

Menopause Challenges in the Workplace

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- **Background - Menopause**
- **HRT**
- **Menopause challenges in the workplace**

Menopause

- **Latin / Greek : ménèspausie Menos pausis**
- **Marks end of the reproductive life cycle**

Menopause

- **Average age of onset 51 years.**
- **80% of women menopausal by the age of 54.**
- **Likely 1/3 of a woman's life after the menopause.**
- **Menopausal symptoms >75% of women.**
- **Vasomotor symptoms average 7.4 years and 1/3 women experiencing long-term symptoms.**

Avis et al. 2015, Burkard et al. 2019

Function of the ovaries

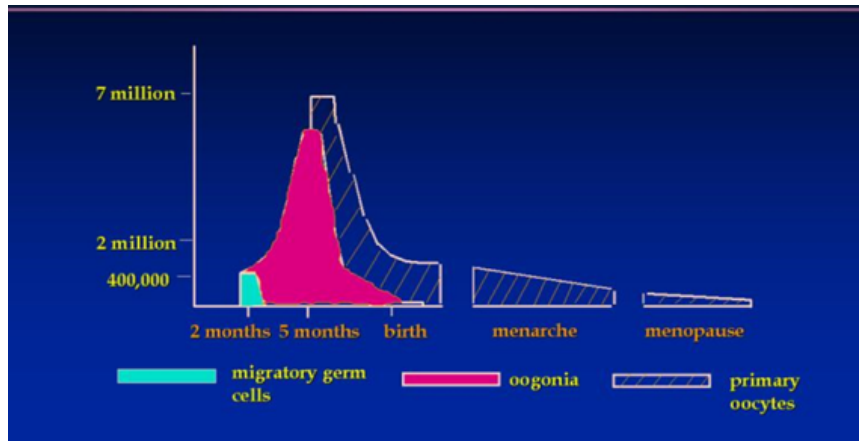
- Eggs:

Reproduction

- Hormones:

Development of female sexual characteristics

Bone health / cardiovascular health



Clinical presentation

Vasomotor symptoms 75% of women, 25% severe

Insomnia

Poor memory/concentration/'brain fog'

Mood changes

Joint aches

Low energy levels

Low sexual drive

Urogenital atrophy

Zhao et al. 2019

National survey British Menopause Society 2017

Work can be a struggle

45%

of women say they feel their menopause symptoms have had a negative impact on their work



47%

who have needed to take a day off work due to menopause symptoms say they wouldn't tell their employer the real reason

Social lives can take a back seat



Over **33%** of women feel less outgoing in social situations

32% of women feel they are no longer good company

23% of women feel more isolated

Sex can be off the menu

51%

of women say that their menopause had affected their sex lives



42%

of women also say they just didn't feel as sexy since experiencing the menopause

Partners are left feeling helpless

38%

of partners say they feel helpless when it comes to supporting their partner through the menopause



28%

of partners say they often end up having arguments "because they don't understand what she is going through"

Menopause Management

- **Access to information and advice**
- **Women should be informed of management options:**
 - HRT
 - Alternatives to HRT
 - Lifestyle modifications including diet / exercise

HRT and menopausal symptom control

HRT compared with placebo has been consistently shown to improve menopausal symptoms including:

- **Vasomotor symptoms (hot flushes and night sweats).**
- **Sleep outcomes**
- **Quality of life.**

Cochrane review Maclennan et al. 2004, NICE 2015, IMS 2016, BMS 2016

HRT

- **Oestrogen:**
 - Menopause symptom control
 - Oral / Transdermal (gel / patch / spray)
- **Progestogen:**
 - To protect the lining of the womb from the effect of oestrogen
- **Testosterone:**
 - Menopause symptom control

HRT for symptom control

Menopausal symptoms

- **Dose / duration often decided by severity of symptoms.**
- **No arbitrary age / duration limits.**
- **Vasomotor symptoms remains the main indication for prescribing HRT in postmenopausal women.**

NICE 2015: 'Offer women HRT for vasomotor symptoms after discussing with them the short-term (up to 5 years) and longer-term benefits and risks.'

