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Change is coming

Society is slowly waking up to the fact that there is more to menopause than hot flushes. It can be a turbulent time of life for many women.

It sounds like some kind of joke: what do Paula Bennett, Hilary Barry and Kate Rodger have in common? Not a lot you might think, other than being well-known Kiwi women in their fifties who have all hosted shows on TV.

And you would, of course, be quite right. Except there is another common denominator: in the past few months, they have all spoken out about their experience of menopause.

Bennett confided that she thought she was having a breakdown. Barry described her experience as “hideous”. Rodger announced that she was drawing a metaphorical line in the sand: “I refuse to navigate these perilous menopausal seas solo as a hot, sweaty castaway washed up on the desert island of middle age.”

It was three decades ago now that renowned feminist Germaine Greer published her tome on the matter, *The Change*. For a razor-sharp insight into the medical and philosophical history of menopause (or the “climacteric”, as she prefers to call it), Greer is pretty hard to beat.

“Though the literature on menopause is vast, until recently very little of it had been written by

Many younger women still seem clueless about the roller-coaster ride that lies ahead.

women,” she noted at the time.

The Change was recently updated to include more contemporary references. Even the Kardashians get a mention, but Greer remains as clear-eyed as ever. “Before 2000 we heard hardly one word in [women’s] own voices; now online blogs and chat rooms resound to a chorus of female protest and complaint, most of it ill-informed and misguided,” she grumped.

As a guide for how to age disgracefully, Greer’s book remains useful. But it won’t

be everyone’s cup of herbal tea. Thankfully, local publishers have also woken up to the trend of hapless women wanting to talk about their lives, and in particular their experiences of menopause.

I haven’t seen *Menopause the Musical* myself, so I can’t comment on its relevance. But I can personally attest to the fact that there is more to the menopause than hot flushes and middle-age spread, and it’s rarely a laughing matter.

Sadly, many younger women still seem clueless about the roller-coaster ride that lies ahead. Although it’s true that many women sail through this time of life without too many problems, some experience such massive changes that they quit their jobs and retire early.

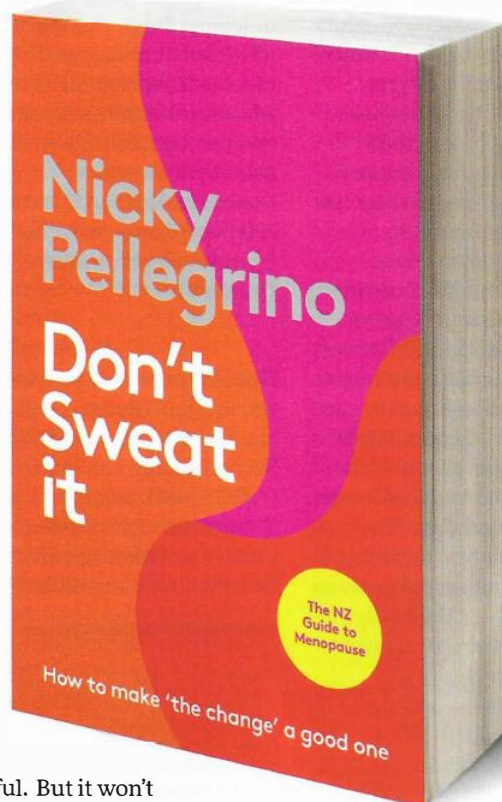
This is a terrible waste of talent, and it’s heartening that this hidden problem has finally been exposed. But not everyone in the medical profession, or in workplaces, is yet on board, and New Zealand appears to be lagging behind both Britain and Australia on the issue.

Thankfully, there are two local books on the subject due to hit shelves this month that should help to change things: Nicky Pellegrino’s *Don’t Sweat It: How to make ‘the change’ a good one* (Allen & Unwin), and Niki Bezzant’s *This Changes Everything: The honest guide to menopause and perimenopause* (Penguin).

