

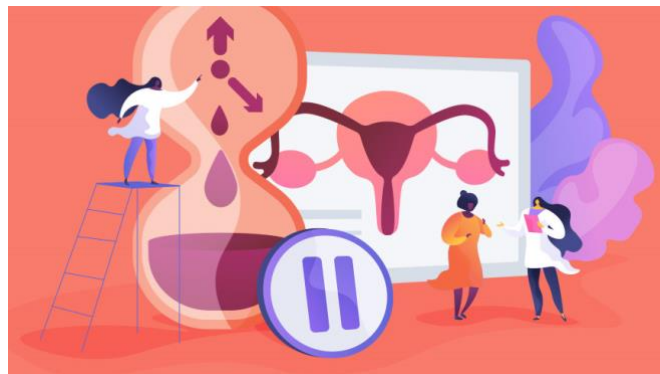
Menopause Toolkit

About

There are increasing numbers of individuals aged 50 to 65 in employment in the UK. This means there are increasing numbers of workers who are affected by menopause. This toolkit provides members of the IoPPN and wider King's community with information for those affected by menopause and available support. This guidance may also be useful for those not affected by menopause themselves, but working with or supervising people affected by it.

In a UK study¹ of nearly 900 working women, the main symptoms causing difficulties at work were hot flashes, poor concentration, tiredness, poor memory, feeling low and lowered confidence. Some studies have looked at whether menopause affects women's performance at work. The results are mixed, but a recent study² found that, in general, women continued to perform well but women who had severe menopausal symptoms were more likely to think about leaving the workforce.

Further potentially stressful situations at work can trigger or exacerbate menopausal symptoms. [The IoPPN and King's strive to create an inclusive environment where everyone is enabled to thrive](#); it is therefore important that we support those affected by menopause. This guidance is designed to assist staff who are experiencing symptoms of the menopause and those they work with.



This guidance is important because:

- Those who are going through menopause may well be in management and/or supervisory roles and might be experiencing menopause themselves whilst also supporting staff and colleagues

¹ A. Griffiths, S.J. MacLennan, J. Hassard. 2013. Menopause and work: an electronic survey of employees' attitudes in the UK, *Maturitas*.76:155–159

² Hardy C, Thorne E, Griffiths A, Hunter MS.2018.Work outcomes in midlife women: the impact of menopause, work stress and working environment. *Women's Mid-life Health*. 4:3 <https://doi.org/10.1186/s40695-018-0036-z>

- Individuals tend to find that menopausal symptoms, such as hot flushes, are more difficult to deal with at work.
- Some aspects of work environments – both physical and interpersonal – are unhelpful for people going through the menopause.



What is the menopause?

The menopause is a natural process of reproductive aging during which a woman's oestrogen levels gradually reduce and she stops having periods. Menopause is typically defined on the basis of menstrual changes and refers specifically to a woman's last menstrual period – although you only know that it is the final period in retrospect. However, hormone changes occur over a number of years before the last period. The menopause can be understood as having three stages:

- *Pre-menopause* is when you are having regular (for you) menstrual periods
- *Peri-menopause* is the phase leading up to the menopause, when menstrual and hormonal changes and symptoms may occur, including during the first year after menopause.
- *Post-menopause* is when you have not menstruated for 12 months. Menopausal symptoms gradually ease during this stage; their duration is very varied and they can continue anywhere between two and ten years.

There are different types of menopause; for example, menopause can be precipitated by surgery or by medical treatment such as some breast cancer treatments. Men can have hot flushes if they have androgen lowering treatments for prostate cancer, and some trans men and non-binary people may also experience menopausal symptoms in response to changing hormones.

The average age of menopause is 50-51 years but it can occur anytime between ages 40 and 60 and this is quite normal. Menopause occurring before the age of 40 is considered to be early or 'premature' and affects approximately one in a hundred women. It is estimated that one in a thousand women have menopause in their 30s.

The experience of menopause is varied so it is best not to generalise from one person's experience. The menopause transition takes place within a gradual process of biological change, happening at the same

time as changes with age and other developmental changes. All this happens within our different lifestyles, our social circumstances, and our broader social and cultural lives. This may partly explain why women vary so much in how they view the menopause, what they experience and how they deal with it.

Cross-cultural studies have shown that there are wide variations in reports of symptoms, and what symptoms or changes are attributed to menopause, from women from different ethnic origins living in different countries. Cultural differences may include differences in lifestyle (diet, exercise, numbers of children and economic factors) which can affect biology, but also beliefs and attitudes to the menopause and the ways that mid-aged and older women are valued and treated in different societies.

