

# Menopause in the workplace guidance



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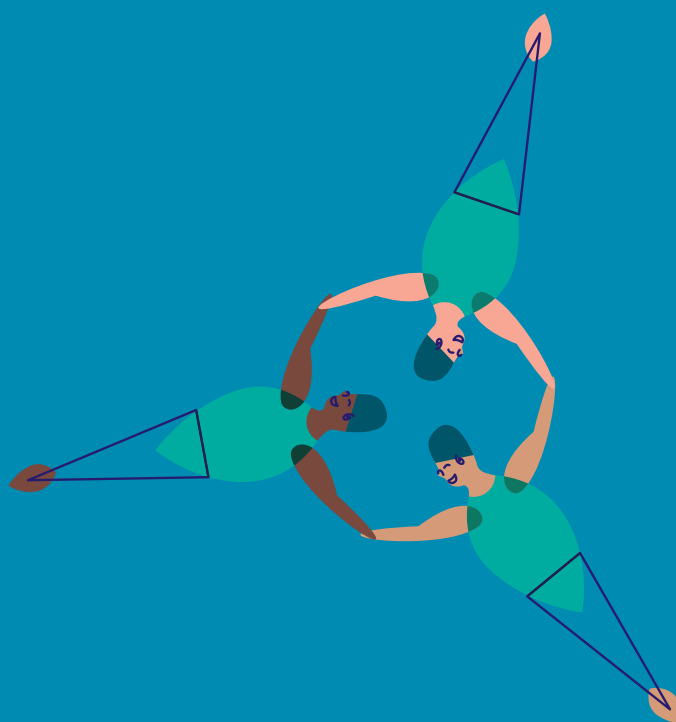
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## Introduction

This guidance document has been created to support colleagues and managers to understand more about menopause and how this may impact individual colleagues in the workplace.

## What is menopause?

The menopause is a natural part of the reproductive cycle leading to the end of menstruation. It usually starts between 45 and 55 years of age, although it's important to remember that some people experience early menopause – either naturally or due to surgery. Some trans and non-binary individuals may also experience symptoms resulting from changes in hormone levels.

Although menopause is a natural process, many have no idea what to expect and find they aren't prepared for the impact it can have on their wellbeing and their personal and/or professional lives.

## What about the symptoms?

Around 75 per cent of people experience some symptoms associated with menopause, mainly as a result of the change in hormone levels. These often include an inability to regulate body temperature ('hot flushes'), heavy and irregular bleeding, tiredness or difficulties with concentration levels or memory. In fact, there are 34 recognised menopause symptoms (see Appendix 1)! Symptoms usually last between four and eight years.

While many people only have mild symptoms which are relatively simple to manage, 25 per cent of those experiencing symptoms report them as being 'substantially negative'.

"It was scary... I genuinely thought I could be developing Alzheimer's! I would have to pull over the car because I'd forgotten where I was going, or I'd lose my train of thought halfway through a sentence."

**Anchor colleague – Operations**

**It's important to remember that every individual experience is different. Don't assume that one colleague will be going through the same experience as another colleague, or as you, your friend or a family member.**

## Why should we talk about menopause in the workplace?

With more women working today than in any previous generation, as well as the fact that people are choosing to continue working much later in life, around 75 to 80 per cent of women of menopausal age are currently in work in Britain (CIPD 2019). This is a big increase on previous generations.

There is evidence that in some cases colleagues feel they must struggle in silence or even leave their job as a result of being unable to manage the symptoms of menopause. This is an unnecessary loss of skill, knowledge and experience for what is essentially a temporary situation which could be managed through flexibility and understanding.

By making discussions of menopause as normal as talking about any other health condition, we can make it easier for people to know how to get the support they need in order to not only stay in the workforce, but to maintain performance levels and avoid any adverse effects on their mental or physical health.



## Starting the conversation

'I felt overwhelmed and needed to make sure I was getting some support, but I didn't know how or when to start that conversation'

**Anchor colleague – Central Support**

Taking the first step is often the most difficult for colleagues. Menopause has been described as 'the last great taboo' – an indication of how this is still not generally discussed in society. Or if it is discussed, it is often in a 'jokey' fashion, resulting in a concern that the very real issues will not be taken seriously.

Equally, some women worry that they run the risk of discrimination for the second time in their career. They may have felt their professional image suffered when they had children or caring responsibilities and have concerns that if they are open about how they are struggling with menopause this could happen again.

"A good relationship with my manager was key to me getting the support I needed"

**Anchor colleague – Operations**

The key is for line managers to make sure they invest in good relationships with their teams, ensuring regular one-to-ones etc, so that colleagues know they can approach them when needed.

We have developed some materials to help colleagues prepare for the conversation so that if they do need to sit down with their manager, they have thought about what they are going to say and feel as comfortable as possible (see Appendices).

