

# Menopause

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[ 0 : 00 ] So like I said, I'm no expert on menopause. I'm not a seasoned public speaker, but I have thought about it and was asked to do this talk. So it's really good, I think, just to chat about it, but as I say, I'm no great expert particularly. I'm also aware that this topic might raise some painful and difficult issues for people, perhaps as we discussed being a woman, being a mother. I don't know lots of you, so I don't know what your own personal circumstances are. So can I pre-emptively ask your forgiveness if I sort of inadvertently am insensitive or clumsy in my handling of the issues? So I'm sorry if I get that wrong and that feels difficult or painful for you.

Okay, so we talked about it being much bigger in the media recently, so Davina McCall and Mariella Frostrup all doing their bit to raise awareness. You may or may not know that from April you haven't had to pay for every prescription you have for HR2, so you pay one off fee and then the rest of them are free for the year. That's as a result of sort of media and a big push from all these people. Look, in previous generations, women may well have died soon after the menopause, but now women are living maybe a third or even a half of their life after the menopause. And clearly women have always experienced it, but I wonder if maybe in previous post-war generations people were very stoical and robust. Maybe they just got on with it.

Perhaps they were less than kind to talk about their experiences. Look, it's definitely not new. We're perhaps just a bit more aware of it. The retirement age has been pushed back and back, so there are many women who will be working for many years doing their jobs while experiencing menopausal symptoms. That's perhaps a new thing. It's much more, isn't it, in our collective consciousness. Government policy makers are realising that it's an issue and it may be, you know, obviously half the population is going to be affected by this potentially.

And women themselves are accessing information, joining online forums, seeking help from GPs and other professionals. And up until recently, I would say it's not been discussed in church really at all, and it's just beginning to now, but there's more to come, I think.

All of that said, menopause are still really poorly understood. I'm amazed my friends and colleagues and people that, you know, don't know very much about it have lots of questions about it. It can be a time of disorientation, isolation, physical discomfort, mental angst and spiritual questioning. So what I want you to do now, just in your little groups of twos and threes, very quickly, have a brief chat about your experience of menopause, what you think about menopause. I want you to come up with two or three questions, perhaps, that we'll put up here, and I hope by the end of my little chat, we will have covered lots of those things.

[ 2 : 44 ] Let's say I can't promise to answer every question. Now then, probably, I should have said this before we did that, but the brief proviso is that I'm not speaking to you primarily as a GP, I'm talking to you much more about the spiritual stuff. So some of these questions may well be that you need to go and talk to your own GP about it. We will come back to those things, but that's not really the purpose of tonight necessarily. I'm going to give you a framework, but I'm not going to ask, and it's all very individual. So on your handout, you can see that we're going to go through four basic headings, if you like. The what is happening to me. Now, actually, most of this is what is happening to me. What's menopause, what's the rest of life? Actually, that might be, how should I be thinking about menopause?

Let's do that for the second one. Mother's experience, that's more what's happening to me. When does it start, what's happening to me, that's sort of medical. What do I do if I can't have HRT? Hormones and younger. So lots of these are more the medical things, other options. How long does it last? NACAD might be a bit more. Is it, what's going on?

Okay, we will come back to some of this, and I'll cover it as we go. But I just wanted us to have a feel for what's happening. Right, what's happened to me? So briefly, menopause. Menopause is the

last period you ever have. You don't know it's your last period until you haven't had one for 12 months afterwards. Okay, so that is your menopause. When your ovaries have stopped producing hormones, the estrogen and the progesterone, you stop having your monthly cycle, you stop producing an egg, and everything kind of winds down.

The perimenopause is the thing around that time, where you may have some bursts of your own ovarian activity, but things start to change, and you might get gaps between your period. You might have quite a few months without a period, and then it can start again. So that's why we say you don't let some menopause until you haven't had one for a whole year.

The perimenopause can last from this amount of time to this amount of time. I mean, we're talking years and years. Some people, they can have issues for a very long time. Okay, and that's when you're starting to get your irregular periods, your hot flashes, your symptoms.

