

The Menopause

What to expect when you're expecting the
menopause



Introduction

The menopause means the last menstrual period but many women will talk about 'going through the menopause' when discussing the time from when they first notice changes in their monthly cycle and the start of symptoms such as hot flushes up to and after having their final period

Every woman will go through the menopause and for each the experience will be different. The menopause doesn't begin at a particular age or last for a definite and fixed period of time and the symptoms can vary from woman to woman.



For some the menopause can pass with no problems but for many others the time can be very unsettling and for some women the menopause and its symptoms can be so difficult to manage, particularly in the workplace, that they make the decision to give up their employment rather than continue to struggle in an environment that is unsupportive or lacking understanding of their needs at this point in their lives.

What is the Menopause?

The three stages of menopause:

- **Peri-menopause** – the stage from the beginning of menopausal symptoms to the post-menopause
- **Menopause** – the last menstrual period
- **Post-menopause** – the time following the last period, usually defined as more than 12 months with no periods in someone who has their ovaries or immediately following surgery if the ovaries are removed.

The menopausal period is the point in a woman's life when her periods become more irregular and infrequent and then eventually stop.

For many women the menopause occurs as they age and the ovaries naturally fail and stop producing the hormones oestrogen and progesterone; for others the ovaries fail due to specific treatments such as chemotherapy or radiotherapy or when the ovaries are removed, often at the time of a hysterectomy.

In the UK the average age for a woman to reach the menopause is 51 but a woman can start to experience natural menopausal symptoms between the ages of 45 and 55.

The peri-menopause is the time when a woman's periods become less frequent until they stop altogether, for most women the peri-menopause can last for several years (the average is four but it can last for up to ten years), however for a few women periods may stop suddenly rather than decreasing over time – for these latter women symptoms can be

worse. During peri-menopause the reducing levels of the hormone oestrogen can cause physical and emotional symptoms such as hot flushes, night sweats, mood swings and vaginal dryness.

The menopause is the last period/bleeding. Women are said to have reached the menopause when they haven't had a period for 12 months.

Post menopause is any time after the last period.

A diagnosis of a natural menopause is made from a combination of factors with most emphasis being placed on the pattern of periods and the presence of menopausal symptoms. In the late 40s and early 50s the absence of periods or infrequent periods along with symptoms such as hot flushes can alone be used to diagnose the menopause and blood or urine tests are unnecessary. In women under 50 the menopause is diagnosed after 24 months without a period, for women over 50 the menopause is diagnosed after 12 months without a period.

Early and Premature Menopause

Before the age of 45 the menopause is referred to as early menopause and a menopause that starts before the age of 40 is called premature menopause. Both early and premature menopause may also be referred to as premature ovarian failure and about 1% of women under 40 and 5% of women under 45 will be affected.

In many cases there is no cause but premature ovarian failure can be caused by such things as:

- Hysterectomy
- Certain types of radiotherapy and chemotherapy
- In rare case some infections such as TB, mumps, malaria, varicella (the virus that causes chickenpox and shingles) and shigella (a type of bacteria that causes dysentery)
- Certain medical conditions such as enzyme deficiencies, Down's Syndrome, Turner Syndrome, Addison's Disease and hypothyroidism (under-active thyroid)ⁱ

Women affected should see their GP for possible referral to a gynaecologist as treatment may be needed to ease menopausal symptoms and prevent osteoporosis; they will also be able to discuss fertility issues (a small number of women who experience premature menopause may still have intermittent ovarian functions so they may still be able to conceive). Further information on premature menopause can be found on the [Daisy Network website](#).

Symptoms

It is thought that changing hormone levels cause menopausal symptoms in about three quarters of women, with lifestyle factors such as diet and exercise and certain medications also influencing women's experience in the run up to menopause.

