

Menopause Toolkit

Support yourself, your staff, your colleagues and your partners

Produced by Your: Health, Wellbeing and Inclusion Team

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We pride ourselves on looking after our employees, which is why we have signed up to the #MenopauseWorkplacePledge. Learn more: <https://www.wellbeingofwomen.org.uk>

LUHFT's vision: We want to ensure that we are open and inclusive and strive to reduce the taboo around the menopause and other issues relating to women's health. Ensuring that we have the appropriate level of support and training available to all staff.

If you want support or to help us and please ask to join our menopause support group: staff.networks@liverpoolft.nhs.uk

This guidance aims to increase understanding and knowledge around the menopause. It does not cover any specific medical advice such as HRT but provides research based lifestyle self-care practices.



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What is the Menopause



What is the Menopause?

The menopause is, under natural circumstances, a natural biological transition point in life and is part of the normal ageing process experienced by all women, although not everyone experiences it in the same way.

We tend however to use the term 'menopause' to describe the transition years when the ovaries spontaneously fail to produce the hormones oestrogen and progesterone. Periods become less frequent and then stop altogether. The menopause is said to have occurred when periods have stopped for 12 consecutive months.

While all women experience the menopause, they are not the only ones affected. It is important to understand that trans and non-binary staff may go through the menopause too and need to be treated with dignity, respect and support. It is important to also understand that men may need support while their wife or partner is menopausal as they will also be impacted by some of the changes occurring.

Everyone has different experiences, and you shouldn't make any assumptions about how the menopause is going to impact them. Listen to your member of staff or colleague and support their individual needs sensitively. Sometimes in these sections we refer to 'women' – this is because the majority of people experiencing the menopause are women and sometimes it gets clumsy if we try to list everyone affected every time but please bear in mind that other staff could be affected too!



Menopause

Comes from two Greek words

men (month) and pausis (cessation or stop)

Literal meaning is therefore the last menstrual period that occurs

Sometimes going through the menopause can be uneventful, but for others it can impact on their personal and working lives, with it becoming increasingly difficult to function effectively as a result of their symptoms. This can leave them feeling less confident, more susceptible to fatigue and stress at work. It has also been recognised that certain aspects of work, working conditions and environment may exacerbate menopause symptoms.

A lack of knowledge about the menopause may mean that someone can be misdiagnosed with mental health or other health concerns often meaning that they are struggling without a known cause. These health issues will restrict them from fulfilling their normal role and can lead to increased time off work without the correct level of support in place. In addition, symptoms may impact their performance, leading potentially to capability or disciplinary proceedings.

They may be afraid to approach anyone for help and therefore suffer in silence, losing confidence and feeling isolated before leaving work altogether. It has been estimated that approximately 10% of women actually leave work because of their severe symptoms and lack of support in the workplace.



When does the menopause occur?

For most women, menopause is marked by the end of monthly menstruation (also known as a menstrual period or 'period') due to loss of ovarian follicular function. This means that the ovaries stop releasing eggs for fertilisation.

The regularity and length of the menstrual cycle varies across a woman's reproductive life span, but the age at which natural menopause occurs is generally between 45 and 55 years for women worldwide.

Natural menopause is deemed to have occurred after 12 consecutive months without menstruation for which there is no other obvious physiological or pathological cause and in the absence of clinical intervention.

Some women experience menopause earlier (before 40 years of age). This 'premature menopause' may be because of certain chromosomal abnormalities, autoimmune disorders, or other unknown causes.

It is not possible to predict when an individual woman will experience menopause, although there are associations between the age at menopause and certain demographic, health, and genetic factors.

Menopause can also be induced as a consequence of surgical procedures that involve removal of both ovaries or medical interventions that cause cessation of ovarian function (for example radiation therapy or chemotherapy).

Many women have already stopped menstruating before menopause, for example those who have had certain surgical procedures (hysterectomy or surgical removal of their uterine lining) as well as those using certain hormonal contraceptives and other medicines that cause infrequent or absent periods.

They may still however experience other changes related to the menopausal transition.



What happens during the menopause?

The menopause brings physical changes to the body.

For many people experiencing the menopause, it can result in physical, psychological and emotional changes to which it can be difficult to adjust.

The particular changes involved can affect different people in different ways.

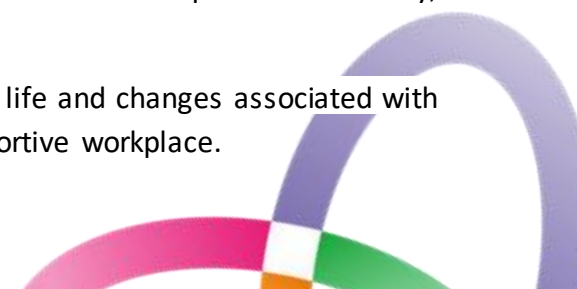
- Not everyone has symptoms - some experience few or no problems around this time
- 80% of women in the UK report noticeable changes – though the type, amount and severity of those symptoms can vary, ranging from mild to severe.
- 45% of women find their symptoms difficult to deal with.
- Approximately 25% of women experience very debilitating symptoms

In addition, the menopause typically occurs at a challenging times in many people's lives - they may be managing existing health conditions, have increased caring and domestic responsibilities as well as often being in their peak career performance. This can have an impact on emotional wellbeing and lead to excessive levels of stress.

