



Flourish

Your guide to thriving through menopause

Diagnosing Menopause

Living Well at Midlife

Healthy Food Choices

BROUGHT TO YOU BY EMSEE HEALTH and SFI HEALTH

Australian Edition



Contents

Welcome	3
What is Menopause?	4
Symptoms	5
Understanding Perimenopause	6
Diagnosis Natural Management	8
Surgical Menopause	9
Mood & Sleep Living Well at Midlife	10
Research Series — Dr Anup Desai, Sleep	11
Talking to Your Doctor Health Checklist	13
Busting Myths	14
Management Options	15
Long-Term Health Nutrition at Midlife	16
Phytoestrogen Food Guide	17
Journey Chart	18
Symptom Checker	19



Welcome

Welcome to your guide to perimenopause and menopause. This guide was compiled by renowned medical specialists, global supplement brands, consultants and menopause-focused telehealth services to help any woman interested in practical solutions.

This can be an overwhelming phase of life, a universal experience, yet it is still a topic that is rarely discussed and poorly understood. This eBook has been created with collaborators who have deep experience supporting women transitioning through menopause.

If you are experiencing symptoms, this guide will demystify this period of your life, and help you understand your options. Read on for tips and articles on nutrition, lifestyle, sleep, managing mood, and treatment options.

What is Menopause?



THE THREE STAGES

Perimenopause

Transition phase; symptoms begin.

Menopause

12 months after your final period.

Postmenopause

Your body adjusts to a lower hormonal baseline.



Menopause is not a disorder or disease, it is a natural biological milestone marking the close of your reproductive years.

Menopause is confirmed after twelve consecutive months without a period. It means that your ovaries are no longer releasing eggs, and that natural conception has come to an end. Most women reach this point between 45 and 55, with an average age of approximately 51. Early menopause can start as early as 40 and later arrivals are also entirely normal.

What many women don't realise is how long the journey to menopause takes. The years before (known as perimenopause) can begin as early as your late 30s or early 40s, sometimes a full decade before your final period. During this time, levels of oestrogen, progesterone, and testosterone shift, and those changes ripple through the body in ways that can feel surprising.

For some women, menopause symptoms begin immediately through surgery, when the ovaries are removed. This is known as surgical menopause. While the experience shares much with natural menopause, the abruptness of the hormonal change can make symptoms feel more intense.

Menopause affects around 75% of women with noticeable physical or emotional symptoms — hot flushes, night sweats, sore joints, disrupted sleep, anxiety, allergies and irregular cycles. And yet, it has been something women navigated in silence, without information, and often without support.

In many countries around the world, that is changing. You don't have to figure it out alone.

