

## **424 – Women's Health**

With Steven Bruce, Dr Nikki Ramskill and Brooke Robinson

- The discussion involved Dr Nikki Ramskill, a GP specialising in women's health and menopause, and Brooke Robinson, an osteopath with expertise in women's health.
- The inadequate attention women's health issues received within the NHS was highlighted, in particular extended diagnosis times, notably nine years for endometriosis. Dr Ramskill outlined her practice's comprehensive approach, integrating conventional medical treatments like Hormone Replacement Therapy (HRT) with physical therapies. She discussed using both patches and gels for oestrogen delivery, tailoring these based on patient lifestyle, absorption efficiency, and convenience. She also highlighted testosterone's role in menopause treatment, underscoring careful monitoring and personalised dosage to minimise adverse effects such as unwanted hair growth or voice deepening.
- Brooke Robinson explained the role of osteopathy in women's health, stressing the importance of considering the body holistically. Osteopathy addressed not only direct pelvic issues but associated musculoskeletal and fascial dysfunctions throughout the body. She highlighted the training received on a specialist women's health course, which included fertility, pregnancy, postpartum care, menopause, and elderly women's health.
- Pelvic floor health was extensively discussed. Both experts indicated that pelvic floor dysfunction, such as incontinence and prolapse, was widely underreported, with approximately 80% of menopausal women experiencing related symptoms, yet only 10% receiving treatment. Treatments mentioned included vaginal oestrogen, pessaries (ring and shelf), targeted pelvic floor exercises, and appropriate referral to physiotherapists, chiropractors or osteopaths specialising in pelvic health. They cautioned that pelvic floor exercises needed to be individually tailored, as improper training could exacerbate symptoms.
- The participants noted widespread misinformation and patient misunderstanding about menopause, such as the misconceptions regarding hormonal testing requirements. They referenced guidelines from the British Menopause Society recommending 150 minutes of cardiovascular exercise weekly and strength training to support menopausal women. Dietary approaches discussed included the Mediterranean diet or high protein, lower carbohydrate diets to manage weight distribution changes typical during menopause.
- Endometriosis and adenomyosis were identified as conditions poorly recognised and inadequately managed within general healthcare, often leading to misdiagnosis or delayed treatment. The standard diagnosis for

endometriosis was via laparoscopy, ideally performed by specialists experienced in identifying subtle disease presentations. Adenomyosis, similarly painful but restricted to the uterus, was discussed briefly.

- The discussion underscored the need for better collaboration across healthcare providers to enhance women's health outcomes. Dr Ramskill advocated integrating medical treatments with physical therapies like osteopathy, chiropractic and physiotherapy, suggesting broader interdisciplinary networks could significantly improve patient care. The conversation concluded by reinforcing the importance of education, awareness, and communication among healthcare providers to better address women's complex health needs.