[ 5 : 02 ] The average age for menopause is 51, but there's a big range. And anybody kind of presenting with these kind of symptoms after 45, as doctors are starting to think, is this actually perimenopause symptoms? Other definitions. So early menopause is getting those symptoms between 40 and 45.

What we used to call premature menopause, we now call primary ovarian insufficiency. That's sadly when these things happen before 40, so that's very early. Okay, so when I did this talk Friday, I wondered whether we had menopause bingo about the symptoms, and we could have kind of full house. We won't do that, but there are lots, aren't there? So this can be the vasomotor symptoms, the hot flashes that we know about, night sweats, or even just a general sense of feeling just hot all the time, even when it's not a kind of flash, hot flush type situation. Here we go. Joint pains, headache, fatigue, dryness of skin and hair, dizziness, palpitations, kind of cognitive things like poor concentration, one that I really enjoyed, word finding difficulty. We'll shove with multitasking, effects on memory. So often women will say to me, I really think I'm getting dementia here, because I can't remember anything, what's going on. Sort of mood things, so low mood, anxiety, irritability, mood swings, loss of confidence, all of these things that can really lead to reduction in the quality of life. Next, urogenital issues, so irritation, discomfort, dryness, itching, going to the loo more often, urgency to go to the loo. There can be problems with sexual dysfunction, so dryness that causes pain when you're having intercourse, along with reduced libido and low mood, loss of confidence, all of that can really impact on your healthy sexual function.

Okay, so that's what's going on. Great, sounds wonderful. Treatment, so let me just briefly touch on this. Again, let me emphasize this, it's not one size fits all, and each woman actually, it's a sort of, you need to have a conversation to work out what might suit you, what might not.

So in our conversations with our patients, we also talk about lifestyle things, so having a good diet, making sure you've got some calcium in your diet for your bone health, probably some vitamin D. Exercise is good, particularly weight-bearing exercise, because that makes your bones stronger, so you're less likely to fracture them if you fall, you're less likely to get osteoporosis, which is thinning of the bones. Not smoking, not drinking alcohol to excess, not putting on too much weight. We can say those things about many things in medicine. The healthy lifestyle is really important. There are some over-the-counter supplements, things that you might have heard of, so black cohosh, red clover, ginseng, soy, things like that. There is some evidence that they can be helpful, but the amount of estrogen that you're getting is actually very little. So the question is, where's the help coming from?

[ 8 : 07 ] Is it more of a sort of placebo effect? But they're there, and people can buy them. We don't send people to buy them, because the evidence is not strong for their efficacy. But if you talk to people, they can get them over-the-counter from the pharmacist, and some people are helped by that. Sometimes antidepressants might be useful, just if that side of things is particularly problematic. And then there are also some non-hormonal agents that can be used for hot flashes and bone health that have nothing to do with hormones. There are those too. However, by far and away, HRT is useful for all of these. And in essence, it's replacing the estrogen that your body no longer makes for itself. And it can come in the form of tablets and patches, gel or spray. The topical forms, topical means it's absorbed through the skin. By far and away, those are what we use now, because the side effects of those have been shown to be much less than taking the tablets. So all things being equal, that's what we'd start a woman off on now, is the topical type of estrogen. Now, along with that, if you still have a uterus, you have to have progesterone as well. If you only have estrogen, the lining of the womb can overgrow and then become abnormal. So you have to have a

form of progesterone. And that can come in different methods. It can be from a marina coil, which is a coil that produces estrogen slowly over the course of several years, or taking a progesterone tablet. Now, a further consideration that makes it all a bit more complicated in your head is how you take the progesterone.

If you haven't had a period for a year, for those 12 months, you can take estrogen and progesterone every day. And that's fine. If you're within that 12-month period when you have still got some residual activity of your own ovaries, you can't have that because you end up bleeding all over the place. So what we do is we give people a cyclical regime where you'll take progesterone for a set number of days within each month. And then you have your bleed when you stop the progesterone. And that's really just because otherwise you're all over the place and you don't know where you are. And then what we do is a year or two down the line, when probably your own activity has finally stopped, we then put you onto the continuous both every day.

