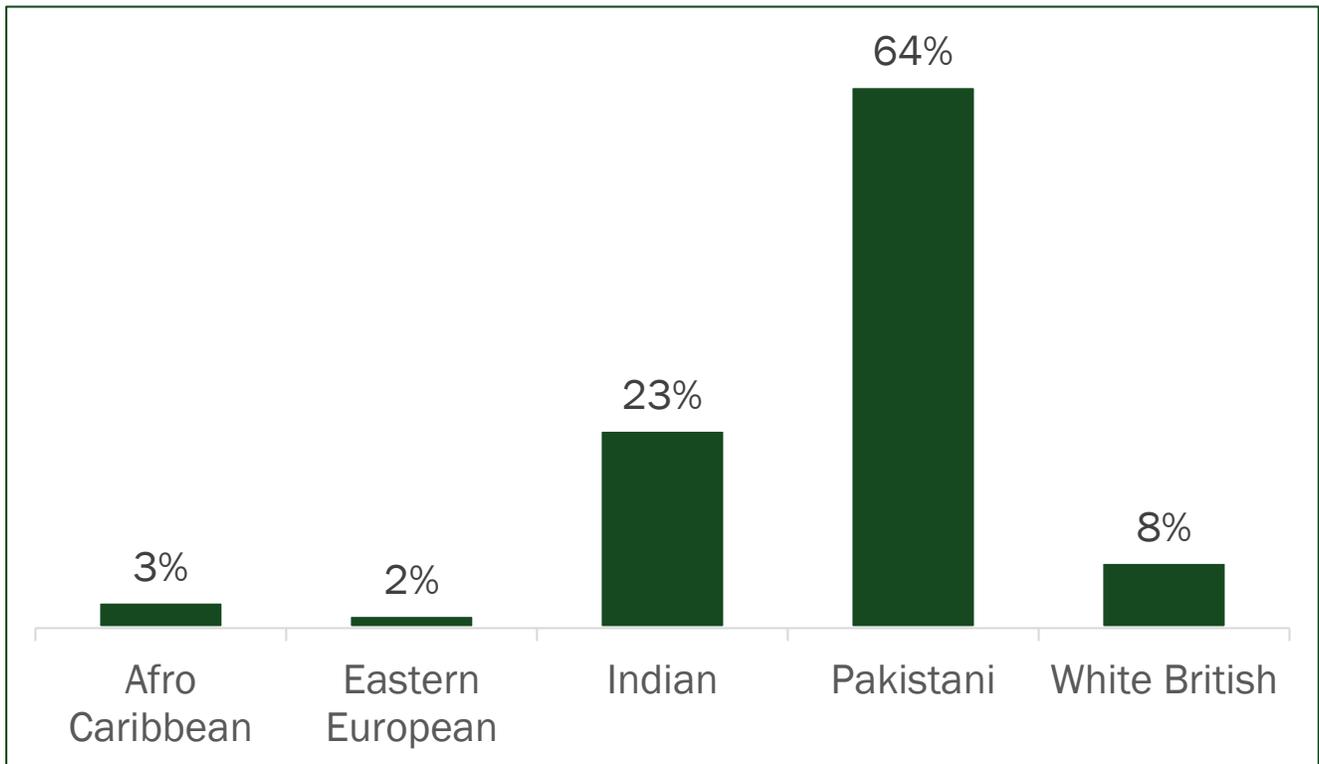




MENOPAUSE & INTIMACY: DEEPENING CONNECTIONS

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Ethnicity of Participants – 64 Attendees



Menopause & Intimacy: Deepening Connections

Bio

Dr Mariam Aziz



Dr Mariam Aziz graduated from the University of Birmingham 18 years ago and has worked as a GP in both the UK and Canada. She holds postgraduate diplomas in paediatrics, gynaecology, and sexual health, and has a special interest in diabetes, mental health, and health inequalities. A qualified GP trainer, she is passionate about teaching and mentoring future doctors. Dr Aziz now lives in Yorkshire with her

husband and four young children and works part time in general practice.

Bushra Effendi



Bushra Effendi is a pharmacist and independent prescriber with almost 20 years' experience across the NHS, community, and private sectors. Specialising in women's health, menopause, and contraception, she advises The Menopause Charity and the Faculty of Sexual and Reproductive Health and is completing advanced accreditation with the British Menopause Society. Alongside her NHS roles, she runs a

menopause and aesthetics clinic, where she is committed to breaking taboos and widening access to care.

