

Hi everyone and welcome to English practice for healthcare.

If you haven't listened before then thank you for trying my podcast. I'm Helena and I'm a medical English teacher and registered nurse in the UK.

My aim is to build your confidence in your interactions with English-speaking patients and healthcare colleagues.

So, I'm bringing you natural conversations with different English speakers all about their unique health stories.

There are explanations of some of the language that comes up and listening activities set to support your language learning. You can also read whilst you listen by downloading the transcript for free from my website and a link to this can be found in the episode description.

So, let's get started with episode 9, a chat with Lynne about her experience of the menopause.

What do you already know about the menopause?

Do you think we talk about the menopause enough both in healthcare and in society in general?

Or maybe you think we talk about the menopause too much?

Try thinking about this before you listen and see if your opinion has changed in anyway at the end of the episode.

Lynne and I talk about the importance of looking after yourself, the term for this is self-care. Lynne herself is a nurse so mentions how this is particularly important in this area of work.

You will hear me use the expression 'you can't pour from an empty cup', 'you can't pour from an empty cup'. This is an idiom, which means if you don't practice self-care and take time out then you won't be able to properly look after anyone else. It's in the same group of expressions on this topic such as 'to be burnt out' and 'needing to recharge your batteries', which means you need to rest and take some time putting yourself first to recharge.

Ok, and Lynne uses the word 'pamper', which in this context means to treat something with care, in this case herself. For example, you might pamper yourself by going to a spa, getting your hair done or just by being at home with your favourite food and watching something you like on the TV.

Other vocabulary to listen out for, the term perimenopausal, to be perimenopausal or in the perimenopause— is the period of time before the menopause, and it can last between a few months to a number of years and there can be as much variation in the symptoms experienced as how long they might last.

Ok, and the word coincide, to coincide with something, means to happen at the same time.

Listen out for what Lynne says the menopause might coincide with.

And a question to answer; when Lynne went to her GP, why didn't they start anti-depressants and HRT at the same time?

OK, hello Lynne

Hello, hi

You alright?

Yes, thank you, yes are you?

Fine thank you. So this is the second time we're actually talking um

Yes

The first time I interviewed you, I hadn't well no I had, it wasn't that I didn't press record

It just didn't record

Because I well, I think we decided it was your dog, wasn't it?

Ohh was it the dog?

It was, yeah

Oh, I didn't realise it was (supposed to be the dogs fault)

Because we were sat, sat on the sofa and and Teddy came between us and and there was a moment, I think when he did move

Ohh, did he unplug something?

I think that's. I think he just knocked it out of the um and then we hadn't noticed and we got um amazing

I don't think I'd registered that that was the problem, well, there's no dog tonight

There's no dog tonight

Hopefully, hopefully no

So I've got no excuse now maybe that was just a convenient excuse, blame the poor dog. Can't defend himself!

Ahhh

Anyway, so umm, what uh what? Where are you from, Lynne? Just remind me again

I'm from Sheffield

Yes, ohh, you are from Sheffield I remember

I've never moved

That's it but you don't really have too much of a Sheffield accent, do you?

No

No

I don't know why really, but no I don't I think my accents, quite neutral

And it, have you been working today?

I have

Mmmm

Yes, yes yeah, just working from home, though so it was quite nice. Yeah

And what do you do?

I'm a clinical nurse specialist in mental health

Ahh and how long have you been doing that?

30 years

Well done

Thank you

Um well, how has your, so what's your relationship like then would you say with so you work in healthcare

Mm mm

So

Yeah

Do you have a good so how do you view your own health? Often nurses are a bit guilty of putting their own health, well, at the bottom

Ok

Really at the bottom of the pile

(Yeah) um physical health, well, I try I've always tried to look after myself

Mm mm

I've always tried to exercise and eat well and look after my skin and, you know, that kind of thing um but I think I'm particularly aware of my mental health

Mm mm

and because my job is quite demanding psychologically

Yep

I, I've, I've learned over the 30 years

Hmm

How to prioritize self-care

Yeah

And what I need to do to kind of wind down at the end of the day

Yeah

And leave work behind

Yeah

So that I don't spend the night worrying and feeling stressed about whatever I've heard in the during the day

Yeah

So I think in terms of self-care and looking after my mental health, I think I'm pretty good at that

