



LET'S TALK ABOUT MENOPAUSE



CÚRAM SLÁINTE POBAIL
CORCAIGH CIARRAÍ
CORK KERRY
COMMUNITY HEALTHCARE

CONTENTS

Glossary	4
Introduction	5
What is the Menopause?	6
Understanding Hormone Replacement Therapy (HRT)	12
The Pelvic Floor During Menopause	16
Managing the Psychological Impact of Menopause	20
Physical Activity and the Menopause	25
HSE Physical Activity Video Based Programmes	27
Eat Well to be Well during the Menopause	28
Sleep Disruption and Menopause	31
Supports and Resources	34



Glossary

Arousal

Arousal is the feeling of being turned on sexually. When you're turned on, your body experiences physical and emotional changes.

Brain Fog

Brain fog is characterised by confusion, forgetfulness and a lack of focus and mental clarity.

Cardiovascular

Refers to the heart or blood vessels.

Cholesterol

Cholesterol is a fatty substance found in your blood. It is vital for the normal functioning of the body. It is mainly made by the liver, but can also be found in some foods. Having a high level of cholesterol in your blood (hyperlipidemia) can have an effect on your health.

Colorectal

Refers to the colon and rectum.

Contraception

Is the use of methods or devices to prevent pregnancy.

Endometrial

Having to do with the endometrium (the layer of tissue that lines the uterus).

Endorphins

Endorphins are chemicals (hormones) your body releases when it feels pain or stress. They are released during pleasurable activities such as exercise, massage, eating and sex. Endorphins help relieve pain, reduce stress and improve your sense of well-being.

Gastrointestinal

The gastrointestinal system includes the mouth, pharynx (throat), esophagus, stomach, small intestine, large intestine, rectum and anus. It also includes the salivary glands, liver, gallbladder, and pancreas, which make digestive juices and enzymes that help the body digest food and liquids.

Genitourinary

The genitourinary system includes the organs of the reproductive system and the urinary system.

HRT

Hormone replacement therapy (HRT) is a medicine-based treatment used to relieve symptoms of menopause.

Incontinence

Lack of voluntary control over urination or defecation.

Insomnia

Insomnia is a common sleep disorder that can make it hard to fall asleep, hard to stay asleep, or cause you to wake up too early.

Libido

Libido means sex drive or the desire for sex.

Menstrual Cycle

A series of natural changes in hormone production and the structures of the uterus (womb) and ovaries of the female reproductive system that makes pregnancy possible.

Metabolism

Is the process by which the body changes food and drink into energy.

Oestrogen

Oestrogen is one of the main female sex hormones. It is needed for puberty, the menstrual cycle, pregnancy, bone strength and other functions of the body.

Osteoporosis

Osteoporosis is a health condition that weakens bones, making them fragile and more likely to break.

Ovarian

Relating to an ovary or the ovaries.

Palpitations

Palpitations are feelings of having a fast-beating, fluttering or pounding heart.

Pessary

A pessary is a prosthetic device inserted into the vagina for structural and pharmaceutical purposes.

Phytoestrogen

Phytoestrogens are plant nutrients found in several different types of food such as soy products, grains, beans, and some fruits and vegetables. They are similar in structure to the female hormone oestrogen.

PMS

PMS (premenstrual syndrome) is the name for the symptoms women can experience in the weeks before their period.

Progesterone

Progesterone is a hormone that occurs naturally in the body. It is involved in pregnancy and is produced mainly in the ovaries.

Prolapse

Prolapse is caused by weakening of tissues that support the pelvic organs.

Psychological

Affecting or arising in the mind; related to the mental and emotional state of a person.

Sedative

A sedative is a substance that induces sedation by reducing irritability or excitement.

Serotonin

Serotonin is a chemical that carries messages between nerve cells in the brain and throughout your body.

Testosterone

Testosterone is a hormone that occurs naturally in the body. It is produced mainly in the ovaries and adrenal glands.

Vasomotor Symptoms

Vasomotor symptoms (VMS), commonly called hot flashes or flushes (HFs) and night sweats.

Introduction

This booklet is a follow-up to the “Let’s Talk About the Menopause” webinar run by the Health Promotion and Improvement Department, Health and Wellbeing Section of Cork Kerry Healthcare. We have summarised the key pieces of information from the webinar in this booklet and we hope you find it useful and supportive.

The aim of this booklet is:

- To support women through sharing of knowledge and information.
- To increase people’s knowledge and awareness about the menopause.
- To direct people to resources, information and support.

Understanding Hormone Replacement Therapy (HRT)

*By Dr. Brenda Moran,
GP and Menopause Specialist*

Pelvic Floor Health during Menopause

*By Orla McCarthy,
Clinical Specialist Physiotherapist
in Pelvic Health,
Cork University Maternity Hospital*

Managing the Psychological Impact of Menopause

*By Dr. Coleen Cormack,
Senior Clinical Psychologist, HSE*

Physical Activity and the Menopause

*By Shirley O’ Shea,
Senior Health Promotion Officer,
Physical Activity, HSE*

Eat Well to Be Well during the Menopause

*By Fiona Rush,
Senior Health Promotion Dietitian, HSE*

Sleep Disruption and Menopause

*By Dr. Coleen Cormack,
Senior Clinical Psychologist, HSE*

What is the Menopause

Menopause is when periods stop due to loss of the ovarian sex steroid hormones, oestrogen and progesterone. This is usually caused by changes within the ovary as a woman gets older. This can lead to symptoms affecting different areas of the body and can also induce changes which can affect a woman's long-term health.

Menopause in Ireland generally occurs between the ages of 45-55 years of age, with 51 years being the average age. This usually occurs **naturally** in most women. Surgical menopause excluded, we are unable to determine the **exact** moment someone becomes menopausal, and it is usually diagnosed 12 months after the last period.

An **early menopause** is when a woman goes through menopause between the age of 40 and 45 years, and **premature ovarian insufficiency** (previously known as premature menopause) occurs before the age of 40. **Induced menopause** follows interventions such as surgical removal of the ovaries or other medical treatments such as chemotherapy, pelvic radiotherapy, or medication.

What is Perimenopause?

The **perimenopause** or the **menopause transition** is the period of time prior to menopause when ovarian hormone production starts to change, and this can lead to the onset of menopausal symptoms due to the changing hormonal environment. It can last for several years and ends 12 months after the last period.

Menstrual changes are common during this time. For some, periods can become shorter or lighter, whereas for others' they can become heavier and more prolonged. Usually, periods start to space out when approaching menopause.

Psychological symptoms can also be very prevalent during this time period.

Because hormones can fluctuate significantly during the perimenopause, the diagnosis is based on the presence of symptoms rather than blood tests.



Understanding Menopausal Symptoms

Menopausal symptoms vary from woman to woman and no two women experience the same symptoms.

- It is estimated that 75-80% of women experience at least one or more symptoms of menopause.
- Symptoms last 7 years on average but one third of women will experience ongoing symptoms for longer.
- One in four women will experience a difficult menopause transition with multiple symptoms.
- Many symptoms overlap with other conditions so talk to your health professional.

So what causes perimenopausal and menopausal symptoms?

For most women, fluctuating ovarian hormones and a decline in hormone levels, leads to symptoms during the perimenopause. Often these symptoms are the same as “Menopausal” symptoms.

When someone becomes menopausal, the production of oestrogen and progesterone ends, and this can lead to a variety of symptoms affecting different parts of the body. Areas of the body affected can include the brain, gut, cardiovascular system, bones, joints, bladder, vagina, skin, eyes and mouth.

Actively managing your menopause involves seeking help to improve or resolve troublesome menopausal symptoms as well as optimising your long-term health which can sometimes be affected by menopause.



Symptoms of Perimenopause/Menopause

Below is a list of some symptoms that women may experience when going through perimenopause/menopause.

Mood Symptoms

- Anxiety
- Irritability
- Low mood
- Tearfulness
- Mood swings
- Feeling overwhelmed
- Loss of confidence

Cognitive Symptoms

- Reduced/lack of concentration
- Reduced focus and clarity of thought
- Reduced verbal fluency/problem with "word-finding"

Physical Symptoms

- Palpitations
- Headaches
- Generalised aches and pains
- Joint stiffness
- Tinnitus
- Breast tenderness
- Dry eyes/nails
- Dry mouth
- Burning tongue/mouth
- Restless legs

Long-term Effects

- Increased risk of cardiovascular disease.
- Increased risk of osteoporosis.
- At least 1 in 2 women will have genitourinary symptoms – formally known as genitourinary syndrome of the menopause.

