

Fresh As A Daisy

Chair's report

As I write this, Open Day seems a dim and distant memory, but what a day we had! For the committee, it was a great reminder of what we are all working towards; helping to link members and share information about premature menopause. For a full report, see Ruth's account on page 2. My thanks to all those who attended for providing great feedback and appreciative comments - they mean a great deal to the committee.

At the end of last year we discovered to our horror that our daisy logo was very like that of another charity. That charity had trademarked the daisy and wanted us to change our logo. This has meant we have had to spend a lot of time and money resolving the legal wrangling, commissioning a new design and redoing most of our literature. But at last there is also good news: our new logo is due to be trademarked imminently. We hope you like our fresh new Daisy Logo (see top left). We have taken the opportunity to revamp our posters and re-write our leaflet. A big thank you to Tracy for finding us a printer who will do the first run of posters free, and to Sarah for negotiating a free run of leaflets, and design, from Novo Nordisk. Not forgetting

Sian and Helen at Indigo, for giving us such a fabulous new Daisy logo.

Another great advance will be the new recorded help-line which should be operational by the end of September and will help us reach more people than ever. Thanks to Bex, who has been invaluable in researching and setting this up. This recorded help-line will give out basic information about premature menopause, The Daisy Network and forthcoming events. It will also allow callers to leave a message which will then be emailed to us (just don't ask me how!) As we don't have the women power to staff a help-line, this is the best option we can offer and something we believe will be a valuable additional resource.

And finally, may I gently encourage you to renew your membership this year?

Here are a few reasons why:

- ◆ To help keep yourself up to date on treatments and management of premature menopause
- ◆ To support the work of The Daisy Network and enable us to continue to reach newly diagnosed patients and liaise with medical professionals

The Daisy Network
P.O. Box 183
Rossendale
BB4 6WZ

www.daisynetwork.org.uk

Registered Charity Number 1077930

All medical information should be used in conjunction with advice from a medical professional.

Copyright © 2006 The Daisy Network.
All rights reserved.

- ◆ To give women with premature menopause a collective voice to bring issues to the attention of

the relevant agencies - we are the biggest group of its kind in the UK and possibly in the

whole of Europe.

Have a lovely autumn,

Susan

Open Day

Something for everyone

This year our Open Day was held at the King's Fund in central London. The morning started off busily, with committee members chatting with delegates and partnering those that had assigned buddies, over a welcome cup of coffee.

The programme kicked off with Susan, our chair, extending a warm welcome to everyone. The rest of the committee then came forward and spoke a little about themselves and their designated roles within the network.

The first speaker was Mr Nick Panay, a consultant gynaecologist and menopause specialist from Queen Charlotte's and Chelsea hospitals. Nick specialises in POF and he believes a very individual and sensitive approach is required towards treating patients.

Nick started off by telling us about the causes of POF. There are two ways ovarian failure can happen prematurely: either there is a failure to attain the peak follicle number or there is an accelerated loss of oocytes and follicle, i.e., either you don't start off with enough follicles in the first place or something occurs which speeds up their loss so considerably that

premature menopause occurs. He then dealt with the four main causes of premature menopause. A genetic cause – of these Turners syndrome is the one of the most common, affecting one in 2,000 women.

Most women have idiopathic POF, which means that no identifiable cause can be found; this can bring on a host of complex issues, in particular difficulty of acceptance.

An iatrogenic menopause, either as a result of surgery or chemotherapy or radiotherapy, causes the most profound loss of hormones; a dramatic loss of these functioning hormones can wreak havoc as it shocks the whole body system.

Finally, an autoimmune disease may be responsible. There is an association with Crohn's disease, rheumatoid arthritis and type one diabetes to name just a few.

Nick then proceeded to list the physical and emotional symptoms of POF, the main ones being hot flushes and night sweats, achy bones and joints, migraine, mood swings and depression.

The first challenge of POF is to make the definitive diagnosis. The problem all too often for

women, appears to be the confusion of being passed from one consultant to another, with nobody really able to get a grasp of the complexities of the condition. In fact, three or more clinicians opinions are sometimes sought before any hormonal profile tests are even performed, as was shown in a 2002 study.

Nick went on to discuss investigations for POF. A thorough and detailed case history needs to be taken, ideally followed with up to three hormone profile eliminations. A woman's chromosome make-up should be tested with Fragile X antibody levels also checked, the intention would be to inform rather than be able to save or change the condition. An ultrasound scan is also a good idea, to view the size of the ovaries, and can be useful to see where you are at, in terms of ovarian quality. Multidisciplinary collaboration between clinicians is very much needed.