I haven’t yet read Bezzant’s book, but I can vouch for the fact that Pellegrino’s one is both entertaining and informative. She is, of course, the *Listener*’s health columnist and a frequent contributor to this magazine, so I would say that, but I genuinely hope it flies off the shelves. As always, she has done a wonderful job of covering the subject with humour and pathos, and it should be required reading for any woman (or man living with a woman) who is about to approach, or in the midst of, this turbulent time of life.

After all, we might have come a long way, baby, but the great thing about being in your fifties in the third decade of the 21st century is you can be fairly sure there is still a reasonably long way to go. ■

– Karyn Scherer



SUBMISSIONS for *Upfront* should be approximately 600 words long and should be sent to listener@aremedia.co.nz. Full contact details must be provided.

LIFTING THE FOG

A rethink on hormone therapy and fresh openness in the workplace are helping to make menopause less disruptive for many women. **by NICKY PELLEGRINO**

Early last year, entirely unexpectedly, Julie Stafford lost herself. She went from being a confident, capable person to someone who often felt as if her job was beyond her.

"I was having panic attacks and heart palpitations," says Stafford, who is operations and projects manager at the University of Canterbury's College of Engineering. "I was so crippled by anxiety that I'd look at emails coming in and freeze, thinking I didn't know how to answer them. It was horrific. I've never experienced anything like it."

Trying to look competent when she felt anything but was exhausting. Previously a high performer at work, Stafford was battling brain fog, struggling to concentrate, and she feared she was letting her colleagues down.

"I have an amazing boss, but for months I couldn't tell her what I was experiencing because I'd got into a state where I felt paranoid and worthless."

She visited her GP several times and was prescribed medication for anxiety and depression, but nothing helped. By then, Stafford, 51, was post-menopause so it was a while before she began to suspect that the hormonal changes of midlife might be responsible.

"Everyone hears about the physical side of menopause, like the hot flushes and the sweats, but the psychological side is hardly talked about," she says.

There was a three-month wait to see

an endocrinologist, but once Stafford described her symptoms, she was reassured very quickly that she wasn't losing her mind. The specialist prescribed what used to be known as HRT (hormone replacement therapy) but we are now meant to call MHT (menopausal hormone therapy), and, taking a combination of oestrogen and progesterone, Stafford found herself again.

"Within two weeks, I was less anxious, and after four to six weeks, everything started settling down."

"Within two weeks, I was less anxious, and after four to six weeks, everything started settling down and I was back to normal."

Stafford has turned her very negative experience into a more positive one for other women. She initiated and led the university's Ruahinetanga: Menopause at Work Programme, launched on World Menopause Day (October 18, 2021). There is now training for managers to help them hold sensitive conversations with staff, a website with resources, educational seminars with experts, a group of women who have been designated as menopause supporters, and plans for a monthly menopause cafe, so people can chat casually over coffee.

"It's very isolating when you're in that dark space," says Stafford. "We want to keep the conversation going and take away the taboo of talking about menopause."

30-PLUS SYMPTOMS

Not every woman suffers greatly during the menopause transition. About 25% sail through without a problem, 25% have an extremely tough time and the other 50% soldier on through mild to moderate symptoms.

Particularly in the earlier stages of perimenopause – which generally starts in a woman's forties – it can be easy to miss that hormonal changes are happening, because the signs of fluctuating hormones are varied and can be attributed to other things.

During a woman's years of menstrual cycling, her oestrogen behaves in a fairly predictable way, but then in midlife, it goes haywire. For a while it roller-coasters up and down, until the ovaries shut down the production of oestradiol, leaving women to make do with a weaker version of the hormone – oestrone – which is also produced in the fatty tissue and adrenal glands.

Since there are oestrogen receptors all over the body, this has a dramatic effect, hence the 30-plus symptoms of the menopause transition, including flushes, migraines, vagina dryness, libido loss, insomnia, mood swings, itchiness, hair loss, aching joints and brain fogs.

The effect of lowered oestrogen on the brain is one aspect that science is still getting to grips with. What we do know is that



Help at hand: Julie Stafford is leading changes in the workplace.

women's brains age differently to men's, and menopause plays a key role.

