



Private practice

Being embarrassed about women's health issues serves no one – and yet, how often have you cringed at the idea of discussing your most intimate concerns with your family GP? Hood sat down with head of women's health at Dr Nestor's Medical and Cosmetic Centre, Dr Rosy Fazzi, to find out what's really bothering Scotland's women, and why they needn't blush about it...

How big an impact does childbirth have on the female body, and do you think women are fully prepared for it?

I think the impact of childbirth is still not spoken about openly, which is a shame as it brings a big shock for first time mums. The most distressing post-birth effects are often the changes women face down below – we all know to expect stretch marks and mummy tummies, but no one warns you about the laxity and urinary incontinence issues. This is particularly distressing

for such a young cohort of women who associate such problems with an older age group. I've heard first-time mums swear blind they won't have any more children because of unexpected intimate changes they weren't prepared for. And that is a real shame.

How much of your work is based around hormone issues?

Quite a bit. The menopause in particular can cause a whole host of symptoms

that can really disrupt women's lives at a time when they should be enjoying themselves the most. Depleting oestrogen, progesterone and testosterone levels really put women's bodies through the mill. Luckily, addressing hormonal imbalance is relatively easy now, and these issues can be very satisfying to treat for both doctor and patient alike. I think as women talk more about the treatment options readily available now, we become unwilling to put up with these symptoms anymore.

How big an impact can a hormone imbalance have on our health, and how do women know when to seek advice?

I find most women are pretty clued up about knowing when their hormones are out of kilter, but redressing the balance can get quite complicated. Symptoms like hot flushes, dryness down below and weight gain around the middle are due to low oestrogen levels, while low libido and reduced assertiveness can be attributed to low testosterone. Reduced progesterone levels, meanwhile, are to blame for the mood swings, anxiety and insomnia. An in-depth chat with the patient and blood hormone levels can reveal where the problem lies.

How does a woman's health change before during and after the menopause?

The changes our bodies go through during this time are huge. Risk assessment by a trained health professional throughout every stage of the menopause is essential to safely commence and continue an HRT programme, and blood pressure needs to be monitored regularly – notably both cardiovascular and breast cancer risk changes at the five-year mark. Of course, throughout the menopause, it's important for women to understand that their symptom control will improve, along with any baseline risk, if they adopt a healthy lifestyle. Exercising regularly, keeping your BMI within normal limits, stopping smoking and reducing your alcohol consumption can all bring real benefits.

What's the most common concern you see in clinic?

Problems 'down below' still remain an unnecessarily taboo issue. Lots of women present having suffered in silence for years over stress incontinence or feelings of laxity, dryness and discomfort. This causes a lot of embarrassment, which can lead to self-esteem issues and sometime relationship breakdown. These are the most common presentations to the clinic, and often these women are so relieved to hear they're not alone.

Have the problems your patients face changed over recent years?

Yes, absolutely. Now, with women striving to 'have it all', we find ourselves in increasingly demanding jobs, having children later in life in order to focus on



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our careers. This tends to mean that when the menopause hits, we have so many more responsibilities that we can't allow to take a back seat to menopausal symptoms. Quite rightly, women are now seeking help with these problem earlier, whereas in the past they may have put up with symptoms or not known there was help available.

How much do the needs of women change in their 30s, 40s and 50s, and what are the most common issues faced in each decade?

The younger cohort of women tend to come with post-natal problems. I've seen women as young as their mid-twenties who have delivered large babies and been left unable to exercise without wearing pads. This can be embarrassing at any age, but especially in younger women who feel it's not the norm for their age. Non-surgical radiofrequency tightening procedures are great for these women, especially if their family is not yet complete and they want to manage symptoms in-between pregnancies. In the 40s and beyond, it's the menopause that tends to wreak havoc with women's bodies.

We all know about the hot flushes and the ceasing of periods but so many of the more nonspecific obscure symptoms remain unspoken about. Many women present not sleeping, with erratic moods, poor concentration, difficulty word finding, vague aches and pains, weight changes and pain during intercourse due to dryness and thinning below. Bio-identical hormones and ThermiVa treatments can help address these symptoms very effectively. Where once these women coped well with their demanding lives, they suddenly find themselves struggling, and it's wonderful to be able to offer them something to help.



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