

NATIONAL ASSOCIATION
FOR PREMENSTRUAL
SYNDROMES (NAPS)
WOMENS HEALTH
STUDY DAY 2023

**Looking after
yourself during
today's session...**

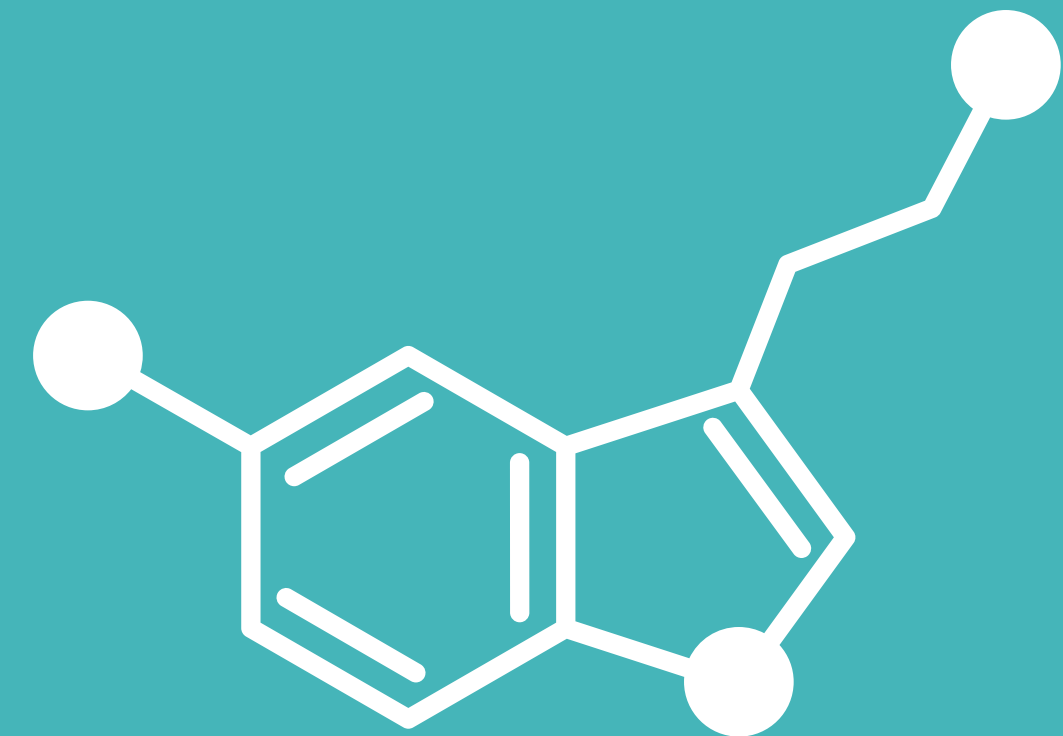
EMILY GRACE

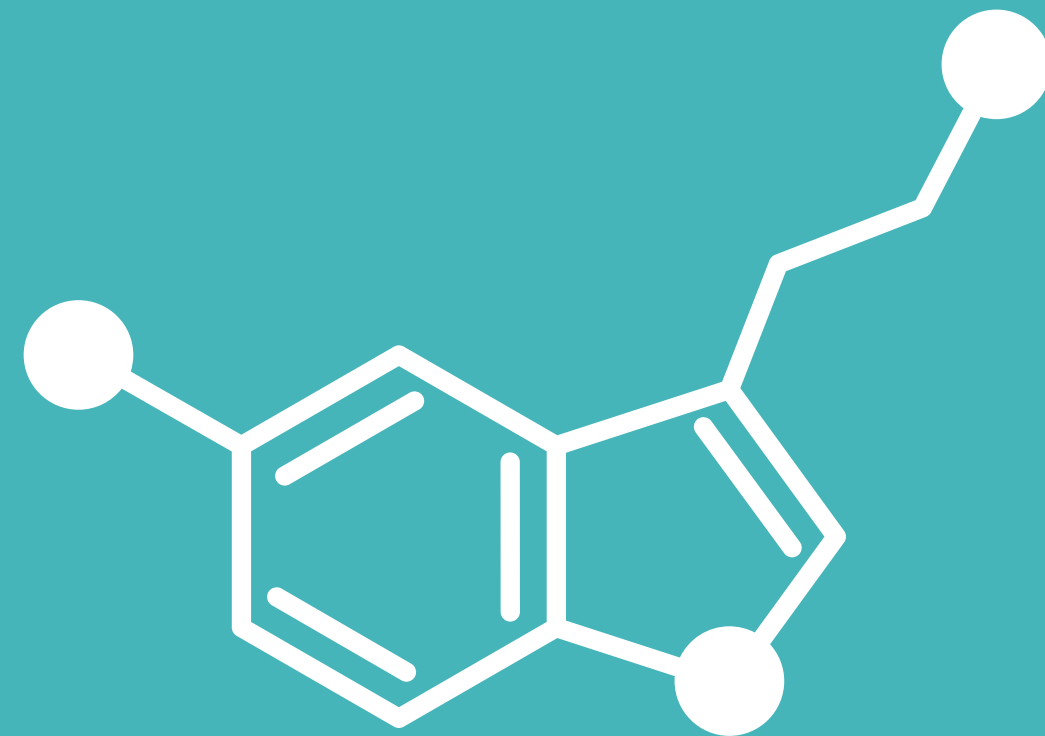
MY STORY



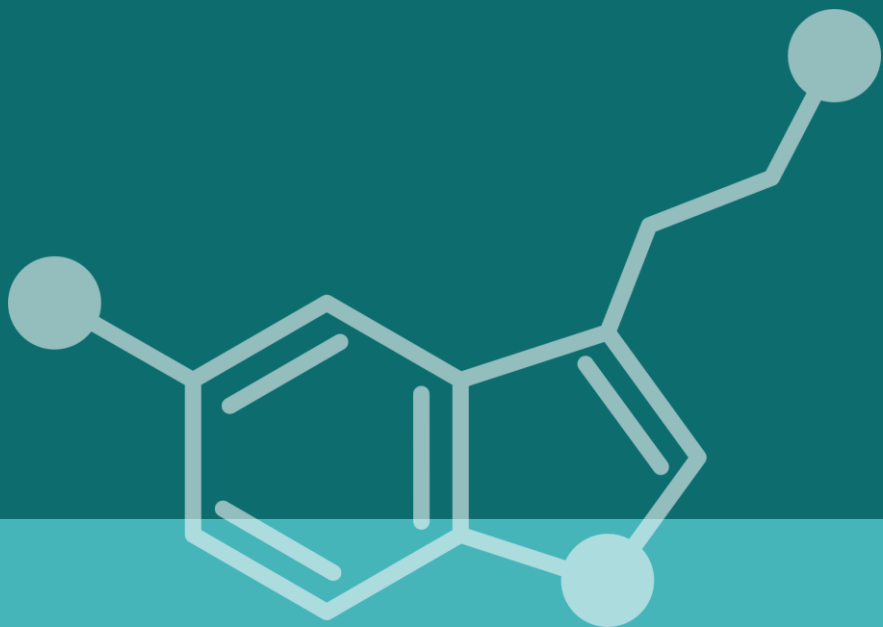
'X' (Twitter)

