(M)E-BOOK

The UnPause Straight-Talking Guide to Menopause

Edited by
Dr Natasha Andreadis

UnPause Medical Doctor
Gynaecologist, Fertility Specialist & Reproductive Endocrinologist
MBBS MMED FRANZCOG CREI INHC

With an introduction by **Mary Coustas**

DISCLAIMER

We're here to support your health journey with personalised care and reliable information. The content in this e-book is provided for general education to help you better understand perimenopause and menopause. It's not a replacement for personalised medical advice, diagnosis or treatment from a qualified healthcare professional. Please speak directly with a healthcare provider - such as UnPause - about your specific needs.

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About The Team

Mary Coustas

Co-Founder

Actor, Writer, late-in-life mum,
taboo-tackler, truth-teller, hope-giver.

I hit menopause at the same time I became a mother. Beautiful, yes — but also brutal. My body was running on empty while my career, child and life all demanded more. I realised that as informed as I was on many women's issues, on this I was a 'Menopause Ignoramus'. Maybe because I missed perimenopause as throughout my 40's I was busy doing 23 IVF's. I could never have imagined anything more excruciating than that. But I was wrong.

Menopause didn't just hit me. It king hit me. And like so many other women, I didn't know what was happening to me. I thought it was grief. I'd been there many times before and I figured it was back again. Except this time with a vengeance. The heaviness felt full-bodied. Like a building parked on my chest. And if that wasn't enough, I felt like I was dragging a Mack truck with me everywhere I went. Still I was high-functioning, against all logic and odds. Then the pandemic hit and it felt like the entire world was going through menopause.

Finally without any help from the many doctors I had seen, I came to my own unqualified conclusion that it had to be menopause. Throughout that period I wrote my book MARYPAUSE to try and make sense of it all. I realised that if I struggled to that degree, then so must many others. That's when I decided that I wanted to do more than just write about it — I wanted to fix it. Driven by my own personal needs I searched for answers. That search led me to discovering my founder partners, who like me had struggled unnecessarily and lost a lot along the way.

And UnPause was born. A place where we can stop the confusion, start talking, and help women get the real care they desperately need and deserve.

Dr Natasha Andreadis

Medical Advisor

Medical Doctor, Podcaster,
Community Builder.

Medicine and healing were my calling. After completing training in Obstetrics and Gynaecology, I underwent further subspecialty training in reproductive medicine and infertility (CREI). During this hard slog, I had the option of working a regular surgical list Monday mornings to further my skills in laparoscopic surgery or attend a menopause clinic. I chose menopause, mainly because after a full decade of medical training, I felt I still had very little knowledge and confidence in managing this phase in a woman's life.

Fast forward 15 years and menopause is a big feature of my private practice. It is also one of the most satisfying aspects of my work as a doctor, as I can see that when women are heard and cared for during the menopause transition, their lives change for the better. Not only their lives, but their partners', children's, friends' and probably even their pets' lives! Menopause management has a real time ripple effect and I'm here to play a positive role in the changing of the tides for all my sisters out there. UnPause is here as a trusted guide for me and it's here for you too.

Let's do this together!

Intro by Mary

Menopause needs to get a publicist. It just doesn't get spoken about nearly enough. There's quite a few female things we don't talk about...like placentas. Stay with me ladies. When we speak of pregnancy we speak about the labour and the birth. But not about the delivery of the placenta. No-one ever talks about the poor placenta. That scene never makes it to the movie. I've never heard anybody ask, "Is it okay if I hold the placenta? Oh my God it's beautiful. What are you calling it?"

I wonder whether it has anything to do with usefulness? I wonder whether when something is deemed no longer useful like a used placenta or some empty ovaries it's not worthy of attention?

I didn't see Menopause coming. And yet it was inevitably heading my way. As I now like to say, 'have ovaries will menopause.' The Meno train had left the station without my knowledge. I'd been travelling on the IVF train for almost a decade while perimenopause was waiting on another platform. After 23 IVF's I was too busy luxuriating in the fact that I finally became a mother. I don't know. But what I do know now is that I want every woman to know what I didn't.

When menopause finally snuck up on me in my late 50's, I was a hormonally depleted, high-functioning, over-achiever, still on a mission to not let the discomfort, pain or suffering of "ageing" get in my way. Nothing could have been harder than surviving all of those IVFs. Along with the miscarriages and the excruciating loss of our stillborn daughter Stevie. Yet, I was engulfed with confusion. Why was I feeling overwhelming anxiety and a constant heaviness of heart? Was I having a heart attack? Why couldn't I sleep? Was it endless whole-bodied grief? As the months rolled into years, I honestly believed it was all me. Not what was happening to me.

How does something as inevitable and as impactful as menopause slip through the radar unseen? How can we be so aware of what's happening in the world and yet be so uninformed and blind to what's happening in our own bodies? How can we go to numerous doctors and tell them our obvious menopausal symptoms and not be told it's menopause?

The sad answer is: I don't know how. And I don't know why. But what I do know is things have to change. Many outspoken women with public platforms like me are speaking up. We all want to draw attention to this huge mid-life medical and societal oversight. To give voice to this silent saboteur. And to offer up clarity and solutions gained from our personal suffering. My own fraught menopause journey led me to writing my book, MaryPause. Writing that book helped make some sense of what was happening to me. It also opened my eyes to how many other women found themselves hobbling in my menopausal shoes. This shocking realisation only further cemented my determination to shine a huge, hopeful and informed light on menopause.

I didn't want to just complain about the problem, I wanted to offer solutions. And to empower women anywhere in Australia who are lost in the meno fog like me with the essential information to help them easily access telehealth specialist GP's who are experts in menopause.

That's what UnPause is all about. Because just between you and me, I prefer to shop for shoes than shop for doctors.

Chapter 1.

Welcome to the Mid-life Collision.

Puberty, pregnancy, childbirth, breastfeeding, and then The Pauses (peri, meno, and post); all of these are life changing. But at each of these stages, so many of us have apologised for our femaleness. We've hidden our bleeding (please God, make the pain of the stain go away). Said sorry when milk seeped through our work shirt and now (in what is arguably the prime of our lives) we regularly excuse ourselves from polite company until the hot flush passes, and return when we are professionally 'acceptable' and socially 'decent', that is sexless. It's hard being a woman sometimes. It's a lot to bear. We know because we're women too. The struggle and the stigma need to ease. And here at UnPause we're on a mission to do that.

Reclaiming your power

This booklet, and our UnPause telehealth experts, can help you figure out what the hell is going on – and reclaim your power. Ours is a service that offers you access to a highly skilled team of medical professionals with deep knowledge of all things menopause. It's built on the real-world experiences (and frustrations) of women who've already been lost in the hormonal fog. Who want women's voices heard. Who want you to move forward with purpose and pride.

It's the honest private and public conversation you've been craving – with the straight-talking doctor you wish you had years ago.

EXPERT TIP

It’s called the midlife collision for good reason

Menopause isn’t just that your hormones are crashing and burning. It’s that everything else is, too.

