THE ME ASSOCIATION

MENOPAUSE

The Menopause, hormone replacement therapy/ HRT and female hormone research in ME/CFS

Including:

MENOPAUSE

PERIMENOPAUSE

SYMPTOMS

WHAT CAUSES THE MENOPAUSE

DIAGNOSIS

SELF-HELP MANAGEMENT

HORMONE REPLACEMENT THERAPY (HRT)

ALTERNATIVE AND COMPLEMENTARY TREATMENT OPTIONS

NHS SERVICES

OCTOBER 2024

Menopause, hormone replacement therapy (HRT) and female hormone research in ME/CFS was written by Dr Charles Shepherd, Trustee and Hon. Medical Adviser for the MEA.

DISCLAIMER

We recommend that the medical information in this leaflet is discussed with your doctor. It is not intended to be a substitute for personalised medical advice or treatment. You should consult your doctor whenever a new symptom arises, or an existing symptom worsens. It is important to obtain medical advice that considers other causes and possible treatments. Do not assume that new or worsened symptoms are solely because of ME/CFS or Long Covid.

Menopause, hormone replacement therapy/ HRT and female hormone research in ME/CFS

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INTRODUCTION

Around 70% of women experience physical, gynaecological or psychological symptoms during the menopause.

Around 70% of women experience physical, gynaecological or psychological symptoms during the menopause – some of which are the same or similar to those found in both ME/CFS and Long Covid. So it's not surprising to find that the menopause can sometimes cause a significant exacerbation of ME/CFS and Long Covid symptoms.

Although hormone replacement therapy (HRT) can be very effective at relieving some of these symptoms, as well as reducing the risk of some of the more serious complications that may result from falling levels of the hormone oestrogen, some of the side-effects can also overlap with ME/CFS symptoms.

This leaflet covers all aspects of the menopause, the pros and cons of using HRT, other management options, and research into female hormone status and gynaecological problems in ME/CFS.

WHAT IS THE MENOPAUSE AND THE PERIMENOPAUSE?

The menopause is the biological stage in life when monthly periods permanently stop and pregnancy becomes less likely. The menopause is a natural part of the ageing process and is sometimes referred to as the "change of life".

The average age for a woman to reach the menopause is 51, with most women doing so between the age of 45 and 55. Some women may go through the menopause much earlier – in their 30s or 40s.

If you experience the menopause before the age of 40, it's known as a premature menopause. This can be caused by surgical removal of the ovaries or womb (hysterectomy), cancer treatment with chemotherapy or radiotherapy, infections, and hormonal disorders such as Addison's disease and hypothyroidism. Sometimes there is no specific cause.

Menstruation can stop suddenly when you reach or approach the menopause. But it's more likely that periods will become less frequent, with longer intervals between each one, before they stop altogether.

PERIMENOPAUSE

Perimenopause is the name given to the time around the menopause when menopausal symptoms start to occur but periods are still present. It marks the time when your body starts to make the natural transition to the menopause and the end of reproductive years.

WHAT ARE THE SYMPTOMS?

Hot flushes tend to last a few minutes. They are more common in the first year after the final period.

Physical symptoms, including what are known as vasomotor symptoms, include:

- Hot flushes – a sudden feeling of heat in the face, neck or chest which may then spread upwards or downwards. The skin on the upper body may also become hot and patchy and you may start to sweat. Hot flushes tend to last a few minutes. They are more common in the first year after the final period.
- Night sweats
- Palpitations. These are rapid or irregular or stronger heart beats, which may be associated with hot flushes and night sweats
- Sleep disturbance – often made worse by night sweats
- Fatigue
- Cognitive dysfunction/'brain fog' involving problems with memory and concentration. These can be made worse by insomnia.
- Headaches, including migraines
- Joint pain
- Weight gain
- Sensitive teeth, painful gums and other mouth problems

WHAT ARE THE SYMPTOMS?

