



NZ Early Menopause Support Group  
www.earlymenopause.org.nz  
nzem.info@nzord.org.nz

## NZEMail

December  
2010



Hi and welcome...

Christmas can be a tough time of year when life isn't going quite how you want. Living with an early menopause is something none of us expected. We have been forced to confront issues we thought we'd be free from for many more years, and then there are the issues we never thought we'd face. Infertility, whether primary or secondary, is heart breaking. Most women I know have that mothering instinct, that desire to nurture. It is something intrinsically feminine, something our bodies (used to?) remind us about every month. But our bodies have let us down. We are carving a unique path in this life. One most of our friends and family have little understanding of. We live in a family-orientated society and it's incredibly difficult to function within this society when we don't have a family, or not the one we dreamed of. Everywhere we look we're bombarded with pictures of families doing family things. Especially at this time of year. Even now that I've moved on from our painful IVF experiences, I still struggle with these images. The loss has eased a little, but I don't think it will ever truly be gone. But we have each other to lean on. I have learned so much from all the women in this support group and I thank you all for sharing your journeys with me. In return, in this newsletter, I'm sharing with you a couple of new books we have in our library as well as an article I hope will help you give voice to your feelings when the uncomprehending world intrudes. I hope you enjoy your newsletter.

Have a great Christmas break.  
Nicole x

### Group news

[Kari](#) is pregnant at last, and is very excited. Please read her posts to find out more. She's been a member of this group for a number of years now, and has been trying IVF for a while. But she only joined the forum late this year and she'd love to hear from you.

We also have other pregnancies among our membership at the moment and we wish you all the very best outcome. We also have quite a few members in the group who've become mothers following this diagnosis either naturally or with donor eggs. It is a dream come true and I wish you mothers joy.

For some of our members, instead of upcoming births or children's birthday celebrations, 2011 will be bringing all the highs and lows that accompany IVF treatment. It's a really tough road and I wish you all fortitude.

Then there are those like me who have decided that our fertility journey is over. This doesn't mean we've put our pain behind us or that pregnancy/birth announcements mean nothing to us anymore. Far from it. But we've found a kind of acceptance. We have chosen to enjoy the things we have instead of living with the constant reminder of what we don't have that comes with IVF disappointments.

IVF presents a challenge for everyone. Stopping treatment is something everyone must face in her own way; we each have our own breaking points. To those of you who've reached end of this journey, I wish you peace.

This diagnosis does the most damage not to our bodies, but to our minds and hearts. We question our personal identity and our place in society and it's up to each one of us to find it again in our own way. Please use the resources of this group to help you.

You're all beautiful women. Wherever you are on your journey, I wish you abundant love.

**Latest posts on our forum** (please click to follow the links):

#### [Paying egg and sperm donors?](#)

In August the New Zealand Herald published an article reporting: New Zealand fertility experts are asking whether money could be offered to encourage men and women to donate sperm and eggs for childless couples. Long waiting lists for fertility treatment mean many New Zealanders seek medical assistance abroad, in conditions doctors say could be substandard.

Fertility experts say the Government should follow the example of Britain, which has made several proposals to encourage donations of egg and sperm. Dr. Richard Fisher of Fertility Associates said although he did not fully endorse paying donors, he thought it was an issue worthy of public debate. Dr. Guy Gudex of Repromed said he was slightly uncomfortable with the idea of paying for sperm or eggs, and said there was no evidence that payments would encourage more donations. But he felt Britain had started an important conversation on the subject.

Health Minister Tony Ryall told the Herald that sperm and egg donation was a highly complex area, and he wasn't in a position to make any decisions yet.

The Advisory Committee on Assisted Reproductive Technology (ACART) will report to the ministry next year. I still don't know how I feel. I don't like the idea of turning babies into commodities, but, at the end of the day, more donors means faster treatment. I agree it is definitely an issue worthy of debate. Do read Dita De Boni's insightful column on the subject as well. There's a link to it from the main article.

According to the [Daily Mail](#), the liberalisation of fertility policy is set to be investigated in a public consultation next year. Should be very interesting to hear the outcome.