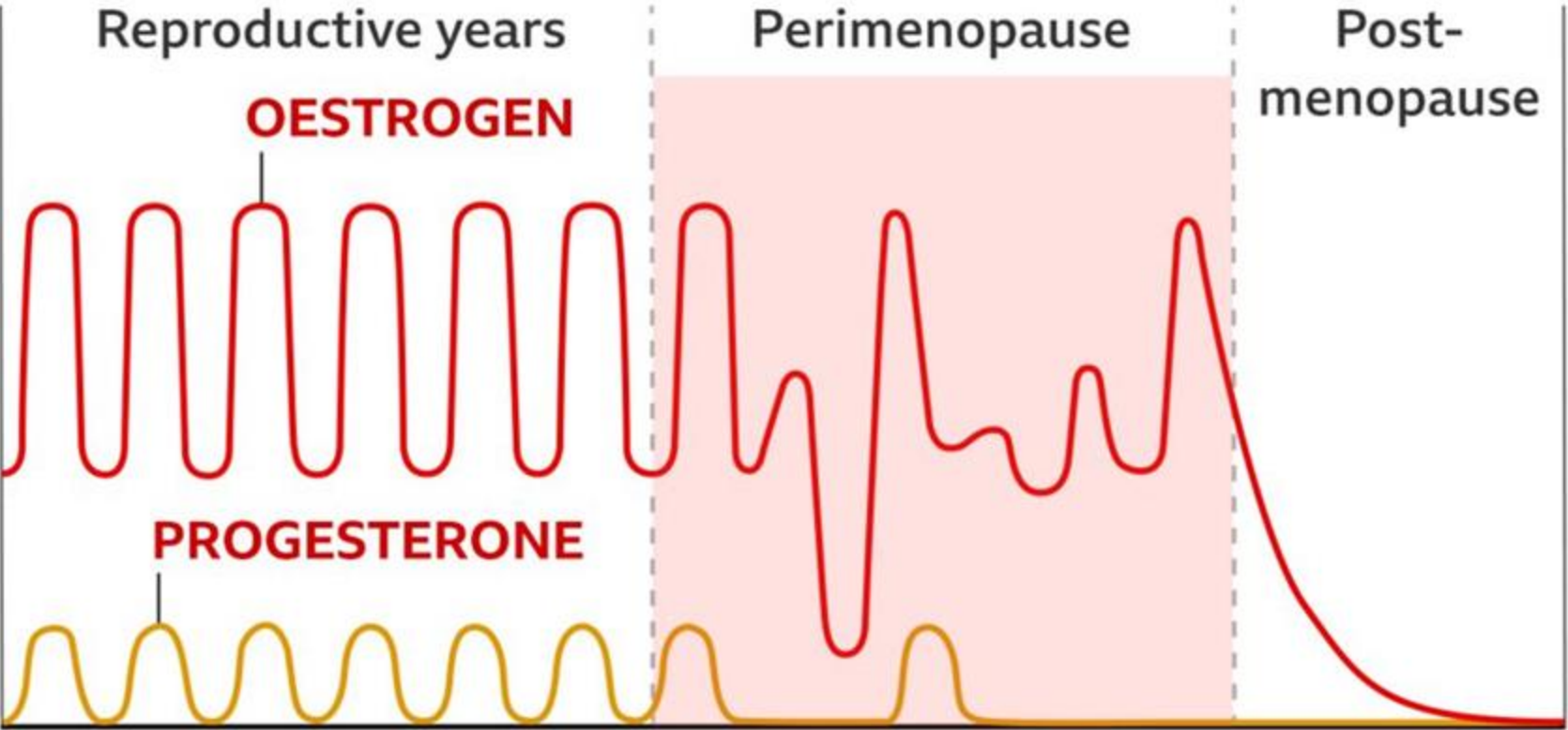
Without appropriate support, individuals can be left feeling isolated and vulnerable and this can further affect their work and the role that they do. Symptoms can impact all aspects of life self-care, work, leisure, relationships and life role and this therefore has a huge impact.

A woman's health status entering the perimenopausal period will largely be determined by prior health and reproductive history, lifestyle and environmental factors.

Perimenopausal care plays an important role in the promotion of healthy ageing and quality of life and changes associated with menopause will affect a woman's health as she ages. It is therefore imperative that we are a supportive workplace.



The menopause transition



Perimenopausal Stage

The perimenopausal stage describes the period of hormonal change leading up to the menopause. It can often last for four to five years (though it may continue for many more years for some people, whilst lasting just a few months for others).

The hormonal changes experienced during perimenopause are mostly caused by rapid decline and fluctuations in estrogen levels. The ovaries make estrogen, which plays a vital role in maintaining the reproductive system. As estrogen decreases, it throws off the balance with progesterone, another hormone produced by the ovaries. These two hormones together are responsible for ovulation and menstruation. It's common for hormone levels to fluctuate during perimenopause — to go up and down like a rollercoaster. The decline in testosterone in women is solely age-related, not menopause-related, and begins years before perimenopause and continues to decline after the menopause.

Perimenopause symptoms are menopause symptoms but without the absent period. Symptoms of perimenopause and menopause may include:

- Irregular periods and periods that are heavier or lighter than normal
- Premenstrual syndrome worse than usual
- Breast tenderness
- Weight gain
- Hair changes
- Heart palpitations
- Headaches
- Loss of sex drive
- Vaginal dryness
- Concentration difficulties
- Memory difficulties
- Forgetfulness
- Fertility issues for those trying to conceive
- Mental health difficulties: anxiety, depression, panic, reduced confidence, insecure and paranoid.
- Sleep difficulties
- Gum problems
- Digestive problems
- Bloating
- Fatigue
- Dizziness
- Muscle and joint pain
- Urinary tract infections
- Dry and itchy skin
- Hot flashes
- Night sweats



These symptoms (which can vary in degree) can be experienced when menstruation continues even when having regular periods and so women who are still having regular periods may not realise that they are experiencing the perimenopause and do not understand the cause of their symptoms often starting treatments for symptoms individuals or being diagnosed with different medical conditions.

Menopause Symptoms in Other Circumstances

There are other circumstances in which symptoms may be experienced:

- Whilst menopause is usually a process involving gradual change, it can sometimes be sudden and acute following serious illness, medication or surgery. Sudden menopause tends to experience more severe symptoms and may require treatment and/or post-operative care to manage further problems.
- Younger women undergoing treatments for conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age) and infertility (affecting around 1 in 7 couples), may experience menopausal symptoms whilst receiving treatment.
- Surgical and medical treatments as part of an individual's gender transition can result in menopause symptoms.