**Appendix 2** is a 'Menopause Self-Assessment'. This can help colleagues to really think about what their symptoms are, when these affect them and to consider what may help them to manage them. This can be a really useful tool to take into a meeting, as it can help frame the discussion.

**Appendix 3** are some simple pointers to help prepare for a meeting.

## Support

### Workplace Support

The good news is that many symptoms can be managed in the workplace through relatively simple and low-cost adjustments, however these can only be put in place if the colleague and their manager are able to have honest and open conversations.

Some examples of workplace adjustments which may help some symptoms are listed below. However, it's key to remember that what may or may not be possible will vary in different parts of the business and by role, therefore it is important to be realistic in expectations, and to have an open mind when it comes to discussing options.

Managers must take the lead from the colleague as to what support they feel would help.  
Remember, every colleague's situation is different!

Symptom	Possible Adjustment	Considerations
Hot flushes	<ul style="list-style-type: none"> <li>- Provide a desktop/hand-held fan</li> <li>- Ensure cold drinking water is available</li> <li>- Think about desk position (e.g. is the desk next to a radiator/window?)</li> <li>- Is it possible to make adjustments to workwear?</li> <li>- Provide more workwear to allow the option to change during the day or on a more regular basis</li> <li>- Are showers available and could the colleague make use of these during a break?</li> <li>- Can the colleague have a cold, wet face cloth to hand?</li> </ul>	<p>There are more restrictions around work-wear in Care Services than in other areas of the business.</p>
Difficulty sleeping	<ul style="list-style-type: none"> <li>- Could shift patterns be adjusted to consider this?</li> <li>- Is home working an occasional option?</li> <li>- Is there flexibility around how breaks are taken through the day?</li> </ul>	<p>Refer to the Flexible Working policy for more information.</p> <p>If a colleague does not have equipment to allow for home working, but their role means this would be possible, laptops/ mobiles can be requested through the IT portal.</p> <p>Home working may not be an option for all roles in the business (e.g. customer facing roles).</p>
Irregular/ heavy periods	<ul style="list-style-type: none"> <li>- Are showers and other facilities available for colleagues to make use of during the day?</li> <li>- Is home working an occasional option?</li> <li>- Is there flexibility around the number of breaks and when they are taken?</li> <li>- Is there access to sanitary products and suitable facilities for disposal of waste?</li> </ul>	<p>Home working may not be an option for all roles in the business (e.g. customer facing roles).</p>
Anxiety, lack of confidence	<ul style="list-style-type: none"> <li>- Hold regular one-to-ones to check in and offer support.</li> <li>- Ensure details of Colleague Assistance Programme are available.</li> </ul>	

## Colleague Assistance Programme

All colleagues have access to a confidential 24/7 helpline which offers information, advice, training and other services to help deal with events and issues in their work and personal lives.

The service is provided by a range of highly-experienced consultants, including counsellors, psychotherapists, solicitors and financial experts, all qualified to give clear, relevant guidance. There are also a range of resources which are free to access on their website, or the Health e-Hub mobile App..

To access the service use "worklife" for both the user name and password:

Phone - 0800 316 9337

Website - [www.legalandgeneral.com/eap](http://www.legalandgeneral.com/eap)

Mobile App - Search for 'Health e-Hub' in your normal app store (this app should be automatically downloaded on any company mobile phone).

## Support and advice for line managers

Line managers can speak to the Manager Direct team for further advice on areas such as reasonable adjustments, the flexible working policy, managing attendance or if it is felt an Occupational Health referral may be useful.

**The team can be contacted Monday – Friday, 8am – 5.30pm on 0345 604 6635, Option 2.**

## Additional, external information and support

**NHS** - [www.nhs.uk/conditions/menopause/](http://www.nhs.uk/conditions/menopause/)

**The Daisy Network** – information and support for those going through early/premature menopause  
[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

**Henpicked** - one of the UK's largest, fastest-growing websites for women, with lots of help and support around menopause [henpicked.net/menopause](http://henpicked.net/menopause)

## **How partners can support women through menopause online article -**

[www.verywellhealth.com/supporting-your-partner-duringmenopause-2322673](http://www.verywellhealth.com/supporting-your-partner-duringmenopause-2322673)

**Menopause Matters** – an independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options [www.menopausematters.co.uk/](http://www.menopausematters.co.uk/)



## Appendix 1. Possible symptoms of menopause

Remember – everyone is different, and some people may have experiences not covered by this list.

### Most Common:

**Fatigue & sleep disorders.** The years leading up to and immediately following menopause are when women report the most sleeping problems, says the National Sleep Foundation. In fact, as many as 61 per cent report symptoms of insomnia and a quarter of women report suffering from extreme cases of tiredness during menopause.

