

Raging Hormones... The myth of the 'irrational female' in the media



1. From hysteria...
2. ... To raging hormones
3. PMS as the 'daughter of hysteria'
4. All women, all of our lives
5. (Gender) Politics



**BLOODY GOOD EMPLOYERS ARE:
SUPPORTIVE,
INCLUSIVE AND
PROACTIVE.**

#BloodyGoodEmployers
@bloodygoodperiod

This year I finally finished my PhD! I also featured in a BBC World Service podcast, consulted on the Bloody Good Employer project, presented at a conference, and was elected to the board of SMCR...

ⓂENSTRUAL MATTERS

ANNUAL REPORT FY2022



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THE MISSION

To provide independent, accessible, and evidence-based information for the public, clinicians, and researchers:

- To improve the diagnosis and treatment of menstrual cycle-related ill health
- To help people improve their health & wellbeing
- To save the NHS unnecessary time and expense
- To bust myths that only serve to marginalise people who menstruate

THE VISION

- To raise awareness about the role of the menstrual cycle (and/ or hormonal medications) in triggering or worsening female-prevalent symptoms.
- To promote effective symptom management, through healthy diet and lifestyle changes, rather than immediately resorting to medication (which may result in side effects).
- To prove that tracking symptoms over time is a necessary and efficient way to improve the quality of diagnosis, and health outcomes, of patients who menstruate (e.g. by reducing the costs associated with repeat consultations, or the prescription of unnecessary or ineffective medications).
- To reduce the stigma attached to the menstrual cycle because it contributes to human rights inequalities.
- To create new data, and review existing clinical research, to provide the necessary evidence base to pursue the above goals.



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ABOUT MENSTRUAL MATTERS

What is Menstrual Matters?

Menstrual-Matters is a non-profit online information hub where you can;

- find out if your health may be affected by the menstrual cycle, or hormonal medications
- find evidenced-based ways to improve your health and wellbeing through simple lifestyle changes
- and learn how menstrual myths and taboos help to perpetuate gender inequalities

A note for Clinicians and Researchers:

I will eventually develop clinician and researcher areas on the Menstrual Matters website. Please sign up to the clinician or researcher email lists to receive relevant news updates.

In collaboration with several UK-based clinicians, health associations, and leading research organisations, I work hard to ensure that products and information are as evidence-based as possible, in line with relevant professional guidelines, and meet with the NHS Information Standard.

Why is Menstrual Matters needed?

1. Inadequate diagnostic practice

A combination of social, economic, and political factors have resulted in an inadequate diagnostic process to differentiate between the symptoms of various female-prevalent health issues, and those triggered, worsened, or caused by the menstrual cycle (and/ or hormonal medication).

For example, female people of reproductive age are known to be disproportionately affected (at least 2:1) by chronic health issues that share many of the same symptoms as PMS (Premenstrual Syndrome) [1];

- IBS (Irritable Bowel Syndrome)
- Migraine
- Chronic Fatigue Syndrome
- Depression
- Anxiety
- Anaemia

However, menstruating patients are not typically asked to track their symptoms over time (at least 2 cycles), to enable a fully-informed differential diagnosis.

In fact, several factors have combined to effectively obscure the role of the menstrual cycle in triggering, worsening, or causing such symptoms;

- The menstruation taboo (linked to the bleeding part of the cycle) can prevent doctors and patients from mentioning, or adequately considering, the menstrual cycle as a potential factor in, ill health [2] [3].
- Cyclical symptoms and other female-prevalent chronic health issues are more likely to be misunderstood, disbelieved, or dismissed by others, including clinicians [4-6].

“I don’t consult [a doctor]... I haven’t bothered again- I don’t feel they understand the problem and it’s so hard to explain.” - Research participant from menstrual symptoms help-seeking behaviour study [7].

“We have evidence that over half of our patients have to see three clinicians before somebody takes them seriously.” -Lawrence Nelson, a gynaecologist at the US National Institute of Health (NIH) [8].