Post Menopause

- Symptoms can continue on average for four years from the last period, and can continue for up to 12 years.
- There is an increased risk of certain conditions, including heart disease (The drop in estrogen is associated with increased cholesterol levels, because estrogen helps your body regulate cholesterol and other lipids) and osteoporosis (Due to a decrease in estrogen due to menopause and testosterone decline due to aging)
- These risks are higher for those who have had early or premature menopause
- There are lifestyle changes that can be help with overall health and improve cardiovascular and bone health



Menopause and the Law




Why is the menopause a workplace issue?

- A large % of our workforce are women between the ages of 46 and 55. This means that a significant number of staff may be going through the menopause or experiencing perimenopausal symptoms at any time.
- In addition, between 1% and 10% of women experience an early or premature menopause and so may be trying to deal with the same symptoms.
- Sometimes going through the menopause can be uneventful, but for others it can impact on their working lives, with it becoming increasingly difficult to function effectively at work as a result of their symptoms. This can leave them feeling less confident, more susceptible to fatigue and stress at work.
- It has also been recognised that certain aspects of work, working conditions and environment may exacerbate menopause symptoms.
- A lack of knowledge about the menopause may mean that someone can be misdiagnosed as constantly having health issues which will restrict them from fulfilling their normal role and having time off work. In addition, symptoms may impact their performance, leading potentially to capability or disciplinary proceedings.
- They may be afraid to approach anyone for help and therefore suffer in silence, losing confidence and feeling isolated before leaving work altogether. It has been estimated that approximately 10% of women actually leave work because of their severe symptoms and lack of support in the workplace

It is so important that we increase our knowledge as a trust around menopause, we address issues that may be present in our workforce and ensure that individuals feel empowered communicate that they are experiencing difficulties due to the menopause. This increased knowledge, understanding and open communication will assist us to address and manage workplace issues, ensure that the correct support and health initiatives are in place and will improve the overall health and wellbeing for a large proportion of our workforce's working lives.

Without effective support, we risk losing key and valuable talent, expertise and experience.



Menopause and the Law

Whilst there is no specific legislation addressing the impact of the menopause in the workplace, there are regulations of which employers should be aware.

The Health and Safety at Work Act (1974)

The Act requires employers to ensure the health, safety and welfare of all employees - and this will include women experiencing the menopause. Under the Act, employers are required to carry out risk assessments under the Management Regulations and these should include specific risks to menopausal women, considering their specific needs and ensuring that the working environment will not worsen their symptoms. Particular issues for consideration will include temperature and ventilation, together with welfare issues such as toilet facilities and access to cold water.

The Equality Act (2010)

The menopause is not a specific protected characteristic under the Equality Act 2010. But if an employee is put at a disadvantage and treated less favourably because of their menopause symptoms, this could be discrimination if related to a protected characteristic

There are many different factors and personal circumstances that may affect how someone experiences the menopause, including the protected characteristics described in the Equality Act.

The following examples illustrate how certain groups of people may be affected by the menopause. This is not an exhaustive list but gives managers some idea of the types of issues they should be considering.

Remember that not everyone experiences the menopause in the same way.

It is important not to make assumptions but to listen to the needs and experiences of the individual concerned. Some people may have more than one protected characteristic and therefore may experience multiple levels of barriers and discrimination.

Needs should be addressed sensitively on an individual basis.



Women and the Menopause

The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they may have planned.

Women who have suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions as a result of the menopause. For example, problems such as incontinence or prolapses can develop as a result of the hormonal changes during the menopause as this can further weaken damaged tissue.

For older women who do not have children, the fact that the menopause signals the end of a woman's reproductive life can give rise to additional emotional issues. It may be a particularly difficult time for women who wished to have a baby but were unable to conceive or for those who've suffered miscarriages or stillbirth.

Younger women can also experience a premature menopause (around 1 in every 100 women will have the menopause before the age of 40) or they may experience a surgical or medical menopause. As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time— for example, fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects similar to the menopause such as fatigue, night sweats, anxiety and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.

Men and the Menopause

Men can be indirectly affected by the menopause for example if their partner is experiencing insomnia and night sweats, men may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased levels of stress.

In some cases, people can experience relationship problems or difficulties at home at this time.

These issues can have an impact on men in the workplace.



Existing Health Conditions and Disabilities

Whilst the menopause is not in itself a disability, conditions arising from it may meet the definition of an 'impairment' under the Equality Act. As an example, depression or urinary problems linked to the menopause and which have a substantial and long term adverse effect on ability to carry out normal day to day activities, mean that the person concerned would be considered to have a disability under the Act. An employer is required to make reasonable adjustments where a disabled worker would be at a substantial disadvantage compared with a non-disabled colleague. Case law has therefore shown the need to take medical information into account in capability situations where ill health has been raised by the employee – seeking advice from the GP and/or Occupational Health practitioner.

Many individuals report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms, or that an existing health condition may also worsen symptoms of the menopause.

It can be difficult to tell whether a symptom is caused by the menopause or by the existing condition, or to tell which is making the other worse as many symptoms can interconnect or overlap. There are reports that a wide range of conditions that can be affected by the menopause including arthritis, multiple sclerosis (MS), mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia and many others.

A significant number of women also experience the menopause as a result of cancer treatment.

Individuals with conditions that cause differences in communication or sensing and perceiving (such as women with autism) or women with certain mental health conditions may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support.

If an existing condition is made worse by the menopause, she may need more time off for medical appointments or treatment for that condition and it may be necessary to review any reasonable adjustments that were previously in place.



Gender/ Sex Discrimination

Employers could risk facing claims for sex discrimination under the Act if they fail to properly support their female employees who are experiencing the menopause. An example could be refusing to take menopause symptoms into account as a mitigating factor when applying a performance management policy, when it could be reasonably assumed that similar symptoms (e.g. memory problems) arising from other conditions would have been taken into account as a mitigating factor for male staff.

Ethnic Minorities people and the Menopause

Some research has found that there is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman's ethnic origin. People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.

Racism at work can increase work related stress which may worsen some menopausal symptoms.

Research by the TUC has also shown that Ethnic Minority workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. Menopause research with Ethnic Minority women found that a number of those on insecure contracts were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security.



Trans people and the Menopause

Trans men (those who identify as male but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.

Trans women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men). As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).

Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status. Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments.

