

What doctors don't tell you... but do tell their wives!

We let you in on a few secrets your GP might not always share with you

Recently, 'women's health' has become a speciality in itself – and GPs spend a lot of time dealing with issues specifically related to women. But sometimes, due to time or pressure of work, they don't always give you the full picture. FC's Dr Dawn Harper has the lowdown on the knowledge they don't pass on.

The age you start your periods is not genetic

Starting periods has more to do with weight than heredity – girls don't normally start menstruating until they reach 6½st. Probably the only thing about periods that does run in families is the age of menopause. If your mum went through the change early, chances are you may, too, and possibly earlier – and heavy smokers tend to start the menopause, on average, two years earlier than non-smokers.

It's not worth testing for PMS

Women with premenstrual symptoms often ask me for a blood test to check for a 'hormonal imbalance'. In fact, there's rarely anything abnormal to find – hormones vary throughout the cycle, and it's just that some of us are more

sensitive to these changes than others. But let's face it, if you feel awful the week before your period, we need to deal with that, no matter what lab tests may or may not show.

Menopausal blood tests aren't necessary, either

If you have menopausal symptoms, your GP might suggest you have a blood test to check a hormone called the follicle stimulating hormone (FSH), which drives the ovaries to produce eggs. In a normal cycle the FSH levels vary throughout the month, but after the menopause the FSH rises dramatically, as the body tries to stimulate the failing ovaries. As women go through the menopause, hormones are all over the place (precisely why so many of us have such a horrible time emotionally) and the FSH level is completely unreliable. As far as I'm concerned, if a woman is the right age and has menopausal symptoms, she is menopausal regardless of her FSH levels. Occasionally the test proves it – but a normal FSH would not stop me from treating the symptoms.

You don't need to have a period when you're on the Pill

When the Pill was first developed in the Sixties, it was felt – by male doctors – that women wouldn't be happy if they didn't have a monthly

bleed. Hence the 'Pill-free week', which is a 'withdrawal bleed' and simply the result of stopping the hormones. Some women find it reassuring to bleed, taking it as a sign that the Pill is doing its job, but there are lots of women using the mini Pill, depo injection or mirena coil who are happy not to have a 'show'. I have several doctor friends who run three packs of Pill back to back and so only have four bleeds a year. And another Pill fact – most doctors will tell you that taking antibiotics with the Pill may make it less effective. But so, too, does St John's Wort – it's worth knowing!

Having fibroids doesn't mean a hysterectomy

One of the commonest causes of heavy periods, fibroids account for many of the 50,000 or more hysterectomies in the UK every year. Half of all 50-year-old women have fibroids, but a hysterectomy is not inevitable. Treatments like endometrial ablation, where the lining of the womb is removed, mean that far fewer women are having hysterectomies. So if it's suggested you have the op because of fibroids, ask for a second opinion.

A tilted uterus is normal

Many patients tell me, as I'm just about to do a smear test, they have a tilted uterus, so it

might be more difficult to take a smear. In fact, all women have a tilted uterus. Most of us have an anteverted womb (tilted forward), but one in four has one that tips backward (retroverted). It can mean that the cervix is further back in the vagina, so getting a good view may involve using a longer speculum, but it's not abnormal and doesn't make you less fertile. Most GPs just nod politely at the information, but never let on that it doesn't make much difference.

Coils can be used as a 'morning after' measure

A lot of time and money has been spent by health professionals to make sure that women

are aware that they can take the morning-after pill to avoid an unwanted pregnancy – most of us now know that a couple of pills taken within 72 hours of unprotected intercourse may be an option. Less well known is the fact that a coil can be inserted up to five days after sex and will also stop a pregnancy. One word of advice, though – if you need a coil in this situation, make sure you say at the time of booking your appointment with your Family Planning Clinic or GP, so that they can allow enough time and have all the equipment sterilised. The clock's against you here – so you can't afford to wait and rebook a few days later!

Do talk about it

If you're worried about anything Dr Dawn says here, please don't panic. Whether it's a new drug that you've been prescribed, or a treatment that you think you may have been denied, just talk to your GP about it. One of the best things about medicine is that it's so individual – what's right for one person may be completely wrong for another.

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