- Holding down demanding jobs while feeling like you’re living in a pressure cooker.
- Managing children and caring for elderly parents.
- Dealing with relationships that are suddenly strained.
- Wondering what happened to your energy, libido, and joy.

Doing all of the above while thinking that you’re going mad.

This is the midlife collision. And it’s exhausting. It’s not in your head. It’s in your body, your chemistry, your brain, your hormones. And so many parts of your life. The good news is this doesn’t have to be a breakdown. It can be a breakthrough. With the right knowledge and support, this can be the beginning of your best chapter. That’s not optimism – it’s accuracy.

Chapter 2.

What's happening to me?

The Three Stages of Menopause (aka The Pauses)

Menopause is just one part of a bigger hormonal story – a long arc of change driven by the slow decline of estrogen, progesterone and testosterone. They influence everything from mood and sleep to bone density and brain function. So, when they start to drop, you feel it.

Here's how the stages unfold:

Perimenopause

This is the real main event. Your periods start to misbehave — showing up early, late, or not at all — while symptoms like hot flushes, brain fog, sleep disruption and mood swings quietly move in and unpack. Perimenopause usually begins in your 40s (sometimes earlier), and it can last anywhere from one year to more than a decade. Most women sit somewhere between four and six years.

Menopause

You're officially in menopause when you've gone 12 consecutive months without a period. Just one day on the calendar, technically — but it marks the end of your reproductive years. The average age? Around 51, but it varies. It doesn't mean everything suddenly settles. It just means you've crossed the threshold.

Post-menopause

The cycle is over. That said, your body's still adjusting. And the reality is those hormones are not coming back. Estrogen levels remain low, and that can impact everything from bone and heart health to memory, muscles and mood. This is the time to get more serious about long-term wellbeing – because you've got decades of living still to do.

The good news is this doesn't have to be a breakdown. It can be a breakthrough.

Why Doesn't Anyone Understand?

Unless they're 'in it', most people don't 'get it'. Children? Clueless. Partners? Often sympathetic but baffled. Friends who aren't there yet? Trying. Colleagues? Well. Some doctors still wave it away as "stress" or toss you a script for antidepressants. Don't you LOVE it when that happens?

For years, women were told to just get on with it. But that's not good enough anymore.

You deserve answers – and proper support. Not dismissal. Not confusion. And definitely not platitudes.

Chapter 3.

The first signs of perimenopause

Perimenopause doesn't always make a dramatic entrance. No sirens, no flashing lights – only a handful of sneaky symptoms that leave you wondering; is it just me? (Newsflash: it's not just you. It's us.)

Here's what the early signs can look like.

Sleep's a nightmare

Falling asleep takes longer. Staying asleep feels optional. And that lovely 3 a.m. wide-awake window? Happens to a lot of us.

Your periods are all over the shop

Once upon a time, your cycle ran like clockwork. Now it's ghosting you, turning up early, or arriving like it's got something to prove. Totally normal. Totally annoying.

Mood swings

One minute you're fine, the next you're bawling or furious over the smallest thing. Your dipping serotonin and dopamine levels are the culprits.

Everything bugs you

The sun is shining. Damn it, the sun isn't shining. Your husband's breathing has you contemplating murder! Your tolerance is shot because your progesterone levels are falling.

Hot flushes & night sweats

The stars of the show. You're fine one minute, then boom — internal bonfire. Night sweats? Same deal, just with bonus sleep deprivation.

Brain fog

Can't remember that word? Or why you opened the fridge? Or why you walked into a room? Or where your phone is (it's in your hand)? You're not losing the plot, you're losing estrogen.

Skin and hair go off-script

Where'd this pimple come from? Why's my skin so flaky and itchy? Dear God, am I going bald? Why am I growing whiskers!? When estrogen dips, things get weird.

Your waistline's had enough

The kilos are sneaking onto your midriff and your gut's bloating for no good reason. Your metabolism's slowing, and estrogen is shifting fat storage. Cortisol (your stress hormone) isn't helping, either.

Achy breaky body

Back twinges. Joint stiffness. Estrogen used to help keep inflammation at bay. With less of it, your body's letting you know.

Libido's left the building

Testosterone's going bye-bye. Add dryness and fatigue into the mix, and intimacy slips wayyyy down the priority list. That's okay. You're not broken – you're recalibrating.

Teeth and gum tantrums

Bleeding gums? Wobbly tooth? Losing teeth? Turns out, estrogen supports bone density in your jaw, too. Of course it does...

Downstairs drama

Vaginal dryness, discomfort, leaks or more frequent UTIs — It's either a desert or a flood zone and it's not climate change it's hormone change. It's not glamorous but it is common. And yes, there are ways to sort it out.

Dry everything

Dry eyes. Itchy skin. Tingling hands and feet. Estrogen's moisture magic is fading, leaving you parched in odd spots.

Heart flutters and head spins

Palpitations, dizziness or headaches can be part of this phase, too. Often harmless, but always worth checking out.

No sirens, no flashing lights – only a handful of sneaky symptoms that leave you wondering; is it just me? (Newsflash: it's not just you. It's us.)

THIS IS A LOT. BUT YOU'RE NOT ON YOUR OWN.

Perimenopause can be a wild ride but there are real, evidence-based options that can make a big difference: hormone testing, menopausal hormone therapy (MHT), lifestyle support, and expert care from people who genuinely know their stuff. We'll walk you through it all here, but if you'd rather skip the reading and just talk to someone who gets it, you can book straight in with one of our brilliant clinicians.

We're here to lighten your load.
Because you don't need any more pressure.

TALK TO A DOCTOR WHO GETS IT.
BOOK YOUR UNPAUSE CONSULT, TODAY.

Chapter 4.

Is it perimenopause or burnout?

(THE QUIZ)

Burnout is real – work, kids, endless to-do lists – but so is perimenopause. And it can make everything feel ten times harder. The difference? Burnout eases with rest; perimenopause keeps putting pressure on your system until you tackle the hormones. This quiz will help you work out where you're at. If you're ticking a lot of boxes, it's time to chat with one of our UnPause experts.

TEST SCORES
0–5 Might be burnout or early days. Keep an eye on it.
6–10 Could be peri-menopause sneaking in – worth a chat with your doc
11+ Hello, peri-menopause! Let's get you some help, stat.

Score 1 Point Per 'Yes'

Cycle chaos

- Are your periods playing hide and seek – early, late, or AWOL?
- Had a couple of no-shows this year with no explanation?
- Is it a trickle one month, a flood the next?

Body breakdown

- Waking up at Witching Hour (1–4 a.m.) for no good reason?
- Hot flushes hitting like a summer scorcher?
- Packing on kilos despite no change in habits?
- Joints moaning like you've done a CrossFit sesh?
- Skin or hair acting like it's auditioning for a horror flick?
- Bloated more often than not?

Mind breakdown

- Forgetting names, dates, or why you're holding a fork?
- Anxiety crashing your party?
- Crying at ads for pet food or car insurance?
- Snapping at people for existing?
- Feeling like your spark's gone walkabout?