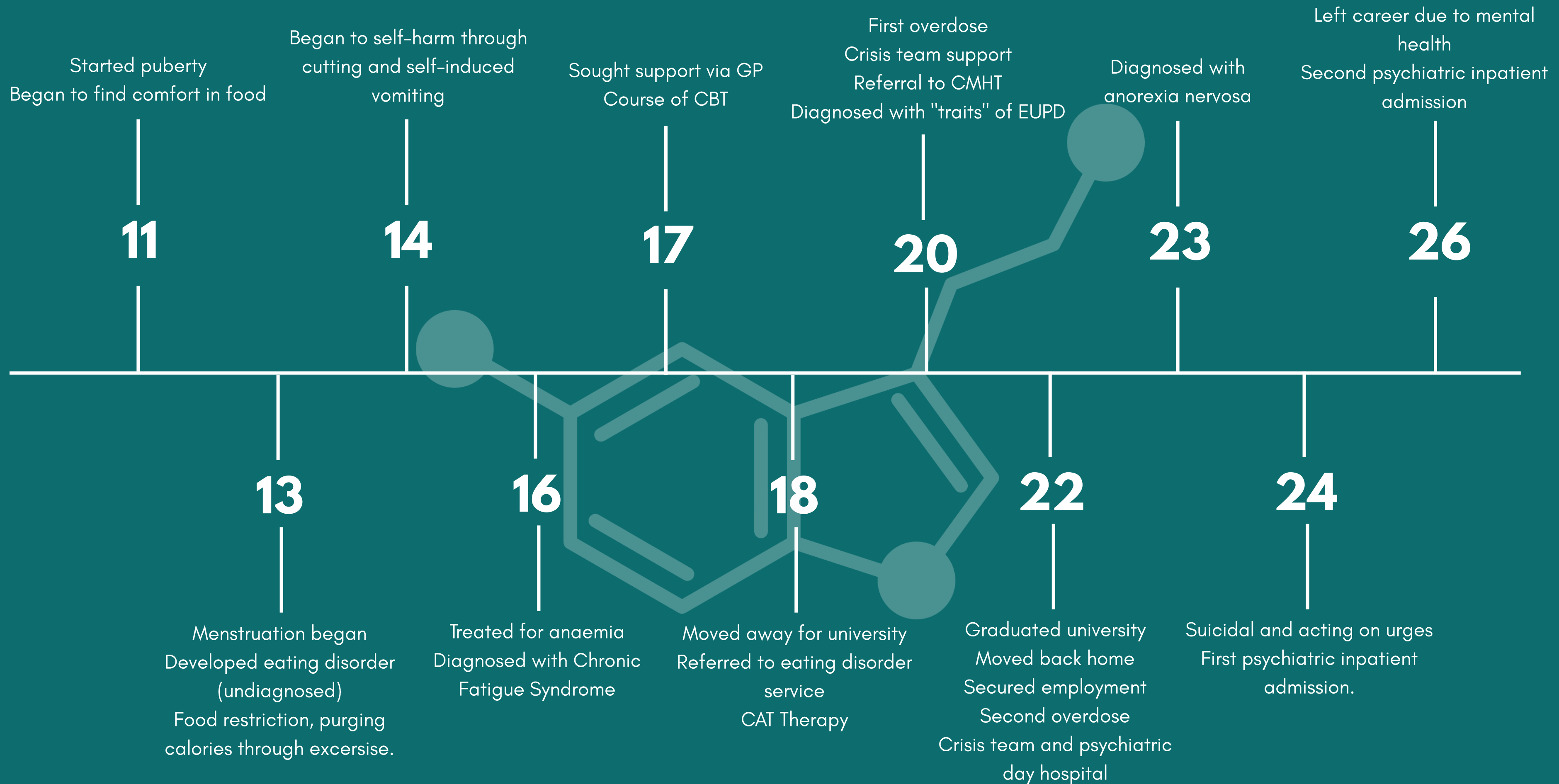
@PeriodsPower





**WOULDN'T IT BE
NICE IF IT WAS
JUST HORMONES**

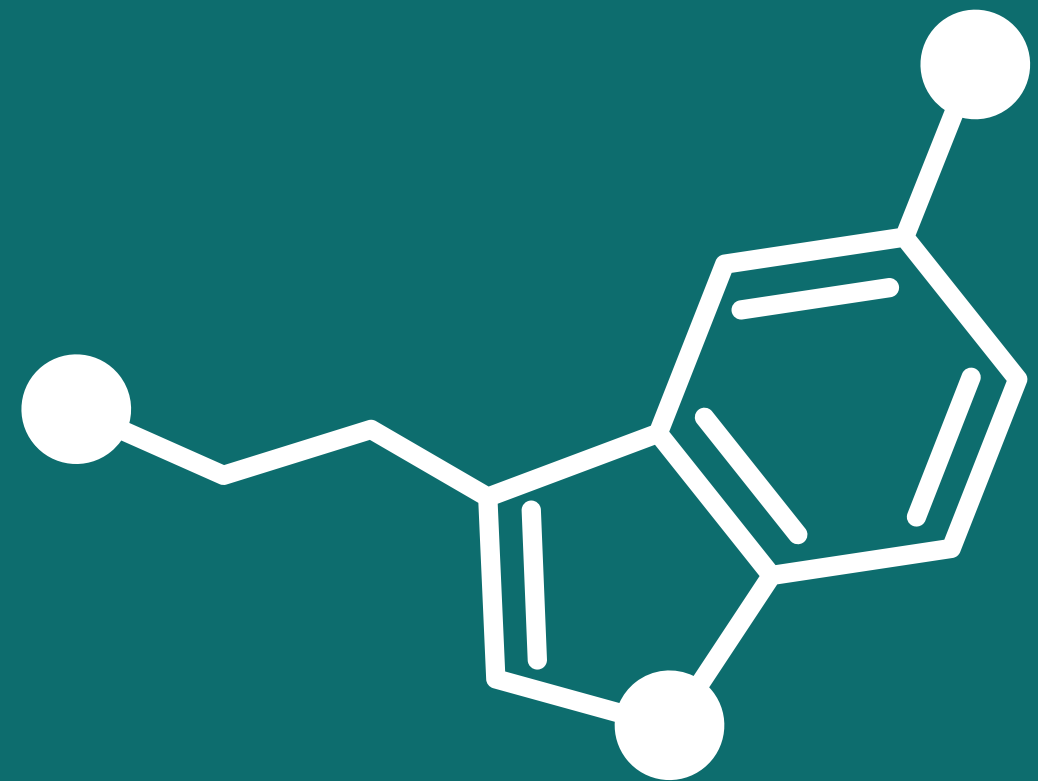




- ANOREXIA NERVOSA
- ANXIETY
- DEPRESSION
- SELF HARM
- EMOTIONALLY UNSTABLE PERSONALITY DISORDER



PRE MENSTRUAL DYSPHORIC DISORDER



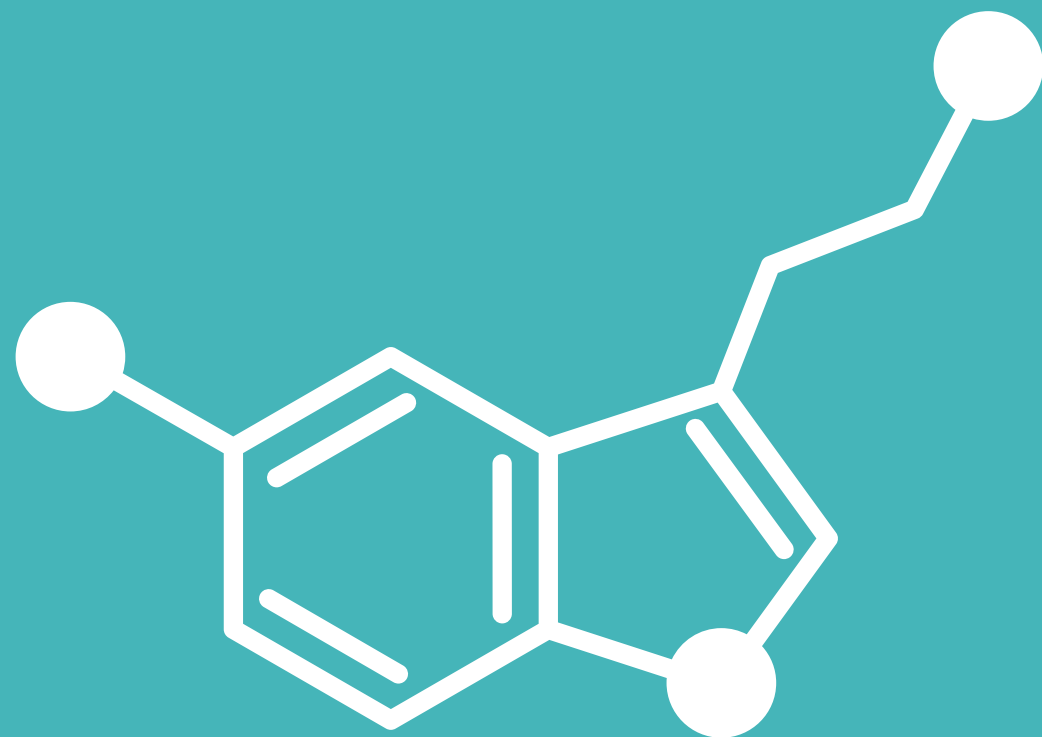
FIRST LINE

First line

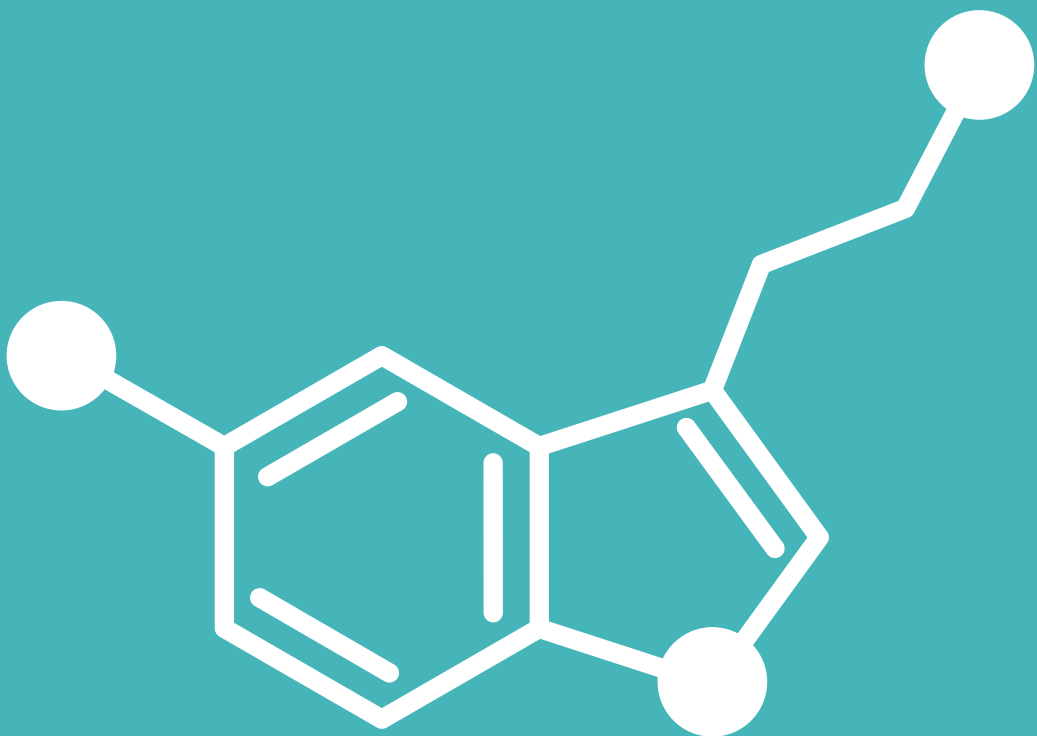
Exercise, cognitive behavioural therapy, vitamin B6

