to slate HRT but I am not. There's a whole chapter about HRT in the book, so you can get the full lowdown when you read it. But the short version of it is that I am onboard with HRT. I actually prefer calling it menopausal hormone therapy,

MHT which is how a lot of the scientific literature now refers to it. And I explain why in the book.

And you might be surprised to hear that I plan on taking it when it becomes appropriate for me to. My mum had osteoporosis and cardiovascular disease runs in both family lines. And hormones have a huge influence on conditions like these. So I'm up for taking it in addition to other nutrition and lifestyle measures. I also find that the research that's been done around brain function and conditions like Alzheimer's to be very convincing. So I'm up for taking it.

I know the newspapers tend to say that HRT increases your risk of cancer and they're often very dramatic in that reporting. But the research studies that they're referring to were flawed, the actual studies were flawed. And the data that they collected was then analysed incorrectly, and I would say reported irresponsibly. They also used forms of HRT that tend not to be used these days. You can read all about this in the book.

But I mean we're doing the whole online learning thing at the moment with my son. And one of my son's teachers when she's teaching them phonics, because he's four years old, she'll come up with what they call alien words, words that aren't actually real just so that they can practice sounding them out. And when she does an alien word we have to say, "What a load of nonsense."

And to be honest with you, that's exactly how I feel about the main pieces of research around HRT which were done over 20 years ago now but which newspaper headlines are still largely based on. What a load of nonsense. So the whole HRT is dangerous, I'm saying that's false. And also to go back to my point about doing things naturally, the forms of HRT that are commonly prescribed these days are made from yams. And they are exactly the same as the hormones that you yourself make which is another reason why I'm not into the whole natural or not discussion.

Okay, moving on to number five, true or false. You can still conceive during menopause. This one is true. Your cycles might be irregular in perimenopause, and you might not have had one for a while if you're kind of crossing over towards menopause. Your hormones are shifting throughout this time, but you can still conceive, it is possible. Remember, menopause is just that one day a year after your final period. So you don't know you're there until it's actually happened. We have to look backwards and say, "Yes, 12 months has gone by, now I'm menopausal."

I've had some clients go six months and think that was it. And then their period starts, or even 11 months, really close to that 12 month mark and then have a period. And as we get closer to menopause we do have more anovulatory cycles, meaning ones where you don't ovulate but there's enough hormonal activity to instigate a bleeding episode. It's not technically a period, although you would experience it like a period. But you do have some cycles where you will still be ovulating so contraception is necessary, assuming that's what you want.

I know that some of you will be in the early stages of perimenopause and trying to conceive. And thinking about it, one of my clients has just started using progesterone to improve her perimenopausal symptoms. And her GP actually cautioned her that her fertility could increase, so, to be careful and use contraception.

And I just found that so ironic because over the years I've had a lot of clients with low progesterone, struggled to get it prescribed when they were trying to conceive in their 30s. And that's a rant for another day. I feel like I'm storing up a lot of rants at the moment. I feel like maybe there's an episode of Maisie's rants coming up where we'll just get them all out at once.

Right, number six, true or false. Women are at highest risk of suicide around the time of menopause. This one is very sadly true. Between the ages of 50 and 54 is when we are at greatest risk of suicide. We often think about the menopause transition as in perimenopause and then going into

our postmenopausal years as being a time when we experience physical symptoms like hot flushes, headaches, breast tenderness, and changes to our cycle, and changes to our periods. But it's important to consider mental health too.

There are lots of reasons why mental health can suffer in midlife. Some of it will be to do with changing hormone levels and the resulting influence on other chemicals in the brain. These are the physiological reasons that can impact on things like mood, anxiety, motivation, your ability to focus and things like memory recall and cognition. So it can be a time where there is less resilience because of the hormonal changes that are taking place. But this is also a phase in life in which we are usually stretched and the past year will have done so even more I suspect for many of you.

By this point in life we usually fulfil lots of roles. And I was thinking about the different roles that I fulfil at the moment and here's what I came up with. I am currently a coach, business owner, employer, colleague, author, partner, mother, part-time teacher because of lockdown, friend, sister, daughter, mentor, cleaner, cook. I mean I really struggle to say cook at the moment because I feel more like a short order chef right now because my son's suddenly not eating the things that he used to.

Some of you will have elderly parents, perhaps you're part of organisations and things going on in your community. And I say all of this because it's a good idea to actually stop and recognise all the different things that we are doing because often we arrive at this stage of life realising how much we do for others and how often put ourselves last. And of course some of these roles we love and value and we wouldn't change them. But I'm going to guess that there are aspects of your life that you're not happy with for one reason or another.