Common Symptoms:



The menopause can cause a range of physical and psychological symptoms that can last for several years. Not everyone will experience all of the symptoms and some people will experience few or none; symptoms may also fluctuate over time. On average, it is estimated that about 20% of people have no or few symptoms, 20-30% experience hot flushes and night sweats that impact on quality of life, and others in between have symptoms that range between mild to moderate. Around a third of individuals experience sleep disturbance during the menopause transition and 10% have an increase in psychological symptoms that tend to reduce post-menopause and are also associated with life stress and other factors.

Typical symptoms of the menopause include:

- Hot flushes (brief and sudden surges of heat usually felt in the face, neck and chest that can be associated with palpitations) and night sweats (hot flushes that happen during the night) are the main physical symptoms of the menopause
- Menstrual periods becoming irregular, light or very heavy
- Insomnia and other sleep disturbances
- Psychological symptoms (anxiety, low mood, irritability, loss of confidence)
- Reduced concentration and memory problems,
- Stiff or painful muscles and joints

- Other changes reported include headaches, weight gain, and dry itchy skin.

There are complex interactions between hot flushes, sleep, stress and mood. For example, if you are feeling stressed, menopausal symptoms can be harder to handle. In turn, having troublesome symptoms can affect sleep and interfere with daily life. Certain potentially stressful situations at work can trigger or exacerbate menopausal symptoms, such as formal meetings, physical work, giving presentations, and working in hot and poorly ventilated environments.

Studies³ have shown that younger people tend to hold more negative views about the menopause compared with women in their 60s and 70s who have been through it. In general, research studies show that most women tend to be pleased not to have menstrual periods or the need for contraception (at least two years post-menopause), but are understandably troubled if symptoms are severe and by negative attitudes and images of mid-aged and older women that can cause anxiety and affect self-esteem.

Tips for talking about the menopause with employees:



- The easier you make it for someone to open up to you, the easier it will be to identify the support they need. Menopause can affect people's confidence and it can be daunting talking to someone who has no knowledge or awareness of the menopause.
- Awareness about the symptoms and the range of support available from King's will also increase your own confidence in discussing the issue.
- While any health condition can understandably be a sensitive and personal issue for many, some of the symptoms associated with the menopause can manifest themselves in a particularly intimate, even visible, way. It is therefore understandable why many people feel embarrassed and are reluctant to discuss the impact of their symptoms. Hot flashes can reveal menopausal status and individuals tend to be concerned about other people's reactions and fear of social stigma at

³ Smith MJ, Mann E, Mirza A, Hunter MS. 2011. Men and women's perceptions of hot flushes within social situations: are menopausal women's negative beliefs valid? *Maturitas*. 69: 57-62

Brown, L., Brown, V., Judd F., & Bryant, C. 2017. It's not as bad as you think: Menopausal representations are more positive in postmenopausal women. *Journal of Psychosomatic Obstetrics & Gynecology*. 39:4, 281-288, DOI: 10.1080/0167482X.2017.1368486

work. Feeling the need to hide signs of menopause is often mentioned as an additional source of anxiety.

- It's important not to make assumptions about someone's health condition or ask direct questions about menopause symptoms. If you have concerns about someone's well-being or performance, ask general, open questions such as, 'How are you doing at the moment?' or 'I've noticed you've been arriving late recently, and I wondered if you're okay?' It's up to the individual to disclose any particular symptoms or health issues.
- Approach conversations with empathy and try not to be embarrassed by the issue and how the person is feeling. Regular catch-ups or one-to-ones are an opportunity to start the conversation, which should always be in a private, confidential setting where the employee feels at ease.

Practical considerations and reasonable adjustments that can be made to support those affected by menopause:



There are a range of considerations and adjustments that those experience menopause symptoms can request and their managers, wider team members and IoPPN more broadly can implement to support someone going through the menopause. These might include:

Hot flushes at work

- Provide temperature control for the work area, such as a desk fan or relocation near a window or away from a radiator
- Ensure easy access to washroom facilities
- Allow adaptations to uniforms and other prescribed clothing, such as permitting the removal of a jacket or lab coat when not needed or allowing alternative clothing
- Provide (and make it easy to request) extra uniforms to enable a change of clothing while at work
- Provide uniforms made of natural fibres
- Ensure storage space is available for a change of clothing
- Sleep disruption and night sweats
- Offer temporary flexible working arrangements, such as occasional working from home or adjustment of start and finish times

- Offer temporary swapping of shifts to enable a later start time

Heavy or irregular periods

- Allow short breaks in long meetings and ensure regular breaks from workstations.
- Provide (and make it easy to request) extra uniforms to enable a change of clothing while at work
- Ensure storage space is available for a change of clothing
- Make sure sanitary products are available in washrooms
- Understand that heavy periods may lead to temporarily higher absentee rates