Another medication that your GP can prescribe is vaginal estrogen. So that's either a gel or a pessary that you use on your vagina to plump up the tissues and make them more comfortable. And all those urogenital things I talked about can be helped by that. And some people need both things.

They need the HRT with the gel on their skin and the progesterone and they need the vaginal estrogen. There are also a variety of non-hormonal lubricants that people can use to help for sexual function as well. And then lastly, testosterone, which is much more contentious, primarily because it's off-license. And so if you go and see a private menopause practitioner, they'd love to give it to you.

[ 11 : 13 ] But in the NHS, because of funding and because of it not being licensed, it becomes much more tricky. And so you might get it from your NHS deeply, but they may not be able to give it to you.

Okay, so those are the hormones in very, I'm sure, very quick, sorry, but I just wanted to give you a feeling for that. Side effects and benefits. So side effects, when you start your HRT, it can make you feel a bit headachy, it can make you feel a bit bloaty, it can make your breasts a bit sore, all those things that you might have experienced sort of pre-having a period, those kind of things. But usually after a month or two, that will settle down. Benefits, lots and lots. So reduction in symptoms, just generally feeling better, increased quality of life. When I talk to my ladies on the telephone for an HRT consultation, it's such a satisfying consult because we can have a proper chat and we start them off and you know, two or three months later, I talk to them and very, very often they say, this has really helped me. I feel so much better. I'm sleeping better, I'm feeling better, everything about life just feels better. So it's quite a satisfying consultation to have. In addition to that, the relief of these symptoms, there's lots of other benefits. So cardiovascular health can be improved, so chances of having trouble down the line from heart attacks and straits and things can be reduced. Bone health, we talked about that, you're less likely to break a bone if your bones are strong. It can help with those urogenital symptoms that lots of people are really bothered by. And there is some evidence it can help some women cognitively. There's evidence that a small group of people that have a reduction in their dementia risk, but it's a small group. It's not a general thing as yet, but there's more studies to be had on that. Okay, risks. Not everyone can take it. Like I said, it's an individual thing.

One that I'm surely aware of is breast cancer. So if you've got a personal history of breast cancer, it's a no-no. If there's a family history of a breast cancer, that's a conversation that can be had. It's not necessarily a no-no. It depends what kind of cancer has been in the family, your own personal risk. So that's a longer conversation to be had. Okay, also really, really important, you need to consider contraception. So if you're still having the odd period here or there, you are still producing an egg. So don't presume that just because you're only in your late 40s or your 50s, you wouldn't get pregnant. It still can happen. So you need contraception until you've had a whole year of not having a period. Okay? I mean, you may be fine with that, but I think most people wouldn't want that as a surprise. Okay, right. So that's the medical bit. I know it's been a whistle-stop tour. We can come back to it. Much, I think, more helpfully, perhaps, is to think about how we should be thinking about this in terms of spiritual aspects. So let's just have a look. There, you've only got half a page for all of that.

Thank you. Right. So, what then is a godly attitude? Speak about men, of course, think about this time in a woman's life. How would God have us approach this whole thing? So menopause

coincides with the time of life when there's lots of change going on. There may be changes to your work or your responsibilities. If you've got children, they might be leaving home, or actually, increasingly, they might be coming back again. You might be thinking about retirement, though, as we said before, actually retirement age seems to be going up and up, so maybe that's not happening either.

You might have increased caring responsibilities for elderly or frail parents. And on top of that, you've got this debilitating, confusing, unwelcome set of symptoms that impacts every aspect of your life. It affects our bodies, our marriages, our view of ourselves, our work, living in the world, living in church. It affects everything, doesn't it? And it can be characterized, I think, by a sense of loss. Things we once had, we no longer have. Opportunities that I had have passed. I thought life would be in a particular way, and actually, I haven't turned it out like that. It's a season, isn't it, of change, of questioning, of re-evaluation. And I think I've got it down there. So, four losses. So, first, fertility. Second, femininity. Third, the role of motherhood. And fourth, the loss of competency. And it can really feel like you've lost your marbles. Okay, so I'm going to talk about the first one, and then I'm going to get you back into your groups just looking at some of these other things. So, let me just, as I say, expand on the first of those. So, as it's fundamental, metaphors signifies the end of fertility, the loss of the ability, or the end of the possibility, to bear children. Now, for some people, that is a welcome relief when their periods stop. But for others, it actually might be a really painful and definitive passing of the opportunity to bear children. There's much more to be said about fertility and childbearing in the