The practical management and route of treatment must be made on an individual basis. No controlled studies have been given regarding the benefits of this. Lifestyle issues play an important part. A question that had been submitted to Nick was, "how do you get rid of

menopause midriff?" The answer was that this excess of fat women often get around their middle is caused by android, rather than gynaecoid changes. In other words, there is a change in the distribution of fat in a post menopausal woman.

Methods of treatment were discussed, the dilemmas of the route and dosages being a complex matter. Tablets, patches, gel, vaginal ring, and HRT coil (progesterone only) were all mentioned. The impact of HRT on symptoms and subsequent improvement on quality of life is important, and potentially life-changing decisions as to which type of HRT to use are better made with increased consultation time and regular follow-ups being the optimum way forward for women facing POF.

POF and heart disease were touched on and the effect of HRT on blood fats/heart. HRT has a beneficial impact on HDL but a bad effect on LDL. HRT is also known to have an effect on the brain. In one study, 67 women were tested on brain function/cognition, out of these 70% had an increased risk of problems if both ovaries were surgically removed before the age of 46. The effects of HRT and bowel cancer are also significant. HRT can reduce the incidence of bowel cancer by one third!

There are known potential risks of HRT - bleeding, breast cancer, DVT, thrombosis, stroke. Therapeutic options for POF include the combined pill, the pros being that this is a

convenient, peer-friendly and free method. The cons are that this is unphysiological, (not what the body does naturally) and difficult to monitor. Also, The pill-free week can lead to symptom resurgence.

There are alternatives to HRT, one of them being anti-depressants, but there are no data available, Nick believes psychotherapy and patient support groups are a much-preferred route to treat depression associated with the issues thrown up by POF.

He also told us to consider testosterone. Women have more testosterone receptors in the forebrain than men. Levels drop by 50% following a surgical menopause and 20% following a 'natural' menopause. This can lead to problems such as lack of energy and libido. At the moment, only implants are licensed but gels and tablet forms are available off-license.

Nick discussed fertility options for POF. Surgical options currently available are ovarian transposition, ovarian tissue cryopreservation, in vitro maturation and egg donation, embryo donation and surrogacy. Potential future options will be stem cell technology and cloning.

In conclusion, Nick summarised how women with POF have very special medical needs and each woman should be treated on an individual basis with a sensitive and open-minded approach, with future objectives to identify all clinics seeing POF patients.

Thanks

Thank you to Alison and Gary West for donating £50 to Daisy Network in June.

Alpro Soya, Body Matter, Lichtwer Pharma and Novogen for their donation of samples for the goody bags.

CARE Fertility, Haverhill Chiropractor Clinic and The Body Shop Foundation for their donations to the raffle.

Nick ended his engaging presentation with words of wisdom: "Longevity has no meaning without quality of life."

The next speaker was Victoria Lehmann, a relationship and sex therapist from Brighton.

Victoria's theme was the importance of kindness, understanding and intimacy in relationships. Victoria spoke to us about the process linked to our neurological, endocrine and vascular systems, and the link with these to our upbringing and religion. This is altered over time with ageing, health problems and our personal experience. POF can alter our sexual response as the untimely health changes the condition brings, affects both our physical and emotional wellbeing. The impact of POF, can cause disruption to us, our partners and extended family and friends. The diagnosis

often creates a stronger need for us to communicate to those closest to us about our feelings of loss, and in doing so give ourselves time to adjust so we can move forward with a healthy relationship.

There are physiological changes such as low oestrogen levels, causing vaginal atrophy (dry vagina), and some women find it difficult to ask for help from their doctor or practice nurse and suffer needlessly. Some also find it difficult to broach with their partner. Infertility, mood swings, and communicating with your partner are major obstacles to overcome.

She offered the following simple steps as to how we can help ourselves:

- ◆ Talk clearly, kindly,

honestly and gently,

- ◆ Be clear about what works well and what needs to change
- ◆ Be positive at the start of any conversation
- ◆ Alter stimulation
- ◆ Be creative
- ◆ Alter timing, place, setting
- ◆ Alternate intimacy and sexual activity
- ◆ Use lubrication and/or HRT

She asked us to consider our partner's thoughts and feelings, which were likely to be:

- ◆ Concern

- ◆ Confusion
- ◆ Altered sexual response
- ◆ Fear of causing further distress

The avoidance of intimate sexual relations can be due to painful intercourse making it important to seek help together as a couple. Victoria talked about foreplay, and how this will help us to focus on the pleasurable sensations of intimacy with our partners.

