



Bristol Menopause
& Wellwoman Clinic

Empowerment | Personalisation | Clinical Excellence | Compassion

Understanding Women's Health



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Understanding Women's Health

Women's health is multifaceted and influenced by complex hormonal, metabolic and physiological processes across the lifespan. From adolescence, through the reproductive years, perimenopause, menopause and later life, changes in hormonal balance can have wide-ranging effects on physical, psychological and long-term health.

These changes are not limited to menstrual patterns. They may influence cardiovascular risk, bone density, metabolic function, sleep, mood, cognitive performance, genitourinary health, and overall quality of life.

The aim of this resource is to:

- Provide accurate and accessible explanations of some common women's health conditions and screenings
- Present an overview of lifestyle and medical management options
- Support informed discussions between patients and healthcare professionals

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PMDD

Premenstrual Dysphoric Disorder (PMDD) is a severe mood disorder associated with the menstrual cycle, affecting an estimated 3–8% of women of reproductive age. The symptoms are intense enough to disrupt daily life, impact relationships, and affect overall well-being. Unlike PMS, which is often manageable without medical support, PMDD causes significant emotional and physical distress that typically requires professional treatment.

Causes of PMDD

The exact cause of Premenstrual Dysphoric Disorder (PMDD) remains unclear, but it is widely believed to be linked to the body's response to the natural hormonal fluctuations that occur during the menstrual cycle—particularly after ovulation, during the luteal phase. These hormonal changes may influence brain chemistry, especially the levels and functioning of serotonin, a key neurotransmitter involved in regulating mood, sleep, and pain perception.

Several interrelated factors may contribute to the development of PMDD:

Hormonal Sensitivity

While hormone levels remain within a normal range, some women have an increased sensitivity to the cyclical changes in oestrogen and progesterone. This heightened response can trigger severe mood and physical symptoms during the second half of the menstrual cycle.

Serotonin Dysregulation

Oestrogen and progesterone influence the activity of serotonin in the brain. In women with PMDD, these hormonal fluctuations can lead to disruptions in serotonin signalling, resulting in symptoms such as irritability, low mood, anxiety, and fatigue. Some research suggests that women with PMDD may have a different or exaggerated serotonin response to hormonal changes, which contributes to their distressing symptoms.

***“Premenstrual Dysphoric Disorder affects roughly 5.5%
of women of reproductive age.”***

Genetic Factors

There is evidence to suggest that PMDD can run in families, indicating a possible genetic predisposition. Women who have first-degree relatives with PMDD or mood disorders may be at increased risk of developing the condition themselves.

Psychological and Emotional Factors

Women with a personal or family history of mental health conditions—particularly depression, anxiety, post-traumatic stress disorder (PTSD), or other mood disorders—may be more vulnerable to developing PMDD. Emotional resilience, coping strategies, and past experiences with trauma or chronic stress may also influence the severity of symptoms.

Symptoms of PMDD

The symptoms of PMDD typically emerge during the luteal phase of the menstrual cycle. This is the period after ovulation and before menstruation begins, usually spanning one to two weeks. During the luteal phase levels of oestrogen and progesterone rise and then fall sharply if pregnancy does not occur. For women with PMDD, this hormonal fluctuation can trigger a range of emotional and physical symptoms that are severe and often disruptive.

Symptoms generally begin around day 14 to day 28 of a standard 28-day cycle and start to improve within a few days after menstruation begins, as hormone levels begin to stabilise. Most women report feeling relief from symptoms within the first few days of bleeding, followed by a symptom-free phase during the follicular phase of the cycle (the first half, after menstruation and before ovulation).

This cyclical pattern is a key feature that distinguishes PMDD from other mood disorders – it is not constant, but tied predictably to the menstrual cycle. Recognising this pattern is crucial for diagnosis and management.

72% may experience suicidal ideation

Around 50% may report self-harming behaviours

Up to 33–34% may attempt suicide in their lifetime.

University of the West of Scotland

Psychological Symptoms:

- Mood swings
- Feeling upset or tearful
- Feeling angry or irritable
- Feelings of anxiety
- Feeling hopeless
- Feelings of tension or being on edge
- Difficulty concentrating
- Feeling overwhelmed
- Lack of energy
- Less interest in activities you normally enjoy
- Suicidal feelings.