Intimacy explosion

- Is sex about as appealing as a tax return?
- Dryness or soreness downstairs making you wince?
- Avoiding the bedroom like it's a crime scene?

TALK TO A DOCTOR WHO GETS IT.
BOOK YOUR UNPAUSE CONSULT, TODAY.

Chapter 5.

Your hormones explained simply.

(PROMISE)

Hormones are your body's messengers. Right now, they're sending some mixed signals. Here's the simple version of who's who in the menopause zoo.

Estrogen: the multitasker

Estrogen's the queen bee—running your periods, keeping your skin plump, and helping your brain stay sharp. In perimenopause, she starts flaking out—sometimes high, sometimes low—causing hot flushes, mood swings, and that foggy head. When she's gone for good, your bones and heart need extra TLC.

Progesterone: the chill pill

This one's your calm-down hormone. It balances estrogen, helps you sleep, and keeps your womb in check. As it dips, you might feel wired, anxious, or wake up at stupid o'clock.

Testosterone: the fire starter

Yep, women have it too! It fuels energy, muscle strength, and that frisky feeling. When it drops, your get-up-and-go gets up and leaves, and your libido might ghost you.

Cortisol: the stress mess

Not a sex hormone, but a big player. Made by your adrenals, cortisol spikes with stress—and menopause loves to crank it up. Too much means more belly fat, crap sleep, and a shorter fuse.

How They Work Together

These hormones are like a finely tuned quartet — when they're in sync, you hum along with energy, focus, and emotional balance. But in perimenopause, the harmony starts to wobble.

Estrogen and progesterone usually work as a pair: estrogen energises, while progesterone soothes. When estrogen spikes erratically (as it often does in perimenopause) and progesterone quietly declines, you get all the heat, tension and emotional whiplash with none of the calm.

Meanwhile, testosterone — your quiet achiever — adds spark, strength and sex drive, but it also tapers off, leaving you flatter and more fatigued. Then cortisol joins the chaos: when stress is high and sleep is low, this hormone floods your system, throwing your metabolism, mood, and patience completely off balance.

This new hormonal interplay hits your whole system. Understanding it means you can fight back with diet, exercise, or even MHT if it's your vibe.

Chapter 6.

Perimenopausal Periods

– When you no longer know aunt Flo

Perimenopause turns your once-predictable cycle into a game of roulette – except the stakes are your underwear, your iron levels, and your patience. Suddenly, you're bleeding every 21 days, then nothing for 40. When your period does show up, it can hit like a crime scene. Other times? Just a vague threat and some bloating. Let's break it down.

Here's What You Might Notice

Flooding

The kind of bleeding that laughs in the face of regular tampons. Stock up on super-absorbents, reusable period undies, or a menstrual cup. Don't wait to be caught out. Think waterproof mattress protector. Think backup pants.

Random spotting

Light bleeding between cycles can be normal during perimenopause. But if it continues into post-menopause (i.e., after 12 months period-free), definitely get it checked.

Phantom periods

You feel the cramps. You're moody. You're bloated. But... nothing. Your body's trying to ovulate, or at least pretending to, without much success. It's messing with your head. Spectacularly.

How to Stay (Relatively) Sane

Track your symptoms

Even if your period doesn't play by the rules, having a record helps spot patterns — or lack thereof. Apps can help, but so can a simple wall calendar and a decent pen.

Check your iron levels

Heavy bleeding can drain your iron stores, making you feel foggy, flat, and exhausted. A blood test will tell you where you're at — and iron supplements (or infusions) can help.

Pain relief

Medication, heat packs, and gentle movement (even a walk around the block) can ease cramps. Yoga works wonders too — not the bendy Instagram kind, just the kind where you breathe and don't swear at your uterus. Strength and resistance training – now is the time!

When to Speak to a Medical Expert

- Bleeding that lasts longer than a week
- Soaking through pads or tampons hourly
- Clots bigger than a 50-cent coin
- Any bleeding after menopause
- Any bleeding that is unusual for you

DEALING WITH THE EMOTIONAL RAMIFICATIONS

Letting go of your period can feel like losing an old frenemy. Some women cheer. Some grieve. Most feel a bit of both. However you feel, it's valid. **Talk to someone that understands.**

It's not glamorous. It's not easy.
But it is a rite of passage.
And it needs to be managed.

GET THE CARE YOU DESERVE.
BOOK YOUR CONSULT WITH AN UNPAUSE MENOPAUSE-TRAINED DOCTOR, TODAY.

Chapter 7.

Early or Premature Menopause

– What you need to know

Premature menopause is when a woman's final period happens before she turns 40. Early menopause is when a woman's final period occurs between 40 and 45. Up to 8% of women have had their final period by the time they're 45. The symptoms are often the same as perimenopause (hot flushes, mood swings, brain fog), but the timing can throw you. You're not where you thought you'd be and your body's doing things you didn't plan for – which can feel confronting, frustrating, and yes, a little unfair. But it's not the end of the road. Far from it. With the right care, support and information, premature and early menopause can be managed – not just medically, but emotionally too. This is your body taking a different path, and we're here to walk it with you.

Why It Happens

Natural

Your ovaries clock off early – it's genetics, pure and simple.

Surgical

Hysterectomy or ovary removal (oophorectomy) fast-tracks it.

Medical

Chemo, radiation, or autoimmune conditions can shut things down.

Toxins

Smoking; cigarettes cause our ovaries to shut down sooner.

What It Feels Like

Same symptoms as perimenopause – hot flushes, mood swings, dryness etc – plus, the shock of "this shouldn't be happening yet." Fertility's often off the table, too. It's an emotional reality that can hit hard.

Health Risks

Losing estrogen early ups your risk of osteoporosis, heart disease, and dementia. Not to scare you – just to arm you.

What To Do

See an UnPause medical professional: blood tests (FSH levels) can confirm it. Don't let them brush you off with all that "you're too young" nonsense.

Have the MHT chat

Menopausal hormone therapy (MHT) can replace what's missing, easing symptoms and protecting long-term health. It's safe for the majority of women. Get the facts, not the (many) fictions.

Lifestyle

Weight-bearing exercise (walking, weights) for bones. Cut smoking and booze for your heart.

Get support

Early menopause can feel isolating. Our UnPause team of menopause experts will always have your back.

WHATEVER YOU'RE FEELING, IT'S VALID.
BOOK A CALL WITH AN
UNPAUSE EXPERT GP, TODAY.

Chapter 8.

Menopause at Work:

How to survive, thrive & Not Lose Yourself, Your Mind, and Your Job.

We excuse our flushed faces, step out of meetings to ride out the ‘sweats’, then return once we’ve blotted, breathed, and re-assembled ourselves into something ‘professional’. And just when the sweating eases, brain fog rolls in – names vanish, stats evaporate, and that killer phrase you definitely rehearsed yesterday is now hiding behind a filing cabinet. While we’re at it, don’t even get us started on the mood swings! Welcome to menopause at work – where you’re expected to lead, deliver, and keep your cool while your hormones are holding your dignity hostage.

Enough.

Here’s the good news, you’re not losing your mind, you’re losing your hormones. And you need help, space, support and solutions.