Gynaecological and sexual symptoms:

- Change in frequency or nature of periods, which may become lighter or heavier.
- Vaginal dryness, pain, itching and discomfort during sex which can lead to vaginal thinning/atrophy. Vaginal symptoms are quite likely to get worse without treatment.
- Loss of libido/sex drive
- Cystitis, urgency or frequency of urination

Psychological symptoms:

- Mood changes – irritability, anxiety or depression
- Loss of self-esteem and confidence

Physical changes involving the bones and heart:

Osteoporosis occurs because falling levels of the female hormone oestrogen, which plays a key role in calcium metabolism, results in increased bone turnover.

In addition to symptoms that affect quality of life, the menopause is involved in the development of osteoporosis (bone-thinning disease) and heart disease. Osteoporosis occurs because falling levels of the female hormone oestrogen, which plays a key role in calcium metabolism, results in increased bone turnover. This process also increases the risk of fractures.

The severity of menopausal symptoms, and their duration, will depend on your genetic makeup and ethnicity, lifestyle, diet, stress, and overall health.

Not surprisingly, the menopause can have an adverse effect on all aspects of normal life – especially your career if you are still able to work, along with social and family life.

Note: Bone turnover is the process of resorption followed by replacement by new bone with little change in shape.

WHAT CAUSES THE MENOPAUSE?

The human ovary contains large numbers of follicles that produce the hormone oestrogen. After the age of 40 there is a steady decline in the number of the follicles that are being produced.

The follicles are stimulated to enlarge and produce oestrogen by a hormone called follicle-stimulating hormone (FSH), which is produced by a gland in the brain called the pituitary gland. When follicular activity declines around the time of the menopause, the level of FSH in the blood starts to rise. So this is a blood test that may help to detect if a woman is going through the menopause.

The human ovary contains large numbers of follicles that produce the hormone oestrogen. After the age of 40 there is a steady decline in the number of the follicles that are being produced.

DIAGNOSING THE MENOPAUSE

Menopausal symptoms can vary considerably from person to person in both severity and range. As with ME/CFS, many women find that their menopausal symptoms fluctuate – possibly due to fluctuating changes in the level of sex hormones. Confirmation is normally made clinically on menopausal symptoms and the changes in the menstrual pattern.

Investigations

Checking follicle-stimulating hormone (FSH) levels can be helpful in certain circumstances – such as when symptoms start below the age of 45. It is not used routinely as the level can change from month to month and it does not provide an accurate assessment.

Women with untreated premature menopause and those age 50 – 64 with a risk factor (e.g. family history, steroid use) for osteoporosis should be properly assessed for osteoporosis, possibly with a DXA scan, which measures bone mineral density (BMD).

Women who are going through the menopause should keep up to date with cervical screening and mammograms.

SELF-HELP MANAGEMENT

Activity

Studies have shown that aerobic exercise (to maintain muscle mass and bone strength) can improve vasomotor symptoms, insomnia and psychological health. Physical activity also has a positive effect on osteoporosis and heart disease. However, starting to do aerobic exercise is unlikely to be a realistic option if you have ME/CFS and could result in an exacerbation of ME/CFS.

Wearing light clothing and keeping the bedroom cool at night can help to reduce night sweats.

Hot flushes and night sweats

Useful tips include wearing light clothing; keeping the bedroom cool at night; reducing stress levels; avoiding triggers such as spicy food, caffeine in drinks, hot drinks and alcohol.

Eating a well-balanced diet each day is important and this should include calcium rich foods such as milk and yoghurt.

Diet

Eating a well-balanced diet each day is important and this should include calcium-rich foods such as milk and yoghurt. Obesity can make vasomotor symptoms worse – so reducing any excess weight can help.

■ The British Dietetic Association has a useful fact sheet that provides more detailed information on healthy eating during the menopause:

https://tinyurl.com/27aek4xp

HORMONE REPLACEMENT THERAPY (HRT)

HRT replaces the hormones that your body produces less of as you go through menopause. These hormones are mainly oestrogen and progestogen, which are essential for everything from period cycles, ovulation and pregnancy, to bone health.

HRT can be taken or used in different ways – tablets, patches, gels, sprays or vaginal rings, pessaries or creams

Types of HRT

There are several types of hormone replacement therapy (HRT). These can:

- contain different hormones – oestrogen, progestogen or both and a specialist doctor may also sometimes prescribe testosterone
- be taken or used in different ways – tablets, patches, gels, sprays or vaginal rings, pessaries or creams
- be taken or used at different times – routines can be cyclical (sequential) or continuous

Choosing the best type of HRT depends on different factors – such as having had a hysterectomy, what stage of menopause you are at, and your personal preferences. If you are considering taking HRT, talk to your GP about the options.