Physical and Behavioural Symptoms:

- Breast tenderness or swelling
- Pain in your muscles and joints
- Headaches
- Feeling bloated
- Changes in your appetite such as overeating or having specific food cravings
- Sleep problems



Diagnosing PMDD

Diagnosing Premenstrual Dysphoric Disorder (PMDD) requires a careful and structured approach, as it shares symptoms with other mood disorders and medical conditions. A diagnosis is typically based on a combination of clinical evaluation, symptom tracking, and exclusion of other possible causes.

The first step often involves a thorough medical and psychiatric history, including any past or current mental health conditions, family history of mood disorders, and a review of menstrual cycle patterns. Because PMDD symptoms are cyclical and linked to hormonal changes, healthcare providers rely on symptom tracking to confirm the diagnosis.

Women are usually asked to keep a daily symptom diary for at least two consecutive menstrual cycles, using a tool such as the Daily Record of Severity of Problems (DRSP). This shows if your symptoms follow a monthly pattern, which is key to confirming PMDD.

To meet the diagnostic criteria for PMDD, symptoms must:

- Occur during the luteal phase (typically 1-2 weeks before menstruation begins)
- Improve within a few days after menstruation starts
- Improve in the follicular phase (the week after menstruation) and
- Interfere with daily functioning, including work, relationships, and social activities.

Importantly, healthcare providers must rule out other conditions such as depression, anxiety disorders, thyroid dysfunction, or perimenopause-related symptoms, which can mimic or coexist with PMDD.

Many sufferers wait 10-12 years and see multiple healthcare professionals before receiving an accurate diagnosis.

Wellbeing of Women UK

Treatment Options for PMDD

Treatment for Premenstrual Dysphoric Disorder (PMDD) is highly individualised and focuses on relieving symptoms, restoring emotional balance, and improving overall quality of life.

Lifestyle Modifications

Making positive changes to daily habits can have a meaningful impact on PMDD symptoms. These strategies aim to improve overall physical and mental health and create greater hormonal stability:

- **Regular Exercise:** Engaging in moderate aerobic activity several times a week can improve mood, reduce fatigue, and support hormonal balance.
- **Stress Management:** Techniques such as mindfulness, meditation, journaling, deep breathing, and relaxation exercises can help reduce the intensity of mood symptoms.
- **Adequate Sleep:** Prioritising good sleep hygiene and consistent sleep routines supports mood stability and overall resilience.

Antidepressants (SSRIs)

Selective Serotonin Reuptake Inhibitors (SSRIs) are often the first-line medical treatment for PMDD. These medications help regulate serotonin levels in the brain and can significantly reduce emotional symptoms like irritability, depression, and anxiety. SSRIs may be taken daily or only during the luteal phase, depending on the individual's symptom pattern and response.

Hormonal Treatments

Hormonal therapies are used to suppress ovulation and stabilise hormonal fluctuations, which are often at the root of PMDD symptoms:

- **Combined Oral Contraceptives (COCs):** Some contraceptive pills, particularly those containing drospirenone, can be effective in reducing PMDD symptoms.
- **Transdermal Hormone Replacement Therapy:** In certain situations, transdermal (through the skin) Hormone Replacement Therapy (HRT) may be considered to reduce hormonal cycling.
- **GnRH Agonists:** In severe cases, medications that induce a temporary menopause-like state may be used, often followed by low-dose hormone add-back therapy.



Treatment Options for PMDD

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

Medications such as ibuprofen or naproxen can relieve physical discomfort associated with PMDD, including abdominal cramps, back pain, and breast tenderness. These are typically used during the luteal phase or around the onset of menstruation.

Cognitive Behavioural Therapy (CBT)

CBT is a structured, evidence-based form of psychotherapy that can be particularly helpful in addressing the emotional and psychological aspects of PMDD. It focuses on identifying negative thought patterns, improving emotional regulation, and building coping skills. CBT may be delivered individually or in group settings.

Nutritional and Dietary Supplements

Some women find symptom relief with supplements, although scientific evidence is mixed:

- Magnesium: May help ease bloating, irritability, and headaches.
- Vitamin B6: Involved in serotonin production; may support mood regulation in some women but should not be taken in high doses without advice from a clinician.
- Isoflavones e.g. soy and Red clover which mimic natural oestrogens
- Agnus castus – may help reduce symptoms of irritability, anger, headaches and breast pain. It is the most researched supplement for PMDD but there is no standard formulation so dosing is difficult.