Yeah. Yeah ohh and I do I yeah I remember that from uh the first time I interviewed you, actually we said how it is something you have to learn

Yes

To do, it's not, it's often comes from, yeah, getting it wrong

Mmm

And maybe getting it wrong a few times, but still not doing anything anything about it cause it's easy just to carry on maybe with the routine of

Yes

Work, work, work

Yes, yeah

It's a learning process n you have to find out what works best for you

Yeah, yeah, yeah and I think when I was younger and I had young kids maybe I didn't prioritize it and that eventually, I think just as life moves on and your children get older and and leave home I think you naturally then think ohh you know this is this is my time for me now so what can I do differently to look after myself and um pamper myself a little bit

Yeah

So that's what I think over the past few years I've learned to do, which massively benefits my work

Mmm

It really does

Hmm

And it's, you know, it's nice. It's nice to think, you know, what do I enjoy? What do I want to fill my weekend with?

Hmm hm

That's um that's gonna make me feel good

Yeah. There's that saying isn't there that um you can't pour from an empty cup

Yes

That's it, yeah

Yes. Yeah, yeah

So you can't look after anyone else

Yeah

Without looking after yourself first

Yes, yeah, similar to the oxygen mask on the plane, isn't it?

Yeah

You know, you've got to put your own on first, otherwise you can't save anybody else

True

And I think, I think that's a lesson for all health care workers, really but certainly nurses who, as you said earlier, tend to sometimes neglect themselves and put everybody else first so...

Yeah

Yeah

Interesting

It's a good habit to get into

Mmm, um but you've had, so we're you're going to kindly share with us a, I suppose well, is it a recent health challenge? The menopause

The menopause, yes, yeah well, I'm 55 now and I would say I've become aware of being perimenopausal since I was 50

Hmm

So, it's relatively recent. I think it might have been started before then, but I, it didn't occur to me that I that it was happening until probably I don't know, 51 maybe

Yeah

Yeah, yeah

So what did it first start like? So you say it didn't occur to you that it things that were happening were associated with the menopause being perimenopausal

Yeah, I think. I think there's a few, a few things that make identifying being perimenopausal quite difficult. So the two main things I think are um firstly that everybody's symptoms are different and vary, you know, so you might have um some symptoms that are the same as your friends, but then you might have other symptoms that are completely different, or you might have a completely different set of symptoms from anyone you know at the same sort of stage so that makes it difficult to immediately think ohh, this is the perimenopause

Mmm

But also I think for a lot of women it coincides with life changes

Mmm

So for me, I was quite recent, I'd been quite recently divorced and my marriage ended quite suddenly so it was a shock I had, I hadn't anticipated that I was going to be divorced

Mm mm

Umm and so that was a really difficult time, which made me feel quite low in mood and when what I've learned is that when I'm low in mood, I get anxious

Mmm

And anxiety is kind of something that I seem to experience quite easily, quite readily, frequently

Mm-hmm

So I suddenly found myself without a husband, you know, alone,

Yeah

With no one to kind of lean on in terms of parenting because he'd just kind of gone

Yeah

Umm and then there was all the anger that came with that, you know? So and and it manifested in in anxiety

Yep

But I realized that at the same time I I I became perimenopausal and one of the big symptoms of of your oestrogen dropping is anxiety

Mmm

And my anxiety would hit me at 3:00 AM nearly every night I would wake up covered in sweat

Yeah

In a big panic, it was like a panic attack that happened in my sleep and woke me

Right

And I still don't know how much of that was to do with my life circumstances and the fact that it had been really difficult and how much was to do with, with my hormones so I I I kind of put up with that for

Mmm

2-3 years

Wow

Thinking it was to do with being on my own

Yeah

So I had lots of therapy and talked to lots of friends and tried to work my way through it and started exercising more and eating well and you know, doing things to try and make my mood better (but it)

And did that help?