HRT involves either taking oestrogen and progestogen together (combined HRT) or just taking oestrogen (oestrogen-only HRT).

If you've had a hysterectomy, oestrogen-only HRT is recommended if you have had your womb removed during a hysterectomy.

If you have not had a hysterectomy and still have your womb, you'll need to take both oestrogen and progestogen. Taking both helps to protect against the risk of womb cancer.

Oestrogen comes in the form of tablets, sprays or gels. Progestogen can come from tablets or using an intrauterine system (IUS) such as the Mirena coil. Using two separate types of hormone will provide the combined HRT you need.

You can also take or use an HRT that contains both oestrogen and progestogen.

HORMONE REPLACEMENT THERAPY (HRT)

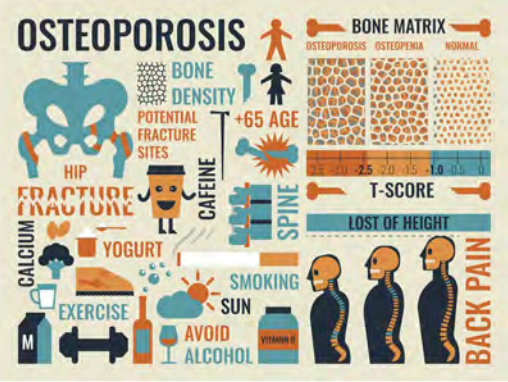
Osteoporosis makes you more likely to have a fracture and is more common after the menopause because your level of oestrogen falls and oestrogen is needed for healthy bones.

Benefits of HRT

Relieving menopause symptoms: The main benefit of HRT is that it's effective at relieving most perimenopause and menopause symptoms, in particular:

- hot flushes
- night sweats
- sleep problems
- anxiety and low mood
- vaginal dryness

Symptoms often improve after a few days or weeks of taking HRT.



Preventing osteoporosis - thinning of the bones: This makes you more likely to have a fracture and is more common after the menopause because your level of oestrogen falls and oestrogen is needed for healthy bones.

HRT helps to prevent osteoporosis by increasing the level of oestrogen.

It's particularly important to take HRT to help prevent osteoporosis if you have an early menopause and your periods stop before the age of 45.

Maintaining muscle strength: It's common to lose muscle strength once you reach the menopause – which is obviously very relevant if you have ME/CFS. HRT can improve this and will help the muscles stay strong. Physical activity, within your limitations, will also help to keep your muscles strong.

HORMONE REPLACEMENT THERAPY (HRT)

It is still possible to get pregnant while taking HRT, so it's important to use contraception until 2 years after your last period if you're under 50, or for 1 year after the age of 50.

Cautions and contra-indications

You can usually take HRT if you're having menopause symptoms. HRT may not be suitable for people who:

- have a history of breast cancer, ovarian cancer or womb cancer
- have a history of blood clots – you may need to use patches or gels rather than tablets
- have untreated high blood pressure – your blood pressure will need to be controlled before you can start HRT
- have liver disease
- are pregnant – it's still possible to get pregnant while taking HRT, so it's important to use contraception until 2 years after your last period if you're under 50, or for 1 year after the age of 50.

If any of the above apply, there are other options that may be recommended instead.

ME/CFS is not a contra-indication to using HRT. However, the use of HRT tablets may not be advised in people with moderate to severe ME/CFS, where there is significant physical inactivity, and a consequent risk of a blood clot forming.

Side-effects from HRT

Like any medicine, the hormones used in hormone replacement therapy (HRT) can cause side-effects. But it's common to have no side-effects or only mild ones.

Side-effects usually improve over time. So it's a good idea to carry on with your treatment for at least three months if possible.

There are different types of HRT and it can take time to find the right dose and type that works for you. To help with side-effects, your doctor might suggest changing the dose, the type of HRT you take or how you take it. For example, switching from tablets to patches.

Speak to your doctor if you have severe side-effects or if they continue for longer than 3 months.