Always consult a healthcare provider before starting supplements, as excessive doses can cause side effects or interact with medications.

Alternative and Complementary Therapies

Many women benefit from holistic practices that support physical relaxation and emotional well-being:

- Acupuncture: May help reduce stress, balance hormones, and ease physical symptoms.
- Yoga and Mindfulness-Based Practices: Support mental clarity, emotional calm, and physical flexibility.



Book an initial PMDD consultation
with one of our specialist Doctors here

Polycystic Ovary Syndrome (PCOS)

Polycystic Ovary Syndrome (PCOS) is a complex hormonal disorder that affects women of reproductive age. It is characterised by a combination of symptoms related to changes to the menstrual cycle, high androgen levels, and sometimes a characteristic appearance of the ovaries on ultrasound.

PCOS is one of the most common endocrine disorders, affecting approximately 5-10% of women worldwide.

Causes of PCOS

While the precise cause of PCOS is still unclear, it is thought several factors contribute towards its development such as:

Hormonal Imbalance

Women with PCOS often have elevated levels of androgens (typically thought of as male hormones), which can interfere with the development and release of eggs during ovulation.

Insulin Resistance

Many women with PCOS have insulin resistance, meaning their bodies do not use insulin effectively. This can lead to higher insulin levels, which in turn can increase androgen production by the ovaries.

Lifestyle Factors

Diet, physical activity, and environmental factors can influence the development and severity of PCOS.

Genetics

There is evidence to suggest that PCOS can run in families, indicating a genetic component.

***PCOS is one of the most common hormonal conditions
affecting people with ovaries of reproductive age.***

NHS UK

Symptoms of PCOS

Symptoms can vary widely but can include:

Irregular Menstrual Cycles

Infrequent, irregular, or prolonged menstrual periods. Some women may have fewer than eight periods a year or no periods at all.

Weight Gain

Many women with PCOS experience weight gain, particularly around the abdomen, which can exacerbate insulin resistance.

Excess Androgen Levels

Elevated levels of “male” hormones can lead to symptoms such as hirsutism (excess hair growth on the face and body), acne, and male-pattern baldness.

Mood Disorders

Increased risk of mood swings, depression, and anxiety.

Thinning Hair

Hair thinning or hair loss from the scalp, known as androgenic alopecia.

Infertility

PCOS is a leading cause of infertility due to ovulation dysfunction.

Diagnosis of PCOS

Polycystic Ovary Syndrome (PCOS) requires a medical evaluation. This may include reviewing your medical history to understand any symptoms, family history of PCOS or related conditions. It also may include blood tests to measure hormone levels including androgens, insulin, and other relevant hormones.

To meet the diagnostic criteria for PCOS you should meet two of the following three features:

- Irregular or absent ovulation.
- High levels of androgens or signs of androgen excess.
- Polycystic ovaries visible on an ultrasound.



Treatment Options for PCOS

Although there is no cure for Polycystic Ovary Syndrome (PCOS), a variety of treatments can help to manage symptoms and reduce the risk of long-term health complications. These include:

Lifestyle Modifications

Making positive changes to daily habits can have a meaningful impact on PCOS symptoms. These strategies can include:

- **Regular Exercise:** Regular physical activity helps reduce insulin resistance, control weight, and improve mood.
- **Balanced Diet:** A balanced diet rich in whole grains, lean proteins, and plenty of fruits and vegetables can help manage weight and improve insulin resistance.

Medications

Medications that you may be prescribed are:

- **Hormonal Contraception:** Pills, patches, or vaginal rings can regulate menstrual cycles and reduce androgen levels, helping to manage symptoms like acne and excess hair growth.
- **Metformin:** this medication can be used to help improve insulin sensitivity and is used where a diagnosis of diabetes is identified.
- **Anti-Androgens:** In some cases, medications like spironolactone can help reduce symptoms of androgen excess.

Other Treatments

- **Hair Removal:** Laser hair removal or electrolysis can help manage hirsutism.
- **Acne Treatment:** Topical or oral treatments can manage acne.