[16:29] Bible, and what it means for the growth of God's kingdom, but we haven't actually got time to do that today. There's also something to be said about those of us who are mothers. So, do we identify with that role, that label, so much that when our children leave home and become independent and don't need us in the same way, we're kind of left bereft? What is it to be the mother of adult children? And we should ask, I think, have we in some way idolised that role, perhaps? And now it's changed? We know idols in our heart are exposed when they're challenged or taken away from us.

I think that's something we can think about. Okay. If you look up menopause in the Bible, you won't find it in concordance. But it does have lots to say about getting older and about identity and purpose, who we are and what we're for, if you like. So, what I think we should do now...

So, there are six passages. One, two, three, four, five, six. Yeah, six passages there. And I want... Let's... So, let's go around the room. So, one, two, three, four, five, six. So, if you look at those different Bible verses there and just have a little read and think about what we need to learn about this time of life and what the Bible says. And then I'll go through in a minute what we think. Okay. First off, so, death is coming. Psalm 90. Teach us to number our days. Ecclesiastes 9. All will share a common destiny. Time and chance happen to them all. So, like, ageing and death are common to all of us.

We shouldn't be surprised or somehow resentful that we're getting older. I don't know if any of you have read this. Rachel Jones' book, A Brief Theology of Periods. Have you seen that? It's a little pink book. It's really good, actually. She's got a chapter in there which touches on menopause. And this I found so helpful. Let me quote what she said.

[18:31] Our timepiece, that's what she called it, our timepiece is a blessing if it tells us the truth that we'd often rather avoid. We are all ageing. More to the point, we're all dying. Our womb may shut up shop first, but one day so will our bodies. Men don't have that. It's a truly visceral reminder, isn't it? That this is not all that there is. This world, our bodies will pass away and there is much better to come. I thought that was really helpful.

So, let's work then to reframe our thinking. Let us use the experience of menopause to continually remind us of the coming kingdom, where we will be with Jesus, worshipping him as we're designed to do forever, and where there will be no more death or mourning or crying or pain.

So, rather than rage against it, reframe our thinking. Think, I'm going somewhere else. I'm going somewhere better. So, that's the first thing. Secondly, your body is decaying.

So, the 2 Corinthians 4.7 says that we have this treasure and jars of clay to show that this all-surpassing power is from God and not from us. And then on from there, therefore, we do not lose heart, though outwardly we're wasting away, yet inwardly we're being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all.

So, we fix our eyes not on what is seen, but on what is unseen.

Since what is seen is temporary, but what is unseen is eternal. So, look, our bodies are a gift from God. The processes going on in our bodies do matter.

[ 20 : 11 ] Body and soul are inextricably linked. The Bible doesn't allow us to subscribe to that Gnostic heresy that says our bodies are insignificant or evil. We live in our bodies. We become like Christ in our bodies. Our earthly bodies are temporary. They're only temporary, but they do matter. However, we live in a fallen world. Since the time of Genesis 3, we have lived in a world impacted by man's sin. Every aspect of ourselves and our world is tainted by that sin and the judgment that it brings. It is the world that is broken and decaying. But as those forgiven and saved by the Lord Jesus, we wait in eager expectation for the new creation that's been promised.

But for now, in our lives and in our bodies, we see and experience the impact of that fall. Suffering, disease, aging and death are all parts of the experience in this world that we must expect. Okay? So, that's second. Thirdly, you're valued. So, the Ephesians passage, Ephesians 1, 4-6. Just concentrate on this. For he chose us in him before the creation of the world to be holy and blameless in his sight.

In love, he predestined us for adoption to sonship through Jesus Christ, in accordance with his pleasure and will, to the praise of his glorious grace which he has freely given us in the one he loves.