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### [Egg + sperm donation](#)

*"Cabinet is expected to make a decision soon on whether to allow women wanting a baby to use donor eggs as well as donor sperm. The Herald on Sunday understands ACART has recommended approving the procedure to Health Minister Tony Ryall."*

We are lobbying the health minister to approve this treatment option. I wrote him several emails last year and all he had to say was he was "still considering these issues". The thing is, ACART has done all the research (gathering opinion for and against) for him and I am very confused as to what more there is for him to do. We will continue to try to get an answer out of him next year.

In my post you will see the letters I've written to him so far and if you feel strongly about this issue, I urge you to use the letters there as a guideline for writing your own. The more we pester the minister, the more likely he is to keep this issue at the forefront of his mind. The harsh irony of it all is that by putting this off, he's putting limits on people who want to have children, when none are put on those who have them but don't want them.

### [HRT vs the Pill](#)

When I was first diagnosed, I was told I should look at HRT as medication. Like diabetics who take insulin, I'm simply replacing a hormone (oestrogen) that I'm lacking. I still have days where I wonder about the overall safety of HRT, but the reasoning made sense to me and I certainly felt a whole lot better once I started taking it (in both my moods and my symptoms).

But it took me a long time to get my head around the difference between HRT and the pill. In this post I share my specialist's eloquent comparison.

*[For more on HRT vs the Pill, see the article on p7.]*

### [NZ books for donor conceived children](#)

I came across some beautiful books written by a New Zealand woman to help parents of young donor-conceived children tell them the story of their conception. [Click here](#) for pictures of the books and an order form.

[Shaz](#) and [Megan](#) have joined our forum and would love to hear from you!

### **2010 in review**

#### National meeting

It's been a very exciting year for NZEM. The first half of the year was taken up with organising our national meeting in Rotorua over Queen's Birthday weekend. I would like to hold a mini national get-together next Queen's Birthday weekend (June 4-6, 2011). If you have a holiday home in a central (lower North Island) area I'd love to hear from you.

#### New members

18 women going through POF/early menopause made contact with us, plus others just after information. This is about the same as last year. I hope those of you reading this newsletter have found a benefit in being part of our community.

#### Website and forum

Both are being well viewed. The fertility topics are always the most popular on the forum, which makes a lot of sense as this is often the area of this diagnosis that is the hardest to come to terms with. I use the forum as a guide to find out what kind of support people need most and I think it's coming through loud and clear. Thank you to everyone who has participated on the forum, whether it be posting a question or sharing an insight or snippet of information you thought the rest of us might be interested in. When we combine our efforts everyone benefits.

#### AEMN

Including those across the Tasman! The Australian Early Menopause Network

was born this year. There was a glaring gap in the resources for Australian women, so Tanya took up the challenge. She came to our Rotorua meeting to make some contacts and get inspired for her new project and, a few months (and a lot of hard work) later, her website was up. Tanya now runs the group from her new home in China – oh the wonders of modern technology! Do visit [www.aemn.com.au](http://www.aemn.com.au) when you get a chance – it is a great site. Well done, Tanya!

#### New books in our library

*'The Early Menopause Survival Guide'* a new book published just this year. It is written with an onlooker's perspective and I was unsure to begin with because I prefer the 'I've been there' approach. But it is a good read and very thorough.

Plus two books donated by Paula in Wellington: *'Battles with the Baby Gods'* is a collection of stories of couples who have fulfilled their family dreams, plus one child-free couple. For inspiration on the fertility journey.

*'Never to be a Mother – 10 steps to healing the heartache...'* If you've reached the point of stopping, this may be the book for you. Written by a woman who lives child-free, she also includes other women's stories as she describes her 'ten steps to resolution'. In her words: "Childlessness is a great loss, but it does not have to mean a lifetime of pain."

A big thank you to Paula for adding to our rich resources. ☺

And speaking of our library, we have now partnered with Fishpond.co.nz, NZ's answer to Amazon.com. You can click on the picture of the title you're interested in and this will take you to the Fishpond website. You can then buy the book you're after and we'll get a small commission to help us maintain the library.

Please visit the [library page](#) on our website for more information on all of the above..



