

Experiences in North East Essex of The Menopause & Perimenopause

October 2022



Experiences in North East Essex of The Menopause and Perimenopause

*‘The feeling that I am invisible as a
woman over forty.’*



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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience. We also provide an information service to help people access, understand, and navigate the health and social care system. One of the functions of a local Healthwatch under the Health and Social Care Act 2012, is the provision of an advice and information service to the public about accessing health and social care services and choice in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthened as a voice of the public with a role in ensuring lived experience was heard at the highest level.

The Healthwatch Essex Information and Guidance team are dedicated to capturing the health and social care experiences people in Essex are meeting daily. The team respond to enquiries relating to health and social care and are equipped through training, to offer specific information to the public or other professionals. The team are well placed to listen, reflect on and support people to share complex experiences such as the one's shared in this report.

1.2 Background

Healthwatch Essex were approached by Suffolk & North East Essex Integrated Care System to undertake a series of projects focussing on the lived experiences of people in the area in relation to their health, care and wellbeing. Two projects are selected per calendar quarter for in depth engagement, with the production of a report based on this engagement.

1.3 Acknowledgements

Healthwatch Essex would like to thank all the members of the public and professionals who took part in this project through the survey and interviews. Our thanks are also made to those individuals who took the time to meet with us and share their personal, heartfelt and emotive stories.

1.4 Terminology

Ankylosing Spondylitis - a type of arthritis in the spine, causing inflammation and gradual fusing of the vertebrae.

Gingivitis - a form of gum disease.

Gynaecologist - a doctor who specializes in female reproductive health.

HRT - Hormone Replacement Therapy; a treatment to relieve symptoms of the menopause.

HTP5 - a dietary supplement used in complimentary medicine.

Hysterectomy - a surgical operation to remove all or part of the uterus.

Menopause - when your periods stop due to lower hormone levels.

Mirena coil - a type of contraceptive for women which is inserted into the womb.

NSAIDS - non-steroidal anti-inflammatory drugs.

Oncologist - a medical doctor who specializes in diagnosing, treating, and managing cancer.

Perimenopause - when you have symptoms before your periods have stopped.

PMT - Pre-Menstrual Tension; the symptoms women can experience in the weeks before their period.

Psoriatic Arthritis - a chronic inflammation of the skin (psoriasis) and joints (inflammatory arthritis).

Rosacea - a long-term skin condition that mainly affects the face.

Vaginal atrophy - drying, thinning and inflammation of the vaginal walls.

1.5 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during the engagement visits. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

2.0 Purpose

The aim of this project is to canvas lived experiences of the north east Essex populous around menopause and perimenopause and analyse this data in relation to current and future service provision.

2.1 Engagement methods



The Survey

A survey was created to gain perspective and insight from residents who have had experience of menopause and perimenopause.



Interviews

Individual interviews were conducted to collect personal stories from members of the public. Interviews took place by telephone and video calls. Interviews took place during June, July and August 2022 and all participants gave their consent to have their interviews recorded. Participants were willing for their experiences to be shared within this report, however, to ensure their anonymity and confidentiality of information they provided, all names used are pseudonyms to protect identities. The interviews have been written up as case studies, supplying rich, detailed information about people's experiences.

2.2 The Survey

The survey consisted of 13 questions and was devised to encompass as many aspects of menopause and perimenopause as possible. The survey was primarily in an online format but was also available to be printed off and filled out manually as needed. The Information and Guidance Team at Healthwatch Essex were also available if the survey needed to be completed in any other format, such as over the telephone. The questions, and responses received, were as follows.

In our first question, we asked respondents at what age they first experienced symptoms of the menopause or perimenopause.

Of the 80 responses received, the largest number first showed symptoms during their mid to late forties, but the overall age range varied widely from mid-thirties to mid-sixties. Some found it difficult to pinpoint the exact age due to reasons including difficulties getting a diagnosis and symptoms being possible indicators of other illnesses or conditions.

We then asked respondents about when they first sought support or guidance around their symptoms in relation to when those symptoms first manifested. 79 responses were received to this question.

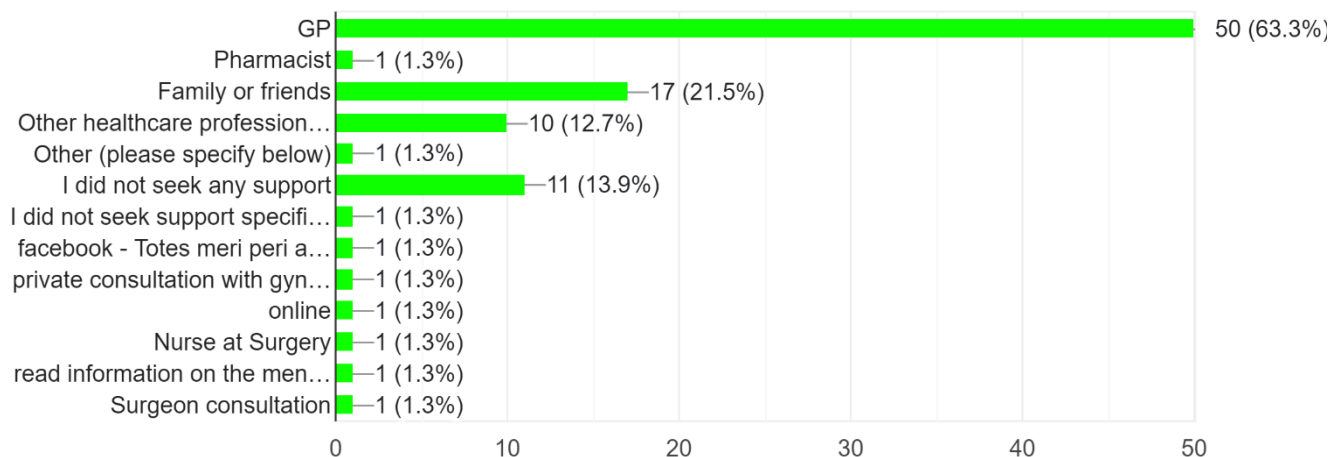
There was a wide variance in responses to this question, ranging from immediately to a wait of 15 years. However, over three quarters of the respondents said that they waited between one month and three years to seek any support about their symptoms. A respondent who sought support at once said that she did so as ‘I had an unusual period - I was advised it was likely peri-menopause symptoms started. I was shocked, had no idea this was expected and didn’t know anything about perimenopause or that I was the age when things might start changing. My GP said my symptoms would likely increase and to come back if I wanted to discuss treatment options.’ Others never actually sought out any support, with the majority citing the reason being lack of knowledge about the menopause and perimenopause; ‘it is only in retrospect I can see it was the perimenopause.’

Some respondents also pointed out that the menopause had been surgically induced for them through full hysterectomy.

Our next question focussed on who our respondents first approached for support with their symptoms.

3. Who did you seek this initial support from?

79 responses



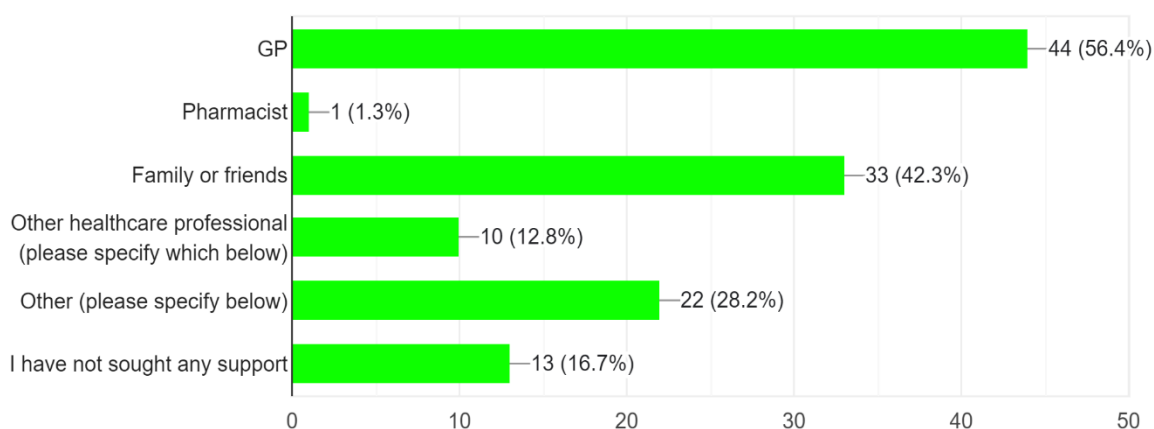
Of the 79 responses received, a majority of 63.3% first approached their GP. Other significant sources of support were family and/or friends, who 21.5% of respondents sought advice from first, and 12.7% who went to another healthcare professional. Individual respondents cited other areas of initial support, including surgeons, practice nurses and online forums, but a significant 13.9% stated that they simply did not seek any support.

We then followed this question by asking for more specifics if the respondent had said that the support they first accessed was ‘other healthcare professional’ or ‘other.’ 15 responses were received to this question, with answers including; an online seminar provided by my workplace, private gynaecologist, oncologist, various internet websites, hospital consultant and NHS gynaecologist.

Our next question expanded further on the support that respondents had received, asking who they had consulted throughout the duration of their symptoms.

5. During your experience of the menopause and/or perimenopause so far, who have you sought advice and support from?

78 responses



Again, the source of support that most respondents had consulted was the GP, amounting to 56.4% of the 78 people who answered this question. Family and/or friends were the second most consulted group at 42.3%, followed by ‘other’ at 28.2% and ‘other healthcare professional’ at 12.8%. An additional 16.7% said that they had not received support from any source.

To support this question, we then asked those who had indicated ‘other’ or ‘other healthcare professional’ to specify who they had sought and received support from. The 30 responses received included; books, a nutritionist, a private women’s health consultant, TV programmes, a private menopause consultant, and a work-based women’s group. There was a significant use of digital resources used too, with respondents listing podcasts, online advice forums, the Balance app, social media, online peer groups and specifically the Dr Louise Newsome website [Newson Health - Home](#). Additionally, many respondents were keen to highlight alternative therapies which they had tried and found helpful, including consulting an acupuncturist, naturopath, herbal remedies, massage therapist and reflexologist.

Our next question asked respondents to detail what advice, care and support avenues had had a positive effect on their experience of the menopause or perimenopause. 71 responses were received, with respondents citing friends and family, Hormone

Replacement Therapy (HRT), herbal remedies, alternative therapies, avoiding sugar, having the coil fitted to help with excessive bleeding, taking supplements and using the Balance app.

