



Experience of perimenopause and menopause in Suffolk

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Background

This is a final report of a survey being carried out in Suffolk between July and end of September 2022.

- The purpose was to find out what support, information and treatment women across Suffolk received while going through the perimenopause and menopause.
- Where the number of responses received to any question exceeds the actual number of respondents (425), because respondents would consult several people (such as talking to family or friends, consulting their GP, or seeking information from the internet), the information will be marked by an asterisk *



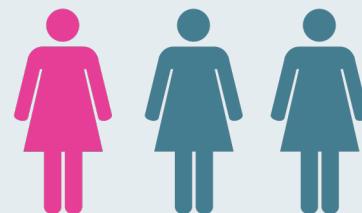
Menopause and perimenopause can cause symptoms like anxiety, mood swings, brain fog, hot flushes, and irregular periods.

This report explores the responses of **425 people** living in Suffolk.

At what age did symptoms start?

- The majority of respondents (63%) were aged between 45 to 54 years when symptoms started.
- Respondents aged between 25 to 34 spoke of experiencing the menopause due to health issues, such as cancer or gynaecological problems.

Age	Respondents
Under 25	0
25 to 34	7
35 to 44	134
45 to 54	269
55 to 64	14
65 to 74	1
74+	0
Total	425



Thirty-two per cent of respondents experienced symptoms earlier between 35–44.

How long did symptoms last?

- Respondents answered this question in various ways.
- However, **76%** of respondents said that they were still experiencing symptoms.
- Many respondents who stated a specific number of years commented that they were **experiencing symptoms sometimes 'up to ten years and counting'**.
- **Nineteen** respondents commented that their symptoms lasted until they started taking HRT.

Length of time	Respondents
Ongoing or still continuing	322
Under one to two years	20
Two to three years	25
Three to five years	23
Over eight years	22
For years /not sure	16
No answer	10

How long after experiencing symptoms did you seek medical advice or help?

- Responses were varied, but 232 (55%) of respondents did seek help **within two years after first experiencing symptoms** (those who waited either under one year or within two years).
- The majority of those who responded 'immediately' or 'as soon as' did so as a result of **surgery or for other medical reasons**.

How long?	Respondents
Immediately	21
Under one year	132
One to two years	79
Three to five years	53
Six to 10 years	22
Over 10 years	9
Not yet sought help	54
Non-specific	55
Total	425

Seeking medical advice or help (continued)

Some reasons given for the **20% of respondents** (84) who waited over three years included:



Not realising what it was



Misdiagnosis



Being treated for other issues

How long?	Respondents
Immediately	21
Under one year	132
One to two years	79
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Six to 10 years	22
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Not yet sought help	54
Non-specific	55
Total	425

Who did you consult?

- **Eighty-three per cent** spoke to their GP.
- **Fifty-seven per cent** spoke to family and friends.
- The **internet** (14%) and **social media** (7%) are a significant source of advice and support for respondents
- **Pharmacists** (7%) and **charities** (5%) are also often approached for information and advice.
- Thirteen respondents spoke of consulting **private medical clinicians**.

Who was consulted?	Responses *
GP	353
Family or friends	241
Menopause specialist	51
The internet	59
Social media	29
Pharmacist	27
Charity organization	21
Not sought support	31
Private medical clinicians	13

Other people and organisations consulted



TV and documentaries are important sources of information.



Books and health food shops are also a good source of information



Menopause clinics and hospital consultants give accurate information, treatment and often ongoing support.

How long?	Responses *
Hospital consultants	23
TV / documentaries / radio	116
Health food shop	65
Menopause clinics	50
Work support / groups	17
NHS Staff Wellbeing	8
Books	44

What advice, support, treatment or information did they offer?

Advice offered was wide ranging and included exercise, diet, other options or additions to HRT including vitamin supplements.

- **Forty-nine per cent** of respondents commented that they were offered HRT.
- **Information** was offered about groups, internet connections, books, and additional sources.
- **Nineteen respondents** were told that they were 'too young' when they first consulted a clinician.

What was offered?	Responses *
HRT	205
Antidepressants	51
Blood test	51
Advice	62
Information	26
Diet	15
Mireno Coil	15
Acupuncture	3
Checkups	9
Nothing / none	39



“The menopause consultant was fantastic, helped me sort a few minor issues out. She suggested I go to my GP to ask for HRT and that's where the help ended.

“Because they refused to believe or recognise the perimenopause as a thing. Said I was too young, after a lot of badgering they eventually did a blood test and told me I wasn't menopausal. And that was it, no offer of help, no discussing my symptoms, they don't care.”

“Male GP initially told me to ‘manage my stress’ and didn't offer HRT, not helpful at all. Others offered me antidepressants, which I refused. Had to see a private GP to get HRT after I took in a list of symptoms.”





Where the help and support was positive comments included:

“My GP was very good actually. I was only in the early stages when I saw her. She explained everything and answered any questions I had. I need to go back now though as my symptoms are changing.

“Friends offered solidarity and sharing their experiences. The specialist women's health nurse at my GP surgery offered a listening and affirming ear as well as advice and medication.

“I was given clear information on types of treatment and risks.”



What advice, care and support did you find particularly helpful?

- **GPs** were mentioned most often, but there were both positive and negative comments. It appears more training is needed.
- **HRT** was particularly helpful although more accurate information is needed about the benefits it brings.
- **Davina McCall, Louise Newson** and the **Balance app and the internet** have been particularly influential.

