

Emma Persand

Director of Lemur Health

Vice-chair of the Society of Occupational Medicine's Diversity & Inclusion Task Force

Work and the menopause transition



“One of the greatest under-appreciated sources of innovation and new business may in fact be women over 50, with new ideas, lots of life ahead of them, and with the verve to get it done”
(Coughlin, [2017](#))

<https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-176#acrefore-9780190632366-e-176-bibItem-0039>

The employment rate among women

Aged 25-54

1975: 57%

2017: 78%

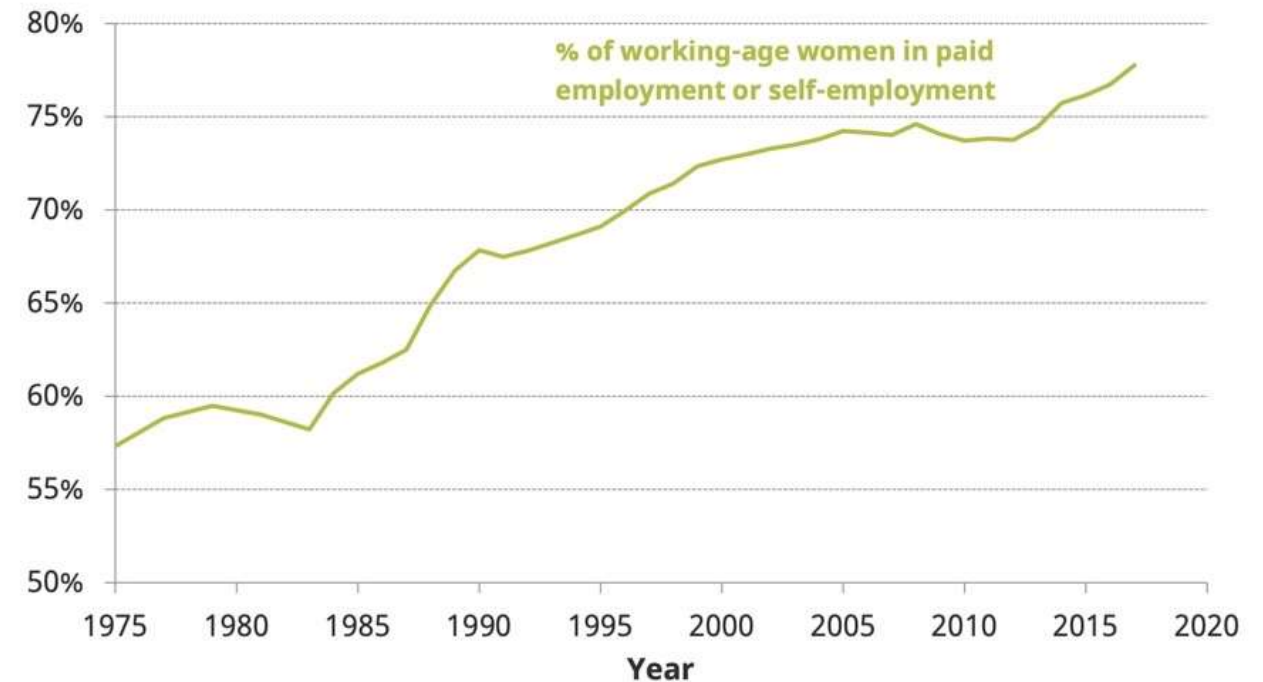
Aged 55-59

48.6 to 68.9 per cent.

