

When Rowan Chambers was in her early forties, she suddenly started to feel low and anxious every day. She would sometimes cry for three days in a row. "I'd have tears falling down my face and not know why," she says. The advice she found online was to spend time outside. Yet as a horse rider, instructor and stable manager in Dorset, Chambers practically lived outside and was already very active, so she wasn't sure what else to do.

Chambers' GP prescribed her antidepressants, which she says "made no difference". She felt deep down this wasn't depression, it was something else. Chambers stopped competing in riding events, because her anxiety turned to panic attacks, and heart palpitations. She was hooked up to an ECG but nothing was found to be wrong. They also tested her for Lyme disease, and gave her blood tests that came back clear. "I didn't recognise myself because I've always been really confident and had a lot of motivation and drive, and all that completely went. I was a shell of my former self".

Things got even worse when she turned 47. She had to stop work entirely. "Some days I didn't want to be here," she says. "I've never been able to understand before why people take their own life, because life is so precious, but now I understand why. It's not that I'm saying I would do it, but I did understand in those moments why it might enter someone's mind."

No medical professional mentioned to Chambers that this change in her mental state might be down to the menopause. After all, Chambers wasn't presenting with other symptoms like hot flushes. "I started to do a huge amount of my own research and realised that this must be connected to my hormones and the menopause," she says. "I rang up the doctor and said, 'Can I talk to a GP who has an interest in women's health?' I kept getting passed from doctor to doctor, and even though I asked for my testosterone levels to be tested, they said no."

"This went on and on, and while I'm grateful for the tests, it makes me angry looking back that I wasn't listened to. A woman in her middle age knows her own body."

A doctor did in the end test her hormones, "because I got very upset and practically begged her". Lo and behold, the tests showed barely detectable oestrogen and progesterone. What Chambers needed was a high dose of HRT (hormone replacement therapy). "I was completely broken by then, after several years of this, and I'd like to say I'm an isolated case, but I'm very much not."

Last month, investigators found that mental health services in England and Wales are failing to consider the impact of menopause, leaving women at increased risk of suicide. A study examining the suicide of 56-year-old NHS worker Frances Wellburn found menopause is not routinely considered a contributing factor among women with low mood who need help. Wellburn was diagnosed with psychotic depression.

A report by the Healthcare Safety Investigation Branch looked at her contact with mental health services in the lead-up to her death. Patient safety investigators said midlife is a point when mental health can dete-

I was a shell of my former self

Women are suffering needless mental health problems because too many doctors fail to spot a common cause: menopause.

By **Kasia Delgado**

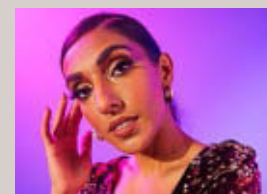


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riorate, putting women at increased risk of suicide as they have a higher chance of developing schizophrenia, or other psychotic disorders, around menopause. They are also frequently prescribed antidepressants when HRT may be more appropriate.

In a major survey carried out by Dr Louise Newson (bottom right), a GP, menopause specialist, and author of *The Definitive Guide to the Perimenopause and Menopause*, 95 per cent of 8,300 women said they'd experienced a negative change in their mood and emotions since becoming menopausal and perimenopausal. "Changes in hormones – which are very powerful chemicals – can have a massive, life-altering impact on mental health," says Newson.

Of those who said in the survey that they sought help from a health-care professional, more than 38 per cent said they were offered antidepressants instead of HRT. "There is no evidence that antidepressants help to improve the psychological symptoms of the menopause," says Newson. "Yet despite clear National Institute for Health and Care Excellence guidelines, many women are still being inappropriately offered antidepressants when they first seek help. Women have also reported being given ketamine for their supposed treatment-resistant depression and it horrifies me."

There are potential downsides to using HRT. In 2019 researchers at Oxford University found that the small increase in the risk of breast cancer from menopausal hormone therapy lasts more than a decade after treatment stops. The report

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found that for every 50 people taking the combined therapy, one would develop breast cancer as a result of the drugs. "Yet HRT saves lives. When people are in crisis, the risk of death from suicide is 100 per cent," says Newson. "When women come to my menopause clinic, it can be hard for women to put into words what they're feeling, but there's a lot of them who have very negative intrusive thoughts that mean they feel like they'd be better off not being here."

