



MEDIGOLD  
HEALTH



# LET'S TALK MENOPAUSE

WHY EMPLOYERS NEED TO BE  
DOING MORE

*Q&A Document*

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1

**The hardest thing for me is that I have always been able to manage my emotions/moods, but nowadays I have no control over them.**

My advice would be to give yourself some space. If you're struggling to control your mood, write down what you want to say and then come back to what you have written later. Take yourself out of stressful situations, if it's possible. Talking therapy may be helpful to you, or it may be worth discussing treatment options with your GP if your symptoms make it too hard to live normally.

2

**Is the menopause classed as a disability? I have seen conflicting reports on this.**

Menopause does not come under the equality act, however considering some perimenopausal symptoms could go on for a long time, those potentially could end up becoming a disability. Because of this, we'd always recommend that reasonable adjustments are considered.

3

**Is there a medical diagnostic test that can identify perimenopause?**

You can have a blood test, which will measure your hormone levels. However, this is only part of the full picture; it is sometimes one of the later stages of menopause. It's recommended to notice the symptoms you are experiencing, as these sometimes occur far sooner. Your hormones may not have dropped to a level that would be a definite indication, but you might be experiencing symptoms such as hot flushes and irritable mood, which is equally a key sign that you are perimenopausal.



4

## Does being on the pill help with menopausal symptoms?

It can certainly control your symptoms, as the pill (Progesterone-only or combined) provides a certain level of hormones to create a 'fake' menstrual cycle, and so can mask your symptoms. When you stop taking the pill, you may experience an onslaught of symptoms, as well as the additional risk of late pregnancy, so it's best to consider phasing coming off it.

5

## Does having a coil help with menopause symptoms? And if you have a Mirena coil, how would you know if you are going through menopause?

It's likely that you wouldn't know - the Mirena coil controls hormone levels and releases hormone, similar to the Progesterone-only pill. Sometimes you do get break-through with the Mirena coil.

6

## If you have had a Total Abdominal Hysterectomy (TAH), will you get the same side effects/indicators to know if you have started/ended menopause?

This depends on whether they remove your ovaries as well as your uterus. If they only remove the uterus, your ovaries will die out naturally, so you will go through a perimenopausal stage before going into the menopause. If they do remove the ovaries, then you will not be producing any hormones, so you will enter the menopause automatically.



7

## Is there an alternative to Hormone Replacement Therapy (HRT)? I am on Lamotrigine for seizures, and have been told that I cannot have HRT.

You may be able to try some of the alternatives that I mentioned previously ([see questions 4 and 5](#)), so it is worth having a discussion with your GP or pharmacist. Alternatively, ask to be referred to a menopause specialist who may be able to suggest other alternatives.

8

## Do people stay on HRT indefinitely or to a certain age & what happens if it is stopped over 60?

They recommend that you should only be on HRT for 6-8 years. This usually works out fine, considering the usual length of perimenopause is 8-10 years. It's best to have a discussion with your GP if you've tried coming off the patches and the symptoms are still too strong.

9

## What is Testosterone used for?

Testosterone is often used in conjunction with Hormone Replacement Therapy (HRT), but again, discuss this with your GP or a specialist.





10

**Is it necessary to stop Hormone Replacement Therapy (HRT) before surgery? I have been advised to stop this 3 weeks before surgery. How soon will symptoms come back?**

It depends upon what the surgery is. It's possible that they advised this because of the potential for blood clotting, which you are more prone to when you're under general anaesthetic and very still for a long period of time. As it's three weeks you'll be off HRT, you may start to experience some of those symptoms coming back. Once you have woken from the surgery, however, you can go straight back to the patches you are using and this will ease your symptoms again.

11

**Is Testosterone available on the NHS?**

It should be, if it is deemed an appropriate treatment for your symptoms.

12

**Does the NHS offer hormone tests to help you work out what dose of progesterone, oestrogen and/or testosterone you should take?**

Similarly to [question 3](#), it is a process of trial and error. You can do blood tests, however these are not really a true reference to what you are actually experiencing. For me, I primarily go off symptoms. Usually, you start on a very low dose. If this has no impact, after a given period of time they will increase the dose. The process is similar to blood pressure tablets, where you will start with one tablet, and change to another until you find the right one.





13

**I have recently discovered that the maximum HRT level in private medical is sometimes higher than what is available on the NHS. Why is this?**

Simply put, if you pay to see a private consultant, they will have a wider range of options for you. With the NHS in the situation it is, they will have a smaller portfolio of options available, and this is unlikely to change for now. I am aware that there has been a shortage of specific HRT patches recently, so this may be what you are experiencing right now.

14

**If a GP only spends 5 minutes with you to discuss options, where are you able to get more advice to help make an informed decision?**

You are entitled to get the best advice you need to make an informed decision. See at [the end of this document](#) for links to resources.

It's also worth talking to other people who have been through / are going through the menopause, to find about what they have or haven't experienced. You can also ask to speak to a GP or Practice Nurse who specialises in menopause. You can also read articles about treatment options - they will provide both pros and cons of each. Weigh those up against your own symptoms and how they are impacting on your day-to-day life.



15

**My GP refused to start me on HRT until I started having hot flushes, in spite of me providing symptoms like foggy brain, weight gain and low moods etc. Are hot flushes a required symptom for starting HRT?**

Not at all. Not everybody has hot flushes (I didn't!), so I'd recommend challenging your GP on this. Explain your other symptoms that indicate that you are probably menopausal, and that you want to try HRT. Sometimes you just need to be assertive with your GP.