Aged 60-64

largest increases in employment rates from 17.7 to 40.7 per cent

Figure 1. Employment rate for working-age women over time

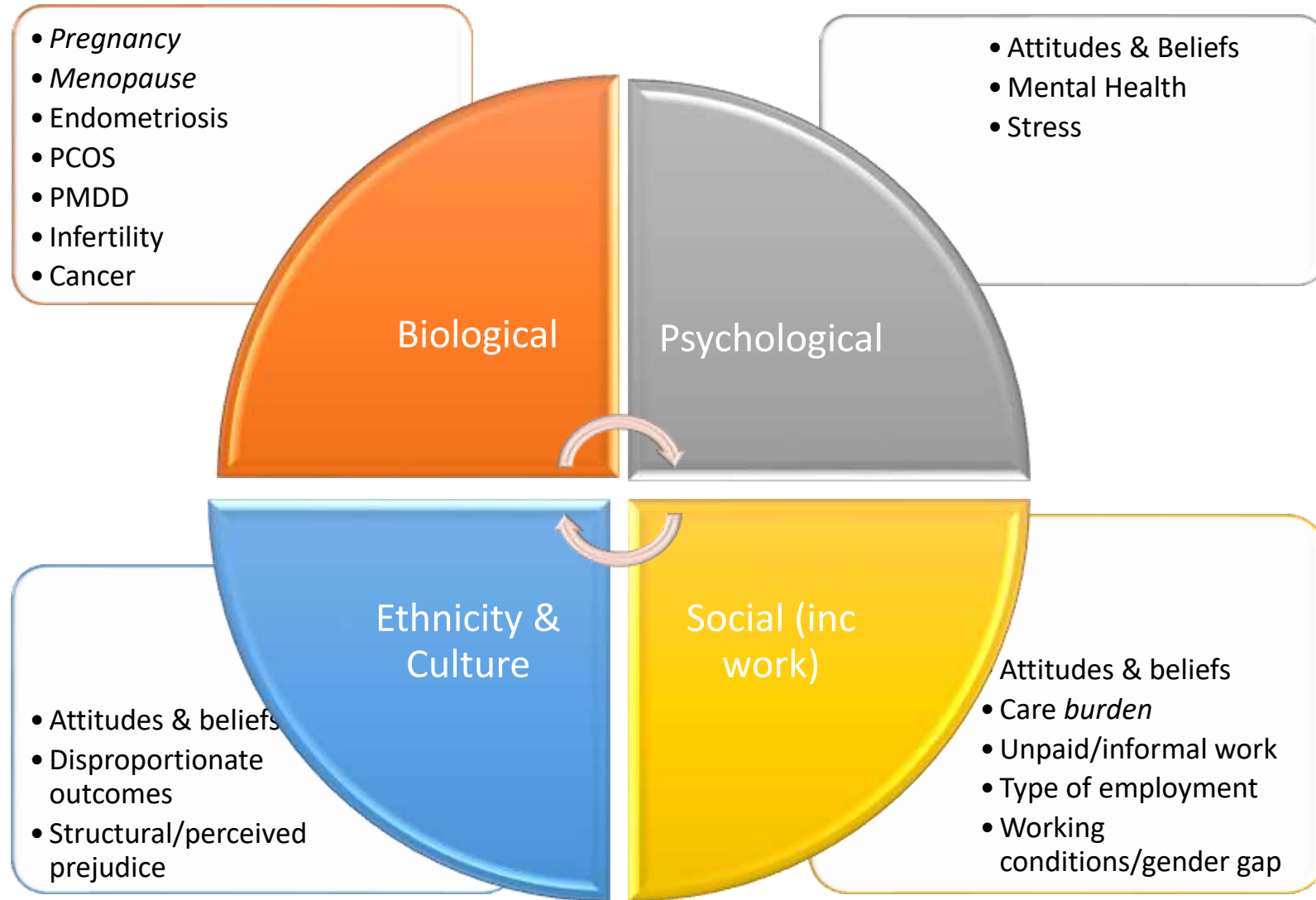


Note: Shows share of women aged 25–54 in either paid employment or self-employment over time.

Source: Authors' calculations using the Labour Force Survey.