- Time limited (and, therefore, economically pressured) appointments typically force a prioritisation of symptoms to inform a ‘most likely’ differential diagnosis, rather than allowing the clinician to understand the full range, and changing severity, of symptoms, as experienced over time i.e. in relation to the menstrual cycle [9-10].
- A clinical (and public) focus on the psychological causes and effects of PMS, obscures the role of the menstrual cycle in triggering, affecting numerous physical symptoms [11-12]. Additionally, the lack of any medical specialisation in the menstrual cycle (other than in relation to fertility, or as a signifier of gynaecological disease or abnormality) undermines its role in female-prevalent symptoms.

So, patients may be misdiagnosed with a chronic health issue (or left without a diagnosis), when, in fact, their symptoms are triggered by their (healthy) menstrual cycle.

What is the impact of misdiagnosis?

The misdiagnosis, or a lack of diagnosis, of cyclical symptoms can have a serious impact on patients and the healthcare sector; especially in terms of costs, health outcomes, patient well-being, and societal perceptions of female-prevalent conditions.

Misdiagnosis can have a serious impact on patients [13]:

- Lack of efficacy of prescribed medication or treatment
- Prolonged inability to work, or maintain a social life
- Inability to understand, predict, or manage symptoms
- Poor well-being, low mood

For the healthcare sector, this can result in [14];

- Repeat consultation and treatment costs

- A loss of trust between patient and clinician/health service
- Incorrect clinical data
- Inappropriate resource allocation

What's more, cyclical symptoms are often quite simple to treat, without necessarily requiring prescription medication. Plus, there is a big psychological difference between a diagnosis of a chronic ill-health condition, and one of 'cyclical symptoms', especially in terms of long term patient health and well-being...

Finally, by ignoring the physiological causes of symptoms, female-prevalent conditions will continue to be dismissed as somehow entirely 'psychological in origin' i.e. the "it's all in her head" mentality. Studies show that female-prevalent health issues (such as IBS, anxiety, depression, migraine, chronic fatigue syndrome, fibromyalgia, and auto-immune conditions) are more likely to be dismissed as 'not real' or thought to be 'exaggerated' by sufferers [4- 6], even if the patient is male...

2. The simultaneous *medicalisation* of normal menstruation and *normalisation* of severe menstrual health experiences

The social and political factors described above have also resulted in a strange paradoxical situation. Many clinical guidelines and research articles unintentionally reinforce the sexist idea that the menstrual cycle is somehow pathological in itself. They may do this by vastly exaggerating the prevalence of a menstrual health issue, or by implying that such extreme symptoms are merely the severe end of a 'normal curve' of menstrual experiences, rather than due to an underlying health issue in that individual [15].

At the same time, people who do experience severe symptoms are often positioned in a way to suggest that they are exaggerating, or are simply less able to handle the natural and healthy changes associated with the menstrual cycle, even though they typically have some sort of underlying condition in need of medical treatment [4-6].

These twin assumptions are incredibly pervasive and so it is only with careful and critical evidence-based research that we can unpick and redefine menstrual health in a way that does not unintentionally reinforce problematic gender stereotypes. This is why the social and natural sciences are combined in the Menstrual Matters research approach and blogs.

3. The rise of problematic interpretations of menstrual experiences

Recent years have seen significant growth in alternative therapies and mystical descriptions of menstrual health. While some are harmless and can provide useful alternative cultural perspectives and treatment options, others are simply selling products and services that are ineffective at best, or very harmful at their worst [16]. Beyond the financial and physical threats such practices pose, the accompanying narratives around menstrual health typically reproduce sexist beliefs that position people who menstruate as 'other', or 'inferior' types of humans [17]. Again, it is only with careful and critical social and medical research that we can effectively counter such narratives.