## Special Topic

### [Letter to family and friends](#)

*We've all experienced infertility to varying degrees. I found this letter a couple of months ago and found it very helpful. I hope you do, too. N*

DEAR FAMILY & FRIENDS,

I want to share my feelings about infertility with you, because I want you to understand my struggle. I know that understanding infertility is difficult; there are times when it seems even I don't understand. This struggle has provoked intense and unfamiliar feelings in me and I fear that my reactions to these feelings might be misunderstood. I hope my ability to cope and your ability to understand will improve as I share my feelings with you. I want you to understand.

You may describe me this way: **obsessed, moody, helpless, depressed, envious, too serious, obnoxious, aggressive, antagonistic, and cynical.** These aren't very admirable traits; no wonder your understanding of my infertility is difficult. I prefer to describe me this way: **confused, rushed and impatient, afraid, isolated and alone, guilty and ashamed, angry, sad, loss of control and hopeless, and unsettled.** My infertility makes me feel confused. I always assumed I was fertile. I've spent years avoiding pregnancy and now it seems ironic that I can't conceive. I hope this will be a brief difficulty with a simple solution. Surely if I try harder, try longer, try better and smarter, I will have a baby.

My infertility makes me feel **rushed and impatient.** I learned of my infertility only after I'd been trying to become pregnant for some time. My life-plan suddenly is behind schedule.

I waited to become a parent and now I must wait again. I wait for medical appointments, wait for tests, wait for treatments, wait for other treatments, wait for my period not to come, wait for my partner not to be out of town and wait for pregnancy. At best, I have only twelve opportunities each year. How old will I be when I finish having my family?

My infertility makes me feel **afraid.** Infertility is full of unknowns, and I'm frightened because I need some definite answers. How long will this last? What if I'm never a parent? What humiliation must I endure? What pain must I suffer? Why do drugs I take to help me, make me feel worse? Why can't my body do the things that my mind wants it to do? Why do I hurt so much? I'm afraid of my feelings, afraid of my undependable body and afraid of my future.

My infertility makes me feel **isolated and alone.** Reminders of babies are everywhere. I must be the only one enduring this invisible curse. I stay away from others, because everything makes me hurt. No one knows how horrible is my pain. Even though I'm usually a clear thinker, I find myself being lured by superstitions and promises. I think I'm losing perspective. I feel so alone and I wonder if I'll survive this.

My infertility makes me feel **guilty and ashamed.** Frequently I forget that infertility is a medical problem and should be treated as one. Infertility destroys my self-esteem and I feel like a failure. Why am I being punished? What did I do to deserve this? Am I not worthy of a baby? Am I not a good sexual partner? Will my partner want to remain with me? Is this the end of my family lineage? Will my family be ashamed of me? It is easy to lose self-confidence and to feel ashamed.

My infertility makes me feel **angry.** Everything makes me angry, and I know much of my anger is misdirected. I'm angry at my body because it has betrayed me even though I've always taken care of it. I'm angry at my partner because we can't seem to feel the same about infertility at the same time. I want and need an advocate to help me. I'm angry at my family because they've always sheltered and protected me from terrible pain. My younger sibling is pregnant; my mother wants a family reunion to show off her grandchildren and my grandparents want to pass down family heirlooms. I'm angry at my medical caregivers, because it seems that they control my future. They inflict discomfort and sometimes pain on me, pry into my privacy, sometimes patronise me, and sometimes forget who I am. How can I impress on them how important parenting is to me? I'm angry at my expenses; infertility treatment is expensive. My financial resources may determine my family size. My insurance company isn't always cooperative, and I must make so many sacrifices to pay the medical bills. I can't miss any more work, or I'll lose my job. I can't go to a specialist, because it means more travel time, more missed work, and greater expenses. Finally, I'm angry at everyone else. Everyone has opinions about my inability to become a parent. Everyone has easy solutions. Everyone seems to know too little and say too much.

My infertility makes me feel **sad and hopeless.** Infertility feels like I've lost my future, and no one knows of my sadness. I feel hopeless; infertility robs me of my energy. I've never cried so much nor so easily. I'm sad that my infertility places my partnership under so much strain. I'm sad that my infertility requires me to be so self-centred. I'm sad that I've ignored many friendships because this struggle hurts



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so much and demands so much energy. Friends with children prefer the company of other families with children. I'm surrounded by babies, pregnant women, playgrounds, baby showers, birth stories, kids' movies, birthday parties and much more. I feel so sad and hopeless.