Combined new generation pill (cyclically or continuously)

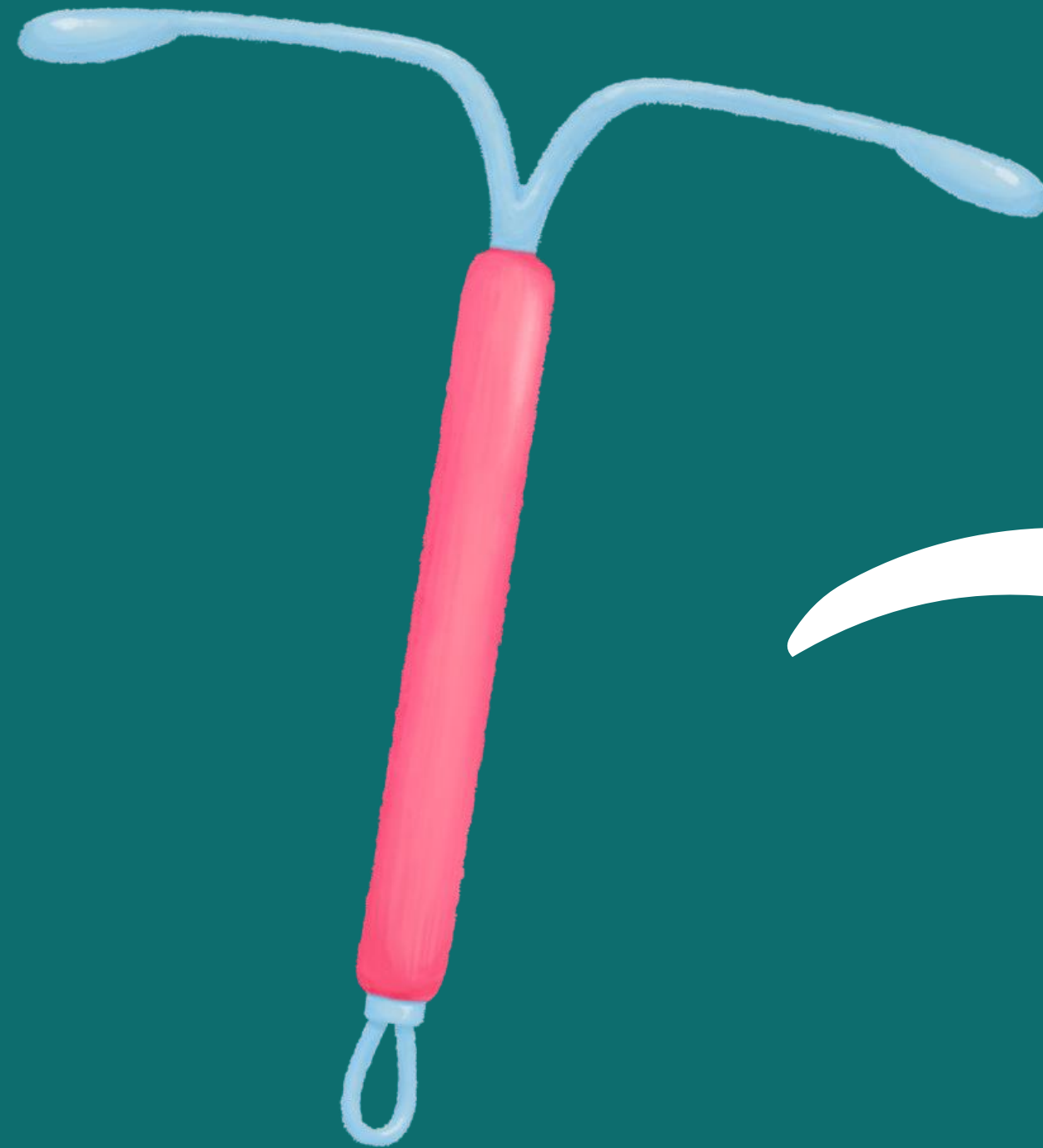
Continuous or luteal phase (day 15–28) low dose SSRIs, e.g. citalopram/escitalopram 10 mg



SECOND LINE

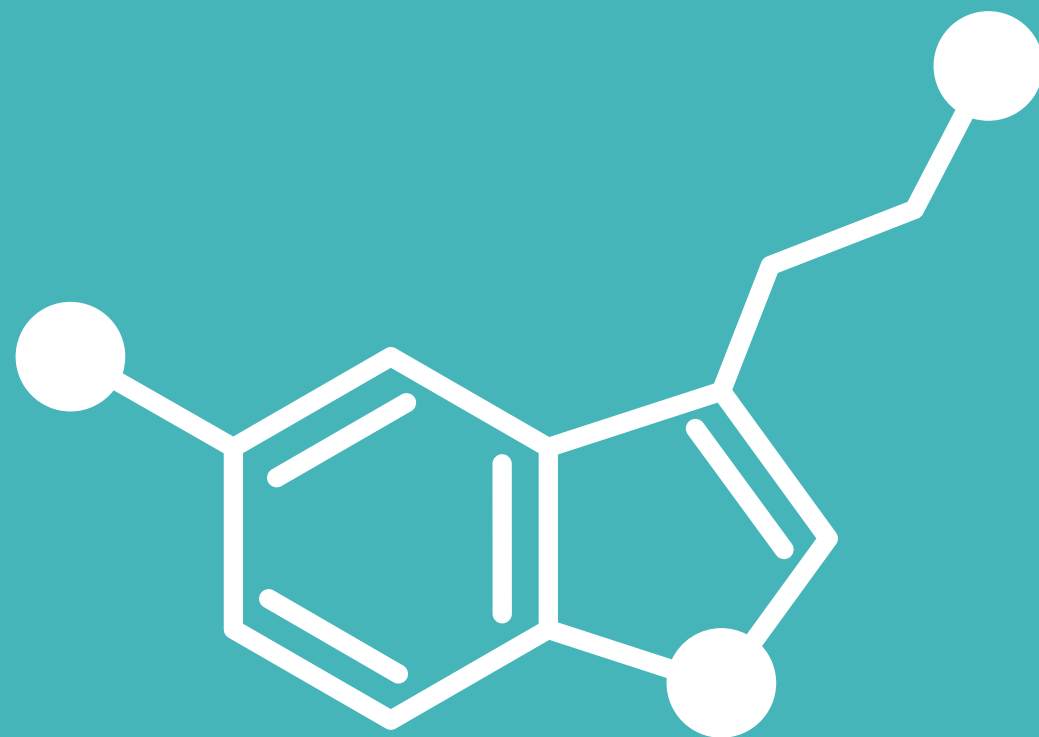


Second line Estradiol patches (100 micrograms) + micronised progesterone (100 mg or 200 mg [day 17–28], orally or vaginally) or LNG-IUS 52 mg
Higher dose SSRIs continuously or luteal phase, e.g. citalopram/escitalopram 20–40 mg