Why This Topic Matters

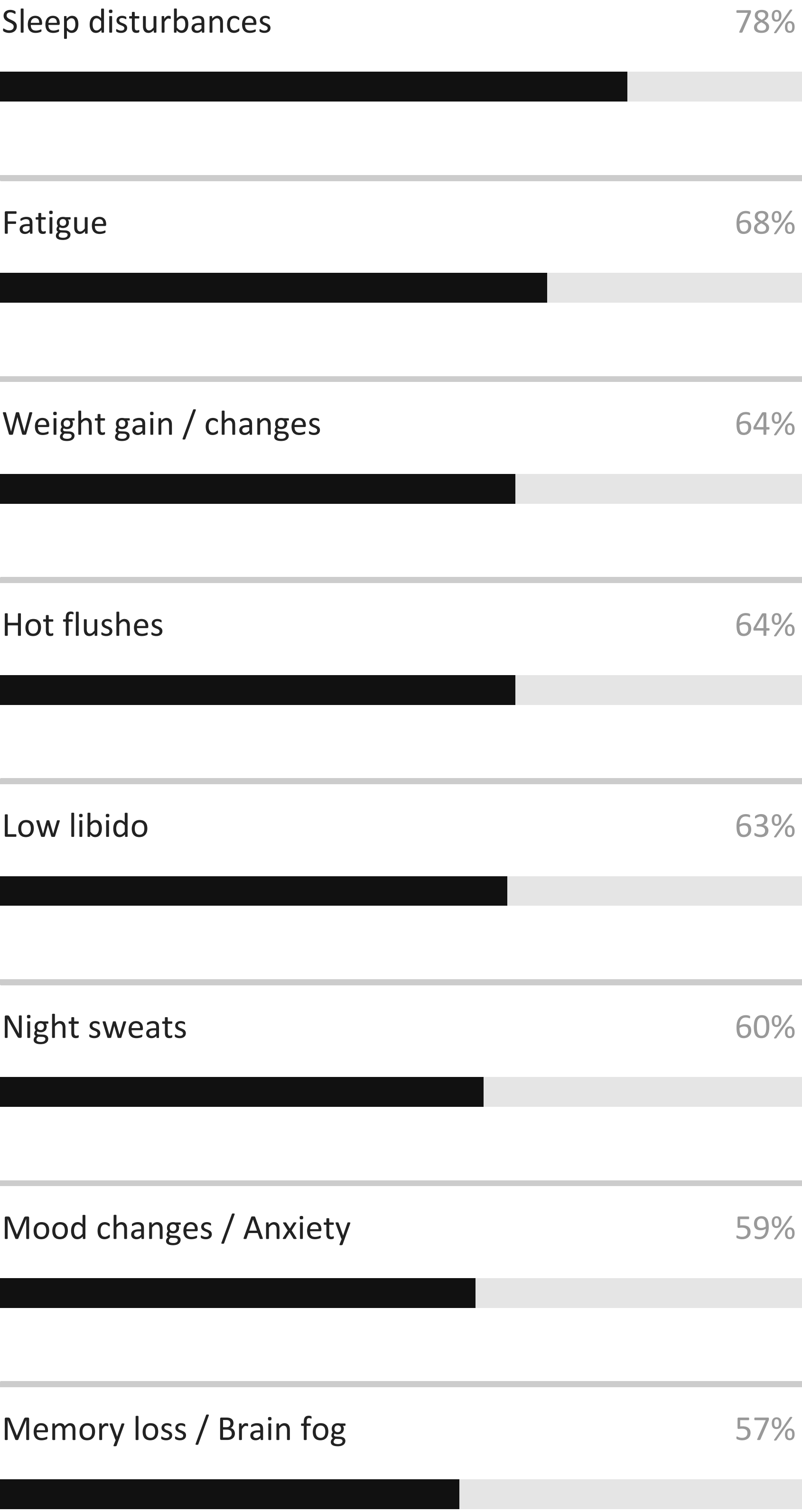
83%

of women experience menopause symptoms that affect their performance at work.

Debunking myths and encouraging supportive conversation is essential. Women are often unsure whether their symptoms are signs of something more serious, is actually normal for this stage, who to turn to for help and how their work could support them. This guide offers reliable, evidence based information for every stage of the menopause journey.

Symptoms & Hormonal Changes

Hormonal changes during menopause affect almost every system in the body. In a survey of over 1,000 patients, Emsee found that these were the commonly reported symptoms:



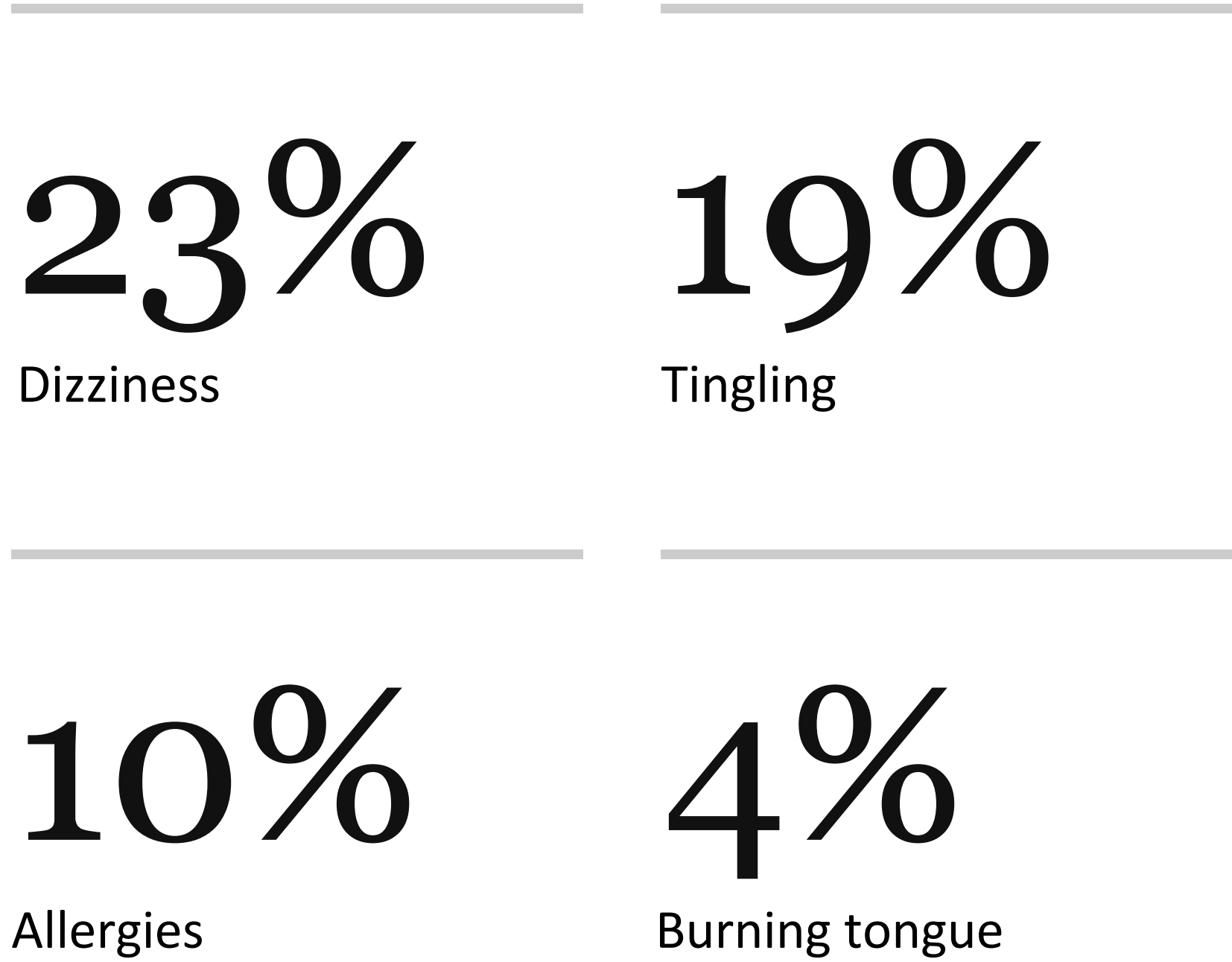
Source: Emsee survey of 1,000 Australian based patients.