At the Women's Brain Initiative of Weill Cornell Medicine in New York, neuroscientist Lisa Mosconi has scanned the brains of more than 160 women who were at varying stages of the menopause transition, looking at such things as structure, blood flow

and energy. Men of the same age were also scanned. She found the women lost information-processing brain cells, along with the fibres that connected the cells, but those changes didn't happen in the men.

It's now thought the female brain goes through this phase in midlife then adapts to the new normal, resulting in the temporary

cognitive changes of menopause and the disorienting sense of not feeling like yourself any more.

LOSS OF CONFIDENCE

When I was researching my new book *Don't Sweat It: How to make 'the change' a good one*, I talked to many midlife women, some in

Safer hormone drugs and better knowledge should spare many women from misery and frustration.

HYSTERIA, MANIA & MELANCHOLY



Menopause has long been viewed as a time to be dreaded. In the 19th century, middle-aged women, with their changing bodies and hairier chins and upper lips, were considered to be unwomanly viragos. Leeches were attached to their genitals to draw out the menstrual blood that the physicians of the time believed had somehow got stuck and needed to be purged. Women were advised to eat cooling diets, avoid inappropriate excitement and take tepid baths to calm a condition that it was believed could cause insanity, hysteria, mania and melancholy.

Last century, medical researchers got to grips with hormones and how they work, and the idea of replacing them once they went missing took hold. For a while, HRT was a huge success story and, by the 1990s, many women were on it.

The game-changer was a 2002 study called the Women's Health Initiative (WHI). A randomised, placebo-controlled trial with thousands of participants, it was halted after five years in a blaze of publicity after it was discovered that the women taking hormone therapy had an increased risk of

heart attack, stroke and breast cancer.

HRT's reputation was shot, and many women stopped taking it as a result of that study. However, 20 years later, the pendulum is swinging back again, thanks to advocates including UK specialist Louise Newson, who has been particularly vocal. On her website, balance-menopause.com, she writes that avoiding HRT in menopausal women can actually be detrimental to their health and that depriving them of it is causing unnecessary suffering. So, why the rethink?

First, the participants in the WHI were taking an older form of HRT, an oral oestrogen derived from the urine of pregnant horses, called Premarin, along with a synthetic progestin called medroxy-progesterone acetate. Now, modern oestrogens are based on extracts from

plants such as wild yam, flax and soy, and delivered by patch rather than pill. Along with a micronised progesterone, Utrogestan, which is available but not funded in New Zealand, these are considered safer options (progesterone is given to women with intact wombs because there is a risk of endometrial cancer when given unopposed oestrogen).

Second, when women start taking HRT is important. Many of the WHI participants were post-menopausal; some were a long way past menopause. Those who were under 60 – in the age band where you would be most likely to take HRT – had a reduced risk of heart disease, and their extra breast cancer risk was very small.

This "window of safety" is now part of the updated guidelines.

"For a symptomatic woman who is under the age of 60, within 10 years of menopause, whose quality of life is being affected, you should be discussing hormone therapy unless there is a good reason not to," says Auckland endocrinologist Stella Milsom. "The data is very clear on the balance of benefits to those women."

Those benefits extend beyond hot flush reduction, better sleep and reduced anxiety. Hormone therapy also prevents osteoporosis, bowel cancer, diabetes and possibly cardiovascular disease. There may even be benefits for brain health: a



The new normal: Stella Milsom, far left, and Louise Newson are vocal advocates of HRT.

2021 study from the University of Arizona found that women on HRT were up to 58% less likely to develop neurodegenerative diseases, including Alzheimer's and dementia.

Although it may be back on the table for women with no risk factors, such as previous breast cancer, that doesn't mean HRT is always easy to access. There can be long waiting times for specialists, and although GPs can prescribe it, many are wary – having trained in the WHI era, they hesitate to offer it as a first-line treatment.

“Women are told these symptoms are part of natural ageing and

“The data is very clear on the balance of benefits to those women.”

will all disappear, or to go on holiday or go on antidepressants,” says Milsom. “It's distressing to see the misery and frustration of women who have been to several different practitioners and hormones haven't been mentioned once, even though they might be an ideal candidate.”

