

Menopause Champions: Info, signposting and resources

Jacqui McBurnie
NENC Menopause Lead
2024

Menopause definition

Menopause: A stage in a woman's life that occurs when she stops menstruating and reaches the end of her reproductive life. Usually it is defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.

Perimenopause The time in which a woman has irregular cycles of ovulation and menstruation leading up to menopause and continuing until 12 months after her final period. The perimenopause is also known as the menopausal transition or climacteric.

Postmenopause The time after menopause has occurred, starting when a woman has not had a period for 12 consecutive months.

<https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#diagnosis-of-perimenopause-and-menopause>

Averages: Nobody is average

- Move away from averages. Averages ignore;
 - Race
 - Culture
 - POI, Early menopause and its greater risks
 - Surgery
 - Medical interventions

None of us are average



Menopause: Rationale and legal framework

The rationale: retention and wellbeing at work NHS and Social Care



- **77%** of the NHS workforce is recorded as female. Within this group are your mentors, coaches and organisational memory
- Approximately **80%** of those affected have problematic symptoms that affect them at work;
 - **25%** report severe symptoms
 - **69%** experience anxiety or depression due to menopause
 - **84%** experience trouble sleeping

This was also supported by a study completed in Nov 2022 by [The Strategy Unit](#)

- **10%** who worked during the menopause have left a job due to their symptoms according to the [Fawcett Society](#).
- **80%** say their employer hasn't shared information, trained staff, or put in place a menopause absence policy according to [ACAS](#) and [Menopause APPG Manifesto](#)
- The [BMA reports](#) (2020, 2022) recognise the impact on medical staff; **93%** of survey respondents had experienced symptoms as a result of the menopause, **65%** experiencing both physical and mental symptoms, **90%** said that these symptoms had impacted their working lives, **38%** saying that the impact was significant.
- This data was underpinned by a specific study asking [What do working menopausal women want?](#) To help them thrive at work
- Recent research from [CIPD](#) underlines that around 10% say they feel discriminated against at work due to menopausal symptoms

Support is not a 'nice to do' offer



Menopause tribunals have increased 43% since 2021 There was also a 75% increase in other cases mentioning the word menopause, even if that wasn't the direct subject of the tribunal. The word was mentioned 207 times in tribunal documents in 2021, up from 118 in 2020. [HR Magazine - Rise in menopause tribunals attributed to increased awareness](#)

ACAS outlines the legal framework for [Menopause and the law](#) which falls into gender, age and disability frameworks and has been tested on all 3 categories of the Health and Safety at Work Act and Equality Act.

- **Daley v Optiva (2020)**
 - Symptoms agree as long term because when the claimant came to tribunal, they'd persisted for more than two years. The tribunal thus ruled that she was disabled.
- **Gallacher v Abellio Scotrail Ltd (2020)**
- **Kownacka v Textbook Teachers Ltd (2021)**; The tribunal found in her favour in relation to harassment and her employer showed a lack of insight, sensitivity and empathy which violated the claimant's dignity and created an offensive environment.
- **Merchant vs BT**; The manager chose not to carry out an investigation. In fact, he made the mistake of using his wife's experience and accompanying HR manager's experience of the menopause as relevant evidence in his decision making. He dismissed her for poor performance.
- **Donnachie v Telent Technology Services Ltd (2020)**; the judge said: *"I see no reason why, in principle, typical menopausal symptoms cannot have the relevant disabling effect on an individual. I have little hesitation in concluding that the effect of her menopausal impairment on her day-to-day activities is more than minor or trivial. The range of her daily activities and her ability to undertake them when she would wish, with the rhythm and frequency she did, is markedly affected."*

The staffing impact



The **first study into the impact of menopause on NHS staff** was undertaken by the Strategy Unit; [Menopause and the NHS workforce | The Strategy Unit \(strategyunitwm.nhs.uk\)](#)

This study underlined key issues for system leaders;

- One fifth of ALL NHS employees are menopausal age; over half earn less than £30k which may impact on affordability for treatments
- Many participants reported psychological symptoms which exacerbated a cycle of worsening physical and mental health – directly affecting their work
- 1 in 85 may leave the NHS, 1 in 48 may reduce their hours or role as a direct result of their menopausal symptoms; some women deliberately demote themselves
- Even when the facility is available, many women do not report menopause related sickness because they do not or can not discuss this with their line manager. As a result the potential impact of presenteeism is vast
- The cost to the NHS is estimated to stand between £89 and £129 million – not taking into account the potential impact of presenteeism
- The [Health Foundation 2023](#) also makes critical points regarding NHS nurses; NHS nurses have higher leaver rates in the 2 years to September 2022, which could exacerbate NHS staffing shortages and hinder the NHS's ability to increase activity rates and address backlogs. The data also show that many NHS nurses were previously employed as health care assistants, adult social care workers and home carers. **Policies that aim to address staff shortages only in the NHS, could therefore exacerbate vacancies in social care.** System action is therefore critical to address retention.

British Standards Institute BSI report 2023: Lifting the Second Glass Ceiling

Key recommendations of the Second Glass Ceiling insight report

- **Recognize the benefits of lifting the Second Glass Ceiling**
Individuals, organizations, and society **all stand to gain from tackling the departure of women**. Ultimately, it is an opportunity to boost growth and innovation and accelerate progress towards a sustainable world.
- **Open the dialogue**
Ask women what they want – and act on it. Looking at what is driving women to leave the workforce early can help to uncover solutions that can reverse the trends and enable more women to thrive. Ensure support is available and accessible. Women can only access support around menopause or any other factor if it is first available and they are aware of what is on offer. Employers can partner with employees to embed a supportive culture.

[Lifting the second glass ceiling - global research report | BSI \(bsigroup.com\)](https://www.bsigroup.com)

Workplace support

In a recent Dutch study of 4010 participants in 2021

[Perimenopause: Symptoms, work ability and health among 4010 Dutch workers - PubMed \(nih.gov\)](#)

Almost one-fifth of participants were in the perimenopause (n = 743). Of these women, 80 % experienced menopausal symptoms: 27.5 % 'often' and 52.5 % 'sometimes'. **Experiencing menopausal symptoms was associated with lower work ability, poorer self-rated health, and more emotional exhaustion.** These associations were most pronounced among perimenopausal women 'often' experiencing symptoms.

Menopause – how will I know?

Early Menopause

Age is NOT a definitive marker for menopause; early menopause or Premature Ovarian Insufficiency (POI) is diagnosed on a combination of oligomenorrhoea / amenorrhoea (no periods) of more than 4 months' duration associated with elevated hormonal blood tests (gonadotropins FSH >40 iu/l) on at least two occasions measured 4-6 weeks apart in people **under the age of 40**.