Not really

Right

No and then there were there came a time when I was off work I'd been signed off by my GP with anxiety because work just felt like too difficult

Yep

And she said have you ever thought of HRT, um hormone replacement therapy? And I hadn't really

Yeah

But I said, well, I'll try it and she said, well, we could either give you that or we could try antidepressants, but she didn't want to try both at the same time

Yeah

Because obviously if things improved, we didn't know which one had helped so I I opted for the HRT and within a day of having a patch, an oestrogen patch on me, I felt better

Wow

And the anxiety didn't go away completely you know, I'm, I can still feel quite anxious and I always have been quite an anxious person

Yeah

But those panics in the middle of the night and the wake waking up thinking I was going to die

Yeah

Completely went

Wow did you know it was gonna like if it if it worked, if it was going to work, did you know it was gonna work so quickly?

No, no because then my GP phoned me about a week later and I said I felt better the the next day and she said that's normal

Wow

It's because your oestrogen levels were so low and we've topped them up with the patch has topped them up the levels

Yeah

Which reverses the the what you're feeling

Did it help with um, the sweat, the sweats as well?

Yes, yeah

Yeah

Yes, yeah

So do they just come on at any time or or was that or did you only get your sweats in the night?

No, mine was just night. So, there's two different versions of the sweats that you can get

Yeah

One is kind of the hot flushes

Yeah

Which can happen anytime where all of a sudden you know day or night you just suddenly feel heat rising in your body and like a furnace

Yeah

And like you go bright red. I've seen someone, I've seen a colleague actually have one in a meeting and it's quite it's quite obvious when it's happening I never have, never had them

OK

So mines the other, the other sweat thing is um night sweats so that's what I was having and I think what was happening was that my temperature rising, woke me up suddenly

Yeah

And then I panicked, panicked

Yeah. So is that cos disturbed sleep am I right, is also a symptom?

Yes

Hormones are quite umm I don't know they're well, they're very complex area

Mm mm

Of uh biology, human biology

Yes

Ok, great, that was the first half, so a quick summary of what we've heard:

Lynne mentioned anxiety, waking up in the night with quite acute anxiety – so acute meaning very intense, a sudden onset and normally of short duration but still

to the point of it feeling like a panic attack, sweating in the night and waking in the night covered in sweat.

She mentioned that not everyone experiences night sweats, they might experience hot flushes and that they can happen at any time.

I was speaking to a friend the other day actually who is entering the perimenopause and anxiety wasn't a symptom for her, she instead described feeling an overwhelming sense of 'flatness'. So to feel flat means like you just can't get excited about anything, she's not bothered by anything. She used the expression 'that she had lost her va va vroom', and this is like losing your passion for things to lose your va va vroom.

And like Lynne she was initially offered anti-depressant's.

Ok so Lynne had tried a number of the things, which are important, along with medication as required, to manage her anxiety and low mood uh so she tried eating better, she looked at her diet, taking exercise, talking therapies but none of these had helped, and she was signed off work because it felt impossible for her to do her job:

And then there were there came a time when I was off work I'd been signed off by my GP with anxiety because work just felt like too difficult

Yep

And she said have you ever thought of HRT, hormone replacement therapy? And I hadn't really

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But I said, well, I'll try it and she said, well, we could either give you that or we could try antidepressants, but she didn't want to try both at the same time

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And we heard there the answer to the question that HRT so uh hormone replacement therapy wasn't started at the same time as anti-depressant's so that its impact could be measured effectively.

Ok, in the second half you'll hear us discuss more about some of the possible symptoms of menopause and the perimenopausal stage as well as why it's quite difficult to test for these and to confirm when someone is officially post-menopause.

Also try and listen out for what increased risks to health the menopause can bring.

And we'll discuss Lynne's HRT patches and the dosages of these. You'll hear me use another idiom, which is 'in your back pocket', 'you've got that in your back pocket'. What am I referring to when I use this expression?

So why does a drop in oestrogen? Why is that so? Why does it bring about so many changes?

I mean what what people do know is that oestrogen is very protective

Mmm

So, it the effect it has on your body is things like maintaining muscle mass and maintaining bone density and maintaining kind of some kind of equilibrium physiologically

Yeah

And probably maintaining some of the feel-good chemicals in your brain

Yes

So I think oestrogen has a massive effect on so many different processes in your body

Yeah

So when it starts dropping off, which can be, you know, for some women, it's in their 30s,

Yeah

But the average I think is the average time it starts is in your 40s, early 40s um and it can take years to decline

Yeah

And for symptoms to properly be obvious I think the thinking is that over time if you oestrogen is dropping then your body is going to change