**Hot flushes and night sweats.** 75 per cent of menopausal women experience hot flushes and night sweats which can affect women for an average of five years during menopause.

**Irregular periods** and shortened intervals between periods often happen in early menopause.

**Mood swings** were studied by experts at the University of Calgary in Canada, which tracked 282 women going through menopause. Mood swings affected 78 of them.

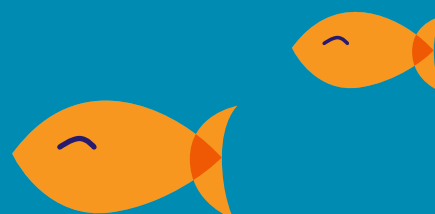
### Pains:

**Breast soreness** can happen at this transitional time when your periods slow and finally stop. The change in hormone production is what causes it. Breasts can also appear less full due to the change in oestrogen levels.

**Burning tongue.** Oestrogen plays an important role in the formation of saliva, therefore, once oestrogen levels decrease this can cause burning mouth syndrome. This condition is where burning pain occurs in widespread areas across your whole mouth, including your tongue, lips, roof of mouth and cheeks.

**Digestive problems.** Oestrogen helps keep the stress hormone cortisol in check. But when oestrogen runs low, cortisol increases, which in turn has an impact on our digestive system. Common digestive problems include bloating, indigestion, acid reflux, abdominal cramps, constipation, diarrhoea, weight gain, flatulence and nausea.

**Electric shocks.** It is a certain fact that the female hormones behave erratically shortly before and during menopause and in some women, this can lead to increased levels of electric shock sensations. Although an electrical shock sensation can happen at any time, it is known to often occur immediately before a hot flush.



**Gum problems** and experiencing a metallic taste in the mouth affects between 10 to 40 per cent of menopausal women, according to research.

**Headaches** during menopause can be more common among women who suffered with them during their periods.

**Itchy skin.** Lower oestrogen levels in your body can lower collagen levels, which can lead to thinner and dryer skin.

**Joint pain.** A recent study has shed new light on a little-known type of arthritis known as 'menopausal arthritis' which affects women at the onset of the menopause and causes moderate to severe pain and swelling in mainly the fingers and wrists.

**Muscle tension** is the feeling that muscles are always tight or strained, sometimes to the point of chronic pain and is closely related to stress and anxiety.

**Tingling extremities** while not a common menopause or post-menopause symptom, can be unsettling and unpleasant. This tingling can affect any part of the body, though it commonly occurs in the feet, legs, arms, and hands.

## Changes:

**Allergies** can sometimes occur with a change in hormone levels. You may discover that you are allergic to things that you never had a problem with before - because hormones are so closely linked to the body's immune system.

**Anxiety** and other mental changes stemming from the menopause can affect as many as one in three women?

**Bloating** is not uncommon during menopause and is often most commonly experienced during the preliminary perimenopause stage.

**Body odour** changes can happen because menopausal women may find they sweat more than usual. Hormonal changes can also change the way you smell.

**Brittle nails** can be caused by lower oestrogen levels, which lead to dehydration. This 'dryness' can affect your whole body, including hair and skin.

**Depression** is four times more likely to affect women of menopausal age, compared to women under 45.

**Difficulty concentrating.** Oestrogen is a "master regulator", it regulates your brain, pushing it to burn glucose to make energy. As oestrogen declines the brain doesn't work as hard, so energy levels in the brain decline and can cause a general lack of focus and concentration.

**Hair loss** and other hair changes can start in the run-up to and during menopause. Hair thinning during menopause is difficult to counteract. Nobody over 40 will have the same volume of hair they had in their twenties, but menopause can be an extra and accelerating cause of hair loss.

**Irregular heartbeat** or heart palpitations can be caused by lower menopausal oestrogen levels overstimulating the nervous and circulatory systems. It's important to get this checked out though, in case a cardiac condition is to blame.

**Irritability** and feelings of sadness are the most common emotional symptoms of menopause. Often, they can be managed through lifestyle changes, such as learning ways to relax and reduce stress.

**Memory lapses** caused by fatigue and hormonal changes can make you more forgetful than usual. But these memory lapses are usually only temporary.

**Panic disorder.** Fluctuations in hormone levels unfortunately means that menopausal women are more susceptible to panic attacks than almost anyone else. There are lots of lifestyle changes and natural remedies that can assist with managing anxiety and panic attacks.

**Stress incontinence** can happen around the time of menopause, although natural ageing rather than hormones may be the main factor here.

**Unexplained dizziness** is often overlooked but dizziness and vertigo are not uncommon during menopause and are thought to be caused by hormone fluctuations, in particular, a drop-in oestrogen production.