Skin and Hair Symptoms

- Dry hair
- Hair thinning
- Itchy skin
- Acne
- Increased facial hair
- Formication (*feeling of insects crawling on skin*)

Gastrointestinal Symptoms

- Bloating
- Constipation
- Irritable Bowel Syndrome symptoms

Hot Flashes and Night Sweats

- May have one without the other
- May lead to poor quality sleep

Miscellaneous

- Poor sleep
- Fatigue
- Low energy
- Low libido
- Dizziness

Genitourinary Symptoms

- Vaginal dryness
- Vaginal itch
- Vaginal discharge
- Painful sex
- Overactive bladder
- Recurrent urinary tract infections
- Decreased arousal and orgasm
- Urinary incontinence
- Faecal incontinence
- Pelvic organ prolapse

Menstrual Symptoms

- Periods may become lighter or heavier
- Period cycle may become shorter or longer or have no discernible pattern
- New onset dysmenorrhoea (*painful periods*)



The Good News

It is not all bad news. Many women find the menopause a time of positivity, creativity, and an opportunity for change. For some women no longer having periods is an advantage.

For those experiencing symptoms the good news is that there is a range of treatment options available including:

- Lifestyle changes
- Psychological therapies
- Complementary therapies
- Non-hormonal oral therapies
- HRT
- Pelvic Physiotherapy

*In China the menopause
is known as the*

“Second Spring”

*where women are admired for
their wisdom and menopause
is looked upon as a time of
opportunity and a positive life event.*



Treatment Options

Lifestyle Changes

Dietary Changes:

Eat a healthy balanced diet to support weight management, bone and heart health. Whilst it's unlikely that menopause symptoms can be controlled through diet, some foods/ drinks may increase hot flushes & disturb sleep (eg. caffeine, alcohol, spices).

Stop Smoking:

Smoking may make symptoms like hot flushes worse (check out quit.ie for support).

Physical Activity:

Improves our fitness, promotes weight loss and keeps our hearts healthy. It also releases endorphins and serotonin which enhances our mood.

Reduce Caffeine:

Limit or reduce caffeine intake as it can worsen insomnia, anxiety, palpitations, hot flushes.

Reduce Alcohol:

Limit alcohol intake to no more than 11 standard drinks (1 standard drink = 1 small wine glass, 1 glass beer or 1 measure of spirits) per week and ensure at least 2 to 3 alcohol free days. Check out askaboutalcohol.ie online for more information.

Stress Reduction:

Check out Minding your Wellbeing, a free online HSE mental health and wellbeing programme. www2.hse.ie/healthy-you/minding-your-wellbeing-programme.html

Check out Stress Control, an evidence-based programme that teaches you practical skills to deal with stress. <https://stresscontrol.ie/>

Sleep Hygiene:

Try using layers of blankets rather than a duvet for breathability. Winding down for an hour at night and no digital devices in the room.

Prescribed Non-Hormonal Therapies

These are useful when HRT is not advised or wanted. Examples include Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), Clonidine, Oxybutynin and Gabapentin. These medications act in areas of the brain that can influence body temperature and mood. These medications usually influence small chemicals in the brain called neurotransmitters and as a result can help to improve menopausal symptoms such as hot flushes and night sweats in some women.

Psychological Therapies

- Cognitive Behaviour Therapy

See pages 21 - 24 for more information.

Hormone Replacement Therapy (HRT)

Menopausal hormone replacement therapy remains the most effective treatment for menopausal symptoms.

For more information on HRT see page 12.



Treatment Options

Complementary Therapies

Few complementary and alternative treatment options have proven evidence of effectiveness.

Although many options do not stand up to scrutiny from a robust and evidence-based perspective there will be individual women who may benefit from some of these treatments.

Acupuncture:

Some studies suggest acupuncture can improve hot flushes, night sweats, sleep, and sense of wellbeing, although some of these studies are not of great quality. There is increasing evidence for its use in managing treatment-related symptoms in women with a history of breast cancer.

Hypnotherapy:

Clinical hypnosis is a mind-body therapy that involves a deeply relaxed state and individualised mental imagery. It is listed as a possible effective non-hormonal option by the North American Menopause Society.

Phytoestrogens:

See page 30 for further details.

Menopause Supplements:

See page 30 for further details.

Herbal Medicines: These can include black cohosh, St. John's Wort, and Maca. If using a herbal medication, ensure the product has a TR number which is a Traditional-Use Registration. Avoid black cohosh if you have a history of breast cancer. Generally, herbal medication is best avoided if taking prescribed medications due to potential interactions.

It is important to note that herbal medicines and supplements are not privy to the strict regulatory checks imposed on conventional medication and quality can vary. Always inform your health professional if you are taking a herbal medicine.



Understanding Hormone Replacement Therapy (HRT) by Brenda Moran

Hormone Replacement Therapy (HRT), or Menopausal Hormone therapy (MHT), remains the most effective treatment for menopausal symptoms. It usually consists of a small amount of the ovarian hormones oestrogen and progesterone (and sometimes testosterone), or of medications that act similarly to these hormones.

HRT is mainly used to improve or resolve troublesome menopausal symptoms by reducing hormonal fluctuations during perimenopause, and by giving back a small amount of hormone - or medications that work similarly to ovarian hormones - after menopause. Most HRT works throughout the body. This is called systemic HRT. Whereas vaginal oestrogen works mainly on the genitourinary tissues such as the vagina.

For most women who require HRT, it is a safe medication, and the benefits generally outweigh the risks when started within 10-years of menopause, or under the age of 60.

Like all medications, it can also be associated with complications and side-effects.

The most important hormone in HRT is oestrogen, and this can be taken in different ways including pills, patches, gels, sprays, implants, and pessaries. This helps with the many symptoms which can be caused by depletion of this hormone such as hot flushes, night sweats, psychological symptoms, vaginal dryness.

Taking oestrogen via your skin (**known as transdermal oestrogen**) at standard doses is considered the safest way of taking oestrogen as it isn't thought to increase the risk of getting a clot. Generally speaking, this is the recommended route for women with risk factors for clotting.

Oestrogen is usually taken with progesterone as progesterone is necessary to protect the lining of the womb from the thickening effect of oestrogen. Progesterone is not required if you have had a hysterectomy. During the perimenopause, progesterone or progesterone derivatives are taken for 12-14 days of the month leading to a monthly bleed similar to a period.

This is known as "sequential HRT". Whereas when postmenopausal, progesterone is taken every day or night without a break, and this is known as "continuous HRT" and is a "non-bleed" regimen. Alternatively, progesterone can be administered via the Mirena levonorgestrel 52mg coil when either perimenopausal or postmenopausal.

Vaginal Oestrogen

- This is a very effective treatment for genitourinary symptoms such as vaginal dryness, itch, discharge and painful sex. It can also sometimes help with symptoms of overactive bladder and recurrent urinary tract infections
- It is usually inserted into the vagina as a pessary, cream, gel, or ring
- It can usually be used by women who choose not to or can't take, systemic HRT - but can also be used by those that are taking systemic HRT
- It is not linked with an increased risk of breast cancer

Benefits of HRT

- Resolves or reduces symptoms of peri/ menopause
- Reduces the risk of developing cardiovascular disease
- Reduces the risk of developing osteoporosis
- Continuous HRT reduces the risk of developing endometrial cancer.

Side Effects

Spotting or irregular vaginal bleeding is the most common side-effect. This is to be expected up to 3-6 months after starting HRT. It tends to settle with time or with changes/adjustments to regimens. If bleeding persists your GP may decide to do more tests.

Individual hormonal side-effects can include:

Oestrogen Related:

- Breast tenderness
- Headaches
- Rash
- Heartburn
- Leg cramps
- Anxiety
- Nausea

Progesterone Related:

- Bloating
- Rash
- Mood symptoms
- Breast Tenderness
- Gastrointestinal side-effects such as diarrhoea and constipation

When HRT is not recommended

- Recent heart attack or poorly controlled angina
- Recent stroke or "clot" (e.g. blood or lung clot)
- Suspected, active or previous history of breast cancer or a hormone sensitive cancer
- Severe or active liver disease
- Irregular, non-investigated vaginal bleeding



Risks Associated with HRT

- A small increased risk of breast cancer with increasing duration of use which reduces on stopping. This risk is small in real numbers and varies with the type of HRT used
- Small increased risk of endometrial cancer with sequential HRT only (not evident with continuous HRT) after 5 years of use
- Possible very small increased risk of ovarian cancer
- Small increased risk of clots and stroke with oral oestrogen
- Irregular vaginal bleeding which may require gynaecological investigations if persistent
- Deterioration in liver function tests (rare)

How long can I stay on HRT?