HORMONE REPLACEMENT THERAPY (HRT)

Experiencing headaches is just one of the possible side-effects of both oestrogen- and/or progestogen-based HRT. Side-effects often subside or go away after a few weeks.

Oestrogen side-effects can include:

- headaches
- breast pain or tenderness
- unexpected vaginal bleeding or spotting
- feeling sick (nausea)
- mood changes, including low mood or depression
- leg cramps
- mild rash or itching
- diarrhoea
- hair loss

Side-effects often subside or go away after a few weeks and there are things you can do to help cope with them.

Progestogen side-effects can include:

- changes in your periods, including spotting or bleeding between periods
- headaches
- breast pain or tenderness
- feeling sick (nausea)
- diarrhoea
- feeling tired or dizzy
- mood changes, including low mood or depression
- mild rash or itchy skin
- acne

As with side-effects from oestrogen, these will usually go away after a few weeks and there are things you can do to help cope with them.

HORMONE REPLACEMENT THERAPY (HRT)

Risks of HRT

The risk of serious side-effects are usually very low. They depend on the type of HRT you take, how long you take it for and your own health risks.

Breast cancer: HRT can slightly increase the risk of breast cancer. If you've had breast cancer you'll usually be advised not to take HRT. However, the increased risk is low: there are around 5 extra cases of breast cancer in every 1,000 women who take combined HRT for 5 years. The risk increases the longer you take it, and the older you are. It falls again after you stop taking it.

There is little or no increase in the risk of breast cancer from oestrogen-only HRT, which you can take if you've had a hysterectomy to remove your womb.

You can reduce the risk of breast cancer by not taking HRT for longer than you need it to control your symptoms and it's very important to attend all your breast screening/mammogram appointments if you're taking HRT.

HRT tablets can increase the risk of blood clots, but the risk is still very low. HRT patches, sprays and gels do not increase the risk of blood clots.

Blood clots: HRT tablets can increase the risk of blood clots, but the risk is still very low. HRT patches, sprays and gels do not increase the risk of blood clots. This is because oestrogen is safer when it's absorbed into your body through your skin. If you're at risk of blood clots you'll usually be advised to use HRT patches, spray or gel rather than tablets.

Stroke: HRT tablets (but not patches, gel or spray) slightly increase the risk of stroke. The risk is still very low, particularly if you're under 60 years old.

Research into HRT and other conditions

Research has shown that taking HRT has little or no effect on the risk of developing coronary heart disease.

More research is being done to find out how taking HRT affects some other conditions, such as dementia and diabetes - where any increased

HORMONE REPLACEMENT THERAPY (HRT)

risk or benefit is likely to be small. It's not known whether HRT reduces the risk of dementia.

HRT does not increase the risk of developing type-2 diabetes. Some recent studies have suggested that it may even slightly reduce the risk.

Monitoring and how long can you take HRT?

There is no fixed limit on how long you can take HRT but you should have a review of your treatment every year. For symptoms such as hot flushes, you may need to take HRT for 2 to 5 years, but it can be longer in some cases.

It's best to only take HRT for as long as the benefits outweigh the risks. This depends on your symptoms, your age and any risk factors you have. Vaginal oestrogen does not have the same risks as other types of HRT. So you can keep taking it for as long as you need it to control vaginal dryness.

Talk to your doctor if you're thinking about stopping HRT. If your menopause symptoms return when you try stopping, and you decide that the benefits of HRT for your symptoms still outweigh the risks, you can keep taking HRT for longer.

Benefits and risks if you're older

As you get older, and particularly after the age of 60, the risks of HRT may start to outweigh the benefits. This is because menopause symptoms tend to decrease as you get older, so you're less likely to need HRT to help with symptoms. Meanwhile the risk of breast cancer increases the longer you take combined HRT.

If you want to keep taking HRT or start taking it over the age of 60, your doctor may recommend taking a lower dose, and using patches or gel rather than tablets, to reduce the risk.

