



Periods:

A visual resource

In support of the
Scottish Government's
Women's Health Plan



The Health and Social Care Alliance Scotland (the ALLIANCE) hosted a series of webinars on the topic of periods and menstrual health. These sessions covered various aspects of menstruation, including common symptoms, specific menstrual conditions, and tips for managing difficult periods. These sessions were run in partnership with the Scottish Government, and in support of the Scottish Government's Women's Health Plan.

This booklet brings together four graphic resources that were produced to summarise the discussions of each webinar. The graphics present central points raised by panellists, as well as key themes identified by audiences. The graphics were created by Clare Mills of Listen Think Draw.

In this booklet you will find graphics related to:

- **What is a normal period?**
- **Premenstrual syndrome (PMS)**
- **Endometriosis**
- **Polycystic Ovary Syndrome (PCOS)**

How can you use this visual resource?

- Learn more about menstrual health, including common experiences, menstrual health conditions and ways to manage your period and symptoms
- Share the graphics with friends, family and colleagues to help them understand your experience with your period, and help you to vocalise your symptoms and what support you might need
- Use as conversation points with a group – whether that be of friends, an employee network, a peer support group, or community group
- Share on social media to raise awareness of periods and keep the conversation going

Join our mailing list:



whp@alliance-scotland.org.uk

Follow and tag us on social media:



[@ALLIANCEscot](https://twitter.com/ALLIANCEscot)

For more information on periods see NHS Inform:



nhsinform.scot/healthy-living/womens-health

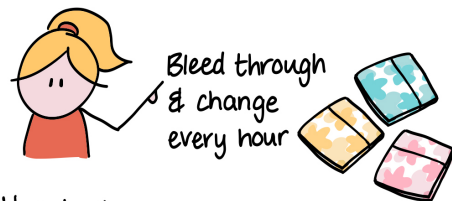
UNDERSTANDING YOUR PERIODS

DR JACKIE MAYBIN

1 in 3 suffer heavy periods at some point in their reproductive life



IMPACT



Have to stay HOME



Can't go to work

Can't go to school



- + Health
 - iron deficiency
 - anemia
 - blood transfusion

If we don't talk about it - it's hidden



This means less research & therefore less solutions

We need to find the cause in order to find treatment

We need to

TALK ABOUT PERIODS

Everyone's periods are different

If it's impacting your life - talk to your GP



- Date of last period
- Length of period
- Any irregular bleeding?

Your doctor will be able to do some tests to find out what is causing your symptoms & help you find treatments

- Bleeding after sex?
- Bleeding after menopause?
- Date of last smear

IF YOUR FLOW STOPS YOU GOING OUT ITS TOO HEAVY

Periods should last days NOT weeks

Periods should be every 24 - 38 days

PERIODS ARE NORMAL - BUT WHAT IS A NORMAL PERIOD?

WHY NORMALISING MY PERIOD MATTERED

ALICE BROOKS



They lasted a long time

Age 17

Learn about your version of normal

I think I have endometriosis and pelvic inflammatory disease



Educate yourself &

SPEAK UP

It's just hormones

PUSH for support & diagnosis

Referred to gynecologist



Confirmed evidence of P.I.D & endometriosis



Left with chronic pain & fertility issues

QUESTIONS

BUT

You can bleed heavier on first day or 2 if it impacts your life you can do something about it



Womb can be getting used to ovulation

If it stops you going to school

it's not always endometriosis

balance Monitor over time



In your 40s periods can change

- Fewer eggs can mean less periods
- Others may bleed more or have heavier periods than normal

Perimenopause



Social media is great BUT make sure you get information from a qualified person

www.nhsinform.scot/healthy-living/womens-health



Heavy periods are leading cause of anemia

Exercise helps polycystic ovary syndrome

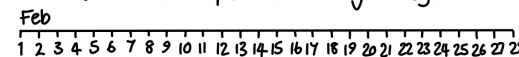
What helps?



fatigue



Exercise helps with a regular cycle

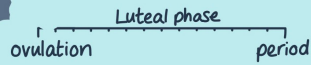
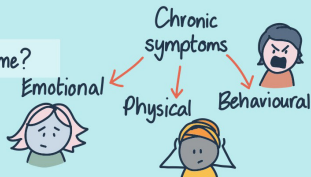


Different levels of hormones through cycle

EVERYTHING YOU NEED TO KNOW ABOUT PMS

WHAT IS PMS? Dr Ellie Golightly

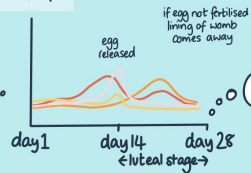
What is Premenstrual Syndrome?
Happens 1-2 weeks before period



Around 30% have moderate PMS
Around 5% have severe PMS (affects work & relationships)

Why do we get PMS?