How long you decide to stay on HRT is an individual decision and depends on your own benefit/risk profile which changes with time, and whether you have ongoing symptoms.

All patients taking HRT should have an annual consultation with their GP or menopause practitioner to discuss factors such as whether ongoing use is required and whether any dose reduction or changes should be considered. Vaginal oestrogen for genitourinary symptoms will often be required long-term.

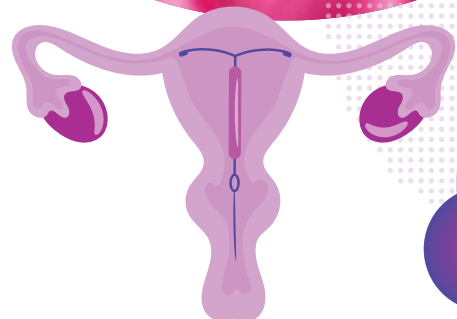
HRT and Contraception

Although fertility declines with age, pregnancy can still occur in perimenopause even when periods are irregular and more spaced out. The Faculty of Sexual & Reproductive Healthcare UK recommends using contraception until the age of 55 years whereby the majority of women will either be menopausal, or the chance of pregnancy is extremely small even if still menstruating.

HRT is not a contraceptive and therefore additional contraception will be required alongside HRT. An exception to this is the Levonorgestrel 52mg coil (eg. Mirena coil) which is a very effective contraceptive and can be used as the progesterone component of HRT for up to 5 years.

HRT can be used alongside the majority of contraceptives such as condoms, the progesterone-only pill, progesterone implant and intra-uterine coils. It should not be taken with combined oestrogen and progesterone hormonal contraception such as the combined oral contraceptive pill (COCP).

Talk to your GP or menopause practitioner about which option may suit you best, given your medical history, contraception requirements, and lifestyle.



Testosterone Therapy

Women also produce testosterone but to a lesser degree than men. It is made in the ovary and the adrenal glands. It plays a function in reproductive health, libido, muscle and bone health and the brain. There is an age-related decline over time but production doesn't stop when a woman becomes menopausal. Its main indication for use is that of low libido and inability to orgasm, but it is important to note that low libido is a complex symptom with many causes and psychosocial factors are an essential component of this. There is no conclusive evidence that it can improve low energy, fatigue, and cognitive symptoms such as brain fog.

Testosterone therapy for women is provided as a cream or gel which is usually applied on a daily basis. We do not have a licenced option in Ireland at present. Side-effects are usually rare but can include increased hair growth, acne, nausea, headache. Male virilising symptoms such as male-patterned baldness and deepening of the voice should not occur if blood levels are kept within the female range.

Before starting testosterone, a blood test is required to ensure the baseline total testosterone level is not higher than the normal range. A monitoring blood test is then required 3- 6 weeks after starting testosterone, and at 6-12 monthly intervals thereafter to ensure the level does not exceed the range of a young premenopausal woman.

Factors to take into consideration with HRT

- Perimenopause v postmenopause
- Is contraception required?
- Personal preference
- Cost & availability of HRT



Pelvic Floor Health During Menopause

by Orla McCarthy

During the menopause and perimenopause there are fluctuations in your hormone levels. A combination of hormonal changes and a natural reduction in muscle mass as we age, can result in some women experiencing the following symptoms.

Bladder Problems

- **Bladder urgency**
which is a sudden or constant need to pass urine
 - Leaking with the urge (**urge incontinence**)
 - Leaking during exercise or when laughing or coughing (**stress incontinence**)
 - Or both of these (**mixed incontinence**)
- If you struggle with bladder urgency and frequency (*needing to go to the loo often*) the following urge suppression tips may help you regain control of our bladder:
- Cross your legs
 - Squeeze your pelvic floor muscles
 - Sit on an armrest (pressure on pelvic floor)
 - Distract your mind-focus on another task
 - In standing-rock on your tip toes

Speak to your GP if you suddenly get any of the above so that you can rule out an infection.













Some women may experience recurrent urinary tract infections and they may respond well to some form of HRT or localised oestrogen cream.

Healthy Bladder Habits

Practical Tips

- Drink 1.5 litres of fluid/day
- Spread out your fluid intake and sip your drinks
- Gradually retrain your bladder so that you empty it every 3-4 hours during the day. Avoid going to the toilet 'just in case' as it will reduce your bladder capacity and can make your symptoms worse
- Do not hover on the loo, always sit down, relax and breathe allowing your bladder to empty fully
- Avoid or reduce caffeine (tea/green tea/coffee/cola/hot chocolate) intake - switch to decaffeinated tea/coffee
- Reduce sparkling water/fizzy drinks/alcohol
- Avoid citrus fruits/juices/aspartame/spicy food

Eating & Drinking for a Healthy Bladder

Drinks that CAN irritate the bladder	Drinks that DON'T irritate the bladder
 Caffeinated tea, green tea, coffee	 Decaffeinated tea & coffee
 Alcohol, sparkling water	 Water
 Hot chocolate	 Milk
 fizzy drinks especially cola	 Non acidic fresh drinks
 Caffeinated energy drinks, aspartame	 Herbal tea
 Citrus fruits/juices (oranges, lemons, limes) tomatoes, spicy foods, chocolate	 Red bush tea (Rooibos)

Vaginal Dryness

The tissues of the vagina often become dry, thin and are more easily damaged. Vaginal dryness is a very common symptom of the menopause, and it often causes discomfort or pain during sex or smear tests.

Practical Tips

- Use a long lasting vaginal moisturiser. (available over the counter from your pharmacy)
- Use organic lubricant during sexual intercourse. Do not use oil based lubricants with condoms. Use water based option instead
- Discuss the issue with your doctor who may prescribe a low level oestrogen based vaginal cream/pessary/ring which will deliver oestrogen to the vagina
- Consult your doctor about other forms of HRT

Painful Sex

Lower oestrogen levels often affect your libido and you may notice a change in your arousal and vaginal lubrication. These can lead to sex becoming painful both during penetration and even after sex. The medical term for this issue is 'dyspareunia' pronounced dis-puh-roo-nee-uh. Consistently experiencing pain with sex can result in your pelvic floor muscles becoming overactive and sore.

Steps toward Comfortable Sex

Talk to your partner: Be open with your partner about what you are experiencing. Intimacy and trust require honest communication. Together you will work towards making sex more comfortable and enjoyable.

Use long Lasting Vaginal Moisturiser: Speak to your pharmacist about buying over the counter long lasting vaginal moisturisers. These can help restore vaginal moisture, soothe the area and maintain comfort.

Use lubricant during sex: This can help reduce discomfort and improve pleasure.

Foreplay: This part of sex is often rushed especially if painful sex is anticipated. However, it is a key part of the arousal cycle for women. Spending time discovering what you find pleasurable will make sex more comfortable and enjoyable for you both.

Experiment: Find positions that you feel comfortable with and can control. Avoiding positions with deep penetration and choosing a position such as spooning may help decrease pain and increase your ability to relax and enjoy sex. Placing a pillow under your buttocks in missionary or when on top may increase comfort for women if they have low back pain or if they have reduced hip range of motion. Introducing sex toys such as a vibrator may help increase clitoral stimulation, resulting in increased arousal and lubrication.

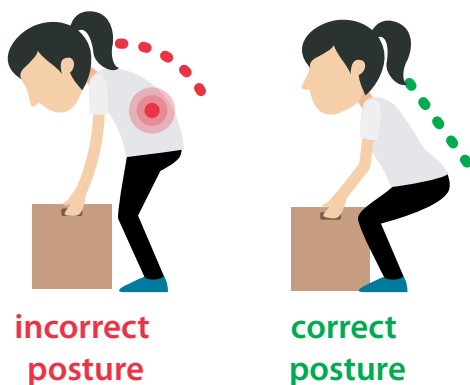


Pelvic Organ Prolapse (POP)

Prolapse occurs when the bladder, bowel, rectum or uterus moves downwards in the vagina causing a feeling of 'something coming down', vaginal heaviness or a dull ache. The bulge may be felt inside or outside the vagina. Some women may experience bladder urgency, incontinence or difficulty emptying their bowels fully as a result of prolapse.