What did you consult?	Responses *
GP	77
HRT	59
Friends	32
Davina McCall programme	19
Balance app	11
Facebook / groups	13
The internet / social media	33
Specialist nurses / clinic	15
Louise Newson	10
Nothing received/not helpful	38

How could the advice, care and support you received have been improved?

Various suggestions were made by respondents about how advice, care and, support could be improved. The main comments were critical of GPs, including:

- Doctors **not listening**
- GPs **not knowing enough** about menopause and perimenopause
- A **reluctance** to give HRT
- GPs **writing the symptoms off** as not important or just usual
- GPs **not referring** respondents on to specialists
- Respondents being **told they were too young**

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“Sadly when I went in at 41 with symptoms that were wrecking my mental health and affecting my job, my GP did hormone level blood tests and decided there was nothing wrong. Despite the fact I had **insane anxiety, insomnia, night sweats, altered appetite, irritability that made me weep for the horrid person I had become**, as well as all my normal PMT symptoms [being] at an off-the-scale level... there was ‘nothing wrong’.

“**Women need to be listened to.** It was horrendous. And even now that some of that has subsided, I am afraid to go back and speak to a GP again in case I get the same reaction.

“We need a nurse specialist in every area so women [are guaranteed] to speak to someone who understands and. Is well trained. A female GP, sadly, is no guarantee of being listened to.”

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Other suggestions for improving care, treatment and support

People wanted to see

More information made available about the menopause and perimenopause at an earlier age to better inform young women.

Up-to-date and accurate information about available options and details of where more information and advice can be found.

More trained specialists available in surgeries and clinics to support women seeking help and support.

More groups being organised on line and locally where women can share their experience and discuss options and suggestions that may help.

Easier access to doctors and specialists to facilitate speedier treatment and improved support.

An increased awareness that the menopause and perimenopause can affect women at an earlier age than 45-54 rather than being told they are too young.

“ A dedicated menopause or women’s health nurse would have been ideal – where you can get the information and advice that I’ve had to find out from social media and Davina McCall.

Where you know the information is correct and not have to sift through the wacky suggestions from other desperate women who have tried everything. ”

Impact on day-to-day life

Four hundred and seventeen people responded to this question, raising a number of symptoms that had a **detrimental impact** on their lives and general wellbeing.

These symptoms can last for several years, with one respondent commenting her symptoms had lasted **16 years** and are still ongoing.

As well as the symptoms listed, **2%** described 'feeling overwhelmed', and **1%** said they suffered from panic attacks.

Impact	Responses *	%
Low mood / depression	179	43%
Hot flushes / sweats	159	38%
Brain fog / forgetfulness	126	30%
Sleeplessness / disturbed sleep	114	27%
Moodiness / short temper	109	26%
Anxiety	80	19%
Tiredness	94	22%
Loss of concentration	69	16%
Lack of libido / sex drive	64	15%
Loss of confidence	67	16%
Weight issues	68	16%
Painful or aching joints	43	10%
Mental health	32	8%



“Dreadful. It's affected every aspect of my personality, my relationship with my husband & my job.

“From sleeplessness, sweating, palpitations, anxiety, loss of libido, hair, skin, pains in my bones, irritable bowel, short temper, emotional, lack of concentration, depression, tearfulness, insomnia, memory issues short term forgetfulness, shaking.”

“Since I've been off HRT, I'm back to not recognising myself. I find it difficult to do the simplest of tasks. Sometimes my brain just can't cope, it creates too much anxiety... I cry for no reason, and other days there's no problem except memory and not recognising myself as I'm not how I used to be.”



What else would have been helpful?

This is a brief snapshot of the suggestions made by respondents.

Other suggestions included:

- Better signposting
- Free prescriptions
- Better follow-up
- Better advice about intimate health issues

Support	Respondents
Up to date, accurate and consistent information and advice being freely available, publicised and discussed widely.	134
GP being better trained, more knowledgeable, more understanding and listening.	92
More information about HRT, its efficacy, benefits, effects and alternative options.	58
More groups to support and discuss with others going through it.	49
A need for specialist clinics and advocates.	50
Better and earlier recognition and diagnosis of symptoms.	85



“Having **a specialist in menopause** would help greatly, who has all the knowledge and material available to help. I just need some help but just can’t get any.”

“A proper clinic or group set up to understand why, what, how. There is **a complete lack of anything** in our area medical-wise, which is **shocking!**”

“**It would have been nice to have been taken seriously** by my GP rather than being seen as a neurotic woman taking things too personally. I would have wished for a referral to a menopause specialist to get advice.”



Conclusion

The results of this survey suggest that there is **a real need for more specialist clinics** and clinical practitioners who receive **specific training** to ensure:

- women with symptoms are treated with **dignity, respect, and are listened to**
- **proper investigations** are carried out to ensure correct diagnoses, advice, and treatment are instigated
- **ongoing specialist advice** is available
- people are **signposted** to relevant groups, documentaries, and social media that can provide **additional advice and opportunities** to **share experiences**

Perimenopause and menopause can have a major and detrimental impact on the wellbeing and lifestyle of women for many years.

Feedback around treatment and support reveals mixed experiences, and indicates that the perimenopause and menopause should be treated more seriously and by specialists in women's health and wellbeing.



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