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Reproductive Health



Findings from research and surveys

There are over *4.4 million women* employed in the UK age 45-60

Aging profile – rise in number of women in the workforce

Around two million women aged over 50 in the UK have difficulties at work due to their menopause symptoms

Research has linked severity of menopausal symptoms with women intending to leave employment

40 % are experiencing symptoms affecting their health and wellbeing

Chronic disease begin 10 years after the onset of natural menopause and early intervention is key

Women who experience POI, surgical or treatment induced menopause have an increased risk of some chronic diseases and need clinical and workplace support

Complex relationship-Women between the ages of 44 and 55 experience the most work related stress

Midlife women and GP's are more likely to attribute some of the physical and psychological symptoms of perimenopause to stress

Rise in women returning to work after breast cancer treatment and surgery



BMA report

Challenging the culture on menopause for working doctors report



Women are struggling to get the right information, book appts they need get their basic health needs met.

Health services miss opportunities to ask the right questions, prevent illness and ensure the best outcomes for girls and women.

Recognises that

women want reproductive health issues discussed openly and self-managed where possible.

Recommends that health care professionals need to be skilled and equipped to discuss reproductive and sexual health within the context of their work

Emphasises that

more strategy and support in the workplace around these issues. Including actions to address sexist and ageist behaviours in the workplace that prevent women speaking about menopause and asking for support.

Over 7000 women responded

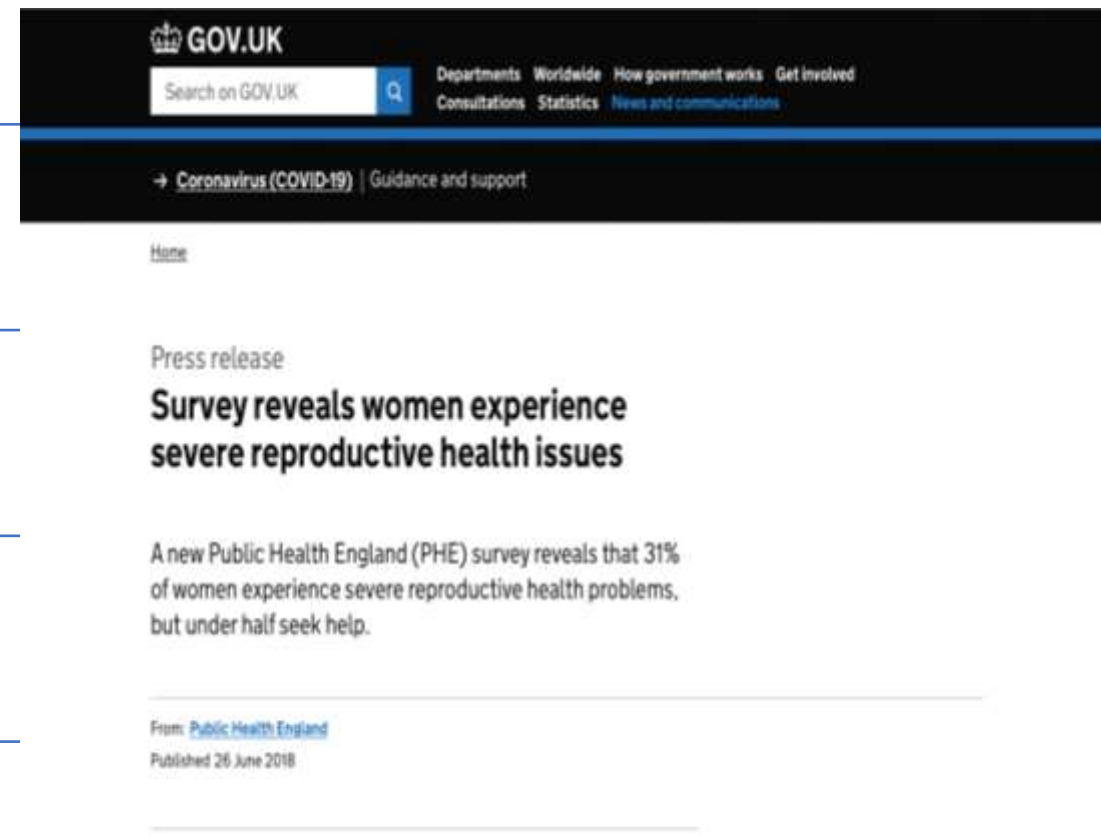
The hidden burden of reproductive health was particularly evident in the workplace: that symptoms often affect women's ability to carry out daily activities, but many conceal their symptoms from work colleagues.