Viva la flush (and fog)!

No more shrinking. No more silent exits. No more pretending you're the problem.

If anyone's uncomfortable, hand them a fan and a sticky note labelled 'Empathy' and get on with general business and the business of being you.

What Actually Helps

Cool it down

Layers are your best friend. Keep a desk fan handy. Drink icy water like it's a job.

Write. It. Down

Lists, notes, Post-its, whiteboards, phone reminders – give your unpredictable memory the helping hand it deserves.

Take Five

A quick walk. A loo break. A power cry in the car. Whatever resets the system.

Ask for flexibility

A simple, "Hey, I'm going through menopause, can I have a few more WFH days?" can open surprising doors. HR's heard worse.

Here's the good news, you're not losing your mind, you're losing your hormones. And you need help, space, support and solutions.

It's time to Push for Better. It's Time for Positive Change.

Menopause is a workplace issue that belongs in the workplace conversation. Some companies have introduced menopause policies, so some progress is clearly being made. But we need more. If you think your workplace needs to become more menopause-aware, you can make a start by sharing this guide with your manager or HR department. You can also introduce them to experts like Menopause Friendly Australia who provide workplace training and accreditation.

And remember, you have a lot on your overflowing plate. It's a smorgasbord of demands and expectations. You don't have to take on that extra shift or organise the team trivia night. Cut yourself some slack. You're not failing, you're doing brilliantly under conditions that would make a lesser mortal cry.

If Man Flu is unbearable could you imagine what Menopause would be for men? It would be utter mayhem - industry would fall apart and society would be crumble. Remember how miraculous and strong us women are. Take the glory, as well as the oxygen mask of hormonal help, when your hormones are screaming for your attention.

Chapter 9.

Mental Health and Menopause

One day you're holding it all together nicely. The next, you're crying in the Woolies car park because you can't remember where you parked your car. Here's why it's happening – and some ideas to help you get back on track.

The Science

Estrogen and progesterone aren't just in charge of your cycle. They also moonlight as your mood regulators. Estrogen helps with serotonin – that's your "I've got this" brain chemical. Progesterone supports GABA (or gamma-aminobutyric acid) – the one that keeps you calm and steady. When those hormones start to deplete and glitch, your brain can short-circuit. Cue sudden rage, prickly anxiety, and low mood.

The Big 3

Rage

That fury that suddenly fires up to level 11? That "I've had enough of being taken for granted" feeling? Say hello to your inner dragon.

Anxiety

Racing thoughts, a tight chest, a creeping sense of dread. We feel you, Sister.

The Unravelling

Feeling lost, flat, or invisible, like you've stepped out of yourself and forgotten the way back.

How to Cope

Move

Even a walk around the block counts. Exercise boosts endorphins and clears some of the mental clutter.

Breathe

Slow, deep breaths help your nervous system calm you down a bit.

Talk

A friend, a therapist, your dog — say the things out loud. You don't have to carry it all alone.

Sleep

Tricky, we know, but naps, routines, and turning off screens before bed can help.

Consider MHT

Menopausal hormone therapy can smooth out the mood swings and lift the fog. Ask your GP — and keep asking until someone listens. Or make a telehealth appointment with one of our menopause experts.

WHERE TO GET HELP

If things get really dark – you can't get out of bed, or your thoughts start heading into scary territory – reach out. **Call Lifeline (13 11 14) or speak to a psychologist.**

Trust us. We've been there. Your spark's not gone, it's just asking for help.

Chapter 10.

Sex & the Pauses:

Your body, your rules

When The Pauses roll in, sex can drop straight to the bottom of the priority pile. And yet, the pressure to care, to perform, to be available doesn't vanish just because your hormones have packed up.

Every woman rides these stages differently.

You might feel a quiet ache — a guilt for the pain and confusion your reduced libido might cause a beloved partner, and a grief for the craving of physical intimacy that once came without a second thought. But you love who you're with and who you are together, so you take honest, informed and loving steps towards regaining the closeness you both miss.

Many of you are choosing to fly solo - because you simply can't manage, balance or struggle with the difficulty of intimate relationships anymore. And you prefer the company and ease of being alone, making your own choices and looking at a future you can design for yourself.

Wherever you land, chances are you're feeling lost and disoriented — caught in a storm of change, an uncertain future and the expectations of others.

That said, if the desire for sex still sparks joy and excitement, there are ways to rekindle things on your terms. We've listed a few of them below. Plus you can always talk things through with our UnPause medical experts. We've all been there, so we know where you're at.

In life there is always change, and helping each other through that without judgment and with informed solutions is the best way through.

Whatever you need and whatever works best for you.

Your pleasure. Your pace. Your rules. Always.

What's Changing

Libido

Testosterone takes a dive, stress ramps up, and desire decides to have a little lie-down.

Dryness

Less estrogen means thinner, drier vaginal tissue — which can make sex feel like someone's handed you sandpaper instead of silk.

Comfort

Pain, irritation, or sensitivity can sneak in and kill the vibe.
In other words: ouch.

IT'S NORMAL TO HAVE QUESTIONS.
OUR UNPAUSE DOCTORS ARE HERE WITH ANSWERS. BOOK YOUR ME CONSULT, TODAY.

What Helps

Lube

Your new best friend. If you're new to using it or feeling unsure, start with a gentle, water-based lubricant – ideally one that's fragrance-free and designed for sensitive skin. If that dries out too quickly or doesn't offer enough comfort, try a silicone-based one next. In short, if your main concern is comfort and sensitivity, go water based. If your main concern is dryness and endurance, go silicone.

Moisturisers

Not the stuff from your bathroom shelf — look for vaginal moisturisers at the chemist. Use regularly to keep things supple.

MHT

Topical estrogen (pessaries, creams) can restore comfort and pleasure. It's low dose, localised, and safe for most women.

Slow it dow

Foreplay's no longer optional — it's essential.

Redefining Intimacy

Intimacy isn't just sex. It never was. It's a closeness. It's togetherness. It's the belly-laugh at an inside joke. It's comfort in a quiet glance. It's being seen. You might need more time, more care, or simply a new script that's written by you – for a change.

This isn't about getting back to how it was. It's about making room for how it can be. And there's power in that.

Your pleasure.
Your pace.
Your rules.

Chapter 11.

The midlife body:

What's changing and what you can do about it

What used to work might not anymore – and it's not because you've failed, lost control, or 'let yourself go'. It's because your hormones are rewriting the manual. Here's how to take care of the body that's carried you this far – and will carry you further still.

Bones

Your skeleton doesn't usually make a fuss — until menopause shows up and estrogen walks off the job. The result? Bones that lose density faster than before, raising the risk of osteoporosis and breaks.

What Helps

Calcium-rich foods

Think dairy, tofu, almonds, broccoli, and kale — no need to force down chalky tablets unless your doctor recommends it.

Vitamin D

Get some sunshine or talk to a doctor about supplements if you're low. It helps your body absorb all that bone-loving calcium.

Weight-bearing movement

Walking, light weights, stair climbing — activity makes your bones work and helps keep them solid.