Long Term Health

PCOS may increase the risk of several long-term health issues such as:

- **Type 2 Diabetes:** Due to Insulin Resistance
- **Heart Disease:** Elevated risk of hypertension, high cholesterol and cardiovascular disease.
- **Endometrial Cancer:** Increased risk if there are prolonged periods of time without ovulation.
- **Mental Health Issues:** Higher prevalence of depression and anxiety.



Book an initial PCOS consultation
with one of our specialist Doctors here

Contraception

Contraception supports women to make informed choices about pregnancy, menstrual health, and hormonal balance. In addition to preventing pregnancy, some methods can help manage heavy or painful periods, regulate cycles, and support conditions such as endometriosis or PCOS. The most suitable option depends on individual health, lifestyle, and life stage.

Mirena Coil

The Mirena coil is a small, T-shaped device made of plastic that is inserted into the uterus by a healthcare professional. It releases a hormone called levonorgestrel, a form of progesterone, which helps prevent pregnancy. It can also play a significant role in managing heavy bleeding and can act as the progestogen component of HRT for up to 5 years.

Copper Coil

The Copper coil is also a small, T-shaped device, but instead of hormones, it is wrapped with a thin copper wire. The copper acts as a spermicide, preventing pregnancy without the use of hormones.



Book a coil fitting
with our specialist Doctors here



Cervical Screening (smear test)

cervical screening, is a preventive medical procedure used to assess the health of the cervix. During the test, a small sample of cells is gently collected from the cervix and analysed to detect the presence of high-risk human papillomavirus (HPV) and any abnormal cellular changes that could, over time, develop into cervical cancer. It is a screening test offered to individuals without symptoms and plays a vital role in the early detection and prevention of cervical cancer.

Why cervical screening is important

Cervical screening helps prevent cervical cancer. It checks for infection with human papillomavirus (HPV) and for early changes in the cells of the cervix. Finding and treating abnormal cells early can stop cancer from developing.

Cervical cancer and HPV

The cervix is the opening to your womb from your vagina. It is part of the reproductive system and is sometimes called the neck of the womb. Cervical cancer is a cancer found anywhere in the cervix. Nearly all cervical cancers are caused by HPV (human papillomavirus).

- HPV is very common and most people get it at some point
- It is spread through close skin-to-skin contact during sexual activity
- HPV can stay in the body for many years without causing symptoms
- Most people clear HPV naturally without ever knowing they had it

Some high-risk types of HPV can cause changes in cervical cells. Usually, these changes go back to normal, but sometimes they can develop into cancer if not found and treated.

Around 3,200 new cases of cervical cancer are diagnosed each year.

Nice UK

Factors that affect your risk of cervical cancer

Things that can affect your risk include:

- Not attending screening
- Smoking – as this makes it harder for your body to clear HPV

Condoms can reduce the risk of HPV, but they do not give full protection because HPV can affect the surrounding skin.

The HPV vaccination protects against most high-risk HPV types, but you still need screening to check for other types.

Having a family history of cervical cancer does not increase your risk.

Who should have cervical screening

Cervical screening is for women and people with a cervix.

On the NHS, you are invited for screening every 5 years from age 25 to 64





Premature Ovarian Insufficiency (POI)

Primary ovarian insufficiency (POI) is a condition where the ovaries stop functioning normally before the age of 40. This results in reduced production of important hormones like oestrogen and leads to irregular menstrual cycles, and early menopause symptoms.

POI affects around at least 1 in 100 women under 40 and may significantly impact fertility, emotional wellbeing, and long-term health.

Unlike natural menopause, which usually happens around age 50, POI can occur much earlier, sometimes in the teens or twenties, making early recognition and support especially important.

Causes of POI

POI can have many different causes, though in many cases no specific reason is found. Known causes include:

- Genetic factors, such as Turner syndrome, Fragile X syndrome, or specific gene mutations
- Autoimmune disorders where the immune system mistakenly attacks ovarian tissue (e.g. autoimmune thyroid disease, Addison's disease)
- Medical treatments like chemotherapy, radiotherapy, or surgery that damage the ovaries
- Viral infections, such as mumps, though this is rare
- Idiopathic cases, where no identifiable cause is found



Symptoms of POI

The symptoms of POI are similar to those of natural menopause, but they occur earlier and can vary widely in how they are experienced.

