Let's Talk:
Menopause

March 2022

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1 What is menopause?

Although the menopause is clearly defined as a date 12 months from your last menstrual bleed, the perimenopause is less clearly defined and varies hugely from woman to woman. The perimenopause indicates the first bodily changes that accompany the hormonal changes — a decrease primarily of oestrogen and progesterone — within a woman's body as she ages. Some women will only experience these symptoms for a couple of years before their periods stop altogether, but some will have them for a decade[1]

Women start perimenopause at different ages. You may notice signs of progression toward menopause, such as menstrual irregularity, sometime in your 40s. But some women notice changes as early as their mid-30s. Perimenopause could last 12 years. You may also experience menopause-like symptoms, such as hot flashes, sleep problems and vaginal dryness. Once you've gone through 12 consecutive months without a menstrual period, you've officially reached menopause, and the perimenopause period is over.

Menopause is the last day of your last period. Menopause is when a woman stops having periods and is no longer able to get pregnant naturally. It is a natural part of ageing that usually occurs between 45 and 55 years of age, as a woman's oestrogen levels decline. In the UK, the average age for a woman to reach the menopause is 51. But around 1 in 100 women experience the menopause before 40 years of age. This is known as premature menopause or premature ovarian insufficiency[2].

Postmenopause is the time after menopause, when you haven't had a period for 12 months. In postmenopause, symptoms of menopause may have eased or stopped entirely, but some women continue to have symptoms for longer.

The change in your body's hormones however is a sign to keep looking after your health and wellbeing and be mindful to listen to your body.

There can be an increased risk of some health conditions postmenopause, such as cardiovascular (heart) disease, osteoporosis (weak bones) and urinary tract infections (UTIs). So, it is important to have a healthy diet and lifestyle, and to go for your regular screenings such as breast and cervical (smear test).[3]

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[1] Ibid.

[2] Menopause - NHS (www.nhs.uk)

[3] https://www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/the-menopause/overview-of-the-menopause/after-the-menopause

2 Why a menopause group?

In February 2022, Healthwatch Milton Keynes facilitated a conversation aimed at women who are going through perimenopause, who have had menopause or post menopause. The purpose was to explore participant's experiences of menopause related services in Milton Keynes with a view to understanding how the menopause service provision and pathway could be improved. This conversation was was conducted in response to a consultation looking into women's health issues and concerns that women had raised with us:

- The Medicines and Healthcare Products Regulatory Agency (MHRA) launched a public consultation on a set of proposals to make Gina 10 microgram vaginal tablets (Estradiol) available from pharmacies, views were sought on making the first local vaginal Hormone Replacement Treatment (HRT) product available without need for prescription.
- Public concern surrounding mis-leading news headlines suggesting that all forms of HRT would be made available to women over the counter in pharmacies.
- The new Women's Health Strategy due out this spring will use a framework for women's health, based on a life course approach and six key themes: 1) Menstrual health and gynae conditions, 2) Fertility, pre- and post-natal support, 3) Menopause, 4) Healthy ageing and long term conditions, 5) Mental Health, 6) Health impacts of violence against women and girls.

Whilst the group focused primarily on participants' experiences of menopause related services, there was, inevitably, some crossover in the themes that emerged from discussion touching upon women's life course (fertility, menopause, mental health, menstrual health and gynae conditions). Where appropriate, this report therefore draws on the experiences of participants' whole life journeys.

3 How it was run

The group met at Bar Bar Café in Wolverton in February 2022. Eight people attended, including four who have experienced perimenopause, or have gone through menopause, one representative from Healthwatch, one representative from Dimensions seeking information to support people with learning disabilities experiencing perimenopause, menopause and post menopause, two members of the public. We also had the help of a certified hormone coach[4] who helped facilitate the conversation through their experience of supporting women throughout perimenopause, menopause and post menopause.

Although the experiences related were varied, generally there was a consensus among the group that women's health issues, including menopause, are not understood by health and social care professionals and it was felt that support is offered on a trial-and-error basis throughout the system.

Whilst the sample group was small, the issues raised were in line with similar themes identified through Healthwatch Milton Keynes' research into the topic of women's health and experiences shared with us by women outside of this event. These issues include poor communication between patients and professionals, a feeling that professionals didn't always understand the complexities of a patient's condition nor the sensitivity around what the patient was experiencing. The group noted there was little to no personalisation during the consultation or in the treatment option plan, and no conversation informing the patients what to expect during this stage of their life, or about what comes after menopause.