We don't really know



We think it is a sensitivity to hormones

Symptoms

There are 150 symptoms

Symptoms may change through our lifetime

- tearful mood swings
- anxiety
- feeling out of control
- head aches
- fatigue
- cravings
- breast tenderness

PMDD Premenstrual dysphoric disorder

PMDD is one type of severe PMS

You can have severe PMS & not have PMDD

- Strict criteria
- Psychiatric diagnosis

Vitamin D helps - we don't get enough sun in Scotland



Other vitamins & herbal remedies do not have strong medical evidence

Get plenty of sleep



Take regular exercise



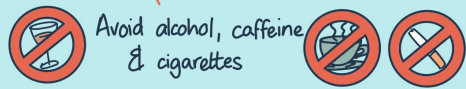
Management

Dietary changes in luteal phase

Eat smaller meals more regularly



Eat well → more fruit & vegetables
Less sugar



Avoid alcohol, caffeine & cigarettes

Stress reduction



Work from home



Breathing exercises

See NHS Inform for more tips

Seeing a GP

Try to go when you feel most well in your cycle so you can speak more easily

- WHAT are your symptoms?
- HOW do they affect you?
- WHEN do you get symptoms?
- WHAT do you want from the appointment?

take your diary



Or use a period tracker app - sum up your symptoms & when they usually occur

Treatment

Combined pill oestrogen & progesterone containing drospirenone is most helpful

Smooths peaks of hormones

Can take 3-6 months to settle

CBT (Cognitive Behavioral Therapy)

SSRIs - Selective Serotonin Reuptake Inhibitors

- 60% of women with PMS find it helpful
- Take continuously or in luteal phase

In perimenopause HRT can help



SELF MANAGING PMS SYMPTOMS

Gillian Meens Mental Health Foundation Scotland

Mental Health Top Tips

- Talk to someone you trust
- Get closer to nature
- Learn to understand & NAME FEELINGS
- BE AWARE of using drugs & alcohol to cope
- Try to make the most of your money → get help with debt problems
- Eat healthy food
- Citizens Advice Scotland & National Debt Line offer free advice
- Get more from your sleep
- Be kind & help create a better world
- Plan things to look forward to
- Keep moving
- Be curious & open minded to new experiences

YOUNG PEOPLE

How can young people & teens get help & manage their symptoms?

Use period trackers

Can having another diagnosis like polycystic ovary syndrome or endometriosis cause PMS?

Talk to people around you

No but... focusing on reducing pain can impact on PMS symptoms

It's a NEW experience

hormones are up & down
Navigating life at this changing time is difficult

How do we remove the stigma around talking about menstrual health?

Be aware contraception may just have progesterone
May be better on combined pill or coil

Trusted relationship is key

Friends
SAFE

Think about who these people are

Have open conversation about what happens during your menstrual cycle

Share your experience

Resources:

- NHS inform → videos
- self assessment tools
- Young Scot
- Health & Social Care Alliance Youtube Channel

WHAT IS ENDOMETRIOSIS

Prof. Andrew Horne

Affects 190 million women worldwide (8 those assigned female at birth)
That's 1 in 10

What is endometriosis?
A long term condition where tissue similar to the lining of the womb is found elsewhere in the body

Endometriosis affects fertility - 1/3 will find it difficult to get pregnant
IVF usually successful

SYMPTOMS

Heavy periods
Depression
Fatigue
Inferfertility

Sex pelvic periods
going to the toilet

Peritoneal disease
Deep disease
Ovarian disease

Difficult to diagnose

- ★ Ultrasound / MRI scans may diagnose
- ★ Many need keyhole surgery to diagnose

Endometriosis is a systemic disorder
it can effect the whole body & impact other symptoms

7-9 years diagnostic journey

- ★ Endometriosis shares symptoms with many other conditions
- ★ There are no easy tests

There is a LACK of AWARENESS

It follows cyclical patterns

UNDERSTANDING ENDOMETRIOSIS

QUESTIONS & ANSWERS

Endometriosis can affect women of any age



Endometriosis can still occur during menopause & after



Little research in this area

Also links with UTI / urology

Exercise



Ask us 'how we are?'