There can also be challenges with romantic relationships here, you might be wondering if it's time to call it a day. And if you are struggling with your relationship then please go and check out my friend and colleague, Maggie Rayas because she is an incredible relationship coach. And it's thanks to

her group programme that my relationship has improved so much this past year. And listen, my partner whistles a lot and we've been at home together a lot. We have different communication styles. I'm autistic and kind of we've been figuring that out together now that we know that's what's going on.

And there are times when eye contact is challenging for me, or I don't even want to be looked at. And we also have a young child and all the things that come with parenting and making sure your relationship isn't forgotten about in the midst of things. But Maggie has really helped me and I know that she can help you too. And trust me; I'm fussy as fuck when it comes to recommending other coaches and practitioners. But Maggie can a 100% help you. So I'll pop a link to her website in the show notes.

Anyway, back to mental health, there's a lot going on here. Not everyone has a hard time but life does shift sometimes in wonderful ways. But some people lose their confidence, your identity and your experience of yourself might shift. And that has consequences in every other area of your life, whether we're talking about relationships, romantic or friendships. And also what's going on in your place of employment and your workplace, there can be huge changes there and huge struggles too.

Then there's the toll of all the emotional labour and unpaid work that you're probably doing, the years of people pleasing, of saying yes when you really meant no, of hustling your way through life trying to succeed and achieve, often skipping meals in the process. And this is why we focus on all of these things so much inside The Flow Collective and here on the podcast too, because this shit has to be addressed if we want to support our hormones and have a positive experience of life, especially once we're in perimenopause.

And oh my God, the sleep issues that become more prevalent as we age, let's not forget about the impact of them on mental health too. So there are a multitude of reasons why mental health can suffer but I don't think it's coincidental that our risk of suicide is highest when oestrogen drops off around the time of menopause.

Number seven, there's no benefit to the menopause transition. What do you think, true or false? This is an important one and especially after everything I've mentioned so far it can sound like this is all going to be pretty shit, there's going to be no positives to this. And for sure this one is very much down to opinion. But for me this is false. Do bear in mind that I'm on this side of it, not the other side of it.

But here's what my clients have shared with me over the years and this is what my experience of this stage of life has been like so far. Clients have shared with me that they have felt the relief of not being under the male gaze anymore. This won't always be true. I think there are plenty of midlife women and postmenopausal women who are still under the male gaze. They've also shared that they still feel deep love for their kids but they don't feel caught up in what's going on for them. There's been a healthy detachment that's taken place.

Other positives, letting no be a complete sentence at last, no longer giving a shit about what other people think of you, not having a cycle anymore. For some of my clients this is a complete relief and very welcome. For others it's bittersweet, and others miss theirs greatly. Then we have fully stepping into who you are, not explaining yourself or apologising, putting yourself first. And often a huge surge in creativity, and ideas, and the desire to do what matters most to you and really prioritising that for yourself.

So these are just some of the benefits to the menopause transition. Yes, perimenopause can be hugely confronting and challenging, but there are positives to the process and it is a window of opportunity to look at your health, to look at your life and to make powerful decisions about what you want and need.

So if you found this episode helpful then you're going to love Perimenopause Power because there's a lot of helpful information and strategies in there to really equip you for your perimenopause and post menopause whether you're already in it or just wanting to be prepared. Writing this book, I have to say has been such a gift to me personally

because it's allowed me to make decisions ahead of time and to start implementing things now so that I'm really just preparing to have a positive experience of perimenopause. And that's what I want for you too.

You can order Perimenopause Power anywhere you usually buy books and it's out tomorrow if you're listening to this episode on the day it airs, which of course you are. So March 4th it's out but if you live in North America it'll be out a little bit later, I think May 4th.

Okay folks, I will catch you next week, have a good one.

To celebrate the launch of the show I'm going to be giving away three annual subscriptions to my amazing online community, The Flow Collective, where I coach our members, host webinars, and interview special guests. That means three lucky listeners who subscribe, rate, and review the show on Apple Podcasts will win an annual subscription.

It doesn't have to be a five-star review, although I do really hope you love the show. But I want your honest feedback so I can create an awesome show that provides tons of value.

Visit maisiehill.com/podcastlaunch to learn more about the contest and how to enter. I'll be announcing the winners on the show in an upcoming episode.

Thanks for listening to this week's episode of the Period Power Podcast. If you enjoyed learning how to make your cycle work for you, head over to maisiehill.com for more.