[4] Health coaching is a partnership between health and care practitioners and people. It guides and prompts people to change their behaviour, so they can make healthcare choices based on what matters to them. It also supports them to become more active in their health and care. (https://www.england.nhs.uk/wp-content/uploads/2020/03/health-coaching-implementation-and-quality-summary-guide.pdf, accessed 16 March 2022)

4 The issue is: communication

Communication was felt to be inadequate at several levels by all those who joined the group.

In relation to the communication between healthcare professionals and patients, one participant explained that when she had a radical hysterectomy[5], she was aware she would go through immediate menopause, but was not given any advice about what she should expect or the common symptoms she was likely to experience.

> "I had a radical hysterectomy aged 49 years, I knew this meant I would get instant menopause. I feel that I wasn't provided a lot of support - it would have been nice to have talked to someone before this- doesn't have to be my GP, but I could have been connected with a group or someone who has experienced my situation.
>
> I don't know if I am getting symptoms and I am often battling with myself whether these symptoms could mean something else or if it's menopause. For example, forgetfulness- could it be age or menopause or the anesthetic I received during my operation. I don't know if it matters or if it doesn't. It would have been nice to have a conversation before, especially because it was so sudden before jumping into a conversation about HRT".
>
> -White British woman, 50 years old

[5] https://www.nhs.uk/conditions/hysterectomy/

NICE guidelines for menopause: diagnosis and management[6] further support the need for healthcare professionals to effectively communicate with patients as they have a right to be involved in discussions and make informed decisions about their care. Furthermore, the guidelines include the following information and advice that should be provided to menopausal women and their family members or carers (as appropriate) including:

- an explanation of the stages of menopause
- common symptoms (see recommendation 1.3.2) and diagnosis
- lifestyle changes and interventions that could help general health and wellbeing
- benefits and risks of treatments for menopausal symptoms
- long-term health implications of menopause.

Effective communication between healthcare professionals and patients is vital to tackling health inequalities faced my women going through menopause as it is related with favorable health outcomes such as increased patients satisfaction, compliance and overall health status[7].

[6] Menopause: diagnosis and management (nice.org.uk)

[7] Poor communication by health care professionals may lead to life-threatening complications: examples from two case reports (nih.gov)

5 The issue is: access to information

According to a statement made by Dr Anne Connolly, clinical lead for women's health for the Royal College of GPs, in a statement made regarding menopause training:

> *"Menopause is included in the RCGP curriculum which all GP trainees need to demonstrate competency of in order to practice independently as a GP in the UK. GPs have the broadest curriculum, yet shortest training programme of any medical specialty, which aims to expose trainees to the full breadth of conditions they are likely to see in general practice. Introducing additional mandatory training courses for some areas of medicine and not others would be unworkable.*[8]

This is completely at odds with the general feeling among the group that 'menopause training is optional for GPs, so not all GPs are trained'. This feeling is perhaps reflective of the fact the GPs choose the areas of interest to be covered in the Continuous Professional Development (CPD) they must complete each year. The General Medical Council guidance says "you must consider your CPD needs across the whole of your professional practice. This includes both the clinical and the non-clinical aspects of your practice, and any management, research, and teaching or training responsibilities you have"[9]. So it is, therefore, understandable that menopause specific professional development may not the first option that springs to a practitioner's mind when planning their learning.

The experiences shared at during this conversation, along with the wider research which is informing the Women's Health Strategy would suggest that this might be a good time for our local GPs to spend some time refreshing their knowledge of perimenopause, menopause and postmenopause.

With regards to the quality of appointments they had with healthcare professionals, one participant highlighted that when she had a telephone consultation with her GP, her doctor took her through the NICE guideline checklist for her symptoms, which she felt was really good, but nothing more happened after they completed the checklist. Several other people highlighted experiences

[8] Menopause care is included in GP curriculum, says College (rcgp.org.uk)

[9] https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf

of their symptoms being dismissed or being offered medication with the absence of an explanation as to what was happening in their body.

- *"I spoke to my GP and I could hear her go through NICE guidelines and my GP didn't think I needed anything unless I had symptoms after the checklist".*
- *"I went to my GP because I was tingling, they did a neuro exam and said it's clear and it was just anxiety and sent me home".*
- *"I had anxiety, lack of confidence, I received no advice just a pill, you don't get an explanation".*
- *"I find that male doctors listen more, but it depends on the experience of the female doctor. Might be the fatigue of women wanting women doctors, but also the perception of receptionists. I called to book an appointment with the Dr and as soon as I mentioned HRT they said they would refer me to a woman GP".*

When it comes to the information provided to women to manage their transition naturally, several participants highlighted the difficulty they had in finding information. Most importantly, women who went through 'unnatural' (surgical) menopause following medical treatment (e.g. hysterectomy, oophorectomy) reflected on how much more difficult it was for them to find appropriate or relevant information as opposed to what information was available on natural menopause.