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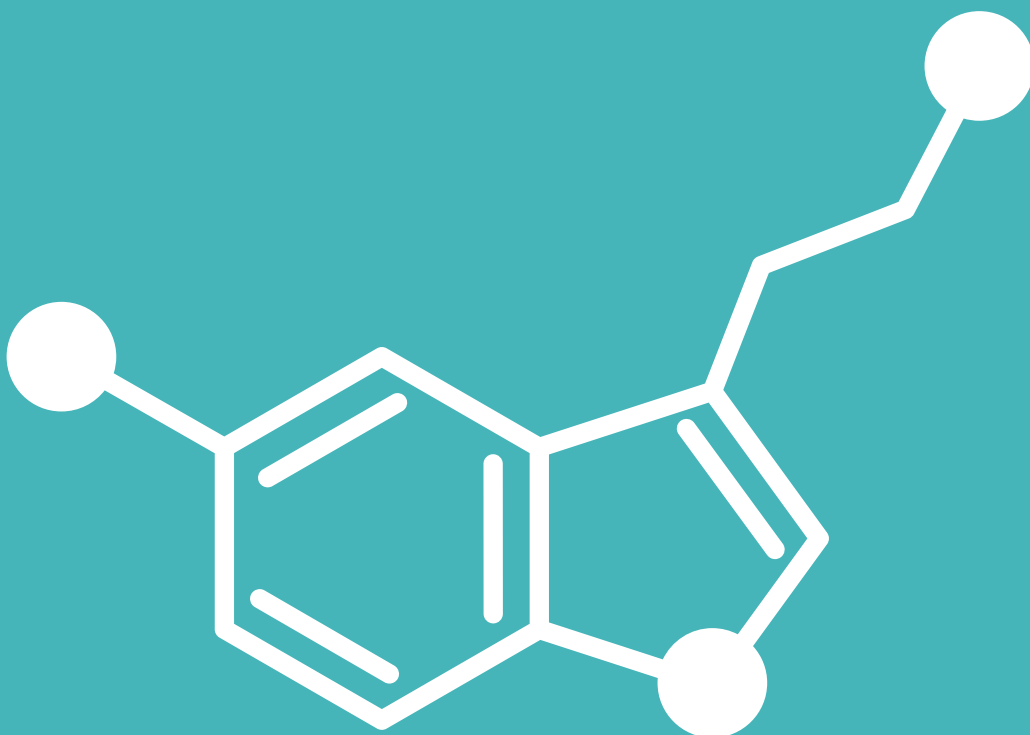


THIRD LINE

Third line GnRH analogues + add-back HRT (continuous combined estrogen + progesterone [e.g. 50–100 micrograms estradiol patches or 2–4 doses of estradiol gel combined with micronised progesterone 100 mg/day] or tibolone 2.5 mg)

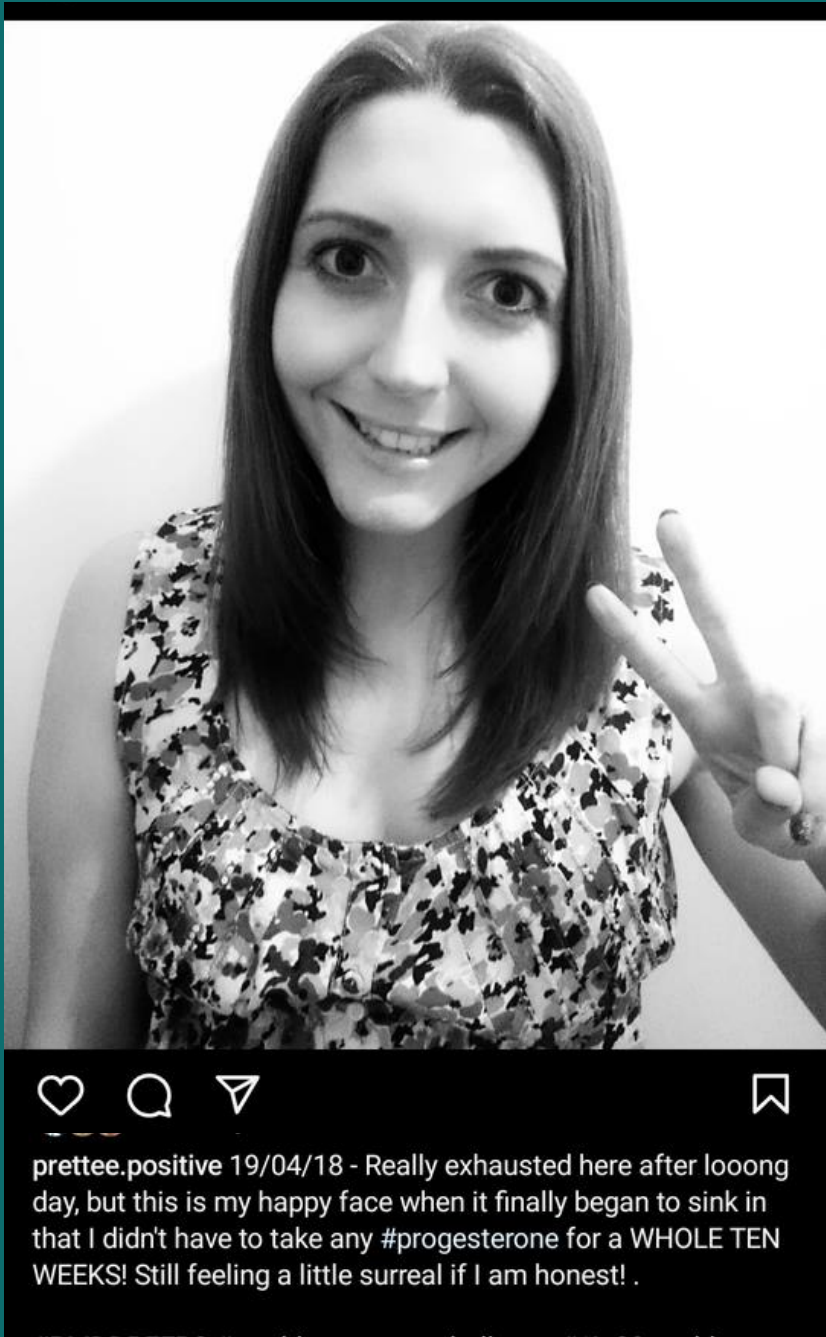
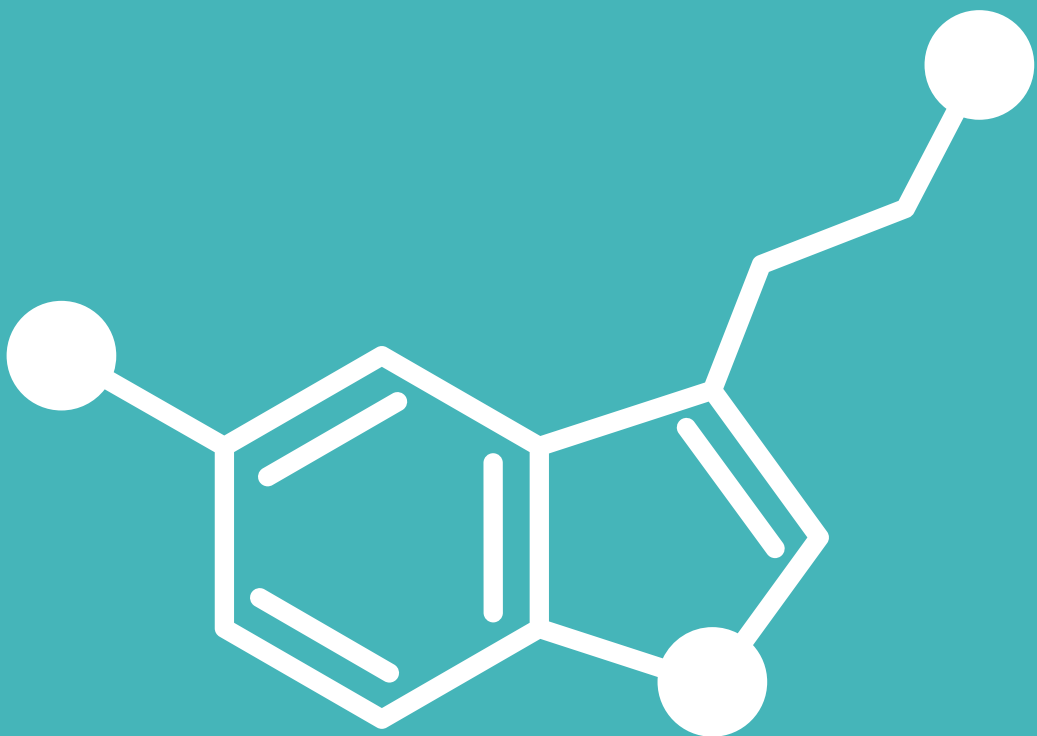