Tips to Help Prevent or Manage Pelvic Organ Prolapse

- Avoid or reduce loads for carrying, or make more frequent trips instead. Frequent or repetitive bending and lifting can also be a problem



- Avoid standing for long periods if possible
- Sit or lie down for a few minutes if you have had a busy day or your prolapse symptoms are worse
- Manage constipation and avoid straining to empty your bowels – *see next section*
- Manage your weight - being overweight puts extra strain on your pelvic floor which may in time lead to an increased risk of pelvic organ prolapse
- Stay well - persistent coughs put strain on our pelvic floor and may worsen prolapse symptoms. Take any medication prescribed if you have a persistent cough and follow medical advice
- Quit smoking - ask your GP for advice about what is available locally to help you stop such as cessation groups or patches

- Practice your pelvic floor muscle strengthening exercises

Some women will benefit from following the above lifestyle changes however, certain women will benefit from exploring further options such as using a vaginal pessary or an evaluation by a Gynaecologist regarding surgery.

Healthy Bowel Habits

Maintaining healthy bowel habits is important throughout our lives. Constipation can put extra strain on your pelvic floor and over time it can weaken the muscles. This can sometimes lead to prolapse and urinary or faecal incontinence issues. It can also place extra strain on your bladder which can make symptoms of urgency worse.

Tips

- Increase your intake of fibre rich food such as oats, wholegrain breads, vegetables and fruit to maintain a healthy bowel
- Drink 1.5 litres of fluid per day
- Sit with your knees higher than your hips where possible when you empty your bowels - using a foot stool under your feet or raising your heels and leaning forwards can help
- Keep your abdomen soft and remember to breathe out as you push down towards your back passage to empty



Pelvic Floor Strengthening Exercises

The pelvic floor muscles are a sling of muscles which are connected from the pubic bone to the tailbone. They contribute to your core stability, supporting the joints in your lower back, hips and pelvis. Along with connective tissue, the pelvic floor supports your bladder, bowel and womb and helps maintain control of your bladder and bowel. They also play a part in sexual pleasure. Strengthening your pelvic floor muscles can help maintain good control of your bladder and bowel and improve many of your symptoms as you transition through the menopause.

- Choose a comfortable position such as lying on your side, your back or sitting supported in a chair
- Keep the muscles of your thighs, bottom and stomach relaxed
- Breathe normally and do not hold your breath when squeezing your pelvic floor muscles

Slow Pelvic Floor Exercises

- Squeeze or close the muscles around your back passage as if you are trying to stop passing wind and around the urethra as if you are trying to stop urine. Aim to keep these muscles squeezed for 10 seconds
- Allow the muscles to relax and rest
- Repeat this x 10 reps x 3 a day

Fast Pelvic Floor Exercises

- Quickly squeeze or close both the back passage and front passage together for 1 second. Let the muscles relax fully
- Repeat x 10 reps x 3 a day

Useful Tip

- Squeeze your pelvic floor muscles when you are sneezing, coughing or laughing. This can help improve the timing of the pelvic floor muscles and with practice it may stop you leaking

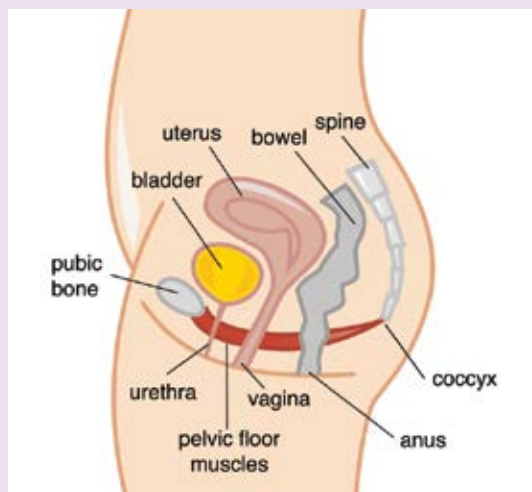
Important

- Do not practice your pelvic floor exercises when emptying your bladder as this can interrupt normal bladder emptying which may lead to problems
- Try out one of many resources and apps available to help you do these exercises such as the Squeazy app by NHS <https://squeazyapp.com/>
- Do forms of exercise that can help strengthen the pelvic floor such as yoga and pilates

Getting help

If you have any difficulty following the advice or exercises described in this booklet, or feel that your symptoms are not improving, please speak to your doctor.

In some cases your doctor can prescribe medication to help with severe bladder urgency symptoms or constipation that is not improving despite the above advice. He/she can refer you to a Pelvic Physiotherapist who has experience in the assessment and treatment of these issues.



Managing the Psychological Impact of Menopause by Coleen Cormack

The changes and symptoms that happen during peri/menopause can impact on your quality of life and daily functioning. In this section we will help you to understand what happens from a psychological point of view and introduce you to some tips that will help you manage your mental wellbeing and help alleviate some of the symptoms at this time.

Common symptoms and psychological distress

All symptoms are not experienced by all women and each woman may react or respond differently to these symptoms.

Many women experience **vasomotor symptoms** of hot flushes and night sweats. Hot Flushes are described as sudden sensations of heat spreading to the upper body, but can vary considerably between women. They are generally accompanied by shivering, sweating and palpitations which understandably can cause much discomfort. Hot flushes and night sweats are the most common physical symptoms affecting women during menopause, affecting about 60 to 70% of women going through natural menopause. Hot flushes can lead to anxiety but stress can also increase the likelihood of hot flushes so this can create a vicious cycle.

The **emotional changes** we experience can be varied. Low mood, irritability and anxiety are the more common emotional reactions. This can be as a response to changes we are experiencing in menopause or due to other life challenges such as job stress, family stress, parents' ill health, bereavement, looking after children or teenagers, children leaving home (or not) or due to our response to aging.

Sleep disturbance can be as a result of waking in the middle of the night due to night sweats or due to other factors such as anxiety, hormonal fluctuations or poor sleep hygiene. If the amount and quality of your sleep is disrupted it can have a knock on effect on your functioning the following day. See page 31 to 33 for help with sleep.

25%
of women

report having troublesome hot flushes that interfere with quality of life.

Symptoms can be more severe following a sudden menopause such as following surgery or due to breast cancer treatment.



Cognitive Behaviour Therapy for Hot Flushes

Evidence shows that Cognitive Behaviour Therapy (CBT) can be helpful for managing some of the symptoms experienced at this time. There are a number of studies showing how both group and self-help CBT interventions are useful in alleviating the distress and reducing the impact of hot flushes and also have benefits on mood and quality of life.

The aim of CBT when applied to menopause is to help identify unhelpful or negative beliefs or behaviours in relation to menopause and menopausal symptoms AND to help you to develop proactive and self-supportive management strategies.

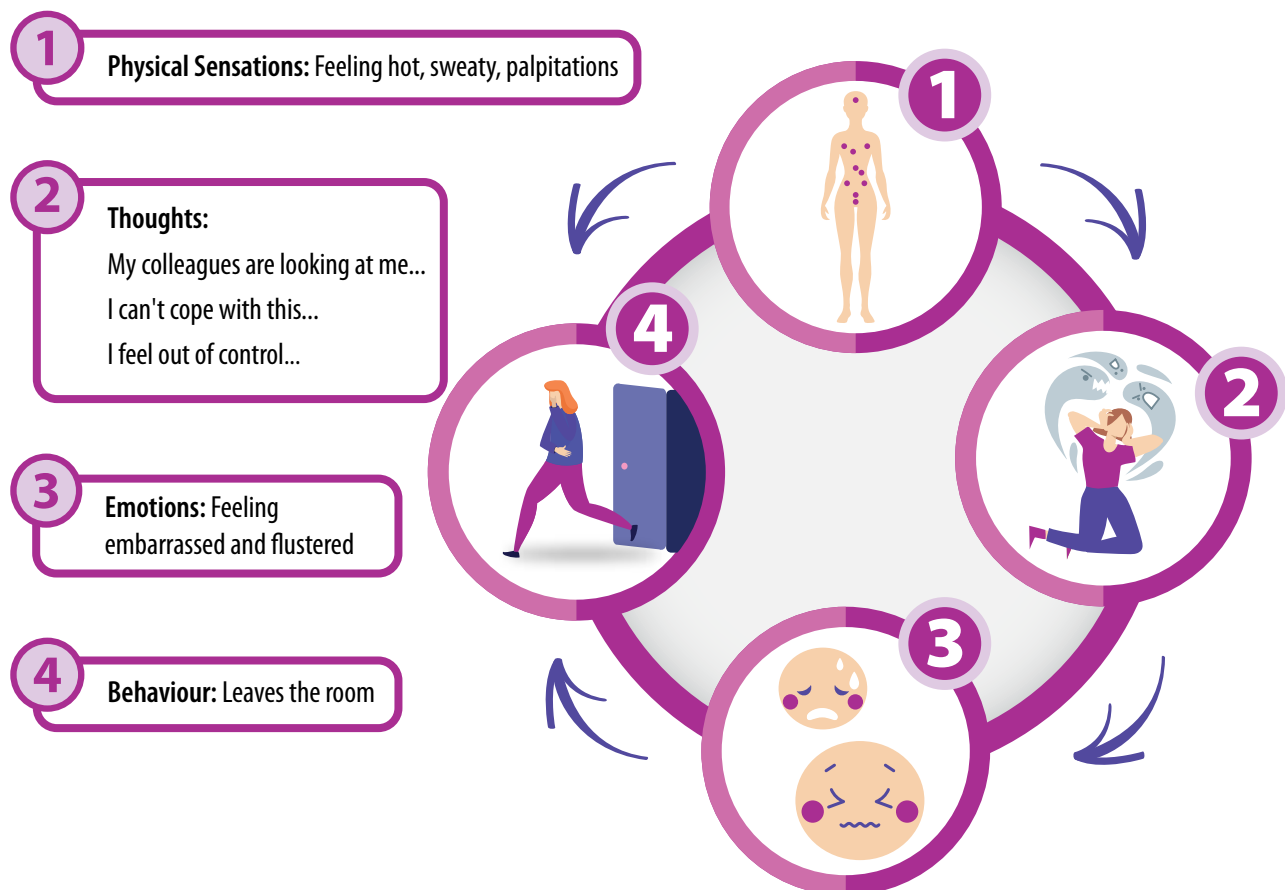
The **cognitive** part is about changing attitudes, perceptions and beliefs.