Prepare for appointments

What do you want?

My Symjo
Endo UK website

Symptom diary



Endo & autoimmune disorders

At slight increased risk of rheumatoid arthritis

Can have similar symptoms to IBS

Endo awareness month



Professionals - keep talking to us

You are still on the waiting list



Government should help to progress



Diet & endometriosis

microbiome



Research to be published soon

Pain management approach can be helpful

GPs

Chronic Pain Team

Can be tricky to get in

FURTHER INFORMATION:

NHS Inform - Women's health platform

www.nhsinform.scot/healthy-living/womens-health

Women's Health Plan 1 year progress report



EXPECT Centre
www.expectedinburgh.co.uk

Endometriosis UK
www.endometriosis-uk.org

EndoSOS
www.endsos.org / findsupportgroup

LIVED EXPERIENCE Julie Burns & Vicky Chapman

Everyone's experiences of endometriosis will be different, & symptoms & journeys will vary from person to person

Age 15
Lots of time off school

Contraceptive pill

Have children

Age 11
bad periods / clots
lasted a week

on mefenamic acid as a teenager
combined pill

Age 43 got a diagnosis

4 surgeries in 11 years

Now I am well

Run support group

Peer support

EXPAND

Up to date information

Endo-friendly employers

We want a better pathway & better pain management

Mini-pill

Felt better

Combined pill again

Thought I had appendicitis

Had operation but I was fine

Cancer markers are high

Scans

Removed appendix anyway

Suspected endometriosis

Suspected cancer

Lost weight

Put through chemical menopause

6 weeks later offered pill & hormones

An ongoing journey

Surgery

POLYCYSTIC OVARY SYNDROME MYTH BUSTING

Professor Anna Glasier, Women's Health Champion
 Professor Colin Duncan, University of Edinburgh

PCOS is a **PRIORITY** for the **WOMEN'S HEALTH CHAMPION**

Estimated to be 1 in 10 have PCOS
 Very common hormonal disorder

Affects women at all stages of life
 It's complex
 Voice is not often heard

IF YOU HAVE IRREGULAR PERIODS YOU HAVE PCOS [FALSE]

You are releasing eggs infrequently
 PCOS is the most common cause
 Other causes include underlying health conditions or hormonal changes
 Take progesterone to have more regular periods
 Can be used to have no periods at all
 In PCOS estrogen makes lining of womb continue to grow
 causes irregular, heavy & prolonged period

IF YOU HAVE PCOS YOU WON'T BE ABLE TO HAVE A BABY [FALSE]

Eggs are released you just don't know when
 Fertility improves with age
 The pill helps PCOS symptoms & when stopped hormones take time to get out of balance again & so you can become more fertile
 Weight loss helps
 We have simple, good treatments to make ovaries work normally

EVERYONE WITH PCOS WILL HAVE CYSTS ON THEIR OVARIES [FALSE]

Paused eggs NOT cysts in ovary
 Increase in male hormones
 Irregular periods

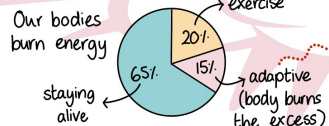
If you have any 2 of these you will be diagnosed with PCOS

Removing ovaries does not cure PCOS

EVERYONE WITH PCOS WILL GAIN WEIGHT [FALSE]

If you have PCOS you will have both hormone imbalance & metabolic imbalance

In America 65% of those with PCOS are obese



PCOS reduces adaptive burning of calories by 15% so over time fat builds up

Exercise helps regardless of weightloss

A healthy weight improves PCOS symptoms

PCOS SYMPTOMS CANNOT BE IMPROVED [FALSE]

There are ways to manage symptoms through each life stage

Screening in later life
 diabetes
 Cardiovascular disease



The pill reduces symptoms

- Medications for:
- ✓ skin health
 - ✓ menstruation
 - ✓ fertility

QUESTIONS & ANSWERS

Is it OK to use contraception for PCOS?