Victoria concluded her excellent presentation with the take-home message that everyone should have the opportunity to be treasured and loved and everyone deserves a hug.

After lunch and the AGM, everyone sat down to hear four personal and quite different stories of premature menopause.

Susan, our chair, began.

Susan was 12 when her periods began, at the same time her family moved from Italy to England. Here, Susan rapidly felt isolated and, moreover, she had only had one-and-a-half periods before they were to stop altogether.

At 16, Susan went to see her first specialist; she underwent investigations and was waiting for an ovarian biopsy while in the throes and stresses of completing her A-levels. This was a time of anxiety for her, feeling alone and with no real answers, as her life more or less went on hold, as still only a young woman. At that time she

Web Watch

www.prodigy.nhs.uk

This website has evidence-based guidance for 200 conditions and patient information leaflets which you can print off.

www.webmd.com

This is an American health portal where you can find lots of info about almost everything. I easily found advice about premature menopause.

www.nelh.nhs.uk

This is the National Electronic Library for Health website, through which you can access various NHS libraries. There is also a useful section 'Hitting the Headlines' which looks at the facts behind the health scares in the media.

If you know of a good health website please contact editor@daisynetwork.org.uk

was not experiencing any menopausal symptoms.

Susan was finally diagnosed at the age of 19 with POF while at university. A caring approach from her consultant meant a lot. Infertility at this stage in her life was merely an abstract problem. Susan felt she had been cheated and that her biological brief was too enormous to cope with. She returned to university with HRT.

She started developing coping strategies, outwardly appearing cheerful and funny, but inwardly feeling inadequate, and that she had no right to have a boyfriend, unlike her peer group. Getting a boyfriend was the most important thing on her mind, as she struggled in her studies, training to be a teacher, because she felt tired all the time. This was to be a heavy burden of challenges for a woman in her twenties. Susan found her dwindling oestrogen levels hard to deal with. To the outside world, Susan appeared to be a very successful young woman, but on the inside she was falling to bits. Her family were unable to understand and support her but her husband became her rock, and instilled in her a renewed confidence to face the outside world. Now happily married, and in her thirties, Susan wanted to start a family, and was referred for her first treatment of IVF egg donation, and miraculously this first treatment was successful. Susan went on to have another successful cycle of treatment and the wonderful end result, is her two adorable children.

Sarah spoke to us next. As part of her role in the network, Sarah lectures doctors and nurses on POF.

In 1999, overdue a smear test, and thinking that she needed to be more proactive, about her health, Sarah sought the consulting room of her GP. After several unsuccessful attempts to perform a smear test, it became clear that all was not well. Sarah consequently went to see a gynaecologist, who rather bluntly said: "I'm not surprised they couldn't locate your cervix, you have an ovarian cyst the size of a grapefruit in there". He then went on to tell her that it could be a dermoid cyst, containing teeth and hair, not surprisingly sending Sarah off into headless chicken mode. The consultant nevertheless reassured her, that her fertility was not going to be a problem, words that echoed around Sarah's head as she drove home alone crying.

After further tests and an ultrasound scan, she was treated as an emergency for surgery that she was to undergo the following week. Before surgery, Sarah had a thorough and frank discussion with the hospital registrar, quite distinctly saying that unless cancer was detected, she was adamant that she didn't want both ovaries removed. Sarah awoke in her hospital bed to discover that both her ovaries had been removed and that no ovarian tissue could be salvaged. The medics swiftly told her that she was fortunate still to have her uterus intact, and therefore could go on to have children via egg donation.

Sarah had been married for only six weeks and felt her life had fallen apart. What made it even more cruel was that, while lying in her hospital bed, she could hear the crying of newborn babies from the maternity unit next door.

Sarah was discharged from hospital empty handed, no information had been given to her on POF and no-one spoke to her about the myriad of symptoms she might suffer as a result of her surgery. Feeling abandoned by the medical profession, Sarah researched her way to The Daisy Network, which led to her being referred to Dr Gerard Conway, a very positive move. Sarah has never looked back and her belief in supporting other sufferers and educating health professionals about POF goes on.

Gill, our Network Co-ordinator, was the third speaker.

Gill's periods stopped when she was 11 years old. After several years and endless visits to her family doctor, she was eventually referred to the hospital for a further series of tests. When Gill entered a serious relationship she had no idea she was suffering with POF. Later, it became clear to her that she would have difficulty having a family naturally, and she was again referred to the hospital. Gill underwent several treatments to try to stimulate her ovaries, all to no avail. Still, no-one told her she had POF.