Bottom line: Your bones are the scaffolding of your future. Treat them like the architectural wonders they are.

Weight, Metabolism & That Midsection Shift

Your jeans are protesting. The belly bloat is real. The scales? Rude.

Menopause changes how your body stores fat, especially around the middle.

What Helps

Eat smart

Prioritise protein (eggs, tofu, lean meats), fibre (veggies, oats), and less sugar. No starvation — fuel is not the enemy.

Move more

Walking, strength training, dancing in the kitchen — muscle burns more fat, even at rest

Sleep

We know your sleep schedule can be all over the shop nowadays but if you can get it under control (with MHT or natural remedies) you'll reduce food cravings.

Chill

Cortisol loves chaos. A walk in nature, deep breathing, or yoga helps settle the nervous system.

Bottom line: You don't need to be smaller — you deserve to feel stronger.

Heart

When estrogen declines, your heart loses one of its greatest protectors — and cholesterol levels, blood pressure, and risk of heart disease can all sneak up.

What Helps

Quit smoking

If you're still lighting up, now's the time to knock the ciggies on the head.

Alcohol

Consider reducing or quit drinking altogether.

Move daily

Brisk walks, dancing, yoga — your heart loves consistency, not perfection.

Eat heart-loving fats

Avocados, olive oil, nuts, seeds, and oily fish keep your arteries happy. It's not about restriction — it's about nourishment.

Bottom line: Your heart's worked hard for you.
Now's the time to return the favour.

Brain

Brain fog is real and – not to scare you – menopause can raise dementia risk in the long term. Don't worry; there's plenty you can do.

What Helps

Challenge yourself

Puzzles, learning something new, reading — your brain loves stimulation.

Prioritise sleep

It's when your brain repairs and resets. Naps count.

Stay social

Laughter, connection, conversation — they keep you sharp, grounded, and sane.

Bottom line: Your brain hasn't failed you — it's just rebooting. Give it time, give it tools, and don't forget to give it credit.

Chapter 12.

The Power of Lifestyle Medicine

– Movement, food, sleep and sanity

Now that we've covered how menopause affects your weight, bones, brain and heart, let's talk about other lifestyle tweaks you can make. These habits might not sound sexy, but they're powerful – arguably the strongest medicine you've got.
The way you eat, move, sleep and manage stress can either support your body through this transition – or make it harder.
Let's make it easier.

Movement: Balance, Not Burn

Forget punishing workouts. In perimenopause and beyond, movement is about preservation. No bootcamp martyrdom required. Try this:

- Strength training 2–3 times a week for muscle and bone
- Walking daily to clear your head
- Yoga for flexibility, sleep and mood
- Dancing to reconnect with joy

Food: Fuel, Not Fear

You don't need to survive on green smoothies and regret. But you do need to eat in a way that supports hormonal stability and energy. Focus on:

- Protein with every meal to curb cravings and support muscle
- Fibre to support gut health and hormone clearance
- Healthy fats (olive oil, avocado, nuts) to nourish brain and hormones
- Complex carbs (sweet potato, oats, legumes) for steady energy
- Avoid ultra-processed foods — not because they're 'bad', but because they can mess with your metabolism, spike inflammation, and leave you feeling like crap.

Sleep: More Precious Than Gold

Getting enough sleep – or avoiding an unbroken night's sleep – can be trickier now. But without enough zees, everything else goes sideways — mood, cravings, immunity, you name it.

- Create a wind-down ritual (no doom-scrolling)
- Try magnesium, sleep stories, or gentle movement
- Keep your room cool, quiet, and dark
- Treat sleep like medicine — because it is
- And yes, time to cut out alcohol

Stress: The Silent Saboteur

Changes to your cortisol levels mean stored fat, difficulty sleeping, and more anxiety. Managing stress isn't a luxury — it's the work. Start small:

- Breathe
- Walk
- Journal
- Say no
- Laugh
- Sit still

The Takeaway

Menopause is a transition, not a crisis. Your daily habits are the strongest medicine you've got. Not one big fix, but a hundred tiny ones. If you want to feel clearer, calmer, stronger – this is where you start.

Chapter 13.

The Inside Skinny on Menopausal Hormone Therapy (MHT)

MHT used to be called HRT (Hormone Replacement Therapy) – and it's the gold standard for symptom relief.

MHT replaces the hormones your body's winding down. It can ease hot flushes, brain fog, mood swings, vaginal dryness, sleep issues, and more.

How it's delivered

Pills, patches, gels, creams – your choice. The dose, delivery, and hormone combo can all be tailored to suit your body and your symptoms.

The Baggage

You've probably heard whispers (~~or screams~~) about cancer risks. That stems from older studies that used outdated hormone types and didn't paint the full picture. The result? Decades of fear, confusion, and women being told to just put up with it.

The Study That Shaped the Narrative

In 2002, the Women's Health Initiative (WHI) — a large U.S. study — released results suggesting that hormone therapy increased the risk of breast cancer, heart disease, and stroke. The media ran with it. Women panicked. GPs stopped prescribing it. And millions were left to suffer through severe menopause symptoms with no support.

What went wrong? A lot, actually:

- Most participants were well past menopause — average age 63, many over 70. But hormone therapy is most effective and safest when started closer to menopause (before 60 or within 10 years of your final period). So, the study didn't reflect the women most likely to seek treatment.

- The study used older, synthetic hormones — namely conjugated equine oestrogens (made from horse urine) and a synthetic form of progesterone (medroxyprogesterone acetate). These aren't the same as the body-identical hormones commonly used today, which behave much more like your body's own.

- The risks were overstated for individuals. For example, the slight increase in breast cancer risk was similar to that from drinking a glass of wine each night. But the media reported it in ways that made it sound catastrophic.

- Benefits – like reduced risk of osteoporosis, improved quality of life, and relief from debilitating symptoms – were barely mentioned.

Where We Are Now

Newer, better-designed studies show that for most women under 60 (or within 10 years of menopause), MHT is safe, effective, and offers powerful protection. That said, it's not your only option. The next section of this booklet covers alternative and natural therapies, if you fancy taking a different path.

Chapter 14.

Alternative & Natural Therapies

Herbs, supplements, and natural remedies can absolutely pull their weight – but before you splash out on maca, magnesium, or magic capsules, rule out any underlying issues. It's always important to disclose alternative/ natural therapies to your medical team (doctor, nurse or pharmacist). If you're already on medication, definitely have a quick word with your doctor or pharmacist – just to be on the safe side.

The Useful Shortlist (Based on Science, Not Hype)

Magnesium

A quiet hero. Helpful for sleep, anxiety, muscle cramps, and perimenopausal restlessness. Try magnesium glycinate or citrate for better absorption.

Omega-3 Fatty Acids (Fish Oil)

Supports brain health, mood, joints, and inflammation. Essential if you don't eat oily fish.

Vitamin D

Crucial for bones, immune function, and mood. Many women are deficient. You might want to get tested.

Calcium

Important for maintaining bone density, and its effectiveness is amplified by vitamins D and K2. But talk to a healthcare professional about how much is too much.