The first symptom is usually a change in the monthly period with light or heavy periods and irregularity in their occurrence (you may have a period every two or three weeks or you may not have one for several months). Other symptoms can include physical, psychological and sexual problems such as:

- Hot flushes
- Night sweats
- Insomnia
- Palpitations (heartbeats that suddenly become more noticeable)
- Headaches
- Aching joints, muscles and tendons
- Irritability and mood swings
- Anxiety and panic attacks
- Poor concentration
- Poor memory
- Loss of sex drive
- Discomfort during intercourse (caused by vaginal dryness)

Later symptoms due to lack of oestrogen can affect the bladder and vagina and can include needing to urinate more frequently and discomfort when doing so, increasing urinary tract infections, bladder leakage and vaginal discomfort such as dryness, burning and itching. The skin can become dryer, thinner and more prone to bruising and hair may thin and dry. Unwanted facial hair growth can also be explained by lack of oestrogen.

Other symptoms experienced during the menopausal period by some women are:

- Itchy skin, sometimes with the feeling that something is crawling on them
- Light headedness/dizziness
- Tingling in the arms and legs
- Burning sensation in the mouth
- Tinnitus
- Breast tenderness (and they may shrink slightly!)
- Fatigue
- Gastrointestinal upset such as indigestion, diarrhoea, wind and bloating
- Increase in allergies
- Change in body odour
- Bleeding gums
- Changes in the fingernails
- Feelings of unspecified fear and dread

As can be seen from the wide range of symptoms it can be difficult to recognise what it is happening as a part of the menopause and many women don't realise that they have entered the peri-menopause as they continue to have periods. Any symptoms should be noted and a doctor's advice sought if they are severe or are impacting on your quality of life.

The severity of symptoms and the overall duration of the menopause vary, depending on factors such as lifestyle, genetics, stress and overall health.

Managing Your Symptoms

Many women are able to manage the symptoms of the menopause themselves, simple diet and lifestyle changes and easy self-help approaches can help to relieve symptoms and these are discussed below.

For those with more severe symptoms or symptoms that interfere with their day-to-day life there are medications available. The type of treatment will depend on the individual and professional medical advice from your doctor should always be sought in these cases, further information can be found on the [NHS Choices webpage](#).

Diet

During the menopause falling levels of oestrogen will reduce the amount of calcium in your bones; women who aren't using Hormone Replacement Therapy (HRT) are particularly at risk from this. Decreasing bone density can lead to osteoporosis, see below. In addition during the menopause a woman's risk of heart disease increases, see below, and weight gain can become more of an issue (reduced muscle mass can mean less calories are needed daily).

A healthy, balanced diet should provide a good supply of calcium, tips for healthy eating before, during and after the menopause include:

- Eat less saturated fat
- Choose lean cuts of meat
- Choose low or reduced fat dairy foods
- Reduce salt
- Eat at least 2 portions of oily fish a week
- Eat at least 5 portions of fruit and vegetables a day
- Include plenty of fibre in your diet

Please see the [British Dietetic Association](#) food fact sheet on healthy eating during the menopause for more information.

Exercise

As well as having a healthy diet regular exercise is an important part of staying healthy during and after the menopause.

There is some evidence that women who exercise regularly and are more active tend to suffer less with menopausal symptoms.

In addition to the benefits of exercise on the symptoms of menopause there is the additional benefit of protecting the body from osteoporosis and heart disease. Exercise helps to keep muscle and bone strong, increasing flexibility and mobility and improving balance.

The best exercises are those that are aerobic, sustained and regular, for example running, cycling and swimming along with strength and flexibility exercises. For women who have never taken regular exercise or haven't exercised in a long time brisk walking three times a week is a cheap, easy and good way to start exercising if you previously haven't been active.

Always talk to your doctor before taking up a new exercise programme particularly if you have osteoporosis or other health conditions or concerns.

Alcohol

Cutting down on your alcohol consumption at any time can have a positive effect on your health and this is also true for women during and after the menopause.

There is anecdotal evidence to suggest that for many women alcohol consumption increases during the menopausal period. This can be for differing reasons, for example some may see drink as a way of getting to sleep when they are experiencing insomnia; others may see it as a way of coping with stress or forgetting their problems for a time.

In addition to the symptoms of the menopause there are many other changes that may be potentially impacting on a woman's at that stage of their lives – children growing up, parents growing old, bereavement, marital changes, divorce, all can have an effect on emotional wellbeing and drinking to overcome these emotional difficulties or indeed increased opportunities for social drinking can all lead to increased alcohol consumption.