Yeah

So potentially your heart is more at risk. You know, you're more at risk of heart problems. Your bones are more likely to get brittle um there's so many symptoms, things like dry skin

Yeah

Itchy skin um it can affect your eyes, you can get really dry mouth

Yeah, dry vaginal area

Yes

Everything dries up

Yeah, yeah

But I do think for many women, having HRT and topping up the oestrogen is is a really, relatively easy, quick solution

Um so you take that now you still on

Yes

Yeah

And you can actually take it forever

Yeah, yeah

So, there's no harm in taking I mean, there are at risk groups but if you know, I'm not n I'm not talking about them when I'm, you know, talking generally for people, for people who aren't at risk um in theory, you can take it forever.

Mmm

I mean there does for a lot of people come a time when you're post-menopausal. So, that's when in theory your body's adjusted to the lower levels of oestrogen and you can come off the HRT and you just go into kind of the final phase hormonally, where every, you know, your levels are low but your body is used to it and you don't have to keep taking HRT but for some women, they just keep taking it

Yeah, and but that's very difficult to um there's a blood test you can do, but it's not a very reliable blood test

No

Blood test to show where cos that's why it's quite difficult to to manage contraception when you are more getting to the menopausal age

Yes

Because it's can be risky to stay on contraception, but it's very hard to say you're in the menopause so you're not at risk of pregnancy um, so it's not something that yeah, can be tested for

No no

I think it's almost completely based on symptoms

Yeah

So if you've got a cluster of symptoms, then a doctor will might say you are perimenopausal and then if they go, then they'll probably say you're now postmenopausal

Yeah, yeah um does the does your dose of HRT stay the same or do they play around with it for a bit?

No, no, so I started on my so I had to change my patch twice a week and I started on a 25 milligram patch

Yeah

Then it went up to 50 and then it went up to 75. So, I'm on 75 at the moment.

Right and would that be yeah, if it wasn't working, if you weren't getting benefits

Yes

They would say, OK, let's try and go up a bit

Yeah so after I'd been on it for a year the effective dose is 50 to start on, but they started around 25 just to check it, I was tolerating it OK and then quite quickly went to 50 and then after being on 50 for a year I did suddenly think, ohh, I'm not feeling so good anymore and and so I talk, talked to my GP who said well, it's fine you've been on 50 for a year, so it's very normal that we'll put up to 75 and then again, overnight, I felt better

Yeah

I felt great

So I now know I can go up to 100, but I don't think I need it yet. I'm kind of saving that

Yeah, yeah got it in your back pocket

Yeah

(laughs)

So have you changed? So so how did you feel when she said to you? Did it oh your perimenopause did it feel like a shock?

No, not really

No

Because I'm I'm quite late

Right, OK

So I've got friends who were around my age whose periods stopped 10 years ago

Yeah

But mine were still going, so I think I'm relatively late to hit this stage so, I was no, I was ready for it and it's fine, you know

And and was it and how did it almost feel in a way nice to know ah, OK yeah, I knew I wasn't right

Mmm

And this is

Definitely

Yeah

Yes, yeah

Almost have that like validity I suppose

Yes, yeah, yeah

And also it's quite nice when you've experienced the fluctuations of the menstrual cycle and you know, PMT and period pain and all of that, you know, which is quite difficult, isn't it

Definitely

You know, there's not many days in the month that are absolutely great

Mm

Um

Yeah

So it's quite nice to know that you're moving into a stage of life where that roller coaster ends and it all becomes a little bit more steady

Yeah. Yeah, no, that's yeah, that's one way yeah, to look at it, isn't it? Especially I suppose if you're someone who's really suffered from very, very heavy periods yeah or very particularly painful periods

Yes, yeah

As well. Yeah, yeah

And if you've, you know, if you're at a stage where you don't want to contemplate children either because you've never wanted them or you you just, you've had them and don't want more you know, it is absolutely makes sense to

Yeah

To not go through that cycle anymore

Yeah. Yeah

Which I suppose if it happened to me much earlier, I probably wouldn't have come to terms with it as easily

Yeah

But because I was late to, you know, I was into my 50s

Yeah

Just felt like the right time

Yeah, yeah but it's something I suppose that if you are working with uh people going through menopause, I think what you just said there coming to terms with it

Yeah

Is quite interesting it is something to come that um women have to come to terms with it might be easy, it might be difficult

Yeah

But you need to acknowledge it's a big change

It's a change, yes

Yeah

Yes

You've got to get your head round it and potentially like for yourself you were going through a lot of um symptoms for a long time before as well, and that can be like draining so

Yes, yeah, yeah

Mmm and I've got one last question

OK

Do you have to pay for your HRT?