She then was put on to medication while another

barrage of tests were being carried out. When Gill came to meet her consultant he bluntly said to her "Oh yes, you'll never have children, nothing I can do for you". And that was that, or so it seemed, Gill was naturally left in a daze and state of disbelief.

Yet again, Gill was sent back to hospital, where an IVF clinic had just been set up. She was given higher and higher dosages of medication, and bravely persevered but still nothing happened.

Gill thought it best to give herself a break and review her situation. Unbelievably she

then fell pregnant but was unaware of this at the time she returned back to the hospital, to take up yet more drug treatment. Very sadly, Gill suffered a miscarriage at eight weeks due to the drugs. Her emotions at the time are indescribable.

Her relationship broke up and the idea of children was put on the back burner. Then she read an article about POF in a magazine and went to her doctors to find out if this is what she had. The doctor looked at her notes and said: 'Yes. Oh, but you're not on HRT, we had better put you on it.'

When Gill met her husband-to-be, he was completely supportive. After failed attempts at IVF with donor eggs, Gill started the adoption process with the great support of Robert, and after a long bureaucratic process that seemed to last an eternity, they received the news they had been waiting for, they had been approved by the adoption panel.

After having to turn down the first possible child for adoption, they moved forward and eight weeks later, came another phone call, about a 15-month-old girl. In October 2005, Gill and Robert met Bethany and a

Tele-counselling - Help is only a phone call away

Tele-counselling is the scheme whereby we offer the chance to have half an hour of counselling over the phone with Chrissie Hosking.

Chrissie is an experienced integrative counsellor who runs her own independent practice in the Midlands. She has a special interest in premature menopause and infertility issues and is also on the panel of reference for the Daisy Network. She is an accredited member of the British Association of Counsellors and Psychotherapists (BACP). Furthermore, she has been through a premature menopause herself.

The dates available for tele-counselling are: 18th October and 22nd November at 6.30, 7.15 and 8pm.

Send your name, address and phone number, either to the PO Box or by e-mail to editor@daisynetwork.org.uk We will allocate you your slot and confirm this and Chrissie will call you.

If possible, please give a range of times. Places will be allocated on a first come, first served basis. If all the slots are filled, we will offer you the first available slot in the following month.

Because of the limited number of places, we have decided to limit each member to one session.

We are offering this service free of charge to our members but are paying Chrissie for her time and her phone bill for the calls. So if you find the service valuable, we would ask you to consider making a donation.

week later, brought her home. Gill's dream came true, she is finally a mum!

Our final speaker of the day was Rebecca Tween.

Most heroically, Bex has set herself a challenge, to sail around the world. For Rebecca the first symptoms of premature menopause began at the age of 18. By 23, her periods had come to a halt and at 33, after much heartache, she was diagnosed as having POF, also being told that she had osteoporosis. Bex was childless and confused and did

not know where to turn. Wondering how to deal with the scale of her diagnosis, she set out to move home, change her job and go about tackling the relationships with her family and friends. Undeterred, her diagnosis was driving her on.

In Autumn 2008, 12 identical 72ft ocean racing yachts will sail from the U.K. the 'wrong way' around the world. Bex will take part in this race, her aim being to raise awareness of POF and prove to herself and other women that the menopause is the beginning, not the end.

Rebecca will be taking on the challenge of a lifetime, and this is where it starts for her, by raising the profile of the Daisy Network.

We all wish Bex well with her amazing and courageous efforts to conquer this monumental challenge!

The day ended on a high, with our raffle, and many lucky and happy winners!

We look forward to meeting you all again at next year's Open Day in London.

Ruth

The Menopause: What you need to know (Second Edition)

By Margaret Rees, David Purdie and Sally Hope

The publishers of this book claim it 'provides unbiased and non-promotional information about the menopause and its management including those with special needs, such as an early menopause. It is aimed not only at health professionals but also at women experiencing the menopause, as well as their families. It is designed to help patients understand what happens during the menopause, the various treatment options available for them to deal with these symptoms and other advice on how to stay healthy during and after this often troublesome phase.'

So, does the book fulfil these claims?

The editors are undoubtedly experts in the field of

menopause, with many years of experience in this area and so have a wealth of knowledge to share.

The book is clearly laid out with 14 chapters, every one of which is subdivided with headings and subheadings making it both easy to find areas of interest and easy to digest if you are reading the book from cover to cover, as I did. There is also a useful glossary or 'word list' as they call it.