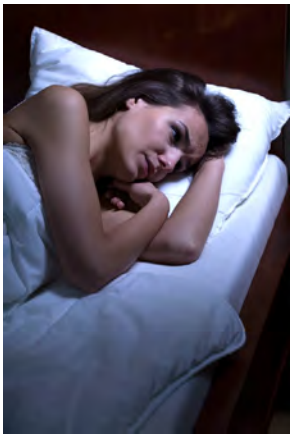
Stopping HRT

Talk to your doctor if you're thinking about stopping HRT. If you're over 50 years old and are taking HRT to relieve menopause symptoms, a doctor might suggest that you try stopping every 2 to 3 years, to see if you still need it or if your symptoms have improved.

If your menopause symptoms return when you try stopping, and you decide that the benefits of HRT for your symptoms still outweigh the risks, you can keep taking HRT for longer.

HORMONE REPLACEMENT THERAPY (HRT)

You may find that symptoms come back for a short time when you stop taking it. This is less likely to happen if you reduce your dose gradually.



When you decide to stop taking HRT, you can choose to stop suddenly, but it's usually recommended to reduce your dose gradually over 3 to 6 months.

You may find that symptoms come back for a short time when you stop taking it. This is less likely to happen if you reduce your dose gradually.

If your symptoms come back and do not go away after 3 months, speak to your doctor, who may suggest other treatments or restarting a low dose of HRT.

CONTRACEPTION DURING THE MENOPAUSE

HRT does not provide contraceptive protection. And, although fertility will decrease during the menopause, it may still be possible to conceive. So you will need to discuss appropriate contraceptive methods with your GP.

OTHER TREATMENT OPTIONS

Clonidine* is an option for hot flushes and night sweats. But it can cause side-effects including fatigue, dizziness and headaches.

Antidepressants* may be prescribed where the menopause is affecting your mental health. They may also help with hot flushes.

Bioidentical hormones are made from plant sources and are claimed to be identical to human hormones. The British Menopause Society has a fact sheet on bioidentical hormones:

https://tinyurl.com/55fr45ye

Compounded biomedical hormones are sometimes recommended by private clinics but evidence is lacking on both safety and efficacy

Fezolinetant, marketed as Veozah*, is a new once-daily, non-hormonal pill that reduces hot flushes and night sweats caused by menopause. This new drug has been approved by the Medicines and Healthcare Products Regulatory Agency (MHRA) for moderate to severe vasomotor symptoms associated with menopause. It is currently being assessed by NICE.

OTHER TREATMENT OPTIONS

Gabapentin*, which is sometimes used for pain relief in ME/CFS, may help with vasomotor symptoms such as hot flushes and improve sleep

Testosterone* is another form of HRT that may be prescribed for low sex drive if HRT isn't helpful

Vitamin D supplementation will help to maintain good bone health

Vitamin D supplementation will help to maintain good bone health

Vaginal products* that contain oestrogen do not enter the bloodstream and can also help with urinary symptoms

Vaginal lubricants and moisturisers can help to ease dryness and can be obtained without a prescription at a pharmacy.

* = prescription required

ALTERNATIVE AND COMPLEMENTARY APPROACHES

A number of alternative herbal/plant-based treatments are sometimes recommended. However, there is very little evidence to support their use and there are concerns about adverse effects with some of them. They include:

- **agnus castus** – some evidence but more research is needed
- **black cohosh** – evidence conflicts with concerns about safety, especially liver toxicity
- **dong quai** is a traditional Chinese herbal remedy where there is some conflicting evidence to support its use. But it can interact with other drugs and cause side-effects including drowsiness, low blood pressure and headaches.
- **evening primrose oil** – not shown to be effective
- **ginseng** – not recommended as it can cause abnormal vaginal bleeding and breast pain
- **phytoestrogens** – these are natural plant compounds that are structurally similar to the female hormone oestadiol. Supporting evidence is conflicting and inconclusive. There are also concerns about the effect these 'plant hormones' can have on oestrogen-sensitive breast tissue and the lining of the womb.

COMMERCIAL MENOPAUSE SUPPLEMENTS

On September 30th 2024 the BBC Panorama programme transmitted an investigation into what it termed ***The Menopause Industry***. The programme raised some very valid concerns about the way in which commercial supplements aimed at people going through the menopause were making unproven therapeutic claims. At the moment there is no sound research evidence to indicate that these expensive supplements are of any benefit.

