



**NORTHERN IRELAND PRACTICE AND EDUCATION
COUNCIL FOR NURSING AND MIDWIFERY**

Menopause at Work Policy
(Based on BSO policy)

November 2021

Any request for the document in another format or language will be considered

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1.0 Introduction

The NI Practice and Education Council (NIPEC) is committed to providing inclusive and supportive working environments for all. Women make up 79% of the Health and Social Care (HSC) workforce and with an ageing workforce, as a result of later retirement ages, increasing numbers of women are working whilst experiencing the menopause.

This menopause policy and supporting guidance are intended to provide clarity and direction on how NIPEC should deal with menopause related issues, for individuals experiencing difficulties associated with the menopause.

Employers are responsible for the health and safety of all their employees. They must also proactively support an age-diverse workforce. Employers also need to be aware of protecting women from discrimination on the grounds of gender and age.

The policy sets out the key principles to which NIPEC should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support.

2.0 Aims and Objectives

2.1 Aims

The Policy aims to ensure that managers and employees recognise their responsibility to:

- understand the menopause and related issues and how it can affect staff and their work colleagues;
- raise wider awareness and understanding among employees and to outline support and adjustments that are available;
- ensure a consistent approach in the management of employees that are struggling whilst at work with menopausal symptoms and subsequently;
- reduce menopause related sickness absence and promote the retention of menopausal employees in an attempt to retain a skilled and experienced workforce within the organisation;
- foster an environment in which employees can openly and comfortably instigate conversations, or engage in discussions about menopause.

2.2 Objectives

The aims of the Policy will be achieved through the following objectives:

- Provide a clear definition of what the menopause is, the stages of menopause, when it occurs, what happens, potential impact on performance at work, and the responsibilities of different groups within the organisation.
- Provide guidance on how to support employees going through menopause.

3.0 Policy Statement

Menopause needs to be normalised, acknowledged and accepted across all levels of the organisation. By having conversations regarding the menopause, its impact at an

individual level and the challenges it presents in the workplace, progress can be made towards furthering an inclusive organisational culture.

NIPEC recognises that staff may need additional consideration, support and adjustments during this transitional time before, during and after the menopause, and ensure that staff are treated according to their circumstances and needs.

To ensure that individuals feel confident in discussing menopausal symptoms and asking for support and any adjustments needed to continue with their role within the organisation, NIPEC is committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment. It is also committed to ensuring the health, safety and wellbeing of the workforce.

Self-management is also important and positive changes to a woman's lifestyle are encouraged as this can help reduce some menopause symptoms.

This policy is supported by guidance notes for managers and employees outlined in Appendix 1.

4.0 Definitions and Background

The menopause is part of the natural ageing process for women, although it can be brought on as a result of other medical conditions or certain surgical interventions. It occurs between 45-55 years for most women - in the UK the average is 51 years. In HSC, 22% of the total workforce is female aged 45-54 years (just over 1 in 5 people) with a further 10% in the 40-44 years.

Menopause refers to the point in time when menstruation has ceased for twelve consecutive months. After a woman has not had a period for a year, this is considered to be 'post-menopausal'.

The peri-menopause is the period of hormonal change leading up to the menopause and can often last four to five years, although for some women it may continue for many more years and for others may last just a few months.

During the peri-menopause, individuals may begin to experience symptoms due to changes in their hormone levels, although this may vary in degree between different individuals. As they may be still having regular periods at the onset of the symptoms, many individuals do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms, and which can be a barrier to accessing support.

NIPEC recognises that a large and increasing proportion of its workers will be working through and well beyond the menopause. In the UK it is estimated that around 1 in 3 women are either currently going through or have reached the menopause. The menopause affects all women, and it can often indirectly affect their partners, families and colleagues as well.

It is estimated that 80% of women in the UK report noticeable changes, whilst 25% of women experience very debilitating symptoms.

Around 30-60% of women experience physical and/or psychological symptoms during the menopause, associated with a decrease in the body's production of oestrogen. For some,

symptoms include hot flushes, night sweats, sleep disruption, fatigue and difficulty concentrating. Mood disturbances, anxiety and depression are also reported.