Psychological issues (anxiety, low mood)

- Address work-related stress by carrying out a stress risk assessment
- Allow time out from work for relaxation or mindfulness activities
- Provide access to a quiet space to work or the opportunity to work from home
- Signpost King's employee assistance programs and counselling services, if available
- Signpost to this toolkit and the resources listed below

Headaches and difficulty concentrating

- Offer noise-reducing headphones to wear in open plan offices and workspaces
- Allow short breaks in long meetings and ensure regular breaks from workstations
- Provide quiet areas in which to work
- Provide rest areas and access to campus prayer/contemplation facilities
- Joint and muscle pain
- Allow short breaks in long meetings and ensure regular breaks from workstations
- Offer the option of occasional working from home

In general

- Be flexible in letting employees attend relevant medical appointments
- Understand that coping with severe symptoms of menopause may lead to temporarily higher absentee rates and temporary dips in performance

Guidance for line managers⁴:

The role of line managers in supporting people experiencing menopause transition is crucial. Effective management of people whose menopausal symptoms are affecting their work will help you to improve your team's morale, retain valuable skills and talent, and reduce sickness absence. Line managers are typically:

- The first point of contact if someone needs to discuss their health concerns or needs a change or adjustment to their work or working hours, to enable them to perform to their full potential
- Responsible for implementing the people management policies and practices that can help someone experiencing the menopause to feel supported, and to be effective in her or his role
- Responsible for managing absence and keeping in touch if someone is off work ill or because of menopausal symptoms, as well as supporting an effective return to work

The level of trust you build with employees will determine the extent to which colleagues are able to discuss menopausal symptoms and any support or adjustments they need at work. Regular and informal one-to-ones between a manager and employee can provide the forum for a conversation about any changes to someone's health situation, including the menopause.

When asked, in a recent study⁵ how they wanted managers to behave, staff wanted managers to be aware that menopause is a normal process and one that is highly variable among women, that 'one size doesn't fit all'. They also wanted managers to communicate with empathy and sensitivity, to be aware of the menopause, and to ask how they might make helpful changes in the work environment. In other words, they wanted managers to have good communication skills, ask open questions, listen and take the lead from women.

Simple changes to someone's role or working environment can help ensure the menopause does not become a barrier to performance.

As a manager, you have a responsibility to consider and put in place reasonable adjustments to allow people experiencing menopause symptoms to carry on performing well in their role. Some suggested adjustments are listed below:

- Start by having a confidential, two-way conversation to identify the specific issues that person is experiencing. Consider involving relevant experts where appropriate, such as an occupational health practitioner, to help identify appropriate adjustments that could be put in place to help ease the impact of menopause symptoms on the employee's work
- Record any specific needs (and agreed adjustments) and review these at least annually. Symptoms of the menopause can fluctuate over time, so make sure you have regular discussions with the person concerned to ensure that the support still meets her or his needs

⁴ Excerpted and adapted from Chartered Institute of Personnel and Development. 2019. The Menopause at Work: A practical guide for people managers [brochure]. London: CIPD

⁵ Hardy C, Griffiths A, Hunter MS. 2017. What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas*. 101: 37-41.

As the menopause may impact an individual's performance, here are some specific tips for managing health issues and performance:

- Have regular, informal catch-ups with employees
- Approach performance conversations supportively and positively
- Take any health issues fully into account in instances of underperformance
- Identify any extra support or coaching from which the person may benefit
- Set reasonable timescales for improvements

A note on confidentiality: If someone tells you about a health condition, including menopausal symptoms, this should be treated as confidential. If that person wants information to be shared, consent must be explicit. You should discuss who will be told and by whom, as well as the information they do or don't want shared with colleagues.

Treatment options for managing troublesome menopausal symptoms:

- Hormone replacement therapy (HRT) is an effective treatment for menopausal symptoms, such as hot flushes and night sweats⁶ and includes both oestrogen therapy and combined oestrogen and progestogen therapy. The NICE guidance⁷ recommends that for women with menopausal symptoms, the risks of HRT, such as breast cancer, deep vein thrombosis and stroke, are relatively small and usually outweighed by the benefits. It is also important to remember that women who have early menopause are advised to continue with HRT up to the natural age of menopause for their general health, i.e. 50 years.
- Non-hormonal medical alternatives include antidepressants (serotonin selective reuptake inhibitors and serotonin and noradrenaline reuptake inhibitors (SSRIs and SNRIs)), gabapentin and clonidine, which can be helpful but have some side effects that have made these options less popular. All these medical treatments should be carefully discussed with a doctor who can match the best treatment for you, taking account of your health, preferences and symptoms⁸.
- Cognitive behaviour therapy (CBT) is an effective non-medical option for hot flushes and night sweats, delivered as a self-help book or group treatment over 4-6 weeks. CBT has been shown in several clinical trials⁹ to help women going through the 'natural' menopause, for women who have

⁶ National Institute for Health and Care Excellence (NICE).2015. Diagnosis and Management of Menopause Guideline.

www.nice.org.uk/guidance/ng23

⁷ Ibid

⁸ The North American Menopause Society (NAMS). 2015. Position statement: Non-hormonal management of menopause-associated vasomotor symptoms. *Menopause*. 22:1155–74.