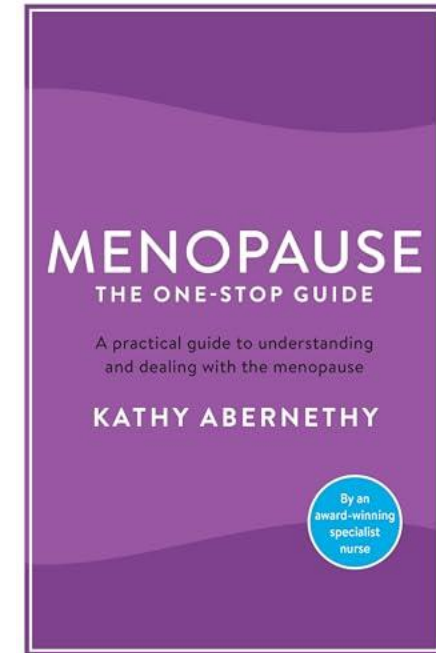
<https://www.nhs.uk/conditions/early-menopause/>

[Diagnosis of premature ovarian insufficiency | Diagnosis | Menopause | CKS | NICE](#)

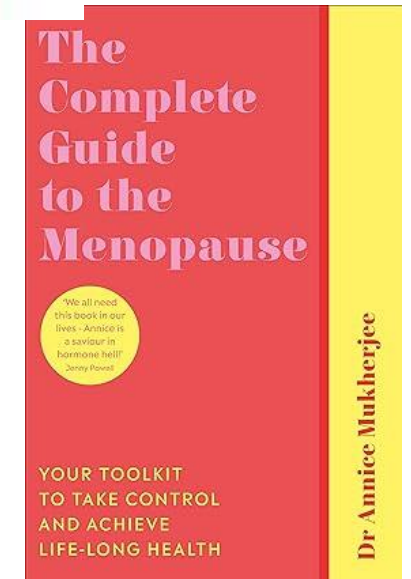
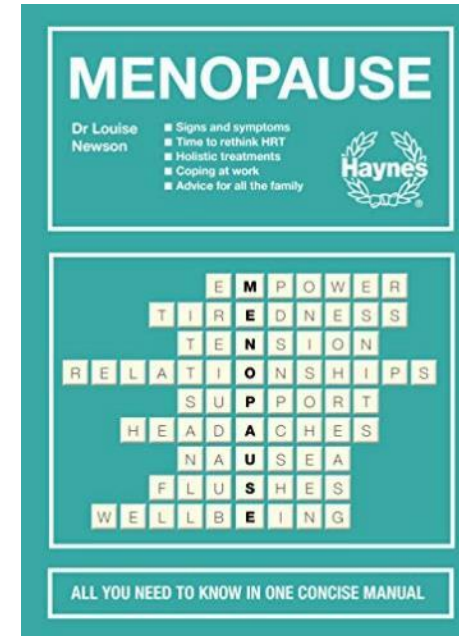
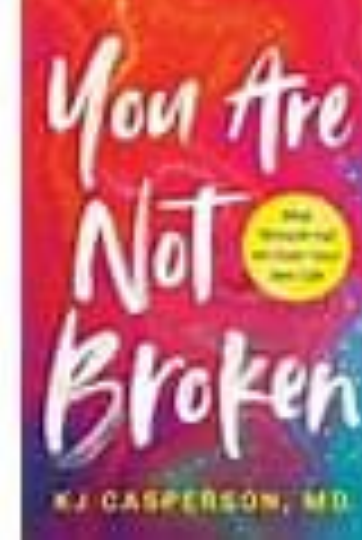
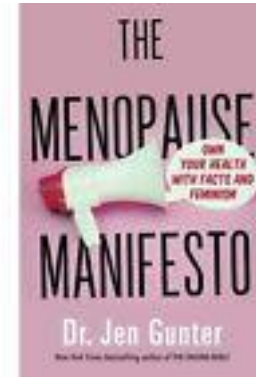
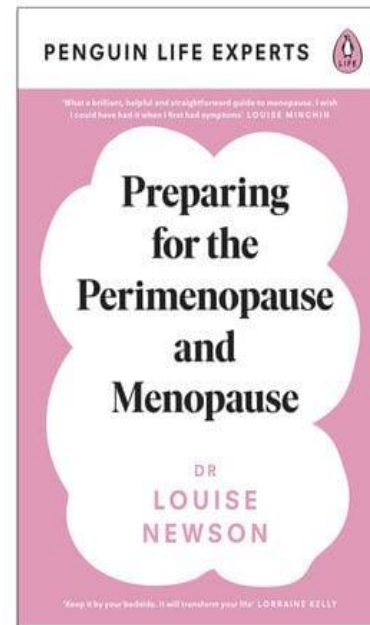
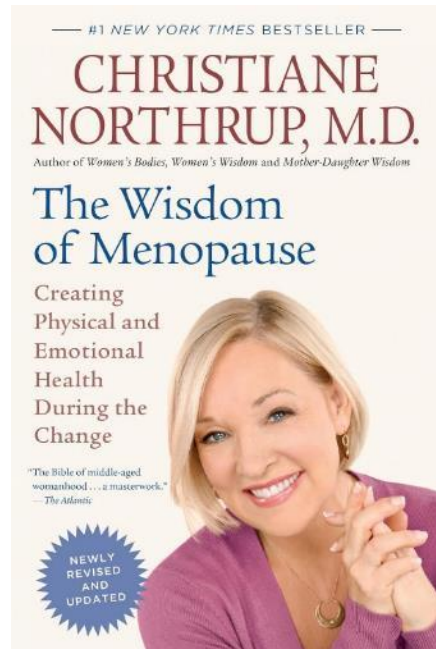
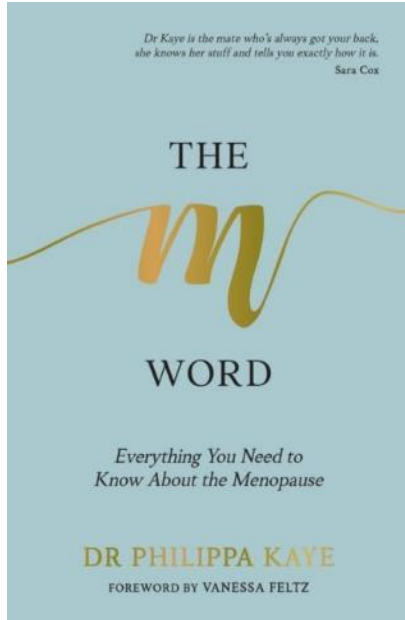
[The Daisy Network offer specific advice and support for anyone in early menopause; Charity for Women with POI | The Daisy Network](#)