For some women, symptoms will decrease in frequency and intensity once they are post-menopause – defined as not having had a menstrual period for the past 12 months – but others continue to suffer debilitating flushes into their sixties, seventies and beyond.

Since the WHI study, the mantra with HRT has been “the lowest dose, for the shortest time”, but that, too, is changing, says Milsom.

“There is no rule that says you must stop after five years or by the time you're 60. Around 40% of women will continue to flush. If a woman is healthy, she's a better candidate than one who has put on a lot of weight. But I'm increasingly finding it hard to justify discontinuing hormone use in my patients who have been on it for some years and want to continue.”



Jeanette Kehoe-Perkinson: “What happened to me took me to a very dark place and I couldn't let it happen to other people.”

◀ formal interviews, others far less formally over a glass of wine. What I heard most often was the phrase, “I've lost my confidence.” Women with highly successful careers who should have been at their peak said it. They had left jobs because they couldn't cope any more, or turned down opportunities. Many feared they were suffering from early-onset dementia. Some were angry. This doesn't happen to men, said one – a man's confidence seems only to increase as he follows the arc of his working life.

A 2014 survey by Nuffield Health in the UK found that one in four women with menopause symptoms were concerned about their ability to cope with life. It has been reported that up to a million British women leave their jobs as a result and some companies are beginning to respond with initiatives. Cereal maker Kellogg's has announced support and paid leave for staff going through menopause and Vodafone has made a global commitment to introduce support, training and awareness programmes.

On this side of the world, change has been a little slower. Early last year, a survey by Australian employee-benefits platform Circle In

found that 83% of respondents felt that being menopausal had negatively affected their work, and 70% weren't comfortable talking to a manager about it. In New Zealand, research released by the Gender Justice Collective in 2020 revealed that 72% of people thought it was important that there be menopause policies in workplaces but only 1% actually had one.

“Women in this age category are at the height of their ability. We shouldn't be losing that from leadership.”

Jeanette Kehoe-Perkinson is working to change that. She had her own career disrupted by perimenopause symptoms that were especially severe because she stopped taking HRT abruptly rather than weaning herself off gradually.

Kehoe-Perkinson and her family had moved to New Zealand from the UK, and the brand ▶

TONY NIBBERG

of HRT she had been taking wasn't available here. Busy with a senior role in human resources at a bank, she didn't get around to seeing a GP when her supply ran out and asking for an alternative. As a result, there were awkward hot flushes in the boardroom, and a seismic shift mentally.

"I couldn't remember words, I had brain fog and started getting anxiety," she recalls. "I've never had anxiety, ever. I was super-confident about my abilities and suddenly it wasn't there any more. Things I used to be able to do relatively easily I was struggling with, and I was having to work harder, putting in ridiculous hours to keep up, and having fairly frequent mood swings. It was the mood swings that damaged me the most because they affected some of my most important working relationships."

Kehoe-Perkinson quit her job and the next day went to see her doctor in tears because she thought she had early-onset dementia. Fortunately, the GP saw what she had managed to miss, and restarted hormone therapy.

"I felt like myself again, and have been feeling terrific ever since."

SUPPORT AT WORK

Having experienced how easily a career can be derailed during the menopause transition, Kehoe-Perkinson set up Power Pause, a social enterprise that she fits around her other work as an HR director, along with board roles and executive coaching. It takes her into businesses where she gives a presentation, talking about her own experience and sharing information about menopause to encourage a culture of openness.

"What happened to me took me to a very dark place and I couldn't let it happen to other people," she says. "Unless you've lived the experience, you don't realise this is a massive component of women dropping out of high-powered roles. Women in this age category are at the height of their ability, experience, knowledge and mentoring capacity, and we shouldn't be losing that from leadership."

Supporting midlife employees might be as simple as allowing them to start work later when sleep is problematic, adapting uniforms and letting them cool off outdoors if they are overheating, or simply creating a culture where talking about it is normal.

"One thing I always say is that this is a temporary phase, it will pass," says Kehoe-Perkinson. "My focus is on keeping people in their jobs, because if you fall out of work it can be difficult to get back in – you hit the ageism problem."