CRISIS



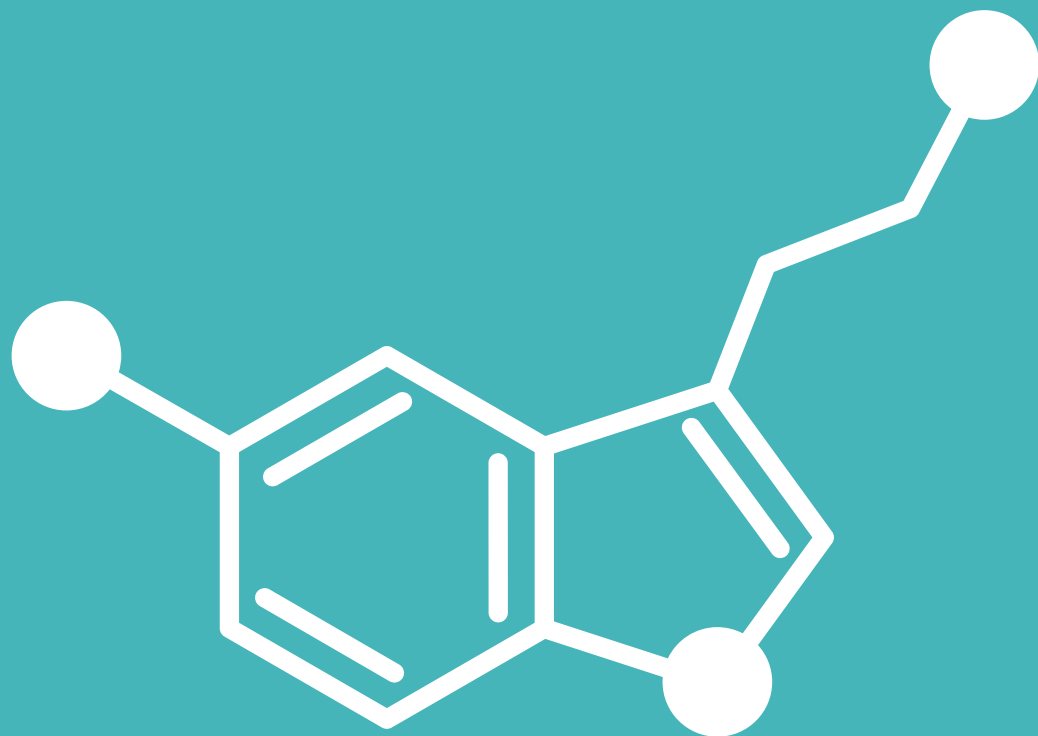
PROGESTERONE “HOLIDAY”

2.5 MONTHS OF
FREEDOM



CHOOSING LIFE

You are making the decision to save your own life. That has got to be the right choice!!!!



**MY BRAIN AND
MY OVARIES ARE
AT WAR WITH
ONE ANOTHER.
AND I CAN'T
EXACTLY REMOVE
MY BRAIN.**

MEGAN KLAHN-HARRIS, PMDD SURVIVOR

Hormonal fluctuations = significant changes in emotional stability.

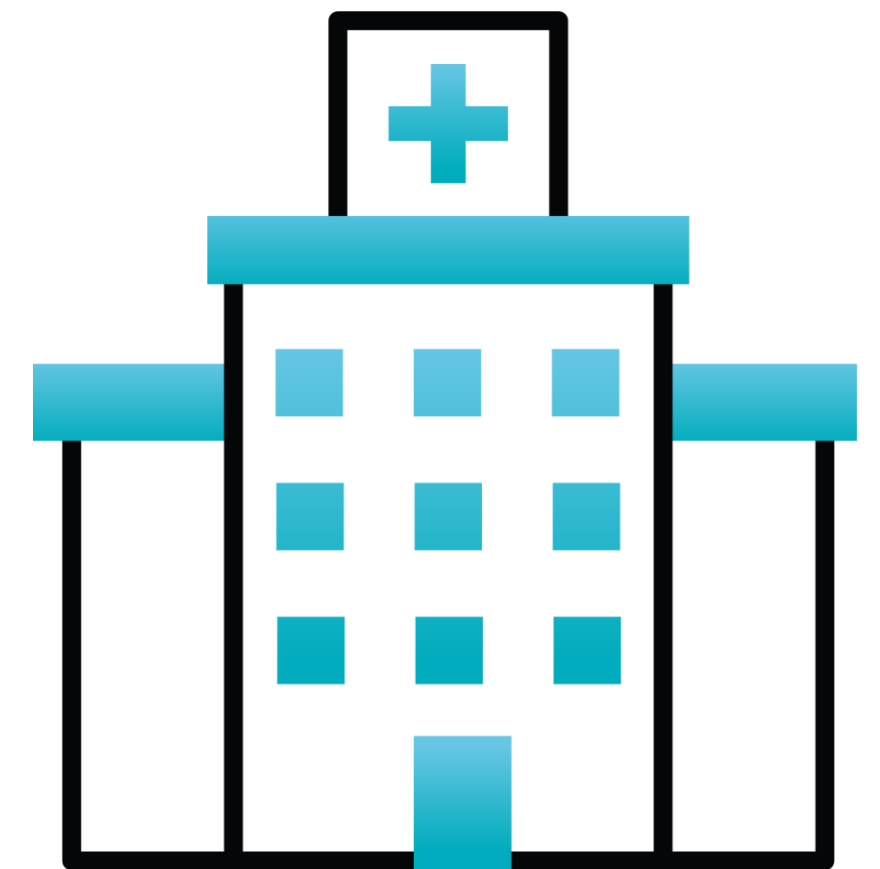
Once in crisis intensity did not fluctuate or reduce until hormones stabilized and progesterone levels decreased.

During this phase the intensity of the emotion was relentless and exhausting.