Symptoms

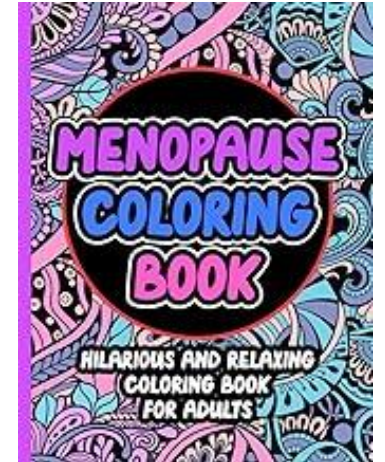
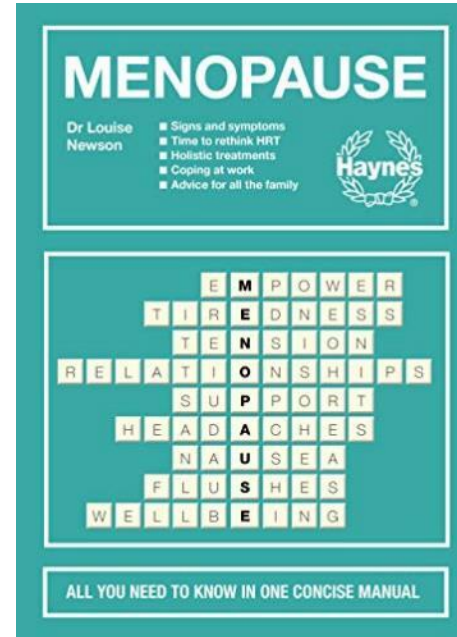
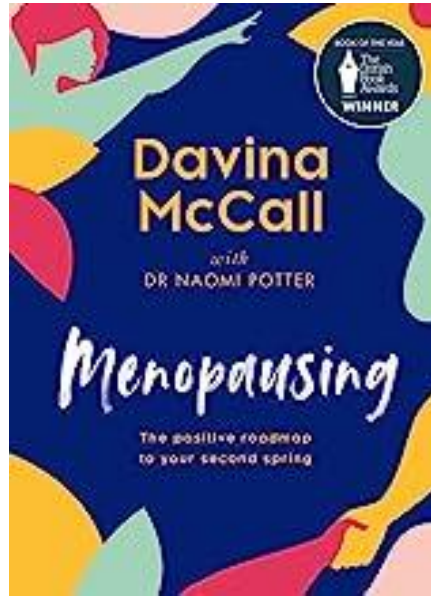
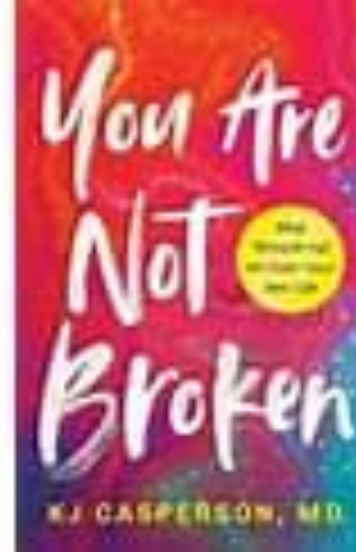
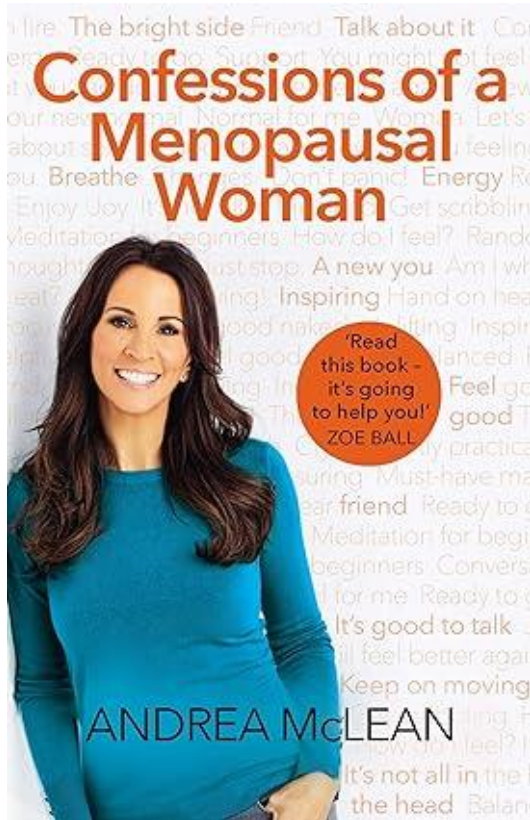
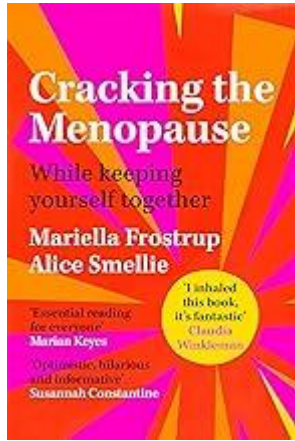
- Not everyone has symptoms; although as many as 80% do report 'bothersome' symptoms; not all those affected will seek or need any medical or workplace support
- As many as 25% report symptoms that are described as debilitating
- Missed or changed menstrual period/cycle is not always a firm indicator of the menopause; other symptoms may be more prevalent



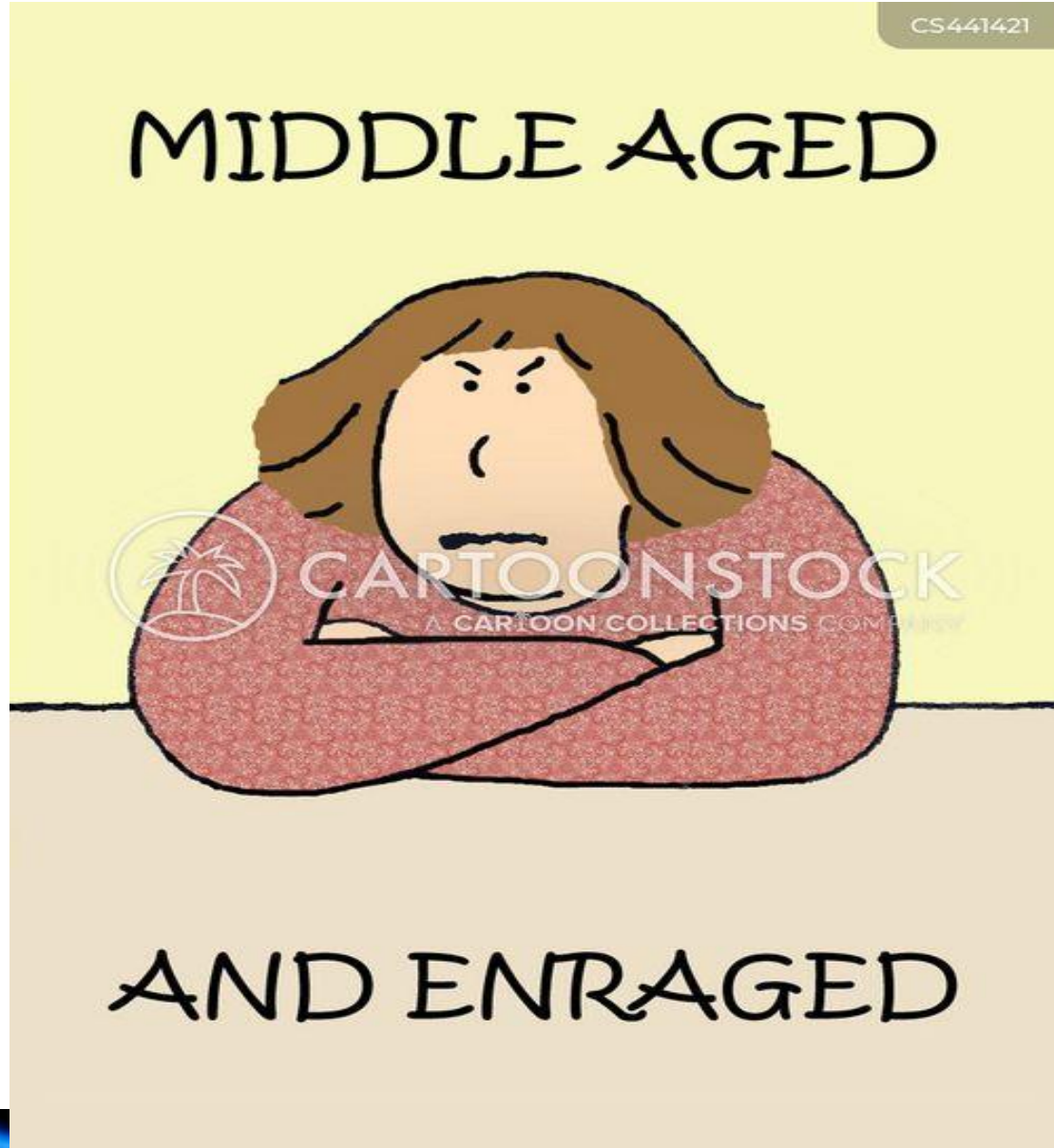
Books; clinically based



Books; chatty



Symptoms of menopause



Symptoms



- There are around 34 symptoms you will find come up commonly as a list that gets referred to
- Its critical to ensure that you acknowledge and reiterate everybody is different – as are their tolerances
- The most common symptoms are usually those that disturb our sleep, cause us mental health issues and/or embarrassment;
 - Lack of sleep
 - Hot flushes
 - Anxiety
 - Changes in bleeding pattern (unexpected, prolonged, heavy)
 - Low mood
 - Concentration
 - fatigue

The biggest lie I tell myself about menopause is "I don't need to write that down, I'll remember it."