The **behaviour** part is about increasing your strategies for managing your symptoms e.g. hot flushes.

When applying CBT to your menopause symptoms making small manageable changes over a period of time is important. Give yourself time to make any changes.

In a given situation such as having a hot flush our thoughts, emotions, physical sensations and behaviour are interconnected. This diagram helps to illustrate a possible response to feeling a hot flush.

SITUATION: Response to feeling a hot flush at work



How can CBT Help?

Although you cannot prevent the physical sensations from occurring, you can learn to approach your response to the situation in a way that supports you to manage the situation differently. By making some changes in the different areas we can interrupt the cycle and engage in a different more supportive response to the situation.

1. **Physical Sensations:** One of the best ways to calm the body is by breathing. Paced breathing has been shown to be effective with hot flushes. When we breathe consciously and rhythmically we send a message to the prefrontal cortex of the brain to let it know that all is ok. This restores the mind and body to a state of calm and allows us to think more freely.

Here is a paced breathing exercise you can practice at home:

- Sit comfortably, with your feet flat on the floor, keep your chest and shoulders still and your eyes gently closed
- Breathe in and out through the nose so that your breath becomes naturally deeper
- Breathe rhythmically – an even pace in and out, whatever is comfortable for you
- Push the stomach out as you breathe in, and take slow, deeper breaths. It can help to put one hand on your chest and another on your abdomen and just notice the rise and fall of the chest or abdomen
- Practice for approximately 5 minutes at a time to help reduce feelings of stress and to restore your mind and body to state of calm

*Practicing
paced or rhythmic
breathing
regularly throughout the day
is a good idea so that when you
do have a hot flush or feel stressed
you can readily call upon the breath
to help calm and soothe your
physiological system rather
than only trying to use it
when you are in distress.*



2. **Thoughts:** A couple of things are important to remember about thoughts:

- They are generally like a running commentary and can be somewhat relentless – our minds are naturally busy
- They play a pivotal role in our emotions and behaviour but we are not always aware of them
- Thinking is influenced by our general beliefs about ourselves, others and the world and by our life experience. Thinking patterns can influence how we cope

Thoughts about hot flushes may stem from:

- Beliefs about the menopause/menopausal symptoms
- Beliefs about yourself
- Beliefs about the reactions of others
- Beliefs about the future (expectations)

When it comes to thoughts it can be helpful to try the following:

- Develop tolerance of frustration caused by hot flushes – pause and choose how to respond in order to increase control over hot flushes
- Develop an attitude of calm acceptance rather than engaging with angry/irritable thoughts that you are having about yourself or the hot flush

Thought restructuring can help with this:

It is used to come up with more calming or neutral responses to your hot flushes.

You can ask yourself the following questions in order to come up with a more supportive response to the hot flush:

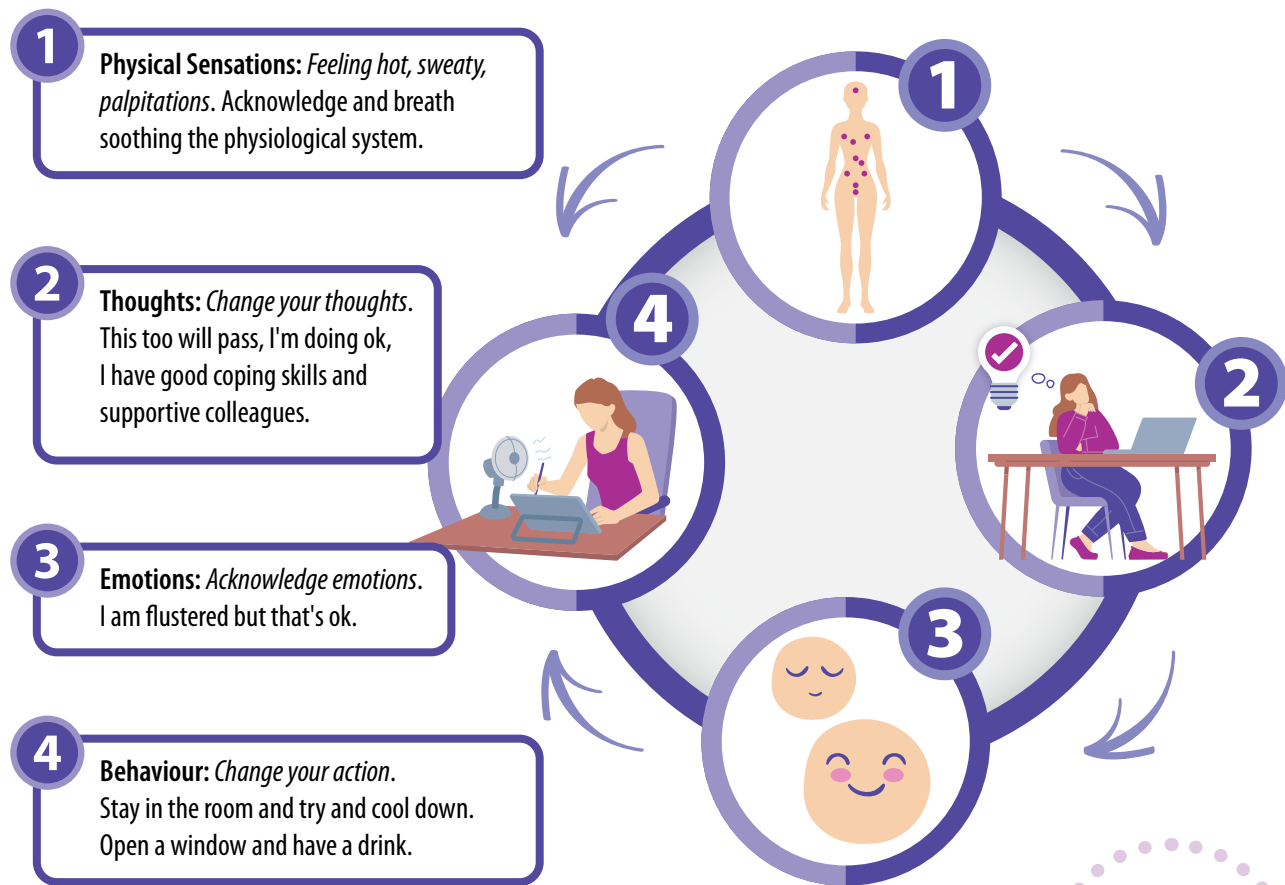
- What **evidence** do I have that my thoughts are true?
- Would a friend whole-heartedly agree with what I am saying?
- What would a friend say to help?
- What would I say to a friend?

A note about thought restructuring:

This is something you may need to work at and it can be helpful initially to think about alternative responses that you might have to a hot flush before you actually have one – so that you can call upon the alternative, calming or neutral thoughts at the time rather than trying to come up with these more supportive thoughts in the middle of having a hot flush.