Some respondents said that their GP had been a major source of support; 'My GP has been AMAZING - explained potential symptoms of the perimenopause, talked me through a list of treatment options and explained possible side effects, said to come back if I wanted to talk anything through or find out more detail.' Another added; 'The third GP, I saw, a male, who prescribed HRT to me without a problem. Unlike the female GPs at the same practice who I had asked prior who refused to prescribe it.' Other surgery-based practitioners were also commended; such as Practice Nurses; 'the very helpful practice nurse at my GP surgery prescribed HRT which stopped symptoms within days,' and 'the surgery nurse prescribed medication for rosacea which is a side effect from menopause - this really helped me with lack of confidence due to appearance.'

Many respondents praised the efforts of high-profile individuals such as Dr Louise Newson and Davina McCall, who have brought the subject of menopause and perimenopause into the public spotlight via their books and TV programmes. One respondent commented; 'Dr Louise Newson deserves a medal for the way she has gone about raising this issue and educating women.' Another added that 'watching Loose Women discussing the symptoms helped normalise what I was going through.' A high volume of respondents felt that there had not to date been adequate information and awareness raising about menopause and perimenopause in the media, education or any other public arena so the recent focus by some high-profile characters was welcomed.

Social media too played a positive part for many respondents, supplying a forum for valuable peer support and a sense of community in those experiencing the menopause or perimenopause. One respondent commented; 'I had never heard of perimenopause beforehand. I googled "can I die from bleeding too much" and that led me to find out about perimenopause. I spoke to a nurse about going back on contraception to control the bleeding. She confirmed it was likely to be perimenopause but told me nothing further at this point. The websites and Facebook groups have been a lifeline since joining and understanding what is happening to me and putting all my symptoms together instead of seeing them in isolation. Periods are the least of what changes at this point in your life!' Another participant commented 'Facebook groups really helped me with not feeling alone in this.'

Several respondents felt that they had not received an appropriate response from a healthcare practitioner until they had paid for a private consultation; 'finally talking to and being listened to by the private consultant, it was expensive but worth every penny. It was enlightening after receiving an apathetic response for so long from my GP surgery.' Another respondent added; 'After listening to a BBC 4 Woman's Hour special episode on menopause I recognised several symptoms which had been progressively worsening during the last couple of years and for the first time I associated them with menopause (even though this was six years after my last period!). I had seen the GP for symptoms of severe anxiety, vaginal atrophy, dry eyes, gingivitis and thrush and been prescribed various medication for each symptom but never offered a discussion about menopause or HRT. Eventually (two years ago) I paid to see a private menopause specialist who confirmed

they were all hormone related symptoms and prescribed HRT - my symptoms all improved, including the debilitating anxiety - it was like a veil had lifted and I felt like my old self.’ Whilst the private healthcare route worked for the respondents who accessed it - none gave negative feedback about private services; this is clearly not an option for everyone as it is a costly route. An equitable service should enable those with less disposable income to receive the same standard of service.

Many expressed the importance of self-knowledge; learning about your symptoms and the menopause/perimenopause and taking some degree of control of the situation for yourself; ‘they say that knowledge is power and it’s true; the more I found out about what was happening to me, the more in control I felt. I suppose that was one good side effect of nobody else listening to me.’ Over one third of survey respondents emphasised the need to feel empowered throughout the process of managing symptoms and responses to requests for support. Access to HRT is a noteworthy example of this, as many women clearly felt that they had to fight to be given it. One respondent commented ‘the ease of being prescribed HRT, particularly as this was during the first lockdown, was such a relief as I knew of friends who had literally had to argue with their GP to get it.’ Another stated ‘how I was feeling improved within a few days of being prescribed HRT, but the GP seemed reticent to prescribe it and provided no follow up advice or support.’ Of course, HRT is not the route that every menopausal or perimenopausal woman wishes to take, but respondents felt that their GP should be taking their views into account and having interactive, unbiased discussions about treatment options.

Almost one quarter of respondents to this question emphasised the importance of friends, with whom open conversations could be had and mutual support given. Comments included; ‘Support has been from friends in a similar position.... it’s helpful to know from other women that symptoms are common,’ ‘speaking to friends to compare experiences and tips to help with symptoms,’ and ‘just being able to be open and honest with friends, and know that they got it, was priceless.’ The symptoms of menopause and perimenopause have a significant impact on the individual, and it is therefore valuable to be able to vocalise symptoms, feelings etc with an empathic audience, particularly when there is shared experience which creates a sense of community and belonging. One participant summarised this by saying ‘I didn’t expect the lack of interest and help from my GP surgery that I received. I made a few successive appointments, but each time got the same response. They didn’t seem to care about the effects my symptoms were having on me. In the end I decided to take control myself by researching and talking to others going through the perimenopause. It was hard work but the only way I could fight my own corner to get the help I needed.’

Our next question in the survey asked respondents what care, support and advice had had a negative effect on their menopause/perimenopause experience. Unfortunately, around a third of the 67 people who answered this question cited their GP as not having provided them with a helpful or supportive response, which impacted negatively on their experience. Comments from respondents included ‘professional support is sadly lacking - there is a significant lack of understanding of the menopause by GP’s,’ ‘my GP would not prescribe HRT and supplied no advice going forward. I had to take matters into my own hands and push hard for a referral to a menopause clinic. I found male GP’s particularly

very unsympathetic,' and 'general unhelpfulness from a male GP who would not even give me a blood test to confirm my hormone levels.'

Many of the respondents who referred to their GP as having negatively affected their experience referenced the reluctant to broach the subject, with one stating 'my GP never picked up on my early menopause, and never had a chat with me about the risks until I instigated it this year despite all my symptoms,' whilst another added 'I am frustrated that I lost so many years struggling with symptoms needlessly and that there was still so little information about 'safe' body identical HRT! I am surprised that my GP never asked me about HRT or menopause, and I never asked because I thought it was risky and I didn't have classic symptoms such as hot flushes.' This lack of proactivity on the part of the GP resulted in longer periods of time spent for women without support and appropriate treatment.

Others found the response of their GP particularly unhelpful and unsupportive, including one respondent who said, 'I was told by my GP "what did I expect, you're a woman, this is what you have to go through so get on with it.'" Another added that 'my GP didn't believe me as they felt I was too young,' and a further said 'it took three attempts to find the right GP who was sympathetic enough to help me.' These negative responses resulted in the individuals feeling more frustrated and upset, and ultimately affected the level of trust and faith they had in their GP.

A concerning issue which was raised by a quarter of respondents to the survey overall was the instances of women being prescribed anti-depressant medication upon presenting to the GP with symptoms of the menopause/perimenopause. These respondents felt that their GP presumed that mental health was the underlying cause rather than exploring other possibilities. One woman commented 'I had appalling support from my GP - I got prescribed anti-depressants for over 12 months then when I weaned myself off them, was prescribed Vitamin D and it wasn't until I insisted that I thought I'd reached perimenopause that I persuaded them to put me on HRT,' whilst another said, 'I was misdiagnosed as having anxiety disorder and treated unnecessarily for this.' This perceived predilection to defer to a mental health cause for menopause/perimenopause symptoms does not only delay the appropriate, effective treatment but is also an unnecessary use of medication if there genuinely is no need for it.

The wide ranging and often very individual symptoms of the menopause and perimenopause can cause uncertainty and concern for the individual, but for some it was the lack of clarity received from their GP which really affected them. One individual recalled how she had a 'female GP telling me that the blood tests said that I wasn't menopausal - my menstrual cycle had changed from minimal bleeding for two days to a bloodbath for seven days, I was having night sweats and not sleeping, and was very low in mood - to be told I wasn't pre-menopausal when I very obviously was, did not improve the situation.' Another spoke of how her GP was dismissive of her symptoms and told her that "you can't put everything down to the menopause". Again, this type of dismissive approach will not contribute positively to the experience of the individual or to the patient-doctor relationship.

Employment was another area of life which a sizeable number of respondents felt had affected them negatively during the menopause/perimenopause. One respondent explained, 'I've had a very difficult time at work; I don't think there's a general understanding of the symptoms of perimenopause and menopause or how they affect people going through them. I've been advised I shouldn't be at work, am not fit for work, can't be relied upon, am 'yo-yoing', have upset my colleagues, and now am being 'managed' for not managing my workload effectively. I've tried to seek advice and help from Occupational Health but was told I needed to be referred by my manager, but I'm scared if I do that it will be seen as further evidence I'm not fit to be at work.'

Career and employment are an important part of life for many people, not least of all for the reliance upon the income that they generate. To receive from the employer a response lacking in understanding and cooperation caused concern and distress for several respondents. Some feel that their only option is to carry on without broaching the subject, illustrated by one individual who said, 'talking about the effects of the menopause is not something I would raise at work and instead I will work through symptoms, such as tiredness and brain fog because I would not want to negatively impact my employment.' Another explained how she had tried unsuccessfully to get support in the workplace, 'I struggled with the lack of appreciation at work from staff who should know better and have been experiencing similar themselves.'

With so much time spent at work, and with so much of our lives being dependant and defined by it, it seems that awareness and frameworks of support for those experiencing the menopause and perimenopause is distinctly lacking. As one participant said, 'there needs to be more support in the workplace and more support for women that are self-employed and run their own business and cannot take time of work as they don't get paid. It's so draining some days.'

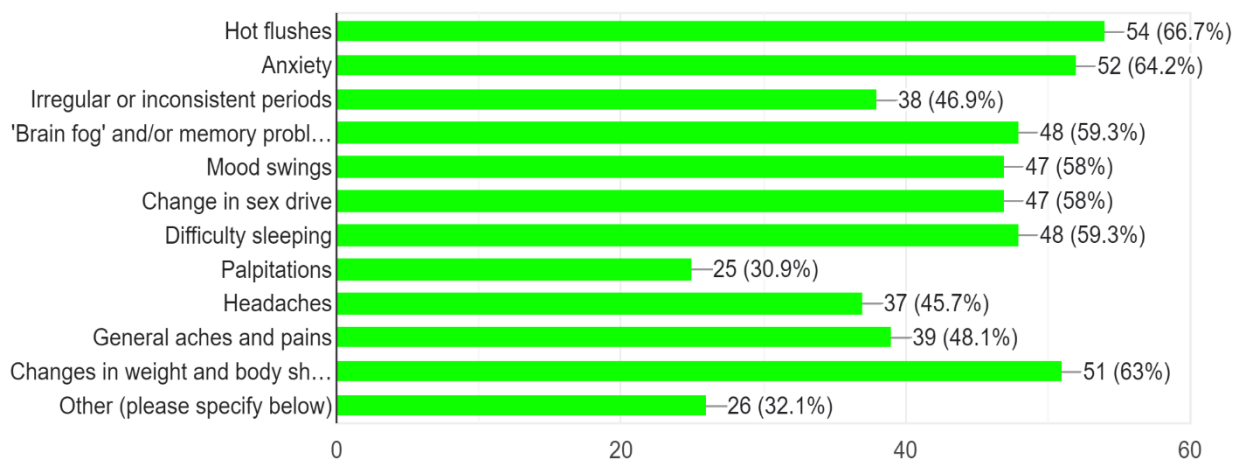
The consensus from over one third of the respondents who answered this question was that there is simply not enough awareness of the menopause/perimenopause in society, and this itself has the most enduringly negative effect. Comments supporting this included '15 years on I am now realising that I should have asked a lot more questions and asked for a lot more help as I have suffered when I did not need to through lack of knowledge,' as well as 'women should be advised at the age of 40 to start to look out for a variety of symptoms and not be left questioning their sanity,' and 'I didn't know any was available until my mid 50s when symptoms were mostly dissipating.'