Breast cancer risk

The early study from 2002 turned women away from HRT due to fear of breast cancer. However, research shows us clearly that some women who had never taken HRT would get breast cancer.

If a group of 10,000 women in their 50s had never taken HRT, 26 women would get breast cancer in a year.

If all 10,000 women had recently taken combined HRT for less than 5 years, 35 would get breast cancer. So, the HRT is linked to **9 extra cases** of breast cancer in a year. That is **less than one in a thousand** women.

Risk is related to type of HRT and alcohol risk is actually higher than HRT if you drink daily

Breast cancer in UK women has:

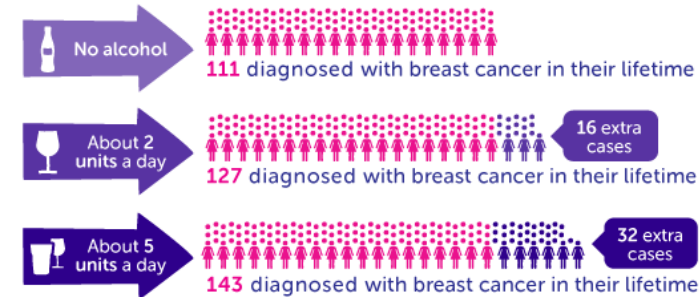
- increased by 24% over 23 years
- increased by 5% over 10 years
- dropped by 2% over 3 years

ALCOHOL AND THE RISK OF BREAST CANCER

Of 1,000 women



Who each drink...



Of 1,000 women in England in the past week...



CRUK estimates, Nov 2014, based on Hamajima et al 2002 (cancer risk), and HSCIC 2013 Health Survey for England 2012 (alcohol consumption).
For more information follow this link: <http://bit.ly/1xt4mBc>

Let's beat cancer sooner
cruk.org



Progesterone

- Progesterone helps us to prepare for pregnancy and regulates the menstrual cycle; it is highest at the post ovulatory phase – just before the lining of the womb/uterus is shed if not pregnant
- Testosterone, estrogen and cortisol can be made from progesterone
- Produced in ovaries and in a small amount in adrenal glands
- Stress = adrenal glands prioritise cortisol over progesterone
- Helps sleep, anxiety, nervous system, cardiovascular system, brain health
- Lack of; PMS, insomnia, anxiety, spotting, mood swings

Estrogen

- Is actually a group of 3 hormones; oestrone, oestradiol, oestriol; it makes us female
- Produced mainly in ovaries, also in adrenal glands and FAT tissue
- Estrogen receptors are all over our body in all systems
- Enhances magnesium absorption, supports elasticity in arteries
- Low estrogen can result in; increased PMS symptoms, symptoms of menopause, joint aches (cartilage and collagen) problems with brain fog/concentration, management of mood, tiredness, bone density, night sweats etc

HRT types, use



- If you have a uterus (if you have NOT had a hysterectomy) you will need BOTH estrogen and progesterone. Progesterone encourages you to have a 'breakthrough bleed' to protect the lining of your uterus or womb.
- If you HAVE had a hysterectomy, you will only need estrogen.
- There are a number of benefits too - HRT is explored by the British Menopause Society further [here](#) by Kathy Abernethy.
- This research has since been significantly clarified and the risks **much reduced**, as outlined by NICE [here](#)
- The British Menopause Society provide an info sheet covering all types of HRT here; [HRT-Guide-160516.pdf \(thebms.org.uk\)](#)

Estrogen

- Gel, spray, vaginal, tablet, patch – transdermal introduces no risk

Progesterone

- Coil (mirena), tablet
- [Women's Health Concern](#) give clinically based information about HRT

When do I need to stop using or come off HRT?

HRT types

There are more than 50 types of HRT available:

HRT can be given orally (tablets), transdermally (through the skin); subcutaneously (a long-lasting implant); or vaginally.

- Cyclical HRT mimics the normal menstrual cycle. Estrogen is taken every day and progestogen for 12 to 14 days. At the end of each course of progestogen there is some bleeding as the body “withdraws” from the hormone and the womb lining (endometrium) is shed. Progestogen regulates bleeding and protects the endometrium from harmful pre-cancerous changes
- Estrogen-alone HRT is normally prescribed to women who have had their womb removed (hysterectomy). The benefits of all HRTs are derived from estrogen; progestogen is only necessary to protect the womb lining
- In continuous combined therapy HRT (CCT) combinations of an estrogen and progestogen are prescribed continuously to achieve period-free HRT. Usually, women start on cyclical HRT and change to CCT later
 - Tibolone is a synthetic form of period-free HRT which may have similar benefits to CCT. It is taken continuously in tablet form
- Long cycle HRT uses a formulation which causes withdrawal bleeds every three months instead of every month, and is most suited to women who suffer side effects when taking a progestogen. Its safety in long-term use with regard to the lining of the womb is questionable
- Local estrogen, such as vaginal tablets, creams, or rings, is used for treating local uro-genital problems, such as dry vagina, irritations, bladder problems or infections

Testosterone for women??



The signs and symptoms of low testosterone in woman include:

- Feeling tired or sluggish
- Weakness
- Reduced sex drive
- Decreased sexual satisfaction
- Vaginal dryness
- Disturbed Sleep
- Weight gain
- Mental fog
- Loss of bone density

There are three to four times the amount of estrogen produced by the ovaries. Approximately half of endogenous testosterone and precursors are derived from the ovaries

[Testosterone replacement in menopause | British Menopause Society \(thebms.org.uk\)](https://www.thebms.org.uk)

Testosterone

There are no testosterone products for female use licensed in the UK. The previous license for female testosterone patches was for women with HSDD following surgical menopause on concomitant estrogen; similar efficacy and safety data also exist for natural menopause and for women not using concomitant HRT. The licenses for patches and implants were both withdrawn for commercial reasons.

In the NHS, Testosterone is usually given as a gel, which you rub into your skin. It comes as a gel in a small sachet and you only need to rub a pea-size amount of this gel into your skin. NICE Guidance on menopause states that testosterone can be considered for those that need it (NG23).

Testosterone can be prescribed on the NHS if the prescriber is familiar with it and is willing to prescribe it 'off licence'. Some prefer not to take this decision and refer to a specialist for advice before prescribing. Other GPs will have prescribing restrictions which mean they are not able to offer it.

What does HRT look like?



www.estrageil.com



Menopause changes



- Greater awareness right across the media, individuals, groups and organisations
- Growing awareness that menopause support, policies, tools and analysis is needed in each workplace
- Policies, awareness in the workplace and greater peer to peer opportunities for support (networks, cafes)
- Less 'taboo'
- Political leadership; [Menopause Mandate](#)
- Testing the legal framework; despite political will not to recognise menopause as a protected characteristic
- Annual HRT certificate covers MOST medications for 1 year for less than £20; [NHS Hormone Replacement Therapy Prescription Prepayment Certificate \(HRT PPC\) | NHSBSA](#)
- Training at schools, access to training for clinicians via; [Confidence in the Menopause – FourteenFish](#)
- Recognition of the significant and sometimes debilitating symptoms affecting our colleagues as well as the number of those affected; both physical and psychological
- Recognition that this sometimes impacts our ability to retain valuable talent and experience



Health risks and changes

Sleep, signposting



The IMS reports that during the menopause “women have more severe insomnia and worse quality of sleep compared to women of reproductive age”.