LGBT+ and the Menopause

Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time.

Many people report that stress can impact on menopausal symptoms. If they are experiencing homophobia at the same time as symptoms of menopause this can also increase stress which may exacerbate some symptoms.

A recent TUC survey of LGBT+ workers found that nearly two in five (39 per cent) of all respondents have been harassed or discriminated against by a colleague, a quarter (29 per cent) by a manager and around one in seven (14 per cent) by a client or patient.



Menopause Support



Support from LUHFT

Menopause is a very personal experience and can affect people at work in various ways. This means that different levels of support and assistance may be needed at what can be a very difficult time. Menopause can have indirect effects on other people such as spouses, significant others and close family members or friends of individuals going through the menopause, which can put additional pressures and changes on relationships. As an employer, it is therefore important to foster an open and inclusive culture where colleagues experiencing symptoms of the menopause feel they can talk openly about their experiences and receive or be signposted to the support they need.

Is there a menopause guidance document or policy in place? This guidance is to support our workforce to understand the menopause and receive the correct support or deliver the correct support

Is there an open and receptive culture around the menopause? We have a menopause support group and share menopause information across the trust and through staff wellbeing champions. Staff stories have been completed and will continue to be utilised to support understanding and foster open conversations

Is the right menopause training and support available? Training is delivered to the Menopause Support group from a range of professionals, and we offer line management training and sessions for male employers around the menopause.

Is other support available? Occupational health, occupational therapy, physiotherapy, psychology and health and wellbeing support is available to all. LUHFT's Menopause advocates are Sam Holder and Tracey Lowry who are available for further support/ guidance. We would recommend that the wellbeing at work action plan I completed to document adjustments and support

Is menopause-friendly uniform/workwear available? Uniforms can be adapted if required to support staff who are struggling because of menopausal symptoms. We are also in discussion with various uniform suppliers, and we will consult with the menopause group to support decision making.

Are workplace facilities menopause-friendly? Workplace temperatures can be adjusted or access to desk fans can be available for employees who need them, there is access to cold water, staff rooms and toilets are available.



Support from Line Managers

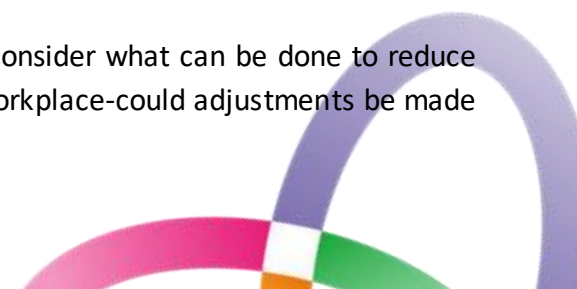
The most important and valuable thing a manager can do is listen and try to understand and respond sympathetically to any requests for adjustments at work. We would recommend that you complete the menopause risk assessment which is available on the menopause page on the intranet and the wellbeing at work action plan if further understanding of the impact on the individual is required and to document actions and adjustments. The wellbeing at work action plan can assist to open up the conversation and allow the manager and staff member to consider what support or adjustments may be required: <https://staffhub.liverpoolft.nhs.uk/working-with-us/wellbeing-at-work-action-plan.htm>

People who are experiencing the menopause (whether directly or indirectly) may need sympathetic and appropriate support from their line manager. As with any longstanding health-related conditions, this support can make a major difference to how they deal with the menopause, enabling them to continue working well and productively.

Managers can only be sympathetic and supportive though if they are aware that their member of staff is experiencing difficulties. Research has shown that people may feel uncomfortable or embarrassed approaching their manager to discuss any difficulties in managing their menopausal symptoms. We hope this guidance can provide increased knowledge and insight as it is important that as a manager, you are aware of the symptoms associated with the menopause and understand the issues affecting people going through it.

This will help in fostering an environment where we are all more comfortable talking about the menopause, the symptoms and measures that could help in minimising these.

You will need to be sensitive to any feelings of discomfort, listen to concerns and complaints and consider what can be done to reduce and minimise the impact symptoms may be having on the staff members performance within the workplace-could adjustments be made to allow them to manage symptoms better?



Support with your health and wellbeing:

Occupational health:

Occupational health are there to help you to discuss the symptoms that you may be experiencing and help with medical advice, support with symptom management, signposting and assistance with reasonable adjustments.

Occupational therapy:

Occupational therapy (OT) can play a valuable role in providing support for individuals experiencing the menopausal transition. OT is a holistic healthcare profession that considers the physical, emotional, and social aspects of an individual's life during menopause and focuses on helping people engage in meaningful and purposeful activities, promoting overall well-being. Our occupational health OT's can support you with; daily activity management, workplace accommodations/ adjustments, stress management techniques, sleep hygiene strategies and circadian rhythm support, coping with cognitive changes, nutritional support (supported by the dietitians), emotional well-being, engagement in leisure and recreation, education and empowerment.

Physiotherapy:

Physiotherapy can be a valuable component of support for individuals going through menopause. While physiotherapy is often associated with the treatment of musculoskeletal conditions, its role extends beyond that to address various aspects of health and well-being. Physiotherapy can provide support during the menopausal period with support for bone health, joint and mobility, pelvic floor health (we collaborate with physiotherapy specialist in this areas), cardiovascular fitness, weight management, pain management, posture and balance, exercise prescription, health educational support.

Our OT and physiotherapy service with collaborate with other healthcare professionals to provide comprehensive support.

<https://staffhub.liverpoolft.nhs.uk/working-with-us/staff-therapy-service.htm>



Psychology

Psychological support often beneficial during the menopausal transition, as it is a period associated with various physical, emotional, and cognitive changes. Mental health professionals, including psychologists, counsellors, Occupational therapists and mental health nurses can play a significant role in providing support and coping strategies. Support can be provided for emotional wellbeing, cognitive changes, self-esteem and body image, relationship dynamics, sleep advice, life transitions and identity, coping strategies for coping with physical difficulties, counselling through hormonal changes and support with mind body techniques and holistic wellbeing.


