TOP TIPS

Healthcare Conversations

Vei

WITH CONFIDENCE

Advice on how to speak about menopause to your medical provider



A MENOPAUSE EVOLUTION

66 the change in the way we educate people about menstrual health across lifespan and generations

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HOW TO START A CONVERSATION WITH A HEALTHCARE PROFESSIONAL

When you decide to seek support from a healthcare professional there are some steps to take prior to the conversation.

Be armed with the facts about yourself. The more constructive information you can provide, prior to and during the consultation will facilitate a positive outcome. In addition, it will enable you to make an informed choice and be confident in the **shared decision-making of your own treatment pathway.**

Things to consider are:

a. Keep a symptom diary and a journal of how you are feeling, and the things you are doing to self-help. Try and have this data collected for as long as possible prior to the appointment, even if it's a retrospective list of events, thoughts, and emotions. All of this helps you explain to the healthcare professional why you have come to them.

b. A journal enables you to add context to your own personal experience, which on its own can help reduce anxiety and you may find there are items to add to the list you had forgotten about until now. This may start off as a long story in your own words, so be sure to edit it down to the highlights and keep it short and simple when talking to the HCP.

c. Sometimes it's helpful to show it to a close friend who can read it objectively and see if it covers the points you wish to make. If you feel anxious about handling the appointment alone you can ask for someone you know to be with you.

d. Have your clinical 'vital' statistics at hand such as age, weight, height, and blood pressure. Other historical information is good to have at hand - period frequency (heavy/light) PMS, pregnancy, postnatal depression, migraines, and family history of periods and menopause.

e. Try to be confident with your body literacy, which means using the correct words for your anatomy such as labia, vagina, etc

Is HRT for you?

Think about your preferred treatment options for HRT and which you think you would be most likely to use and fit into your lifestyle. There are different ways of taking/using/applying each component of the HRT. Some are oral – so are you good at taking tablets? Some are applied to the skin, daily, does that work with your daily activity of showering or a uniform? Will you remember to apply it? Some are time-released but stay on your skin in a patch – how do you feel about that?

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If you still have a womb progesterone is needed as part of the prescription, which comes either in a transdermal patch combined with oestrogen, as a combined pill, as a separate pill, or the Mirena coil.

The oestrogen comes as a transdermal gel (separate or combined), patches, pill (separate or combined), or spray. If you have already reached postmenopause and stopped bleeding you will probably be offered a formula that means you will not bleed. If you are still having periods you will probably be offered a sequential formula so a bleed still occurs in keeping with how your body is responding already.

If you are seeking support via the NHS most surgeries have a woman's health specialist, so ask to speak with them and let the receptionist/triage know the topic of the conversation and if it's your first appointment see if it can be extended beyond the allotted time. If the answer is no, see if there is any other provision for speaking with another team member for longer.

What questions do you have about treatment options, complementary therapies, and lifestyle changes? Be prepared.

Things to be aware of

Diagnosis will be made from symptoms, not blood tests if you are over 45 and not on Progesterone-only contraception

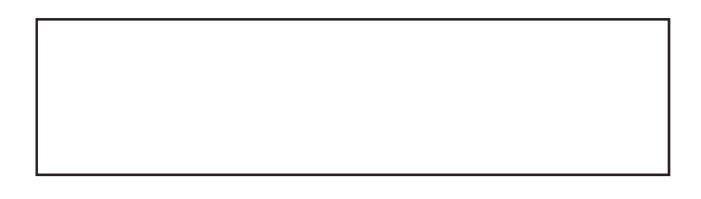
If the HCP does not agree with your self-diagnosis and preferred actions, what do they think is the reason for your current health situation, why, and what do they recommend?

If the HCP suggests blood tests make sure to clarify what for and what the 'normal' result is that they would expect, and what happens after the test and when. When the results come in the Care Navigator will only be allowed to say whether they are 'normal' or not, as such you need to know what to do post results so you can take action accordingly.

SCROLL DOWN TO FIND THE JOURNAL TEMPLATES TO RECORD YOUR SYMPTOMS

Hot flushes and night sweats	Fatigue	Joint aches and pains
Insomnia	Mood swings	Low mood/sad
Dizziness	Hair loss	Palpitations
Bloating	Headaches	Irritability
Weight gain	Extra facial hair	Loss of libido
Tinnitus	Weak bladder	Memory lapses
Irregular periods	Anxiety	Difficulty concentrating
Heavy periods	ltchy skin	Nausea
Brittle nails	Digestive problems	Cystitis
Tender breasts	Vaginal dryness	Emotional

Notes:



Change in body odour	Burning tongue/mouth		Electric shocks
Tingling extremities	Allergies		Panic attacks
Dental problems	Muscle tension		No energy
Unexplained fear	Loss of confidence		Irrational responses
Body shape change	Skin breakouts		Dull skin
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Notes:

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TRACKER

WEEK OF	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	

SUNDAY

GLIMMERS (WHAT FELT GOOD)



TRIGGERS (WHAT FELT MEH)

NOTES:

FOOD & MOOD

WEEK OF



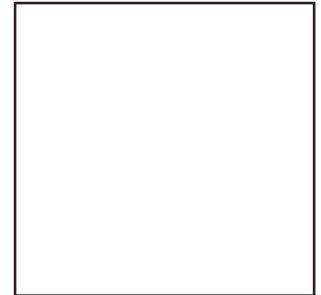
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MONTH

PERIOD TRACKER

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NOTABLE CHANGES





MOVEMENT GOALS

NEXT STEPS

NUTRITION GOALS

FUN GOALS