"They worry a lot, they ruminate, they have overwhelming panic over something like packing their bag for work. Everything becomes very muddled. So many people I've seen have been suicidal, one patient sectioned twice, but they're often not clinically depressed, and they don't respond to treatment for depression, because it's hormonal."

Rupa Ark (right), a 54-year-old sales director living in the West Midlands, felt she turned into a different person three years ago. "I'm passionate about my life, I have a can-do attitude, I'm a hard worker," she says, "yet I started to feel very low, I suffered terrible morning anxiety. I felt like I was stuck in a hole. I started to cancel meetings because I couldn't face talking to people. I was ready to give up the job I loved. I have a pharmacist in my family and menopause was never mentioned until I spoke



Dr Louise Newson: How women can feel more in control of their symptoms

It's important for women to understand more about themselves so they can get the best out of their consultation.

As humans it is entirely normal to experience a range of emotions, but if you feel your moods have become more extreme or switch up more frequently, it is worth tracking any symptoms that you think might be menopause-related. Then you can build up as full a picture as possible before making an appointment with a healthcare specialist. And then, when you book an appointment, make it clear that you want to discuss the menopause and take along any notes you have made.

You could also take a friend or relative with you if you feel you would benefit from their support. It's really important not to stop taking any current medication or halt any agreed treatment plans before you've seen a specialist.

If you decide you want to try HRT and you're told no, then it's worth challenging that and finding out the reason. For most people, there are benefits. If you have another mental health condition, and are also dealing with the menopause on top of that, then it's possible to have antidepressants with

to a friend who is a women's health coach who said, 'You have hit menopause'. It was 'aha' moment! But I didn't want to tell people at work that I was menopausal, I didn't want them to think less of me as an emotional and hormonal woman".

Yet Ark's male line manager turned out to be supportive. Ark was also reluctant to go to her GP as she imagined she wouldn't get much help, but with the guidance from her friend she was prescribed HRT in 2021. "It's not a miracle pill," she says, "but I feel like a human again and managing the symptoms with HRT, diet and exercise," she says. "I also bought a T-shirt that says 'Menopause in progress – things can escalate anytime' and started to wear it on work video calls."

There has been a focus on the menopause over the past two years in the media, and with documentaries such as Davina McCall's *Sex Myths and the Menopause* on Channel 4. Yet when it comes to acknowledging the power that hormones can have over our mental health, Newson believes we have a very long way to go. "I think women are understanding more about this, which is great, but there is still a lot of resistance from some areas of healthcare in talking about hormones, and I think it's because hormones are seen as women's issues. I'm absolutely not saying that everybody who is depressed has a hormonal component to how they're feeling, of course not, but if a woman's mood changes, just make sure first that it's not hormonal."

For Sally*, whose life was turned upside down at the age of 45, knowing what was happening to her brain would have been transformative. "I was going into work feeling punch-

drunk, I was getting three hours of sleep a night. I decided to leave a relationship after 30 years and my ex told me I was having a midlife crisis. He almost convinced my dad I was having a breakdown. I finally went to see my GP and we discussed symptoms. She put it down to my break-up, dished out antidepressants and sent me on my way."

For a while, doctors refused Sally HRT, but eventually a doctor agreed it was worth a shot, and it worked. "I suffered for eight years in silence, feeling so lonely, having no idea that my mental health was being destroyed by the menopause."

Nowadays, alongside her work at the stables, Chambers volunteers at her local GP surgery running menopause wellbeing groups for women. "I wish I'd known at 40 what I know now," she says. "If I hadn't found help in the end, I wouldn't have a life." Chambers is, however, wary of scaring younger women. "I don't want them thinking 'Oh Christ what am I going to have to go through, this sounds awful', because it doesn't have to be like this if you get the right support and medical knowledge."

"The inequality for women, and the lack of understanding in many areas of the medical profession is shocking. Nobody should have to go through what I went through, or what thousands of women go through. We should be living our best lives, not just trying to survive."

* Name changed

For more information visit themenopausecharity.org
Dr Louise Newson's free Balance app also provides evidence-based information about the perimenopause and menopause



HRT. It doesn't have to be one or the other.

It's hard with mental health because you can't see it, you can't show it to someone. It's hard to challenge healthcare professionals but sometimes it's important. Women often know what's going on with us on some level, but we haven't been given the tools or the permission to push it further.

Dr Louise Newson is a GP and menopause specialist



Rowan Chambers, who had stopped competing in riding events because of anxiety, spent years trying to get access to HRT due to misdiagnosis