Common symptoms include:

- Irregular or missed periods
- Hot flushes and night sweats
- Vaginal dryness or discomfort during sex
- Low mood, anxiety, or mood swings
- Poor sleep and fatigue
- Reduced libido
- Memory or concentration issues ("brain fog")
- Difficulty getting pregnant

Because these symptoms can be mistaken for other conditions, early medical evaluation is key.

Diagnosing POI

Diagnosis involves reviewing your symptoms and carrying out blood tests to assess hormone levels.

Tests may include:

- Follicle-stimulating hormone (FSH): Elevated FSH levels on two occasions (>6 weeks apart) can indicate POI
- Oestrogen and AMH levels: Low oestrogen and Anti-Müllerian Hormone suggest reduced ovarian reserve
- Pelvic ultrasound: Is sometimes used to examine ovarian size and presence of follicles
- Thyroid function tests: May be taken to check for related autoimmune conditions

POI affects

Around 1 in 100 women under 40.

Around 1 in 1,000 under age 30.

Around 1 in 10,000 under age 20.

British Menopause Society

POI Treatment Options

While POI cannot be reversed, treatment focuses on relieving symptoms, supporting fertility (if desired), and reducing the risk of long-term complications from low hormone levels.

Hormone Replacement Therapy (HRT)

HRT is often recommended up to the age of natural menopause and can include:

- Oestrogen therapy to relieve symptoms like hot flushes and vaginal dryness and protect against bone loss and heart disease
- Combination therapy with progesterone for women with a uterus to reduce the risk of endometrial cancer

Lifestyle Adjustments

Maintaining a healthy lifestyle can support your overall wellbeing and reduce symptom severity:

- Eat a balanced diet rich in calcium and vitamin D to support bone health
- Engage in regular weight-bearing exercise, such as walking, yoga, or resistance training
- Stop smoking and limit alcohol and caffeine, which can worsen symptoms
- Practice stress reduction techniques like meditation or deep breathing
- Improve sleep hygiene by following a regular bedtime and limiting screen time before bed

Fertility & POI

POI significantly reduces fertility due to the reduced number and function of eggs. However, some women may still occasionally ovulate and contraception may still be required.

Women wanting to conceive may require support with fertility options. This may include:

- Fertility counselling to understand your options and support emotional wellbeing
- In vitro fertilisation (IVF) using donor eggs, which is often the most effective route to pregnancy for women with POI

POI Emotional & Wellbeing Support

Receiving a diagnosis of POI at a young age can be emotionally challenging. It's common to feel grief, frustration, or worry about future fertility and health.

Support is available:

- Counselling can help you manage emotional responses and plan for the future.
- Support groups provide a sense of connection and shared understanding with others who have POI.
- Discussing your diagnosis with trusted friends and family can also help reduce feelings of isolation

Long Term Health Considerations

Oestrogen plays a protective role in several body systems. Without treatment, women with POI may be at increased risk of:

- Osteoporosis, due to decreased bone density
- Cardiovascular disease, as oestrogen helps maintain heart and blood vessel health

Ongoing medical monitoring, including bone density scans and cardiovascular risk assessments, is important.

Book an Initial POI consultation
with one of our specialist Doctors here





Perimenopause

Perimenopause is the transition phase leading up to menopause. During this time, your hormone levels (especially oestrogen) start to fluctuate, which can cause a wide range of symptoms. This phase can begin several years before menopause, often in your 40s, and typically lasts 4–8 years.

Common signs of perimenopause:

- Irregular or changing periods (shorter, longer, heavier, or missed)
- Hot flushes and night sweats
- Mood changes, anxiety or low mood
- Poor sleep
- Brain fog or difficulty concentrating
- Vaginal dryness or discomfort during sex
- Reduced libido
- Breast tenderness, bloating, or new PMS symptoms

People experience menopause differently. Some have many symptoms, some have only a few, and how severe they are can vary from person to person.

Menopause

Menopause is when periods stop permanently and pregnancy is no longer possible. It is a natural biological process that happens when the ovaries gradually slow down and stop releasing eggs and producing key hormones, like oestrogen, progesterone and testosterone.

You are officially considered menopausal when you have had 12 consecutive months without a period, and are not using hormonal contraception or HRT that affects bleeding patterns.