The Full Picture



Menopause can also produce a range of less commonly discussed symptoms that may surprise women experiencing them for the first time. These include dizziness (23%), tingling (19%), allergies (10%), and burning mouth sensation (4%).

Because many of these lesser known symptoms do not suggest a hormonal reason, women sometimes spend months or years seeking explanations before menopause is identified as a potential cause.



Perimenopause: Your Guide to the First Stage



Menopause is often spoken of as a single event. In reality, it is a gradual transition that could affect some women for years. Perimenopause is the transitional phase during which hormones fluctuate and the ovaries produce less oestrogen and progesterone.

Think of it as puberty in reverse - your body is adjusting to a new hormonal landscape, and the experience can be vastly different from woman to woman.

THE THREE STAGES

Perimenopause is the first of three stages. Menopause is defined as the day after twelve consecutive months without a period. The years that follow - postmenopause - bring their own considerations for long-term health. Most women spend more time in perimenopause than they expect.

HOW LONG DOES IT LAST?

This varies considerably and depends on the individual, diet, lifestyle, culture and ethnicity. On average, perimenopause lasts around four years, but for some women symptoms are felt for up to a decade. Research published in JAMA Internal Medicine found a median duration of 3.8 years, with debilitating symptoms in some women persisting beyond that.

3.8 years

*median duration of perimenopause,
JAMA Internal Medicine, 2015*

HOW WILL YOU KNOW?

If you are between 40 and 55 and noticing symptoms, perimenopause is worth considering. A healthcare professional can assess the changes you're experiencing, check your hormone levels and suggest options.

Fill out the symptom checker in this eBook to help guide your conversation with your doctor.

"Think of perimenopause as puberty in reverse -- your body adjusting to a new hormonal landscape."

Dr Simran Chadha, Chief Medical Officer, Emsee Health



COMMON SYMPTOMS TO WATCH FOR

- Irregular periods
heavier, lighter, or unpredictable
- Hot flushes and overheating
sudden heat, rapid heartbeat
- Night sweats
disrupting sleep quality
- Mood swings and irritability
anxiety, low mood
- Sleep disturbances
difficulty falling or staying asleep
- Vaginal dryness
discomfort, changes in intimacy
- Changes in libido
reduced or shifted desire

BROUGHT TO YOU BY EMSEE

Emsee was built for the woman who has been told her symptoms are normal when they are anything but. A dedicated team of menopause specialists, available online, providing real answers, real treatment, and real support -- on your terms.

Try the Emsee app free for four weeks. Simply scan the QR Code and enter the referral code when you register or during checkout.

Browse our community stories, access expert guidance, and take control of your menopause journey from the palm of your hand.



www.emsee.co

Referral code:
Free4

1. Avis et al. Duration of menopausal vasomotor symptoms. JAMA Internal Medicine, 2015; 175(4):531-539. 2. Santoro N. Perimenopause: From Research to Practice. Journal of Women's Health, 2016; 25(4):332-339. 3. Monteleone et al. Symptoms of menopause. Nature Reviews Endocrinology, 2018; 14(4):199-215.

Diagnosing Perimenopause



Perimenopause is usually a clinical diagnosis - based on your symptoms and age. There is no definitive test that doctors rely on - and your doctor would prefer to evaluate your medical history to rule out other possibilities. At your appointment, expect your healthcare professional to ask about your menstrual cycle changes, your lifestyle and the severity of your symptoms.

Blood tests can be done to measure follicle-stimulating hormone (FSH) and oestradiol levels, but because these hormones fluctuate during perimenopause the results are not always reliable as a standalone tool. They are probably most useful when you are under 45.

GOOD QUESTIONS FOR YOUR DOCTOR

- Am I going through menopause?
- What other symptoms might I experience?
- How long will these symptoms last?
- How will menopause affect my long-term health?
- Do I still need to use contraception?
- What treatment options are available?

Managing Menopause Naturally



Managing menopause naturally begins with identifying and addressing lifestyle, diet, and stress factors that may worsen your symptoms. For many women, a holistic approach, combining nutrition, movement, mindfulness, and natural supplements, can make a difference.

Assess your nutrition and lifestyle - aim to eat regularly, choose fresh and less processed food. Combine quality protein with a colourful variety of fruits and vegetables. Relax before meals, eat dinner early, and remember that alcohol and caffeine may promote hot flushes.