The most commonly reported difficulties menopausal women report at work includes having poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence¹.

Symptoms on average continue for four years from the last period, and 1 in 10 women experience symptoms for up to 12 years. These symptoms can adversely affect the quality of both personal and working life. Problematic hot flushes at work have also been linked to women having a higher intention to leave the workforce².

Menopause, of itself, is not a disability. However, depending on the severity and longevity of menopause related symptoms experienced by the individual, it may be classified as such. If the symptoms have lasted or are likely to last for 12 months or more and have a significant impact on daily functioning, then the disability legislation may apply and reasonable adjustments should be considered in the workplace for the protection of employees from less favourable treatment.

5.0 Scope of Policy

This policy covers the impact of the menopause on women working within HSC organisations recognising that severe menopausal symptoms can adversely affect health and wellbeing, work performance, absenteeism, presenteeism, staff retention and/or health and safety at work.

This policy applies to all NIPEC employees.

This policy should also apply to agency, bank workers and volunteers.

6.0 Responsibilities

6.1 NIPEC

The role of NIPEC is to take corporate responsibility for ensuring the organisation is able to deliver on the implementation of this Policy.

6.2 Chief Executive

The Chief Executive has responsibility for ensuring that there is an appropriate structure for the monitoring and review of arrangements to manage staff health and wellbeing in relation to menopause in the workplace.

6.3 NIPEC Business Team

The Business Team will provide strategic leadership, direction and oversight of this Policy and its implementation.

¹ Amanda Griffiths, Sara Jane MacLennan and Juliet Hassard, 'Menopause and work: An electronic survey of employees' attitudes in the UK', *Maturitas*, , no.2 (2013), pp155-159

² Clare Hardy, Eleanor Thorne, Amanda Griffiths and Myra Hunter, 'Work outcomes in midlife women: the impact of menopause, work stress and working environment'. *Women's Midlife Health*, 4, no.1, (2018), pp.3.

6.4 Line Managers

The Chief Executive requires all Line managers within NIPEC to implement and monitor the Policy within their area of responsibility.

Line managers should not avoid conversations due to personal discomfort. Support and advice may be sought from Line Manager training on menopause.

Line managers does not need to be experts on menopause but should have a level of knowledge and understanding around how they can support employees and how to have a supportive conversation. Line managers should be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally.

Where a Line manager is concerned that a staff member is experiencing adverse symptoms related to the menopause, they should implement the assessment and guidance and if required seek advice from Occupational Health.

6.5 Employees

Employees are required to familiarise themselves with this Policy and comply with its provisions.

Employees should be open and honest in conversation with Line managers, BSO Human Resources and BSO Occupational Health. If employees find that they are unable to speak to their Line manager, or if their Line manager is not supporting them, they can contact their Trade Union, BSO Human Resources at bso.humanresource@hscni.net or BSO Occupational Health.

Employees should be able to expect respectful behaviours at work including those that relate to their gender, age and disability.

Employees are encouraged to consider positive lifestyle behaviours that can help reduce menopause symptoms.

6.6 Trade Union Side Representatives

Trade Union Side representatives have a responsibility to support and advise their members and UNISON, Royal College Nursing, NIPSA and the BMA have produced guidance for their members on menopause and work. Links to the Trade Union websites may be found in Appendix 5.

6.7 BSO Occupational Health

BSO Occupational Health is available as a resource for advice, support and guidance to managers and employees if issues are not resolved following assessment and implementation of the guidance.

BSO Occupational Health should carry out a holistic assessment of individuals as to whether or not menopause may be contributing to symptoms/wellbeing, providing advice and guidance in line with up-to-date research. They may:

- Signpost to appropriate sources of help and advice.
- Provide support and advice to HR and Line Managers in determining and agreeing reasonable adjustments, if required.
- Monitor referrals due to menopause symptoms, and provide additional signposting, where required.

6.8 BSO Human Resources

BSO Human Resources is responsible for providing advice and guidance on implementation of the policy.

7.0 Relevant Policies, Procedures and Guidance

This Policy should be read in conjunction with the following documents:

- Attendance at Work Policy
- Attendance at Work Procedure
- Leave Pack.

