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the other
fact of life

taking control of menopause

Robyn Craven and
Lily Stojanovska

A SUE HINES BOOK
ALLEN & UNWIN

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Robyn Craven

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Lily Stojanovska

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Introduction

The midlife years are an important stage in women's lives. Many physical and psychological changes take place. For many women it is also a time of reflection, re-evaluation and planning for the future, with more focus and intensity than perhaps ever before. Some have to re-assess their entire way of life in the light of health requirements and general well-being in their older age.

Life expectancy, women's health issues, and the socio-economic status of women in societies such as Australia have changed dramatically over the course of the twentieth century. As little as a hundred years ago the average life expectancy of women was fifty-five. The health of women in the early 1900s was influenced, as it had been for many centuries, by infectious diseases and the complications of childbirth. Now, at the beginning of the twenty-first century, women are living longer than men, with an average life expectancy of over eighty years. Fertility rates have fallen by a third, maternal death rates have halved and female literacy has risen from about half of the male rate to nearly three-quarters of it. Unfortunately, despite their greater longevity, women in most communities continue to report more illness and distress than men.

The World Health Organization's definition of health is: 'a state of complete physical, mental, and social well-being and not merely the

absence of disease and infirmity'. The Australian National Women's Health policy, based on recommendations from the World Health Organization, has focused on certain women's issues as being of great importance. These include reproductive health and sexuality, the health of ageing women, emotional and mental health, violence against women, occupational health and safety, the health of women as carers, and the implications for women's health of sex role stereotyping.

Never before have the lives of women at midlife been as complex as they are today. The issues they face are linked with many other factors. While they are contending with the physical changes of midlife and menopause, many women are involved in helping ageing parents or dealing with changes in their relationships with their children and partners or spouses. Many are also involved in part-time or full-time employment. Increasingly, women find that maintaining good health and fitness seems to take more time and effort than when they were younger.

Certain illnesses, such as cancer, particularly breast cancer, osteoporosis, arthritis, hypertension, diabetes, heart disease, and anxiety and depression become more common as women age. The physical changes of ageing, such as weight gain, also affect some women more than others. Fortunately, these physical changes are often compensated for by a more mature and philosophical outlook on life.

One of the principal aims of this book is to encourage women to approach the changes that take place inevitably at midlife in a positive way. In particular, the interviews with women who have dealt with many of the difficulties that most women experience to various degrees at this stage of their lives give insights into the way other women feel and respond to events at their midlife.

The idea for this book was Lily Stojanovska's. She wanted to see how women who had attained visible success in public, business and academic life, and had vigorously continued their careers, had dealt with these midlife challenges. Robyn Craven's interest in the clinical aspects of menopause provided a perfect collaboration. Lily's scientific knowledge, Robyn's clinical experience and their backgrounds in the educational aspects of women's health were the platform for this publication.

We approached each woman by letter, requesting an interview. With the letter we sent a list of questions (see page 249) to set the scene for each conversation. We then met or telephoned the women for a one-on-one interview which took anywhere from forty minutes up to an hour. These were recorded and later transcribed. The interviews in this book reflect conversations that covered twenty, thirty or even forty years of the women's lives and a range of topics. By printing them here as they were transcribed – with all the immediacy and variety of a conversation – it is hoped the reader can experience and interpret similar emotions to those we felt when we conducted the interviews.

The medical chapters give women information on how they can enhance, make informed decisions about, and take more control of their own health. These chapters were based on our clinical and scientific experience with the health concerns of perimenopausal and postmenopausal women.

We both regularly attend international conferences in Australia, Europe, Asia and North America where the latest research in women's health and menopause is presented. That research is conveyed in this book in as honest a way as possible, so that women can decide for themselves what solutions are best for them. We do not set out to convince women of any particular way of thinking or medical regime, but simply to present the state of knowledge as it is today.

These chapters are aimed at women with a certain amount of knowledge – the details here should add to or explain information received from medical and other professionals. A short summary at the beginning of each chapter shows the topics it covers so the reader can choose which chapters are relevant or of interest to them.

The first chapter, 'Hormones', gives an overview of the hormonal changes and symptoms that may occur during the perimenopausal and early postmenopausal years. 'Well-being across cultures' reminds us that responses and experiences are very often culturally determined – it presents epidemiological research that shows that the experience of menopause is quite different in different cultures. Later chapters go beyond the physical symptoms of hot flushes and sweats to examine other experiences such as alteration in libido and psychological

symptoms. One of the major concerns of women during their perimenopausal years are the changes they notice in their body shape and weight; the chapters on diet and exercise provide useful guidelines on how to deal with these problems. We go on to cover the longer term consequences of the hormonal changes associated with menopause, such as an increase in the risk of diabetes, heart disease and osteoporosis. Breast cancer is the most common cancer in women, particularly in older age groups, so information on the usual strategies for diagnosis and treatment is included. Finally, the issues surrounding hormone replacement therapy and alternative therapies are discussed in detail.