DAILY LIFESTYLE BASICS

- 1 Get up early. Take a brisk walk in sunshine.
- 2 Stay hydrated. Aim for 2+ litres of water per day.
- 3 Layer clothing and sleep in natural fibres to stay cool.
- 4 Avoid screens in the evening and go to bed earlier for better rest.

Surgically Induced Menopause

One in eight women will experience menopause overnight due to surgery.



Surgical menopause occurs when both ovaries are removed in a procedure called a bilateral oophorectomy. The ovaries are the body's primary source of oestrogen and progesterone, so their removal causes hormone levels to drop immediately, rather than over the transition of perimenopause. This abrupt hormonal shift is what makes surgical menopause different from natural menopause, and often more intense in symptoms experienced.

Symptoms can appear within days of surgery and may be more sudden than those of natural menopause. Hot flushes, night sweats, sleep disruption, mood changes, vaginal dryness, and joint pain are all common. Because the change happens so rapidly, the body has little time to adjust. This sudden transition introduces long-term health shifts that require proactive care.

T R E A T M E N T O P T I O N S

Treatment options depend on individual health history, age, and personal preference, and should always be discussed with a specialist.

Menopausal Hormone Therapy (MHT)

The most effective treatment, typically recommended promptly after surgery to replace lost hormones and reduce both immediate symptoms and long-term health risks

Non-hormonal medications

For women who cannot take MHT, certain antidepressants and other medications can help manage vasomotor symptoms

Naturopathic and herbal support

Fenugreek, saffron and other evidence-based supplements may offer symptom relief alongside or independently of medical treatment.

Lifestyle measures

Regular weight-bearing exercise, a calcium-rich diet, adequate sleep, and stress management all provide important support for bone, heart, and mental health.

If you have had or are planning a surgical procedure that involves ovarian removal, speak to your doctor about menopause management before or immediately after surgery. Early, proactive care makes a significant difference.

“Surgical menopause happens fast, and that suddenness is often the hardest part. The women who fare best are those who have the conversation early — ideally before surgery — so a plan is in place from day one. Early, proactive care doesn't just ease the immediate symptoms; it protects bone, heart, and brain health for decades to come.”

Dr Simran Chadha, Chief Medical Officer, Emsee Health

Managing Mood & Sleep

Today's midlife women face many sources of mild anxiety and stress — juggling careers, children, grandchildren, and ageing parents. Mild anxiety and stress can cause sleeplessness, which overlaps with menopausal symptoms, making the picture more complex.

When oestrogen and progesterone fluctuate, they affect serotonin — the hormone that regulates mood. This can produce mood swings that shift from feeling normal to intensely irritated within minutes. Tracking your moods in a diary can help your doctor identify patterns and appropriate treatments.



Up to 60% of perimenopausal women experience some form of insomnia.

Supplements containing saffron have been shown in clinical research to support mood, mild anxiety and sleeplessness in perimenopausal women and adult populations.

Always speak with your healthcare professional before beginning any supplement.

NUTRIENTS FOR MOOD

Vitamin B6

Legumes, leafy greens, fish

Vitamin B3

Fish, eggs, wholegrains

Vitamin C

Citrus, berries, broccoli

Living Well at Midlife



Menopause occurs at midlife, and the lifestyle choices you make at this time can prevent chronic conditions from affecting your health. Research into longevity describe a gap between life expectancy and health expectancy. Rather than viewing menopause as a disease state to be treated, approach it as a transition to be navigated with intention.

Living well at midlife means nourishing your emotional and physical self. It means exercising regularly, maintaining positive relationships, managing stress, and eating with care.

Get Moving

Midlife women who are physically active enjoy better all-round health. Exercise improves mood and endorphines - the happy hormones. Mood affects menopausal symptoms and treatment outcomes. Resistance training and weight bearing exercises both play important roles in minimising risk of osteoporosis.

Stress Less

Chronic stress drives up cortisol, which makes almost every menopause symptom worse — hot flushes, broken sleep, mood swings, weight gain. Managing it isn't optional - it's foundational.

Your relationships matter just as much. Women who feel connected - to friends, family, or a wider community - tend to move through this phase with more ease. Loneliness has a measurable impact on hormonal health.

Why Sleep Gets Harder - and What You Can Do About It

Sleep disturbances are one of the most disruptive and least discussed symptoms of menopause.

Sleep physician Dr Anup Desai explains what is happening in your body - and how to reclaim your rest.

Remember, always seek professional help if symptoms are persistent, distressing or unexplained.

If you are lying awake at 3am wondering why sleep has become so elusive, you are not alone. Over 60 percent of postmenopausal women report insomnia symptoms - nearly double the rate of the general adult population. The hormonal shifts of menopause are directly and measurably disrupting the way women sleep.

THE ROLE OF HORMONES

Oestrogen plays a quiet but significant role in sleep. It supports the metabolism of serotonin, helps the body cool down at sleep onset, and has a mild anti-depressant effect. As oestrogen declines during menopause, each of these functions is compromised. Progesterone which has a natural sedative quality also falls. Melatonin, the hormone that governs our sleep-wake cycle, also decreases with age.