8.0 Monitoring and Reviewing the Policy

This Policy will be reviewed every 2 years, following receipt of new information, and/or upon implementation of new agreements which may affect the Policy.

9.0 Equality and Human Rights

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998.

The screening has identified specific equality impacts and outlines the way that these will be addressed. No significant equality implications have been identified therefore the policy will not be subject to an equality impact assessment.

The equality screening has been published and can be accessed here
<http://www.hscbusiness.hscni.net/services/2166.htm>

Guidance for Managers

Menopause Assessment and Action Plan: Guidance for managers and employees

What is the menopause?

The experience of the menopause can vary significantly between women; some experience hardly any symptoms whereas others can experience severe symptoms. It is important to recognise that variance exists in age of onset of symptoms and the severity and longevity of symptoms experienced. In many cases it is an individual experience, not comparable with colleagues of the same age or stage of menopause.

The menopause usually occurs between the ages of 45 and 55 years. In Northern Ireland the average age of menopause is 51 years. It is recognised that menopause can begin much earlier; women can experience early menopause, before the age of 45 years, whereas before the age of 40 years this can be termed as premature menopause. Some women can also experience medical/surgical menopause, not age related, if the ovaries are damaged or removed because of specific treatments or medical conditions.

Menopause is a natural part of every woman's life and is defined as the point in time when menstruation has ceased for 12 consecutive months. After a woman has not had a period for a year they can be described as post-menopausal.

Range of symptoms experienced

An extensive but not exhaustive list of potential menopausal symptoms exists including:

- hot flushes
- joint pains
- night sweats
- skin irritation
- sleep disturbance
- dry eyes
- insomnia
- urinary problems
- fatigue/tiredness
- hair loss
- poor concentration
- loss of libido
- reduced confidence
- poor memory
- brain fog
- headache
- Menopause related mood disturbance can include low mood, anxiety, depression, panic attacks, irritability and mood swings.

Peri-menopausal symptoms can include irregular, painful periods and heavy bleeding. The extent and severity of symptoms varies and individual women may experience some or all of the symptoms listed and the symptoms can be inter-linked.

Depending on the severity and longevity of menopause related symptoms experienced by individual women the menopause can be classed as a disability. If the symptoms have lasted or are likely to last for 12 months or more and have a significant impact on daily functioning, then the disability legislation may apply and reasonable adjustments should be considered in the workplace. Increased awareness of menopause could lead to improved reasonable adjustment, e.g. access to rest areas or well designed, supportive seating.

How the Menopause can affect People from Different Equality Groups

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

Existing Health Conditions and Disability

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 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 a woman has an existing condition that is worsened by the menopause, they 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.

Ethnicity 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 Trade Union Council (TUC) has also shown that Black, Asian and Minority Ethnic (BAME) workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. The Wales TUC menopause research with BAME 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.

Gender: 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 still birth.

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.

Gender: 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.

Gender: Transgender and the Menopause

Stonewall describe 'trans' as an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth.

Transitioning is the process a transgender person may go through to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all transgender people want or are able to have this.

Transgender 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. Transgender 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.

Transgender 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 transgender women (and transgender men).

As such, many transgender people are likely to experience at least some menopausal symptoms. How a transgender person experiences symptoms in later life may vary depending on the age at which they transitioned and what point in time that was (as treatments have changed and developed over time).

Some transgender 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. A recent TUC survey found that almost half of transgender people (48 per cent) have experienced bullying or harassment at work, which may cause increased stress, and which may in turn worsen some menopausal symptoms.

Sexual Orientation 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 resulting in exacerbated some symptoms. A recent TUC survey of LGBTQ+ workers found that nearly two in five (39%) of all respondents have been harassed or discriminated against by a colleague, a quarter (29%) by a manager and around one in seven (14%) by a client or patient.

Impact on Work performance

Taking into account the range of potential menopause symptoms identified this can go some way to identify the range of potential issues which may arise in the workplace that could impact on work performance. Changes to the employee's personality, usual behaviour or performance could be menopause related. Examples include: an altered attendance pattern; poor time keeping; evidence of mistakes, acts or omissions not in keeping with their usual standard of performance; an employee struggling with regular or routine tasks; out of character incidents of conflict with colleagues or service users; and evidence of the employee becoming withdrawn/isolated from team meetings or at rest breaks.