Alongside the many detrimental aspects of poor sleep, both functionally and cognitively, the IMS also notes the importance of managing VMS symptoms and the beneficial effects of MHT to improve sleep in this analysis of MHT and its effects on the [quality of sleep](#)

Sleep is recognised by many as a symptom of itself but also as a symptom that can exacerbate others; concentration, mood and low energy levels. Many report sleep as a major disruption of the menopause according to the [National Institute on Aging](#). Sleep hygiene advice;

- **Follow a regular sleep schedule.** Go to sleep and get up at the same time each day.
- **Avoid napping in the late afternoon or evening** if you can. It may keep you awake at night.
- **Develop a bedtime routine.** Some people read a book, listen to soothing music, or soak in a warm bath.
- **Try not to watch television or use your computer or mobile device in the bedroom.** The light from these devices may make it difficult for you to fall asleep.
- **Keep the bedroom at a comfortable temperature**, not too hot or too cold, and as quiet as possible.
- **Exercise at regular times each day to improve Sleep** but not close to bedtime.
- **Avoid large meals close to bedtime.**
- **Caffeine** (found in many coffees, teas, and chocolate) late in the day.
- **Alcohol can disrupt sleep.** Even small amounts make it harder to stay asleep.

Longitudinal studies (**SWAN**) and research completed by the **International Menopause Society (IMS)** recommend that **clinicians should differentiate between depression and low mood associated with hormonal changes** experienced at menopause for the first time.

As many as 3-4 women will have an exacerbation of mental health issues during the menopause. Women with moderate to severe vaso motor symptoms such as hot flushes (VMS) are up to three times more likely to have moderate–severe depressive symptoms than other women.

It is advised that doctors treat these Vaso Motor Symptoms (VMS) first and facilitate better sleep. This aims to prevent consistent sleep disruption which can impact mood and mental health.

It is therefore important that anyone with a history of mental health issues shares this when they visit the GP at the time of menopause when seeking support with symptoms. If they experience their symptoms returning, the GP may consider treatment with this in mind. Anyone experiencing low mood or mental health issues for the first time at menopause may find that hormonal treatment is more helpful as a first line treatment.

International Menopause Day 2023

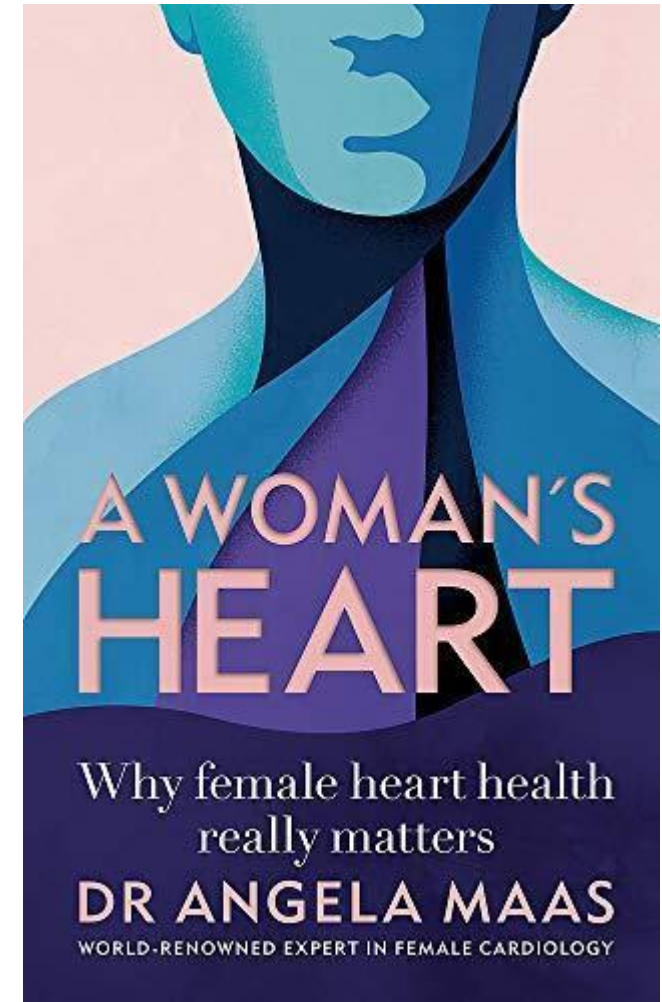


- The International Menopause Society (IMS) sets the 'theme' for World Menopause Day each year. In 2023 the theme was Cardiovascular disease. They pressed for this topic because
 - After 59 years women 'catch up' with men in incidence of CVD, then take over
 - The IMS found that postmenopausal women's CVD more than doubled that of premenopausal women
 - Even in hysterectomy (with BSO) before age 45, this risk is a factor
 - Women that report high levels of physical and psychological symptoms were at a higher risk of CVD
 - Despite some cardiovascular changes being related to ageing, this factor was separated and changes because of menopause were picked out
 - The IMS puts lifestyle advice as the No. 1 intervention we should do (before medication)
 - What's worrying the IMS is that women often perceive breast cancer as a bigger risk, but we can do a lot to manage our risk and health

We aren't mini men: heart health is critical

In her book “A Woman’s Heart” Dr Angela Maas tells us;

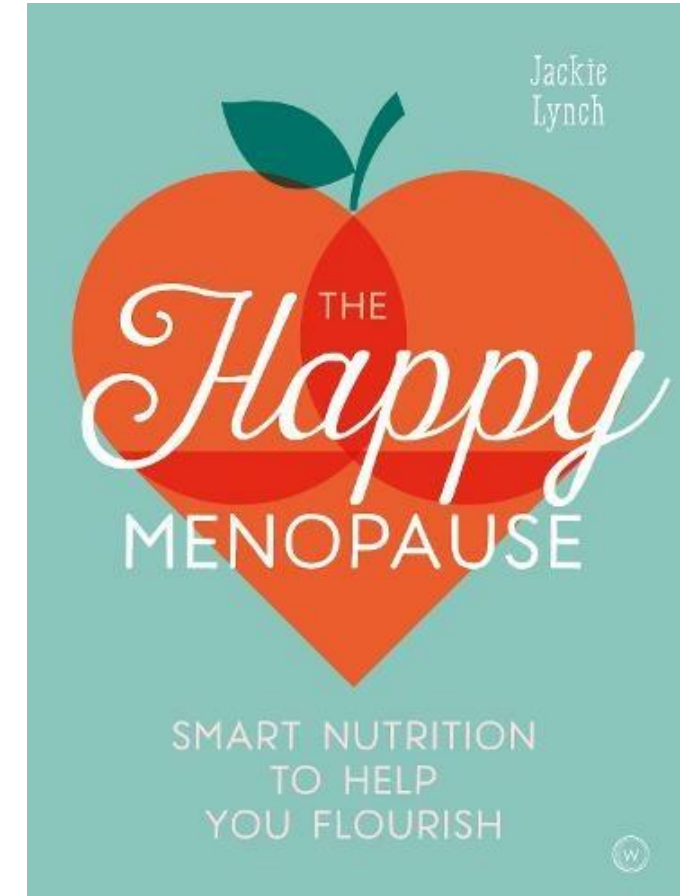
- Estrogen has a protective effect on blood vessels and the heart
- After menopause the hormonal changes (from adrenal glands) result in an increased pulse rate under exertion than before. This can increase shortness of breath, tiredness. This can also raise the blood pressure and add to fluid retention.
- Sensitivity to salt increases post menopause
- Women who suffered with migraines tend to have higher rates of high blood pressure and cholesterol; consider this as a premenstrual symptom
- Before menopause many women have a pear-shaped distribution of fat. The hips store more fat than the waist. Post menopause changes that distribution; fat starts to store around the middle creating an apple-shaped distribution.