31% had experienced severe reproductive health symptoms in the last 12 months, ranging from heavy menstrual bleeding to menopause, incontinence to infertility.

12% of women have taken a day off work due to menopause symptoms and 59% have lied to their boss about the reasons for their absence.

35% of women have experienced heavy menstrual bleeding, which previous evidence shows is associated with higher unemployment and absence from work.

Stigma surrounding reproductive health was a key concern for women taking part in the survey, with less than half of women seeking help for their symptoms, regardless of severity.



The screenshot shows the GOV.UK website interface. At the top, there is a search bar with the text "Search on GOV.UK" and a magnifying glass icon. To the right of the search bar are navigation links: "Departments", "Worldwide", "How government works", "Get involved", "Consultations", "Statistics", and "News and communications". Below the search bar, there is a link: "→ Coronavirus (COVID-19) | Guidance and support". The main content area features a "Home" link, followed by a "Press release" section. The title of the press release is "Survey reveals women experience severe reproductive health issues". Below the title, there is a summary: "A new Public Health England (PHE) survey reveals that 31% of women experience severe reproductive health problems, but under half seek help." At the bottom of the page, there is a "From: Public Health England" link and a "Published 26 June 2018" date.

Barriers and challenges for HCP's



What is menopause?

‘Permanent cessation of menstruation resulting from loss of ovarian follicular activity’ World Health Organisation 1981

