



# Menopause: How it effects the individual and their workplace

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Newson Health



## Declarations

- Director Newson Health Menopause and Wellbeing Centre
- Director Balance app
- Director Newson Health not for profit Research and Education Company

## Menopause and its effects



The Menopause is :

A MEDICAL CRISIS –severe symptoms being misdiagnosed and not treated effectively.

A SOCIAL CRISIS- the enormous impact menopause can have upon individuals,their relationships, their families and their workplace.

AN ECONOMIC CRISIS- costs to the individual, costs to the employer, costs to the nation.

## Overview

- Menopause Symptoms
- Health Risks of the Menopause
- Management of the Menopause
- Impact on Work



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## Case Study



- Laura aged 46
- Midwife in busy hospital
- Symptoms – insomnia
  - anxiety
  - low mood
  - poor concentration
  - poor memory
  - loss of confidence



## Case Study



- Mother newly diagnosed with dementia.
- Felt overwhelmed, all too much, anxiety worsened, could not remember names or words, confidence dropped further.
- Saw HCP – told nothing to do with hormones as she was still having periods and she had not had any hot flushes or night sweats.

## Case Study



- Laura was given the antidepressant citalopram for anxiety and low mood and diazepam for panic attacks. Had never suffered with this before.
- Medications did not really help in fact gave her side effects.
- Signed off sick with anxiety
- Handed in resignation at financial cost to her immediate family as she was the main earner.
- 6 months later arrived at clinic – started on HRT ( oestrogen patch and progesterone tablets)

## Case study



- 3 months later felt better HRT optimized and testosterone added in
- 6 months later felt entirely back to normal and was back working as a midwife
- 12 months later had applied for promotion and was successful in becoming senior ward manager



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## What is the menopause?

- Meno – pause
  - Natural / Induced
- Perimenopause
- Average age 51 years
- Range 45-55 years
- Early menopause- under 45 yrs
- Premature ovarian insufficiency (POI)- under 40 yrs



## Who is affected?

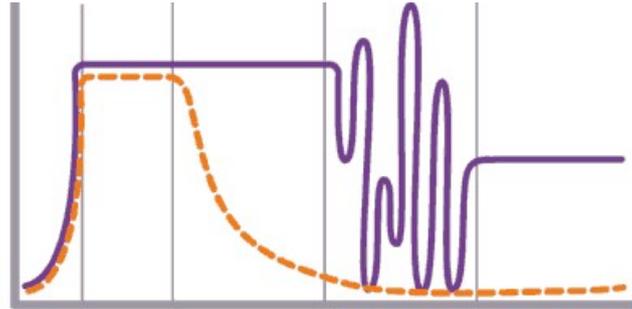
- Around 80% have symptoms
- 25% have severe symptoms



## Hormone changes during menopause

Oestrogen

Progesterone



## History of the menopause



- 1900
  - Age menopause 57 years
  - Life expectancy 59 years



## History of the menopause



- 2019
  - Age menopause 51 years
  - Life expectancy 82 years
  - 30% of life postmenopausal





## Symptoms of the menopause

- Hot flushes
- Night sweats
- Heavy / light periods
- Joint and muscle pains
- Hair and skin changes
- Palpitations
- Headaches / worsening migraines
- Weight / body “shape”



## Symptoms of the Menopause

- Worsening PMS
- Fatigue
- Poor memory
- Poor concentration
- Lack of interest and motivation
- Inability to multitask
- “Brain Fog”



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## Psychological Aspects of the Menopause



- Anxiety
- Panic attacks
- Low mood
- Mood swings
- Tearful
- Feeling frustrated



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## We need to talk more...