SITUATION: Alternative response to feeling a hot flush at work using CBT



3. Emotions: It is helpful to acknowledge and validate the feelings. Notice and name how you feel rather than questioning it. It's ok to feel embarrassed and flustered. I am flustered and that's ok.

4. Behaviour: Change the behaviour. Watch out for avoidance and do something different e.g.

- Stay in the room and let it pass
- Seek support from colleagues
- Manage temperature – open a window, turn on a fan, drink from a cold bottle of water and or take off a layer of clothing

Thought restructuring

can produce alternative, more supportive thoughts in event of the hot flush



Physical Activity and the Menopause

by Shirley O'Shea

Physical activity is beneficial at every stage of our lives. It improves our fitness, promotes weight loss and keeps our hearts healthy.

Physical activity during menopause can help women manage and cope better with their symptoms.

It can:

- Prevent weight gain, as menopausal women tend to lose muscle mass and gain weight around our middle
- Strengthen bones and slow down bone loss, reducing the risk of fractures or osteoporosis
- Reduce the risk of diseases such as type 2 diabetes and certain cancers (breast, colon and endometrial) which are associated with excessive weight gain
- Boost mood and reduce feelings of stress, anxiety and depression

By the time we reach menopause, less of us are involved in sport and other activity, but being active is still very beneficial. Below we discuss specific types of activities and how they can help.

What is the first step?

We can start by protecting time for being active. Research tells us that men are better at protecting their leisure time than women. We need to think about prioritising time to be active as a way to deal with symptoms of menopause. If you find it difficult to find 30 minutes together then try finding three 10 minute bouts throughout the day.

Being active is for everyone and any level of activity is better than none. If you're not very active now build up your activity slowly.



How much activity do I need?

Moderate-intensity aerobic activity

Anything that gets your heart beating faster counts.



Muscle-strengthening activity

Do activities that make your muscles work harder than usual.



Tight on time this week? **Start with just 5 minutes.** It all adds up!

What kind of activities can we do and what are the benefits?

Weight bearing: It is very important to maintain strong bones, especially as we get older. Even 1-2 minutes a day of weight bearing exercise has shown to benefit women. Examples include skipping, jumping, even running upstairs.

Aerobic: This is the kind of activity most of us get through walking and it is relatively easy to incorporate this into our daily routine. It is great for cardiovascular health and can include activities like running, swimming and cycling (as well as walking).

Strength: Strength training will help build lean muscle, and lean muscle uses up calories really efficiently. From about age 30, both men and women start losing muscle mass, about 5% per decade, so 'use it or lose it'! Light weights can be used but are not necessary, as you can use your own body weight for resistance exercises. Examples include the plank, lunges, squats and push-ups.

Mobility and flexibility: Training will help you move better which can help you feel better, perform daily tasks with more ease and reduce your chance of injury. Examples include pilates, yoga and stretching. Yoga has positive benefits on menopausal symptoms and improves sleep.



Physical Activity

*during menopause
can help women manage
and cope better
with their symptoms*

HSE Physical Activity Video Based Programmes

HSE Health and Wellbeing have free online videos available at <https://www.hse.ie/eng/about/who/healthwellbeing/exercise-videos/>



Pilates for Beginners



Yoga for Beginners



Chair Yoga for Beginners



Eight Strength and Conditioning Workouts



Ten minute workouts for those living with a chronic condition

Sports Ireland also have video workouts available for women over 40 at <https://www.sportireland.ie/itsmytime/exercise-tutorials>

Eat Well to be Well during the Menopause

by Fiona Rush

There are lots of confusing messages out there on what foods can help during the menopause. The truth is there is no 'superfood' for menopause and a 'balanced diet' is what we need. See the food pyramid, page 29 for recommended food groups and portion size advice. The aim is to eat more of the foods on the bottom shelves and lesser amounts from the upper shelves to get the right balance of energy and nutrients.

We do know that good nutrition can have an impact on three key areas during the menopause: weight gain, heart health and bone health. Any lifestyle changes should consider these points.

- Watch your weight
- Feed Your Bones
- Love Your Heart

Watch your Weight

Weight gain during the menopause can increase the risk of heart disease, type 2 diabetes and various types of cancers, including colorectal cancer and breast cancer. The best way to manage your weight at this stage in life is to eat a healthy balanced diet. Try to eat a variety of nutrients across all shelves of the food pyramid. Weight gain at this stage of life is normal as our metabolism slows down and hormonal changes shift where we store fat. Exercise and sleep also play a significant role in managing weight.

Think about your portions

When planning your lunch or dinner plate it should look like this

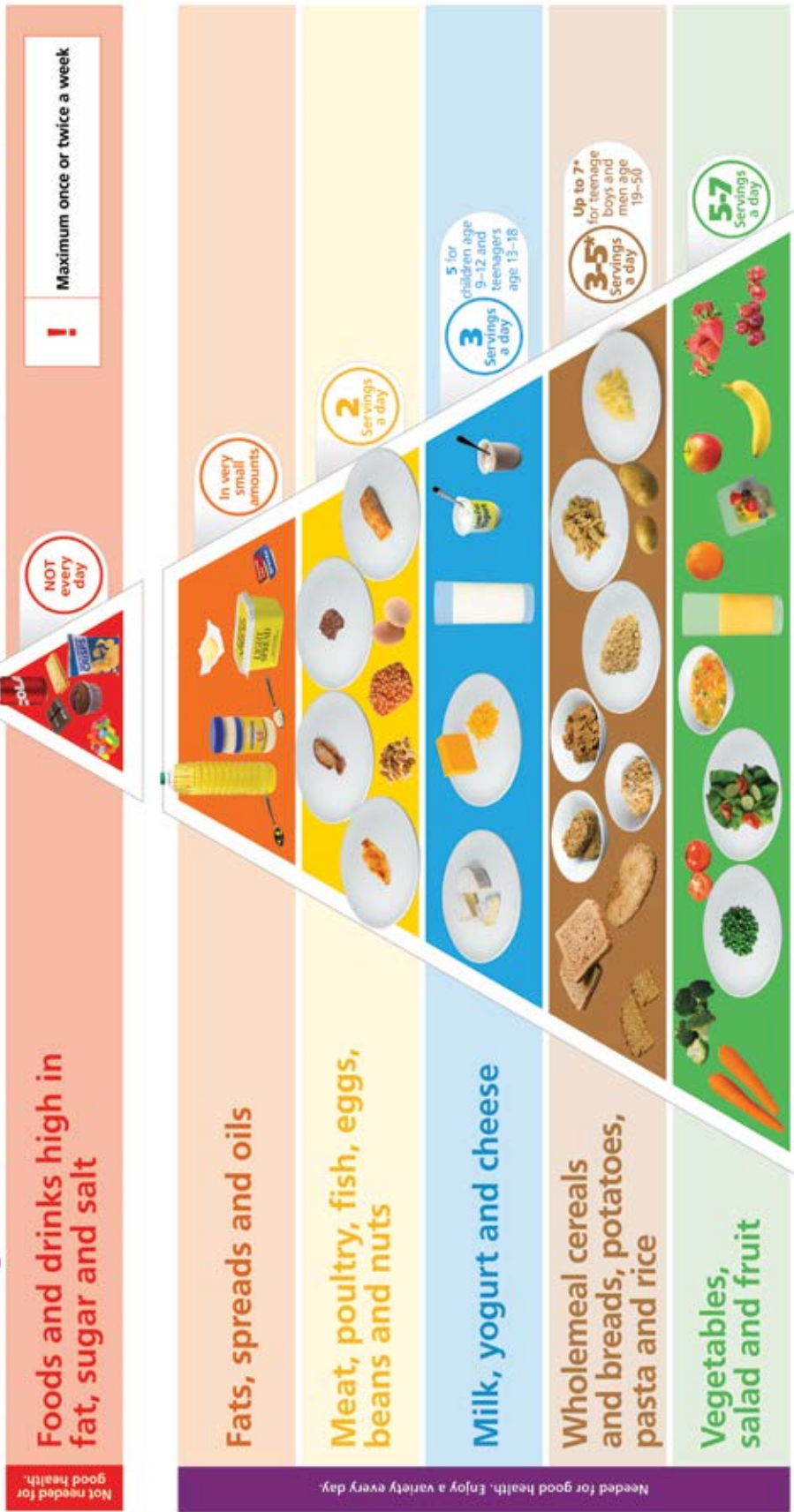
- ½ vegetables
- ¼ protein (meat, fish, chicken, eggs, pulses and other vegetarian sources)
- ¼ carbohydrate (wholegrain breads, potatoes, rice, pasta and other cereals /grains)

Click here to view the Food Pyramid video:

Food pyramid guide, meal plans etc. are available on www.healthyireland.ie



The Food Pyramid



*Daily Servings Guide – wholemeal cereals and breads, potatoes, pasta and rice

Active	Child (5-12)	Teenager (13-18)	Adult (19-50)	Adult (51+)
	3-4	4	4-5	3-4
	3-5	5-7	5-7	4-5

There is no guideline for inactive children as it is essential that all children are active.