When a Line manager becomes aware of altered work performance they should consider that a potential cause could be the menopause and the impact of related symptoms. The Line manager should discuss with the individual to identify if the menopause is a factor, what the main issues are for them and potential actions to address the issues which may include performance issues (see Appendix 2).

Areas to Consider (continued in Appendix 4)	Adjustments for Consideration
Physical	<ul style="list-style-type: none"> • Consider any alterations that can be offered regarding uniform, e.g. removal of layers, thermally comfortable fabric, if additional uniforms available, uniforms made from natural fibres. • Facilitate a comfortable working temperature. • Ensure easy access to toilet facilities or consider more frequent breaks if required. • Ensure easy access to cold drinking water.
Psychological	<ul style="list-style-type: none"> • Consider flexible working or adjustment of duties on a temporary basis if required. • Promote staff counselling service. • Assess and address work related stress.
Workplace Environmental Factors	<ul style="list-style-type: none"> • Review control of workplace temperature/ventilation. • Access to cold drinking water. • Availability of fans or window opening. • Access arrangements for washroom and changing facilities. • Access to rest room or quiet space when required.
Work Pattern/Routine	<ul style="list-style-type: none"> • Consideration could be given, where practicable, to flexibility of work pattern or work routine. • Increased flexibility of working hours or working arrangements such as a reduction in hours, adjustments to start/finish times, flexible meal breaks, home working,

	<p>avoiding stretches of consecutive shifts, mid-week break, increased tolerance for short rest breaks to manage symptoms or shift rotation (nights to days or days to nights).</p>
<p>Workplace Culture / Interpersonal Relationships</p>	<ul style="list-style-type: none"> • Promote physical and mental wellbeing for all staff. • Promote awareness and use of Policy and Guidance. • Consider staff seminars to meet with colleagues experiencing similar issues.
<p>Support Available</p>	<ul style="list-style-type: none"> • Offer support as a line manager or alternatively offer the support of another manager with whom the employee feels comfortable discussing menopause issues. It is important to acknowledge that employees may not wish to discuss their menopause experience with their direct line manager and that alternative options are available. • Identify informal and formal sources of support, e.g. menopause support group/menopause champion or a trusted colleague. • Identify related training available both manager training and training for employees. • Provide guidance and links to on-line sources of support (see Appendix 3 and 5). • Offer referral to BSO Occupational Health if specific health related assessment/advice is required. • Signpost to BSO Human Resources for guidance on related policy, including managing attendance policy, flexible working policy. • Advise consultation with GP regarding specific symptoms management or any symptom related concerns. • Consider Employee Assistance contract (Inspire) and BSO sources of support including online resources (I-matter/U-matter/B-Well) and training (Developing Resilience/Mindfulness/CBT). Additional and related sources of support can be accessed through the HSC Trusts Recovery Colleges. • Staff networks, such as the LGBTQ+ Staff Network or Tapestry Disability Staff Network can also be a point of contact for individuals; these networks are designed to be a safe space for staff and provide peer support.
<p>Confidentiality</p>	<ul style="list-style-type: none"> • Respect and maintain the staff member's confidentiality responding sensitively and with respect.
<p>Self-help Measures and Lifestyle Advice</p>	<p>Elements for consideration include:</p> <ul style="list-style-type: none"> • healthy eating/balanced diet and maintaining a healthy

	<p>weight (limit caffeine, alcohol and spicy food)</p> <ul style="list-style-type: none"> • maintain adequate hydration • wearing natural fibres • regular exercise (can reduce flushes, improve sleep, improve mood and improve bone strength) • Consult GP for Specialist advice/NRT/onward referral. • Give up smoking. • Engage in measures to promote rest, relaxation and sleep.
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If an employee wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a male employee wishes to speak about a family member, Line managers need to ensure that they:

- Allow adequate time to have the conversation.
- Find an appropriate room to preserve confidentiality.
- Encourage them to speak openly and honestly.
- Suggest ways in which they can be supported.
- Agree actions and how to implement them using the template at Appendix 2 to record the meeting, so that all parties agree what has been discussed and the next steps before the meeting ends. Ensure that this record is treated as confidential and is stored securely.
- Agree if other members of the team should be informed, and by whom.
- Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor or break room.