Probiotics

Supports gut health, immunity, and mood. Helpful for stomach issues or frequent UTIs.

B-Complex Vitamins

These boost your energy, nervous system, and mood. Vital if you're vegan or stressed.

The Maybe List (Some Evidence, Some Hype)

Black Cohosh

The OG of menopause supplements. It's a herb often recommended for hot flushes and night sweats. Some women swear by it; others feel nothing. If it helps you and you're not on medications it might interact with (hello, liver), go for it – with supervision.

Maca Root

An Andean root touted for energy, libido, and hormonal balance. The research is patchy, but some women report feeling more 'themselves' with it.

Red Clover

Contains phytoestrogens – plant-based compounds that mimic estrogen. Results vary. If you're estrogen-sensitive or have had hormone-related cancer, speak to your doctor first, or chat with our menopause experts.

Evening Primrose Oil

Used for breast tenderness and mood swings. Not a miracle worker, but for some, it takes the edge off.

Ashwagandha

An adaptogen for stress, anxiety, and sleep. Think slow, steady support.

Acupuncture: Not a Supplement but Certainly Supplemental

Traditional Chinese medicine views menopause as an energy transition. Acupuncture can help regulate sleep, mood, hot flushes, and anxiety for some women. Is the evidence conclusive? No. But if it helps you feel better, that matters.

What To Be Wary Of

- Anything promising to 'balance your hormones naturally' in 10 days, without explaining how.
- Products with dozens of unpronounceable ingredients costing a gazillion dollars and listing 'hormone harmony' as their main benefit
- Supplements sold by influencers claiming their menopause was cured with a shake and three daily capsules of powdered unicorn horn. Unless they're licensed health practitioners, save your money.
- 'Bio-identical hormone creams' sold online without prescriptions or regulation. These are not the same as doctor-prescribed, body-identical hormones.

A Few Important Caveats

Start small

Try one supplement at a time to see what helps.

Track symptoms

Use a journal to note changes.

Avoid mega-doses

More isn't better. In fact, it may be harmful.

Look for transparency

GMP-certified, third-party tested brands.

The Bottom Line

There's definitely room for alternative and natural treatments.
You don't have to choose one path.
You just have to choose what works for you.

Chapter 15.

Creating your Midlife Support Team

– Why you shouldn't do this alone

Here's the lie we've all been sold: menopause is a private struggle to manage silently with a brave face and maybe a nice cup of chamomile tea. Nope. That ends here. Menopause is a life stage, not a personal failing, and it deserves expertise, community, and real support. You don't need to do this solo. And you shouldn't.

Let's build your midlife A-team.

The Right Doctor

You need a doctor who:

- Listens without dismissing your symptoms as 'just stress'
- Understands menopause is more than hot flushes
- Is up-to-date and open to MHT and modern, evidence-based care
- Refers to specialists when needed

If your doctor isn't that person, get in touch with our team of medicos.

A Menopause Savvy Doctor

A GP, endocrinologist or gynaecologist with extra training in hormone health will:

- Run the right tests
- Prescribe hormone therapy if appropriate
- Tailor treatment to your symptoms and health history

A Great Pharmacist

Pharmacists can:

- Ensure meds and supplements play nicely together
- Advise on dosages and application (gels, patches)
- Spot side effects early
- Offer alternatives when something's out of stock
- Work with your doctor by informing them of drug supply issues and alternatives

Work Allies

Someone in your workplace needs to know what's going on. You don't need to share your entire symptom list (like the Sub-Saharan state of your vagina), but you do need support for:

- Flexibility
- Adjusted deadlines
- A fan in the meeting room
- A quiet moment to recalibrate

That could be HR, your manager, or a trusted colleague. Tell someone.

Your Inner Circle

Your ride-or-die crew will:

- Let you vent
- Bring snacks
- Understand, “I just can’t today.”
- Celebrate wins
- Know when your tone means ‘get me out of here’

Whether it’s a sister, bestie, partner, or WhatsApp group – build your circle.

You

At the centre is you – the woman navigating all this while still showing up for work, kids, parents, friends, partner. Be on your own team:

- Speak up
- Ask for help
- Get rest
- Laugh at the madness
- Stop apologising for anything and everything

Chapter 16.

Menopause & Men

– A Partner's Guide

A message to the men in our lives: you're not the enemy, but if you're hoping this 'blows over', you're in for a rocky road ahead. Menopause is a whole-body reset, a shift in identity and chemistry that impacts every part of her life, including your relationship.

Here's your crash course in supporting her – and staying connected.

She's Not Mad at You. She's in a Hormonal Blender.

Mood instability is a hallmark of perimenopause – tears from nowhere, rage over small things, a flatness that makes everything heavy. She might snap, cry, go quiet. Don't take it personally (unless you left wet towels on the bed again). It's her chemistry, not her character. She's not pushing you away; she's surviving in a body she doesn't recognise.

Don't Suggest Getting a Massage. Suggest Getting a Menopause-Literate Doctor.

She's not burnt out or 'overly sensitive'. She's likely sleep-deprived, estrogen-depleted, and unsupported. She needs real care – hormone therapy, perhaps – not just pampering. If you really want to earn brownie points, you might even offer to listen in (and learn) when she has her doctor's appointment. THEN book the massage.

Sex Might Change. But It's Not the End.

Menopause often brings:

- Lower libido
- Vaginal dryness
- Pain during sex
- Emotional disconnection

This doesn't mean she doesn't love you; her body just needs a new language. Be gentle, patient, and don't pressure. Ask:

- "What feels good right now?"
- "How can we find new ways to connect?"
- "How can I support your comfort?"

Learn about lube. It's your new bestie. And remember that thing called foreplay?

Learn. Ask. Show Up.

Women have quietly managed hormonal chaos since puberty, hiding the mess to not 'inconvenience' the world. Now, she shouldn't have to do it alone. Read that book, watch that documentary, ask how she's really feeling. If she's withdrawn, keep showing up – be beside her when she needs you, and give her space when she doesn't. Your support doesn't have to be perfect; it just has to be there.

This Is Temporary. Your Partnership Is Not.

The hormonal turbulence eases. The fog lifts. Sex returns. Clarity comes back – often better, bolder, freer. If you've weathered the storm with grace, you'll have a woman who trusts you deeply. Nothing says, "I love you," like staying calm during a hot flush, or listening through tears and having empathy and patience for what is a very challenging time. Just remember it's not personal, it's hormonal.

Chapter 17.

How to Talk to Your GP and Get Taken Seriously

Let's start with the maddening truth: menopause is still wildly under diagnosed, under-researched, and under-discussed.

It's no wonder so many women are misdiagnosed with depression or anxiety and handed a prescription for pills. Or dismissed entirely with a shrug and the infuriating, "It's just your age."

You deserve more. This is your guide to navigating the medical maze, so you get you the care you actually need.