We hope this up-to-date scientific and medical information will enable women to make responsible choices about the options available to them, to understand how to approach midlife, and to adapt their way of life to eliminate or reduce risks to their minds and bodies. The aim for all women as they enter this phase of their lives should be to improve the quality of their lives and to live these years as happily, actively and productively as they possibly can.

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Ita Buttrose, AO, OBE, combines many roles. She is a businesswoman, journalist, author, media personality and professional speaker. She is one of Australia's leading communicators and advises corporate Australia and community and welfare organisations. She is Managing Director of Ita Buttrose Pty Ltd and has published her first romantic novel. She has also published *A Passionate Life*, which looks back at her last forty years in the media and the changes she has seen in Australia, as well as two other books, *Every Occasion: Your Guide to Modern Etiquette*, and *Early Edition: My First Forty Years*. She was made Officer of the Order of Australia (AO) in 1988 for her services to the community, particularly in medical education and health, and received an OBE in 1979 for her services to journalism. She is patron of many community and charity organisations and a member of several professional associations.

Ita Buttrose

I went through menopause at a time when I was busy running my own business and, of course, it was right in the middle of the recession that Australia had to have, so I was really flat out just getting the business to stay profitable. Quite frankly, I was never sure whether my symptoms were related to my work or whether they were related to the menopause. I expect it was a combination of both.

I certainly didn't lack energy. I was working enormously long hours, often from early in the morning until dinner and then late into the night. At that time, it wasn't unusual to get up at five in the morning. If I was tired, I couldn't trace it to the menopause. I would have to say it was work.

But what I did have was the most fearful rage. I definitely had some very strong mood swings – I remember being enormously angry with everybody. Now I tend to accept my problems rather than lay blame elsewhere. After all, life is full of problems. But, back then, I always thought that my anger was connected to nearing menopause.

Then I went to the gynaecologist for my annual check-up and mentioned my anger to him. I could only describe it as an awful rage. He suggested that I take Serapax to help me sleep, but I remembered the terrible effect it once had on my mother and refused his advice.

He got very cross with me and said, 'I suppose you're the sort of

woman that wouldn't take hormone replacement therapy if you didn't want to.'

And I said, 'That's right. If I didn't want to, I wouldn't.'

He gave me his rotten prescription, and I threw it out. I'm of the view that my body is mine and, if I don't wish to put anything into it, nobody can make me.

The rage did leave me eventually – maybe my business got less demanding. I wound it up in the end.

Rage is a strong mood though. I'm usually a pretty happy person. I don't suffer from depression, or any of those sorts of things, but I was very depressed at that time. That's why it's very hard for me to decide whether it was my circumstances or the menopause that contributed to my moods. I suspect it was a combination of both.

Did I lose my libido? I find that a most fascinating question. I went to see a menopause specialist, and he gave me a questionnaire. It must have been six or seven pages long. I got to the last page, and it was all to do with sex. Do you have sexual desire? When did you last have sex? How did it feel? Do you ever feel sexy?

I said to him, 'I can't answer this. I'm divorced. I live with my two teenage children and my dog and cat. And I certainly don't walk around having sexual thoughts about them. If there was a bloke around the place I might feel a bit more sexy, but it's a bit hard without one.'

And he said (and I swear it's true), 'What a pity that so many women like you live alone when there are so many available men in Australia.'

I certainly have sexual thoughts. I just wrote a chapter for a book I'm working on at the moment, and I got so horny I had to stop writing.

As a journalist, I've grown up discussing all sorts of issues around menopause. We used to run menopause seminars and write often about the menopause. There's no magazine around that discusses the issue to the depths that we used to. After all, I've talked to Australians about their sexual habits (when I chaired the National Advisory Committee on AIDS), so I don't have a problem discussing these things with people. I don't believe they are taboo subjects.

The menopause is something all women experience and unless we can talk about it openly we will never be able to get women to realise it's not something we need to suffer in silence. It's a fact of life and a very important one. I think it's also very liberating. I haven't met a woman anywhere who has mentioned her 'empty womb' when discussing menopause. I think that we are all absolutely delighted that we won't be having any more children.

While I've often discussed the subject of menopause in my public life, I didn't speak about it much from a personal level while I was going through it. I probably had so many other problems to juggle that I just kept battling on and struggling to overcome all the things that were overwhelming me.

After the Serapax incident, I decided that doctors were generally hopeless and I'd just manage on my own. And that's what I did. I made sure I had a regular massage and tried to walk every morning. That was about as much as I could manage at the time because my work commitments were enormous.

Like a lot of small business operators, I was clearly overworked, and I had far too much on my plate. I was doing so many jobs just trying to keep the company going. I was pretty exhausted at the end of it, like so many other Australian business people at the time who were experiencing the same pressures.