Menopause support group

The menopause support group commits to 6 sessions a year from guest speakers who will provide professional insight and support from a wide range of disciplines. These are delivered on teams and are available to all. If you would like to be included in the group please email staff.networks@liverpoolft.nhs.uk and request to join. The presentation part of the session will be filmed and shared and the presentation will be shared on the intranet. <https://staffhub.liverpoolft.nhs.uk/working-with-us/managing-menopause.htm>

The remaining 6 sessions in the year are titled **Take a Meno'pause'** and we encourage staff to meet either on teams or in person and on different sites and to support each other. We will ensure that there is a room available and promote throughout the organisation.

Wellbeing Champions

We have a network of wellbeing champions who we support with various training opportunities around a wide variety of health and wellbeing topics and specifically the menopause to enable them to be a listening ear for those struggling, signposting staff to the appropriate support services, display health and wellbeing posters and encourage open conversations about the menopause.



Menopause & Workplace Accommodations & Self Care



Adjustments

It has been recognised that certain aspects of work and the working environment can aggravate menopausal symptoms. It is therefore important to consider whether adjustments can be made to help people experiencing those symptoms by removing any barriers that get in the way of them doing their job. It is recognised however that every workplace is different (e.g. in some workplaces it is not possible to open a window). Any adjustments should be identified through discussion with the individual concerned and, where appropriate, with additional advice from Occupational Health.

The following are adjustments which could be considered to help with various menopause symptoms but most important of all is the need to listen to the individual and to respond sympathetically.

Please utilise the risk assessment and wellbeing at work action plan to aid conversation and consider where support would be required.

General Considerations Adjustment:

- Ensure that there is access to cold drinking water when required
- Easy access to the toilet
- Adequate and flexible breaks. Additional breaks as required.
- Time to attend supportive appointments.
- Temporary changes/ adjustments to job role and requirements.
- Flexible working: hours/ location.
- Phased return following absence from work.
- Support to be able to get fresh air, go for a walk and take a break in a quiet space.
- Regular 1:1's support from line manager/ colleague/ wellbeing champion/ workplace coach.
- Consideration of work-related stress: high work demands & long hours can aggravate menopausal symptoms. If work related stress is cited as a concern, then please completed the stress risk assessment and action plan.

Hot flushes are one of the most common symptoms of menopause, poor ventilation and high working temperatures can prove an aggravation.

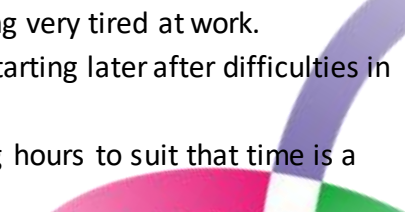
Self management support:

- Loose-fitting clothes in cotton, linen, silk and bamboo that will allow air to circulate and cool your skin
- Use of a fan and a face mist
- Lifestyle management: see page on this.
- Keep a diary to review if there are any triggers and limit these triggers.

Individuals can take measures to alleviate this themselves, but suggested adjustments would include:

- Facilitating a comfortable working environment for those affected - temperature and ventilation-controlled areas (or the provision of a desk fan that can be controlled by the individual). Staff going through the menopause may ask to sit near a door or window.
- Support the staff member to wear suitable workplace clothing made from natural fibres. Providing flexibility wherever possible for employees wearing uniform (preferably not nylon) which may exacerbate symptoms – allowing them to remove certain items/layers where possible. In addition, providing additional uniforms for them to be able to change during the day where the need arises.
- Providing access to cold water supplies.
- Ensuring easy access to toilet facilities and showers/washing facilities.
- Adjusting duties – hot flushes can be difficult to cope with when undertaking high visibility work such as formal meetings and formal presentations.

Hot Flushes, nighttime Sweats and Sleep Disturbance

- These symptoms may result in both the individual experiencing them and their partner being very tired at work.
 - Revisiting working time arrangements – flexible enough to deal with symptoms, including starting later after difficulties in sleeping, taking more breaks during the day or needing to leave work suddenly.
 - Many staff have a time of day when they can work most productively and adjusting working hours to suit that time is a reasonable adjustment.
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Cognitive Problems

Forgetfulness and memory loss and difficulty in concentrating is reported by many people going through the menopause. This can mean that it is more difficult to carry out certain tasks temporarily and that performance is affected. Work related stress can exacerbate these symptoms.

Self management advise:

- Lifestyle advice: see page on this
- Prioritise sleep: see page on sleep
- Manage anxiety and stress: through mindfulness/ relaxation and anxiety management techniques
- Mental breaks throughout the day: be aware of your capacity and talk through your limits.
- Fresh air and time in day light in the middle of the day
- Pace, plan and prioritise tasks ensuring regular microbreaks
- Utilise external memory aids
- Focus on or take up a hobby/ interest

Suitable adjustments may include:

- Encouraging employees to discuss concerns openly at one-to-one meetings with their manager or Occupational Health.
 - Complete a stress risk assessment and action plan to mitigate work stresses
 - Support access to therapies which may assist: occupational therapy, psychology, counselling services
 - Alternating work tasks with sustained attention can assist with attention and management of mental fatigue
 - Support staff member to implement the above self-care practices
 - Consider the impact of shift patterns and rosters
 - Changing work schedule if a cognitive impairment is more pronounced at certain times
 - Using technology/ software to assist with diary management/ planning
 - Assist with completing tasks/ or prioritising tasks
 - Restructuring certain job duties which may be too difficult of pose too much of a risk
 - Flexible working: different hours/ location of duties/ changes to shifts
 - Identify a quiet space for staff take microbreaks
 - Discuss the environment and sensory elements that impact concentration and support strategies to manage these.
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Mental health:

Changing hormone levels can cause mood swings, low mood and anxiety during the menopause. The changes in your body, physical symptoms and changes to role can significantly impact your confidence and self-esteem. For some women, these are the first signs that they are approaching menopause.

Self-help measures:

- Lifestyle management and prioritise sleep: see pages for support.
- Grounding/ mindfulness/ journal and sensory strategies and relaxation to assist
- Cognitive behavioural therapy (CBT) is an effective treatment to help psychological and emotional changes during perimenopause and menopause. It can help to manage overwhelming problems by breaking them down into smaller parts, providing strategies to help to cope with unwanted thoughts, feelings, and associated physical reactions.
- Psychotherapy and counselling are other beneficial therapies that may help you accept and adapt to the challenges at this time of life.