HOT FLUSHES AND NIGHT SWEATS

Prior to a hot flush, body temperature rises and blood flow surges to the face and skin — releasing adrenaline at precisely the moment your body needs to be winding down. Both the arousal from the flush itself and the associated temperature changes can disrupt sleep significantly. Temperature regulation is, as Dr Desai notes, intricately linked to sleep quality. Sleeping in a cool room, wearing light natural-fibre sleepwear, and avoiding heavy bedding can all make a difference.



Dr Anup Desai

MBBS, FRACP, PhD

Sleep and Respiratory Physician

Dr Anup Desai is one of Australia's leading sleep physicians, with specialist expertise in insomnia, sleep apnoea, parasomnias, restless legs, and narcolepsy. He trained at Royal Prince Alfred Hospital before completing a PhD in Sleep Medicine at the University of Sydney -- awarded with multiple research grants and prizes.

He conducted post-doctoral research at St Thomas' Hospital London and established the largest sleep laboratory in Birmingham before returning to Sydney in 2004. He was the Head of the Sleep Medicine Clinical Trials Unit at the Woolcock Institute of Medical Research and holds senior clinical roles at the Prince of Wales Hospital and in private practice.

Dr Desai has built up a strong multi-disciplinary team around him at Sydney Sleep Centre and has close relationships with other local experts, such as ENT surgeons.

Find out more at www.sleepcentres.com.au

INSOMNIA

Disrupted sleep, night-time awakenings, and increased wakefulness after sleep onset are the most common sleep complaints of menopause. These insomnia symptoms can be due to one or a number of causes — vasomotor symptoms, sleep fragmentation from sleep apnea, and mood disturbances related to menopause.

After insomnia initially develops - for example, in association with physical symptoms such as hot flushes - it can become conditioned or habitual, persisting even when the acute cause improves. This in turn creates anxiety and further dissatisfaction about sleep, worsening the insomnia still further.

Chronic insomnia can be very distressing, with major impacts on sleep quality and daytime functioning, and can exacerbate mood disturbances. Early recognition of insomnia developing with menopause, understanding its causes, and prompt intervention are all important.

SLEEP APNOEA - AN OVERLOOKED RISK

Postmenopausal women are two to three times more likely to develop sleep apnoea than premenopausal women — yet it frequently goes undiagnosed. The hormonal changes of menopause affect upper airway collapsibility and shift fat distribution toward the abdomen, both of which can trigger or worsen obstructive sleep apnoea. Women with sleep apnoea do not always snore loudly, and daytime fatigue is often attributed to menopause rather than investigated further. If you are persistently exhausted despite adequate time in bed, speak to your doctor about a sleep study.



STEPS TO BETTER SLEEP

1 Wake at the same time every day -- consistency anchors your sleep cycle.

2 Avoid caffeine and alcohol from 2pm. Alcohol disrupts deep sleep.

3 Exercise regularly. Morning light suppresses melatonin and promotes daytime alertness.

4 Keep your bedroom cool. Aim for 18-19 degrees Celsius.

5 Daytime naps are fine -- keep them under 20 minutes and before 3pm.

Talking to Your Healthcare Professional



Speaking to your healthcare professional is an important first step. It can be your gynaecologist, doctor, pharmacist, or naturopath. Make it clear that you would specifically like to discuss menopause. Before you arrive, note your symptoms, how regularly they occur, and how they are affecting your daily life.

Women from different cultures might experience other combinations of symptoms. Comparing with friends may not lead you to the best treatment for you.

SYMPTOMS TO TRACK

Headaches Note dates, frequency and severity - hormonal shifts often follow a pattern worth catching.

Sleep disturbances Track how often you wake, how rested you feel, and daytime impact.

Night sweats & hot flushes Record how often they occur and whether they disrupt your sleep or day.

Vaginal dryness Note any itching, discomfort during sex, or changes in urinary frequency.

Anxiety or nervous tension Identify your triggers, how intense the feeling is, and how long it lasts.

Mood swings Note timing, intensity, and whether shifts feel linked to sleep or your cycle.

Weight gain Track changes around the abdomen - declining oestrogen often shifts where weight settles.

Midlife Health Checklist



DISCUSS WITH YOUR HEALTHCARE PROFESSIONAL

- 01

Breast Check Monthly self-examination plus mammogram every two years from 50, or earlier with family history.
- 02

Pap Smear Cervical screening every five years from age 25 - detects abnormal cells before they become problematic.
- 03

Weight Monitor regularly - declining oestrogen shifts fat to the abdomen, increasing metabolic and cardiovascular risk.
- 04

Glucose Fasting blood test annually - hormonal changes reduce insulin sensitivity, raising type 2 diabetes risk.
- 05

Blood Pressure Check annually, more often if elevated, oestrogen loss reduces vascular flexibility raising hypertension risk.
- 06

Bone Density DEXA scan at 50 or earlier with risk factors - oestrogen decline accelerates bone loss significantly.
- 07

Cholesterol & Triglycerides Fasting blood test yearly - falling oestrogen raises LDL and triglycerides, lowering protective HDL levels.

Common Menopause Myths

MYTH

Menopause always starts at 50.

FACT

Perimenopause can begin up to 10–15 years earlier, typically in the mid 40s. The Australian average age for menopause is 51, which only means that 50% have reached menopause at this age.