I also suffered from insomnia. This could have been because of my rotten job, but I had read that your sleep patterns become disturbed during menopause.

In the end I decided that the cause didn't really matter all that much. What really mattered was the way I handled the situation. I'd be lying there in the middle of the night and I'd think, Oh, damn, I'm awake. I'll just keep lying here. Then I'd remind myself of stories I'd read about how you need less sleep as you get older, and I'd try to think positively about the insomnia.

Other symptoms of the menopause didn't bother me at all. I got a couple of hot flushes, and they were a bit nerve-wracking. Everyone else was saying how cold it was, and I was thinking, Oh, God, it's one of these dreaded hot flushes. But I only got a few of them, so they

were nothing much. I just sat there very still and took my coat off.

Growing old is a pain in the butt. We all have to pretend we don't mind, but what a lie that is. Unless you go to a plastic surgeon and have a nip and tuck, or whatever they all get done, what else can you do about it?

I think it's important to keep fit. I try to keep my weight under control, and I do a lot of walking. I'm careful with what I eat, and I think my health is pretty good. Actually, it's excellent.

You have to think positive. I find it riveting when my hairdresser tells me that people are convinced I've had a face-lift. I haven't had one bit of cosmetic surgery. I come from good genetic stock, and I'm very happy in my life. I think that's what makes you look good.

I worry about all these women who rush off and have plastic surgery. Who are they fooling? You see them sometimes, these poor old ladies, who have had so many face-lifts. Their faces might look young, but they walk like old women. I don't have a problem with women who opt for plastic surgery. If that's what they want to do, then they should do it – it's their choice, and I think that's important. But it's not my choice.

I'm a well-built woman, I know, but I definitely needed to lose some excess weight last year. I decided that I just wasn't happy being overweight anymore – that extra stone was just too much. I think at menopause you really have to be serious about a low-fat diet. I combine this with a daily walk for up to an hour if I can manage it. While I still allow myself to have a couple of glasses of wine, these days I'm much more conscious of what I put in my mouth.

Obesity is such an enormous health problem in Australia, and it's a major cause of arthritis, hip replacements, those sorts of things. I want to enjoy my old age, and the only way to do that is to remain fit.

I wasn't greatly troubled by my periods, but it's nice not to bother about them anymore. It's great to be free. I read about these women around sixty having babies. Imagine getting up for the two-year-old's bottle at sixty-two.

These days I feel very optimistic and confident that there's still nothing I can't do. I have goals that I want to achieve, and I intend to

reach them all. It helps when you've acquired a bit of wisdom along the way.

As you become older, you certainly re-evaluate your financial status. Now we are all living longer, and it's clear that governments are not going to be able to provide Australians with pensions in the way they once did.

Women's financial independence is even more crucial, because we continue to out-live men. I think now is a time to decide how much longer you need to work and how much more you need to save. I am kept busy as a writer and TV personality and enjoy the freedom to choose when, and how, I will retire.

I think my friends have become a very important part of my life now. They were always important, of course, but I've really begun to appreciate the value of my friendships, especially my female friends. I've found my women friends are very solid and supportive, and I love their company.

Five of us, all in our fifties, went on a farm holiday for a couple of weeks last year. We had the most fantastic time. We went out and toured all day, then sat around the big fire in the evening and talked about all sorts of things over some wine and food.

Once you're over fifty-five, you do start thinking about the pleasures of retirement. But these days, many women and men of my generation, including myself, have children who are still living at home, and elderly parents to care for.

My father is eighty-nine, and I manage his household and organise every aspect of his life. With my son at home, it can become very demanding, especially when you are still working as well. It's also difficult because Dad has some dementia, and he can't see or hear very well. It's a big responsibility, and he doesn't want to go into a home. It's probably too late now, but Dad should have thought about all of this when he was seventy.

Growing older is something we all have to face eventually, and it's bound to be a new challenge. I think governments have a very poor track record on acknowledging the enormous impact the aged population is going to have on all of us. We all have to take responsibility for our older age – there's just no question about it.

Over the next few decades, I hope I'm going to become disgustingly rich. Now I haven't got children to put through school any more, I'm free. I've done all the things I've always wanted to do. I've always supported the children, put them through school and university, and now I only have to worry about me. I hope to become more successful as an author. I've had four books published, and now I'm writing my fifth, a novel.

I've tried hormone replacement therapy. I absolutely hated it. While I took it, I felt nauseated and suffered headaches, so I gave it all up. Now I take a plant hormone called Remifemin, which has just been approved by the Therapeutic Good Association as a treatment for menopause.

My grandmother lived until she was ninety-six, my mother until eighty, and all my aunts and uncles are alive and kicking. So it looks like my options for a long life must be pretty good. And there's plenty to do to fill the years.