Alcohol however can increase the severity of the symptoms of menopause and can be a trigger for hot flushes and night sweats. Though a drink before bed may help sleep what is experienced isn't a restorative sleep.

Alcohol is also a depressant, though initially there may be a feeling that the stresses and worries of the day have been lost through a glass of something nice, ultimately heavy drinking can contribute to feelings of depression and anxiety and can make coping with stress more difficult.

Drinking more than recommended guidelines can increase the risk of breast cancer in all women, and the risk can increase further in women using HRT.

For more information see [NHS Choices](#) and [Drink Aware UK](#) webpages.

Smoking

Women who smoke have an earlier menopause than non-smokers, have worse hot flushes and often don't respond well to tablet forms of HRT.ⁱⁱ

It's never too late to stop smoking, see the [NHS webpage](#).

Hot Flushes and Night Sweats

This is the most common menopausal symptom and each hot flush in general lasts for 4 – 5 minutes.

- A hot flush is a sudden feeling of heat in the upper body; it can start in the face, neck or chest before spreading upwards and downwards.
- The skin can become patchy and red and you may start to sweat.
- The heart rate can also change becoming very rapid or irregular and stronger than normal (palpitations).
- Hot flushes that happen at night are called night sweats.
- Most hot flushes will only last a few minutes.
- Hot flushes can occur before your period stops but are most common in the first year after the final period and last on average for two years; for about 10% they can continue for more than fifteen years.

Although the exact cause is not known, falling levels of oestrogen would seem to have an effect on the body's temperature controls. Body temperature naturally goes through a pattern of rises and falls through a 24 hour period which usually goes unnoticed; during the menopause the changes caused in the temperature control area of the brain mean that women may flush with a temperature rise, even moving from a cool room to a warm one or having a hot drink can trigger a temperature rise that leads to a hot flush.

For many women the effect of hot flushes in work can be a problem to manage - being unable to cool down through opening a window or using a fan and wearing uniforms made of man-made fibres for example. In addition the potential for embarrassment when in highly visible tasks such as meetings and events can be very distressing for many women.

It can be difficult to completely stop hot flushes and night sweats but their intensity and frequency can often be reduced. Using a combination of the following approaches can help:

- Wear natural fabrics such as cotton and dress in layers that can be easily removed when needed.
- Use cotton sheets and layers of bedding.
- Open a window or use a fan to keep the room cool at home and at work.
- Have cold drinks in preference to hot drinks.
- Try to lose weight if you are overweight or obese.
- Eat a healthy diet
- Take more regular exercise.

- Try complementary therapies such as yoga or controlled breathing; see below (page 10 for links to information on this).

Keep a record of when you have hot flushes to try and identify what triggers them, this may be getting too warm, drinking hot drinks or alcohol or eating spicy food. If your record helps you identify a pattern in your flushes you may be able to avoid the trigger and reduce the frequency and impact of your flushes. Even without identifying obvious triggers a record can help you measure the impact of other approaches you are using.

There are also medications, including hormone replacement treatment (HRT), that your doctor can prescribe to help reduce the intensity and frequency of your hot flushes.

Insomnia

Night sweats and anxiety can lead to many menopausal women suffering insomnia, this in its turn can lead to irritability and problems with concentrating and forgetfulness.

Along with the advice above for hot flushes and night sweats the following can help you to relax and sleep well:

- Avoid exercising late in the day (within 2 hours of bedtime).
- Have a warm, not hot, drink, brush your teeth and maybe read in bed – a regular habit such as this can let your brain know that it is time to sleep.
- Go to the bed at the same time and get up at the same time every day – too much time in bed can affect quality of sleep leading to tiredness in the day.
- If you can't sleep get out of bed and try reading or listening to some quiet music. Go back to bed when you feel tired.
- Breathing exercises and relaxations techniques can help reduce stress and sleeplessness. Please see the webpage links on page 10.

If insomnia is a problem and the above approaches don't help your doctor may be able to prescribe medication for a short time that could help in re-establishing your sleep pattern.