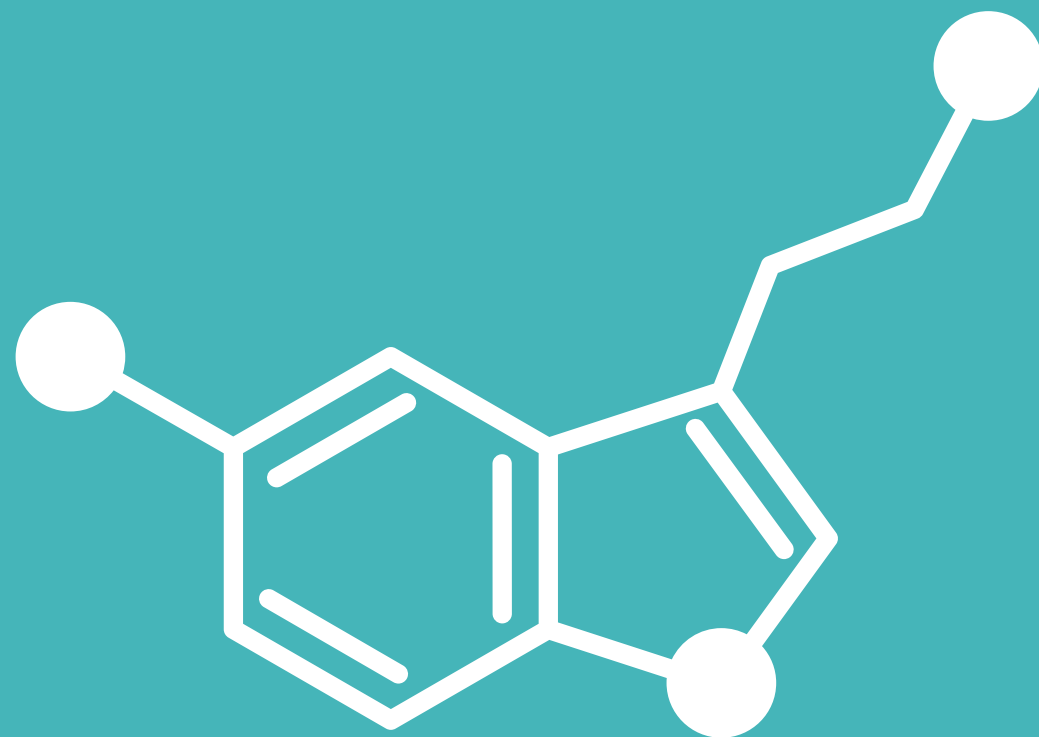
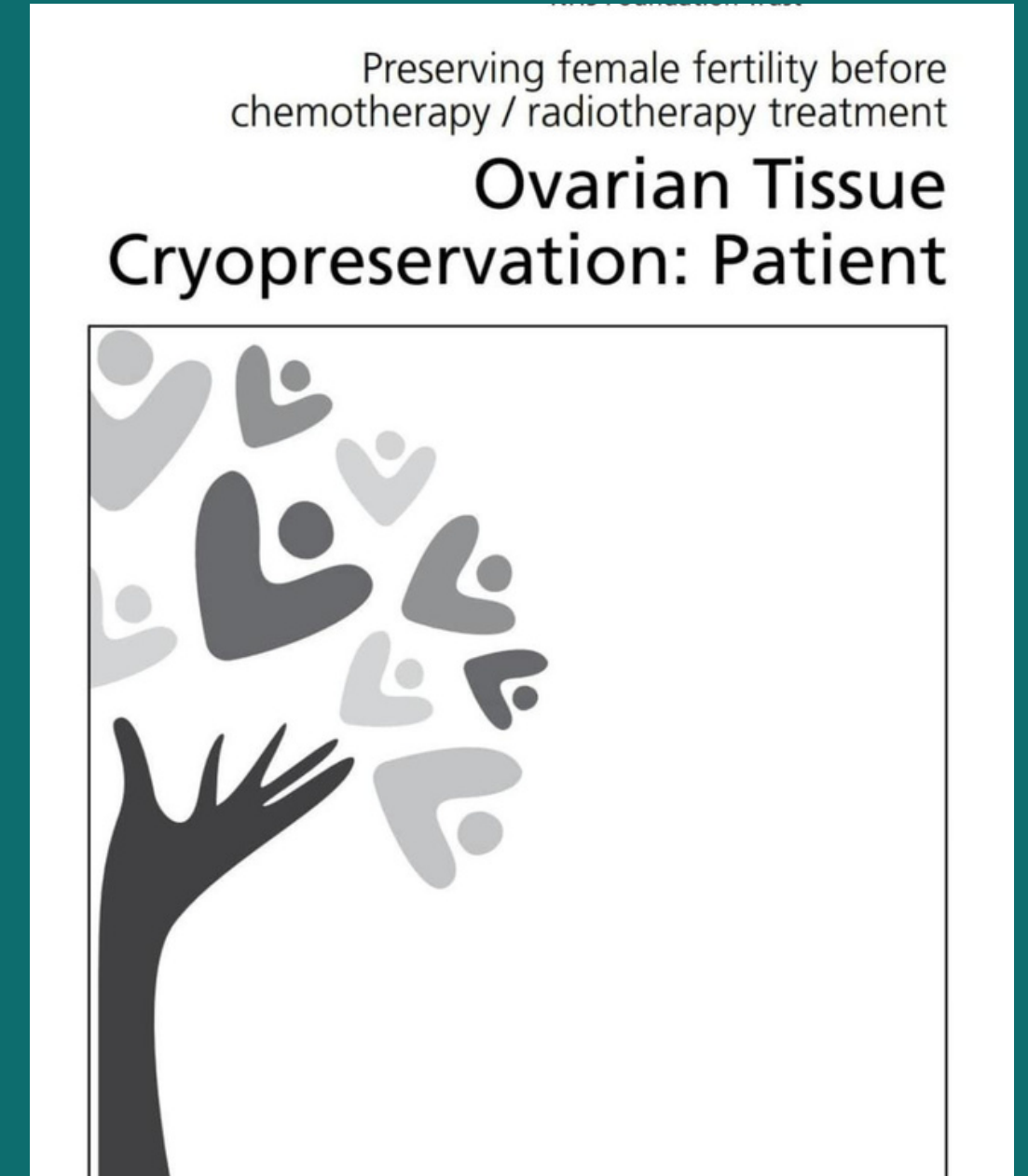
I wanted the distress to ease and often engaged in self destructive and dysfunctional behaviours in order to find some relief from the symptoms.

Level of insight progressively worsened and capacity became questionable.

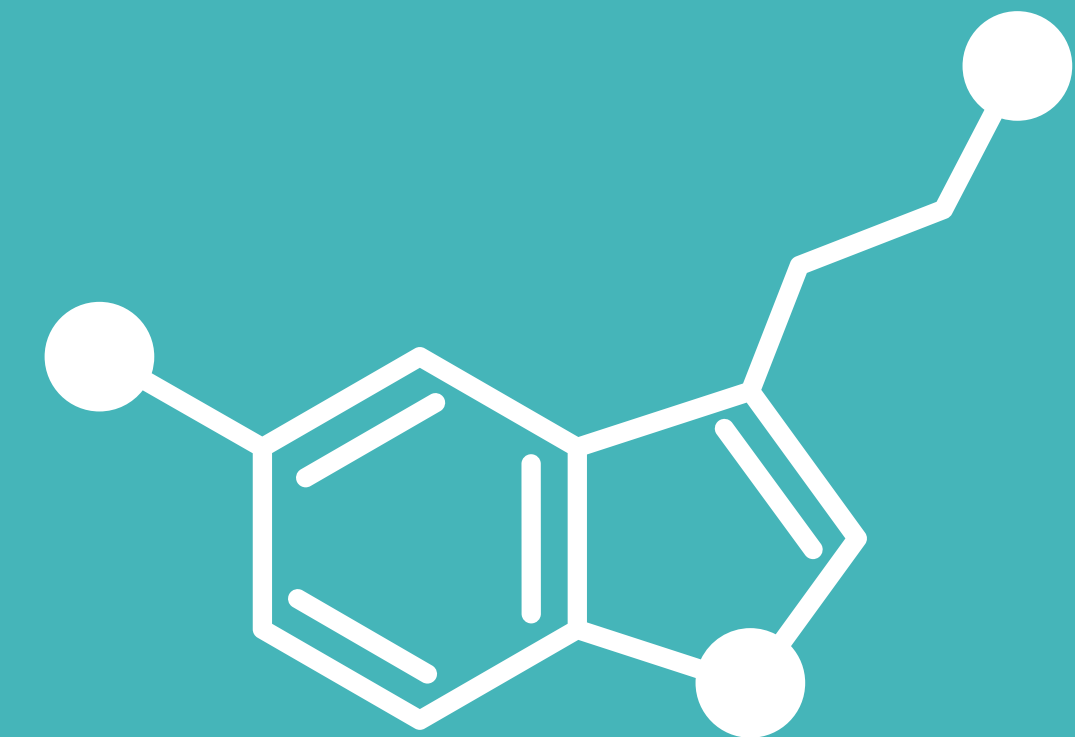
Inpatient admission was required to manage risk.