Diet and weight management

The Happy Menopause explains the hormonal reason for fat distribution changes;

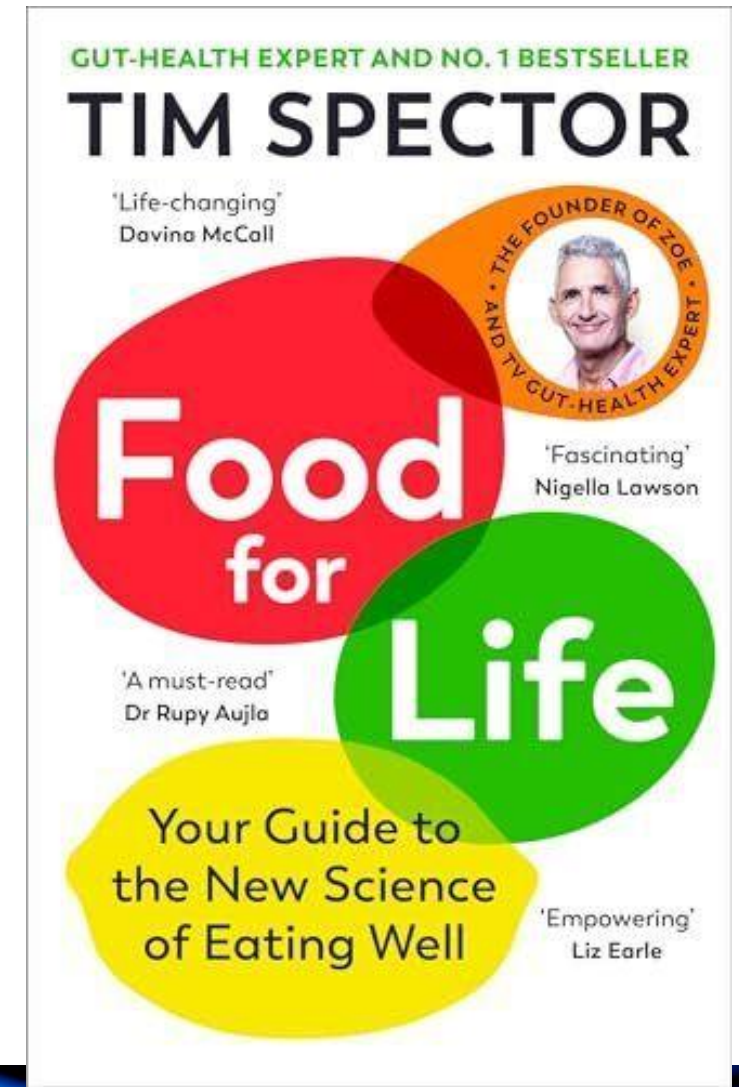
- There are 2 types of fat; subcutaneous fat and visceral (belly) fat
- When estrogen production drops, our adrenal glands step in and pick up production
- Adrenal glands also happen to produce cortisol and adrenaline, the stress hormones
- Symptoms of the menopause = physical and psychological which can prompt stress and anxiety.....switching the adrenal glands to 'overtime'
- If our blood sugar fluctuates, our stress hormones are released
- If the adrenals are busy with stress hormones, our body will store fat around the middle as a 'pantry' for the estrogen the adrenals are producing



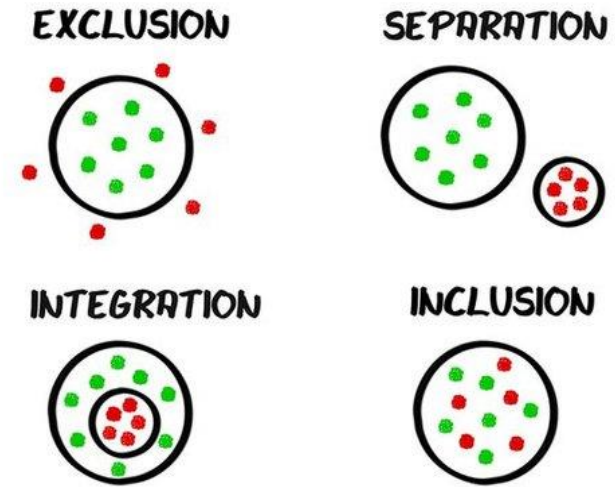
Eating for the mood and gut

The new evidence on the connection between gut health and hormones;

- Eat a varied and colourful range of fruit and vegetables
- Aim to eat 30 plants, seeds, fruits per week
- Diversity from the diet results in a diversity in the gut microbiome. The gut is known to be closely connected to the immune system, manage blood sugar spikes, digestion of fat, **hormonal** and brain health
- Intermittent fasting can help rest, manage inflammation and our hormone response
- The four Ks: kefir, kombucha, kimchi and kraut (sauer)



Menopause and me: visibility



Black women and menopause

- [The British Menopause Society give a perspective on ethnicity and menopause](#)
- [black women in menopause](#)
- [Black Girl's Guide to Surviving Menopause](#)
- [3 people share their experiences](#)
- [sista 2 sista](#)
- Facebook Page; **Black Women in Menopause** or via instagram [@blackwomeninmenopause](#) or twitter [@blkmenopause](#)
- Podcast; Anita Powell Black Menopause and Beyond
- [Karen Arthur a long term menopause champion](#)
- [Black women in menopause](#)

[Dr Tonye Wokoma](#) is a British Menopause Society (BMS) recognised Menopause Specialist. Dr Tonye educates and empowers women to take control of their health care and lifestyle choices.



Muslim and menopause



Muslim Women's Network; [Muslim Women Network \(mwnuk.co.uk\)](http://mwnuk.co.uk)

[balance - Managing your menopause during Ramadan \(balance-menopause.com\)](http://balance-menopause.com)

[Menopause and Islam - Menopause \(bellaonline.com\)](http://bellaonline.com)

Dr Nighat Arif;

[Videos by Dr Nighat Arif - The Menopause Directory & School](#)

https://youtu.be/xPfUn8ATKnI?si=KbJTLWGloWIh_8tC

[Your Next Episode: Menopause, organ donation & Asian communities with Dr Nighat Arif on Apple Podcasts](#)

[Nighat Arif \(@drnighatarif\) Official | TikTok](#)

[Nighat Arif, Your Guide to Female Health](#)

[Menopause & Me: Dr Shahzadi Harper - Hylda \(hyldalife.com\)](http://hyldalife.com)

Dr Newson;

[balance - Hindi Menopause Library \(balance-menopause.com\)](http://balance-menopause.com)

Entrepreneur Shafi talks about her work raising awareness of menopause and recording the experiences in the Pakistani community in West Yorkshire. [balance - Empowering women unheard during menopause \(balance-menopause.com\)](http://balance-menopause.com)

LGBTQ+ and menopause

Resources;

[LGBTQ+ and the Menopause via Menopause Care website](#)

[LGBTQIA+ and menopause: a paper from The Lancet](#)

[Queermenopause.com](#)

[Queer menopause – Mental Health At Work](#)

[We need to talk about the LGBTQ+ menopause experience item from Good Housekeeping](#)

[The menopause and me – a gender neutral article](#)

[Transgender health and the impact of aging and menopause](#)

Learning disabilities



The Mental Capacity Act makes it clear that individuals must be given every opportunity to make their own informed decision with the relevant information.