My infertility makes me feel **unsettled**. My life is on hold. Making decisions about my immediate and my long-term future seems impossible. I can't decide about education, career, purchasing a home, pursuing a hobby, getting a pet, vacations, business trips and houseguests. The more I struggle with my infertility, the less control I have. This struggle has no timetable; the treatments have no guarantees. The only sure things are that I need to be near my partner at fertile times and near my doctor/clinic at treatment times. Should I pursue adoption? Should I take expensive drugs? Should I pursue more specialised and costly medical intervention? It feels unsettling to have no clear, easy answers or guarantees.

Occasionally I feel my panic subside. I'm learning some helpful ways to cope; I'm now convinced I'm not crazy, and I believe I'll survive. I'm learning to listen to my body and to be assertive, not aggressive, about my needs. I'm realising that good medical care and good emotional care are not necessarily found in the same place. I'm trying to be more than an infertile person gaining enthusiasm, joyfulness, and zest for life.

**You can help me.** I know you care about me and I know my infertility affects our relationship. My sadness causes you sadness; what hurts me, hurts you, too. I believe we can help each other through this sadness. Individually we both seem quite powerless, but together we can be stronger. Maybe some of these hints will help us to better understand infertility.

I need you to **be a listener**. Talking about my struggle helps me to make decisions. Let me know you are available for me. It's difficult for me to expose my private thoughts if you are rushed or have a deadline for the end of our conversation. Please don't tell me of all the worse things that have happened to others or how easily someone else's infertility was solved. Every case is individual. Please don't just give advice; instead, guide me with your questions. Assure me that you respect my confidences, and then be certain that you deserve my trust. While listening try to maintain an open mind.

I need you to **be supportive**. Understand that my decisions aren't made casually, I've agonised over them. Remind me that you respect these decisions even if you disagree with them, because you know they are made carefully. Don't ask me, "Are you sure?" Repeatedly remind me that you love me no matter what. I need to hear it so badly. Let me know you understand that this is very hard work. Help me realise that I may need additional support from professional caregivers and appropriate organisations. Perhaps you can suggest resources. You might also need support for yourself, and I fear I'm unable to provide it for you; please don't expect me to do so. Help me to keep sight of my goal.

I need you to **be comfortable** with me, and then I also will feel more comfortable. Talking about infertility sometimes feels awkward. Are you worried you might say the wrong thing? Share those feelings with me. Ask me if I want to talk. Sometimes I will want to, and sometimes I won't, but it will remind me that you care.

I need you to **be sensitive**. Although I may joke about infertility to help myself cope, it doesn't seem as funny

when others joke about it. Please don't tease me with remarks like, "You don't seem to know how to do it." Don't trivialise my struggle by saying, "I'd be glad to give you one of my kids." It's no comfort to hear empty reassurances like, "You'll be a parent by this time next year." Don't minimise my feelings with, "You shouldn't be so unhappy." For now, don't push me into uncomfortable situations like baby showers or family reunions. I already feel sad and guilty; please don't also make me feel guilty for disappointing you.

I need you to **be honest** with me. Let me know that you may need time to adjust to some of my decisions. I also needed adjustment time. If there are things you don't understand, say so. Please be gentle when you guide me to be realistic about things I can't change such as my age, some medical conditions, financial resources, and employment obligations. Don't hide information about others' pregnancies from me. Although such news makes me feel very sad, it feels worse when you leave me out.

I need you to **be informed**. Your advice and suggestions are only frustrating to me if they aren't based on fact. Be well informed so you can educate others when they make remarks based on myths. Don't let anyone tell you that my infertility will be cured if I relax and adopt. Don't tell me this is God's will. Don't ask me to justify my need to parent. Don't criticise my course of action or my choice of physician even though I may do that myself. Reassure yourself that I am also searching for plenty of information, which helps me make more knowledgeable decisions about my options.