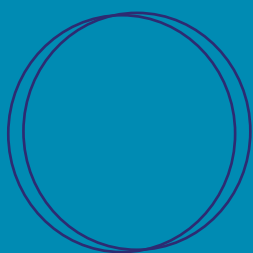
**Vaginal dryness** affects half of post-menopausal women aged between 51 and 60, according to a survey by Menopause Matters.

**Weight gain** resulting from hormonal changes during menopause can be combated with a healthy diet and exercise as the metabolism slows.

## Other:

**Change in libido** - prior to starting menopause, when your body can have a dramatic surge in oestrogen, you might find yourself wanting more sex than you did before. At other stages libido is likely to decrease due to other symptoms such as fatigue or vaginal dryness

**Osteoporosis** can be a high-risk factor after menopause. Some women will experience a 20 per cent drop in bone density five to seven years after the menopause, which makes them at greater risk of developing osteoporosis, according to nhs.co.uk. This rapid dip in bone density is caused by falling levels of oestrogen.



## Appendix 2. Menopause Self-Assessment

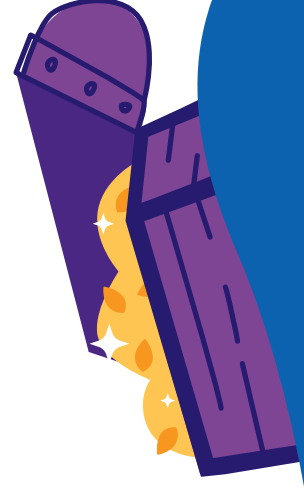
Colleagues may wish to use this to help them think about their symptoms, when these affect them and to consider what may help manage them.

Symptoms	When experienced			Severity			Frequency				Adjustments which may help (some examples provided)
	Morning	Afternoon	Night	Mild	Moderate	Severe	Constant	Daily	Weekly	Rarely	
	Hot flushes										
Irregular periods/ heavy bleeding											
Mood swings / irritability											
Fatigue / sleep disorders/ night sweats											Flexible shift times Working from home
Difficulty concentrating											
Memory lapses											Carry a notepad to make lists/ reminders
Dizziness											Fresh drinking water Access to quiet areas

Symptoms	When Experienced			Severity			Frequency				Adjustments which may help (some examples provided)	
	Morning	Afternoon	Night	Mild	Moderate	Severe	Constant	Daily	Weekly	Rarely		
Weight gain / bloating												Extra workwear in alternate sizes
Incontinence												Flexibility in breaks
Irregular heartbeat/ panic attacks												
Depression/ anxiety												
Headaches												
Joint pain / muscles tension												



Symptoms	When Experienced			Severity			Frequency			Adjustments which may help (some examples provided)	
	Morning	Afternoon	Night	Mild	Moderate	Severe	Constant	Daily	Weekly		Rarely
Osteoporosis											
Tingling extremities/ itchy skin/ electric shocks											
Gum problems/ burning tongue											
Other											



## Appendix 3. Colleague preparation for a line manager meeting

### 1. Think about your symptoms and what may help you

- Keep a diary of your menopause symptoms and how they're affecting you. The self-assessment in Appendix 2 may help you identify any patterns
- Think about the practical, reasonable adjustments that would help you. Try to be flexible and consider different options
- Include a timeframe if relevant, as it may be adjustments are only needed for a short period while you work with your GP to identify any treatment options

### 2. Book a meeting

- Booking a specific time means you'll have time and ideally a private place to talk

### 3. Prepare what to say

- Rehearse what you're going to say, either mentally or ideally out loud so that the words feel and sound natural. This should help to ensure you cover all the points you want to in the right way

### 4. Explain your situation clearly

- Talk about your current situation, what's happening and most importantly how's it affecting your work.
- Use the self-assessment if you completed it to help you cover the key points. For example:
  - o You're experiencing hot flushes which mean you are struggling to keep your workwear clean and fresh; or
  - o Night sweats mean you're not sleeping so you're too tired to think clearly and it's taking you longer to make decisions or complete tasks

### 5. Offer a solution

- Think about how your circumstances could be improved and offer a reasonable solution. Eg in the example above around hot flushes – maybe asking for extra workwear so that you can change part way through your shift, or even having the opportunity to take a shower in your lunch break
- Talk these through with your manager and request that some or all of these are put in place as reasonable adjustments, perhaps on a flexible basis so they can be reviewed as appropriate

### 6. Follow up

- Don't expect an answer immediately. Remember - you may have been thinking about this for a long time, but it may be the first time your manager has had to think about menopause in the workplace. Allow them time to digest the information and seek advice if necessary
- At the end of the meeting put a time in the diary to meet again, whether that's to agree a way forward, to monitor progress or provide an update

