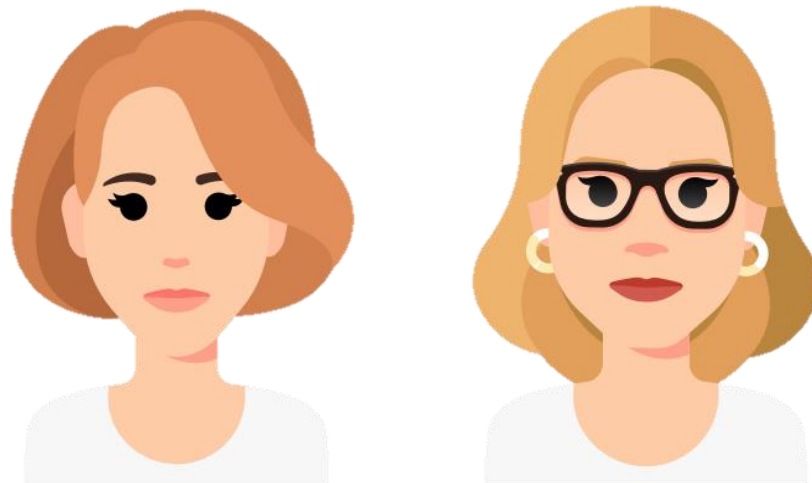


Talking Menopause





Welcome

talkingmenopause.co.uk

Sarah Davies

Co-Founder & Director Talking Menopause
ex-Business Manager Menopause Doctor
Executive & Business Coach



Lynda Bailey

Co-Founder &
Director Talking Menopause

Leading and supporting you in your [menopause](http://Talking Menopause) journey



Who is affected?

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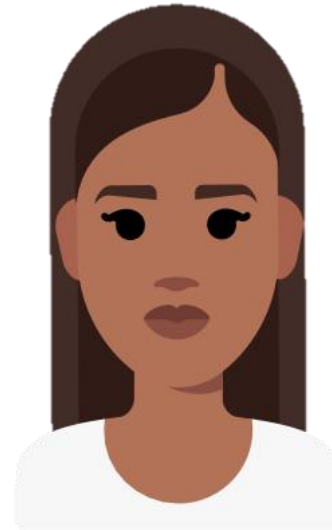
- All **women** (& men!)
- Around **80%** have **symptoms**
- **25%** have **severe** symptoms
- **Half** of women do not see their **GP**
- **42%** say their **symptoms** are **worse** than expected
- **77%** women did not **realise** their symptoms were due to the menopause
- Symptoms will affect **every woman differently** and for **different** periods of **time**

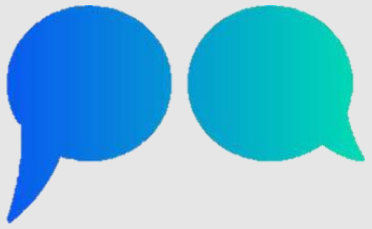


What is the menopause?

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- Meno – pause
 - Natural / Induced
- Peri-menopause
- Post-menopause
- Average age 51 years
- Range 45-55 years
- Premature (eg POI, hysterectomy, certain chemo)