Reasonable adjustments may include:

- Flexible hours and flexible duties
- Support breaks and encourage a break outside access to fresh air and nature
- Microbreaks can help
- Support staff to implement self-care strategies above
- Referral to psychology/ counselling for assessment/ therapy and support attendance to appointments
- Stress risk assessment and action plan
- Adjusted deadlines/ duties and expectations and support with difficulties.
- Temporary adjusted duties



Muscular Aches and Bone and Joint Pain

Oestrogen: Helps to nourishes the tissues of the body and keep them youthful and elastic. Reduces the body's inflammation levels and regulates new bone growth. Helps to regulate the body's fluid levels so cells remain hydrated.

Progesterone: Boosts feelings of natural calmness, improves mood and increases pain threshold levels.

Testosterone: Supports and increases bone density and helps to turn fat into muscle.

For individuals experiencing these symptoms, moving and handling or adopting static postures may exacerbate symptoms. Please ensure that the risk assessment is completed, manual handling advice is taken and if there are concerns around ability to perform physical requirements of the role please complete a functional capability assessment and put it suitable adjustments.

Self-care practices:

- Lifestyle management: see page on this
- Increase strength-based exercises
- Regular movement: avoid sitting for long periods and stretch regularly
- Wear flat supportive footwear
- Management of stress
- Prioritise sleep: see page on this

Suitable adjustments may include:

- Ensure regular 1:1's and wellbeing conversations are in place
- Review of their work role and work schedules and put in adjustments
- Reducing manual handling requirements
- Vary tasks: sitting/ standing/ moving
- Referral to physiotherapy assessment/ treatment and support to access appointments
- Access to physical health initiatives and sessions such as Yoga.
- Ensure that a DSE assessment has been completed and that set up and seating is correct



Heavy and/or Irregular Periods

Sometimes there can be heavier or unpredictable periods during the perimenopausal stage. Keeping a diary of symptoms and tracking of periods to discuss treatment options with GP or specialist. Management of lifestyle and prioritise sleep can aid with symptoms and energy levels.

Suitable adjustments may include:

- Providing ready and easy access to suitable toilet facilities.
- Providing ready access to suitable washing facilities.
- Allowing for more frequent breaks to go to the toilet.
- Provision of sanitary products for staff to use.
- Providing storage for sanitary products near the toilet.
- Supporting flexible working



Healthier Lifestyle

Looking after yourself before, during and after the menopause can ease the symptoms and impact of the menopause.

Lifestyle changes will help reduce the risks of osteoporosis (brittle bones), diabetes and cardiovascular disease in later life.

Let's focus of the 4 pillars of health: Diet, Movement, Relaxation and Sleep

Diet:

The principles of the Mediterranean-style diet are included in many national healthy eating guidelines, including the UK's Eatwell Guide. These are characterised by:

- higher consumption of vegetables, fruit, wholegrains, seafood, nuts, seeds and pulses
- moderate consumption of dairy
- unsaturated fats as an important fat source, such as olive oil
- lower intakes of fatty/processed meat, refined grains, sugar-sweetened foods and beverages
- lower salt and lower saturated fat intakes

Soy and soy-based foods have had some research into whether they help reducing symptoms. There are other factors that may be involved, however adding soy based food like tofu and edamame can be included as part of a healthier and more sustainable diet. They are a source of plant-based proteins and healthy fats.

Try to cut down on foods that are likely to trigger or worsen symptoms like hot flushes and night sweats. This might include coffee, alcohol and spicy foods, keeping a diary of symptoms/ food and activity can help to identify patterns.



Authorised health claims for different nutrients related to menopausal health

Nutrient	Menopausal-related health benefit	Food sources
Vitamin B6	Supports the regulation of hormonal activity	Meat, poultry, fish, fortified breakfast cereals, egg yolk, yeast extract, soya beans, sesame seeds, some fruit and vegetables (such as banana, avocado and green pepper)
Calcium and vitamin D	Help reduce the loss of bone mineral density. Low bone mineral density is a risk factor for osteoporotic bone fractures.	Calcium: Milk, cheese, yogurt, fromage frais, some green leafy vegetables (such as kale), calcium-fortified dairy alternatives, canned fish (where soft bones are eaten) and breads
Magnesium	Contributes to the reduction of tiredness and fatigue	Nuts and seeds (such as Brazil nuts and sunflower seeds), wholegrain breakfast cereals, wholegrain and seeded breads, brown rice and quinoa
Pantothenic Acid (Vitamin B5)	Contributes to normal mental performance	Wholegrains, green vegetables, tomatoes, potatoes and dairy
Zinc	Helps contribute to the maintenance of skin, hair and nails	Meat, poultry, cheese, some shellfish (such as crab, cockles and mussels), nuts and seeds (such as pumpkin seeds and pine nuts), wholegrain breakfast cereals and wholegrain and seeded breads
Thiamine (vitamin B1)	Contributes to normal heart function	Bread, fortified breakfast cereals, nuts and seeds, meat (especially pork), beans and peas



Movement:

The best exercises during perimenopause and menopause are those that address the unique physical and emotional changes associated with these life stages. Exercise can have numerous benefits, including managing weight, improving mood, supporting bone health, and enhancing overall well-being. Regular exercise has been showed to positively influence testosterone levels and improve sleep quality.

Here are some types of exercises that are particularly beneficial during perimenopause and menopause:

Aerobic Exercises: Cardiovascular workouts: Engage in activities such as brisk walking, jogging, cycling, swimming, or dancing to improve cardiovascular health, manage weight, and boost mood. **Interval training:** Incorporate short bursts of higher-intensity exercise alternated with lower-intensity periods to maximize calorie burning and improve cardiovascular fitness.