Society in the prevailing culture has some things to say about the value of older women. Lots of it is contradictory. We can read in the media, can't we, about the outcry that there are not enough significant female roles for actors in their later years. They lose their appeal. They're not wanted. They're past it. The world around us prizes youth and most of the time it's prone to ridicule, ignore or sideline older people. Society often discriminates against them and fails to dignify or even acknowledge the contribution older people have to make.

[ 22 : 12 ] The Bible, on the other hand, tells us that God values each of us as his child. Chosen since the before the beginning of time. Just look at the words in that passage. Chosen, loved, adoption, sonship.

How blessed we are to be viewed, to be valued by God in that way. And that status of child of God is not applied just at the beginning of our walk with the Lord Jesus.

It's not related to our chronological age. So the octogenarian whose body is ravaged with disease, whose mind is rendered disordered by dementia, is still a child of God.

I found that really powerful. Fourthly then, Matthew 10. Are not two sparrows sold for a penny? Yet not one of them will fall to the ground outside your father's care. And even the very hairs of your head are all numbered. So don't be afraid. You're worth more than many sparrows. We need to remember God knows, knows about and cares about every detail of our lives.

[ 23 : 17 ] Even the smallest thing. He knows how many hot sweats we've had. He knows how many sleepless nights we've had. He knows and cares about us. We know this passage, don't we?

But do we ever stop to actually marvel just to take a moment? He knows the number of hairs on my head. I did look it up. Apparently it's 100,000. Just ponder that a while. He knows that about us.

So we can be sure that he knows and cares about our struggles with menopause. He knows everything about us. Fifthly, your beauty comes from within. So 1 Peter 3.

Your beauty should not come from outward adornment, such as elaborate hairstyles and the wearing of gold jewellery or fine clothes. Rather, it should be that of your inner self, the unfading beauty of a quiet and gentle spirit, which is of great worth in God's sight.

So just as we identified before the loss of fertility, there's also a loss of what we perhaps perceive as femininity. Hair loss, greyness, weight gain, skin changes.

[ 24 : 20 ] The battle against these signs of ageing rages around us. Youthfulness is highly prized in society. We only need to objectively observe the types of advertising that we're bombarded with, to know the effort we're encouraged to make to stay looking young.

We would do well to reflect on how much of a hold that worldview has on us. How much effort and importance do we place on how we look? Has maintaining youthfulness become a driver and idol even?

And what then does it mean to be a woman of God? What does God define as feminine? The woman in Proverbs 31 gives us an example of what God values.

You'll notice it doesn't mention physical attributes, but it speaks clearly about her noble character, her wisdom, her dignity, her fear of the Lord. That is what God desires for the women who are his

daughters.

Sixthly, and finally in this section, your weakness is used by God. So 2 Corinthians 12, My grace is sufficient for you. My power is made perfect in weakness, so that Christ's power may rest on me.

[ 25 : 31 ] Weakness. I think this is perhaps a particularly passionate one for us, where we live in this part of London, and the sort of lives that the Lord has blessed us with. And the Lord has been really teaching me through this one.

I don't know about you, but I like to identify, to think of myself as competent and organised and together. For an example, on accepted days recently, I lost my phone in my own house. It was on the draining board, obviously. And the delay caused by looking for it meant I missed my train and then was late for Bible study. And then the very next day, I arrived at the Leviticus Centre for my class 15 minutes after it had started.

The time was clearly there in my diary, but I just was late because I wasn't together. It seems I'm not so competent, organised and together, as I like to project. The fact that these scenarios made me so cross is just proof of the fact that in some sense, I hold too strongly to that image.

The image I have of myself. I've made my reputation both to myself and to others something of an idol, and I don't like it when it's challenged. So whether you can apply that to yourselves, I don't know.

[ 26 : 44 ] Okay. So those are scriptures that help us to think through how to reframe our thinking about it. And then in the last section, I want us to think a little bit about how to cope with the menopause.

So firstly, steep medical advice. I already talked about that, but adopting a healthy lifestyle is certainly not for everybody. And I don't want you to hear me say you've got to go on HRT, but do consider talking to your own GP about the possibilities if you haven't already.