People with learning disabilities will experience a menopause but may have less understanding or have less preparedness for it. Learning Disabilities research is growing and underlines that people with a learning disability may experience an earlier menopause. It is therefore important for family, friends and health professionals to be aware of information/symptoms disclosed and be open to the potential that hormonal changes appear earlier than expected.

Individuals may struggle to recognise any symptoms or find it difficult to describe their symptoms, how 'bothersome' they are and when symptoms are most difficult through the day. They may be less aware of psychological changes.

Individual conversations are important to facilitate understanding and choice. Easy read information is available via the Balance website, established by Dr Louise Newson here

Information to empower, equip and inform the individual is important to facilitate understanding, to maximise their wellbeing and encourage joint decision making. Individuals with a learning disability have equal rights to access menopause services and access information. They may have specific views on treatments (e.g. MHT) and should be supported to explore those.

Summary points

The takeaways

- Move your body and mix it up
- Fibre
- Magnesium
- Vitamin D
- Omega 3
- General; Lean protein, complex carbs, low sugar

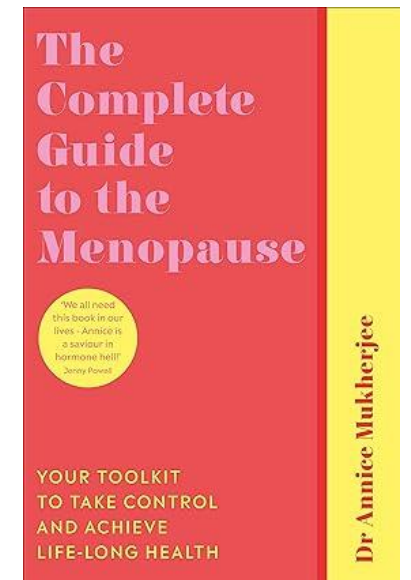
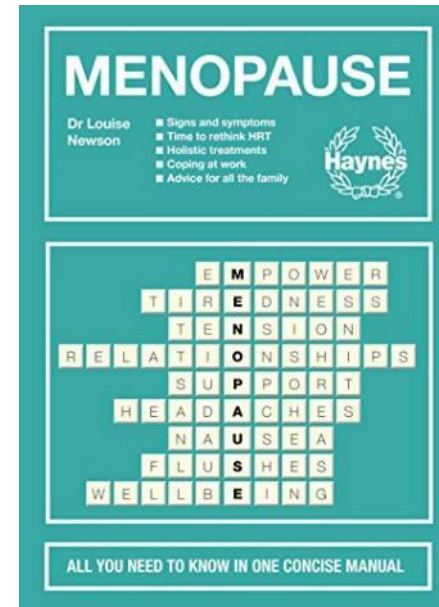
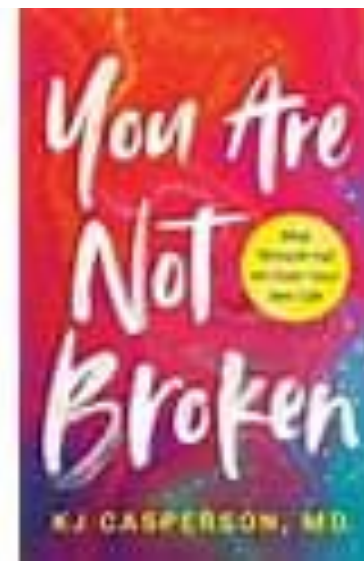
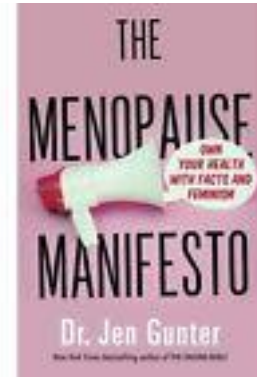
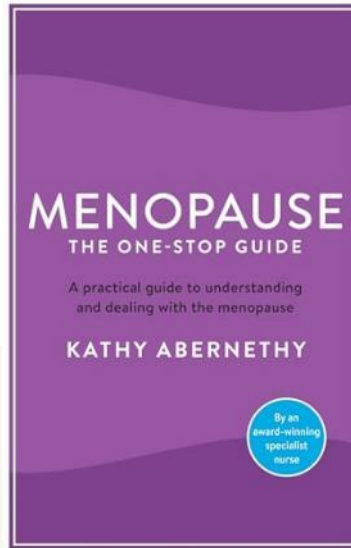
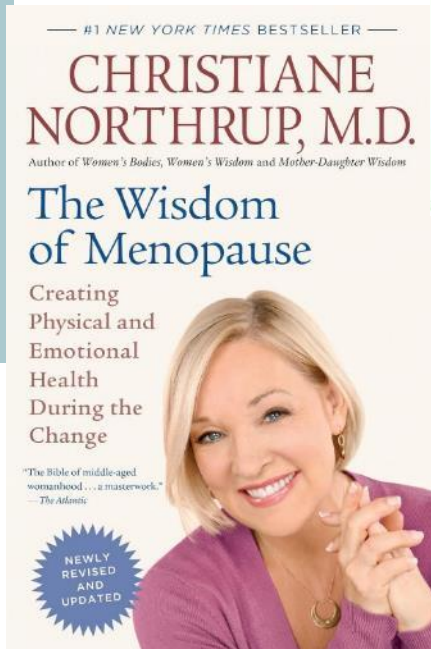
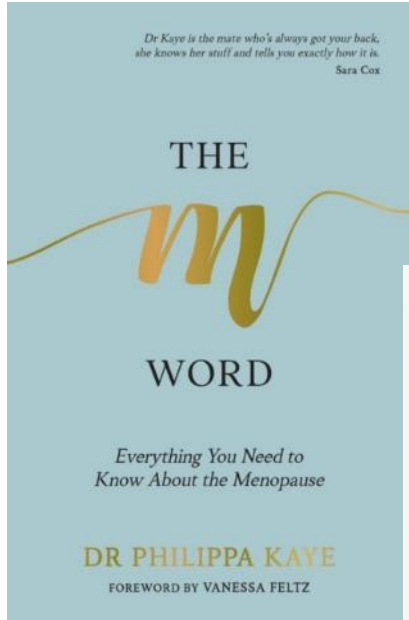
The change

The change has to come from ourselves. Each one of us will have a very unique set of symptoms and feelings about menopause. Not all of it will be negative. Try adding onto the end of each sentence;