I need you to **be patient**. Remember that working through infertility is a process. It takes time. There are no guarantees, no package deals, no complete kits, no one right answer, and no "quickie" choices. My needs change; my choices

change. Yesterday I demanded privacy, but today I need you for strength. You have many feelings about infertility, and I do too. Please allow me to have anger, joy, sadness, and hope. Don't minimise or evaluate my feelings. Just allow me to have them, and give me time.

I need you to **be strengthening** by boosting my self-esteem. My sense of worthlessness hampers my ability to take charge. My personal privacy has repeatedly been invaded. I've been subjected to postcoital exams, semen collection in waiting room bathrooms, and tests in rooms next to labour rooms. Enjoyable experiences with you such as a lunch date, a shopping trip, or a visit to a museum help me feel normal.

Encourage me to maintain my sense of humour; guide me to find joys. Celebrate with me my successes, even ones as small as making it through a medical appointment without crying. Remind me that I am more than an infertile person. Help me by sharing your strength.

*Eventually I will be beyond the struggle of infertility. I know my infertility will never completely go away because it will change my life. I won't be able to return to the person I was before infertility, but I also will no longer be controlled by this struggle. I will leave the struggle behind me, and from that I will have improved my skills for empathy, patience, resilience, forgiveness, decision-making and self-assessment. I feel grateful that you are trying to ease my journey through this infertility struggle by giving me your understanding.*

The author, Jody Earle, frequently felt the need for a brochure like this one during her own eleven-year infertility struggle. She experienced three pregnancy losses, one in each trimester and eventually, the premature births of her two sons. She continues to be a peer counsellor for those working through infertility.



### International news

**AMS** [www.menopause.org.au](http://www.menopause.org.au)

The recent Australasian Menopause Society Congress, in September this year, featured a session on Early Menopause, and I have information on one of the talks: Are body image and self-efficacy influenced by the experience of premature menopause? I would have thought a resounding "Yes!" was an obvious answer to this question, but the key conclusions were more subtle than that: "Women with surgically induced (SI) premature menopause (PM) are more likely to have a negative body image than women who have not had PM or who have experienced POF and chemotherapy induced (CI) PM: they do not feel as healthy, feel less control over their health and nominate poorer physical fitness and investment in their fitness. That SI PM may have a greater negative effect on the physical and psychological wellbeing of women than other forms of PM requires further understanding and exploration."

I found these results very interesting.

I'm hoping to get more information from the PM session of the congress. In the press release for the conference, a 'key take-home message' from the session was: "Early menopause affects around 8% of women. The clinical consequences of early menopause are still being explored, but clinicians should be alert to the possibility of this diagnosis in younger symptomatic women in order to preserve long-term health."

The conference was attended by over 500 delegates representing 25 different countries. Let's hope they were listening!

Staying with the AMS conference a moment longer, "a leading endocrinologist expressed concerns about the use of herbal and bio-identical therapies as an alternative to HRT in treating menopausal symptoms. Dr Bronwyn Stuckey of the University of WA told the delegates that herbal preparations including Black Cohosh and Red Clover are no better than placebo and she challenged the perception that bio-identical therapies were safer than the conventional pharmaceuticals preparations."

<http://www.6minutes.com.au/articles/z1/view.asp?id=523958>

So debate still clearly rages in this area and it's an area we must each continue to research and be sure we're still comfortable with the treatment regime we've chosen. We have a fair bit of info on our website and forum to get you going.

I recommend starting with the [Health & Wellbeing](#) page of our website and the following posts:

[Scientific advice on Bio-identical HRT](#)  
[Bio-identical HRT didn't help me](#)  
[Non-hormonal symptom management](#)

As well as the information sheets on the Consumers page of the AMS website.



**Q: What can a man do while his wife is going through menopause?**

**A: Keep busy. If you're handy with tools, you can finish the basement. When you are done you will have a place to live.**



International news cont.

**NAMS** [www.menopause.org](http://www.menopause.org)

In October, the North American Menopause Society held their annual conference and one of their sessions was: "Primary Ovarian Insufficiency is not Early Menopause", by Dr. Lawrence Nelson at the NICHD.