MYTH

Hormone Therapy is dangerous for everyone.

FACT

For many women, MHT is safe and effective when used appropriately and discussed with a doctor. Risks and benefits vary by individual.

MYTH

Menopause is natural — you don't need treatment.

FACT

Untreated symptoms can reduce quality of life and increase long-term health risks including osteoporosis, cardiovascular disease, and diabetes.

MYTH

Once menopause ends, all symptoms stop.

FACT

Some symptoms improve, but bone and heart changes continue if unmanaged. Ongoing health checks are essential.

MYTH

Taking hormones prolongs menopause symptoms.

FACT

Hormonal treatment provides relief and does not interfere with the body's natural hormonal production or prolong the transition.



Your Management Options

There are many different ways to manage menopause symptoms. Your healthcare professional will assess your symptoms and any risk factors before suggesting treatments appropriate for you. Management is rarely one-size-fits-all, will often change over the 2-3 years of active management. Always discuss benefits and risks with your treatment plan.



ALLIED HEALTH AND TRADITIONAL CHINESE MEDICINE

A naturopath can offer personalised support using evidence-based herbal medicines alongside nutritional therapy and targeted supplementation.

Acupuncture, osteopathy, and physiotherapy can be useful in managing musculoskeletal symptoms, pelvic floor changes, and stress — and all work well alongside conventional medical care.

Traditional Chinese Medicine

TCM takes a broader view, treating menopause as a natural transition rather than a problem to fix. Practitioners draw on acupuncture, personalised herbal formulas, and dietary guidance to address hot flushes, disrupted sleep, fatigue, and wellbeing.

A growing body of research supports its effectiveness for less severe menopausal symptoms, and it integrates well alongside both conventional and naturopathic care.

MEDICAL

Menopausal Hormone Therapy remains the most clinically effective treatment for moderate to severe symptoms. Available in oestrogen-only or combined therapy, MHT can relieve most symptoms, protect bone density, and support mood and sleep.

Non-hormonal prescription options are also available for women who cannot, or prefer not to, use hormones. Always discuss your individual risk profile with your doctor before beginning any treatment.

LIFESTYLE

Movement is non-negotiable during this phase — particularly resistance training and weight-bearing exercise, which protect bone density, support a healthy weight, and do wonders for mood.

Food-wise, build meals around whole foods rich in phytoestrogens, calcium, magnesium, and quality protein. Beyond that, the basics matter more than most women realise: good sleep, less alcohol and caffeine, and relationships that actually nourish you. These aren't afterthoughts — they're the foundation.

Impact on Long-Term Health

Menopause isn't just about hot flushes and broken sleep. As oestrogen declines, the body naturally loses its protection over bone, heart, and metabolic health. Health education often fails to educate women of greater health risks during this stage of life.

Bone density drops faster in the years after menopause, making osteoporosis a risk. Weight-bearing exercise, adequate calcium, vitamin D, magnesium supplements, and regular bone density screening are often recommended here.

Heart health shifts too. Oestrogen helps keep cholesterol in check and blood vessels supple — when levels fall, cardiovascular risk rises. It's a good time to get your blood pressure and cholesterol checked if you haven't recently.



KEY HEALTH PRIORITIES

Bone density monitoring & calcium-rich diet

Regular cardiovascular checks

Weight management & abdominal fat reduction

Mental health & cognitive support

Preventative care with your primary doctor

Foods to Eat at Midlife

"Let food be thy medicine and medicine be thy food."
— Hippocrates

A good diet is the foundation of a healthy life. At midlife, eating well may help reduce menopausal symptoms. These five dietary strategies offer a starting point.



1 Phytoestrogens

Naturally occurring plant compounds that gently mimic oestrogen in the body. Found in soy, linseeds, and legumes. Women in cultures with traditionally soy-rich diets tend to report fewer and less severe hot flushes, though researchers are still unpacking exactly why.

2 Plant-Rich Diet

Women eating a Mediterranean or plant-focused diet consistently show lower body weight and more stable blood sugar. Prioritise whole grains, legumes, colourful vegetables, fruit, and good fats like olive oil.

3 Herbs & Spices

Culinary herbs and spices carry anti-inflammatory benefit. Turmeric, ginger, cinnamon, garlic, and fennel are particularly valuable at midlife and quietly supports hormonal health and reduce systemic inflammation.

4 Calcium-Rich Foods

Declining oestrogen accelerates bone loss, making calcium intake essential. Yogurt, tofu, bok choy, kale, broccoli, and white beans are excellent sources. Pair with magnesium to support proper calcium absorption and retention.

5 Adequate Protein

Protein becomes increasingly important at midlife, supporting muscle mass, hormone production, immune function, and stable blood sugar. Aim for a quality source — fish, eggs, legumes, dairy, or tofu.

Foods Containing Phytoestrogens

During perimenopause, oestrogen levels don't simply drop - they fluctuate unpredictably, driving many of the symptoms, particularly disrupted sleep.

Phytoestrogens offer a gentle, food-based way to support your body through this fluctuation. These naturally occurring plant compounds interact with the body's oestrogen receptors in a modulating way.