One feature of the book I particularly liked is the list at the end of every chapter of sources of information, books and websites. The lists of websites would be very useful in finding further information if you have a specific problem.

The fact the book has a

specific chapter on early (premature) menopause is good news as the previous edition did not. The book contains five pages specifically on premature menopause, discussing the causes, the effects and possible treatments including fertility options.

The chapter entitled 'Hormone Replacement Therapy: benefits, risks and controversies' I would also single out for praise. I attend a lot of menopause conferences for Daisy Network and am always hearing about the various studies and the different types of risk and the ways of expressing it, as well as the different types of trial (randomised and cohort). The differences are all laid out simply here and I know the next time there is a scare about HRT in the media I will be

referring to this section to unravel what the truth is behind the shock headline.

As well as covering HRT, the book also has a chapter on the alternatives such as phytoestrogens, herbalism, homeopathy and acupuncture. Treatments for osteoporosis other than oestrogen are also dealt with.

If you have a medical condition as well as premature menopause there is a useful chapter on this, too. Those

included are other gynaecological problems such as fibroids and endometriosis, breast and ovarian cancers, deep vein clots, diabetes, thyroid disease, neurological problems ranging from epilepsy to migraine, gut problems whether it be gallstones or coeliac and many other medical problems.

So does the book do what it says in the opening paragraph? Yes and more. I would highly recommend this book as it is

well written, clear and concise at just over 100 pages. It is not too heavy a read and sections on what to expect from tests and lists of personal or family medical problems you should inform your doctor about make it very patient friendly.

The book costs £10.95 but we are in negotiations with the publishers to get a discount for members of The Daisy Network.

Sarah

Diamante, Depression and Dogs!

Tracy's story

Tracy has been the Daisy Network Secretary for several years and stepped down from this role at Open Day. I will miss Tracy on the committee as she has such a vibrant personality; she always makes me laugh – even when I suspect she is quite down.

I will never forget Open Day in Manchester when we were doing the exercise routine, I looked like a real scruff bag as I had holes in my socks and Tracy was a real glamour puss flashing her diamante g-string!

Over the years Tracy has told her story to the media many times. In fact, at Open Day one year our press cuttings board looked like a shrine to Tracy. We thought that it would be a fitting tribute to thank her for all her hard work to include her story here.

Tracy is still a member of The

Daisy Network and will be organising this year's Xmas Lunch in London.

My POF started two years after I got married, when I was 26. My periods became erratic my mood swings were diabolical and I started flushing.

I tried to go to a private menopause clinic but they dismissed me over the phone as far too young to be menopausal, so I limped on. It was the acne which did me in; the spots I got were horrendous. They were like lumps under the skin.

I talked to a friend who strongly advised me to have blood tests. I felt suicidal – I was so unhappy. I did do what my friend suggested, though, and went to my GP and asked for my FSH level to be tested, and a test for underactive thyroid. When I rang the surgery for the results, the

receptionist said they were normal. So I did nothing and soldiered on for another year.

I went back to the doctor and said I was not coping. The GP asked if I wanted to be sectioned, as I said I was suicidal. I felt so desperate. In the event he referred me to a gynaecologist at Queen Mary's in Roehampton. One of the first things he asked me was 'What did your doctor say about the blood test results?' I said what do you mean? I was told they were normal. He said no they are abnormal for a woman your age. Your FSH is only 32. An FSH level over 30 is a sign that the ovaries are failing. More tests confirmed this.

He gave me a prescription for HRT and I took it but it just made me more depressed.

I went back and saw his registrar and he said to give HRT more time. He assured

Young Menopause Forums

Dani Singer is now also offering a series of structured one-hour psycho-educational lunchtime meetings at Queen Charlotte's Hospital as well as at Northwick Park Hospital. Dani is a fully trained qualified psychotherapist and counsellor. For over ten years she has specialised in women's health, particularly in the area of young menopause and POF.

These meetings are an opportunity for young women like yourselves to discuss your worries and concerns with members of a multi-disciplinary team and with each other in a confidential and safe environment. They are free of charge.

Dates for Queen Charlotte's

Tuesday Oct 10th

Tuesday Nov 28th

Tuesday Dec 19th

At 12:15-1:15 in Duke of Sussex room 2nd floor Queen Charlotte's Hospital
Du Cane Road, London, W12 0HS

Dates for Northwick Park

Thursday October 5th

Thursday November 2nd

Thursday December 7th

At 12.15-1.15 in Northwick Park Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ.