- *"It's hard for me to find information about unnatural menopause because I had a hysterectomy which meant instant menopause"*
- *"There's a lot of information about natural menopause and then I go looking and… nothing"*

One woman shared her experience of having a total hysterectomy (where the ovaries were conserved) and the confusion she faces about even knowing whether she is in perimenopause or whether she is postmenopausal. This makes a very big difference to the tests and outcomes for any gynaecological symptoms. This makes it difficult to know where to go for support or to find out more information about menopause in her situation.

> *"I was 37 when I had a hysterectomy and my ovaries where left in. I know that most women are expected go through menopause in 5 years following this type of hysterectomy. I now feel as though I might have perimenopausal things happening, so I don't want to go to the GP if its 'just' menopause as feels it like I would be wasting their time. But what if I am actually postmenopausal now? Then I don't want them to dismiss me. I'm 52 now, well past the 5 years, and I want to know – is this menopause? And - what can I expect from menopause"*
>
> - *White non-British woman, 52 years old*

We conducted a quick search to see what kind of information was available with basic (non-medical) search terms, likely to be used by women who have experienced 'unnatural menopause' and the results were disappointing. Many research articles were more than 10 years old and most stated that they did not include women who had experienced medial or surgical menopause within the studies. This methodological concern was noted by Ellen B Gold, PhD, in her peer reviewed paper *The timing of the age at which natural menopause occurs.* [10] Because of this limited understanding, information for these groups of women is scarce and most information on the NHS website, or within the NICE guidelines, relates to natural menopause without mentioning women who experience surgical menopause, or they are mentioned in passing without any specific support.

Whilst no trans people came to this event and we were not able to represent their views specifically in this report, the fact that they undergo interventions that disrupt natural menopause may indicate that they too may have a need for more support.

There is a need for more research looking into increasing knowledge about non-natural menopause as it would ultimately offer women and their health care providers enhanced understanding and choices, based on greater knowledge, to deal with the individual presentations of such a menopause.

[10] Gold E. B. (2011). The timing of the age at which natural menopause occurs. *Obstetrics and gynecology clinics of North America*, *38*(3), 425–440. https://doi.org/10.1016/j.ogc.2011.05.002, accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3285482/, on 18 March 2022.

6 The issue is: lack of adequate support

The discussion identified problems with the support available for women going through menopause and at all stages of women's' life course.

The participants voiced their experiences when seeking support from health and care services to manage their menopause naturally – that is, without HRT – highlighting a scarcity of adequate support. These experiences highlighted a level of stigma around talking about menopause- the jokes or the lowered tones and raised brows when talking about 'THE change'. This societal understanding and perception create a barrier to women seeking or receiving adequate support.

- *"So many don't talk about menopause- they bury their head and suffer in silence, I have women friends and I work in healthcare but we never talk about our experiences, we can help each other or realise the support we should be receiving if only we talked about it"*
- *"It would be nice to talk and have a plan not to be thrown straight into it or not offered medication straight away"*
- *"I just wish I had somewhere to go that I could go in and talk about menopause. I believe in experts by experience- women need support groups"*
- *"I just want to get back to feeling like me, that won't happen until we get support to speak to each other about our experience. I feel like we have a long way to go to talk about women's issues"*
- *"It's like we need permission somehow- it's seen as a burden, but it affects our hormones- times have changed, lives changed, bodies adapt, diets have changed, support needs to reflect the changing times"*

HRT medication, its side effects, and how it can deplete nutrients was discussed and the women present were concerned that this information was not presented in the leaflets they received from healthcare professionals. They felt nutritional information to help them replenish important nutrients to support their body should be part of the conversation.

- *"medication such as HRT takes nutrients and you have to supplement with diet" - Hormone coach*
- *"I'm very concerned over this information not being present in leaflets given by GP" - Participant*

The NHS website discusses eating healthily, stopping smoking, taking exercise, and taking antidepressants but does not provide any of the nutritional information that the women we spoke to would hope to see.