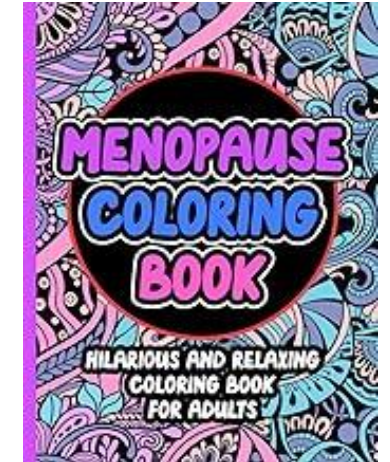
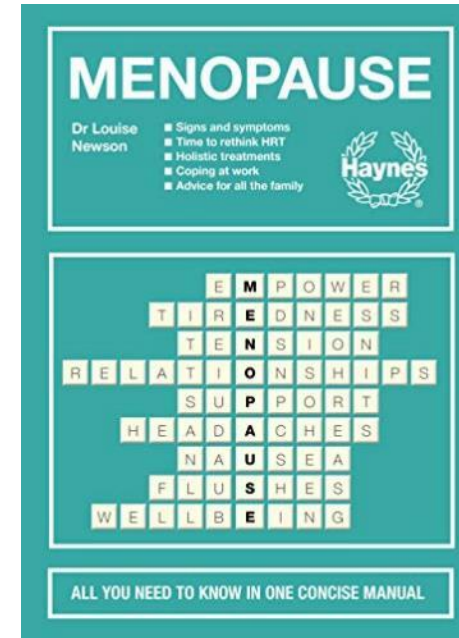
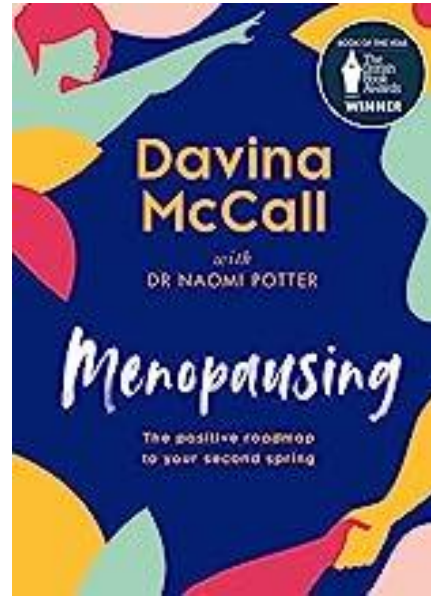
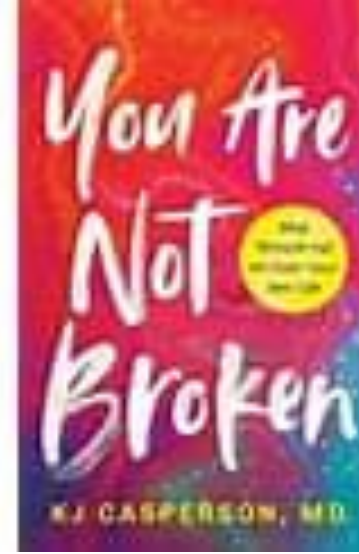
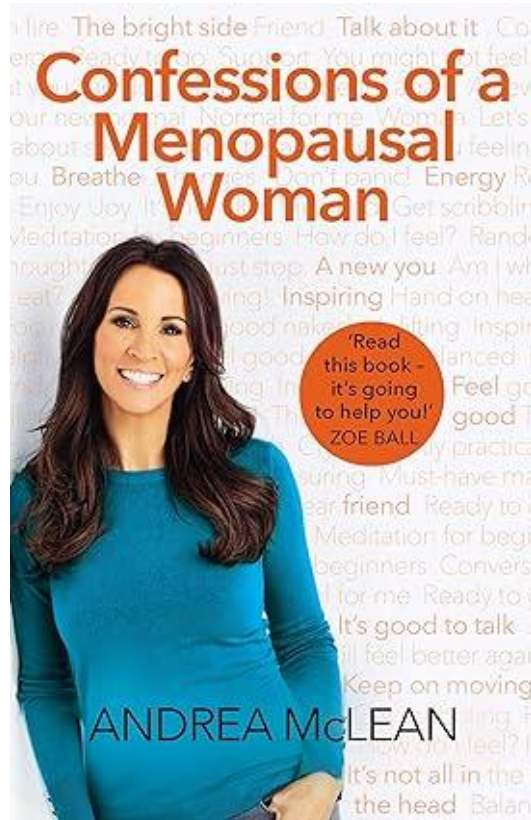
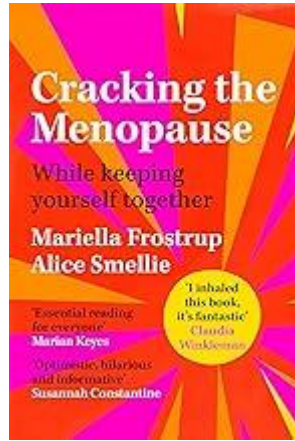
Practice.....

Yet

Books; clinically based



Books; chatty



Training



<p>Menopause awareness training menopause elearning programme</p> <p>This is for NHS colleagues – those going through the menopause and colleagues who can provide support to them. It takes around 30 minutes to complete and gives learners:</p> <p>scenarios to better understand how to support each other.</p> <p>These resources support colleagues affected by the menopause.</p>	Free	Under 1 hour
<p>menopause for occupational health staff Menopause and occupational health</p> <p>NHS England has developed a package of e-learning resources specifically designed for occupational health staff. The online module, which takes less than 30 minutes to complete, covers signs and symptoms of the menopause and looks at how people may be impacted in the workplace. The programme also includes information on making reasonable adjustments and advice on providing specialist support for staff.</p>	Free	Under 1 hour
<p>Mental health during the perimenopause and menopause register with the Royal College of Psychiatrists.</p> <p>The royal college of psychiatrists has published a free, 90-minute training module on Mental health during the perimenopause and menopause. The module will look at perimenopause and menopause in the context of mental health, the hormonal and neurotransmitter changes that occur, perimenopausal mood disorders and prescribing hormone replacement therapy (HRT). This module is free for those without a paid subscription – to access it, you will need to register with the Royal College of Psychiatrists. If you are already a member, you can log in straight away using the same username and password with which you access the members' area of the college website. Find out more on the Royal College of Psychiatrists website.</p>	Free	2 hours
<p>Menopause Awareness Training Menopause Awareness Training with The Skills Network The Skills Network</p> <p>offers an accredited CPD certificate. The course will provide learners with a general understanding of the stages of the menopause. Learners will also delve into why it's important to raise awareness, explore reasonable adjustments employers can make, and learn how we can support friends and family going through it.</p>	£30	2 hours

Menopause Passport

Mapping symptoms: Passport

Menopause Passports are helpful to map the symptoms of menopause and can help identify when symptoms are experienced and how 'bothersome' they appear. They can also be used to support a conversation with line managers (if the individual feels able) about wellbeing at work. Passports can remove the need to repeat conversations when changing roles.

Symptoms of menopause are very individual and can be embarrassing. Sensitive, confidential conversations are needed to explore what support may be helpful to maximise wellbeing.

If the passport is used as part of a confidential, sensitive discussion in the workplace it should also indicate what mechanisms or routes to support there are. (such as Occ Health specific support).

Managers should be aware and reiterate to colleagues that support and/or flexibilities can be kept under review as symptoms change.

Passport 1



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist (Examples included)	
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	Weekly	Daily	Hourly	Constant		
Hot flushes														Fan/ extra uniform/ close to a window/ access to showers if applicable
Night Sweats														Flexible shift times
Irregular Periods														Procedures allowing for flexibility without drawing attention (Panel meetings etc.)
Loss of Libido														
Vaginal Dryness														
Mood Swings														Inform the team/colleagues to be mindful. Quiet/ Private breakout room.
Fatigue														Flexible shift times.
Hair Loss														Flexibility and sensitivity
Sleep Disorders														
Difficulty Concentrating														Flexibility in breaks.
Memory Lapses														Aide memoirs
Dizziness														Access to fresh drinking water and quiet areas
Weight Gain														Access to food preparation facilities to allow healthy eating options
Incontinence														Procedures allowing for flexibility without drawing attention (Panel meetings etc.) Access to showers/extra uniform if applicable
Bloating														
Allergies														
Brittle Nails														
Changes in Odour														Access to showers/lockers to store toiletries/extra uniform if applicable

Passport 2



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist. (Examples included)	
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	weekly	Daily	Hourly	Constant		
Irregular Heartbeat														
Depression														
Anxiety														
Irritability														
Panic Disorder / Attacks														
Breast Pain														
Headache														Access to a private room
Joint Pain														
Burning Tongue														
Electric Shocks														
Digestive Problems														
Gum Problems														
Muscle Tension														
Itchy Skin														
Tingling Extremities														
Osteoporosis														