Soy, linseeds, legumes, wholegrains, and certain fruits and vegetables can help. The goal is simply consistency, variety, and a little more intention about what goes on your plate.

Fruit & Vegetables

Alfalfa and mung bean sprouts, spinach, peas, parsley, fennel, celery, sweet potato, rhubarb, squash, papaya, apples, cherries, berries, plums.

Grains & Legumes

Chickpeas, mung bean sprouts, lentils, split peas, green beans, red beans, buckwheat, wheat bran, millet, oats, barley, brown rice.

Nuts & Seeds

Linseed, sunflower seeds, sesame seeds, almonds, cashews.

Culinary Herbs & Spices

Sage, aniseed, fennel seeds, coriander, dill, cumin, parsley, licorice, Celtic sea salt.

Oils

Linseed, flaxseed, and evening primrose oil.

Herbal Teas

Sage, fennel, and licorice teas.

Soy Products

Tofu, soy nuts, tempeh, and miso paste.

About This Guide



This guide has been produced to support women navigating menopause with clear, evidence-informed, and holistic information. It draws on clinical expertise, published research, and the real experiences of women across Australia and beyond.

The information provided is general in nature and is not a substitute for personalised medical advice. Any consideration of therapies —including hormone therapy, herbal supplements, or dietary changes — should be discussed with your GP, pharmacist, or qualified naturopath.

Did you know?



- 1

Women are born with 1–2 million eggs. By perimenopause, fewer than 1,000 remain.
- 2

The word 'menopause' was coined in 1821 — nearly 200 years after the telescope.
- 3

Hot flushes can raise skin temperature by up to 6°C in minutes. Genuinely, measurably hotter.
- 4

Japan has one of the world's lowest rates of hot flush reporting. Diet — particularly soy — plays a role.
- 5

The average woman will spend more than a third of her life in postmenopause.
- 6

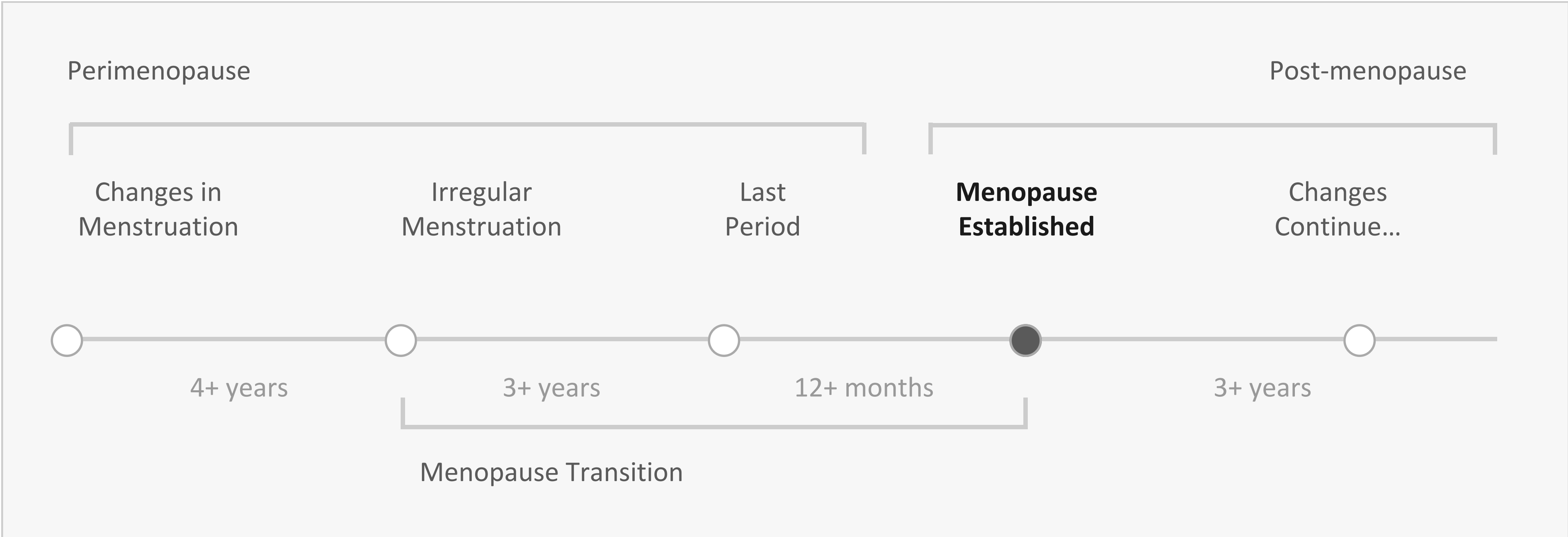
Oestrogen protects your bones, cardiovascular system, memory and mood. Quietly doing a great deal.
- 7

Chimpanzees, killer whales and short-finned pilot whales also experience menopause. Excellent company.
- 8

In many Indigenous cultures, postmenopausal women hold the highest positions of wisdom and authority.
- 9

Exercise has been shown to reduce hot flush frequency by up to 55%.
- 10

Brain fog is real. Most changes in verbal memory and processing speed reverse after menopause.