HRT intake may need to be modified depending on the woman's medical background, clinical response and choice:

- **How oestrogen is given:
'Route of oestradiol administration'.**
- **Type of progestogen.**
- **Age when HRT is started: 'Cardiovascular window of opportunity'.**

BMS Consensus statement 2020

- **Transdermal oestradiol unlikely to increase the risk of venous thrombosis or stroke above that in non-users and has a lower risk compared with oral administration.**
- **Transdermal route should therefore be considered the first choice route of oestradiol administration particularly in women with risk factors.**

Micronised progesterone

Recent evidence suggests reduction in:

- **Risk of venous thrombosis.**
- **Risk of cardiovascular disease.**
- **Risk of breast cancer.**
- **Risk of stroke.**

E3N Study Fournier et al. 2008 Breast Cancer Res Treat. de Lauzon-Guillain et al. 2009 Diabetologia. Cananico et al. 2010, Arterioscler Thromb Vasc Biol. Mueck 2012 Climacteric. Cananico et al. 2016

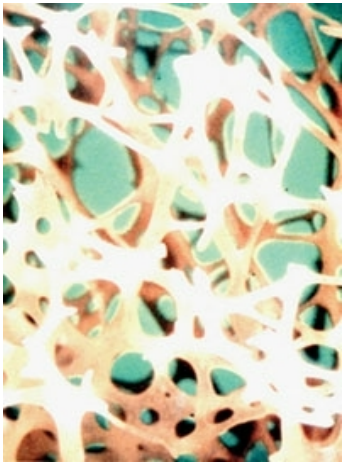
HRT and osteoporosis

- **HRT has been shown to have a significant protective effect against osteoporosis and related fragility fractures.**
- **Osteoporosis estimated to affect more than 2 million women in England and Wales.**
- **It is estimated that 1 in 2 women in the UK will suffer a fracture after the age of 50.**
- **International Osteoporosis Foundation reports that a 50 year old woman has a 2.8% risk of death related to hip fracture during her remaining lifetime.**
- **The National Osteoporosis Guideline Group (NOGG) estimates there are 536,000 fractures every year in the UK caused by osteoporosis and mortality rates with femur fractures are estimated to be 20% within the first year.**

Osteoporosis

NICE 2015:

- ‘Risk of fragility fracture is decreased while taking HRT’.
- ‘Benefit maintained during treatment but decreases once treatment stops’.
- ‘Benefit may continue longer in women who take HRT for a longer period of time’.



Cardiovascular disease (CVD)

- **CVD remains a leading cause for morbidity and mortality in women.**
- **The British Heart Foundation reported that 24,000 women die from coronary heart disease each year in the UK, more than double the number of deaths associated with breast cancer reported to be approximately 11,400 women per year.**
- **Given the potential cardiovascular beneficial effects reported with HRT initiated in women under the age of 60 this is a further aspect that should be considered as part of the benefits / risks assessment when counselling women about HRT.**

Cardiovascular disease

- **Cochrane data: HRT initiated before the age of 60 or within 10 years of the menopause associated with a reduction in coronary heart disease and cardiovascular mortality and all cause mortality.**

Breast cancer

- **Oestrogen alone HRT is associated with little or no change in the risk of breast cancer while combined oestrogen and progestogen HRT can be associated with an increased risk.**
- **However, this risk is low in both medical and statistical terms, and this should be taken in the context of the overall benefits of HRT including symptom management and improvements in quality of life as well as the bone and cardiovascular benefits associated with HRT.**

Understanding the risks of breast cancer



A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guidelines, Menopause: Diagnosis and management
November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



www.womens-health-concern.org
Reg Charity No: 279621
Company Reg No: 1430623

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org



www.thebms.org.uk
Reg Charity No: 1015144
Company Reg No: 02759439

March 2017

HRT and breast cancer NICE 2015



Key messages

Original article

POST
REPRODUCTIVE
HEALTH

The British Menopause Society & Women's Health Concern 2020 recommendations on hormone replacement therapy in menopausal women

Post Reproductive Health

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BMS Guidelines 2020: Key points