I was at the end of my tether and so I jacked in the HRT as it was not working. But I soon went back to my old ways, I was depressed, very emotional and sometimes unable to go out.

My husband said: 'Take whatever money is in the bank and go and get yourself sorted once and for all.'

I registered with a new doctor and she suggested getting an assessment done, she was cagey about what sort of assessment but then asked if I would have a problem with a psychiatric nurse. I was so desperate I said yes. Between the two of them they diagnosed me as clinically depressed. I

had been so hung up on my menopausal symptoms that everyone else I had seen had missed the fact I was depressed. I stopped worrying about my menopause and focused on getting myself better mentally. I saw the psychiatric nurse and took Prozac for six months.

The combination of the two helped me accept the many years I felt had been wasted through misdiagnosis and through lack of support and help.

I joined The Daisy Network and being involved with them played important part in dealing with my depression. I soon became aware that so many

others had had it too and some a lot worse than me. I felt lucky in comparison.

Now I take red clover. I feel great on it. I have had lots of challenges to face in my life with wayward parents, divorce from my husband and a sister with spina bifida who has had two strokes. All these things have put my premature menopause into perspective. I still have my ups and downs and I will always be on the look out for signs of depression.

Luckily for me I never wanted children but they do play an important part in my life but not as important a one as my gorgeous shitsu dogs.

Tracy

Understanding Depression Dr Kwame McKenzie

Book review

Dr Kwame McKenzie is a senior lecturer and Consultant Psychiatrist at the Royal Free Hospital and University College Medical School in London.

The introduction asks 'What is depression?' If, like me, you have ever wondered whether you are depressed or are a just a bit down then this simple introduction will help you decide. The introduction reassures the reader that their GP will not think your depression is a form of weakness and lists famous people with the condition. It is more common than you may realise, with at least one in five adults suffering depression in their lifetime. This question is examined in more detail in chapter one where the psychological and physical symptoms and their causes are dealt with.

In the following two chapters the book moves on to look at different causes of depression and the different types. As well as mild, moderate and severe depression there are many other forms the condition can take from seasonal affective disorder (SAD) brought on by decreasing levels of sunlight to psychotic depression where you may have delusions or hallucinations and lose touch with reality.

If you are suffering from mild depression or simply feeling a

little low, the chapter on helping yourself could be very useful. We all could use the tips on how to get a good night's sleep from time to time and the relaxation exercise is something anyone can practise.

Dr McKenzie moves on to discuss the treatments available for the different types of depression going into the psychological treatments, drug treatments and physical procedures.

Under drug treatments there are useful lists of the medications available which are classified according to what type of drug there are. There are simple diagrams which show the effects the different types of drugs have on the neurotransmitters in the brain. Dr McKenzie emphasises that antidepressants are not addictive and are a very effective treatment for depression.

The chapter entitled 'What happens when you go to your GP?' is extremely useful for those of us who would have a sense of trepidation about broaching depression with our doctor.

Women and Depression does acknowledge the role of oestrogen and progesterone in depression, however, the main focus of this chapter is postnatal depression which may

or may not be relevant to you. Other chapters deal with depression, grief and bereavement.

The final chapter gives general advice on how to help someone you know with depression which I found useful as I have two family members who suffer from severe depression.

This is a great little book – even if you don't have depression yourself - because in all likelihood you will know someone who has.

As twice as many women as men suffer from depression, you may think it a worthwhile read so that you are alerted to the signs of the condition and are able to take steps to prevent it before it takes hold.

The book is available from The Daisy Network priced £2.50 (recommended retail price £4.75).

The Family Doctor Books are published in association with The British Medical Association and come highly recommended by Dr Hilary Jones, Dr Mark Porter and Claire Rayner. As well as Understanding Depression The Daisy Network also sells Understanding Menopause and HRT, Osteoporosis and Infertility.

Renew Your Membership

Because you are worth it

Membership renewal time is here once again. Thank you so much for your support during the last year.

This year we are pleased to announce that we have kept membership fees at £20.

However, you can get membership for only £15 by:

Either buying three years membership for £45 – a saving of £15 and

Or returning your membership renewal form by 14th October you need only pay £15.

So you can get support from your favourite charity for only £1.25 per month – you can't

buy a latte for that!

We will be offering our members more than ever before. We are on the verge of introducing a recorded information telephone line. We will be updating the website which will have a forum in the near future. We are selling more books at discounted prices. There will be the Christmas lunch to look forward to on 2nd December and our Annual Conference on 9th June next year.