Hickey M, Szabo RA, Hunter MS. 2017. Non-hormonal treatments for menopausal symptoms. *BMJ*. 359: j5101

⁹ Ayers B, Smith M, Hellier J, Mann E, Hunter MS. 2012. Effectiveness of group and self-help cognitive behavior therapy in reducing problematic menopausal hot flushes and night sweats (MENOS 2): a randomized controlled trial. *Menopause*. 19: 749–59

Mann E, Smith MJ, Hellier J, et al. 2012. Cognitive behavioural treatment for women who have menopausal symptoms after breast cancer treatment (MENOS 1): a randomised controlled trial. *Lancet Oncol*. 13:309–18

had breast cancer and for women offered the treatment in a work context. CBT is also recommended for anxiety and depressed mood during menopause in the NICE guidance¹⁰ and has been found to be effective for sleep problems during menopause. There is evidence that hypnosis can be helpful for hot flushes as well. Mindfulness, yoga and relaxation are helpful for sleep problems, and improving mood and wellbeing.

Resources

- NHS guidance on menopause: <https://www.nhs.uk/conditions/menopause/>
- National Institute for Health and Care Excellence (NICE), Diagnosis and Management of Menopause Guideline (2015): www.nice.org.uk/guidance/ng23
- The British Menopause Society: <https://thebms.org.uk/>
- Women's Health Concern (the patient arm of the British Menopause Society): <https://www.womens-health-concern.org/>
- Menopause Café provides information about informal events where people gather to discuss the menopause: <https://www.menopausecafe.net/>
- The Daisy Network provides support for women experiencing premature menopause: <https://www.daisynetwork.org/>
- Menopause Matters provides information about the menopause, menopausal symptoms and treatment options: <https://www.menopausematters.co.uk/>
- The Menopause Exchange provides independent advice about the menopause, midlife and post-menopausal health, with a free quarterly newsletter: <https://www.menopause-exchange.co.uk/>

Managing symptoms at work:

- British Menopause Society's factsheets on HRT, CBT and other treatments: www.womens-health-concern.org/help-and-advice/factsheets
- Menopause: The One-stop Guide, Kathy Abernethy, Profile Books, London, 2018.
- Overcoming Insomnia and Sleep Problems: A Self-help Guide to Using CBT, Colin A. Espie, Robinson, UK, 2010.
- Managing Hot Flushes and Night Sweats: A Cognitive Behavioural Self-help Guide to the Menopause, Myra Hunter and Melanie Smith, 2nd edition, Routledge, UK, 2020.
- Living Well with the Menopause, Myra Hunter and Melanie Smith, Robinson, UK, 2021.
- Overcoming Anxiety: A Self-help Guide to Using Cognitive Behavioural Techniques, Helen Kennerley, Robinson, UK, 2014.
- Overcoming Depression and Low Mood: A Five Areas Approach, Chris Williams, Robinson, UK, 2014.
- [Mindfulness: A Practical Guide to Finding Peace in a Frantic World](#), Mark Williams and Danny Penman, Piatkus, UK, 2011.

Hardy C, Griffiths A, Norton S, Hunter MS. 2018. Self-help cognitive behavior therapy for working women with problematic hot flushes and night sweats (MENOS@Work): a multicenter randomized controlled trial. *Menopause*. 25:508–19

¹⁰ National Institute for Health and Care Excellence (NICE). 2015. Diagnosis and Management of Menopause Guideline. www.nice.org.uk/guidance/ng23

Guidelines on menopause in the workplace:

- Supporting Working Women through the Menopause, Trades Union Congress, 2013: <https://www.tuc.org.uk/resource/supporting-working-women-through-menopause>
- The Menopause at Work: A Practical Guide for People Managers, Chartered Institute of Personnel and Development (CIPD), 2019: www.cipd.co.uk
- Guidance on Menopause and the Workplace, Faculty of Occupational Medicine, no date: <http://www.fom.ac.uk/health-at-work-2/information-for-employers/%20dealing-with-health-problems-in-the-workplace/advice-on-the-menopause>

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