By 2025, there will be over a billion women throughout the world in menopause and, according to New York venture capital firm the Female Founders Fund, responding to their needs represents a US\$600 billion opportunity that is still largely unexploited.

Last year, Forbes named its first ever female "50 Over 50" impact list – entrepreneurs, leaders, scientists and creators who are achieving in the second half of their lives. It included US Vice President Kamala Harris, 57; TV producer and screenwriter Shondra Rhimes, 51, who smashed Netflix records with her show *Bridgerton*; and Julie Wainwright, who survived the crash of her business, *pets.com*, and, at 53, started again, founding luxury online consignment store The RealReal, which Forbes valued at US\$1 billion.

The UK government is reducing HRT prescription charges and is creating a menopause taskforce.

"No one is saying that in menopause women are no longer competent or able," stresses Kehoe-Perkinson. "Two minutes of a symptom doesn't make you incompetent."

Many of the New Zealand women I interviewed for *Don't Sweat It* were outwardly successful while inwardly struggling. Novelist and screenwriter Sarah-Kate Lynch (her show *The Sounds* premiered on Neon) said her self-confidence suffered in her early fifties, at a time when she ought to have felt secure in her work history. Dame Hinewehi Mohi, despite achieving so much with her Raukatauri Music Therapy Centre and her role developing Māori music with copyright agency Apra Amcos, spoke about feeling overwhelmed and anxious in midlife. Former Cabinet minister Laila Harré said she took antidepressants for the first time to help her through the low moods of menopause.

The fact there is a high rate of suicide in women in the perimenopausal years, and that those rates are rising, shows many are suffering.

THE NEW CONVERSATION

Kate Billing believes Generation X has the opportunity to change that. Digitally savvy, influential in the workplace and not

prepared to be dismissed as "old", she sees this cohort of women, and the millennials following on their heels, as potentially being the first to go through menopause on their own terms.

Billing, 53, is founder and creative director at specialist leadership development company Blacksmith, and her menopause experience took her by surprise.

"I would have three-day anxiety attacks and not be able to sleep and be incapable of putting a sentence together. What really grinds my gears is that I wasn't told about this growing up. It wasn't part of my education as a girl and a woman."

She started raising the subject with her female clients. Some had never given it much thought before. "One said our conversation had made her realise there was a whole group of women in their organisation they needed to think about differently."