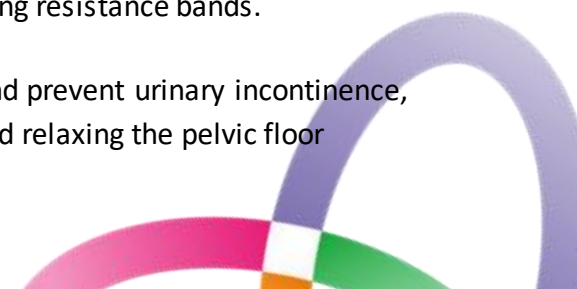
Strength Training: Weight lifting or resistance training: Strength training helps maintain muscle mass, support bone health, and boost metabolism. Focus on exercises that target major muscle groups, such as squats, lunges, and upper body exercises.

Bodyweight exercises: Include exercises like push-ups, squats, and planks, which can be effective for building strength and improving overall fitness.

Flexibility and Stretching: Yoga: Incorporating yoga into your routine can enhance flexibility, improve balance, and reduce stress. Certain yoga poses can also be beneficial for managing menopausal symptoms. **Pilates:** Pilates focuses on core strength, flexibility, and overall body conditioning. It can help improve posture and muscle tone.

Bone-Building Exercises: Weight-bearing exercises: Engage in activities that load the bones, such as walking, jogging, or dancing. These exercises are essential for maintaining bone density and reducing the risk of osteoporosis. **Resistance training:** Incorporate weight-bearing resistance exercises to promote bone health. This can include lifting weights or using resistance bands.

Pelvic Floor Exercises: Kegel exercises: Strengthening the pelvic floor muscles can help manage and prevent urinary incontinence, a common concern during perimenopause and menopause. Kegel exercises involve contracting and relaxing the pelvic floor muscles.



Mind-Body Exercises: Tai Chi: This gentle, low-impact exercise combines movement and breath control, promoting relaxation and improving balance.

Cardio Dance: Dance workouts: Engaging in dance-based exercises, such as Zumba or dance aerobics, can be a fun way to stay active while improving cardiovascular fitness and coordination.

Cycling: Indoor or outdoor cycling: Cycling is a low-impact exercise that can be gentle on the joints while providing cardiovascular benefits. Consider stationary cycling or biking outdoors.

Swimming or water aerobics: These activities are easy on the joints and provide a full-body workout. Swimming can be particularly beneficial for those experiencing joint discomfort.

Group Fitness Classes: Joining group exercise classes, such as group cycling, fitness classes, or boot camps, can provide social support, motivation, and a sense of community.

It's important to choose activities that you enjoy and that align with your fitness level. Before starting a new exercise program, especially if you have any existing health conditions, it's advisable to consult with your healthcare provider or a fitness professional.

Additionally, listen to your body, and make modifications as needed to accommodate any physical changes or limitations that may arise during perimenopause and menopause.



Relaxation:

Relaxation techniques can be beneficial during menopause to help manage stress, alleviate symptoms, and promote overall well-being.

Here are some relaxation strategies that may be helpful: please see [Your Mental Wellbeing](#) on the intranet for further information

Breathwork: Explore different breathwork techniques, such as diaphragmatic breathing or alternate nostril breathing. These techniques can help calm the nervous system and reduce stress.

Progressive Muscle Relaxation (PMR): PMR involves tensing and then gradually releasing each muscle group to induce relaxation. Start with your toes and work your way up through your body, paying attention to any tension and releasing it.

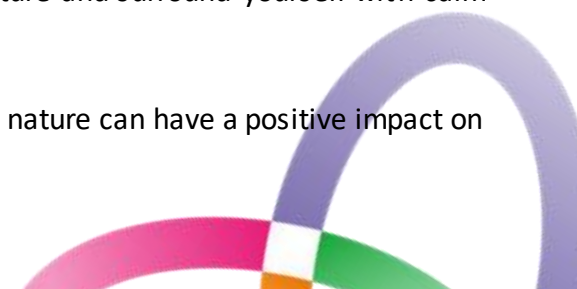
Mindfulness Meditation: Engage in mindfulness meditation to bring your attention to the present moment. Focus on your breath, sensations in your body, or the environment around you. Mindfulness can help reduce anxiety and stress.

Guided Imagery: Use guided imagery or visualisation exercises to create calming mental images. Imagine yourself in a peaceful place or envision a scenario that brings comfort and relaxation.

Yoga: Incorporate gentle yoga poses and stretches to improve flexibility, reduce muscle tension, and promote relaxation. Restorative or yin yoga can be particularly soothing.

Sensory Strategies: Sensory strategies can be effective in managing various symptoms associated with menopause. These strategies focus on engaging the senses to create a positive and calming environment. Examples include, warm baths, using weighted blankets, focusing on textures to calm, aromatherapy, music, movement such as Yoga, calm lighting and access to nature and surround yourself with calm pictures and colours, chose drinks to calm and engage in tactile activities such as art/ crafts.

Nature Walks: Spend time in nature by taking leisurely walks. Being outdoors and connecting with nature can have a positive impact on mood and stress levels.



Music Therapy: Listen to calming music or nature sounds to create a serene atmosphere. Music can have a powerful influence on emotions and relaxation.

Journaling or expressive writing: Keep a journal to express your thoughts and feelings. Writing can be a therapeutic way to process emotions and gain perspective on your experiences.

Self-Compassion Practices: Practice self-compassion by being kind and understanding toward yourself. Treat yourself with the same care and empathy you would offer to a friend going through a similar experience.

Massage or Self-Massage: Enjoy a massage or practice self-massage with techniques like gentle circular motions on tense areas. Massage can help release tension and promote relaxation.

Laughter Therapy: Engage in activities that bring joy and laughter. Laughter is a natural stress reliever and can have positive effects on mood and relaxation.

It's important to experiment with different relaxation techniques and find what works best for you. Consistent practice of these strategies can contribute to better stress management and an improved sense of well-being during the menopausal transition. If you find persistent challenges with stress or mood, consider seeking support from healthcare professionals, including mental health professionals, who can provide additional guidance and resources.



Sleep and Hormones

Sleep disturbances during menopause are multifactorial, and addressing lifestyle factors, stressors, and overall health is important. Sleep is instrumental to hormone production, some of your body's hormones can impact your sleep quality.