NHS SERVICES

GPs vary considerably when it comes to knowledge, interest and experience of managing the menopause. So it's worth checking if there is a GP at your surgery who has a special interest in the menopause. There are also specialist referral clinics for menopause management in most large hospitals but the waiting list for an appointment may be quite long.

GPs vary considerably when it comes to knowledge, interest and experience of managing the menopause. So it's worth checking if there is a GP at your surgery who has a special interest in the menopause.

PRIVATE MENOPAUSE CLINICS

There is a growing number of private menopause clinics. While many women have been helped by private clinical services, the Panorama programme raised concerns from menopause experts about the way in which some people were being prescribed higher doses of the hormone oestrogen than is normally recommended or licensed

FURTHER INFORMATION

NHS website information on HRT:

https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/

The British Menopause Society

Provides comprehensive information for both patients and health professionals and has a directory of menopausal specialists and clinics

4-6 Eton Place, Marlow,
Bucks SL7 2QA

Tel: 01628 890199
https://thebms.org.uk

Health Talk

Health Talk have useful videos covering a range of menopausal topics that include emotions, HRT, memory and concentration problems and vaginal dryness.

https://healthtalk.org/introduction/menopause/

RESEARCH INTO GYNAECOLOGICAL AND FEMALE HORMONES IN ME/CFS

Professor Tony Komaroff and colleagues (reference 1) in America examined whether menstrual and gynaecological abnormalities precede the onset of ME/CFS.

They assessed 150 women with ME/CFS and 149 controls and used questionnaires on menstrual, reproductive and medical history. The ME/CFS group reported increased gynaecological complications and fewer premenstrual symptoms. Compared to controls, a greater number reported irregular menstrual cycles, times without periods, and sporadic bleeding between periods.

Factors suggestive of abnormal ovarian function – eg a history of polycystic ovary syndrome (PCOS), excessive hair growth and ovarian cysts - were also more common.

They concluded that frequent menstrual cycles without ovulation due to polycystic ovary syndrome, or raised levels of the hormone prolactin, may increase the risk of ME/CFS.

Boneva et al in America (reference 2) looked at 36 women with ME/CFS and 48 controls using a structured gynaecological history questionnaire.

The ME/CFS group reported higher rates of pregnancy, gynaecological surgery, pelvic pain unrelated to menstruation, endometriosis, and times without periods. Menopause occurred about 4.4 years earlier in the ME/CFS group. More women in the ME/CFS group reported having a hysterectomy and ovary removal than controls. These findings stress the need to take a proper gynaecological history from women with ME/CFS.

Here in the UK, gynaecologists **John Studd and Nicholas Panay reported in the Lancet (reference 3)** that an oestrogen patch and cyclical progestogen therapy may help women who have a premenstrual exacerbation of symptoms with low levels of serum oestradiol.

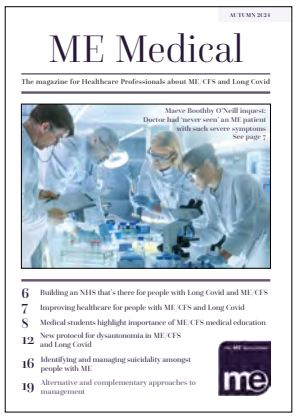
References:

1 Harlow BL *et al*. (1998) Reproductive correlates of chronic fatigue syndrome. American Journal of Medicine, 105, 94S-99S.

2 Boneva *et al*. (2011) Gynaecological history in chronic fatigue syndrome. A population-based case study. Journal of Women's Health, 21 - 28.

3 Studd J and Panay N. (1996) Chronic fatigue syndrome. Lancet, 3478, 1384

"Thank you for producing such a helpful magazine. The standard is consistently high and each edition is interesting and varied. I need all the help I can get and this magazine is consistently encouraging, realistic, and helpful."



THE ME ASSOCIATION

■ **COMMUNITY:** We provide a safe and welcoming community for people affected by ME/CFS and Long Covid who come together and benefit from sharing their experiences. We provide membership, an essential support service, excellent website resources and we host engaging discussions on the most popular social media channels. Knowing that you are not alone can be a great comfort and we are happy to answer your questions and share helpful tips.