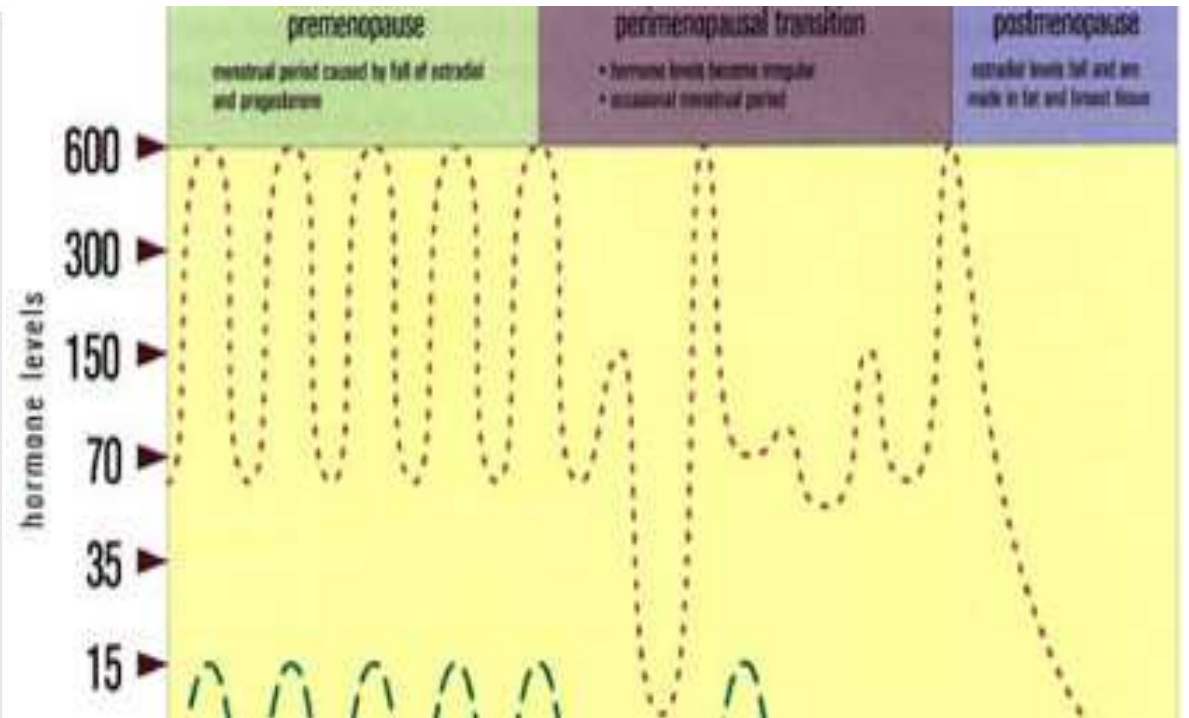
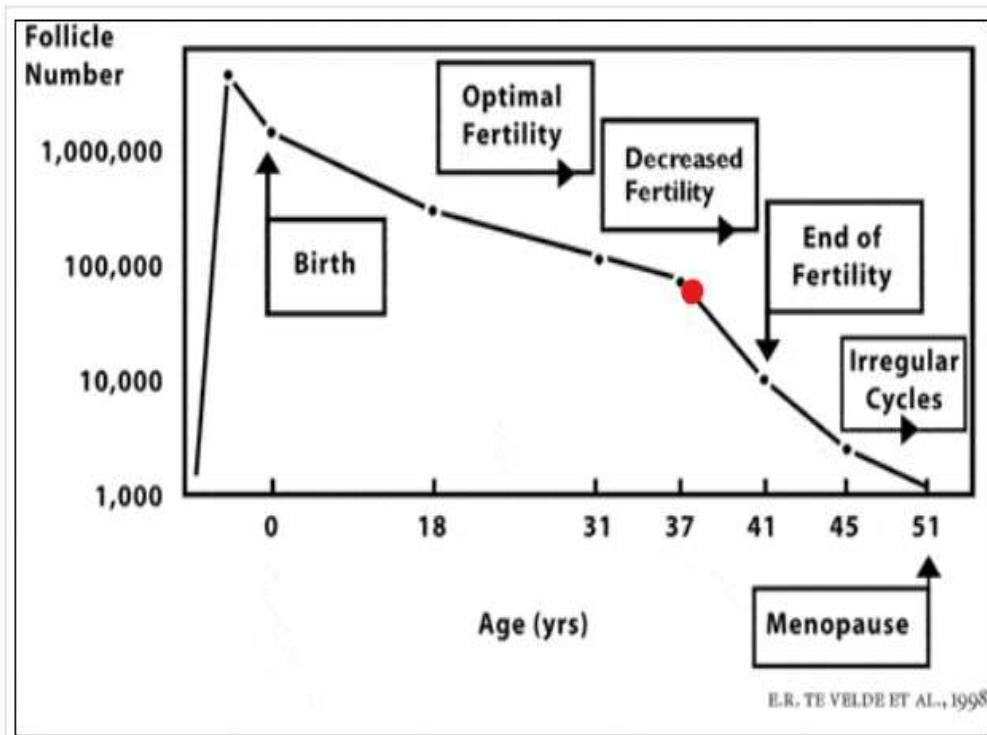
Why does this occur?