Yes - lack of progesterone = **thick** lining of the womb

The pill, coil, implant etc with progesterone helps lining of the womb

Combined pill & the pill also good for acne
 Can be taken continuously so you have no periods

Can you have fertility treatment?

PCOS doesn't mean you can't get pregnant
 There are very effective treatments but there is a weight limit to access

Weight & fitness

Mild symptoms can seriously improve if you maintain a healthy weight

Study in Australia on fitness & fertility

Those who didn't participate in exercise as part of the study did not release an egg

Those who participated in exercise as part of the study lost weight & released an egg

Weightloss injections

Access through weight management but PCOS is not yet an indication

Healthy eating & exercise can help with weightloss

- ✓ Improve metabolic & hormonal imbalance
- ✓ Change body shape
- ✓ Supports health & wellbeing over the course of our lives

Supplements

Supplements are NOT regulated eg Myo-Inositol

MAKE SURE you see the benefit



Is it Hereditary?

PCOS does run in families
 ↳ some genetic nature - but not entirely genetics

There is no evidence to give medication to prevent PCOS during pregnancy



PCOS & Heart health

Check with GP/Practice Nurse for blood pressure check

Some pharmacies offer blood pressure checks

You can also check British Heart Foundation website



Or check the heart health page on NHS Inform

Ovarian Cancer

There are no links between PCOS & ovarian cancer

Where can you find specialist support?



NHS inform
 Verity

See your GP sometimes additional blood tests are required

It can be helpful to share menstrual history:

- ★ Shortest time between periods
- ★ Longest time between periods
- ★ Average time between periods



Information

1. Periods are normal – but what's a normal period?

This webinar covers the basics of menstruation, focusing on what is 'normal' in terms of periods and examples of period stigma, as well as common symptoms such as heavy bleeding, irregularity and how to manage symptoms.

Panel: Dr Jackie Maybin (the University of Edinburgh), Alice Brooks (Women's Health Plan Lived Experience Group)

Watch the webinar on Youtube:

https://www.youtube.com/watch?v=KT2vcFRXZUc&list=PLDgTzLd2QrJG9IRcU715S5_XgPiUeH4gw&index=6

2. Everything you need to know about PMS

This webinar focuses on Premenstrual Syndrome (PMS) and includes advice on managing both the physical and emotional symptoms that many experience on the run up to their period.

Panel: Dr Ellie Golightly (NHS Lothian), Gill Meens (Mental Health Foundation Scotland)

Watch the webinar on Youtube:

https://www.youtube.com/watch?v=10_tlHk-WrQ&list=PLDgTzLd2QrJG9IRcU715S5_XgPiUeH4gw&index=9

3. Understanding endometriosis

This webinar offers the opportunity to learn more about endometriosis, the common symptoms associated with the condition, when and how to discuss with healthcare professional and how to manage symptoms.

Panel: Professor Andrew Horne (the University of Edinburgh), Julie Burns (Endometriosis Support Group Ayrshire), Vicky Chapman (Endometriosis Support Group Dundee)

Watch the webinar on Youtube:

https://www.youtube.com/watch?v=y2mSYMi-8V8&list=PLDgTzLd2QrJG9IRcU715S5_XgPiUeH4gw&index=7

4. PCOS mythbusting

This webinar busts some common myths about the condition Polycystic Ovary Syndrome (PCOS), explains more about the common symptoms associated with the condition as well as when and how to discuss with healthcare professionals.

Panel: Professor Colin Duncan (the University of Edinburgh), Professor Anna Glasier (Scotland's Women's Health Champion)

Watch the webinar on Youtube:

https://www.youtube.com/watch?v=ncEWCvyiGV4&list=PLDgTzLd2QrJG9IRcU715S5_XgPiUeH4gw&index=8

Find all these webinars and more by scanning the QR code



The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care. The ALLIANCE has a strong and diverse membership of over 3,500 organisations and individuals.

You can find out more on our website:

www.alliance-scotland.org.uk

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