Source: Department of Health, December 2016.

 Drink at least 8 cups of fluid a day – water is best

 **Get Active!**
To maintain a healthy weight adults need at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week); children need to be active at a moderate to vigorous level for at least 60 minutes every day.

Love Your Heart

There is an increased risk of heart disease after menopause due to lower oestrogen, increasing blood pressure and cholesterol. Research shows that a Mediterranean style diet can help. This is essentially a heart healthy diet.

- Fill up with fibre from grains, fruit and vegetables, peas, lentils and beans
- Cut down on fat in particular saturated fats (animal fats such as full fat dairy, butter, fat on meat etc.)
- Have oily fish (trout, salmon, mackerel and herring) 1 – 2 times per week
- Watch carbohydrate portions in particular added sugars
- Eat regularly – do not skip meals!
- Limit alcohol no more than 11 standard drinks (1 small wine glass, 1 glass beer, 1 measure of spirits) per week and ensure at least 2 to 3 alcohol free days

Feed Your Bones

Calcium: 1 in 4 Irish women by the age of 60 have had a fracture due to osteoporosis. From the age of 30 onwards we begin to lose calcium from our bones. We need to replace this lost calcium. You can get your calcium from 3 servings of low fat dairy foods or from 800mg calcium in supplement every day.

Vitamin D: Comes from the sun but is also found in oily fish, eggs, red meat and fortified milk. In the northern hemisphere we do not get sufficient vitamin naturally so a supplement of 10 micrograms vitamin D /day is recommended from November to March when sunshine is minimal. This is increased to 15 micrograms for those older than 65 yrs or 20 mcg for those in residential care or with minimal exposure to being outdoors.



What about phytoestrogens and supplements?

The evidence for the use of supplements to treat menopausal symptoms is weak. Some common ones are plant oestrogens/phytoestrogens – some women report benefits from symptoms like hot flushes from either taking a daily phytoestrogen supplement or from eating phytoestrogen rich foods like soya, linseeds, sprouting seeds like cress/red clover three times a day. Phytoestrogens are similar, but much weaker than human oestrogen. Although research has been unclear about phytoestrogen benefits, it may be helpful to include more plant oestrogen rich foods in your diet as these tend to be low in fat and high in protective antioxidants.

Multivitamin/Mineral Supplements: There are many on the market claiming to help manage the symptoms of menopause. These usually include calcium, vitamin D, omega 3, B vitamins, folic acid and others. With the exception of folic acid and vitamin D you are best to get these nutrients through a balanced diet and should only need to take a certain supplement if you are deficient in that nutrient (from a blood test) arranged by a health professional.

Referral to your CORU Registered Community Dietitian: If you would like support from a Dietitian to help manage weight gain, heart health, bone health and gut health, ask your GP or Practice Nurse to refer to the local HSE primary care dietitian which is a free service. For further information on diet and the menopause see the food factsheet 'Nutrition and Menopause' on www.indi.ie



Sleep Disruption and Menopause

by Coleen Cormack

Sleep disruption is reported by approximately a quarter of menopausal women. When it comes to sleep disruption the quality of your sleep has more of an impact than the quantity of your sleep. Enough sleep is the amount you need to feel refreshed and able to function. This varies from person to person. The average hours sleep needed by adults is 7-8 hours but the range is anything from 4-10 hours. Allowing some flexibility around this can be helpful. Waking in the night is a normal part of the cycle. Most people rarely remember waking, but you are more likely to remember waking if you are having night sweats or are anxious about something.

Developing a good routine of dealing with

night sweats

calmly, including helpful responses when you do wake up, can help maintain adequate reinvigorating sleep

Understanding Night Sweats

Night sweats are one of the main causes of sleep disruption in menopause. They are sensations of intense heat followed by sweating and sometimes shivering and heart palpitations. In general reporting of hot flushes and night sweats increases as women transition from early to late menopause. However, there is considerable variation and different patterns between women – some women tend to experience night sweats earlier in menopause transition and others have them later. About 25% of menopausal women seek help for troublesome night sweats due to their impact on sleep and quality of life.



Factors Contributing to Night Sweats:

Hormonal changes: The rate of change of oestrogen rather than the lower circulating oestrogen levels is what leads to night sweats. Oestrogen withdrawal which happens naturally during perimenopause & menopause is thought to reset the body's central temperature control system. Night sweats are self-cooling mechanisms employed by the body to maintain the body temperature within the normal range. This can happen in response to small temperature changes in our bodies or our surroundings.

Anxiety and stress: Those with higher levels of anxiety prior to the menopause and those under higher levels of stress during the menopause tend to report more troublesome hot flushes and night sweats. Anxious thoughts about life in general, menopause or night sweats can result in feelings of being out of control and can make them harder to manage when they do occur. Women find the impact of night sweats on sleep distressing. Night sweats can be harder to tolerate than hot flushes due to their impact on sleep quality and daytime tiredness. This can create a vicious circle whereby poor quality sleep leads to worry about sleep which further affects our ability to fall asleep. The reality of menopause is that night sweats will occur for many women and wake many of us up at night. But it is what happens when you do wake up that can cause the problematic cycle for your sleep both in terms of what you do and how you and your body reacts.

Hints and Tips to Manage Your Thoughts

Thoughts and our sleep:

Get to know the thoughts you have about sleep or the lack of it. Getting too caught up in our thoughts can feed in to the cycle of waking, frustration and sleeplessness.

Thoughts are just thoughts, they are not facts:

Thoughts are no more powerful than we will allow them to become. They are passing words, sensations and pictures that float through our minds. We are the ones who give them meaning. We have 70,000+ thoughts a day and most of them are variations of a theme. Many of the thoughts we have today we've had yesterday and will have again tomorrow.

Be willing to be awake:

Leave the struggle behind. Part of what stops us from going to sleep or keeps us awake can be the cycle of unhelpful thoughts or perceptions we have about sleep. The more we try to control our sleep the more likely it is to become a further struggle. Choosing to leave the struggle behind can be helpful.

Assign yourself a specific worry time:

Pick a time during the day where you can think about problems that arise during the night when you wake. Each time a worry thought comes to mind remind yourself that you will worry about it during that time the following day.

"My day is done" journal:

During your wind down routine write down all the things that might come up for you in the middle of the night when you wake up, that you might potentially ruminate on and as you are closing it say "my day is done". You are giving yourself the freedom to sleep and not worry about these things until a more appropriate time.

Mindfulness:

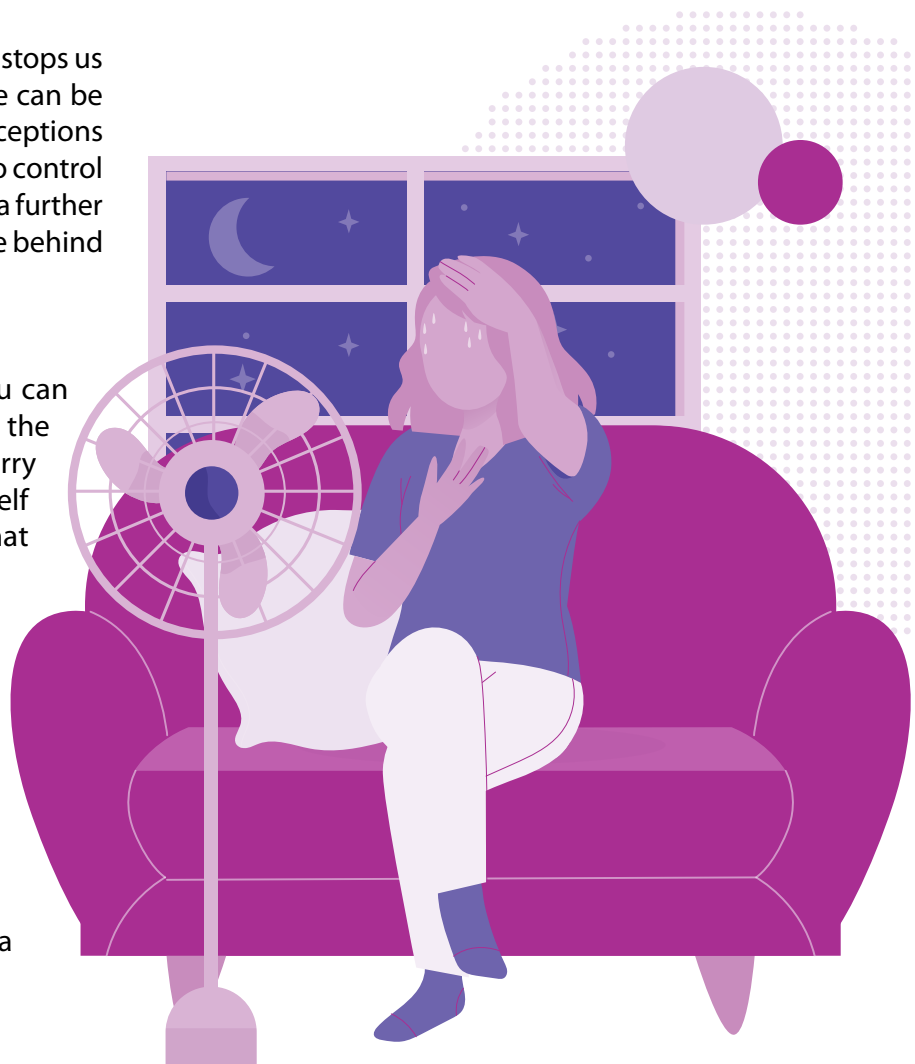
One particularly helpful way of putting some distance between us and our thoughts is to practice mindfulness. Be present in the moment. Using the paced breathing exercise on page 22 can help you to focus on the present.

Cognitive Difusion:

Cognitive difusion is about unhooking from our thoughts. It teaches us to take a step back and observe our thoughts and feelings from afar. Instead of trying to change, fight, or repress our thoughts we can focus on changing how we relate to them. Just watch your thoughts come and go as if they are credits on a movie screen or leaves on a stream.

Cognitive Behavior Therapy (CBT):

See page 21.



Hints and Tips for a Good Nights Sleep

The following is a list of environmental, lifestyle and behavioural supports which have been proven to assist with sleep enhancement during the menopause. For those with chronic sleep disruption, seek medical support.

Prepare yourself during the day for a good night's sleep

- Avoid heavy meals before bed
- Avoid caffeine, nicotine and alcohol before sleeping. Try to avoid caffeine or nicotine for at least 4 hours before bed. If you are having a drink try to leave a few hours between your last drink and going to bed
- Avoid naps during the day. It is more helpful to use relaxation rather than naps to manage the tension arising from tiredness. If you must take a brief nap limit it to 20 minutes before 3pm
- Be physically active during the day and avoid intense activity immediately before bed. Try to maintain your normal activity levels even if you have had a bad night's sleep. Research shows that you are more likely to feel tired on days when you limit your activities than on days when you carry on as planned

Prepare your bedroom

- Invest in a comfortable bed and good mattress or mattress topper
- Keep your bedroom dark. Have a good set of curtains or blinds and get rid of extra light sources in the room such as a clock or standby lights
- Turn the clock away from your bed so you cannot clock watch
- Keep your bedroom quiet or wear ear plugs if necessary
- Keep the room temperature down
- Minimise bedding or use lighter bedding, opt for thinner layers of breathable bedding that can be easily adjusted
- Associate bed with sleep. Use the bedroom for sleep and intimacy only. Lie in your bed only when you are tired and remove screens from your bedroom

Getting ready for bed

- Have a bedtime routine - Do relaxing activities 60 to 90 minutes before you go to bed such as a warm bath or reading
- Wear lighter nightwear in bed. Keep a spare nightdress or pyjamas near the bed so that you can calmly change into it if needed
- Keep a fan or a cool drink nearby to help cool you down
- Avoid going to bed early to compensate for a bad nights sleep. Try to stick to set bedtimes and getting up times, this helps your body clock reset itself

If you wake up

Make a point of adopting a calm, automatic routine that you engage in if woken by night sweats. This helps to prevent the cycle of negative thinking about missing sleep and allows you to fall back to sleep more easily.



Supports and Resources

Below is a list of some supports and resources to support your menopause journey.

General Menopause Supports

The Irish Menopause Society
www.irishmenopausesociety.com

The National Women's Council of Ireland
www.nwci.ie

The British Menopause Society
www.thebms.org.uk

Women's Health Concern
"Menopause Factsheet"
[www.womens-health-concern.org/
help-andadvice/factsheets/menopause](http://www.womens-health-concern.org/help-andadvice/factsheets/menopause)

National Institute for Health and Care Excellence (NICE)
"NICE Guideline (NG23) Menopause Diagnosis and Management"
www.nice.org.uk/guidance/ng23

Bone Health and Osteoporosis

Irish Osteoporosis Society
www.irishosteoporosis.ie

The Royal Osteoporosis Society (UK)
www.theros.org.uk

International Osteoporosis Foundation
www.osteoporosis.foundation

Physiotherapy

Irish Society of Chartered Physiotherapists
www.iscp.ie

Pelvic Floor Health

Pelvic Floor Exercise App
www.squeezyapp.com

National Institute for Health and Care Excellence (NICE)
"NICE Guideline (NG123) Urinary incontinence and pelvic organ prolapse in women: management"
www.nice.org.uk/guidance/ng123

International Urogynecological Association (IUGA)
"Bladder Training Brochure"
www.yourpelvicfloor.org/conditions/bladder-training

The Continence Foundation of Ireland
www.continence.ie

Heart Health

The Irish Heart Foundation
www.irisheart.ie

Breast Health

National BreastCheck programme
[www2.hse.ie/conditions/breast-screening/
information/](http://www2.hse.ie/conditions/breast-screening/information/)

Cervical Health

National CervicalCheck programme
www2.hse.ie/cervical-screening

Bowel Health

National Bowel Screen programme
[www2.hse.ie/conditions/bowel-screening/
screening-information/](http://www2.hse.ie/conditions/bowel-screening/screening-information/)



National Screening Service

National Screening Service

www.screeningservice.ie

Menopause and Nutrition

Irish Nutrition and Dietetic Institute

indi.ie

Menopause and Physical Activity

Sport Ireland

"Women in Sport Resources"

www.sportireland.ie/women-in-sport/women-in-sport-resources

Sport Ireland

"It's My Time"

www.sportireland.ie/itsmytime

The SHE Research Group

"Women's Experience of Menopause in Ireland report"

www.sheresearch.ie/women-menopause

Menopause and Mental Health

Minding Your Wellbeing programme

www2.hse.ie/healthy-you/minding-your-wellbeing-programme.html

Free, Stress Prevention and Management Programme

Developed by a Clinical Psychologist, check website for resources.

www.stresscontrol.ie

HSE Mental Health Resources

Lists of resources on a variety of mental health topics for all ages. Reviewed and recommended by HSE psychologists

www.hse.ie/eng/services/list/2/primarycare/yourgoodself

Cork Kerry Community Healthcare YouTube Channel

www.youtube.com/channel/UC_4rJJzH-T9mixFgzj6qT8A

Mindfulness Practices

"Five Ways over Five Days" videos

www.youtube.com/playlist?list=PL0Wkpf1r81XIEe_KKNrh4diZE9RT3kRQk

"Five More Ways over Five days" videos

www.youtube.com/playlist?list=PL0Wkpf1r81XkvoMhkJNtctninAIHsQtx5

"Minding Yourself"

Series of videos including desk stretches and mindfulness

www.youtube.com/playlist?list=PL0Wkpf1r81XkyG_YhdzMPuUtD8Vx6NUut

Other Useful Websites

Health Promotion Publications

www.healthpromotion.ie

Healthy Ireland

www.healthyireland.ie

Sexual Health and Wellbeing

www.sexualwellbeing.ie

Sexual Health Care, Advice and Support in Cork

www.mysexualhealth.ie

National Quit Smoking support

www.quit.ie

Alcohol information and support

www.askaboutalcohol.ie

Notes

Notes section with horizontal dotted lines for writing.

Notes

Notes section with horizontal dotted lines for writing.

Notes

Notes section with horizontal dotted lines for writing.

Compiled by Health Promotion and Improvement Department,
Cork Kerry Community Healthcare

Date issued: August 2023