A need for follow up care to be offered was also discussed:

- *"I reacted to several different types of HRT, I had headaches and went to a walk-in clinic that advised me to come off HRT tablets or to try another different type- I tried a different type with no improvement and went to my GP to try something else. I decided to come off the tablets due to travels I had planned, but I did not receive follow-up care or advise to come back after my travels to start other treatment, now looking back it feels like I should have known my options and I realise now I could have been doing a lot more to manage my perimenopause symptoms".*
  - White British woman, 59 years, Long term condition

The experiences relayed in the call for evidence to inform the national women's health strategy were strikingly similar to those women we spoke to:

> "In the Call for Evidence we heard that damaging taboos and stigmas remain in many areas of women's health. These taboos and stigmas can prevent women from seeking help and can reinforce beliefs that debilitating symptoms are 'normal' or something that must be endured. In the public survey, respondents felt more comfortable speaking about general health concerns such as diabetes or heart disease, compared with female-specific issues such as gynaecological conditions or the menopause … We heard concerns that women had not been listened to in instances where pain is the main symptom, for example in being told that heavy and painful periods are 'normal' or that the woman will 'grow out of them'. We have also heard concerns from respondents that some healthcare professionals have reportedly used gendered stereotypes around women's wish for children in order to deny procedures such as sterilisation.". [11]:

[11] Our Vision for the Women's Health Strategy for England (publishing.service.gov.uk)

7 Common Symptoms

During the discussion, we went around the group to find out what symptoms women have experienced during their menopause journey. These included:

- "Hot flushes",
- "Itching",
- "Dry skin",
- "Flakey skin",
- "Formication",
- "Tingling", and
- "Loss of confidence"

Additionally, common symptoms women going through menopause experience, according to the NHS website, include: night sweats; difficulty sleeping; reduced sex drive; vaginal dryness; headaches; low mood; anxiety; palpitations; reduced muscle mass; joint stiffness, aches and pains and many more [12].

Symptoms of menopause usually start during perimenopause and can persist for some time after you go through menopause. These symptoms are said to last around 4 years from the time women experience their last period. However, 1 in every 10 women experience them for up to 12 years. These symptoms can be worsened by sudden menopause as a result of cancer treatment or other medical treatments such as having a hysterectomy.

8 Natural Treatment & Remedies

During our focus group discussion, we were joined by a certified hormone coach who has supported countless women going through menopause to better manage their symptoms and to live a normal life whilst going through this natural health transition.

Following symptoms and experiences highlighted by the women who took part in this focus group– the certified hormone coach provided evidence based natural treatment solutions to help support women through menopause[13].

[12] Menopause - Symptoms - NHS (www.nhs.uk)

[13] Menopause - StatPearls - NCBI Bookshelf (nih.gov)

Women were concerned about bone and heart health and the certified hormone coach suggested that weight bearing exercise. walking, gardening, and even stair climbing could help.

The following information was also suggested to support women going through menopause:

- Flaxseeds- may help to alleviate hot flushes for some women
- Iodine- for natural estrogen metabolizing enzymes
- Calcium- can reduce the rate of postmenopausal bone loss although best taken in the form of Dairy foods – such as milk, yoghurt and cheese – are good sources of calcium. Small amounts of calcium can also be found in:
    - green leafy vegetables – such as broccoli, cabbage and okra but not spinach
    - soya beans and tofu, or soya drinks with added calcium
    - nuts, particularly almonds
    - bread and anything made with fortified flour
    - fish where you eat the bones – such as sardines and pilchards
- Magnesium- to strengthen bones and prevent osteoporosis, improving sleep and regulating blood pressure
- Vitamin D can help with mood and bone health
- Omega 3, 6, 9 can help with depressive symptoms, soothing hot flushes etc.

9 Recommendations

Following our discussion, women told us what support they would like to have available to them:

- Create communities of learning and opportunities and space to share things as a group of women and to support each other
- To know where women can access information to better manage their transition
- Empower women not to see menopause as a 'condition'. Supporting women to have earlier awareness and access to information, advice, and community support sooner would mean they would feel more able to talk about it knowledgeably and to feel they had more control over their menopause journey
- Offer evidence-based complementary therapies not just medication
- Give women more information about their own body and autonomy over their own bodies
- More education about the whole lifecycle of women. Menopause information needs to be proactively given to women earlier in life, recognising that not all women will have a typical menopause journey

Healthwatch Milton Keynes ask that our Primary Care Leads consider using the information and the recommendations to explore the potential training/ learning needs within their neighborhoods.

We would also encourage the Integrated Care System to consider this report and its recommendations in their inequalities plans, and in their response to the Women's Health Strategy.