Dr. Nelson says, "POI is a condition that causes teens and women in their peak reproductive years to develop the symptoms of menopause. The symptoms are the same, but the mechanisms causing the condition are different from menopause, and most women with this condition have potentially functioning eggs remaining in their ovaries."\*

He stressed that clinicians should stop using the term menopause for women who are younger than age 40. Dr. Nelson has a long interest in this topic, specifically since 1984. "I am advocating a new approach to managing POI that matches well with the diversity of expertise represented by NAMS," he said. "My passion is to facilitate the development of an integrated approach to research and management of POI as a paradigm for women's health in general."

\*For more on this study, please see their press release [here](#).

You can listen to various talks from the conference on their website by clicking [here](#). The POI talk is 28 minutes long and is available to download to your computer (25MB). Or I could burn you a copy to CD if you'd like.

I found it very interesting. There wasn't too much 'sciencey' stuff and I was able to follow most of it.

In his talk he refers to the 'Rachel's Well' model ([www.rachelswell.org](http://www.rachelswell.org)). I'm not exactly sure what he's referring to, but Karima Hijane founded their POF campaign and created [www.ProjectVitalSign.org](http://www.ProjectVitalSign.org). She has now started [www.HopeForPOF.com](http://www.HopeForPOF.com) "in order to increase awareness and join our forces in order to increase awareness and research funds worldwide". She has released a 'Proclamation of Change' document which she describes as "a roadmap that can help lead to cures for POF/POI". It's a very well thought out document. If you'd like to read it, you can download it from her website.

**Andrew's article**

Our own Dr. Andrew Shelling, of Auckland University, also produced a paper on POF this year. It is a very interesting overview of the condition: causes; effects; and detection and treatment both now and in the future. He handed it out at our meeting in June and I'd be happy to copy it for anyone who would like to have a read to understand the complexities a bit better.

In October, he also commented on a recent UK study that proposed a possible future genetic test for early menopause. He included me in his response – thanks Andrew! To follow is a rough outline of his response. If you'd like the full version of the study report and/or Andrew's comments I can email them through to you.

**Early menopause & common gene variants**

Four gene variants are known to be associated with the variation of age of normal menopause in women aged 40-60. This study found some similar trends in women with POF. The authors say the research could help women determine whether they have a genetic predisposition to early menopause and therefore predict the

time of the end of their reproductive life. "It is estimated that a woman's ability to conceive decreases on average 10 years before she starts the menopause," says lead scientist Dr. Anna Murray. So women identified as being at risk of POF, could make an informed decision about their family building.

Andrew's first comment was, "It's interesting, but at the end of the day, it's of little value at this stage to women with EM or POF." He then elaborated that these findings show "that there are consistent genetic changes that contribute to the timing of menopause." But the study only had a small number of participants with POF which made their conclusions less certain for this group.

To put it into context, Andrew says, "The gene variants that have been identified... are not causal to the development of early menopause. ... [They] do provide us with some valuable information, but it needs to be appreciated as being early days, as the first steps in understanding more about the mechanisms underlying the onset of fertility."

**It's back...**



This brilliant website, that disappeared a while ago, is making a comeback! They've restored the old site while they wait to launch the new one. Go and have a look – it's full of fantastic information including pages on:

- What is it?
- Causes
- Symptoms
- Hormone tests
- FAQs
- HRT
- Natural Remedies
- Special Topics



## Health news

### How stress messes with your memory

– abridged article from [www.care2.com](http://www.care2.com)

*Out of whack hormones combined with the stress of an early menopause diagnosis, explains why you may be having trouble with your memory. You're not going mad – the research proves it! N*

#### Acute Stress

Over the years, research has backed something called an inverted U response, meaning that as stress levels increase, so does memory performance—up to a person's own optimal level of stress. Add more than that and memory function fizzles (until the stress is alleviated).

Larry Cahill a professor of neurobiology and behaviour at the University of California at Irvine decided to take a closer look at how sex differences might play a role in this long-established “safe general rule” and, surprisingly, discovered in one experiment that the rule did not apply to women. He found that the stressful event enhanced the memories of the men but did not do so for the women.

They ran the experiment again, and discovered that when women had high levels of oestrogen (before and during their periods), stress fuzzed up their recollection, but when they had high levels of progesterone, following their cycle, stress boosted recall—just like it did for guys. In other words, women received the memory lift that acute stress provides only when their oestrogen levels were normal. Cahill's work was ground-breaking.