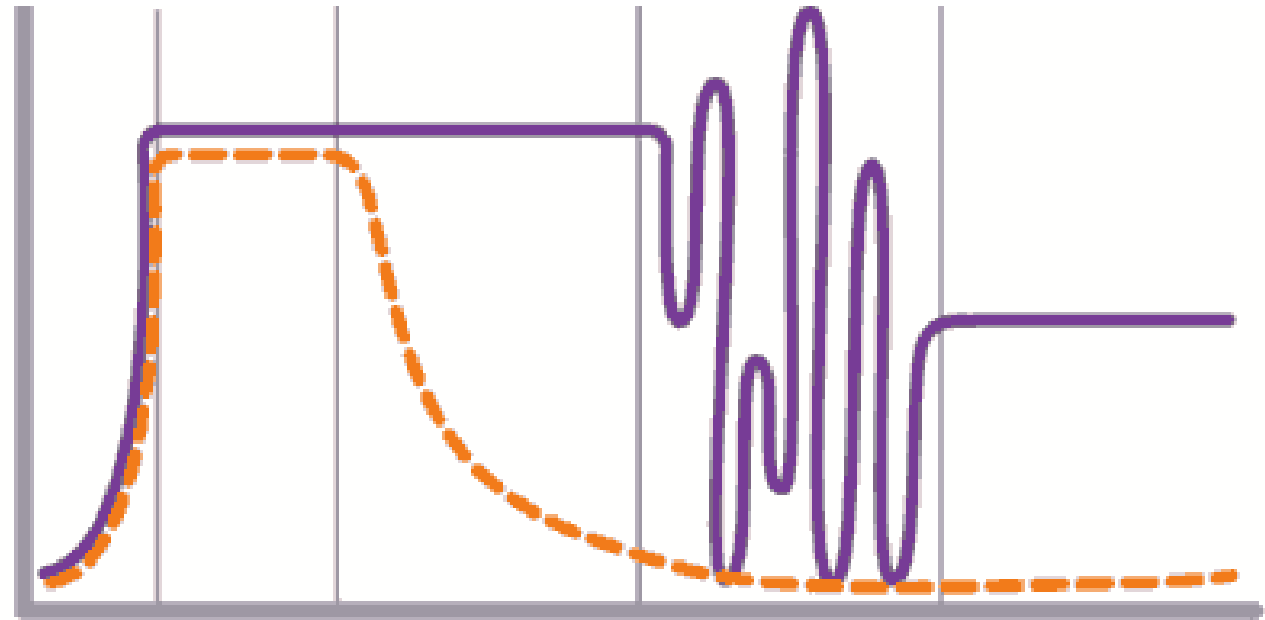


Hormone changes during the menopause

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Estrogen

Progesterone





Symptoms

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Solutions -Individual

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- Encourage menopause conversations
- Learn the (accurate) facts
- Manage your/their thinking
- Lifestyle
- Diet
- Exercise
- HRT
- Alternatives



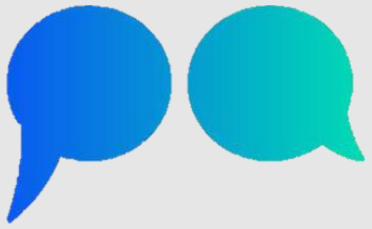


Solutions - all staff

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- Awareness and understanding – its not just about hot flushes
- Normalise it
- Make it visible
- Break the silence
- Share your knowledge

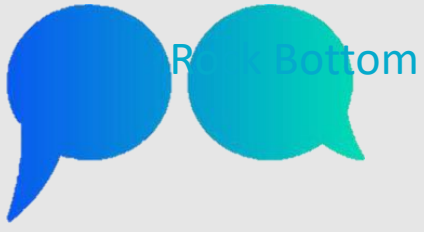
Keep talking menopause!



How would you start a
menopause conversation?

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Right Bottom

Hot Flashes

Continue to try fight through it

Memory problems

More openness

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Embarrassed

Need to reduce the stigma

Emotional

Do not know who to contact

Informal group meetings may help

Talk more openly

Menopause made me anxious

Hard to talk about how I feel

It's terrible

Limited

Had to hide feelings

Implications for reaching

Need to take it seriously

Don't put all women in the same box

Awareness of premature menopause

Seriously wearing me down

Not taken seriously

Mental Health

Need supportive employers

Depression

Better understanding needed in work place

Worthlessness

Anxiety

Prone to be off ill

Somewhere to turn to for help

Better guidelines needed

Some days I am as fit as a fiddle



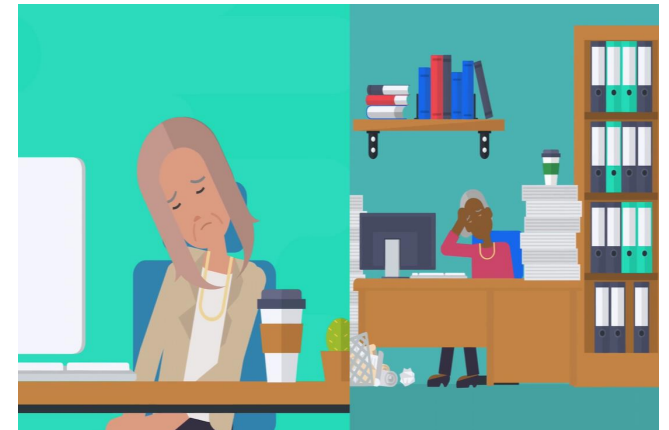
Talking Menopause Client Survey Summary

- Over **1500** respondents, **14 client** organisations
- **91%** said **little or no acknowledgement at work**
 - Need to **hide & mask**
 - **Anxiety, loss of confidence**
- Almost **70% moderate to no confidence** in having a conversation
 - **Taboo, stigma & embarrassment**
- **81% moderate to extremely high impact on performance**
- **98%** felt **important to 'normalise'** menopause at work
- **Little** evidence to suggest women receiving enough **support at work**

Fear, Isolation & daily struggle
• "have to hide your emotions & symptoms in fear"
- negative affect on role
• "affect my positive work status & future progression"

Consequences can be devastating
• "so depressed"
• "ended up going sick for 2 months with stress"