Menopause Assessment and Action Plan

Confidential: Menopause Assessment and Action Plan

Date of Assessment (DD/MM/YY): _____

Assessment facilitated by: (Name/Role) _____ / _____

Employee details:

Name: _____ Hours worked: _____

Job title: _____ Department: _____ Location: _____

Part A - Assessment:

Symptoms Experienced:	Further Detail:	Impact on Work:	Self-management Approach:

Part B - Action Plan:

Factors³	Affected by symptoms (detail)	Agreed adjustments
Physical		
Psychological		
Workplace Environmental factors		
Work pattern / work routine		
Workplace culture / interpersonal relationships		

³ Managers should refer to guidance for details on potential adjustments for consideration

Menopause Leaflet

Menopause Leaflet

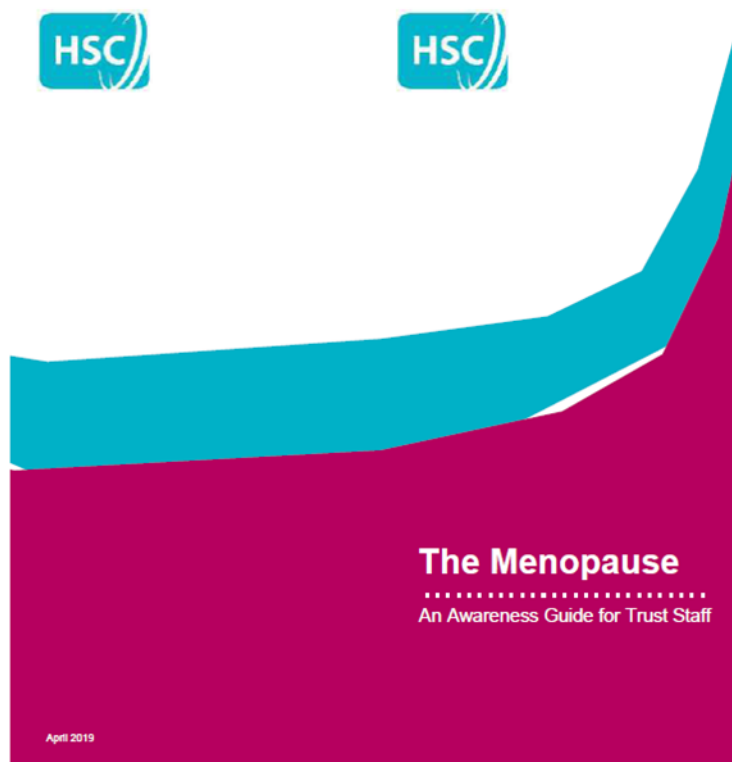
- Joint & muscle stiffness
- Lank hair
- Low libido (lack of interest in sex)
- Mood changes (anxiety, panic attacks, edginess, feeling irritable/ irrational, memory & concentration loss, poorer cognition, low mood, depression, loss of confidence/self-esteem)
- Need to urinate more often
- Night sweats
- Palpitations
- Sleep disturbance
- Vaginal dryness

According to research published by the FOM (Faculty of Occupational Medicine) around 75-80% of women of menopausal age are in work. As well as working some women also have caring responsibilities for their children and parents at this stage.

Seeking support

For support speak with your line manager. A referral to Occupational Health may also be helpful. Visit your GP particularly if your symptoms are impacting on your quality of life. If suitable your GP may provide HRT (Hormone Replacement Therapy) or suggest other courses of treatment, which can be reviewed over time.

- Occupational Health
- Health Improvement



The Menopause

An Awareness Guide for Trust Staff

April 2019

What is menopause?

Strictly speaking the menopause is a woman's last menstrual period. It marks the end of her reproductive years as the cells in the ovary are producing less and less hormones and menstruation eventually stops.

In the UK the average age for women to reach menopause is 51 years. For most women menopause usually occurs between 45 and 55 years of age, although it can occur anytime up to mid-60s. The symptoms of the menopause can last between 4 and 8 years.