Introduction

Menopause is a natural stage of life that affects all women, yet it is often misunderstood and rarely spoken about. In many cultures, silence, shame, and stigma surround this topic, leading to confusion, misdiagnosis, and feelings of loneliness. The more openly we talk about menopause, the better we can understand and support each other.

What is Menopause?

The word *menopause* comes from the Greek words *meno* (month) and *pause* (stop). It marks the end of monthly periods and the fertile phase of a woman's life. Most women experience menopause between the ages of 45 and 55, although it can occur earlier or later. Menopause is defined as twelve consecutive months without a menstrual period. The years leading up to this stage, when periods may become irregular, lighter, or heavier, are referred to as perimenopause.

Importantly, menopause is not an illness or disease – it is a natural stage of life, just like puberty. The experience of menopause varies for every woman, but the biological process is the same: the ovaries gradually slow down, stop releasing eggs, and hormone levels of oestrogen and progesterone decline. These hormonal changes affect not only the menstrual cycle, but also many other parts of the body, including the skin, bones, brain, heart, and mood.



Common Symptoms and Experiences

The symptoms of menopause are wide-ranging and differ from woman to woman. Some may experience only a few mild changes, while others find that symptoms significantly affect their quality of life. Common physical symptoms include hot flushes, night sweats, irregular or heavy bleeding during the perimenopause stage, joint aches and pains, hair thinning, and increased urinary tract infections. Fatigue and sleep disturbances such as insomnia are also frequent complaints.

Emotional and psychological symptoms are equally important. Many women report mood swings, anxiety, low mood, emotional outbursts, or a sense of “brain fog” where concentration and memory feel impaired. Weight gain and raised blood pressure can also accompany this stage, adding to feelings of frustration. While these changes are normal, they can be confusing or frightening if not understood in the right context.



Intimacy and Relationships

Menopause often brings changes in intimacy, which can affect relationships. Physically, vaginal dryness, reduced elasticity, and discomfort during sex are common. Libido may decline, and the desire for physical touch may change. Emotionally, these changes can be difficult to discuss and may create tension if partners are not aware of what is happening.

It is important to remember that intimacy does not only mean sex. Connection can be nurtured through small gestures such as holding hands, spending quality time together, going for a walk, or enjoying a shared activity like watching a film. Setting aside time as a couple helps maintain closeness and models healthy relationships for the next generation. Open communication about physical and emotional needs is essential. Touch, affection, and companionship remain important ways of showing care and strengthening bonds during this phase of life.



Treatment and Support

There are many ways to support women through menopause, ranging from lifestyle changes to medical treatments. Maintaining a healthy diet, regular exercise, and good sleep hygiene can make a significant difference in managing symptoms. Spiritual practices and emotional wellbeing are also important, as they provide a sense of grounding and resilience.

Hormone Replacement Therapy (HRT) is a well-known treatment that replaces some of the hormones the body no longer produces. It can ease symptoms, protect bones, and support heart and mental health. The risks and benefits vary depending on a woman's health, weight, and family history, so decisions about HRT should always be made with a GP. HRT can be taken in different forms such as tablets, patches, gels, or vaginal creams. Vaginal oestrogen in particular is a safe and low-risk option that helps with dryness and tissue elasticity.

Supplements can also play a role. Vitamin D, Omega 3, and Magnesium are often recommended, while hydrolysed collagen (marine, bovine, or vegan) has been found to support health during menopause. Ultimately, each woman's journey is different, and choices should be guided by individual needs, preferences, and medical advice.

Common Questions

Can men experience something similar?

Yes, men can go through *andropause*, which involves reduced testosterone and different symptoms.

Can you get pregnant after menopause?

No, once you've had no periods for 12 consecutive months, pregnancy is no longer possible. During perimenopause, contraception is still necessary.

Do periods just stop suddenly?

It varies – for some women they stop suddenly, for others they become irregular or heavier before ending.

How long does menopause last?

Menopause itself is one day (the 12-month mark after your last period). The years before are perimenopause, and the years after are post menopause.

What if I have anaemia and heavy periods?

See your GP – they may recommend iron tablets or further treatment such as a coil.

Can menopause symptoms be confused with other conditions?

Yes, which is why it's important to see your GP, track symptoms, and rule out other causes.

Report created by the Tea & Chat participants
supported by the MWC Team