The average age of menopause in the UK is 51 and it usually occurs between the ages of 45 and 55, but can happen earlier or later.

If menopause happens before the age of 40, it's called premature ovarian insufficiency (POI). If it happens before the age of 45 it is called early menopause. Hormone Replacement Therapy can be particularly important in supporting the health of women going through an earlier menopause.

Post Menopause

Post-menopause is the stage after menopause and begins once you have gone 12 consecutive months without a period. This phase lasts for the rest of your life.

During post-menopause, levels of oestrogen, progesterone and testosterone remain low. While some symptoms improve, others may persist, and long-term health becomes a key focus. Common concerns include changes to bone and heart health, joint pain, sleep changes and vaginal and bladder symptoms.

Surgical and Chemical Menopause

A surgical menopause happens when the ovaries are removed during an operation (usually both together), causing an immediate and permanent drop in hormones. Symptoms can start suddenly and may be more intense because the body doesn't have time to adjust gradually.

A chemical menopause happens when medications are used to temporarily switch off the ovaries, stopping hormone production. This is often done for conditions like endometriosis, fibroids, or certain cancers. It creates menopause-like symptoms, but unlike surgical menopause, it's usually reversible once the medication is stopped and the ovaries start working again.

Book an Initial Menopause consultation
with one of our specialist Doctors here





Hormone Replacement Therapy (HRT)

HRT (Hormone Replacement Therapy) replaces the oestrogen that naturally declines during menopause. This helps manage symptoms caused by low oestrogen and stabilise hormonal fluctuations. HRT does not delay or prevent menopause, it helps to manage symptoms from low and fluctuating hormones during the menopause transition.

HRT can be tailored based on your needs and medical history:

- Oestrogen-only HRT – for women without a uterus
- Combined HRT (oestrogen and progesterone) for women with a womb, to protect the womb lining
- Body-identical HRT – uses hormones chemically identical to those produced by your body (e.g., oestradiol and micronised progesterone)

HRT is available in various forms and you may need to try a few different types to find the right one that works for you.

- Patches
- Gels and sprays
- Tablets
- Vaginal oestrogen (creams, tablets, or rings)
- Intrauterine system (e.g., Mirena)

Combined HRT

- If you still have a uterus, using oestrogen alone can cause overgrowth of the womb lining (endometrium), increasing the risk of cancer. Progesterone balances this and protects the lining from thickening. This prevents changes to cells that could lead to endometrial cancer.

Oestrogen only HRT

- Women without a uterus do not need progesterone unless they have a diagnosis of endometriosis (where lining of the womb is found outside the womb).

Supporting Women's Nutritional Requirements

Women have distinct nutritional requirements influenced by hormonal fluctuations, reproductive health, bone metabolism, and long-term cardiometabolic risk. Optimising key micronutrients plays an important role in maintaining energy levels, supporting hormonal balance, preserving bone density, and promoting overall health.

Key Nutrients for Women's Health

Iron

Iron is essential for haemoglobin production, oxygen transport, and cellular energy metabolism. Requirements are higher in menstruating women due to cyclical blood loss. Suboptimal intake may contribute to fatigue and iron-deficiency anaemia.

Dietary sources include lean red meat, poultry, beans, lentils, and dark green leafy vegetables. Absorption of non-haem iron is enhanced when consumed with vitamin C-rich foods.

Calcium and Vitamin D

Calcium is fundamental for bone mineralisation, while vitamin D facilitates calcium absorption and supports musculoskeletal and immune health. Adequate intake is particularly important during midlife and post-menopause, when bone density naturally declines.

Sources include dairy products, fortified plant milks, oily fish, and safe sun exposure. Supplementation may be appropriate depending on dietary intake and serum vitamin D levels.

Folate (Folic Acid)

Folate is required for DNA synthesis, red blood cell formation, and normal cell division. Adequate intake is especially important for women of reproductive age to reduce the risk of neural tube defects in early pregnancy.

Found in leafy green vegetables, legumes, and fortified cereals. Supplementation should be considered when planning pregnancy.

Omega-3 Fatty Acids

Omega-3 fatty acids contribute to cardiovascular health, support cognitive function, and help modulate inflammatory processes. Oily fish such as salmon, mackerel, and sardines are recommended twice weekly. Plant sources include flaxseed, chia seeds, and walnuts.