How are you feeling?

Monthly symptom record — rate each symptom 0–3 and bring to your next appointment.

SCALE: 0 — not at all 1 — a little 2 — quite a bit 3 — extremely

	Month 1				Month 2				
	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Notes
V A S O M O T O R									
Hot flushes <i>sudden heat, flushing</i>									
Night sweats <i>frequency, severity</i>									
P S Y C H O L O G I C A L									
Low mood or sadness <i>duration, triggers</i>									
Anxiety or tension <i>intensity, triggers</i>									
Irritability / mood swings <i>timing, intensity</i>									
Memory & concentration <i>brain fog, recall</i>									
P H Y S I C A L									
Sleep disturbances <i>waking, restlessness</i>									
Headaches <i>dates, frequency</i>									
Joint or muscle pain <i>location, severity</i>									
Fatigue <i>energy, timing</i>									
U R O G E N I T A L									
Vaginal dryness <i>discomfort, intimacy</i>									
Urinary changes <i>frequency, urgency</i>									
Loss of libido <i>changes in desire</i>									

NAME	DATE STARTED	HEALTHCARE PROFESSIONAL
------	--------------	-------------------------

WHAT HELPED MOST THIS MONTH	QUESTIONS FOR MY NEXT APPOINTMENT
-----------------------------	-----------------------------------

PARIS Ella Baché x EMSEE

A collaboration between Australia's iconic skincare expert and Australia's leading Perimenopause and Menopause health centre

Skincare for Every Stage

At Ella Baché, we’ve always believed that skincare is personal and changes with every stage of life. For over 70 years, we’ve supported women through those changes, and now we’re proud to share our new collaboration with Emsee, Australia’s leading Perimenopause and Menopause health centre. Together, we’re here to help you feel confident and supported as your skin evolves during this important stage of life.

This partnership is part of our “Empowered In My Own Skin” campaign, which celebrates how beauty continues to evolve over time. It also builds on the revitalisation of our Eternal+ range including the Eternal+ Sculpting Serum and Eternal+ Reconstructing Very Rich Cream. These pro-ageing innovations are designed to restore and renew, addressing visible changes like a loss of elasticity, uneven tone, shifts in texture, and fine lines, so your skin feels as strong and resilient as you are.

Research from Emsee shows that half of Australian women notice changes to their skin during menopause, and almost one in two see skin health as an important part of their overall wellbeing. With 4.1 million women in Australia currently experiencing peri- or menopause, this collaboration brings together expert skincare and healthcare to meet a real and growing need.

30%

of collagen is lost in the five years following menopause

PARTNERSHIP INITIATIVES

Expert-led blogs & webinars

Co-created guidance on skin health during perimenopause and menopause.

In-person pop-up events

Intimate, empowering sessions featuring Ella Bache's National Training Manager and Emsee's Managing Director.

ellabache.com.au



Pippa Hallas

CEO, Ella Bache

"At Ella Bache, we believe in skin health and embracing your skin story. Your Skin Solution needs to change in this period of your life as it changes -- and in five years post menopause we lose up to 30% of collagen. Our partnership with Emsee allows for a holistic approach, providing the education and solutions women need."

Adeline Chu, Managing Director, Emsee

"We're all about caring for women holistically at Emsee. Our community tells us that skin changes are one of the most common and often surprising impacts of menopause. Partnering with Ella Bache gives women access to expert skincare and the reassurance that they can continue to feel confident at every stage of life."

emsee.co

A tailored approach to menopause care

NEW



**Clinically researched
in Australia**

**Personalised
menopausal care**

**Health professional
range***

Menopause is a universal yet deeply personal journey that every woman will experience. SFI Health is proud to introduce our new menopause range—Meno Thrive, Meno Soothe, and Meno Vital—a personalised suite of products designed to empower women through every stage of menopause.

Meno Soothe

For mental wellbeing and emotional balance, relieving symptoms such as mood swings, irritability, and mild anxiety.

Meno Vital

Our menopause collagen complex, to support important, underlying aspects of health during and after menopause, including skin elasticity, cardiovascular function, and bone density.

Meno Thrive

For hot flushes, night sweats, fatigue, irritability, and maintaining healthy sexual function.

**Available in pharmacy & health food stores.
Ask for the menopause range from SFI Health.**

NO PRESCRIPTION REQUIRED.

Available exclusively behind the counter in pharmacy and health food stores, available without prescription - ask at the counter for SFI Health.

*Available exclusively behind the counter in pharmacy, available without prescription - ask the pharmacist.

Always read the label and follow directions for use. Steels, E et al. Phytotherapy Research. 2017;31(9):1316-22. Funded by Gencor Pacific Pty. Ltd. Lopresti, A.L et al. J Meno-pausal Med. 2021;27(2):66-78. Funded by Pharmactive Biotech Products SL. Sangsuwan, W et al. J Der-matolog Treat. 2021;32(8):991-96.



Flourish

Your guide to thriving through menopause

THIS GUIDE IS PROUDLY SUPPORTED BY

EMSEE

*Clinical Menopause
Support, Your Way*

SFI
HEALTH  TM

*A global, natural
healthcare company*