Supporting comments cited the need for information about the menopause/perimenopause in the educational curriculum, in line with that provided about puberty and reproduction, 'there is a huge lack of education on this subject, and we should be told its coming, what to expect and how to deal with it,' and in public health messaging, 'I found it difficult to understand what is definitely a symptom and what might be masking something else as I have had a Mirena coil for 12 years so don't experience periods and am stressed in general. It feels lonely and I am not sure if I am being taken seriously.' It appears that lack of information about the menopause and perimenopause is widespread across services and organisations and needs to be improved to inform and benefit all women who will have this experience at some point.

We then progressed in the survey to ask about symptoms experienced by our respondents.

9. What symptoms have you experienced during the menopause and/or perimenopause so far?

81 responses



Of the 81 responses received to this question, the most common symptoms experienced were hot flushes, anxiety and changes in body weight and shape. However, significant numbers also experienced other symptoms including irregular/inconsistent periods, brain fog or memory problems, mood swings, change in sex drive, difficulty sleeping, headaches and general aches and pains. Even the lowest cited symptom of palpitations was experienced by 25 of the respondents.

Twenty-six participants said that they received symptoms other than those we listed, which we expanded upon in our next question. These symptoms were extreme lethargy, extended PMT, pain in the wrists, shins and ankles, tinnitus, difficulty forming sentences, vaginal dryness, gingivitis, dry eyes, thrush, vaginal atrophy, loss of skin elasticity, urinary issues, dry skin, wrinkles, hair loss, weak nails, sensory overload, sporadic itching, decreased or increased appetite, metallic taste in mouth and lack of motivation. There was also a substantial number of emotional and mental symptoms cited, with one participant saying, 'I experienced multiple symptoms, the most significant was an acute episode of mental health (never experienced before) that nearly ended my life.' Another supported this by saying that they had had 'very dark suicidal moods,' whilst another listed their symptoms as 'not feeling myself as if I was standing beside me, severe self-doubt, lack of confidence, difficulties going outside, shyness, lack of assertiveness.' The effects were well summed up by another individual who said 'my confidence just went. I didn't recognise myself and felt invisible. It was this that I found most disturbing.'

In the next question, we asked how long respondents had been experiencing symptoms of the menopause/perimenopause overall. 77 responses were received to this question, with the age parameter ranging from eight months to 19 years. A breakdown of responses is as follows;

Up to one year - 2

Between one to three years - 20
Between four to nine years - 32
Between ten to fourteen years - 17
Fifteen years or more - 6

From these figures we can see that over 63% of respondents experienced symptoms for four years or more; and a further 8% experienced symptoms for in excess of fifteen years. When presented with this quantitative data, it is clear that menopause and perimenopause account for a significant period of time in a woman's life, and it becomes even more concerning that so many are left without diagnosis, support and treatment for much of that time. Furthermore, it presents the question as to why more awareness is not raised of menopause/perimenopause in the educational system, and why there are not better structures in place to support working women through this experience without negative impact on their employment and career.

We then asked respondents what impact the effects of the menopause and perimenopause had had on their lives. 79 responses were received, illustrating the wide range of effects and significant impact experienced by many women. Some highlighted the effect on their working life;

'I've always had PMT, but it started to go on for two weeks at a time, and I was getting very anxious, and feeling very low and tearful. Feeling a sense that I was 'lost' and not sure how to resolve it. It's felt incredibly overwhelming. I've lost my confidence in my ability, and it's been hardest at work - suddenly feeling unable to do my job. I have a challenging role as it is and when I've asked for some changes to the structure, I've been advised that things can't and won't change, I just need to get better and more creative with managing my workload. When I've raised the perimenopause symptoms, I've been told I need to go to the doctor (I've been seeing my GP about this) and check the menopause policy. I was told I was 'raising very high red flags' about my ability to be at work, have worried my colleague by getting upset in a meeting, and that my behaviour affects the rest of the team. I've been advised I have to 'self-start', take responsibility for my situation, asked whether or not I should be in work, and told to see a counsellor. I was also told someone else in a similar role at another organisation was able to manage and my manager wanted someone like them in my role that could manage it similarly. I was then asked to complete a time-management diary logging my activity every 15 minutes for two weeks and invited to a meeting to review it with two managers. My weekly catch up was then cancelled and I have not had any further contact with either manager. I've felt that my being honest about my symptoms has been used as a reason that I shouldn't be at work, and that despite the fact I'm working hard and often end up working 11- and 12-hour days, I'm now seen as a liability and cannot be trusted. I don't feel that any of this is malicious, I think my managers are under a lot of pressure, don't understand the situation or my symptoms, and don't know how to manage or support someone going through this. I dread to think what others might be going through in the same boat.'

Others added 'I really struggle to keep motivated and have energy to even function currently, let alone work in my highly demanding, full-time job. But I am unable to get a GP appointment to review HRT levels for over four weeks. I am having to consider reducing workload and hours but am unable to financially afford this' and 'I recently had

to take time off work for stress, as brain fog has reduced productivity at work and makes me feel inadequate compared to my younger colleagues who do not understand. I have found it difficult to control my emotions in the workplace.'

On a slightly more positive note, others remarked that the Covid pandemic had actually been helpful for them as they were enabled to work from home, where they were able to manage their symptoms better, 'having to work from home due to Covid at least meant that I didn't have to face colleagues who didn't understand. There were some days when I could work from my bed with no meetings, and they were an absolute godsend - I don't have to have makeup and smart clothes on to produce good work.'

Many respondents felt that the menopause/perimenopause had significantly affected their mental health. Comments included 'It was devastating; I didn't realise it was the menopause until I sought help after two years. In the meantime, I'd had a complete mental breakdown and subsequently lost my job,' and 'it has been debilitating, frightening, my wellbeing especially around my mental health and anxiety has been severely affected.' Another said 'I suffered from anxiety, something I've always felt but suddenly couldn't manage. Anxiety and lack of sleep were not a good combination.' Anxiety and depression were mentioned by one third of respondents to this question, whilst one fifth stated that they had experienced 'panic' or 'panic attacks. One respondent summarised the huge impact on her life, 'I've lost interest in all the things I used to love doing, I'm withdrawn and don't see the point of my life. I have given up work as I don't want to interact with anyone.'

Self-esteem and confidence also figured prominently in responses. One respondent cited that 'I've lost all self-confidence, I've had panic attacks, haven't slept well for years, I'm tearful when I don't know why, anything new or out of routine like a holiday will result in migraines and changes in bowel habit (constipation or diarrhoea) and I start perspiring. My memory is very bad, embarrassingly so, I go shopping and will forget what I needed unless I have a list, I lose my train of thought mid-sentence, I struggle remembering names of people I've met before or have known for a while. I feel constantly hot and bothered, much worse in hot weather, when blow drying my hair, it's already damp around the neck by the time I finish, I was prescribed anti-depressants for these symptoms but have been able to stop taking them. I've left my part time job in 2021 since being diagnosed with Psoriatic Arthritis and Ankylosing Spondylitis in 2019 which is managed with NSAIDs and paracetamol. I'm unable to work but do not receive welfare benefits. My social life is zero, I've gained a lot of weight but due to pain but I cannot exercise or even walk or sit without pain. All of this has had a huge impact on my relationship with my partner of 35 years. Just last week I had a hysteroscopy and biopsy at hospital because of periods of "spotting" despite being on HRT. I've now got to wait 4-6 weeks for those results.'

Other respondents described the impact on their physical health, including one who explained 'the night sweats are the biggest problem as they prevent you from getting a good night's sleep which then impacts on everything else.... I have put on weight which affects my self-esteem, I don't know when I'm next going to have a period so I can't plan, I feel like I have retreated into myself and lost my sparkle.' Weight gain was a factor for many respondents, with one summarising, 'I'm sure that the lack of energy is something to do with it, but I have put on weight that I just can't shift, and I hate looking in the mirror

now. Comments from family and work colleagues haven't helped; I feel fat, frumpy and have no confidence in myself anymore.' The ability to lose weight also appears to become much more challenging once the menopause/perimenopause has begun.

Another cited how 'heavy bleeding meant that I lacked confidence when out. I didn't recognise the symptoms or know what they were for me,' whilst a further said 'the worst thing has been recurrent thrush infections.' Physical symptoms are wide ranging, but others frequently mentioned included skin issues including spots and dryness, excessive sweating, thinning hair lacking strength and shine, lethargy, weakness in nails, digestive issues, insomnia and general aches and pains, particularly in the joints. One participant summarised 'My hot sweats were so bad that sometimes I couldn't get dressed for work. Terrible migraines that would last weeks. Every joint in my body ached, I felt like a crippled old lady. My hair was falling out and it felt awful, like straw. My moods swings have been off the scale and I'm often an emotional wreck. I've put on lots of weight and just want to eat rubbishy food all the time.'

Many mentioned the effect that the menopause/perimenopause has on memory and concentration, which affects every aspect of life as well as the individual's own self-esteem and confidence. One participant summarised the day-to-day challenges of this, 'My memory is very bad, embarrassingly so, I go shopping and will forget what I needed unless I have a list, I lose my train of thought mid-sentence, I struggle remembering names of people I've met before or have known for a while.' Another stressed her concerns about the long-term impact these aspects, 'My main concern is long term impact on the brain - will sleep deprivation and brain fog lead to dementia?' The control and frustration that issues with memory and concentration cause are significant, such as for the participant who stated 'The brain fog and forgetfulness was terrifying. Everyone was laughing at me, but I was scared, thinking I was losing my mind. I made mistakes at work because I would forget things when I never did before, and I dreaded meeting people in the street in case I couldn't remember their name. It was devastating.'