B Vitamins

B vitamins play a central role in energy production, neurological function, and red blood cell synthesis. Adequate intake supports metabolic efficiency and nervous system health. Sources include whole grains, eggs, dairy products, and lean meats.

Nutrition in the menstrual cycle

Fluctuations in oestrogen and progesterone throughout the menstrual cycle can influence appetite, energy levels, insulin sensitivity, and even the way nutrients are used in the body. Adapting dietary intake in line with these physiological changes may help optimise metabolic stability and reduce premenstrual symptoms.

During the follicular phase (first half of the cycle), rising oestrogen levels are generally associated with improved insulin sensitivity and stable energy levels. A balanced intake emphasising lean protein sources, high-fibre vegetables, and whole foods can support metabolic efficiency during this phase.

During the luteal phase (second half of the cycle), progesterone levels increase and resting energy expenditure may rise slightly. Some women experience increased appetite, cravings, and premenstrual symptoms. A modest increase in total caloric intake, particularly from complex carbohydrates and fibre-rich foods, may support glycaemic stability, serotonin production, and symptom management.

Practical Dietary Recommendations

- Include a source of protein with each meal to support satiety, maintain lean muscle mass, and promote blood glucose regulation.
- Aim for a minimum of five portions of varied fruit and vegetables daily to ensure adequate fibre, phytonutrients, and micronutrient intake.
- Prioritise whole grains over refined carbohydrates to improve glycaemic control and digestive health.
- Maintain adequate hydration, targeting approximately 1.5–2 litres of water daily.
- Minimise intake of highly processed foods, excess free sugars, and alcohol to reduce inflammatory burden and support hormonal balance.

Exercise and Physical Activity in Women's Health

Regular physical activity is an important part of preventive medicine and plays a critical role in optimising women's health across the lifespan. Evidence consistently demonstrates its benefits for cardiometabolic health, hormonal regulation, musculoskeletal integrity, cognitive function, and mental health.

Exercise Considerations Across the Menstrual Cycle

Hormonal fluctuations may influence perceived energy, strength, and recovery.

- During the follicular phase (approximately days 1-14 in a regular cycle), rising oestrogen levels are often associated with improved energy and recovery capacity. Higher-intensity training may be better tolerated during this phase.
- During the luteal phase (approximately days 15-28), progesterone predominates and some women experience increased fatigue. Moderate-intensity exercise, strength training, and restorative practices such as yoga or mobility work may be more appropriate.



Mental Health and Wellbeing

Mental health is equally as important as physical health. Across the lifespan, women experience unique biological, psychological, and social influences that can significantly impact emotional wellbeing. Hormonal fluctuations during the menstrual cycle, pregnancy, the postnatal period, perimenopause, and menopause can affect mood, cognition, stress tolerance, and overall mental resilience. Recognising and addressing these changes is an essential component of comprehensive women's healthcare.

Common Mental Health Conditions in Women

Women are approximately twice as likely as men to experience anxiety disorders and depressive illness. This increased vulnerability reflects a complex interplay between biological factors (including cyclical and life-stage hormonal changes), life stressors, caring responsibilities and work pressures.

Hormonal fluctuations during the menstrual cycle, pregnancy, the postnatal period, perimenopause, and menopause may influence neurotransmitter activity, stress response pathways, sleep regulation, and mood stability. These physiological changes can increase susceptibility to mood and anxiety disorders

Recognising Clinical Features

Symptoms of anxiety and depressive disorders in women may include:

- Persistent low mood, tearfulness, or feelings of hopelessness
- Excessive worry, rumination, or anxiety that interferes with daily functioning
- Sleep disturbance (insomnia or hypersomnia)
- Loss of interest or reduced pleasure in previously enjoyed activities (anhedonia)
- Impaired concentration, memory difficulties, or indecisiveness
- Changes in appetite or unintentional weight fluctuation
- Unexplained physical symptoms such as headaches, gastrointestinal disturbance, or musculoskeletal pain

Early identification and appropriate support are essential components of comprehensive women's healthcare.

When to Seek Professional Support

If symptoms persist for more than two weeks, begin to interfere with work, relationships, or daily functioning, or are progressively worsening, it is important to seek professional advice.

Urgent support should be sought if there are any thoughts of self-harm, suicidal ideation, or feelings of being unable to cope.