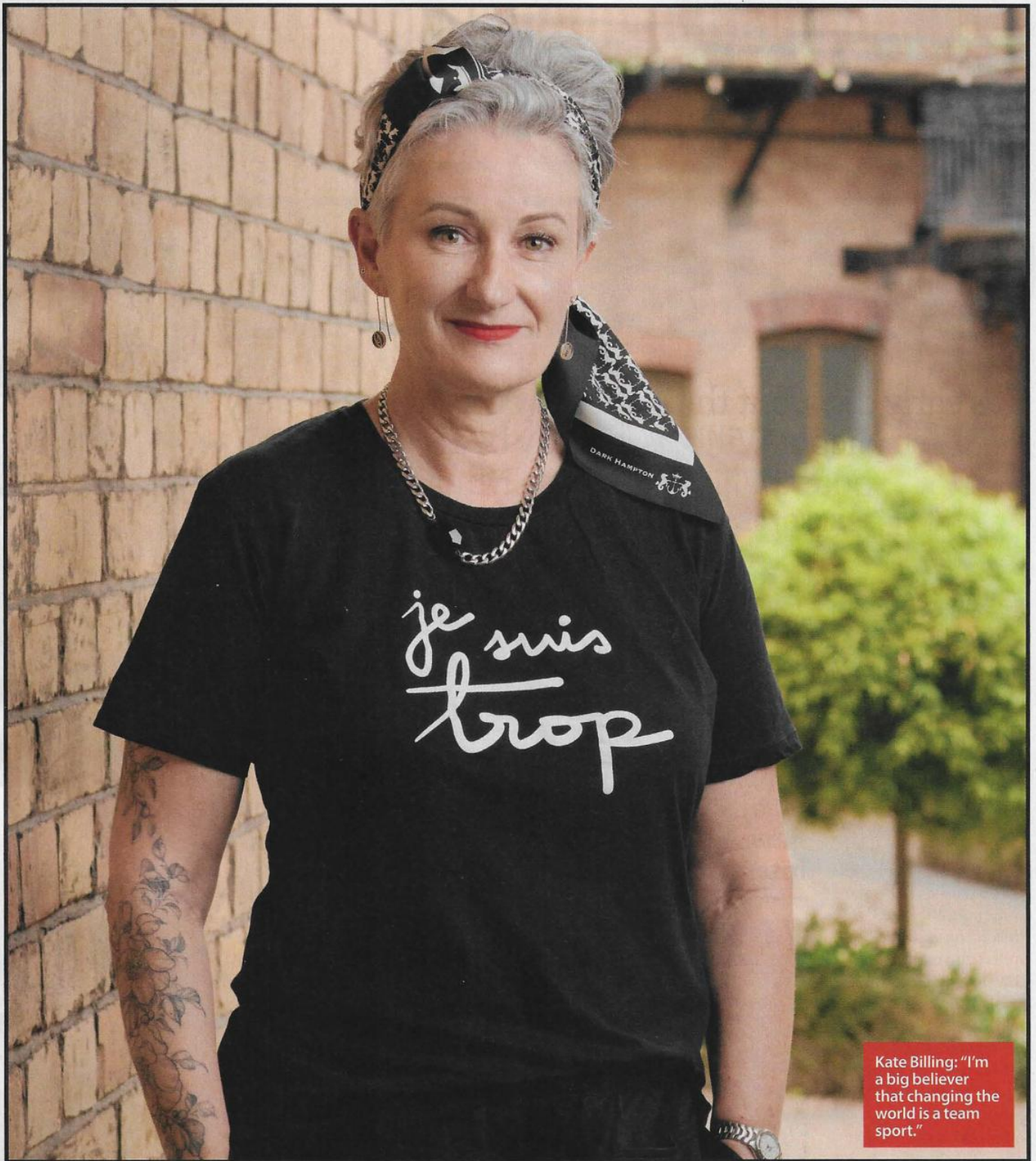
Billing has founded a Menopause Awareness & Action Community on LinkedIn, sharing news, tools and information.

"It's a relatively new conversation in New Zealand, but we can benefit from the energy and momentum that's building globally around it," she says. "I'm a big believer that changing the world is a team sport. While it's great that there are groups on Facebook where women can come together and talk about the experience, the thing about workplace change is that if we can get some of our larger organisations recognising this and making policy, practice and cultural changes, then people can start to lobby for policy change on a national level."

In some countries, that sort of movement is already happening. Last September, Ireland announced it would be establishing specialist menopause clinics. And in the UK, the government has reduced prescription charges on HRT and is creating a menopause taskforce to drive change in workforce policy, medical training, public-health messaging and school curriculums. It has also promised to make menopause a priority in an upcoming women's health strategy.

Labour MP Carolyn Harris has been among those pushing for more support and services in the UK. "If the menopause were an illness, or indeed a condition that impacted every man, it's unlikely that financial support would be so woeful, or public understanding so negligible," she has said.

Meanwhile, Sophie, Countess of Wessex, has become the first member of Britain's



Kate Billing: "I'm a big believer that changing the world is a team sport."

royal family to talk about brain fog and other menopause symptoms. She spoke at a virtual event for the charity Wellbeing of Women, of which she is the patron. "You suddenly can't remember what on earth you were talking about. Try being on an engagement when that happens. Your words just go ... it's like someone has gone and taken out your brain for however

long before they pop it back in again, and you try to pick up the pieces and carry on," she said.

In Hollywood, Salma Hayek fought for her character in the film *The Hitman's Wife's Bodyguard* to be in her fifties and experiencing menopause. And in the Middle East, incontinence-pad company Tena campaigned to change the Arabic

phrase for menopause from "the age of despair" to "the age of renewal".

Here in Aotearoa, Billing sees herself as part of a growing community of women who are driving for change.

"It's very exciting," she says, "because it's not only what we can do for ourselves but how we can make it easier and better for everyone that comes after us." ■

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