- Vaginal dryness
- Discomfort during sex
- Urinary symptoms
- Reduced interest in sex





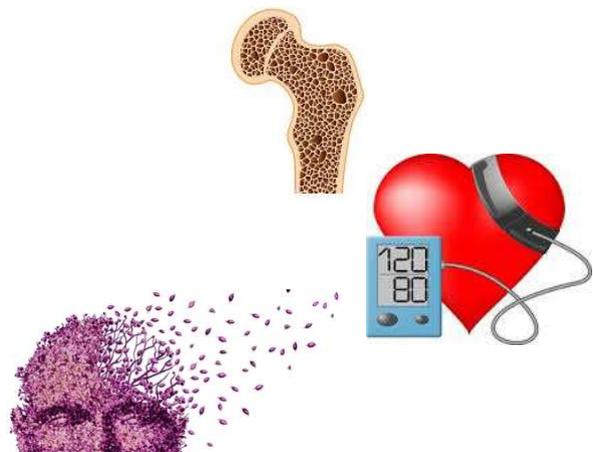
## How long can menopausal symptoms last?



## Risks to health with menopause



- Bone loss
- Osteoporosis
- Central obesity
- Raised cholesterol
- Cardiovascular disease
- Dementia
- Depression





## Managing the menopause

- Education
  - 77% women did not realise their symptoms were due to the menopause
  - 42% women do not see their GP
- Break the taboo
- Reduce the stigma



## How can women manage their menopause?

- Talk to others
- Learn the (accurate) facts
- Lifestyle
- Diet
- Exercise
- HRT
- CBT
- Alternatives



## Menopause should be “an opportunity”

- Medical intervention at this point of life offers women years of benefits from preventive health care



## Lifestyle changes

- Diet
- Exercise
- Stop smoking
- Reduce alcohol
- Calcium and vitamin D





## Hormone replacement therapy (HRT)



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Wednesday, Feb 20th 2019 5-Day Forecast

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### Millions are forced to face the menopause without hormone replacement therapy as GPs 'remain influenced by scare stories from decades ago'

- The number of prescriptions has more than halved in the past seven years
- HRT combats menopause stress by providing oestrogen to the body
- But a US study suggested it doubled the risk of breast cancer, causing alarm

By BEN SPENCER FOR THE DAILY MAIL

PUBLISHED: 00:55, 20 February 2019 | UPDATED: 01:22, 20 February 2019

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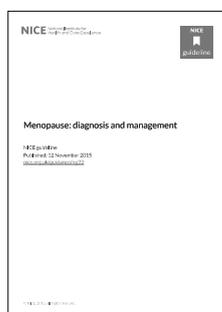




## Who takes HRT?

- 75% women say they don't know enough about HRT to make an informed choice
- 2000 around 26% took HRT
- 2019 around 10% women take HRT
- Women and doctors are worried

## NICE / IMS / ESHRE Guidelines





## Summary of guidelines

- Individualised care
- Young women need to have hormones at least until 51 years
- For the majority of women the benefits of HRT outweigh any risks
- There is no maximum length of time for taking HRT



## Hormone replacement therapy - HRT

- Numerous different preparations
- Local and systemic treatments
  - Pills
  - Patches
  - Gels
  - Coils
- **Not** a “one size fits all”





## Benefits of HRT

- Improves symptoms
- Strengthens bones
- Reduces risk of osteoporosis
- Reduces cholesterol
- Lowers risk of diabetes
- Lowers risk of heart disease



## Breast cancer

- Breast cancer is common
- Increased risk of breast cancer with:
  - Increasing age
  - Family history
  - **Obesity**
  - **Alcohol**
  - **Reduced exercise**





## Breast cancer and HRT

- **No** increased risk of breast cancer in women:
  - Who only take oestrogen
  - Who are young
- Risk is associated with the progestogens
- Not all progestogens have the same risk





## Quotes from some patients

- “I have got my life back – it is wonderful!”
- “My concentration has returned. My mind just feels so much clearer.”
- “I am amazed how much more energy I have. I am enjoying life so much more.”
- “Since taking HRT I am sleeping better and feel great. I have no more hot sweats.”
- “I feel like my old self again. I can concentrate and multi-task again. It is fabulous.”

## Alternatives to HRT



- Over the counter / internet
  - Black cohosh
  - Red clover
  - Ginkgo biloba
  - St John’s wort
  - “Natural” progesterone creams
  - Bio-identical hormones
- What are they being taken for?