FERTILITY



FOURTH LINE

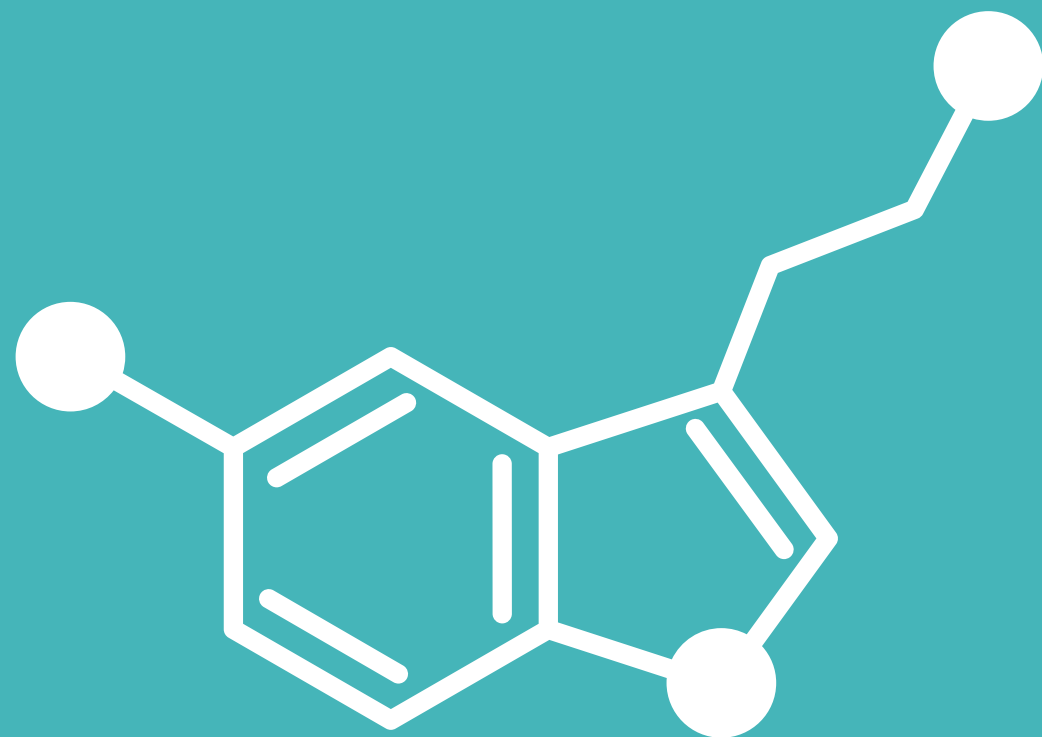


Fourth line Surgical treatment ± HRT



ONE YEAR POST OP

- **Living independently within 3 months of surgery**
- **Secured employment back in NHS within 6 months of surgery**
- **Brought a car and got my driving licence back 6 months post op**
- **Discharged from CPN and psychology by 9 months post op**
- **Eating disorder recovery going well**
- **No incidents of self harm or overdosing**

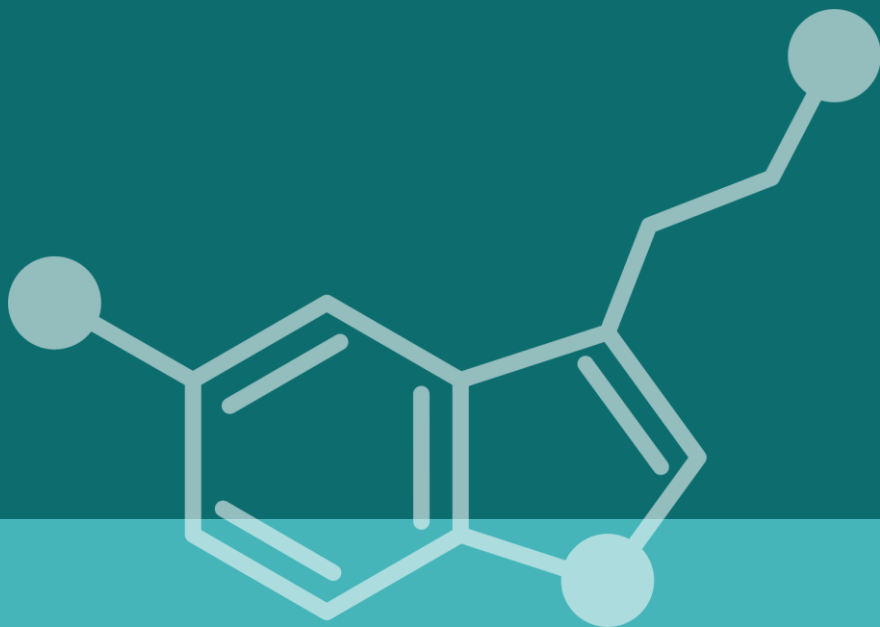


HOWEVER...

despite the evident
“success” it wasn’t easy nor
was surgery a “quick fix”



- Menopause
- Grief
- Rebuilding my life
- HRT



LIFE POST-OP

Surgery removed my ovaries (and natural hormonal fluctuations).

Surgery removed my womb and cervix
(and need for add back progesterone)

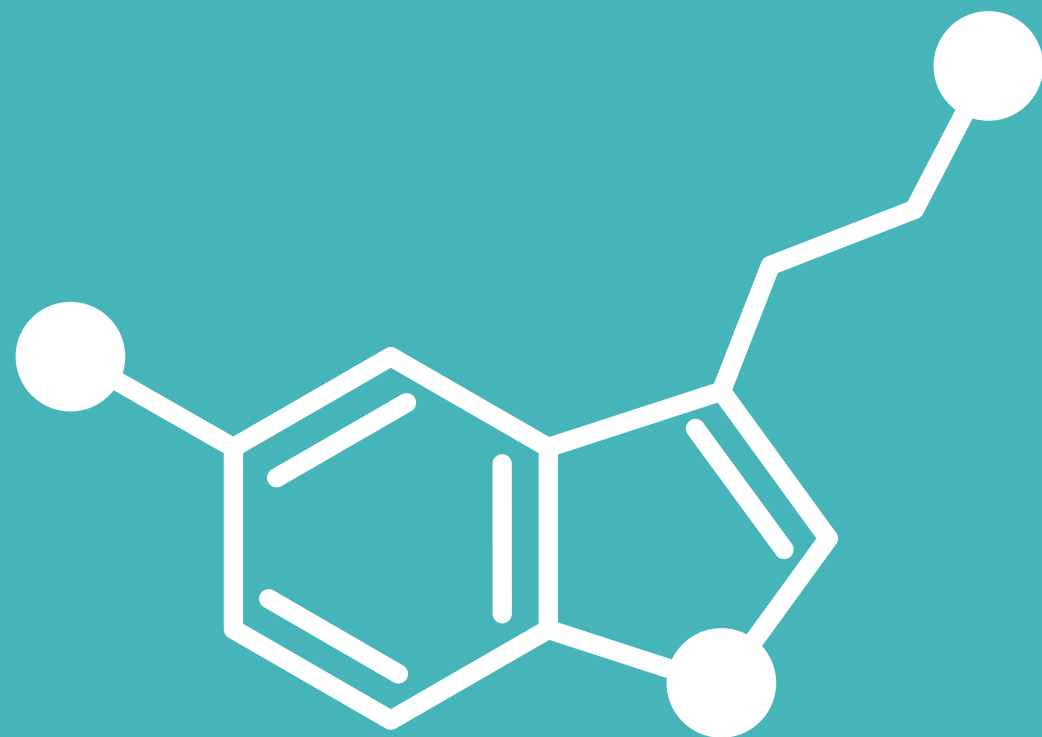
Surgery could not remove my sensitivity to hormonal fluctuation.

Continued oestrogen and testosterone HRT- lots of menopause symptoms

Oestradiol levels "in range" but symptomatic -
learnt younger people often need higher levels to feel well

HRT shortages - changed brand of patches multiple times
and then from patches to gels

I still experienced cyclical symptoms although to a much lesser degree.



FINDING STABILITY

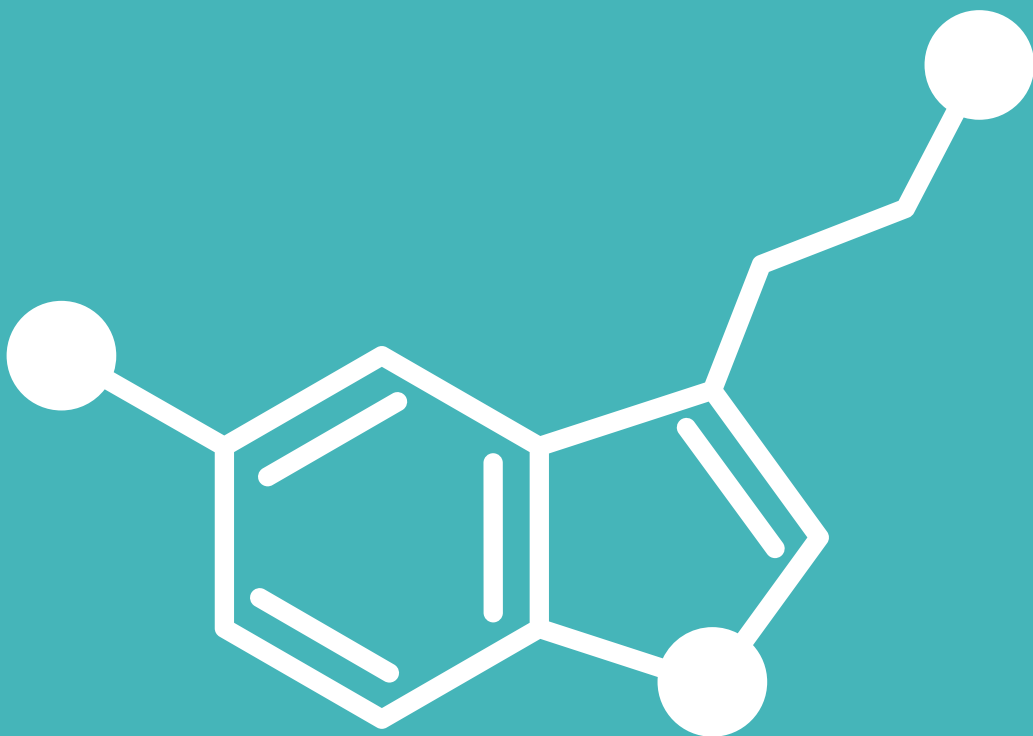
Finding stability took:

Four years

Lots of learning

Multiple HRT changes

And a mountain of patience!