Frequently Urinating

During the menopause you may need to pass urine more often, have some leakage or be more prone to urinary tract infections.

Try to drink plenty each day, at least 2 – 3 pints (1.5 litres) to keep your bladder healthy – not drinking enough can cause urine to become concentrated and this can then irritate the bladder potentially leading to urinary tract infections. See your doctor if you suspect you have a urinary tract infection – symptoms include cloudy or smelly urine and a burning sensation, discomfort or pain when passing urine.

Doing regular pelvic floor exercises (Kegel exercises) can help strengthen the muscles that hold urine in the bladder and prevent leakage. Your doctor or nurse can explain how to do these exercises and more information can also be found on the [Bladder and Bowel Foundation](#) website.

Skin Problems

Skin problems during the menopause are linked to hormonal changes in the body. Women may experience dry skin; oily skin; itchy skin (pruritis); pins and needles or tingling or pricking sensations (paresthesia) and for some a sensation described as like having insects crawling over the skin (formication).

Oestrogen stimulates the production of collagen and oils through oestrogen receptors in the skin. Therefore as oestrogen production slows during the menopause the skin often becomes dry and itchy, though this is more common in the years immediately following menopause for some women the changes begin in the peri-menopause.

Self-help for skin problems during the menopause include:

- diet – eating healthy fats such as salmon, walnuts and eggs
- applying sunscreen even on an overcast day
- avoiding piping hot showers and baths - choose warm water instead
- drinking plenty of water
- using gentle soaps
- exfoliating regularly and applying moisturiser daily
- reducing alcohol consumption
- giving up smoking

Itching and other symptoms may be caused by the lowering oestrogen levels affecting the receptors in the skin. For itching symptoms, over the counter antihistamine creams may help or if symptoms of itching, pins and needles, tingling or skin crawling are impacting on day-to-day life advice can be sought from your doctor on medical treatments such as HRT.

Menstrual Changes

Many peri-menopausal women find that their menstrual cycle and flow changes. Some women may experience irregular periods that stop and start with no apparent pattern. It is also common for women to get heavier, lighter or longer periods at this time. Some women also report that the colour and texture of the blood appears to change with some describing the consistency as 'globular'.

The erratic nature and unpredictability of periods during this time can be embarrassing and sometimes debilitating for women, never knowing when a period will start and whether the flow will be heavy means that it helps to be organised, carrying sanitary protection at all times.

It should be noted that irregular or heavy bleeding can sometimes be a symptom of other problems, including polyps, fibroids and cancer, so women experiencing this should always consult their doctor to ensure that heavy or irregular periods are menopause related. A doctor can also provide advice on treatments such as HRT and the coil to manage and regulate menstrual bleeding and can test iron levels to ensure heavy periods are not causing anaemia.

It is important that any bleeding 12 months or more after the last period is investigated by a doctor.

Vaginal Dryness

Lowering levels of oestrogen can cause vaginal dryness and itching and can make sex uncomfortable or painful. About a third of women will experience this during the peri-menopause and it becomes even more common after the menopause.

Medical advice should be sought from your doctor who can provide guidance on treatments available. Treatments that you use should be reviewed regularly and you should inform your doctor of any new symptoms you may have.

Some of the treatment creams available can damage diaphragms and condoms so you may need to use another form of contraception to avoid pregnancy.

Vaginal symptoms are likely to continue or worsen without treatment.

Lower Sex Drive

This is a symptom of the menopause that can also be affected by hot flushes and vaginal dryness. Treating these two symptoms can help to improve your sex life but where a problem persists HRT is usually the most effective treatment. HRT isn't recommended for all women, particularly those who've had breast cancer. Seek advice from your doctor on treatments and other support available.

Psychological and Emotional Symptoms

Psychological and emotional symptoms such as depression, anxiety, poor concentration, mood swings, irritability, forgetfulness and sadness are all common during the menopausal period.

Hormonal changes can be attributed to some of these symptoms, but the other changes in a woman's life at this time should also be considered in relation to their impact on mental wellbeing.