## Menopause and work



- Retirement age increasing
- Around 3.5 million women aged 50-65 in employment
- Number of women over 50 years working is increasing
- Having symptoms can lead to:
  - Less engagement with job
  - Less job satisfaction
  - Being more likely to quit their job
- Lower commitment to their work organisation
- Menopause is often a “silent issue”



## Menopausal symptoms at work



- Symptoms most likely to affect work:
  - Fatigue
  - Forgetfulness
  - Poor concentration



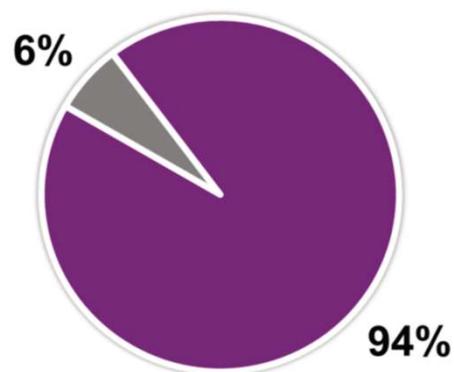
## Menopause and work



- 10% of women stop work all together
- 81% women said their symptoms affected them at work
- 87% stated that their supervisor or line manager would benefit from menopause training

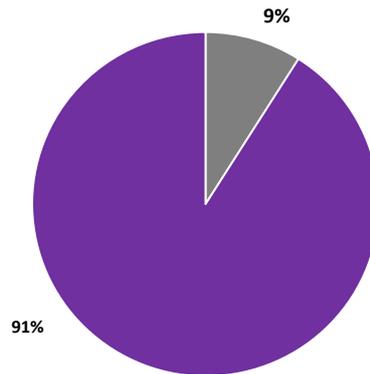


Have your menopausal symptoms ever had a negative impact on your work?

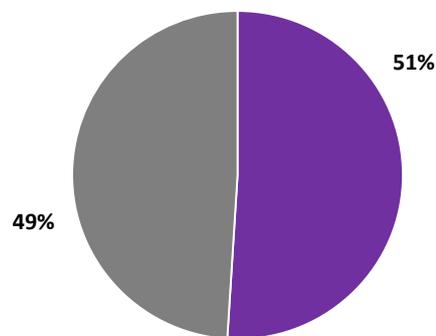




**9% had a disciplinary process as a result of poor performance**



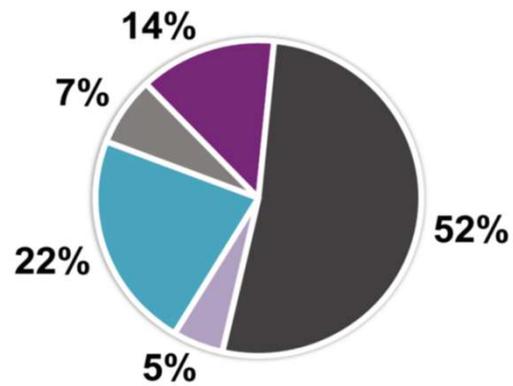
**51% had time off work due to their symptoms (19% off for more than 8 weeks)**



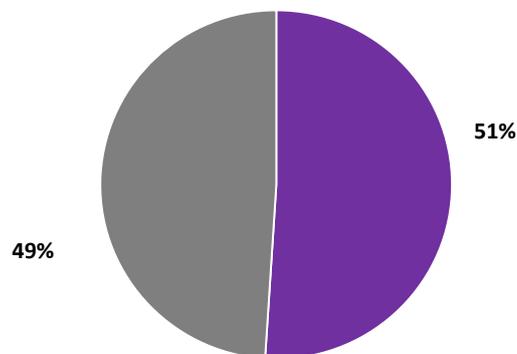
## What was your reason documented on your sickness certificate?