What is perimenopause?

The perimenopause is the period of time leading up to and just after the menopause itself. On average perimenopause can last one to four years.



Making positive changes to your lifestyle eg stopping smoking, being more physically active and eating healthier can help reduce some menopause symptoms.

If you are not sure

If you aren't sure if you are perimenopausal, visit your GP and speak to them about your cycle, symptoms and concerns. This conversation should be all it takes for your GP to determine if you are perimenopausal or at menopause. For other women a blood test can confirm what your FSH (Follicle Stimulation Hormone) levels are.

Menopause and work

The Menopause is a natural stage of every woman's life. Some women experience very mild symptoms/problems, while other women can experience a wide range of symptoms that impact heavily on every aspect of their health and their lives.

At work

Until quite recently, the topic of the menopause and the difficulties women faced during this time were not discussed within the workplace. This is beginning to change - the topic of the menopause is being addressed by organisations and society as reflected by the surge in media coverage this topic is now receiving.

It is important that staff are aware of the signs and symptoms associated with the menopause and that they have information on how best to manage their symptoms, where to go for help and that they seek this support early on.

Not every woman will need additional support, but many women do struggle. The impact of some symptoms such as night sweats, insomnia, lack of concentration and forgetfulness can lead to problems with work performance, difficulties in making decisions and decreased confidence. For this reason it is important that managers be aware of the menopause, that they recognise that some people have a more challenging time than

others and where this is the case, how best to support these members of staff.

Menopause - an awareness guide

The Trust's Workplace Health and Wellbeing Steering Group has developed an interactive guide for staff on the issue of the menopause. The guide is available on www.u-matter.org.uk (look under staff support) with information on:

- What is the menopause
- Symptoms of the menopause
- Perimenopause
- Premature / early menopause
- What can help
- Self care
- Screening
- If you are a carer
- Menopause and work
- Speaking to your manager, GP, Occupational Health
- Research on the menopause
- Latest news
- Useful reading, viewing, listening
- Help from your local library
- Useful links
- Umatter website

Common menopause symptoms

Because of the many symptoms associated with the menopause, a woman's quality of life and her relationships can be affected both in and outside of work.

Common symptoms include:

- Brittle nails
- Dizzy spells
- Dry eyes
- Dry / itchy skin
- Fatigue
- Headaches
- Hot flushes

Lifestyle Considerations

Think about your diet

The fall in hormone levels (namely, oestrogen) that accompanies the menopause can increase the risk of heart disease and osteoporosis. A healthy diet is essential at this stage: keep it low in saturated fat and salt to reduce blood pressure, and rich in calcium and vitamin D to strengthen bones. Some women take dietary supplements to help get the balance right.

Stay on your feet

Some women experience increased anxiety during the menopause. Regular exercise helps to convert stress into positive energy, while guarding against heart disease. A regular, varied programme is best: try cycling, swimming, running or aerobics.

Stop smoking

Smoking has been shown to lead to an earlier menopause and trigger hot flushes. If you smoke you also run a higher risk of developing osteoporosis and Coronary Heart Disease (CHD), which is the most common form of death in women.

Drink within reason

Both caffeine and alcohol can make hot flushes worse so try to moderate intake of caffeine from drinks like coffee, tea and colas or choose decaffeinated drinks if you are sensitive to its stimulatory effects. The combination of excessive alcohol and hormonal instability is a risky one! Try not to drink more than 2 to 3 units of alcohol per day, and keep at least one day a week alcohol-free.

Make use of health screening services

Studies have shown that a late menopause leads to an increased risk of specific cancers. The HSC offers screening, but you should also keep a check on any changes in your body, and seek advice if they occur.

Stay calm and positive

Hormone imbalance during the menopause can result in added stress and even depression. Relaxation techniques and counselling can be very helpful in coping with anxiety.

Fitness Tips for Menopause

Why exercise during menopause?

Prevents weight gain: during menopause, women tend to lose muscle mass and gain abdominal fat. Regular physical exercise may help to prevent this.

Reducing the risk of cancer: Losing excess weight or maintaining a healthy weight may protect you from various types of cancer such as: breast, colon, and endometrial cancer.