16

**Is there a manager's guide to supporting staff with menopausal symptoms?**

See below:

[https://www.cipd.co.uk/Images/line-manager-guide-to-menopause\\_tcm18-95174.pdf](https://www.cipd.co.uk/Images/line-manager-guide-to-menopause_tcm18-95174.pdf)

<https://www.cipd.co.uk/knowledge/culture/well-being/menopause/people-manager-guidance>

17

**What reasonable adjustments can be made in relation to the menopause?**

There are a few subtle changes that you can make to allow more comfort to those going through menopause. Having the ability to take a little 'time out', to cool off & calm down in a quiet space is really good. For those hot moments, having a fan on your desk is very useful if possible (remember to get this PAT tested). Flexible working hours; later/earlier starting times depending on if you are struggling to get a good night's sleep, or if your symptoms make you more tired in the morning/early evening. Simply improving people's understanding of what this person is experiencing really helps work relationships.



18

## Do you have a risk assessment template that you can share?

There is not a specific template, so I recommend using simply the generic risk assessment, or stress risk assessment templates, as these will identify what is impacting from a job perspective. You can use the HSE template if you do not have your own: [click here](#).

19

## How should we treat sickness absence in cases of menopause?

[See question 22](#) for more on this topic. Always take it on a case by case basis, like you would with any other sickness absence. Consider the severity of their symptoms and assess what reasonable adjustments should be made.

20

## Can you suggest how to balance peer/mentorship support without making the employee feel incompetent, or without making their peers question their level of ability?

This should be done sensitively, but as awareness on menopause and its symptoms increases, hopefully employees will start asking for that help themselves. Have open conversations with your colleague or employee: Ask if everything is okay, or "I've noticed that you're feeling a little sensitive recently, is there anything I [as your manager] can do to help/support you?" or "Would it help if..." offers/options are very helpful.



21

During a selection process, if a candidate declares that they have perimenopausal symptoms—like brain fog and fatigue—and subsequently an Occupational Health (OH) referral is carried out, has that ever been considered a reason to decline the job to that candidate?

Most certainly it should not be a reason, and I am not aware of that ever having been an issue. At present, it isn't common for people to state that they are perimenopausal in an application. The symptoms can be very similar to normal nervousness in job interviews, so wouldn't stand out. If you do feel your symptoms are intense at that moment, you could say "please bear with me, I am just thinking through the question" to have a little more time.

22

In terms of sickness, are there any legal requirements to support individuals going through menopause, similar to disability laws?

Please see [question 2](#) for the Equality Act. Currently, there are no legal requirements as menopause itself does not come under the Equality Act. If you are an employer, I would suggest treating menopausal sickness in the same way you would treat any illness, being reasonable in the ways you can support that person, whether it falls under the Equality Act or not.



23

**I have heard that there will be a change to Employment Law in 2023 that will involve the menopause. Is this true?**

I am not aware of this myself, however as it is an ongoing discussion (myth busting, breaking down barriers), I wouldn't be surprised if they do start to introduce new legislation.

24

**There are ongoing government discussions about requirements for menopause in the workplace i.e. the requirement to have a menopause policy. (No decisions made or published at this time.)**

I am unaware of any specific government guidance, however, I do know that a number of companies are looking to implement policies, or adding sections to their sickness absence documentation.

25

**The MP report also mentioned that GPs will be offering a “menopause check-up” for those over 45. Can employers suggest for their staff to do this if they have symptoms?**

I am not sure if this is openly available with all GPs as of yet, but if you do suspect that an employee is struggling, it may be helpful to supportively suggest that they visit their GP to discuss their symptoms.



## Links

We have provided below links to a number of useful resources, websites and support organisations that you may wish to share with your employees:

[menopausesupport.co.uk – Supporting You Through Change](https://menopausesupport.co.uk)

[Menopause - Help and support - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[The Menopause Charity - Menopause Facts, Advice and Support](#)

[Menopause and Me | Official Website](#)

[Supporting someone through the menopause | NHS inform](#)

[Women's Health Concern | Confidential Advice, Reassurance and Education \(peoples-health-concern.org\)](https://peoples-health-concern.org)

[Free App Health & Her | The Leading Perimenopause & Menopause Expert Website \(healthandher.com\)](https://healthandher.com)

Watch the webinar here:

[Medigold Health | Let's Talk Menopause - Why Employers Need to be Doing More](#)



## Sources

[www.acas.org.uk/menopause-at-work](http://www.acas.org.uk/menopause-at-work) Managing the effects of the menopause: Menopause at work - Acas

[Menopause and the Workplace: How to enable fulfilling working lives: government response - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/menopause-and-the-workplace)

[07-BMS-TfC-Menopause-and-the-workplace-03B.pdf](#) (peoples-health-concern.org)

[15-WHC-FACTSHEET-The-Menopause-DEC2020.pdf](#) (peoples-health-concern.org)

[07-BMS-TfC-Menopause-and-the-workplace-03B.pdf](#) (thebms.org.uk)

[The British Menopause Society response to the Department of Health and Social Care's call for evidence to help inform the development of the government's Women's Health Strategy - British Menopause Society \(thebms.org.uk\)](#)

[Inclusive Language and the Menopause - GenderGP Transgender Services](#)

[LGBTQ+ & Menopause - Menopause Experts](#)

[Quarter of people going through menopause 'considered leaving work' | ITV News](#)

[Menopause Statistics 2019 - Menopause in the Workplace \(forthwithlife.co.uk\)](#)

[Menopause costs UK economy 14 million working days per year - HRreview](#)

[The Menopause: Facts and misinformation | RCOG](#)

[Menopause and work: why it's so important - Menopause in the Workplace | Henpicked](#)

[Let's talk menopause | CIPD Guidance](#)







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