The strain on personal relationships is also a major factor during the menopause/perimenopause. One respondent commented 'My sex drive is zero which leaves my husband feeling neglected and unloved' whilst another added 'I have no sex drive and I want to sleep all the time, but this is causing rows with my partner who likes to have sex a number of times during the week, like I did before all this started.' It appears that often these issues can result in significant damage to a relationship, such as for one woman who said 'I put on so much weight that I couldn't bear my husband to look at me, let alone touch me. We argued a lot and at one point were sleeping in separate beds and not talking', whilst another concurred 'it basically contributed to the end of a ten year, previously stable, relationship with my life partner.' As women are struggling to cope with understanding the process that is happening to them, it is even harder to communicate with partners and take steps to maintain the relationship norm.

2.3 The Case Studies

We then conducted a number of one-to-one interviews to gain a more in-depth individual experience of the menopause and perimenopause.

Case Study 1

Jenna*, 57, spoke to us about how the menopause was actually a positive experience for her after years of living with endometriosis, and the improvements that it made in her life.

“My whole menstrual cycle, for all those years was just hell on earth due to Endometriosis. I’m 57 now, and my periods became inconsistent between I was 50-51 and then they stopped, and since then, it’s like I’m a different person. I didn’t get any of the symptoms; to me it’s like the fog in my brain lifted, as if I can think clearly. Honestly, I think it’s hormonal - it’s got to be, hasn’t it? It’s like something shifted, it’s not just about pain and discomfort, it’s about something mentally too. At 57 I’ve started getting little aches and pains - I’m getting older - but nothing I would pin to what I understand as the menopause, just not being young anymore! But I feel really fit and healthy, I’m not on any medication, so as yet I’m very lucky.

With endometriosis, the only way I can describe it, it’s like a pain and an ache that’s dragging you down the whole time so you’re constantly fighting fatigue and discomfort. It’s horrible, but you don’t realise how bad it is until you come out the other side. I couldn’t have children, so there are lots of repercussions from that, but it just feels like I’ve started again, that’s the only way I can put it. So many people from family and friends have commented on how happy I seem, and they all say, ‘you’re really upbeat!’ and I just put it down to coming out of a very long, horrible period of time.

With the menopause it was something I knew I was going through, but I didn’t think about it. I just thought, it is what it is, so I didn’t seek any medical advice, I didn’t really look anything up, I thought, as and when things happen to my body I’ll go to the doctor about specific things. But now, I do think it would be so useful to have some reliable, evidence-based information that you could go to. To reassure people that it doesn’t have to be the end - for some of us it’s like the beginning!

This also generated a conversation with my mother, who’s just about to turn 80, and she was saying that when she was younger - she realises now - a lot of women almost had a sort of breakdown, and she said there was an expression ‘oh they’ve gone up the hospital’ and women would disappear for a little while and then come back. In hindsight, she thinks that for some, with the menopause and everything else that was going on at the time, it was just too much, and they had breakdowns or whatever. But she said it was never discussed.

Something that was dragging me down for years has stopped and I can think so much more clearly. I used to have times when I would just need to cry and be really emotional for no reason. It wasn’t that something had happened, it was just my body needed to have a good old sob and over the years, I learned that sometimes I just need to take myself to bed, close the curtains, and just cry my heart out - but for no reason. You could just feel that your body had built up, and then you just need to let some of it out.

I've got more energy to join things now. I work full-time and I commute and that was enough for me during the day. Quite honestly, I could have gone to bed at 7 o'clock every night, and I'd force myself not to. Whereas now I come home, and I've got energy and I join things; I'm now Governor at a school, sing in a choir, I go out in the evenings. It's having that sustained energy, rather than dragging yourself through a day and doing the best you can to get to 5 o'clock - it doesn't feel like that anymore. Don't get me wrong - I get days when I'm absolutely knackered and need an early night but it's physical and mental energy and just feeling more optimistic about things. It's like your world opens up rather than just putting one foot in front of the other, day after day. That sensation has gone. I know how lucky I am and that at any point things can change, so I can only really discuss what's happened in the last seven years. The minute my periods started to stop I could feel myself getting better. The relief was huge.

I think it is so needed to have some protected time and some protected space where women can talk about these things, because it's not something that most of us would talk about. You have busy lives and when you meet people, you don't want to talk about this stuff! You can't get to see a GP so it's important, I think. My advice would be to just to go with your body, and not to anticipate the worst. It's a natural phase that you go through, if there's something you need medical help for then seek medical help - that's it really. But mine's not been medicalised at all, I've just gone through this stage. I suppose it's to be more aware of your body and look after yourself more. But that's more to do with aging in that when you get to a certain age, things don't regenerate or bounce back like they used to. It's just generally looking after your mental health as well."

Case Study 2

Amina* told us about the issues she had had in finding appropriate support for her symptoms, and in particular, dissatisfaction with the response from her GP.

"My life over the last couple of years has been a struggle. I see a massage therapist because of aches and pains, and it was actually her that said to me the other day 'Amina, you need to go and see someone'. It is not just my neck and knee; I ache all over. I hate blaming it but one of the problems was Covid, when I was first struggling with extremely heavy periods and they were every 21 to 25 days, and the GP's answer was that they are regular and within the boundaries, so it wasn't perimenopause.

They gave me some medication to stop the bleeding because I had just bled and bled and bled, whereas this last year, I can now go 63 days without a period and then 15 days, then it might go 24 then 45. Unfortunately, because of running my own business, getting to see a doctor is unreal. I signed up to the Flow App just to keep track of it. I take one or two tablets a day and my memory is shocking, I could not remember if I had taken it, so now I use those little pots to know. I look back and think, gosh five years ago I was so happy and had so much energy, so I had so much go in me. That is not because of my job; people say 'you work so hard, you do this, you do that, you need to have time for yourself'. Yes, but I still feel just as rubbish.

if I was to go to the doctors now, I would probably break down in tears and they would just tell me I am depressed. Or that I need to up the medication; my medication has gone up and down and it has been reduced but the way I feel has been no different over the time that it has been reduced, which has been about two years now. I do not sleep, the

only time I get the hot sweats is in the night and I will wake up and mainly my legs are ringing wet. I do not seem to suffer with that during the day. I go to speak about it with the GP and do not get a comfortable reception, it is just 'right, what are you here for?' and then 'right, right, right' is the response, that is it. Unfortunately, you do not get to see the same person, so each time you go, you have to go through the same thing again. One time you might remember something and another time you do not. Even if they just said 'have you tried this? Have you tried that?', but there is never anything. At The beginning of this year I signed up with a personal trainer but to be honest, I was just literally in agony, and I could not do it because my arms and my body just ached so much that I was just physically struggling throughout the day with it.

I am not the type of person to go back to the GP weekly, but I think sometimes that is what you need to be like. I physically have not got the time to do that week in week out and then I think they get the opinion of you that, I do not want to say trouble, but that you are a lost cause. 'You have not got a specific answer, it is not a broken bone so what do you expect us to do,' is their attitude. Had there been a clinic or something you could access yourself, like physio where you self-refer, that would have been so helpful. It would certainly would have been somewhere I would have tried before going to the GP and then giving up.

I cannot say I have had anything positive in my experience at all. Even to the fact that going to the doctors on one occasion, and at that point I had not had a period for just over two months and my husband had a vasectomy. Yet when I went all she asked was if I Had done a pregnancy test. I told her no because I am obviously not pregnant, and she said, 'that is not 100% sure' so until it was ruled out, she would not do anything further. I do think that some of the problem with GP's is that they look at things within an age bracket when we are all individual and different. I know that the same thing happens with smear tests, they say you do not need one but then it has been proven that younger girls also need them because there have been problems. There is so much emphasis on age."

Case Study 3

Wendy*, a self-employed therapist was deeply affected by her symptoms and feels that there should be greater awareness of the menopause and perimenopause.

"I'm a sports therapist and I'm an holistic therapist, I run a business and I work very long hours. I work hard, and I have a big family as well. I've always been a doer and in the last couple of years I've really started slowing down. I've really, really struggled with the menopause because no one ever explained it to me. No one ever mentioned it in school or after, until really this year.

It's been really hard this past couple of years. My elder son even thought I had bipolar. He said, 'you're really changing', and I'm exhausted all the time, and the kids laugh about it. I said something the other day and one of my kids went, "oh you've been asleep all my life Mum." Because that's all I'm doing is sleeping. He was just joking, but for me there wasn't a funny side. I've got to be honest, it literally hit me like a sack of poo. I thought I had fibromyalgia, because there was not one part of me that didn't hurt. I was so tired, the fatigue. Oh my god, I like my sleep, but I could sleep for England.

I've been at work, working on my computer, and I've literally fallen asleep. Somebody from the upstairs office had come and found me and they're like, 'you okay?' And I'm

like, 'oh I just need to sleep.' I feel like I've been drunk and I'm stumbling across the road trying to find the right part to get on. Now I'm going through it, I have so many ladies that have come to me. They've been my clients for years, but because I see it in myself, I recognise their symptoms. So, to quite a few of them, I've said, 'you've got to go to the doctors, you've got to make sure that you have your blood tests' because without me, they would never have known. They all thought they were just burned out. What I've noticed too with my clients, a lot of them have come back to me and said, 'the doctors are saying I've got depression'. But they and I know that it's not depression.

In May I went away with my mum, and you think I would be more refreshed coming back, but I felt so ill. I went to the doctor and said 'I'm suffering, I don't know what to do with myself. My body's blowing up, I've got water retention, my knees hurt, my wrist hurts, my head hurts. I think I've got Alzheimer's. I've got something wrong with my brain. I can't remember anything.' At work, someone asked me what I was working on, and I looked at him and went, 'I don't know.' Because I just couldn't remember. The anxiety is awful too. I do not want to socialise with anybody. If I didn't have to go to work and run my own business, I wouldn't go out. Socialising puts the fear of God in me. I want to do a couple of yoga classes but the thought of being with others is just horrible. I look level-headed and everything, but underneath I'm like a duck, I'm literally paddling like hell. I need to take half an hour out during the day just to breathe and do some mindfulness. I started chair yoga to help with all my joints and stuff and to stretch out and to help with my core and rebuild my muscles, because I've also had frozen shoulders due to the menopause and that's freaking painful.

I think for women, they need to work when their best time of day is. So, my best time of the day is in the morning, I'm an early bird, so I'm up at half five. The housework will be done, the washing will be done, the dogs will be done, then I'll be prepped, then I go to work. Then my husband takes over in the evening, and he'll get the washing in and what have you. But in the evening, I'm fit for nothing. The house could be like a bombsite, and there's nothing I can do about it.