Strengthening your bones: exercising during menopause may slow down the rate of bone loss, which can lower the risk of fractures and osteoporosis.

Reducing the risk of other diseases: excess weight increases the risk of heart and type 2 diabetes.

Boosting your mood: physically active adults have a lower risk of depression and cognitive decline.

What are the best physical activities to try?

It is recommended that most healthy women have at least 150 minutes of moderate aerobic activity a week or 75 minutes of vigorous aerobic activity a week. Strength exercises are recommended at least twice a week.

Aerobic activity can help you lose excess weight or maintain a healthy weight. Brisk walking, jogging, biking, swimming or water aerobics are great options. If you're a beginner, start with 10 minutes a day and gradually increase the intensity and duration.

Strength training can help you reduce body fat, strengthen your muscles and burn calories more efficiently. Weight machines, hand-held weights or resistance tubing are great options.

Stretching can help improve flexibility. Make sure you set aside time to stretch after each workout when your muscles are warm and receptive to stretching.

Stability and balance - balance exercise improves stability and can help prevent falls. Activities such as tai chi can be helpful.

Complementary and Alternative Therapies

These have become a popular choice and many women use them, although limited scientific research has been done to support their effect or indeed their safety. They may sometimes help with troublesome symptoms, but they are unlikely to have a significant impact on bone strength, the heart or blood vessels.

Choosing a complementary or alternative therapy can be a challenge and many different ones exist. Acupuncture, aromatherapy, herbal treatments, homeopathy,

hypnotherapy, yoga and reflexology have all been reported as being helpful in the menopause.

Hormone Replacement Therapy

Hormone replacement therapy (HRT) is the most effective and widely used treatment for menopausal symptoms. As its name suggests, it is simply a way of replacing the hormone oestrogen that is lost during the menopause.

HRT aims to relieve those symptoms related to oestrogen deficiency – such as hot flushes, vaginal dryness, and osteoporosis. The benefits of HRT as a remedy for hot flushes, sleep disturbances, vaginal symptoms and some mood disorders have been proved. On the other hand, some women experience unwanted side effects when taking HRT for the first time, such as breast tenderness, leg cramps, nausea, bloating, irritability and depression. Usually these symptoms resolve after a few months, but a change in type, dose (Oral: tablet; transdermal: patch or gel) or route of HRT may be required.

Concerns have been raised that HRT may increase the risk of breast cancer, ovarian cancer, and even heart disease – for this reason there has been much debate in recent years over HRT's long-term safety.

Useful Resources

BMA Northern Ireland: [BMA - Home | British Medical Association](#)

CIPD: [A guide to managing menopause at work: guidance for line managers \(cipd.co.uk\)](#)

Faculty of Occupational Medicine: [Advice on the menopause \(fom.ac.uk\)](#)

Henpicked: [Menopause at work training, eLearning and resources | 5* rated \(menopauseintheworkplace.co.uk\)](#)

Menopause Café: [Gather to eat cake, drink and discuss menopause \(menopausecafe.net\)](#)

Menopause Matters: [Menopause Matters, menopausal symptoms, remedies, advice](#)

Menopause Support: [menopausesupport.co.uk – Supporting You Through Change](#)

Meg's Menopause: [Menopause - MegsMenopause](#)

NHS Guidance on Menopause: [Menopause - NHS \(www.nhs.uk\)](#)

NIPSA: [Home \(nipsa.org.uk\)](#)

Royal College of Nursing Northern Ireland: [Northern Ireland | Royal College of Nursing \(rcn.org.uk\)](#)

Support for Premature Menopause: [Charity for Women with POI | The Daisy Network](#)

Talking Menopause: [Talking Menopause](#)

The Menopause Exchange: [Menopause Exchange for unbiased, independent information and advice \(menopause-exchange.co.uk\)](#)

UNISON: [Menopause | Key issues | UNISON National](#)

Women's Health Concern: [Women's Health Concern | Confidential Advice, Reassurance and Education \(womens-health-concern.org\)](#)

British Menopause Society: [British Menopause Society | For healthcare professionals and others specialising in post reproductive health \(thebms.org.uk\)](#)