What do we mean by **‘The Menopause?’**

Oestrogen levels

Eggs

Hormone changes



Diagnosis

History and symptoms

Exclude what it is not

Over 45 years of age – symptoms only

40-45 years of age – consider x 2 FSH blood tests

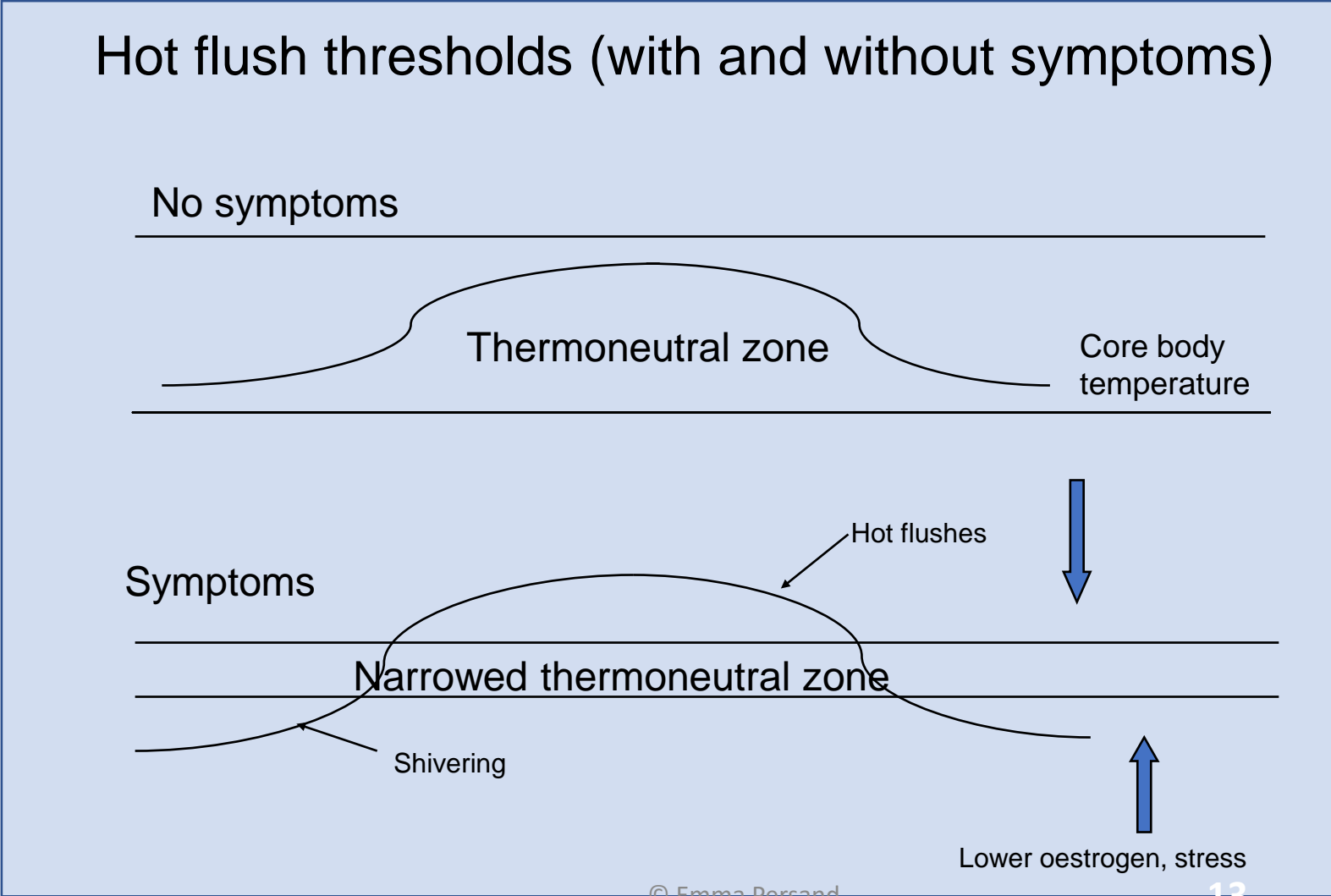
Under 40 years of age – x 2 FSH blood tests and treatment

Symptoms...over 30!

How do you know
what is causing this?

Hot flush/night chills	Mood changes	Bladder symptoms
Breast tenderness	Irritability	Vaginal dryness
Palpitations	Memory lapses	Painful sex
Irregular periods	Weight gain	Low/loss of libido
Tiredness/fatigue	Bloating	Anxiety
Joint pain (arthralgia)	Body odour change	Depression
Skin changes/hair loss/hair growth	Headaches/dizziness	And more....☹️

Psycho-education: What happens during a hot flush?