I've got my little group of friends that I absolutely adore, and we just laugh together because we're going through it at the same time. Some are a little bit more advanced and there's me and my other friend that are on the level at the moment. The other day I turned around and said to her, 'do you know all I want to do is just walk in the sea and keep going. I can't do this anymore. I've got no fight, I've nothing to give anymore'. And that, obviously, is when I went to the doctor for help. She just looked at me and said, 'if you didn't run your own business and you weren't self-employed, I'd sign you off right now because you are a mess'. And I said, 'unfortunately I do run my own business and I am self-employed. There is nothing for self-employed women when it comes to menopause, so I just have to suck it up and smile.' I think it's a bloody joke that we have to pay for all the menopause treatment as well, and it's per item. In Scotland they don't pay for prescriptions, and I think they're effing me over here.

I went onto HRT. The first lot I had, I kept suffering with migraines and vertigo, and it was really affecting me at work. I had to cancel my clients and literally come home because I knew I only had that half an hour window to get home before it really hit me. I was throwing up in the loo, and all sorts. The nurse said, "no you have to stop because that means you're ready to have a stroke, because that's the next sign." That frightened the life out of me, so now I'm on the gel and the tablet. I feel tired but in three weeks, I feel so much better than I did.

Not being aware of what's to come further on in life and why this is happening to you is not okay; you might have fatigue, you might blow up, but it's about why. It's about the understanding of what's going on in your body. So, I think people need to know the science behind it, why this is happening and the difference between men and women. What I'd like to personally see is at GPs, where they pull four or five women into a small group and go through it with them with a menopause expert or someone who has had training in it. You know, just on a small scale. And also, if there's relationship problems because ladies are going through menopause, there should be support there. I know because sometimes with my husband I think, 'you get on my bloody nerves.' But actually, he hasn't done anything.

As females I think we're actually quite wonderful, robust people. But I do feel so sorry for women in the workplace because I don't think there are many corporate places that actually have a policy for menopause. I really do think that there should be some more support out there from businesses to learn understanding in how to treat their female staff. I also think there's just not enough awareness about holistic therapy and how that can help the menopause; reflexology, full body massages, hot stones are all brilliant for it. With many of my clients, their joints are inflamed and hurt, so hot stones have really helped them. It's also helped them to sleep and calm the hot flushes down, and I'd like to see more of this type of work being out there to support people with menopause."

Case Study 4

Sophia**'s experience of the menopause was affected by her previous breast cancer diagnosis.

"I'm 51 now but started getting symptoms of the menopause in my mid-forties. It started with night sweats, not sleeping very well and things like that, I just thought it was an everyday kind of thing. Probably a bit of stress about other stuff at home and things. I went to the doctor because of the not sleeping and night sweats to start with. I had breast cancer just over 20 years ago. They were kind of like 'oh, we can't give you anything that's got hormones in it because you had breast cancer'. I was like, 'is there anything else then that I can be prescribed? Maybe something for vaginal dryness?' But they said, 'we can't give you anything with oestrogen in it.'

I've watched a couple of programmes about menopause but then the doctors' go 'oh yeah, now there's all these treatments' but no one actually says, 'you can't have that if you've got this.' And then you get someone else saying, "oh actually, you can still have hormone replacement if you've had breast cancer in your life". Well, that's not what everybody else says. It's completely confusing.

When I went to my surgery, the nurse was quite good, because I've got really bad... I don't know whether it is related to that but obviously it's hormonal.... rosacea. She didn't really support with that menopause side of it, but she put me on medication for the rosacea. I went for something else, had a cyst come up on my arm. She said, 'I'm not concerned about that, that will go, I'm concerned about the state of your skin at the moment, obviously it's related to hormones and everything'. But she didn't really say anything else about the menopause. The GP was alright, he didn't really say an awful lot. He checked my records and said 'it says here you can't have anything. We can only give you over the counter medication.' He was fairly supportive as far as he could be, I suppose. I don't know whether he could have offered anything else. But there wasn't

really anything else offered, no counselling or anything like that.

With the menopause at the beginning, I think there was self-doubt and the brain fog feeling of ‘am I doing things right or is that wrong?’ kind of thing. I just didn’t want to go out. And there were a few occasions where we’d been invited to something, and I’d be like ‘I don’t really want to go. I’m really sorry but I’d rather stay indoors.’ People were usually quite understanding. Sometimes I get a bit of like ‘oh, right’, a bit negative but not too bad. I think it’s a woman thing as well. We’re sort of conditioned, in a sense, we’re meant to be the softer sex, so they say, but still not to talk about your problems, just get on with it and manage. It’s all part of being a woman. But that can be a barrier sometimes or create a barrier to actually getting help when you need it.

I have never received any support around the menopause at work. I mentioned it a couple of times, but they just said, ‘you need to see the GP if it’s causing a problem’. So, I didn’t speak about it again at work. Luckily things are getting better now. I don’t seem to get as many hot flushes during the day anymore. I still get the night sweats a bit, sometimes they’re better than others, but they seem to be easing off, kind of. I don’t find the brain fog quite as bad now as it was, probably, a couple of years ago. Every now and then I’ll have an odd day, I’m a bit tired or whatever but no, it seems to be getting a bit better.”

Case study 5

Mary* shared with us the profound effect that the menopause has had on her wellbeing, and the lack of support from her GP surgery.

“I think it’s a bit of a postcode lottery, isn’t it? Or GP surgery lottery in fact. I know for a fact, Kennedy Way Medical Centre, part of the Clacton Community Practices group, they have regular menopause clinics in their community room. And the patients are invited. They have speakers. They do webinars for their patients and staff. And yet with my surgery I still don’t get taken seriously. I’ve been struggling to know when I’ve started the menopause or even if I’ve started, because when I last had the blood tests; they were still showing I had lots of oestrogen. I’ve had my third coil, which means I haven’t had a period for over 12 years. I don’t have the spotting or irregular periods. Because I don’t have any of that, and that’s what they say is always the tell-tale sign, I really don’t know.

Whenever I’ve gone to a GP, even seeing a female GP on this last occasion, I’ve listed everything that I’m going through. Then they look at me and say, ‘well that might be stress related rather than the menopause. And that might be this rather than menopause.’ Well, I think it’s the menopause. I’ve had to fight to be taken off of the patches because they were falling off my body, because I’ve got psoriasis which is exacerbated on my thighs and becomes very dry. So, the patches were falling off. I was on them for six months, and I’ve now just been put on a pill. I’m just not sure whether it’s better, worse, or indifferent, if that makes sense. Because I still feel I’m getting a lot of the issues that I’ve been experiencing for some time. And it’s like my psoriasis. I don’t know whether that is because they say you can get dry skin with perimenopause. Because it feels worse than it’s ever felt before. I haven’t had it like this for years. My arms are covered, and my head is literally like it’s got cradle cap. I haven’t even been able to get my hair dyed.

It’s affecting my confidence and I’m getting headaches and restless leg syndrome, and

I'm getting anxiety like I've never had before. I've always had anxiety, up and down. I've gone through cognitive behavioural therapy and counselling and all sorts of stuff. I'm all right for a little while and then I slide back down. But the sort of symptoms I'm coming up against now... I was in the middle of Lidl doing a food shop and I had a panic attack. I just had to get out and sit in my car. Now, I'm a senior manager within our team. I chair meetings. I present at conferences. Yet something as simple and little as that just threw me, completely.

I think the most worrying thing that I've experienced, and I've been trying to stop myself, is I keep finding myself getting in these really dark moods. I was finding that I was driving to the seafront and contemplating walking into the sea and not coming back. That was the last trigger when I had to go to the doctors, and said, 'I think this is to do with the menopause'. And they were like, 'no, this is probably stress and anxiety to do with your workload'. But I didn't agree with that, because I feel much more in control at work. As soon as I'm not at work, I completely lose my confidence and worry about everything. I can't even answer the phone at home. It's just ridiculous, absolutely ridiculous.

I have started taking Vitamin D3 and Vitamin B12, and another natural one that I was recommended by Holland and Barrett - HTP 5, which is supposed to help anxiety. It takes a while to get in your system. But you never know whether it's psychological or not. I haven't felt as bad since taking it though. The memory problems and brain fog are an issue though. I could be chairing a meeting, and I'll be looking at someone I've known for years, and I can't remember their name. It's so embarrassing, because I'll go, 'and you've got your hand up err...' And even their name is on the screen, and I still can't say it. And I can't remember... I'm finding I'm putting my door keys in the fridge, and you know all those things that you think... Oh my God. And it is really scary.

I do find my GP surgery challenging to deal with. When I went for my coil replacement, I felt I was a piece of meat on a slab. I grew up in the days of bedside manner, when the GP would come to your home, and he would always be so gentle, and you know they were always so approachable. Whereas now. I know they're under so much stress and everything, but a lot of GPs aren't as approachable as they were before. I didn't expect to feel like a burden with a female doctor, over the perimenopause. It just surprises me that a female doctor doesn't seem to want to consider perimenopause. Even though I've gone with this huge list of symptoms, she just dismissed it. I totally see from the GPs' point of view, the pressure they are under and that the staff in primary care are under, is immense. I try not to take it personally, but I do always feel like I'm an irritant. I'm 50 now so I probably am in perimenopause. My gut feeling is that I started five years ago. Many of my friends have had similar experiences. I think a lot of them have ended up doing their own research and they've paid out for additional help for themselves through other sources, because they haven't been able to get what they feel they need through their GP.

My husband thinks I'm the moodiest cow in the world. He said that I'm not the woman he married. And it was only three years ago. My low sex drive, he doesn't understand at all. Because I've always been a bit of a nymph until these symptoms started. And now I'm just not interested, and I don't know why. I think that's affected him quite a bit. He doesn't understand why. I'm sure that's the same for many women and men as well. It's not mentioned in school, is it? It's not something that's commonly talked about. It's still got a bit of a stigma, where it's women's stuff. Women talk about it. Blokes don't get involved. There's still some of that remaining. I think it does need to be much more in general conversation. There's lots of things that need to be in the school curriculum,

but I think that's one of them. Men need to know because most of them are going to have a woman in their life. If not a wife or partner, a mother, a sister, a friend, that it's going to affect. And it is so profound. Everybody needs to know about it and have some degree of grasp of what's going on for you."

Case Study 6

Valentina* found that her wellbeing was greatly improved as soon as her menstrual cycle ceased and is an advocate of complimentary therapies for women's health.