#### Chronic Stress

Too much chronic stress (i.e., stress that lasts a least a few weeks) is toxic, says Victoria Luine, Ph.D., a neuroendocrinologist at Hunter College in New York City. The result: The brain is prevented from laying down new memories and accessing old ones, making it difficult to think clearly and remember crucial details. At least in men. In women, the sex hormone oestrogen somehow keeps the phone lines humming along even under crazed conditions.

#### Traumatic Stress

Traumatic stress (defined as a threat to one's life or integrity, or to someone close, and characterized by intense fear and helplessness) actually causes the hippocampus, the memory bank of the brain to shrink measurably in size.

According to J. Douglas Bremner, M.D., a professor of psychiatry and radiology at Emory University School of Medicine in Atlanta, Post Traumatic Stress Disorder can spring from such psychological traumas as childhood sexual abuse, car accidents, military combat, or assault. The effects include deficits in declarative memory (remembering facts or lists), fragmentation of memories (remembering only bits of an event), and dissociative amnesia (gaps in memory lasting from minutes to days). Sex hormones probably play a role in PTSD's effects on memory, but this hasn't been studied in clinical populations.

*By Gretchen Voss, Women's Health Magazine*

[Click here](#) to read the full article.

*So, a little stress is good for us sometimes, but we should try to keep it under control! N*



### Found on the Daisy Network

#### Facebook page: Trial of HRT vs the Pill

The Menopause Research Unit at Guy's Hospital in London is studying long-term treatment options for women with POF. "We don't know what the best treatment is - or the effects of not taking any treatment," said Dr Cartwright.

"We need to see whether HRT or the pill is the best. No-one has really looked at before. At the moment we have to say to women that it's up to them what they take." She hopes the study will help change this.

Through a number of tests, scans and questionnaires over two years they will compare the effects of the different treatments and the no-treatment option on bone health, cardiovascular health, sexual function, symptom control, psychological wellbeing and overall quality of life.

Janice Rymer, professor of gynaecology at Guy's and St Thomas' Hospital NHS Foundation Trust, hopes the study will also raise the profile of early menopause among medical professionals.

"Despite there being a simple test it's often not given and even when women are told they are going through early menopause they are often not offered emotional support or told about the Daisy Network. This matters because young women often can't even talk to friends. They're not that sympathetic."

[Click here](#) to read the article with Daisy Network member Kimberley's story.

[Click here](#) to read a similar article this time with Katy's story, another Daisy network member.



**Health news cont.**

**You need sun! 10 healthy tips to get it**  
 - abridged article from [www.care2.com](http://www.care2.com)

For the last 30 years or so, dermatologists, health officials, beauty experts and many product companies have told us to avoid the sun because without sunscreen, exposure to the sun's rays will damage skin and cause cancer.

But this oversimplification distorts the facts. In the past few years, numerous studies have shown that optimizing your vitamin D levels may actually help prevent as many as 16 different types of cancer including pancreatic, lung, breast, ovarian, prostate and colon cancers. And the best way to optimize Vitamin D levels is through safe, smart and limited sunscreen-free exposure to the sun.

Our UV paranoia is contributing to a silent epidemic: Vitamin D deficiency. It's silent because most people don't know they are deficient. And it's deadly, because this deficiency can lead to cancer and a multitude of other diseases. Studies show that as many as three out of four Americans suffer from Vitamin D deficiency.

Although called a vitamin, it is not. Vitamin D is in a class by itself, behaving more like a hormone. It is made in the skin, gets into your bloodstream and then goes into the liver and the kidney where it becomes activated as a key steroid hormone called Calcitriol. It is necessary for numerous cellular functions, and when the body does not have what it needs to function optimally, it follows that we experience a decline in health and put ourselves at risk of disease. The best way to determine whether or not you are deficient is to have your vitamin D blood levels measured and replenish accordingly.