In the meantime we continue to keep up with new developments in HRT, Assisted Conception and other areas associated with Premature Ovarian Failure; this means attending conferences and spreading the word about The

Daisy Network!

Your membership fee enables Daisy Network to continue to offer support unconditionally, as and when it is needed. We need to represent as many people as possible if Premature Ovarian Failure is not to be dismissed as an obscure medical condition. There's strength in numbers! The more members we have the louder our voice is for change and the easier it is to attract sponsorship.

Don't put it off – renew today and save at least £5!

If you have only joined recently – from June onwards - you do not need to renew your membership as it will be carried over.

Telling and Talking

Guides for parents of donor conceived children

Olivia Montuschi of the Donor Conception Network has written four separate booklets for parents of donor conceived children 0-7, 8-11, 12-16 and 17+ which give detailed information, advice and tips for the parents of donor conceived children on how to approach telling their child.

These booklets provide parents with a source of emotional support and practical guidance in finding the right time and right language to 'tell' and continue conversations with

their children over the years. Olivia has two children conceived by DI who are now young adults and she has met many parents of donor conceived children over the years, so has a wealth of personal and anecdotal experience to impart to the concerned parent who wants to do the 'best' for her child - whatever that may be.

The booklet reassures the reader that anxiety about 'telling' is normal. The booklets

are well laid out and easy to read and sub-headings make it easy to spot sections which are most relevant to you. There is no single perfect way to tell your child about his or her donor conceived origins as what is right for one family is not right for another but there are simple steps which you can take and pitfalls you can avoid.

The DVD is a 45-minute film in which both the parents and the child are interviewed about their feelings about donor

conception, how they decided to tell and what they were told.

As the mother of 3-year-old twins born through egg donation, I was very interested in these resources. I found the booklet very reassuring as, yes, I am very anxious and, yes, this is normal. Although I have never doubted telling them, it was comforting to read how others "told" and what the reactions were. There are parts of both the booklets and the film which do not apply to us – donor insemination through infertility, single women using donor sperm and gay couples are also included, but the general message is the same. Telling your children should be started as young as possible and be as open as possible. It was very interesting to hear the

views of the children on the DVD, most of whom seemed to have a good understanding of their conception and a healthy attitude to it – the two teenage boys who were interviewed seemed positively uninterested and when asked why they didn't talk to their parents about it, they replied that they knew everything already!

I felt very comforted after reading the booklets, it even inspired me to buy the updated 'My Story' book which has been rewritten just for egg donation children. You may want to borrow the DVD rather than buy it, as I'm not sure you would need to watch it more than once.

I would recommend the booklets to anyone who has

donor-conceived children. Even if you have already started along the path of 'telling' these booklets will provide you with useful pointers to keep the dialogue running over the years as the child's level of understanding develops.

These booklets are a much needed and very valuable resource for parents who I am sure will gain support from them. After all, we all need a security blanket from time to time.

Sue

The booklets are available to download for free from the DC Network website (www.dcnetwork.org) or to buy at £4 per booklet. The DVD costs £10.

Christmas is coming!

Saturday 2nd December

Our Christmas Lunches will take place across the country on Saturday 2nd December.

The event is purely social. It is a chance to meet other members of The Daisy Network for a chat, to swap stories, perhaps meet someone you met at Open Day or have only spoken to on the phone or e-mailed and have fun! Then, of course, there will be the chance for you to do a bit of Christmas shopping.

Many of our members say that just meeting someone with premature menopause is a

tremendous help in coming to terms with the condition – so come along and see for yourselves

The lunches will take place in a restaurant in the centre of these cities. The organiser of each event will choose a venue which will cater for the majority of tastes.

It is expected that the cost will be no more than £20 per head (not including drinks) obviously if we get a good deal you will pay less.

To secure your place you

need to send a cheque for £10 so we can book the restaurants. This deposit is non-refundable unless the event is cancelled.

You will be contacted by your lunch organiser and told the venue and time etc once we have an idea of numbers.

You must reply by 16th October so we have time to book the restaurants and make all the necessary arrangements. See the enclosed booking form for more details.

National Infertility Day

House of Commons

As part of the build up to National Infertility Day on 5th June I attended a reception at the House of Commons. This function was to be hosted by Dari Taylor MP on behalf of the All- Party Parliamentary Group on Infertility. I was very proud to represent The Daisy Network and raise awareness of the need for egg donors and access to treatment.

Unfortunately circumstances conspired against the organisers as Mrs Taylor was unable to attend owing to a funeral and many of the MPs involved with this group had to be in the Chamber because there was a debate on the NHS.