Right, we've got five R's. We like our points to start the same letter. So first off, rely on God's promises. So there are lots of truths and promises that we looked at in our passages.

Do you remember, we're chosen by God. We're adopted as sons. We're treasured. We're cared for. So while our bodies get older and die, we do have the promise of heaven to look forward to.

And God, by his Holy Spirit, is growing us in Christ's likeness day by day. We should acknowledge our weakness and lean on God's power. And we should focus on the promise of a day to come.

[ 27 : 51 ] When our physical struggles will cease and we will be with the Lord Jesus forever. So rely on those promises. Feed on them. Spend time thinking about them so that they're in your mind, at the front of your mind.

So rely on those promises. Secondly, again, renew your mind. So Romans 2 verse 12 tells us, have I written that down? No. Do not conform to the pattern of this world, but be transformed by the renewing of your mind.

Then you'll be able to test and approve what God's will is, his good, pleasing and perfect will. Look, we live in a world that's constantly influencing our attitudes and our thinking, our desires and our values.

Those messages are not neutral. They either point us towards God or they point us away from God. Those messages are subtle and our hearts are sinful. So we mustn't be naive about their unhelpful influence on us.

We need to renew our minds. And as we know, the Bible equips us with what we need to do that, to reframe our thinking about what's important. About our value to God.

[ 29 : 01 ] About what is really true. About the now and the what is to come. When we're struggling with the menopause, as in all of life, we turn to what our loving Heavenly Father tells us in his word, for comfort and loving correction.

We need a renewing of our minds. Thirdly, we've touched on this before, reject your idols. It's hard, but we do need to hear it. Look, the emotional impact of menopause can be huge.

Why is that? An idol, I'm sure you know, is a good thing, turned into a God thing. We replace the value and importance due to God with a value and importance derived from elsewhere.

So that might be the idol of youthfulness, the idol of motherhood, the idol of competency. If we place too high a value on those things, those things that we then lose in menopause, menopause will hit us hard.

If we want to be less emotional about menopause, we should root out those things that we price too highly. If we value rightly the things we're losing, it might not feel quite so traumatic. The Bible tells

us clearly that we are idolaters.

[ 30 : 13 ] We worship things that are not the living God. And we need each of us to identify the idols in our lives and repent of them. We need to bring them to the Lord, to seek his mercy and forgiveness, and to pray for ongoing help, the help of the Holy Spirit to root those things out day by day.

Okay, fourthly, reconcile with one another. So having sought God's forgiveness, we now need to ask forgiveness of those around us.

Perhaps in particular, our friends, our husbands, our families. It is no good just to say, it wasn't me, it was my hormones. We are all responsible for the things we think, say and do.

When we're short-tempered, or impatient, or unreasonable, even if the extenuating circumstances is debilitating menopausal symptoms, we need to own our sin and we need to say sorry.

Now this is a helpful visualisation that you might have seen before. I think it's Paul Tripp in a talk about anger, I think. So if I shake this bottle, what happens?

[ 31 : 23 ] If I shake this bottle, what happens? The water comes out. The water comes out. Now that, don't know about you, but I like to focus on the shaking, the agitation, rather than what's coming out.

The point being, the agitation is my menopausal symptoms. But actually, when we're shaken, it's what comes out of our hearts that we see. So what's in the bottle comes out.

So if actually, I'm angry, and menopause shakes me, and my anger comes out, the issue is the anger in my heart, not the menopausal shaking. So we need to dress what's inside, not focus on stuff that happens to make what in our heart comes out.

Does that make sense? So I like to focus on the agitator, the circumstances, but that's really just self-justification. What's important is what comes out. Okay, fifthly, fifth R, review your patterns of service.

So we've talked quite a lot about identity. Who am I? Another question that menopause poses is that of purpose. What is my role? What am I for? As we've said, this is often times like when things change.

[ 32 : 35 ] So you might have a bit more headspace, a bit more time. If the children are gone, or you're working less, there may be abduction, those sort of parenting responsibilities, a bit of a slowing down.

One could be tempted to settle into a time of well-earned rest. That's not bad in itself, but if we're committed to serving the Lord, this is just a different season of ministry life with different opportunities.