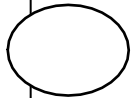
- **All women should be able to access advice on how to optimise their menopause transition and the years beyond.**
- **There should be a holistic and individualised approach in assessing menopausal women, with particular reference to lifestyle advice, diet modification as well as discussion of the role of HRT.**

BMS Guidelines 2020: Key points

- **Arbitrary limits should not be placed on the duration of usage of HRT.**
- **HRT prescribed before the age of 60 has a favourable benefit/risk profile.**

BRITISH MENOPAUSE SOCIETY Tool for clinicians

Information for GPs and other health professionals



Menopause and the workplace guidance: what to consider



Workforce UK

- **70% of women in paid employment.**
- **Women 47% of the UK workforce.**
- **4.3 million women aged 50 and over in employment.**
- **Over last 30 years:**

Employment for women aged 55-59 (from 49% to 69%) and for women aged 60-64 (from 18% to 41%).

ONS 2017



Department
for Education

The effects of menopause transition on women's economic participation in the UK

Research report

July 2017

Joanna Brewis, Vanessa Beck, Andrea Davies and Jesse Matheson – University of Leicester



Social Science in Government



- 1. To what extent is menopause a problem for working women?**
- 2. How does menopause, attitudes of workers experiencing the menopause, and attitudes of employers' impact on women's economic participation?**
- 3. How can women employees experiencing menopause be better supported?**
- 4. Can economic costs of the menopause on women's economic participation be quantified?**
- 5. What are the key evidence gaps relating to menopause and the workplace / labour market?**

- **Numbers of older women in UK employment rising.**
- **Many will experience transition whilst in employment.**
- **Menopause (unlike pregnancy or maternity) is not well understood or provided for in workplace culture, policies and training.**
- **There should be a social responsibility for greater organisational attention to the menopause.**

- **Costs of menopause transition are potentially very significant for mid-life women, their employers and wider society.**
- **There is absence of any estimates of costs of transition in the UK for women's economic participation. Most of the work derives from other countries.**
- **The Equality Act (2010) protects women against workplace discrimination on the basis of either their sex or their age. This supports organisational attention to the menopause transition.**

Counting costs for the UK: A theoretical estimate

- **1,742,000 working women 50 and 54.**

DWP 2015

- **10% suffer from severe symptoms which affect work.**
- **£7,276,334 per year.**
- **Rough estimate / indirect data.**
- **Cost likely to be much higher.**

ACAS Menopause at work 2019

Employers need to develop policies and train all managers, supervisors and team leaders to make sure they understand:

- **How the menopause can affect workers.**
- **How to have a conversation with a worker raising a menopause related concern.**
- **What support and changes might be appropriate for the worker.**
- **The law relating to the menopause**



Menopause at work

March 2020

Organisational principles

- **Raise menopause awareness among managers and staff.**
- **Ensure policies in place.**
- **Take action to support workforce with menopause related problems.**
- **Be aware of your responsibilities under:**
 - Work Act 1974.**
 - Management of Health and Safety at Work Regulations 1999.**
 - Equality Act 2010.**

Organisational principles

- **Train line managers.**
- **Be aware of the effect of the menopause may on staffs' ability to be at work or their performance at work.**
- **Recognise that there is no 'one size fits all' approach and that adjustments may be needed. Know where to signpost for support.**

Guiding principles for line managers

- 1. Attend training and awareness raising opportunities around the menopause and work, and be clear about your role and responsibilities as a line manager.**
- 2. Understand that some staff may be more hesitant to seek support.**
- 3. Allow your staff time off to attend menopause awareness related training/sessions.**

Guiding principles for line managers

- 4. Ensure you are familiar with menopause and work policies.**
- 5. Identify potential issues that may impact on the health and wellbeing of staff going through the menopause.**

Guiding principles for all staff

- 1. Attend menopause awareness raising sessions.**
- 2. Familiarise yourself with policies related to the menopause at work.**
- 3. If you are experiencing problems at work which you think may be menopause related, seek help and advice.**

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For further information:

www.thebms.org.uk

www.womens-health-concern.org

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