At the same time, there has been a rise in gender discrimination against transgender and non-binary people. Sadly, such discrimination has also gained traction within supposedly human rights-based political

movements, including feminism(s). Misinformed and exclusionary beliefs based on pseudo-scientific premises underpin much of the debates surrounding sex/ gender. For example, people often confuse the terms sex/ gender, female/woman, feminist/ female supremacist.

My own deep political belief in equal human rights (regardless of sex or gender identity, or any other intersecting social identity) provides further motivation to help counter this disturbing trend with evidence-based and inclusive research approaches and content. Menstrual health matters, language matters and fighting social and political discrimination also matters.

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13. Studd, J. (2012) 'Severe premenstrual syndrome and bipolar disorder: a tragic confusion' *Post Reproductive Health* Vol 18, Issue 2, pp. 82 - 86
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15. This paradox is very well demonstrated by the way in which Heavy Menstrual Bleeding is described in the clinical literature- see [this blog](#) for more details
16. For example- 'vaginal steaming' which reinforces the idea of menstruation as dirty, can cause burns on the vulva, and result in vaginal infections- see [this blog](#) for more details
17. For example, by promoting the idea that 'all girls' should be taken out of school during menstruation (rather than making the school fit for purpose), or reinforcing myths that make natural cycle length variation seem like a health or spiritual problem.

WHO IS BEHIND MENSTRUAL MATTERS?



Dr Sally King- Founder/ Director (she/her)

In 2013, Sally started researching the role of the menstrual cycle in ill health after her cyclical nausea and vomiting was misdiagnosed as a mental health disorder. The difficulty she faced in trying to find evidence-based and unbiased information on cyclical symptoms led to the creation of Menstrual Matters. Her popular blog looks at how menstrual taboos and gender/ racial myths directly contribute to 'bad science', inadequate physiological knowledge and training, and wider social inequalities.

Before specialising in menstrual health, Sally spent nearly a decade in research roles evaluating the (positive and negative) impacts of well-intentioned human rights interventions and policies. She has an MA in Research Methods (qualitative & quantitative) and a PhD in Medical Sociology. She has authored several popular publications, sits on the board of the Society for Menstrual Cycle Research, and is an invited member of several UK government APPGs (All Party Parliamentary Groups).

SUPPORTERS

Financial support:

Uncle Denis McCarthy- thanks again for covering the website costs. Dad, thanks so much for substantially supporting my living costs this year... Let's see if I can actually get paid for my work in the forthcoming year?!

Professional support/ collaboration:

Paul Mc (you are a star!), the Society for Menstrual Cycle Research and the ever-growing London/ UK/ European/ Global community of menstrual health and rights researchers and activists; SciHub (shhh!) and Pubmed.

THANK YOU.

GOVERNANCE

Note: This was the sixth year of operation, and for FY2022, I continued to act as sole trader for UK tax purposes. Since MM did not make a profit it is currently tax-exempt.

At some point in the future (when I am able to manage the administrative burden) Menstrual Matters is likely to become a registered charity or a CIC (Community Interest Company).

OBJECTIVES AND ACTIVITIES

Objectives

The objectives for FY2022 were to make progress on all four elements of the mission statement:

To provide independent, accessible, and evidence-based information for the public, clinicians, and researchers:

- To improve the diagnosis and treatment of cyclical ill health
- To help people manage their health & wellbeing
- To save the NHS unnecessary time and expense
- To bust myths that only serve to marginalise people who menstruate

Planned activities

1. Promote website and resources more strategically- to clinicians, employers, and patients
2. Continue to invest in partnerships with others working in this area
3. Properly analyse the data captured by the 'symptom checker' application- write up and publish an article
4. Create and sell resources to raise awareness of menstrual cycle-related symptoms and the human rights implications of poor menstrual education/ myths
5. Set up revenue stream from the website- resources and consultancy work
6. Complete PhD research- finally! Apply for postdoc funding for further research.

Progress made...