Dr Frank Lipman's Top 10 Tips for Healthy Sun Exposure and Optimizing your Vitamin D Levels:

1. Respect the sun. Treat it like medication, using the lowest dose necessary, but don't avoid it completely.
2. Always avoid sunburn. It is sunburn, not healthy sun exposure that causes problems.
3. Build up tolerance gradually. Start early in the year (spring), or early in the morning before the sun is strongest and slowly build up the amount of time you spend in the sun.
4. Get 15-30 minutes of unprotected sun exposure two to four times a week.
5. Get frequent, short exposures. Regular short exposures have been found to be much more effective and safer than intermittent long ones. Note that you cannot generate Vitamin D when sitting behind a glass window, because the UVB rays necessary for vitamin D production are absorbed by glass.
6. After your 15-30 minutes of sun-block free time in the sun, you must protect yourself.
7. Boost your "internal sunscreen" by consuming anti-oxidants and beneficial fats. These strengthen skin cells, helping to protect them from sun damage. Eating lots of vegetables and fruits such as blueberries, raspberries, goji berries and pomegranates and supplementing with green powdered mixes and fish oils are great options when going into the sun.
8. Have your vitamin D blood levels checked regularly. The correct blood test is 25OH vit D or 25 hydroxy vitamin D test. Be aware,

however, that the current "normal" range for vitamin D is 20 to 55 ng/ml. This is much too low! Those levels may be fine if you want to prevent rickets or osteomalacia, but they are not adequate for optimal health. The ideal range for optimal health is 50-80 ng/ml.

9. Don't rely on food alone for your vitamin D needs. Fatty wild fish (not farmed), like salmon and mackerel are the best food sources, but you would have to eat huge quantities of them daily to get anywhere near what your body needs.
10. Take Vitamin D3 supplements if necessary.

Although irresponsible sunbathing is unquestionably harmful and precautions need to be taken, regular, moderate, unprotected sun exposure is essential for good health.

*Frank Lipman MD is the creator of Eleven Eleven Wellness, Guided Health Solutions, a leading edge integrative health program.*

[Click here](#) to read the full article



**Call for your experiences!**

Our website is ever-changing and always needs more personal stories. Newly diagnosed women get so much from hearing the experiences of others. If not your whole story, is there something you've learned that you think might help others on their journey? It can be quite a cathartic thing to write down your experiences, so not only might you help someone else, you're almost certain to help yourself in the process.

## WHAT'S ON GUIDE

### Local Events

#### Fertility NZ Contact Group meetings

NB. If your area isn't on this list, please email [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### Auckland

Six courses per year, each 3 weeks long. Next one starts Feb 15.

Contact: [cg.fnzauckland@gmail.com](mailto:cg.fnzauckland@gmail.com)

Or for regular get-togethers:

[casualcoffeegroup@gmail.com](mailto:casualcoffeegroup@gmail.com)

#### Hamilton

Contact: [karenandmarcus@yahoo.co.uk](mailto:karenandmarcus@yahoo.co.uk)

#### NZEM National Meeting

Casual weekend away, June 4-6, 2011

Location TBC

#### Tauranga

Contact: [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### Rotorua:

Contact: [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### Hawke's Bay

Contact: [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### Palmerston North

Contact: [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### Wellington

Contact: [wellingtonfnz@gmail.com](mailto:wellingtonfnz@gmail.com)

#### Nelson

First Wednesday of the month. Hour-long meetings followed by supper.

Women only.

Contact: [lyndajessentye@clear.net.nz](mailto:lyndajessentye@clear.net.nz)

#### Christchurch

Contact: [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### Dunedin

Contact: [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

### International Events

#### Australasian Menopause Society 15<sup>th</sup> Annual Congress

September 9-11, 2011

Brisbane, Australia

#### North American Menopause Society 22<sup>nd</sup> Annual Meeting

September 21-24, 2011

Washington D.C.

### Keeping things in healthy perspective...



This woman is 51.

She is a TV "health guru" advocating a holistic approach to nutrition and ill health, promoting exercise, a pescetarian diet high in organic fruits and vegetables. She recommends detox diets, colonic irrigation and supplements, also making statements that yeast is harmful, that the colour of food is nutritionally significant, and about the utility of lingual and faecal examination.



This woman is 50.

She is a TV cook, who eats nothing but meat, butter and deserts. So forget "join a gym and eat more celery". This Christmas, it's food and booze all the way. And the only exercise you need is dancing and shagging.

**Merry Christmas girls!**

*Thank you, Kari, for this little gem. ☺*