Hot Flush/Night Sweats

- Last 1-5 minutes
- Increase in skin temperature 1-7 degrees
- Waves of heat
- 90% includes sweating
- Heart rate and blood flow peak at 3 mins
- 50 % known triggers
- 80 % women stated moderate to severe impact
- Average 5 years- 30% over 10 years

Consequences for women and clinicians



Immediate, medium-
and long-term
considerations



Long term effects on
cardiovascular health. 55%
women and 43% men
suffered CVD- related
deaths (Europe)
*perception



50 % women and 20%
men will sustain an
osteoporotic fracture.
Falls and fractures took up
4 million hospital beds



Work related stress, poor
quality of life and mental
health concerns

Why work is important to health

- Work is good for health and the workplace is a wider determinant of health outcomes.
- Employment is an important factor for health, directly and indirectly making an impact on the individual, their families and communities.
- Unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours.
- Remaining or entering work is a positive health outcome



The screenshot shows the GOV.UK website interface. At the top, there is a search bar and the GOV.UK logo. Below the search bar, a navigation breadcrumb trail reads: Home > Health and social care > Public health > Health improvement > Healthy eating > Workplace health: applying All Our Health. The main content area features a blue header with the text 'Guidance Workplace health: applying All Our Health' and 'Updated 28 August 2019'. Below this, there is a 'Contents' section with links for 'Introduction', 'Access the workplace health e-learning session', and 'Why you should promote workplace health in your professional practice'. The 'Introduction' section begins with the text: 'This guide is part of All Our Health, a resource which helps health professionals prevent ill health and promote health and wellbeing as part of their everyday practice. The information will help front-line health and care staff use their trusted relationships with patients, families and communities to promote the benefits of achieving and maintaining health and wellbeing.'

An inclusive occupational health approach

- Women need to be **empowered** to get support for their health through greater recognition of conditions and ensuring parity alongside other workplace health issues. 1.
- Gender inequality both inside and outside the workplace can affect women's occupational safety and health with important links between wider discrimination issues and health. 2.
- There are substantial differences in the working lives and employment situation of women and men and therefore occupational safety and health, so we need to take account of gender issues in work-related risks and their prevention. 2.
- Prior to the Covid-19 pandemic, the GP consultation rate for women was 32% higher than for men, in part due to reproductive related consultations. 3

- 1. [Report calls for action on women's health issues at work \(personneltoday.com\)](https://www.personneltoday.com)
- 2. [2003-1161 Reportwomen1 EN \(europa.eu\)](https://ec.europa.eu/equality/policies/women/2003-1161-report-women-1_en)
- 3. <https://wbg.org.uk/wp-content/uploads/2021/01/Where-Women-Stand-V5.pdf>

Using gender mainstreaming in occupational health

- ***Gender-neutral*** approach, where the average male worker/body is taken as the standard
- ***Gender-sensitive*** approach, takes the different working & social situations of women and men, as well as gender relations into account

The role of occupational health

- A MAJOR opportunity exists within the Workplace Wellbeing sessions and Occupational Health not only to help manage the symptoms but to identify health risks and introduce preventative strategies
- Awareness, communication and early action are all key
- Physical and mental health conditions may begin to alter or appear.
- An inclusive assessment considering the role/s, individual characteristics as well as social circumstances
- Collaborative working

Not just 'women's problems'

Design processes

- PPE
- Welfare facilities
- Tasks
- Environment

Discrimination

- Davies v Scottish Courts and Tribunal services (2018)
- Merchant v BT (2012)

Business Costs

- Attrition
- Sickness
Absence
- Presenteeism

Symptoms tracking and risk assessment

- https://zeg-berlin.de/wp-content/uploads/2017/01/MRS_English.pdf
- <https://www.menopausematters.co.uk/greencescore.php>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5389763/>

Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

Symptoms:	none	mild	moderate	severe	very severe
Score =	0	1	2	3	4
1. Hot flashes, sweating (episodes of sweating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, lightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxious (over-enthusiasm, restless nervous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Menopause Symptoms: Scoresheet

The Greene Climacteric Scale, reproduced with kind permission from Dr Greene. The Greene Scale provides a brief measure of menopause symptoms. It can be used to assess changes in different symptoms, before and after menopause treatment. Three main areas are measured:

1. Psychological
2. Physical
3. Vasomotor

SEVERITY OF PROBLEM IS SCORED AS FOLLOWS:

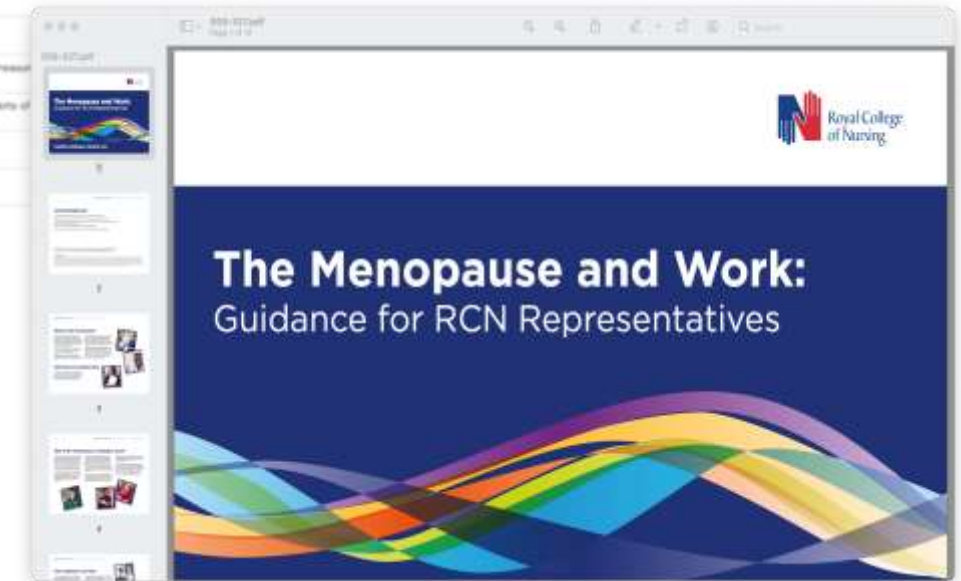
SCORE

- 0 - None
- 1 - Mild
- 2 - Moderate
- 3 - Severe

Heart beating quickly and strongly	0 1 2 3
Feeling tense or nervous	0 1 2 3
Difficulty in sleeping	0 1 2 3
Irritable	0 1 2 3
Attacks of panic	0 1 2 3

Many primary care clinicians have had little experience treating menopausal patients. New guidelines and position statements, including those from the Society of Obstetricians and Gynaecologists of Canada, the North American Menopause Society, and the International Menopause Society, help support health care providers in caring for menopausal women. These statements by leading organizations in women's health include recommendations that certain questions be asked of all perimenopausal women. However, existing menopausal questionnaires, such as the Menopause-Specific Quality of Life Questionnaire and Greene Climacteric Scale, are lengthy and might not be ideal for use in the primary care setting.

With the needs of busy primary care physicians in mind, I have developed a quick menopausal screening questionnaire called the Menopause Quick 4 (MQ4) (Figure 1).¹¹ This 4-question scale assesses menopausal symptoms for which there are evidence-based treatment options while providing a patient-centred assessment to guide treatment choices. This short questionnaire, written in lay language, can be used during any clinical encounter, including a periodic health examination.



Options: NICE NG23 Diagnosis and management

- Lifestyle changes
- Prescribed
- Cognitive Behaviour Therapy
- Dietary and herbal
- Complimentary therapies

Signposting



www.daisynetwork.org

www.pelvicroar.org

Konenki



Life course knowledge

Attitudes in the workplace
& wider society

Relationship & gender roles

Working conditions and
work arrangements

Childcare/eldercare

Supportive health care

More time for health and wellbeing

Adequate
welfare/wellbeing facilities

Awareness on menopause transition
resulting from POI, induced or surgical

Education and training for
managers (EA 2010)

Supportive network

Wellness Groups and
organisations

Thank you
for your
time.

- Please continue the conversation
- **E:** emma@lemurhealth.com
- **LI:** Emma Persand
- **T:** @lemurhealth @menopausecibt
- **FB:** Working with the Menopause
- **FB:** Lemur Health
- **Insta:** @lemur_health