Melatonin is directly responsible for promoting rest and regulating your body's circadian rhythm. Melatonin is produced in the pineal gland, which is associated with your sleep-wake cycle. Sleep disruption or poor quality sleep can negatively impact your body's melatonin production and it's important to note that melatonin levels decline with age.

Estrogen decline on sleep: Slows the intake and secondary production of magnesium, which helps muscles relax. This decline also causes hot flushes & night sweats and can cause disturbed breathing during the night (aka sleep apnoea) and interrupted sleep

Progesterone decline on sleep: Progesterone has a sleep-inducing effect. When levels decline the ability to fall asleep declines too. A reduction in progesterone also results in mood swings, depressed mood and or anxiety which can directly impact sleep and sleep quality.

Testosterone levels decline with age. Testosterone follows a circadian rhythm, with levels typically peaking during the early morning hours, fluctuating during the day, and they're at their highest during REM sleep. Low testosterone levels have been associated with sleep disturbances. If you're not getting enough REM sleep, it can affect your body's testosterone levels. Reduced testosterone can also be linked to snoring which can create a vicious cycle of reduced testosterone levels and poor sleep.

Cortisol: Sleep regulates cortisol, often known as the "stress hormone." However, this isn't cortisol's main purpose. Along with melatonin, cortisol is key to maintaining your sleep pattern. When you wake up, your cortisol level temporarily spikes, helping to wake you up and feel refreshed as melatonin production reduces. As you approach your bedtime, cortisol production reduces as melatonin production ramps up, helping your body prepare for sleep. Elevated cortisol levels can negatively impact your sleep, most often as a result of stress and electronic devices suppressing your body's melatonin production.



Sleep advice:

Sleep hygiene practices are crucial for promoting good sleep, and they become particularly important during the menopausal transition when hormonal changes can impact sleep patterns. Incorporating healthy sleep habits can help manage symptoms like hot flashes, night sweats, and insomnia. Here are some sleep hygiene tips specifically tailored for menopause:

Maintain a consistent sleep schedule: Go to bed and wake up at the same time every day, even on weekends. Consistency helps regulate your body's internal clock.

Circadian rhythm: Help maintain your circadian clock: morning light, midday light and dusk/ reduced lighting at night. Diet and exercise is also really integral to this.

Create a relaxing bedtime routine: Develop a calming pre-sleep routine to signal to your body that it's time to wind down. This could include calm sensory activities, practicing relaxation exercises and avoid screens and blue light for at least an hour before bed.

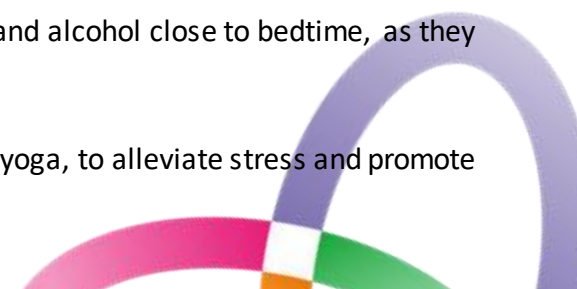
Optimise your sleep environment: Keep your bedroom cool, dark, and quiet and low stimuli. Consider using blackout curtains, earplugs, eye mask and sleep-inducing sounds create an ideal sleep environment.

Choose comfortable bedding and sleepwear made of natural fibres: Invest in comfortable pillows and bedding that suit your preferences. Natural fibres are beneficial for managing night sweats.

Stay Active During the Day: Engage in regular physical activity but try to complete vigorous exercise earlier in the day. Physical activity can help regulate sleep patterns.

Mind Your Diet: Be mindful of your diet, especially in the evening. Avoid heavy meals, caffeine, and alcohol close to bedtime, as they can disrupt sleep.

Manage Stress: Practice stress management techniques, such as deep breathing, meditation, or yoga, to alleviate stress and promote relaxation before bedtime.



- **Limit Screen Time Before Bed:** Reduce exposure to screens (phones, tablets, computers, TVs) at least an hour before bedtime. The blue light emitted from screens can interfere with the production of the sleep-inducing hormone melatonin
- **Get up:** If you can't sleep for 20 minutes or more, stay in low light and complete something relaxing as this will prevent your bed being associated with stress.
- **Address Menopausal Symptoms:** If hot flushes or night sweats are disrupting your sleep, consider strategies to manage these symptoms. This may include using cooling bedding, wearing breathable sleepwear, or adjusting the room temperature.
- **Sleep a Sleep Diary:** Track your sleep patterns and daily habits in a sleep diary. This can help identify patterns, triggers, and areas for improvement.
- **Be Patient and Persistent:** Changes in sleep habits may take time to show results. Be patient and persistent in implementing healthy sleep practices.
- **Consult with a Healthcare Provider:** If sleep difficulties persist, consult with a healthcare provider. They can help identify any underlying issues and recommend appropriate interventions.



Section 8 Seeking help and self help

Don't Suffer in Silence ... Consider:

- Discussing symptoms and seeking support from a trusted manager. If you don't feel able to talk to your line Manager, at least initially, you can talk to another manager in your department, Occupational Health, health and wellbeing, wellbeing champion, HR, equality and diversity or a trade union representative. Depending on their level of knowledge they may just offer a listening ear and then onward referral to a service/professional who can offer further support.
- Consulting a GP on managing the menopause - and to ensure the symptoms are not the result of anything else.
- We have specialist knowledge and support in Occupational Health who can help with discussion of condition management and reasonable adjustments.

Whilst some women go through this natural stage without any requirement for intervention, others experience more difficult symptoms. These can pose significant challenges to daily living, leading to the need to seek help from a healthcare practitioner or to consider self-help alternatives.

Referrals and Resources:

<https://www.nhs.uk/conditions/menopause>

<https://www.balance-menopause.com/>

<https://www.menopausematters.co.uk/>

<https://www.menopausematters.co.uk/forum/>

<https://thebms.org.uk/>

<https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/>

<https://www.managemymenopause.co.uk/>

<https://www.daisynetwork.org.uk/>

<https://simplyhormones.com/mens-page/>





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