**Menopause Guidance**

**Introduction**

Women are working through perimenopause and menopause, which can mean managing the demands of work and home life, whilst also dealing with sometimes severe menopausal symptoms. It should be noted that for some women, the menopause can occur early naturally or for medical reasons such as surgery; hysterectomy, chemotherapy, aromatase inhibitors (oestrogen suppressants) and treatment for endometriosis.

Although it is women who experience the physical and psychological symptoms of the menopause, it is recognised that the menopause can also directly and indirectly affect others both within the workplace and at home. This can include male and female colleagues, family members, same sex partnerships, those going through gender re-assignment and disabled colleagues.

With the average UK female life expectancy of 83.2 years, many women live in this post-menopausal phase for half to one-third of their life. These symptoms can significantly impact their health and wellbeing, as well as their work and relationships.

**What is the Menopause?**

The menopause is a natural phase of life when women stop having periods and experience hormonal changes such as decreased oestrogen levels. It usually occurs between the ages of 45 and 55 and typically lasts between four and eight years, although it can last longer. Every experience will be different and menopausal symptoms can begin before the age of 40. Perimenopause, or menopause transition, begins before the menopause.

Although for many women this is a natural life change, for some women the menopause may be medically induced. Surgery such as a hysterectomy and/or chemotherapy can affect women of younger age groups, creating severe symptoms. As a result, for some it is not a ‘natural life change’ or ‘transition’, which makes the psychological aspect more important. It is therefore a very personal transitional phase in an individuals’ life.

* menopause – A biological stage in a woman's life when you have not had a period for 12 consecutive months
* perimenopause – The time leading up to the end of your periods when changes start to happen.
* premature menopause – Can happen naturally, or because of illness or surgery

**Menopause Symptons**

* During menopause a woman’s brain and mood can be affected causing:
* depression and anxiety;
* sleep problems which then leads to tiredness,
* fatigue and/or dizziness;
* brain fog leading to reduced concentration,
* poor information retention and a reduced ability to learn;
* unexplained mood swings,
* irritability and emotional outbursts.

These symptoms could impact on an individual’s performance in terms of coping strategies, pressure of dealing with deadlines and priorities. They may also experience a lack of confidence, anxiety or panic disorder.

* women can experience hair loss or hair can become thin and brittle. Women can have mouth problems such as bleeding gums and a dry mouth. This can lead to bad breath. They may also experience taste changes and strange oral sensations including a burning tongue.
* a woman’s heart can be affected, causing palpitations and an increased risk of heart disease. A woman’s lungs can be affected as they may develop new or existing allergies can worsen. For example, asthma, hay fever, dermatitis (see skin/nails below).
* a woman’s abdomen and gut can be affected as they may gain weight, develop bloating, abdominal cramps, Irritable Bowel Syndrome (IBS), sickness or nausea and women can experience urogenital problems which bring about greater urgency and/or more frequent trips to the toilet.
* women can have irregular periods brought about by unpredictable pre-menstrual tension and menstrual cycle, heavy bleeding, water retention and bloating.
* women can suffer from general skin itchiness and formication (feels like something crawling about under the skin), allergies such as dermatitis and thinning skin. Also, nails can become dry and brittle.
* women develop problems with their muscles, joints, nerves and bones. This can lead to muscle pain and weakness, joint pain, osteoporosis/loss of bone density and nerve function may be affected.
* women can suffer from sudden changes to body temperature, which include daytime sweats and flushes; sudden heat or redness in the face; night time sweats and flushes.

Other symptoms of the menopause (of which there are 34 recognised as part of the menopause) can also include loss of libido, vaginal dryness and or atrophy, incontinence, breast pain and headaches.

**Top Workplace Environments That Can Make Symptoms Worse:**

* high temperature
* poor ventilation
* humidity
* no (access to) quiet or restful space
* noise
* lack of natural light

**Why it Matters to Support Colleagues Through the Menopause at Work**

**Menopause Affects Everyone – It is Not Just an Issue for Women**

Whether experiencing the menopause first hand as a woman or second hand as a colleague or partner, education and information help to break the taboo.

**Supportive ‘Human’ Conversations Make the Difference**

Equipping line managers to have conversations with their team members and providing an effective framework allows women to feel supported in the workplace.

**A Healthy Environment and Culture is Better for Everyone**

Creating an open, honest environment means we can all flourish at work.

**Retaining Talent**

Twenty-five per cent of menopausal women have considered leaving work because of their symptoms. Providing the right support can retain experienced employees and save on recruitment costs, which benefits the individual and business success.

**Enabling Women to Be Their Best at Work**

Wide-ranging physical and psychological symptoms can seriously inhibit a woman’s career. By providing the right support and communicating openly enables women – and their teams – to perform at their best.

**Menopause at Work: For the Manager:**

Your role as a manager is to have a supportive conversation with your employee, and you are not expected to be an expert or a healthcare professional/occupational health adviser when discussing the menopause. You should remember advising employees to always consult occupational health and/or their GP for further support.

When an employee tells you about their issues with the menopause, you should gain an understanding of what the employee is likely to need from you.

The employee may have chosen to speak to a colleague, a different manager or your HR department before raising the subject with you.

**You Should:**

* remember that every individual’s issues are unique to them, do not make assumptions;
* ensure that all information shared by the employee is treated in the strictest confidence and is not shared further without the employee’s consent;
* listen to and gain an understanding of any concerns your employee has about their issues or symptoms, again avoiding assumptions;
* discuss timescales and any leave requirements if this has been raised as part of the discussion. It is worth underlining that perimenopause and menopause symptoms do not have an indicative timeline for resolution;
* take account of individual and business needs when dealing with requests for special/medical leave, being mindful of the importance of being supportive of attendance at appointments;
* outline the support available to the employee, such as occupational health, the Employee Assistance Program if applicable, workplace adjustments, etc.

**Agreeing the Process for Further Support**

You may find it helpful to set out a plan of mutually agreed adjustments to help at work.

**Confidentiality and Disclosure**

Every employee has the right to privacy in respect of their medical status. It is essential that information is only shared where necessary (for example, if the employee divulged a threat to life/suicidal thoughts) and with the employee’s consent. Disclosure without consent can be distressing for the employee concerned and in some instances breach:

* the Data Protection Act 2018
* the Equality Act 2010
* GDPR

**Wellbeing and Mental Health**

Menopause can challenge physical and mental wellbeing for many different reasons. Some

examples of this can be:

* mood swings.
* difficulty concentrating or memory lapses.
* anxiety or depression.
* pain and headaches.
* sleep disorders or fatigue.

As with all employees, the organisation has a duty of care and managers should watch for symptoms of mental health. Generic guidance such as Mental Health Guide for Managers may be helpful for further information.

**Workplace Adjustments**

Workplace adjustments are used to remove barriers or a disadvantage. This can be a change to policy, working arrangements or the equipment provided to do a job. Workplace adjustments can be helpful during menopause for agreeing and recording temporary and permanent changes.

In some instances, seeking medical evidence and/or occupational health advice may be helpful to consider whether adjustments could add value. Any referral to occupational health requires the employee’s consent and they usually do not need to show evidence that adjustments are required.

Workplace adjustments should be recorded and discussed. Some background to the barriers at work may be useful, along with the impact they have, but the focus with any adjustments agreed should be on the support needed rather than the reason for it.

Workplace Adjustments or Action Plans should always be stored securely by both the employee and employer. The employee may decide to keep a hard copy in a sealed envelope, rather than electronically.