Never having been present at this type of meeting I found it much more difficult than usual to network. There were speeches from Clare Brown of Infertility Network UK, who emphasised that there was still a long way to go in ending the postcode lottery for access to treatment and to implement the

NICE guidelines of three cycles of IVF on the NHS.

Caroline Flint, Minister of State for Public Health and MP for the Don Valley in South Yorkshire, Bob Russell, Liberal Democrat MP for Colchester, Andrew Lansley, Shadow Secretary of State for Health and Conservative MP for South Cambridgeshire and Kevin Barron, Labour MP for the Rother Valley, all addressed us. However, as the lady standing next to me asked at the end, did they actually say anything meaningful? The answer, I am sorry to say, was no. There was lots of rhetoric and spin but no promises or agenda for improvement.

There were a lot of comings and goings throughout and did I think of the comedy series 'Yes, Minister'? You might say that but I couldn't possible comment! However, joking aside, the meeting has kept the issue of infertility firmly on the political agenda.

Raffle

This year we raised £1,263 on the raffle - a little down on last year. Nevertheless, it is still our biggest fundraising activity and a great success.

The winner of the second prize very generously donated the prize of £100 back to The Daisy Network. So congratulations and thank you to her.

Thanks to everybody who bought and sold tickets.

To find out if your MP is on this committee visit: www.publications.parliament.uk/pa/cm/cmparty/060628/memi277.htm. Ask them for updates if they are on the list and if they are not on it ask them why not. It is easy to contact your MP by email just Google them and their websites have contact details.

Sarah

New Egg Freezing Technique

Ice ice baby!

Egg freezing has only proved successful in a small number of cases, it is much less effective than freezing sperm as eggs cells are much larger and contain more water - so when they freeze, ice crystals can form that can damage the cell.

Because of the low success rate, egg freezing has so far been used mainly for women undergoing treatments that can affect their fertility. In the UK, the first baby to be born from a previously frozen egg was did not occur until 2002 – the process only having been made

legal in 2000. Looking at the global picture the technique has not been a resounding success with only 200 births worldwide.

Dr Masashige Kuwayama, from the Kato Ladies' Clinic has developed a new method of freezing human eggs. In the

latest study, the scientists placed the egg in a drop of vitrifying solution on the surface of a specially constructed fine polypropylene strip attached to a plastic handle. They demonstrated that when freezing cow eggs, this technique worked better than using plastic straws (the current technique).

The researchers used the 'ultra-rapid' Cryotop method on

111 human egg cells. After thawing, 94.5 per cent of the eggs appeared undamaged, and 90.5 percent were successfully fertilised using ICSI. 50 per cent of these were then successfully developed to a stage at which they could be transferred to the womb. The team then transferred a total of 29 embryos into patients aged between 25 and 37, an average of 2.3 embryos per woman.

Twelve pregnancies resulted from these transfers (making a pregnancy rate of 41.9 per cent) and 11 healthy babies were born, to nine women.

At last it seems that cryopreservation of oocytes represents a realistic option for the preservation of fertility in women who are in need of aggressive treatment for cancer.

The Lady in Red

She's all woman

Dreading the Christmas Party Season? I know this may sound trite to some of my fellow members, but it really gave my flagging sex drive a boost last Christmas - It may work for you.

You have to follow these rules to the letter:

- ◆ Buy the sexiest RED dress you can find, blow the expense - it has to be RED - no other wishy washy colour will do, this is therapy!
- ◆ Buy killer shoes - in RED if possible.

- ◆ Get an invite to some posh "do" somewhere.
- ◆ Treat yourself to a hairdo, make up and manicure.
- ◆ Have the guts to make an entrance. Watch the blokes leer (but keep thinking to yourself - jokingly - I could have you as a snack sunshine! It is great fun!)

The event I tried this out at was my boss's wedding reception at a posh local hotel. I deliberately made myself look dowdy the day before at work. I

SShhh!

Don't forget The Daisy Network Library is open at the Chelsea and Westminster Hospital, every Thursday between 9.30 - 2pm, on the 1st floor gynaecology department in room 7.

gathered, from the office gossip, that my colleagues were playing it safe with little black numbers (boring!). They had no idea what I was going to do! I had a fantastic evening, my ego went through the roof!

Good luck!

Clare

Freebie!

Please find enclosed your free sample of Sylk. If you try it and like it or already use this product and find it beneficial, please use the order form enclosed and The Daisy Network will benefit from your purchase.