The menopause can occur at a time of other major changes in life – the death of parents or aging parents who may be becoming more dependent; children leaving home; divorce or the death of a partner and physical aging. Other challenges can include beliefs about no longer being useful, a fear of death, a distorted body image and feelings of low self-worth.

It is for these latter reasons that it can be hard to tell whether psychological and emotional symptoms are directly related to the menopause - studies have shown however, that women who are generally happy in their lives experience fewer problems during the menopause.

The psychological effect of physical symptoms is important too. For many women a hot flush may be a relatively minor inconvenience that will pass in time, but for others the distress, shame and negative thoughts that they engender around being out of control,

being embarrassed and a feeling of aging may mean that they resent the symptoms and suffer psychological distress as a result.

The important thing to realise when considering the psychological and emotional symptoms of the menopause is that they are real. There can be a tendency to dismiss mental health problems and, when the reasons for the problems can be unclear and complex, choice of treatment may not be easy and will vary according to the individual.

There are different treatments available for psychological and emotional symptoms, some will require intervention and referral from a medical professional such as your doctor, and others are self-help techniques that may help improve mood and emotional wellbeing. By following the approaches above to manage hot flushes, night sweats and insomnia, taking regular exercise and trying different relaxation techniques such as yoga and tai chi you may be able to improve your mood.

See the following webpages for more information:

- [Relaxed breathing and deep muscle relaxation techniques on NHS Live Well webpage](#)
- [Mindfulness information on NHS Live Well webpage](#)
- [Yoga](#)
- [Tai chi](#)

Medical Treatment for Your Symptoms

Many women don't need treatment for the menopause as symptoms are mild and can be managed without medication. However medication may be recommended when symptoms are more severe and impact on day-to-day life.

Treatment options include:

- Hormone Replacement Therapy (HRT)
- Tibolone (similar to HRT)
- Clondine
- Vaginal lubricants
- Anti-depressants

Type of treatment depends on symptoms, previous medical history and personal preference but medical advice should be sought from your doctor. More information can be found on the [NHS Choices](#) webpage.

Menopause, Pregnancy and Contraception

Although pregnancy is less likely around the menopause, over the age of 40 it is still important to use contraception if you wish to avoid unplanned pregnancy.

During the peri-menopause a woman's periods may become irregular and unpredictable but her ovaries are still likely to be producing some eggs, so though natural fertility does decline pregnancy can happen.

To avoid an unplanned pregnancy some form of contraception is recommended until the menopause – the NHS recommends using contraception until 2 years after the last period or bleeding if under 50 years of age and 1 year if over 50 years of age.

The choice of contraception when over 40 can be influenced by a number of factors:

- How effective the method is
- Possible risks and side effects
- Your natural decline in fertility
- Personal preference
- Other medical conditions that should be considered

Several forms of contraception will need to be prescribed by your doctor after discussing the above factors. Natural family planning is not recommended for peri-menopausal women as a form of contraception as irregular periods can make predicting ovulation difficult. More information can be found on patient.co.uk.

It is worth noting that the combined oral contraceptive pill can mask the symptoms of the menopause (such as hot flushes and night sweats) and withdrawal bleeding will continue while the pill is being taken so it is hard to know if you are still fertile or indeed if you are post-menopause – speak to your doctor for advice on determining if you are post-menopause if you are over 50 and using the pill as contraception. Doctors may prescribe the pill to some women to help with menopausal symptoms such as hot flushes and irregular and heavy periods.

HRT is not a form of contraception and will not stop you becoming pregnant.

Risks for Menopausal Women

Osteoporosis

An important effect of reducing oestrogen levels is an increased risk of loss of bone strength leading to bone thinning (osteoporosis). Women are more at risk of developing osteoporosis than men because of the hormone changes that occur during the menopause – oestrogen is essential for healthy bones and when its levels fall bone density is directly affected.

Women are at greater of risk of developing osteoporosis if they have an early or premature menopause, if they have a hysterectomy where the ovaries are removed before the age of 45 or if they have absent periods due to over exercising or dieting.

You can reduce the risk of developing osteoporosis by:

- Doing short, frequent sessions of weight bearing exercise
- Eating calcium rich foods
- Quitting smoking
- Moderating your alcohol consumption

The menopause is only one of the risk factors that can lead to osteoporosis, more information can be found on the [NHS Choices webpage](#).