"I was perimenopausal between the ages of 50 to 54. I was working in a very stressful job, and actually, looking back at that period it was very hard to distinguish what was going on hormonally versus what was going on with the stressful job. Now I look back and I wonder whether they were both contributing to each other. So that was a time when I had lots of changes in my periods, heavy, clotting, but I didn't take any kind of hormonal support. The only thing I did take was 5HTP, which is a supplement I found helpful.

I would say I've been in the menopause for probably about eight years or so now. Once I stopped getting periods, I stopped getting the hormonal headaches. What I did notice as well, is that once all that stopped, it was like life became so much easier to manage, and so whatever hormonal changes I was going through, having hit the menopause, that hormonal fluctuation settled down and worked well for me. Don't get me wrong, we all have our moments where we kind of don't think very well, things get confused. I don't get hot sweats. I get hot seconds, now and again. I'm very privileged, as I don't have that waking up in the night.

I still suffer from headaches but they're not hormonal anymore, they don't run on a monthly cycle. I don't have high blood pressure. My skin cleared up because I had adult acne right through having periods and the perimenopause, my skin is a lot clearer now, I didn't have hair falling out, or any changes like that, it's just like life's settled down for me hormonally. I have known other people who have had horrendous times, and I don't identify with that at all. I work in healthcare, and we do actually have a menopause policy in place and we have menopause champions. And we're very much aware of the movement across a lot of organisations in making sure that we are flagging up the menopause and particularly in healthcare because I think the majority of the workforce are female. So, we can at least refer people on to the champions who can signpost them to various areas.

I do have to throw into the whole equation that I am single, and I don't have a partner, so I have no idea how that would've affected anything, and I've been single for a long time. I have been married and I have got three children. So, there's an element of what I've gone through that I haven't had to consider, it's just the way that my life has panned out, and actually, in some ways I think when I listen to some of the problems that some women are having, I think I'm glad I just live in my own little world sometimes. So, I do feel that my experience is very unique in that way, and to me, coming away from having those regular periods and all that went through it was just, to me, it was like menopause was my freedom, but I know that's not the case for everybody. I've got two sisters and a mum who went through what I would say is quite drastic surgery. Both sisters are married, and my younger sister, she really struggled with the menopause, she's put on a lot of weight. So, my experience even within my family is quite different to what my siblings are experiencing. I think a lot of things; lifestyle, genetics, environment all affect

your experience of the menopause.

What's quite interesting is you get a lot of these younger women, like Zoe Ball and Davina McCall that are out there on the radio and the TV, that are now getting to the age where they are probably menopausal, and they are talking about it, and I think that's making a big difference as well. Whereas before, you didn't talk about it, if you didn't grow hair on your chin, and this didn't happen, and that didn't happen, you counted yourself lucky. Now, people like them are making it ok to talk about. My biggest recommendation to anybody in the menopause or perimenopause is to consider a complementary therapy route. For some people medication might be the only way that is going to work for them, but I wonder if people are aware that there might be alternative ways. The difficulty is it's going to have to be something you pay for yourself, until the hospitals and the surgeries start to do that. And there are some surgeries in the country who are doing that, where they are taking on complementary therapists and doing things like reflexology and massage, because they're recognising that's happening."

Case Study 7

Harry* found that it took time for the dosage of HRT to be right for her, and she sought help from a private consultant.

"It's all a bit unfortunate because I think I was going through menopause quite badly at the same time as being locked down and I was on my own as well. I spoke to the specialist, as the GP couldn't help, because I'm very, very sensitive to oestrogen. I couldn't get the dosage of HRT right, I was in a state, and she said to me, 'you are sensitive to it so let's slowly go down to half a pump and then slowly bring it up.'" But she said to me I was probably in more of a state than normal is because everything was amplified due to the pandemic, so it was all a bit unfortunate timing.

I was running my own consultancy business at the time and because of the way I was feeling I couldn't even carry that on. I had all the brain fog, I lost all my confidence, I got extremely anxious about everything, my future and the whole thing just spiralled a bit out of control really. I've always been a career girl and being a bit silly, I hadn't really thought about the future hugely, my pension and stuff so I've always thought, 'oh I'll just keep going because I like work' and that's that and then suddenly you think, "oh my God, I can't, and I think I might have dementia.'

It was quite an extraordinary experience and I've come out the other end feeling much better thank God, but I done a complete reset and I'm now working locally for an employer. I've taken a huge pay cut just to get back into work and be part of the team really, not that I can really afford it moving forward because all the bills are going up but at least I've got a contract. It's helped me get back into the workplace again and regain my confidence. If I'm honest, I'm really angry about the whole thing because I just think, women have enough to deal with getting older, men go grey, and they look distinguished, women go grey like I've gone naturally now through the pandemic, and we look old. We're going towards this quite challenging time anyway I think for women, and we're then given this to deal with on top of it all.

I think if I'd realised that this was going to hit around this kind of age and how it was going to affect me, I would have made very different decisions. I mean I work in organisational development, I'm a culture expert, and there's only a few things that have been positive from the pandemic. One is that leadership and organisations have been

become much more caring and more kind of human oriented, people oriented and certain things like this are being looked at in some organisations and I'm really pleased about it because instead of feeling that you have to hide and pretend everything's okay, actually it is a big deal and women do need support instead of the normal... men just going, 'oh she's just having one of those episodes, she's just being hormonal'.

A couple of friends of mine had started the menopause straight before me and had done huge amounts of research on it. They said that they hadn't had a very supportive experience with their GP's and that I needed to be clear about what I wanted and determined about it, so I had to psyche myself up for that conversation. Because I think I was

quite knowledgeable about it, and I really prepared for the conversation, I went in very clear and very direct on what I wanted and basically the GP gave me what I needed. Unfortunately, the HRT didn't work as I needed it to straight away, and as I was struggling to get through to my GP during the pandemic, a friend suggested a private consultant. I went once but I was so gobsmacked about how expensive it was. She told me to slowly build the dose up and now I'm fine, but it was very depressing because a lot of my friends just took what they were told to and it worked for them. It didn't work for me and I just thought that was very, very depressing and upsetting that I had to jump that extra hurdle to try and get it right and spend a lot of money which I didn't necessarily have."

Case Study 8

Megan* was affected greatly by her symptoms, to the point where she left her job due to feeling unsupported.

"I started having symptoms when I was 42, and my Mum had started when she was 36. She's 76 now and she still gets the hot flushes and everything. Really bad hot flushes and I'm thinking 'thanks mum.' That's over half her life she's had symptoms!

I actually had to leave work because of the menopause. My job was very pressurised and busy, and because I was feeling anxious and everything, I was really stressed when I was there. It made all my symptoms worse the moment I arrived at work. It was literally chaos there and I just couldn't cope with it. I changed role and dropped a grade. I just wanted to do something completely different and be in a smaller team. I tried speaking to the manager there, but she was just no help at all really. Every response she gave me was negative, telling me I needed to sort myself out with no empathy or anything. So, then I stepped away from it. I realised what pressure I was under and why I was getting all the symptoms as well, because I had time and space to think.

I was really struggling with brain fog, it was just getting terrible, and I'd normally been on point and remember everything with my work. I was struggling to concentrate and take in things I had to read. Especially since Covid hit, that was worse because everything was over Microsoft Teams, and I was getting more and more anxious over virtual meetings. I felt I couldn't speak out and I was getting in such a state. We had a new manager as well and it was really difficult. Everything had to be done her way and there was no appreciation or respect for our team. I definitely couldn't talk to her about what I was going through.

As I was finding it increasingly difficult, I spoke to my line manager and said, 'I'm really

struggling’, and she said, ‘why don’t you try HRT?’ and I’m like ‘well I’ve read so many negative things about it and I don’t know what to do about it.’ She told me to speak to my GP and it was over Covid, so I had a quick discussion, it was really like a ten-minute phone call with one of the GPs and she said, ‘you can start this.’ I didn’t go to the surgery and discuss things; she didn’t check me over or anything. It was all done over the phone quickly. Anyway, she said, ‘I’ll start you on this patch.’ I was doing really well on it, I was still really anxious, and my memory wasn’t good and everything, but it was improving from what it was. And then after about two months I started getting a massive rash. Where I put the actual patch on, I was using twice daily one, I had a red, itching rash underneath and it was the shape of the actual patch. I was changing sites, on my stomach, on my legs, my thighs, everywhere. I was like a patchwork quilt. I was like ‘I can’t do this,’ so I rang him up and said, ‘can I change it?’ So, they changed me then to a once a week one. I used it once and the rash came up straight away so I couldn’t have that. Then I had to wait and get an appointment and then I was getting the most horrendous migraines. I was trying to get hold of the GP and I was like ‘what do I do?’

I finally got hold of the GP and she said I’d have to come off it. I spoke to a nurse first and I said, ‘I don’t know what to do.’ This was on the Friday, and she said, ‘take it off. There are no appointments today, you’ll have to ring on Monday to get an appointment with the GP that day.’ So, I rang them on Monday, and she suggested that I put on gel and also take the progesterone capsules. I said, ‘there’s a shortage of the gel, what am I going to do?’ and she said, ‘what you’ll have to do is physically pick your prescription up and then ring round every individual pharmacy to see who has got stock for it. There could be a smaller independent pharmacy that is more likely to have supplies than the big organisations.’ So that’s an extra worry I could do without.

I feel so much more different. I can concentrate now in work; I feel more confident and we’re having regular meetings now at the surgery. That in itself, I’m feeling ten times more confident and more proactive which makes a hell of a difference in the day. Speaking on the phone, like now this would be a nightmare for me before, but I’m a bit nervous now but it is ten times better than it was before.

I do think men should be more informed about it, because they seem to have no idea. A couple of ladies have said to me that they find the mood swings so extreme that they’ve inadvertently, and not meaning to, taken it out on their partners and it’s had quite an effect on the relationship. Like with the hot flushes it was unbearable. My husband would be freezing and then I’m taking off all the sheets and everything. That bit seems to have calmed down a bit now, thank goodness. I was waking up because I was getting hot and then you wake and think you need the loo, and then you can’t settle down and everything is going round in your head then, what’s going on through the day, what you’ve got to do tomorrow and then you can’t get back to sleep and then two seconds later it’s time to get up for work. There’s a lot to be done around awareness and understanding of this subject.”

Case Study 9

Emily* emphasised the importance of having a support network around you throughout the menopause.