1. This year I was busy writing up my PhD thesis and so only one new blog was added to the website... Yet, being the only evidence-based info hub on menstrual health and rights paid off- with an 33% increase in page visits compared to last year! The website attracted an average of approx. 25K visitors per month.

I could only manage reactive media engagement over the past year (i.e., responding to requests from journalists rather than proactively seeking coverage). It was still pretty decent- again revealing the high level of public interest in this work...

- I was interviewed by Fortune Magazine (!)- alas, not because I made loads of, or indeed, any money but because they were discussing menstrual leave. The journalist did a decent job of explaining how a well-intentioned policy such as this can have negative consequences for women in the workplace- <https://fortune.com/2021/10/30/paid-menstrual-period-leave-us-companies/?n3yd8g>
- I was also interviewed by a researcher from the UK ODI (Overseas Development Institute) Overseas Development Institute- as part of their Align programme (Advancing Learning and Innovation on Gender Norms) for the 'Gender norms and the 'period revolution'' report- https://www.alignplatform.org/sites/default/files/2021-08/gender_norms_and_the_period_revolution.pdf
- Most excitingly, I was interviewed for a couple of hours (which I think heavily informed the overall programme) for a BBC World Service- Crowd Science podcast all about menstruation. From approx. 24 -30 mins- <https://www.bbc.co.uk/programmes/w3ct1pgg>
- Finally, a journalist from a top Swiss newspaper, NZZ am Sonntag, interviewed me regarding menstrual health in the workplace- <https://www.menstrual-matters.com/wp-content/uploads/2021/06/NZZaS-Magazin-210425-Zyklus.pdf>

40 symptom management pages are currently online. Compared to the last financial year, the symptom management page traffic increased from approx. 80K to 108K visits (38%).

58 blogs are currently online- with one uploaded during this financial year [Covid 19 and menstrual health]. The blog traffic massively increased by approx. 186% this year – from 2K to around 12K visits per month. The new website structure is clearly improving the accessibility of the blog content, which now makes up about half of the overall traffic (as opposed to around a third, previously).

Top 10 symptom management pages:

- a. Restlessness/ pins and needles
- b. Muscle and joint pain
- c. Difficulty concentrating/ fuzzy brain
- d. Nausea or vomiting
- e. Dizziness
- f. Chronic Fatigue Syndrome (CFS)
- g. Bleeding- Prolonged or mid-cycle bleeding
- h. Sensitivity to light, noise, or odours
- i. Bladder issues
- j. Vaginismus (insertion pain)

Top 10 blogs:

- a. Menstrual blood loss... What's normal?
- b. Washing your lady bits (vagina and vulva). The facts.
- c. Period pain... What's normal?
- d. The 'virginity' myth
- e. Why we say 'people who menstruate'
- f. Managing your periods when you have autism
- g. Menstrual cycle length... What's normal?
- h. Mood and the menstrual cycle; a missing link in understanding depression and anxiety
- i. Top 10 Menstruation Myths!
- j. Managing periods when you have a visual impairment

The Twitter account now has 3023 followers (456 more than last year despite no activity); the Facebook group has grown to 576 followers (a 13% increase also without much activity).

2. I have maintained links with menstrual research and activism contacts and organisations in the UK and beyond. I am an active member of several networks including the Menstrual Research Network, Clue Ambassadors group, the Menstrual Health Hub, European Menstrual Health Collective (administrator), Global South Coalition for Dignified Menstruation, and the Gender and Development Network. I also engaged with the SW University Menstruation and Mood researcher network and was elected to the board of the Society for Menstrual Cycle Research in October 2021.

My PhD research has exposed some gaps in menstrual physiology knowledge in Western education and medicine. Next year, I hope to write several publications based on these findings- to influence medical training and school science content. Watch this space for more evidence-based public, teacher, clinician and researcher/ activist resources!

In April- Jun 2021 I consulted on Bloody Good Period's 'Bloody Good Employer' education initiative and their own menstrual health policy.