Prep Before the Appointment

Track your symptoms, including:

- Period changes
- Sleep issues and quality
- Mood swings, anxiety, rage
- Hot flushes (time, intensity, triggers)
- Night sweats
- Brain fog, memory issues
- Vaginal/bladder changes
- Energy
- Weight changes
- Food cravings
- Exercise
- Joint pain
- Libido shifts
- Medications/supplements
- Alcohol/caffeine/stress/sugar

When you track symptoms, patterns emerge, trends appear, and you stop second-guessing yourself. Use a journal, spreadsheet, app, or the free UnPause Symptom Tracker. Print it, slap it on the fridge. Tracking takes back your narrative.

Write down your questions

Ask about perimenopause tests, and mood/weight/sleep/sex support.

Know what treatments interest you

If you've read about body-identical MHT, mention it. Bring research if needed.

Know your timeline

When did symptoms start? Are you still menstruating?

Set your top three goals

For example, better sleep, raising libido, feeling like yourself.

Bring your current meds/supplements

Transparency avoids adverse reactions.

Consider bringing a support person

A friend or partner can back you up. Strength in numbers and all that.

Take notes

Menopause brain fog is real. You don't want to forget stuff.

At the Appointment: Be Your Best Advocate

Be Clear

"I believe I'm in perimenopause and want to explore treatment options."

Be Direct

"Can we discuss MHT and whether I'm a candidate for body-identical hormones?"

Be Firm

If brushed off, ask, "What specifically are we waiting for?"

Be Curious

"If MHT isn't recommended, can you explain why?"
You're not there to be polite – you're there to be helped.

If You Hit a Wall

Not all doctors are menopause-literate. Ask for a referral to a specialist or find a new doctor. You're not difficult for asking questions – you're informed. The speediest road to the right solution is in your hands - book an appointment with an UnPause menopause savvy doctor.

What a Good Doctor Offers

- Time
- Respect
- Evidence-based options
- Clear explanations
- A follow-up plan
- Comfort with body-identical MHT

What You Deserve

- To be believed
- To be treated as an equal
- To have symptoms taken seriously
- To be offered real options

After the Appointment

- Book follow-up tests
- Fill prescriptions
- Track treatment responses
- Maybe buy a croissant – advocacy is hard work

Chapter 18.

Red Flags and When to Seek Help

Menopause comes with plenty of body and mind changes but not everything that happens during this time is par for the hormonal course. This is your Red Flag List.

Extremely Heavy or Prolonged Bleeding During Perimenopause

Periods can get weird around about now, but if you're:

- Bleeding through pads hourly
- Bleeding for 10+ days
- Passing large clots
- Feeling faint or exhausted from blood loss

That's not just perimenopause – it's a potential anaemia risk or sign of fibroids, endometriosis, or other conditions.

Bleeding After Menopause

If you've gone 12 months without a period and suddenly start bleeding, it's not a fluke. It needs investigation. Most cases are benign (polyps, thinning tissue), but occasionally it's serious. Don't wait – make an appointment with a medical professional.

Heart Palpitations or Chest Pain

Estrogen affects the heart. Palpitations can be harmless, but chest tightness, pain down the arm, sudden breathlessness, or dizziness need immediate attention.

Sudden Mood Collapses or Intrusive Thoughts

Mood swings are common, but if you experience:

- Prolonged low mood
- Daily crying
- Panic attacks
- Suicidal or intrusive thoughts

That's not 'just hormones', it's mental health, and it's urgent. Help is available through GPs, psychologists, and hormone therapy. Speak up.

Crushing Fatigue That Won't Shift

Menopause fatigue is real, but if you can't get out of bed or are nodding off at work, something else might be at play – thyroid dysfunction, iron deficiency, sleep apnoea, autoimmune flare-ups. Blood tests are recommended.

Ongoing Pelvic or Lower Back Pain

Could be nothing, or it could be endometriosis, fibroids, or a cyst. If it persists, check it out.

Final Note

We've been told to minimise, to 'wait it out', to put everyone else first. What absolute and unmitigated nonsense. Get the help you need – the help you deserve.

Chapter 19.

Thriving Post-Menopause

– Your Golden Age

You've walked through the fire. The sweat-drenched nights. The tearful GP visits. The blood-soaked sheets and soul-sapping fatigue. You've navigated the brain fog, the spreadsheets of supplements, the hormone hacks and the moments you didn't recognise yourself in the mirror. And now? You've made it. You're postmenopausal. Not broken. Not diminished. Transformed.

This isn't the epilogue. This is the beginning of your next masterpiece.

What Changes Now

The storm quiets. The wild hormonal surges flatten out. With estrogen's exit comes a strange and glorious steadiness. You may find:

- A clearer head and sharper focus
- Energy that's no longer feast or famine
- Emotions that no longer ambush you
- A libido that returns on your terms
- And most of all, a sense of ownership over your body, your time, your life.

You'll still need to care for your bones, your heart, your mind – but now it's simply maintenance. You're not guessing anymore. You know your body, and you know your worth.

Thriving Isn't Just Health — It's Purpose

This phase of life brings bold, burning questions. We can't answer them for you. It's your turn to set the 'New You' Agenda. To ask yourself:

- What do I want now?
- Who am I when I'm not defined by fertility, caretaking, or approval?
- What passions did I sideline to be who I was told to be?
- Where am I meant to go next?

This isn't reinvention – it's reclamation. Of time. Of space. Of your voice. Of your story.

You are the result of everything you've survived. Everything you've learned. Everything you've let go of. There's no need to rush. No need to please. You are ready for you. Glorious, strong, balanced and invincible you. What's next is for you to decide. Dream away.

Chapter 20.

Summary Cheat Sheet

For those who skipped ahead or need a recap, here's the short version.

You're Not Crazy. It's Perimenopause.

- Hormones shift years before your final period.
- Mood, sleep, sex drive, weight, memory change.
- Symptoms vary but are real and common.

You Deserve Real Medical Help

- Ask about MHT.
- Demand more than vitamins and better vibes.
- Track symptoms.
- Be clear with your doctor.
- Get a second opinion if dismissed.

Lifestyle Medicine Is Powerful

- Strength training, protein, rest = the holy trinity
- Magnesium is underrated
- Alcohol is overrated. Time to reduce drinking or give it up
- Sleep is sacred
- Food is medicine
- Boundaries are therapy

You're Not the Same Woman

- You're wiser
- Less apologetic
- More powerful
- Unstoppable

This Isn't Just About Today

- Menopause affects bones, brain, heart
- Early support prevents future issue
- You're not overreacting—you're adapting

You Need a Support Team

- Specialist doctors
- Pharmacists
- Work allies
- A hormone-literate bestie
- Yourself

Chapter 21.

A Note to Younger Women

– Because This is For You, Too

So, you're not 'there' yet. You're just doing a little recon. Brilliant. Because here's the thing: the earlier you understand what's coming, the less likely you'll be blindsided by it.

We're not here to freak you out. We're here to hand you the map before the terrain starts shifting.

Perimenopause doesn't arrive with a formal invite. It creeps in, subtle at first – maybe your cycle gets weird, your sleep starts playing up, your patience thins, your skin changes, your PMS hits harder. You think it's stress, age, parenting, work. You brush it off.