“Around the age of forty-nine, my periods stopped, and before that they had always been really, really heavy. And then I didn’t have a period for months and I thought yes, this is

it. And then out of the blue one came, but it was almost like a final fleeting well, there you go, before they stopped altogether. You get that initial joy of no periods and then you realise that actually I've got hairs growing out of my chin now and I'm getting really bad night heat... this is the other thing, I'm not sweating in the night, I just feel like I'm going to combust with heat. And it sort of wakes me up before the heat comes, which is really weird. So, I wake up and then I'm like oh, God, here we go, and then the heat rises to sort of like a peak and then it sort of dies down and then I must fall asleep. But that can happen four, five, six times a night. So, it's the broken sleep that is the real issue. And then you get that thing about when you're going to bed, you just think oh, God, how many times, am I going to wake up a night kind of thing. And that's almost just as bad, the anticipation of thinking that you're going to be waking up.

But mood swings and things like that, I feel like I've got away with that side of things. I'm comparing myself to my best friend who's going through the same thing. She's still having periods, but she's got all the other side effects. And her mood swings, like we have been laughing about it because she's normally the most laid-back loveliest person you could ever imagine, but she just wants to kill everybody, which, it's not funny, but it is funny. But we're finding the funny side of it because you have to, don't you?

I waited about a year before I saw a GP, mainly because I was hoping that it would just pass naturally. I didn't really want to go on the medication kind of route. I tried the oil of evening primrose and started a bit of exercise. But when I realised that actually wasn't having any impact, I just thought no, do you know what, if I had a headache, I would take a paracetamol and sort it out. So why am I not looking into HRT? So, I went to the doctors about something else, funnily enough, and while I was there, I just said I'm struggling with my night sweats and in the surgery they had a specialist HRT nurse. They gave me a questionnaire to fill out, which I filled out and returned to the surgery. And then I was contacted by that nurse and went to see her, and we talked about it in depth, and then she sent me loads of information about different HRT. Like I could have the coil, I could have patches, I could have this, that and the other. So, we talked about what I was worried about and the different options and then we agreed that the patches were probably best, because I didn't want the coil. I don't want to sound silly, but I'm a bit squeamish about it.

I suppose the only thing that I don't know is once you're on it, are you on it just forever, or do you go on it for a few years until you've got even like a little bit older when things are in your system, I don't know, and then you come off it? That's the other bit that I wasn't sure, nobody covered that part so I will have to ask. I don't feel that there is enough information around it and about what support is available. I think I was lucky that I had that network of friends that gave us all the confidence to access what was - and we all live in different parts of Essex, so we don't all live in this area. I do believe that if I didn't have the opportunity to talk to my friends first, I don't know if I would have been as confident to go and speak to the GP about it.

I do worry about all the women who don't have that support network. I think you need something like an anonymous WhatsApp group. A nice chat kind of thing where you can just log on your phone and, "This is how I'm feeling, anybody else feeling like this? Any tips and advice?" That kind of stuff, and having maybe a specialist HRT nurse on there - not all the time but almost like a drop-in. Not everyone feels comfortable sharing their business so the anonymity is really important."

Case Study 10

Ruby* felt that the GP was quick to prescribe antidepressants rather than investigate the possibility of menopause.

“I’ve had irregular periods for about eighteen months now, and a range of symptoms associated with the menopause. Last time I spoke to the doctor, he just said he’d give me some antidepressants because it sounded like I was feeling very low. But I have been tested twice for my hormones, once it came back as inconclusive and once it came back saying it was fine, but I haven’t had a detailed response to my last set of bloods because that was just conveyed through the receptionist.

I did ask about the menopause but he said, ‘you’re very young, it’s probably not that at all’, but the second time they sent me for a repeat blood test, but I haven’t heard, I had to ring up, and I got the results through the receptionist, and it said ‘no further action’, so I don’t actually know what the results were, it’s impossible to get an appointment, isn’t it? I’ve got a couple of friends who’ve been through it, and I have one friend who’s managed to get onto HRT, but it’s taken about three years of persistence with the doctors.

I’ve done a lot of research myself, really to be honest with you, and I’ve just started to take vitamin B complex a month ago, which seems to have picked me up mood wise. I didn’t want to take the antidepressants the doctor prescribed, because I don’t believe that I am suffering with depression. I’m trying to pinpoint things down, and I keep a diary now with everything, just to see. And it’s different every month, with what happens to me, if anything at all. So, I’ve just been monitoring myself and finding all these natural things to try and pick me up.

I’ve looked at the specialists and they’re all private, so you actually have to pay to get to them. I remember looking at it and thinking that it was expensive and did some investigations myself first, before going down that route. I saw a pharmacist and she was more helpful. She said, “I take that myself because I’m a bit like you”, so it was quite nice having a little chat with her. So, she said ‘take this first and then if not, take the B12 and the calcium combined’.

It would be nice to be able to speak to someone at my GP surgery like I did at the pharmacy to say, “try this and if that doesn’t work, go onto this, this and this”, and just having someone to talk to, I think. I’m trying to get a year’s record so I can say, if it isn’t menopause, is it something else, have I got a gynaecological problem from all of this, or is there anything else it could be? I think they’re basing their decision currently on the blood test, but it’s like because there’s nothing wrong with my blood, that there’s nothing there, and that’s the end of it.

The symptoms can be hard to manage. I have a very supportive other half, but I can be very teary for about three or four days, and I’ve never had that before, I’ve always been quite balanced. I do make a joke of it at work, like, ‘blimey, was it me hot last night, or was everyone else hot?’, so I try and hint to them I might be having some changes. I do try and keep light of it as much as possible, but it is hard to do a full day’s work when you’re

tired, but I think a lot of people are tired for all kinds of reasons, so I try not to let it show, but I do go to work tired.”

Case Study 11

Michelle* was very concerned about the possible implications of taking HRT and struggled with the patches.

“I used to have extremely debilitating periods and eventually I was diagnosed with polyps. I went into hospital and had them removed. At the same time, they gave me a Mirena coil. It changed my life. I don’t know why I haven’t done it years before. I was quite late having children because we had problems conceiving. We’d had fertility treatment in the early days of our marriage but I was lucky enough to go on and have two boys. Still had the debilitating periods though. The polyps were removed. I reckon it must be seven and a half years ago that the blood test came back saying I was perimenopause at that time. I wouldn’t say they were particularly troublesome at that moment. And I had post-natal depression after my second son, so I was put on Citalopram. Maybe that might have masked some of my symptoms. I don’t know. I then had my coil changed two and a half years ago at the end of the five-year stint. I’ve had a second one. They said that this one might see me out, but I’m not convinced because at the start of lockdown I found out I’d got an underactive thyroid.

I’ve actually put on three stone, over the last few years. I was a size 10/12 and I’m now 16/18. It’s not how I want to be. I exercise. I have a very healthy diet. But I just can’t lose it. And over the last four years I would say I was increasingly getting night sweats; I mean literally drenched from head to toe. Before Christmas I had an incident at work which wasn’t pleasant. It caused me a lot of anxiety and resulted in me having some time off. I went to the doctor as I was feeling very anxious. My blood pressure became worse because I was anxious. And there is a history of heart disease in my family. I then, as a result, was taken off of Citalopram. At the same time, they discussed HRT as an option. I’ve always been very anti HRT because my best friend had grade four breast cancer and it was a direct result of HRT. And the same for my mother-in-la; I know at least three people that have had breast cancer as a result of HRT.

After much discussion I agreed to go on the HRT but obviously just the oestrogen because I had the Mirena. I’ve persevered but they’ve burnt my skin. I literally was left with great big round welts on my stomach and unbelievable itching. Sometimes I just want to stand in the street and just scratch. I went back to the doctors and said ‘I can’t use these patches. It definitely helps with my night sweats. But I can’t bear them. They’re upsetting my skin.’ So, they gave me the gel. I’m only using one pump at the moment. But I’m actually quite tempted to go back and talk to the doctor about increasing it because I don’t think it’s quite doing enough. I’m still getting the night sweats.

The things that normally would irritate me that I would let go, would build and build and build. I was definitely sinking emotionally. Real black dog days. Very tearful. Couldn’t control my emotions at all. And I’ve got a sixteen-year-old and a twelve-year-old boy. I’m sluggish. I’ve got no energy. I do make myself go to the gym, but I don’t particularly like it. I’m working full time at the moment. Obviously running round after the kids as well. My joints ache so much. And I just want to go to sleep. I just want to put my head down and go to sleep. The brain fog. I bought Father’s Day cards for the boys. I hid them and I forgot where I put them. I’m trying to do all the right things in terms of the exercise and all of those things because they’re proven to help. But it’s difficult fitting it all in.

Because we lead a busy life and it's really hard. I'm working full time and it's just juggling the whole time.

My new manager has been helpful. I struggle in the mornings. I'm sluggish. I'm slow. I need that time. I'm getting into work about half past nine instead of nine. By the time I've got up, had a shower, sorted the kids out. And I've got to work. But they're very good. I work through my lunch hour to make up that time. Although it's never been expected of me. There is that level of flexibility. I make no secret of the fact that I'm going through the menopause. I was able to say to my boss the other day, 'look I'm really struggling in the morning still'. Some days are better than others. My dad has said to me, 'do you think you should be talking about it?' I said, 'why shouldn't I talk about it? It's perfectly natural. It's perfectly normal. It's not a dirty secret'.

There's good old Facebook. Somebody's set up a group called Up Yours Menopause. It's a really good group. Nothing negative. And sometimes someone will offload and go, 'anyone else experienced this or...?' People might come back with suggestions but there's never any controlling, never any nasty comments. It's all really nice and supportive. Then the odd silly memes and stuff that go on there. That's okay. I did try a couple of others, but they were quite heavy. Intense heavy in terms of other peoples' personal experiences. Some of those poor ladies are in real deep dark depression that I was in a few months ago. I've responded to a few of them saying, there is light at the end of the tunnel.

I think the biggest thing is having a good GP. Because let's face it that's the starting point. If you've got symptoms, where would you go? You would go to your GP if you've got a symptom of something. I'm very lucky in that my surgery happens to be a very pro-active surgery. And the communication is good. You can get appointments there. Not always instantly. But it's not like some of the other things you... reports you hear of surgeries in Colchester.

Obviously, many of us have watched the Davina documentaries. And in the second one She was talking about testosterone and the fact that she has bought it. Apparently, you can only get it privately. But if that makes such a difference to women's lives, why is that not being made accessible to them? Because if they're happy to replace progesterone and oestrogen, which we lose as we get older. If we also lose testosterone, why are they not replacing that as well? I think a lot more research into hormones. In terms of the impact, they have on our bodies.