Heart Disease

As oestrogen levels fall its protective effect on the heart is lost and changes occur that can lead to an increased risk of heart disease. Women are three times more likely to die of heart disease as of breast cancer and in the years following the menopause the risk increases significantly. The changes and risk factors include:

- Obesity – more common in women than men over 45 years of age. During the menopause the body fat distribution changes from the 'pear' shape to the 'apple' shape
- Cholesterol – menopause is associated with a gradual increase in cholesterol and particularly bad cholesterol
- Hypertension/High Blood Pressure
- Smoking
- Diabetes
- Low levels of exercise
- Alcohol

More information on coronary heart disease can be found on the [NHS Choices](#) webpage.

Menopause Myths

The menopause begins at 50. The menopause is the last menstrual period. As mentioned earlier the average age in the UK for the menopause is 51 – 52 but the menopause can happen before or after this age. Women may experience perimenopausal symptoms before they have their last period. These symptoms may start a few months, or up to 13 years in some cases, before menopause

You will gain weight during the menopause. The lowering levels of oestrogen can lead to reduced muscle mass meaning that the body no longer needs as many daily calories as previously. As stated earlier by following a healthy diet and taking regular

exercise weight gain can be prevented. Where you may notice a difference is in the distribution of body fat, with more being stored around the stomach rather than on the hips and thighs.

There's no difference between surgical and natural menopause. Surgical and natural menopauses are very different. When a woman undergoes a total hysterectomy she will experience an immediate and significant change in hormonal balance rather than the usual more gradual change in natural menopause. For more information on surgical menopause see the [Hysterectomy Association](#) or [NHS Choices](#).

The first sign of the menopause is a hot flush. Symptoms in the peri-menopause are varied and a hot flush may not be the first sign that your body is entering this stage of your life. Tiredness, anxiety, irritability, mood swings, depression, weight gain, hair loss, cravings, poor concentration, forgetfulness, irregular periods, heavy or light periods and lowered sex drive can all be symptoms of the peri-menopause. With so many different possibilities many women don't recognise their symptoms as being due to the start of their peri-menopause.

After the menopause you no longer produce hormones. During the menopause oestrogen and progesterone levels do decrease but they continue to be produced, just in smaller amounts post-menopause

The older you are on when you start your period the older you will be when you go through the menopause. For many women the opposite is true! Predicting the age of your menopause is very difficult but there are some questions to think about:

- What was your mother's age at menopause, the age she began to experience symptoms can be a good indicator for you too
- Do you smoke as this can cause earlier menopause
- Do you drink daily as drinking alcohol can mean a later menopause? (Please remember drinking in moderation is advised, for more information see [NHS Choices](#))
- Have you been pregnant, more pregnancies suggest later menopause

Menopause only causes physical symptoms. As can be seen above the menopause doesn't only cause physical symptoms. Many women experience psychological symptoms such as anxiety, depression, forgetfulness and poor memory. Some of these symptoms can be exacerbated by physical symptoms such as night sweats and hot flushes.

The best way to get through the menopause is HRT. For many women self-help approaches are enough to allow them to confidently manage the symptoms of the menopause. For some women other health considerations (such as premature

menopause) or symptoms that seriously impact on day-to-day living may mean that HRT is needed.

Being aware of your options is important in ensuring your mental and physical wellbeing during and after the menopause. Talk to your doctor about your symptoms and choices.

Advice to Other Women

The following advice has come from the [Healthtalk.org](https://www.healthtalk.org) website and is from women's own experience of the menopause:

Don't expect to have problems. No all women have problems through the menopause; many women have either no symptoms or intermittent symptoms which have little impact on their lives.

Talk to people, get support. There are some women who feel very isolated through the menopause, maybe feeling embarrassed to discuss their symptoms. Rather than keeping quiet and trying to cope alone it's important to talk to people – friends, family, partners and colleagues. Sharing your experience and speaking out can mean you find support and discover many others are going through similar things. See the information at the end for details of national support groups.