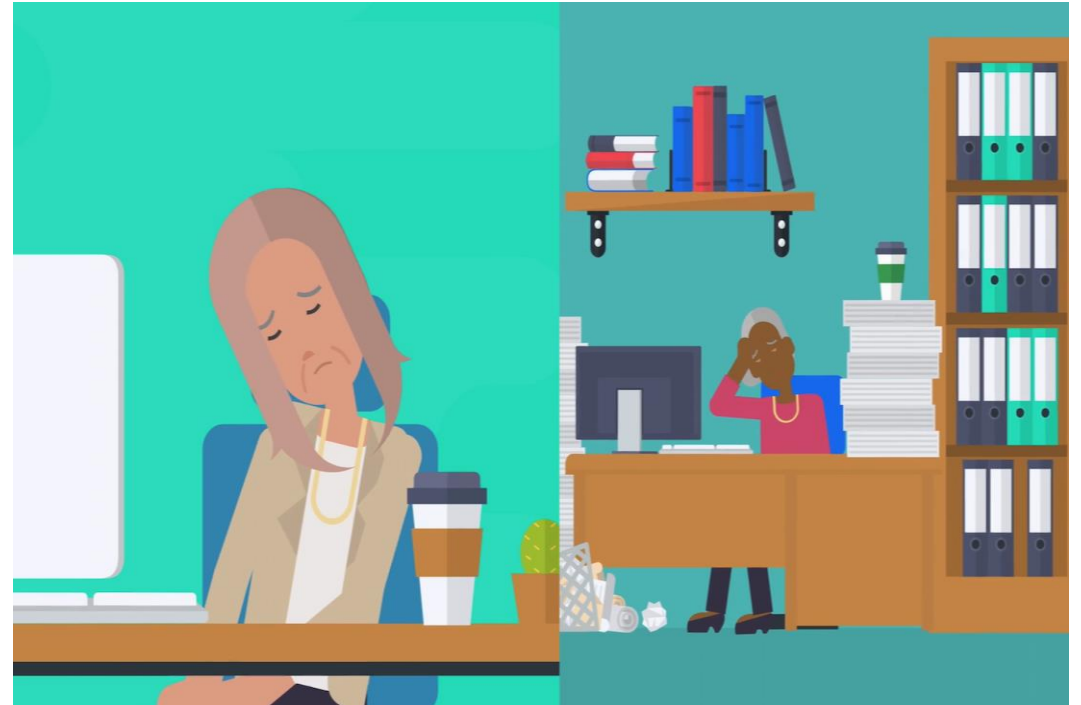
Masking & concealing symptoms
• "try to cope without making others aware"



Menopause and work

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- Having symptoms can lead to:
 - Fall in productivity & performance
 - Time management
 - Emotional resilience
 - Ability to complete tasks effectively
 - Increased stress
 - Being more likely to quit their job
 - Lower commitment to work & organisation
 - Less engaged & motivated
 - Increased absenteeism
 - Reduced job satisfaction



How easily are these recognised and accepted?



Potential Reasonable adjustments

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- Changing start times
- Providing regular breaks
- Facilitating desk move to location closest to toilets facilities/ventilation
- Adjustments to absent management procedures
- Adjustments to performance management procedures
- Reducing hours of work
- Reducing workload
- Change of role
- Reallocating certain tasks
- Comfortable working environment eg. temperature, ventilation





Further Information:

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- www.menopausedoctor.co.uk – Dr Louise Newson
- FOM Guidance on Menopause & the Workplace
- NICE Guidelines for Menopause
- www.cipd.co.uk/knowledge/culture/well-being/menopause
- www.acas.org.uk/menopause
- www.talkingmenopause.co.uk



NICE: Menopause, Diagnosis and Management – from Guideline to Practice Top Ten Tips



- 1 Do not use FSH for diagnosis in women > 45
- 2 Offer women HRT as first line treatment for vasomotor symptoms and low mood/anxiety related to menopause after discussing the short-term and longer-term benefits and risks
- 3 Consider CBT to alleviate low mood or anxiety that arise as a result of the menopause
- 4 Offer vaginal oestrogen to women with urogenital atrophy (including those on systemic HRT) and continue treatment for as long as needed to relieve symptoms
- 5 Offer women who are stopping HRT a choice of gradually reducing or immediately stopping treatment. There is no arbitrary time limit.
- 6 Women with POI should be advised to continue HRT until at least the age of natural menopause
- 7 Consider transdermal rather than oral HRT for menopausal women who are at increased risk of VTE, including those with a BMI over 30 kg/m²
- 8 HRT does not increase cardiovascular disease risk when started in women aged under 60 years
- 9 Any increase in the risk of breast cancer is related to treatment duration and reduces after stopping HRT
- 10 Refer women to a healthcare professional with expertise in menopause if:
 - > treatments do not improve their menopausal symptoms
 - > they have ongoing troublesome side effects
 - > they have contraindications to HRT
 - > there is uncertainty about the most suitable treatment options for their menopausal symptoms.



www.womens-health-concern.org
Reg Charity No: 27661
Company Reg No: 143203

For further details – please visit

www.thebms.org.uk or telephone 01628 890 199



www.thebms.org.uk
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Why are you NOT talking about Menopause?