- Menopause 7%
- Depression 14%
- Anxiety/Stress 52%
- Fatigue 5%
- Other 22%



## 51% had reduced their working hours





## Menopause and work

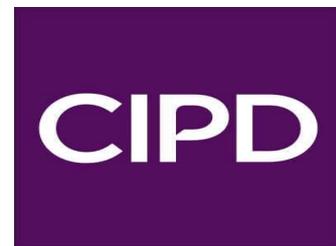
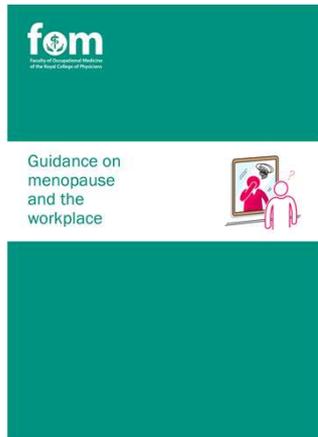
- Around half women find work somewhat or fairly difficult
- Affects confidence and ability
- Can affect work performance
- Reduced ability to multi-task
- Often a “taboo” topic with occupational health
- Women often do not want to disclose menopause-related health problems to line managers (especially men)



## Menopause at Work

- Gender pay gap (18.4% in 2016/17)
- Gender Pension Gap 39.5%
- Costs to employer to replace employees:
  - recruitment, training, loss of productivity, sick leave, burdens upon colleagues.
  - estimated to be £30,000 by Oxford Economics Data

## Guidelines



## Suggestions from Guidelines



- Consider simple measures:
  - Fans
  - Air conditioning
  - Access to cold water
  - Access to quiet room for a short break
  - Uniforms-light weight if possible and layers
  - Access to WC and washing facilities and breaks





## Suggestions from guidelines

- Flexible working
- Awareness training for line managers
- Flexible procedures for sickness absence
- Reasonable workplace adjustments
- Support Groups eg menopause Cafes



## Potential reasonable adjustments

- Changing start times
- Providing regular breaks
- Adjustments to absence management procedure
- Adjustments to performance management procedures
- Reducing hours of work
- Flexible working

## What is the point of employers helping?



- Positive action by employers can:
  - Help women working during menopause
  - Contribute to employee engagement
  - Improve productivity
  - Enable job retention



## How can employers help?



- Responsible for health and safety of their employees
- Increase awareness and reduce taboo
- Training for managers and employees
- Assessing severe symptoms even as a disability
- Network with other organisations
- Give women access to menopause clinics as part of standard staff benefits



## How can women help?

- Increase their knowledge about menopause
- Discuss HRT with healthcare professional
- Discuss practical needs
- Discuss support with occupational health
- Consider relaxation / mindfulness / CBT
- Lifestyle



## Inequalities arising from the menopause

- Access to treatment – 29% less likely to obtain HRT if from deprived communities
- Geographical variation – in one PCT, HRT prescribing 3% in deprived area-6% in all other areas
- Adverse effects on long term health- increased risk of osteoporosis , cardiovascular disease, dementia, type 2 diabetes.

## Inequalities arising from the menopause



- 10-20% will leave their job
- 51% will reduce their hours
- Financial impact upon the individual
- Financial impact upon workplace
- Financial impact upon nation ( less contributions to pensions and GDP)



**Newson Health**  
Research and Education

Newson Health Research and Education is a not-for-profit organisation that educates healthcare professionals and companies about the menopause. Email: [education@newsonhealth.co.uk](mailto:education@newsonhealth.co.uk)



**My Menopause Doctor**  
Dr Louise R Newson (MBChB) MRCP FRCGP  
GP and Menopause Expert

[www.menopausedoctor.co.uk](http://www.menopausedoctor.co.uk) offers unbiased and evidence-based information on the perimenopause and menopause. There is a wealth of content on menopause related symptoms, treatments, health conditions, and lifestyle, available in booklets, articles, films and podcasts.

**balance**

Balance is the free menopause support app, available to download from the App Store or Google Play. Learn more about your perimenopause and menopause, track your symptoms, review treatments, join experiments and find support from the community. [www.balance-app.com](http://www.balance-app.com)



**The Menopause Charity**

The Menopause Charity exists to transform the experience of the menopause with better health, happier lives and brighter futures. Their aims are to support and empower menopausal women and educate doctors with the latest evidence-based knowledge. [www.themenopausecharity.org](http://www.themenopausecharity.org)

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