Please contact your GP, a qualified mental health professional, or appropriate urgent care services if required. Early intervention improves outcomes, and accessing support is a proactive and responsible step towards recovery, it is not a sign of weakness.



Supplements to support women's health

A varied, balanced diet should provide the majority of essential micronutrients. However, physiological demands, life-stage transitions, menstrual blood loss, dietary patterns, gastrointestinal absorption issues, and certain medical conditions may increase the risk of deficiency in women.

Key Nutrients for women's health

Vitamin D

Vitamin D insufficiency is common in the UK, particularly during autumn and winter months due to limited sunlight exposure. Adequate levels are essential for bone mineral density, immune regulation, neuromuscular function, and mood stability.

The general UK recommendation is 10 micrograms (400 IU) daily, although higher therapeutic doses may be required in confirmed deficiency under medical supervision.

Iron

Women of reproductive age are at increased risk of iron deficiency due to menstrual blood loss. Risk is further elevated in those with heavy menstrual bleeding, vegetarian or vegan diets, endurance athletes, or underlying gastrointestinal conditions.

Symptoms may include fatigue, hair thinning and reduced exercise tolerance.

Iron supplements should only be initiated following appropriate blood testing (e.g., ferritin, haemoglobin), as excessive iron can be harmful.

Omega-3 Fatty Acids (EPA/DHA)

Women who do not consume oily fish regularly may benefit from supplementation with a high-quality fish oil or algae-based omega-3 source.

Omega-3 fatty acids may support cardiovascular health, cognitive function, mood regulation, and reduce inflammation.



B-Complex Vitamins

B vitamins play an important role in energy metabolism, neurological function, red blood cell production, and stress response.

Supplementation may be particularly relevant for vegetarians and vegans (especially vitamin B12).

Magnesium

Magnesium is involved in over 300 enzymatic reactions, including neuromuscular function, sleep regulation, glucose metabolism, and stress response.

Certain forms, such as magnesium glycinate, are well absorbed and typically better tolerated gastrointestinally.

Magnesium may be beneficial in the management of premenstrual symptoms, muscle tension, and sleep disturbance.

Probiotics

The gut microbiome plays a role in immune function, metabolic health, mood regulation, and oestrogen metabolism (the “estrobolome”).

Probiotic supplementation may support gastrointestinal function and general health, particularly following antibiotic use or in individuals with digestive symptoms.

Supplementation should not replace a nutrient-dense diet but may be useful when tailored to individual need.

Women with complex medical histories, pregnancy, menopause-related concerns, or chronic conditions should seek professional guidance before commencing supplementation.



Our Mission & Ethos

Empowering Women with Expert, Personalised Health Care

At Bristol Menopause & Wellwoman Clinic, our mission is to empower women at every stage of life through compassionate, personalised, and evidence-based care.

We provide a safe and supportive space where every woman feels seen, heard, and understood, whether navigating hormonal changes, contraception, or broader women's wellbeing concerns.

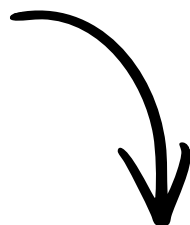
Grounded in clinical excellence and years of specialist experience, our women's health experts take the time to listen carefully and develop tailored care plans that meet each woman's unique needs.

Our goal is to help women understand their changing bodies, restore confidence in who they are, and feel motivated to make positive, lasting improvements to their health and quality of life.

As a leading women's health and menopause clinic in Bristol, we are proud to be a trusted source of reassurance and expert care, ensuring every woman feels supported, informed, and confident about her future health.

Core Values:

Empowerment | Personalisation | Clinical Excellence | Compassion



www.bristolmenopause.com



Recommended Resources

Menstrual Health Project

www.menstrualhealthproject.org.uk

British Menopause Society

www.thebms.org.uk

Daisy Network

www.daisynetwork.org

NHS

www.nhs.uk

IAPMD

www.iapmd.org

Menopause Support

www.menopausesupport.co.uk

Diet & Nutrition

www.drrebeccahiscutt.com

Sleep

www.thesleepproject.life

Menopause & Cancer

www.menopauseandcancer.org

Women's Health Physiotherapist

www.almaphysiotherapy.co.uk



Bristol Menopause & Wellwoman Clinic

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