Be informed. Every woman's experience of the menopause is individual and unique, knowing about the changes your body is going through, talking to people, reading and searching for information on the internet can better help you understand what is happening. Some women on Healthtalk.org felt that doing their own research on the internet helped them find the information and support that hadn't been provided through their GP – which had been very clinically focused.

Seek help. Sometimes managing the menopause alone becomes impossible and knowing when to seek medical advice and developing a good relationship with their health professionals was important both during and after the menopause. Women on Healthtalk.org suggest contacting your GP if you have heavy bleeding or emotional problems and also keeping a really detailed diary of symptoms so that a GP can be in a better position to give advice.

Be assertive. The importance of being proactive and assertive in managing the menopause is stressed. Taking charge by asking questions, keeping asking until you get helpful answers, doing your own research so you are sure what you are asking and changing GP if necessary are all given as suggestions for keeping control when menopausal symptoms are making life difficult.

Consider a range of treatment options. Finding the right treatment for you can be difficult, what works for one woman may not work for another. For some women HRT is the solution for others its simple lifestyle changes such as diet and exercise.

Women who had used HRT successfully to manage their symptoms stress the importance of finding out as much as possible about risks and benefits before making a decision.

Keep healthy. Paying attention to diet, exercise and lifestyle can help women through the menopause. Many women have stressed the importance of eating well and exercising in how it made them feel.

Keep the menopause in perspective. As well as keeping healthy, women stressed the value of maintaining a positive state of mind. Whilst acknowledging that the menopause can be a tough time for some women their message was not to let it take over your life or use it as an excuse to stop doing what you want to do.

It's important to remember that though for some women the menopause may be a time of regrets (feeling older, passing child bearing years) for many others it is a positive time, a new chapter, with opportunities to discover new interests and friendships, to try new things, to get fit and healthy and to learn new things about themselves.

There is also advice on the same site for partners of women going through the menopause – the understanding and support of your partner is important at a time when symptoms both physical and psychological can place a strain on your relationship.

Menopause and Work

The effect of menopausal symptoms on women when in the workplace has been highlighted in several reports (please see the reference list at the end). These reports highlight that whilst the menopause itself may not impact on productivity, a lack of organisational support along with unsympathetic workplace cultures can exacerbate symptoms and affect a woman's engagement with and enjoyment of work and can ultimately lead, for some, to the decision to leave employment.

As the population ages the number of women over 45 years of age in employment is increasing, this means that many women will go through the menopause while working full or part time. It is becoming increasingly important that these women are supported to remain in employment - some sectors in the UK are already experiencing a skills shortage as people choose to retire rather than continue working. Reports suggest that for many women retirement is seen as the only option when confronted with a lack of support and understanding of their health needs during the menopause.

Menopausal symptoms such as hot flushes, irregular periods, mood swings and poor memory are at odds with the professional image which women want to convey while at work. In a public environment where physical image and presentation matters women may feel exposed and undermined by the often highly visible, unpredictable and unpleasant symptoms of the menopause. Obvious symptoms such as hot flushes can leave women feeling self-conscious and a need to relieve their symptoms can lead to tensions with managers and colleagues – for example opening windows or removing parts of a compulsory uniform. For women who have to stand for large parts of the day or carry out

physical tasks, heavy and irregular periods and period pains can cause discomfort and potential embarrassment.

In addition forgetfulness, poor concentration, mood swings and tiredness can undermine confidence. Women may feel that their ability to be in control, to make decisions and to act as a role model deserts them during the menopause. Confidence can be undermined by changes taking place during the menopause and by the impact of menopausal symptoms.

Research in 2011 explored women's experience of working through the menopause and showed that many were little prepared for the start of the menopause and even less equipped to deal with the symptoms of the menopause in work. Many had not discussed their symptoms with their line manager and many were not comfortable doing so, in particular those whose managers were younger than them or male. The majority questioned felt they needed more advice or support.

By acknowledging the difficulties some women may face in work as a result of the menopause and by being aware of the impact of the environment and practices of the workplace on these women a culture change can take place whereby older employees can feel supported and engaged, where symptoms can be managed and their impact reduced and where these older women can be recognised as the committed, ambitious and resilient members of staff that they are.