The Bible has various examples of older women, Naomi, Anna, Elizabeth. They were all used really powerfully by God in their later years. I'm sure that you've studied the passage in Titus that exhorts older women to disciple younger women.

It is there on the handout. So Titus 2. Likewise, teach the older women to be reverent in the way they live, not to be slanderous or addicted to much worry, but to teach what is good.

Then they can urge the younger women to love their husbands and children and to be self-controlled and pure, to be busy at home and to be subject to their husbands so that no one will malign the word of God.

[ 33 : 38 ] In my experience, you become an older woman usually before you ask to be or would want to be. There's a kind of dawning realisation that you've now moved from one category ascribed into the other category and the role of the older woman sneaks up on you.

In our later years, there'll be more opportunities to share experience and wisdom that years of following Christ will have afforded us. Let's seek to use this time to serve the Lord and the church.

Okay, so there's your five R's. And then lastly, how can we help others to approach them in force? Let's just think a little bit about the impact in the family and in the church. So as I said to you, I'm amazed how many friends don't really know very much about it.

I think we need to be open and honest and talk about it in our families, in our friendship groups, in our churches, in our small groups. The world is talking about it, so why wouldn't we?

Let's share the struggles. Let's ask the question. Let's laugh at the ridiculous things because let's face it there are some. Let's not try to cover up our inadequacies or pretend there is no challenge.

[ 34 : 43 ] The metaphors can be hard, so let's help each other. So in the family, I sat my teenage boys down to explain why I didn't seem to be responding to situations quite as I used to.

They love that, you can imagine. And actually, to be fair, my husband was quite squirming as well. But really important to talk to them, even if we all squirmy, they need to be thinking about it. But that's right, isn't it? We just need to do that. We should care about helping each other grow in Christ-likeness in all seasons of life. We need to acknowledge that it's hard, to ask for help to endure through it and to pray about it.

We might need to signpost those in our family to information to explain what to expect, particularly if we do find it hard to talk about it. And there are some websites on the handout that you might want to have a look at and signpost people on that last page.

Did they make it on there? Yeah. Okay. And look, I think a lot of men feel totally out of their comfort zone. It can be very disorientating for them when their wife is struggling and they don't really understand how to help her.

[ 35 : 48 ] And in church, look, in church we need to notice that menopause may be impacting the women in our church family. Maybe they're more anxious than they used to be. Maybe they've lost their confidence. Maybe they're exhausted from lack of sleep.

Maybe their capacity for services reduced or changed. Maybe they're struggling to even concentrate on the sermon. Would it not be loving to notice and inquire about these things? Look, we can reach further with our one-anothering. We can be thoughtful about what others may be struggling with and we can make menopause much of a routine topic of conversation. Before I conclude, let me just turn to your questions.

I think lots of these ended up being sort of more sort of medical than otherwise. Mothers that Smith, there is something about that. It's not, if your mother had an early menopause, you are more likely to have an early menopause, but it's not hard and fast.

But I do, that is a question I ask. When does it start? I think we talked about that. This question, I still don't know about that. If you've had your hormones measured in earlier life, whether that means your menopause is going to be earlier or not, I don't know.

[ 36 : 55 ] I don't know. If you can't take HRT, there are some other things, but like I say, it's a sort of individual thing about what your issues are, which particular symptoms you've got. Other options. NACCAD.

I mean, if you're not sleeping and you're tired because you're getting older, so, and this, I mean, yes, they are all connected, but like I say, if you have a chat to your doctor and you, and you are eligible to have HRT, then you may find that some of those things are easier.

But all of those are medical things, and I do think so much of this is actually, like we say, it's an attitude of our hearts. it's not conforming to the world's view of things. And we're swimming against the tide, so that's why we need our Christian sisters to help us think in a different way.

We need to be diligent in looking at the wire for help because it's there. We know where to look and pray about it. So I think as we, as we come to a conclusion, we've got a bit of time in our groups to pray about the things we've talked about, and then after that, perhaps if there are any other questions and we've got time, I can take some more questions, but let's pray about the things that we've talked about.

Thank you.