Well, you only have to pay annually. So you pay, you get a, you get a certificate, a self I can't remember what it's called so basically every June I have to pay for my prescription and then I don't pay for the rest of the year. It's only in June I make I pay once

Mmmm

Do you know what I mean?

Yeah

So, it's not completely free, but it's you know, so I have oestrogen and progesterone. So, I have two prescriptions so that's £18, £19 pounds

Yeah, because it's about £9 for one

Yes, I just pay once a year

£19

Mmm

OK, OK, right. Good

But that's only recent that's something that

Is it

Yeah, yeah so there's a there's a group of women that's kind of celebrities and MP's who fought for that. Well, they they fought for it to be completely free

Yeah

But what they what they got was um just that you pay once

Was a big improvement

(which is amazing)

Was a big improvement

Yes

But, yeah, really it should be, yeah

Yeah

Because it is it is something where, I mean I think I've shown today that I don't really, I don't know much about it.

But it's yeah, an interesting one

Yeah and it is all over social media, you know, like on Instagram I follow I I started following one person who was promoting the menopause and talking about it and I've and then I found lots of other people so now I'm following quite a few so it is big, it is out there, but you have to find it I think

Yeah, yeah, yeah well, luckily, I've had you to teach me a bit about it

And I'm always here If you want if you want more

Thank you. Thank you for, yeah, for your honesty, really interesting thank you

Thank you for your interesting questions It's a pleasure

Thank you Lynne, bye

Ok bye

Bye bye

Ok, brilliant, thank you so much to Lynne for talking so openly and honestly

Lynne and I talked briefly about blood tests and considerations when taking hormonal blood tests. A suggestion for further study is to complete some of your own reading on this topic. I have put a link in the episode description to 'The Menopause Charity' an excellent UK organisation with lots of reliable information that you can read in English.

And we've heard how for Lynne HRT made a huge difference to her symptoms. One friend who helped me with my research in making this episode mentioned how HRT might not work as quickly or effectively for everyone. You may wish to reflect on this further and think about how you would communicate this to patients by managing expectations in a positive and supportive way.

We discussed some different perspectives towards entering the menopause, it might be a relief, a shock, everyone will feel different so in terms of communication giving people time to describe how it makes them feel and listening to that is important.

I used another idiom, three today, to describe this process, which was, 'you've got to get your head around it', you've got to get your head around it. We use this expression when something is difficult and requires some mental processing. I also used the adjective 'draining' for symptoms to be 'draining'. This means when things use up a lot of energy and this links back to the first theme of self-care and re-charging when we are going through difficulties.

Finally, I said 'got that in your back pocket' to refer to the higher dose of HRT that Lynne wasn't yet using. This is an informal expression similar to 'to having something up your sleeve' and refers to having some sort of advantage um something available to you that you can use um well if and when it's needed.

Right, well wonderful work. I hope you've learnt some new English and things about the menopause. We really only touched on a few of the topics related to menopause here, for example, we only mentioned progesterone there at the end when Lynne was talking about her prescriptions, so progesterone is another hormone with an important role in the perimenopause and the menopause. Remember as always this isn't a podcast for medical advice or guidance and the views expressed only reflect those of the individual speaking.

Nonetheless, I feel this episode has hopefully highlighted how menopause can be a sensitive and complicated topic but probably the worst thing we can do is avoid talking about it. We need to be able to talk about it openly with friends, with partners, family and with employers. People sharing their stories is a great route to this.

Ok, great, this podcast is still fairly new so if you have any feedback or questions at all then please feel free to get in touch my email is helena@englishpracticeforhealthcare.com. If you've enjoyed this episode, please share it with people you know learning English or who might already be working in healthcare in an English-speaking country, and you can also rate this show if you're on Spotify or Apple with five stars please um and yes thank you again for listening and I'll speak to you in the next episode. Thank you, bye.