The list to follow is taken from the Women, Work and the Menopause report and sets out some ideas for improving support for older women in the workplace:

- Awareness raising of the potential impacts of menopausal symptoms on work with staff and in particular managers
- Information for line managers on adjustments that can be made to support women
- Provision of another line of support for women who may be reluctant to speak to their line manager, for example HR, Health and Safety or a wellbeing champion
- Development of an information pack on the menopause
- Production of a 'one stop shop' for staff to access advice, information and support, for example on the intranet
- Generation of material to tackle the myths surrounding the menopause
- Making the menopause part of the wider health and wellbeing agenda or a wider longer working lives strategy
- Maximising the flexibility of work time arrangements, including where possible home working and flexible break times
- Practical solutions to workplace temperature management, such as raising staff awareness and easily accessed provision of desk fans
- Consideration of access to bathroom facilities and drinking water for women working out of the office
- Flexibility within the dress and uniform code policy

Faced with an aging workforce organisations and businesses need to acknowledge the effects of the menopause and to start to talk to their staff.

The menopause needs to no longer be a taboo subject in the workplace and should be understood and managed in the same way that pregnancy and maternity and to a lesser extent mental health is now being understood and managed in the workplace.

To see more about real women's experiences of the menopause including in the workplace go to healthtalk.org.

#changethechange

The [#changethechange](https://healthtalk.org) campaign was founded by two NHS employees in 2014. Natasha North and Hannah Short started the campaign as they believe that women are being failed by health services during and following the menopause. They believe there is a lack of knowledge of post-reproductive health care and confusing and conflicting advice available for women. They ask that other people join them in challenging existing attitudes and raising awareness of menopause related health conditions.

Follow the [link](#) to join in the conversation, to take action or to get more information on your menopause.

Conclusion

All women at some point will go through the menopause and individual experiences will differ. The management of the menopause and its symptoms will depend on a number of factors including whether the menopause is natural or caused by surgery or another medical treatment; whether the menopause is early/premature; what symptoms appear and whether their severity impacts on quality of life and whether there are further risks such as osteoporosis as a result of the menopause.

Some women will choose a self-help 'natural' approach to symptom management while others will choose to go on HRT. For all women lifestyle factors such as diet, exercise, smoking and alcohol will play an important part in promoting general wellbeing and reducing the risks associated with the menopause.

Being informed from the start, seeking advice on options available and being supported and understood at work and at home should all help to ensure that this natural part of life passes as smoothly as possible with physical and mental good health being managed and sustained.

Useful Contacts

- [NHS Choices](#)
- [NHS Live Well](#)
- [Menopause Matters](#)
- [Healthtalk](#)
- [The Daisy Network](#)
- [#changethechange](#)
- [Women's Health Concern](#)
- [The Menopause Exchange](#)
- [Menopause Swings and Roundabouts](#)
- [The Hysterectomy Association](#)
- [Cancer Research](#)
- [MacMillan Cancer Support](#)
- [Net Doctor](#)
- [British Menopause Society](#)

References

- [NHS Choices](#)
- [NHS Live Well](#)
- [MacMillan Cancer Support](#)
- [Healthtalk](#)
- [Women's Experience of Working Through the Menopause \(Griffiths, MacLennan & Wong 2010\)](#)
- [Women, Work and the Menopause: Releasing the Potential of Older Professional Women \(Jack, Pitts et al. 2014\)](#)
- [A New Vision For Older Workers: Retain, Retrain, Recruit \(Dr Ros Altmann CBE 2015\)](#)
- [The Menopause and Work \(UNISON 2011\)](#)
- [What is the Menopause? \(NHS Dumfries & Galloway 2005\)](#)
- [Menopause Matters](#)
- [The Hysterectomy Association](#)
- [Women to Women.com](#)
- [Patient.co.uk](#)

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- ⁱ <http://www.nhs.uk/Conditions/Menopause/Pages/Causes.aspx>
ⁱⁱ <http://www.nhs.uk/Livewell/menopause/Pages/Menopauseselfhelp.aspx>