My magic formula: An amazing GP, 6 monthly follow up with Menopause Clinic, wonderful support from friends and family, 10mg fluoxetine, evening primrose oil, transdermal estrogen via patches, testosterone implant, vaginal estrogen AND a GnRH analogue to suppress continued cyclical symptoms.

TODAY...



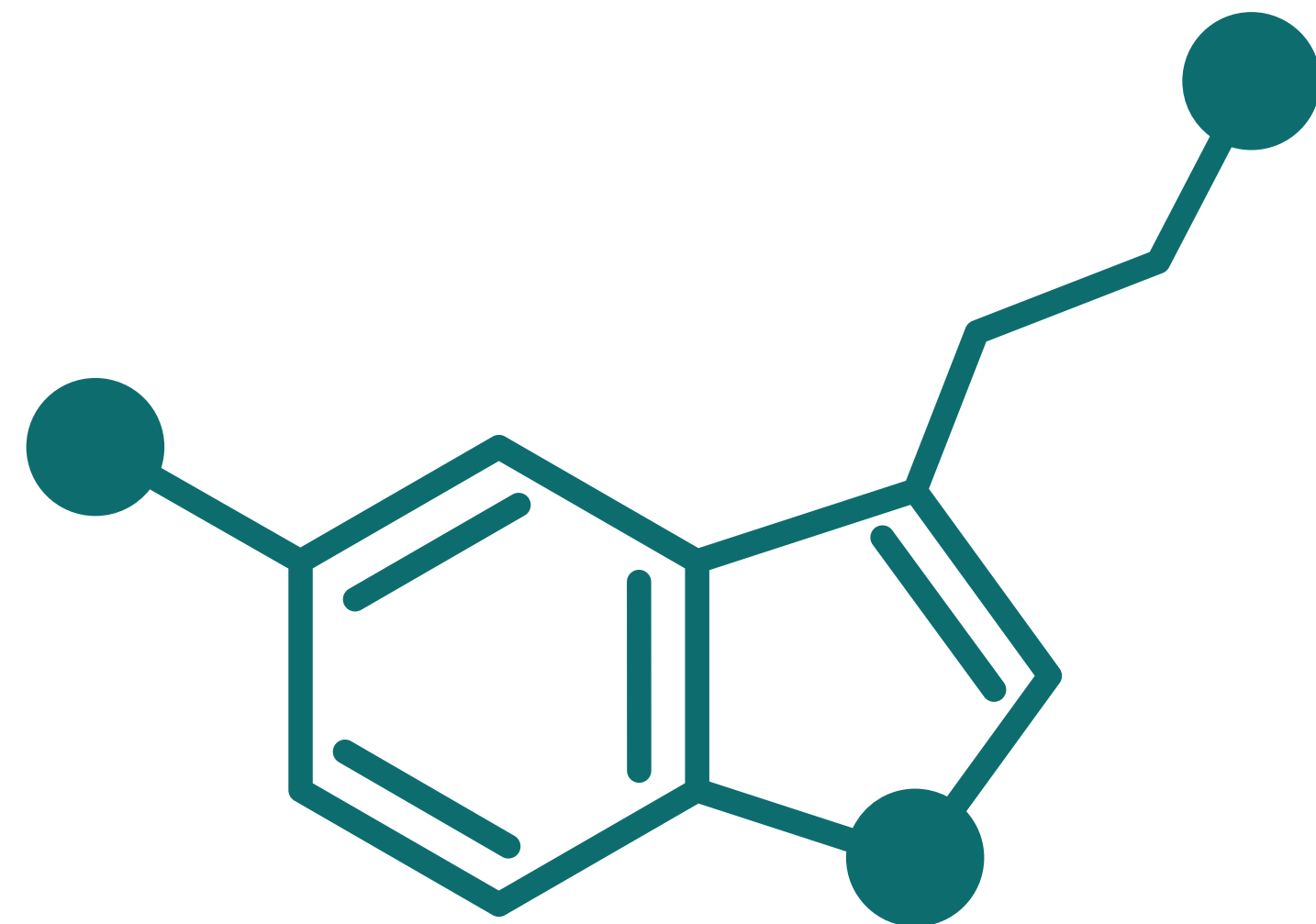
NHS



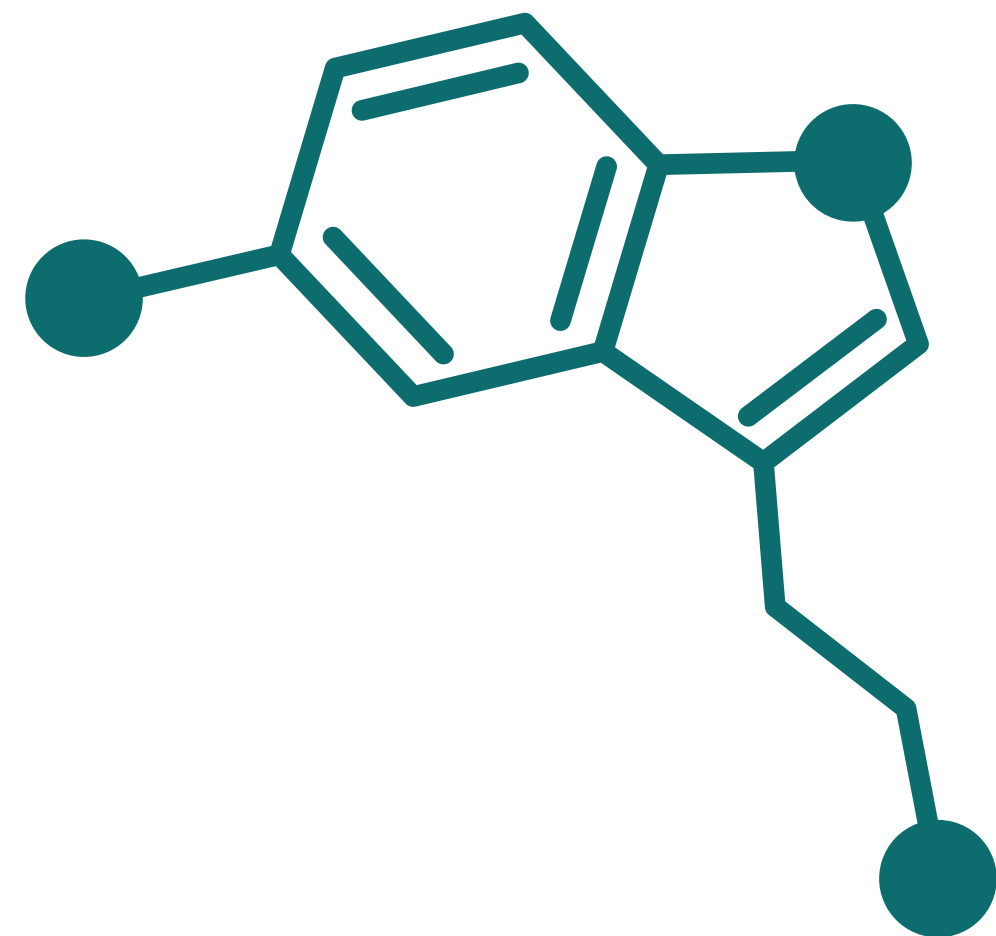
4.5 YEARS POST OP

Thank you

FOR LISTENING!



Any



Questions?