3. The symptom checker web application was launched (as part of the website) in April 2017. This is the world's first database of cyclical health experiences and will ultimately help build a picture of the most common female-prevalent symptoms. The number of people who have completed the **symptom checker application has increased by 30%** compared to last year [1291 people]. Initial analysis of the data has revealed an association between iron deficiency anaemia and cyclical symptoms of all kinds- which has proved useful information for my doctoral research, already! I am thinking about reducing the prominence of the app on the website- since the dataset is already large enough to make some conclusions and it may be time to promote other resources/ services instead.
4. My chapter in the Palgrave/MacMillan Handbook of Critical Menstruation Studies: 'PMS and the myth of the irrational female' was published in October 2020- the handbook has now been downloaded over 1.3 million times (!) and my chapter a further 21K times- https://link.springer.com/chapter/10.1007/978-981-15-0614-7_23. My chapter on menstrual leave published in January 2021- has been cited a couple of times in academic papers and downloaded (at cost- not that I get paid!) over 500 times <https://www.springer.com/gp/book/9783030532680>

I wrote 1 original blog this year (Covid 19 and menstrual health), which proved fairly popular as I am apparently one of only a few people in the world able to explain why the vaccine was disrupting people's cycles.

I presented on 'Menopause in the workplace' for the British Library staff and on 'What you should have been taught in school but weren't- Menstruation education' for the Good Things Foundation. These Zoom presentations will form the basis for other talks – as a source of income next year.

5. I got paid for the consultancy work with BGP, and the above two workplace talks. Next year, I will try to make a passive income from selling resources via the website and promoting my services as a lunch time speaker for workplaces- via Zoom. This will hopefully cover my rent and food bills while writing up (unpaid) academic publications from my doctoral research.
6. Running Google analytics on the website content and writing this annual report is still all I am doing in regard to the monitoring and evaluation of impact. I am confident that MM actually *is* making progress on its objectives... I often spot my work being used by others (typically without proper referencing).
7. Yassssssssssss! I have completed my PhD thesis and passed the viva voce examination. Call me Dr Sal. I have just applied for ESRC funding for a postdoctoral fellowship position- I will hear back from them in May 2022. If I fail to get funded- I will make the website start bringing in an income, instead. Either way the work (publishing biomedical journal articles) will get done.
8. I am still in the process of sorting out an online shop for resources... Watch this space [again! This time I have to, so it'll happen!]

FINANCES:

Income

Donations from Uncle Denis: £1,997.69

FY22 Total income: £1,997.69

Expenses

Expense:	Amount:
Illustrations/ design	£750.00
IT Software/ hardware	£354.98
Books	£98.84
Memberships/ subscriptions	£103.05
phone	£180.99
Web hosting/ apps/SSL cert	£186.52
Printing/stationary	£303.38
Total MM expenses:	£1,977.76

FY22 Total expenses: £1,977.76

FY21 'profit': £19.93

Previous year balance (FY2017-2021): - £313.77

FY 22 Balance: -£293.84

FY2023- LOOKING TO THE FUTURE

Objectives

In line with the overall aim, the objectives for FY2023 are to make further progress on all four elements of the mission statement:

To provide independent, accessible, and evidence-based information for the public, clinicians, and researchers:

- To improve the diagnosis and treatment of sex hormone-related ill health
- To help people improve and take control of their health & wellbeing
- To save the NHS unnecessary time and expense
- To debunk myths that only serve to marginalise people who menstruate

Planned activities

1. Promote website and resources more strategically- to clinicians, employers and patients
2. Continue to invest in partnerships with others working in this area
3. Write up and publish articles and a book chapter based on doctoral research findings
4. Create and sell resources to raise awareness of menstrual cycle-related symptoms and the human rights implications of poor menstrual education/ myths
5. Set up revenue stream from the website- resources and consultancy work

With thanks,



Dr Sally King
Founder/ Director of Menstrual Matters

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