But knowing what's hormonal and what's not? That's power. Real power.

Here's why it matters:

- You'll learn to spot hormonal shifts early - and respond with clarity, not panic.
- You'll know which tests actually help - and which ones won't tell you squat.
- You'll start protecting your bones, your brain, and your brilliant sense of self before the dip even begins.
- You'll have language for what's happening - which means less shame, more strategy.
- And best of all? You'll be the friend who helps others navigate it too. The one who normalises the weird stuff. Who says, "Hey, I've read about this. You're not going mad."

You don’t have to wait until your body’s in full hormonal free fall. You can start now – with cycle tracking, mood mapping, nourishing food, strength-building, and creating a village that talks about this stuff out loud.

This isn’t about becoming obsessed with ageing. It’s about claiming your trajectory. Rewriting the story. Staying informed so you can stay powerful.

Because menopause isn’t an ending.
It’s just a different kind of becoming.
And you? You’ll be ready.

Chapter 22.

About UnPause

– Your Midlife Menopause Concierge

UnPause was born from frustration. From the doctors who waved us off with vague advice. From the midnight Googles that left us even more confused. From the supplements that cost a fortune and delivered next to nothing. From being told to 'just breathe through it' — as if menopause were a mood, not a biological reckoning.

We built UnPause for something better. Simpler. Smarter. Sharper. We created a space for women to get:

- Expert menopause doctors who listen and know their stuff
- Personalised treatment plans based on their symptoms and goals
- Symptom tracking tools that make sense of the chaos
- Clear advice grounded in science and actual experience
- A community that sees you not as a patient or a problem, but as the powerhouse you are

Think of us as your menopause concierge. The one who grabs your bags when you're exhausted, puts them exactly where they need to be. We help with the chaos. We handle the logistics. We anticipate what you need before you even say it.

Whether you're just noticing changes, deep in the trenches, or standing in the ashes of what came before — we're here, walking beside you with clarity, humour, science and sisterhood.

Because here's the truth: there are no trophies for gritting your teeth through it. We are the generation that will not be silent. We'll ask the questions, demand better care, and redefine what it means to be a woman in midlife.

You are not on pause.
You're evolving.
You're ready.
Ready to UnPause.

Final Words from Mary

I'm forever grateful to be a woman, I knew that 1000% the first time I saw a penis.

As much as I love men, I am unapologetically biased on how phenomenal us women are. I was lucky to have been raised by a funny and phenomenal female, my mum, Fani. And privileged throughout my life to be surrounded by so many extraordinarily brilliant ones too.

Being a woman is far from easy. But the greatest things never are.

For years, I prayed for a daughter. When that dream finally came true and Jamie arrived, a sacred responsibility was born along with her. I wanted her to know the power that women yield and to cherish the feminine spirit in all its: magic, intelligence, beauty, arduousness and miraculousness. Our job as women is to caretake those gifts. To nurture them in ourselves. To see them and celebrate them in others. That's how we stay strong, healthy, united and unstoppable.

Being conscious, informed and loving of ourselves is key. And when the pressure hits and the judgments come (because they always do) I want my daughter to protect her safety and well-being with a simple motto: "My Body. My Business." And applying that same motto to others, "Their Body. Their Business."

I want her to know she is not alone. To never shy away from asking for help. And to understand that problems are there to be fixed, not avoided. This is a good reminder for us all. I want all of us to understand how huge a role hormones play throughout so much of our lives in terms of how we look, feel and function. Whether it's puberty, pregnancy or menopause - hormones are running the show.

If meno taught me anything it's that hormones are king. And Elvis has left the building.

Yet so many of us are left sitting in the stadium wondering why the show can't go on.

Carrying the burden of fixing everything ourselves only leads us to overwhelm. And personally, I'm so over the whelm.

What happens to our bodies, our hearts, our minds is part of being human. It's the price we pay for being of alive. When we share it with others the load lightens, and relief arrives. And so does growth, healing and renewed optimism.

Jamie doesn't have a sister and neither do I. But we do have a sisterhood.

And when things get tough, ugly, exhausting and confusing we know we have the Pussy Posse - or if you're menopausal - the Parched Pussy Posse to help us through.

UnPause is that posse. Full of: Women, Answers. Information and Support... and did I mention Doctors?

Other Resources

Latest Medical Guidelines (Australia, UK, US)

Australia – RACGP Guidelines (2025)

- MHT is first-line for moderate to severe symptoms.
- Body-identical estradiol and progesterone are preferred.
- Vaginal estrogen is safe long-term.
- Women under 60 or within 10 years of menopause are ideal MHT candidates.
- Routine hormone testing isn't required for perimenopause diagnosis.

UK – NICE Guidelines (2025)

- Perimenopause is a clinical diagnosis; blood tests aren't needed over 45.
- MHT is effective and safe for most.
- Non-hormonal therapies (CBT, SSRIs) are options if MHT isn't suitable.
- Individualise risk-benefit discussions.

US – NAMS Guidelines (2025)

- MHT benefits outweigh risks for women under 60 or within 10 years of menopause.
- Transdermal estrogen and micronised progesterone are safest.
- Testosterone can be considered for low libido.
- Emphasis on shared decision-making and updated WHI understanding.

Glossary of Menopause Terms

- **Perimenopause**: Years before menopause when hormones fluctuate. Can last 4–10 years.
- **Menopause**: 12 months after your final period.
- **Post-Menopause**: Years after menopause with stable, low oestrogen.
- **Estrogen**: Supports brain, bones, skin, mood, libido.
- **Progesterone**: Works with estrogen, protects uterine lining, aids mood and sleep.
- **Testosterone**: Supports libido, motivation, muscle mass.
- **MHT (Menopausal Hormone Therapy):** Replaces hormones your body no longer produces.
- **Vaginal Estrogen**: Low-dose therapy for dryness and urinary issues.
- **Hot Flushes**: Sudden heat surges from hormone dips.
- **Brain Fog**: Cognitive symptoms like forgetfulness and lack of focus.
- **Body-Identical Hormones**: Plant-derived, chemically identical to human hormones.

Further Resources

Books

- The Definitive Guide to the Perimenopause and Menopause by Dr Louise Newson
- The New Menopause by Dr Mary Claire Haver
- The Menopause Manifesto by Dr. Jen Gunter
- The M Word: How to Thrive in Menopause by Dr Ginni Mansberg
- Menopausing: The Positive Roadmap to Your Second Spring by Davina McCall and Dr Naomi Potter
- Dare I Say It: Everything I Wish I'd Known About Menopause by Naomi Watts
- MaryPause by Mary Coustas

Podcasts

- The Dr. Louise Newson Podcast
- Rage Against The Menopause with Patrina Jones
- Very Peri by Mamamia
- Rage Against The Vagine with Em Rusciano
- Thriving In Menopause by Prevention Australia
- You Are Not Broken with Dr Kelly Casperson
- We Have A Situation with Michelle Bridges

Websites

- unpause.com.au
- balance-menopause.com
- The Very Peri Resource Centre by Mamamia
- menopausefriendly.au

unpause.com.au