■ **MEMBERSHIP:** We put the interests of members at the heart of everything we do. Your subscription means that we can support more people, campaign more effectively and fund more medical research. Members receive the exclusive ME Essential magazine which carries the latest news, medical information, personal stories, and feature articles. **Join us today**.

■ **SUPPORT:** ME Connect is the charity's support and information service. We listen and we understand. We provide a personalised service and we're here when you need us most. We have knowledge and understanding of these medical conditions. To view the ME Connect telephone helpline opening hours please visit: **https://www.meassociation.org.uk/me-connect**

■ **INFORMATION:** We produce reliable and timely information written by topic experts and have the **largest range of free literature covering all aspects of life with ME/CFS and Long Covid**. We can show you how to recognise and manage symptoms, get an accurate diagnosis, a referral to specialists, and to obtain the healthcare that you deserve. We also provide an **e-newsletter** and free access on the website to **Medical Matters** and other relevant information.

■ **RESEARCH:** We fund medical research via the **Ramsay Research Fund** and are especially interested in research that can find diagnostic markers, causes, and treatments. We support the UK ME/CFS Biobank and the Manchester Brain Bank, and have invested over £1m in medical research in the last 10 years.

■ **MEDICAL EDUCATION:** We arrange training for healthcare professionals, offer a medical magazine, ME Medical, and are working with the Government, NHS, Royal Colleges of Medicine, and Local Authorities to implement the recommendations of the 2021 NICE Clinical Guideline on ME/CFS – the successful result of 14 years lobbying and hard work.

"The MEA is doing exactly what it said it would by providing support, actively lobbying for recognition, improvements to health and social care, and funding biomedical research."

THE ME ASSOCIATION

■ **LOBBYING:** We campaign to raise awareness and bring about positive change. We believe in collaboration and work with the NHS and social care services, the Department of Health and Social Care, the British Association of Clinicians in ME/CFS (BACME), Forward-ME, the ME Research Collaborative (MERC), DecodeME, the All-Party Parliamentary Group (APPG) on ME, Physios4ME, the Chronic Illness Inclusion project (CII), Hidden Disabilities Sunflower, and Long Covid initiatives.

■ **HEALTH & SOCIAL CARE:** The charity works with healthcare providers to successfully implement the NICE Guideline recommendations on ME/CFS and Long Covid to ensure that everyone receives the very best healthcare, wherever they live in the UK. We want well-trained healthcare professionals providing excellent services because timely intervention can lead to better health outcomes and improved quality of life.

■ **DONATIONS:** In order to help more people and invest in medical research we depend on your generosity. If you feel able to make a donation or want to raise funds in other ways, please get in touch with the fundraising team: fundraising@meassociation.org.uk or you can **make a direct donation via the website.**

WHAT ARE ME/CFS AND LONG COVID?

We answer key questions about these medical conditions and compare similarities and differences. You'll also find the NICE Guideline reproduced in full in an easy-to-use **database**.

MEDICAL MATTERS

Medical Matters is an easy to use online supplement to the more detailed literature. The same topic experts provide answers to commonly asked questions.

NHS REFERRAL SERVICES

If you need to locate an ME/CFS specialist service or Long Covid Clinic then we can help. We have listed all secondary care referral services in an easy-to-use **database**.

THE ME ASSOCIATION

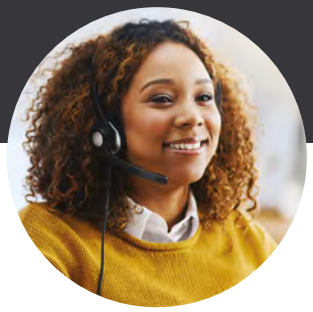
ME CONNECT

The Support and Information Service for people affected by ME/CFS/PVFS and Long Covid

3 WAYS TO GET IN TOUCH:
by phone, email or social media private message

Freephone 0808 801 0484

For opening hours visit:
meassociation.org.uk/me-connect



HERE TO LISTEN

We are here to listen, validate and empathise with any issues you might be facing.

VITAL SUPPORT

We are here to help you reach an informed decision.

SAFE ENVIRONMENT

We provide a safe, confidential and understanding environment where you can be heard and understood.

We're here for you!

meconnect@meassociation.org.uk

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