I'd be interested to know about the correlation between my under active thyroid and menopause. Because I'm convinced that's linked. Interestingly I'm convinced I've always had hormone imbalance. Because when I had my children, I breast fed them both for a year, each. At the end of that year, obviously I stopped. It was time, they were getting bigger, and it was time to move on. I was lucky that I was able to do so. But I never stopped producing milk once I stopped feeding them. Then I fell pregnant four years later with my second son. While I was pregnant, I stopped producing milk. Obviously the second I had him I started producing milk again. Fed him for a year. Exactly the same thing happened. I never stopped producing milk. He's now 12 and it wasn't until seven and half years ago, when I had my first Mirena coil put in that I stopped producing milk."

Case Study 12

Jill* felt that her GP did not listen to her, and instead turned to a menopause clinic for support.

“It was towards the end of my perimenopause when I went to the doctor, because the symptoms had got so bad that they kept sending me home from work. So, we had a chat about it at work, and they thought it was the menopause too. I was ringing the doctor weekly, because I was just feeling worse each week as it went on, but the doctors don’t ever have time, do they? On a GP’s appointment you can only speak about one particular problem, and if you start talking about another thing, they tell you you have to ring back about that. And with the menopause, I think there’s thirty something symptoms, and I had 24 of them. So, each week I was ringing the doctor, and it was just getting me nowhere.

I didn’t feel they listened to me really, and they put me on anti-anxiety medication, which I do think I need. But I do think also, if I’d have probably got more professional help at the beginning, perhaps I wouldn’t need to have gone on them. They needed to listen more and test things like my blood, but they didn’t. In the end, I said to my doctor ‘Can you refer me to the menopause specialist at Colchester hospital? Because I’m not getting any better.’ So, they did that, and I had to wait quite a long time for the appointment. I think two or three months. It was a phone appointment.

When I spoke to them, at last, someone was listening to me, and agreeing with what I was saying, and telling me that it was all a symptom of the menopause. I didn’t even have to tell her everything. She gave me a lot of information about HRT because I was very scared to go on HRT. She was telling me all about that and about how safe it was now, and it doesn’t give you breast cancer now, And you can use it forever, you don’t have to come off it. How I’ve got high blood pressure and high cholesterol, but I can still be on it. And I’ve got a rare blood condition, and she spoke to the haematologist to make sure I can be on it still. I spoke to my consultant, and then told her that he said it was alright as well. She was just very thorough.

There were only two appointments with the menopause clinic, and now I’m back with the doctor. I don’t really talk to him about it because they never ask. If I bring up a problem, they will never associate it with the HRT or menopause. They don’t really discuss it, but that’s the same with everything, they don’t ever ask me about blood pressure or cholesterol.

On Facebook, I’ve joined a couple of menopause support groups in the UK, and they’ve been good. And it’s been good to listen, to see what other people have been through. I’ve been able to suggest people going to the menopause clinic near them, because people don’t know that their hospitals have a menopause clinic. I had so many symptoms. I couldn’t talk properly, I couldn’t listen, I couldn’t read, I couldn’t concentrate. I wasn’t having periods at this time; this was after they’d stopped. The brain fog was awful. The anxiety, I’d never ever had anxiety before, and all of a sudden, I couldn’t do anything. I did have hot flushes as well, I’d had them for several years and they would just come over me and, I just didn’t know what it was to start with.

I had very similar symptoms to when I was pregnant. Having to go to the toilet so many times, having to get somewhere so quick because otherwise you would wee yourself. I had terrible nausea, I didn't like smells, similar to pregnancy symptoms. I don't have a partner, but I didn't want to see my friends, my daughter said I was terrible. I wasn't raging or anything like that, but I wasn't myself. And that had a huge impact on work, to the fact where they said just have time off. Not that I was unsafe, but I wasn't myself. I was a senior practitioner, and I definitely couldn't act like one.

My mum was on HRT, but it wasn't body identical like the one I'm on. So, she was only on it for a certain amount of time. And then she came off it, and she got breast cancer after the menopause. So, it was so very different for her to what it is for me. And we never talked about when she was going through it. But I talk about it. She would never talk about it. It shouldn't just be something that you get told about when you reach 45 or 46. When it hits, as it invariably will, you're in that place of thinking what on earth is going on? And most times, it brings you confusion, it brings you fear. It's just a whole life adjustment, and something that takes so much of our lives, because it takes years. It's not something that's over in the blink of an eye."

Case Study 13

Eve* is frustrated with the lack of knowledge and understanding around women's health, and is a firm advocate for awareness raising and education.

"There's been a bit of an upsurge, there's Davina McColl programmes and stuff like that, which is good. Honest to God, if the only thing that comes out of this, is that women know what's going on with their own bodies, then it's worth it. I'm probably a bit further ahead than some people. I have talked to my mum about the menopause. I still have no earthly idea about how, what the symptoms were of it. My mum's been having hot flushes for about 20 years. And it's a bit of an eye rolling joke. You know if she comes in it's always 'a bit hot in here.' 'No, it's you mum. It's always you.' If you ask her when she actually started the menopause, she's a bit light on dates and stuff. Menopause had been sort of touched on and was something I knew vaguely a bit about. But the concept of perimenopause, I didn't know it was a thing. You know we're very lucky we've got Google. I done some searching.

The main thing for me was my period became very erratic. This was before any of the other symptoms started. I basically made an appointment to see a nurse just to go back on the pill to control the periods. I said to her 'look, I think it's perimenopause. I've done some googling.' She said, 'yeah, probably, you're about the right kind of age.' She was happy to sign me off on the contraception to control it. I asked if there was anything else I should be aware of, but she just said to let them know if I got any other symptoms. That was literally the end of the conversation. For maybe a year, two years, that was fine, because the contraception was controlling the periods and I didn't really have any other symptoms. Then the other symptoms started to creep in. Like the hot flushes.

That was when I put a post up on Facebook to say, 'has anyone got any idea how to control these night flushes and stuff?' That's when a few people recommended a Facebook site by Doctor Newson. That was such an eyeopener for me. I realised that actually, I did have more symptoms. I just didn't know that they were a part of it. I had

my hip replaced at 42 because I have arthritis. But I'd started to get joint ache and stuff. And I'd just assumed I'd obviously got arthritis everywhere else. I probably was having quite a few symptoms quite early on that I didn't identify or put together. There's still not a lot of information available. So, it was all a bit of a journey for me and a bit eye-opening. After going back to the doctors and saying, 'right, I think I would like HRT', I had no resistance. They were on board with that. I have no complaints with that.

It infuriates me that once again, women's health is bottom of the pile. I'm a 46-year-old woman who has a university education, I'm quite good at speaking about problems and issues and stuff. Yet the perimenopause was a surprise to me. And you just think, how is it in this day and age, that I didn't know this existed. There's such a barrage of other symptoms; the anxiety, the brain fog, forgetting things. There are women who think they've got dementia. I stumble over words. Or in the middle of a conversation I'll suddenly think, I don't know what the word is for that now. I was in a meeting with a chap called Kevin the other day, and I called him Sam. You look at yourself and think, what the... I know he's not Sam, why did I do that? If I hadn't done the research and looked into it, I would think, God am I going a bit crazy...

I think educating women and letting them know what's happening to them is key. Obviously with general practitioners they can't be experts in everything. But they are eventually going to have women through their door who are going through this and will need some support. I don't think GPs know to put it together and know enough about it either. I think there's a lot of places that are looking at things like menopause policies. I definitely raise the issue with work. But in the workplace, I think there needs to be more awareness of how it can be affected. And for them to be able to identify it and know how to work through and give support to these women. Because I think a lot of them leave or have to give up their jobs. And a lot of them find themselves backed into a corner.

I think the thing I found most helpful was probably that Facebook group. The wealth of information that is on there. Women helping women I suppose. Their experiences. Their knowledge. But also, sensible information. That the link to the Balance website. One of my friends had said about don't go HRT. I was a bit... I didn't mean to dismiss it, but I didn't really know where that was coming from. But to go on that website and see people that are, you know... this is how it all works and how it goes. And actually, it helped me join the dots. It gave me lots of information. But it also reassured as well.

Every bloke out there has got a mother, an auntie, a sister, a daughter. Make them aware. There's still this kind of, 'eek women's problems, periods, all that nonsense.' I won't have any truck with that. They should be involved in that process of understanding and knowing what's happening. And being educated. I genuinely think education is the key to this. Giving women the ability to look out for themselves. But also educating people around as to what's going on. I think the biggest thing we can be doing is talking. For example, targeting 30-year-old women, and telling them this is around the corner. Don't be scared but here's what you need to watch out for. Talk to your mums. Talk to your grandmas. Find out what their symptoms were. The biggest thing is to stop being so bloody shy about women's health. Talk about your periods. Understand your periods. Because then you'll know when they change or if something's not normal. There are so many things that are just 'women's health, ugh.' You know, hiding your Tampax because you've got to go to the toilet. We can't keep doing that. I've got a young daughter. She's 13 now. Much to her embarrassment I'm sure, but you know I won't have it that periods aren't something we talk about. We absolutely talk about them. Fully and frankly. I'm sure she'd wish I'd rather just not. But I just won't have it as a dirty secret that shouldn't

be talked about.”

Case 14

Rubina found that a blood clot she had years ago affected what the GP was willing to offer her.

“I’ve just completed some menopause advocate training through the NHS, so supportive roles for staff and managers, it’s on my radar a lot at the minute. I’m really open about it because what I think personally, and I know not all women are the same, but if we’re not open then we can’t help, really. I’m 49 years old. In 1999 I had a blood clot below the knee, I never had another one, that was a one off. So, when I started to get symptoms, I didn’t know what they were. I’m quite active on Instagram and I’ve been watching lots of support from there. I did watch the Davina documentary, but I pretty much knew it all by the time I watched that because I had been gaining support through social media, really. So, by the time I thought, “Mm, I think I need some HRT here because I’m really struggling”, I went to the GP and had probably a battle for about nearly a year because they wouldn’t prescribe, they wouldn’t touch me because I’d had a clot. And I said, “I know I can have what they call body identical HRT”.

I suffer with vaginal atrophy, which is completely debilitating, so I needed something down below and I also needed something for the rest of my body. It was mainly male GPs I saw, or spoke to on the phone, because we obviously couldn’t get access to primary care during the pandemic. And one of the GPs said, “if you were my wife, you wouldn’t go on it, you’ve had a clot”. And I said, “Luckily, I’m not your wife... what happens now because I can’t carry on like this”. It was affecting home life and my work. So, he said, “well, it’s up to you, you can go on this cream for this atrophy,” then when I went back in a month, I saw another GP and he said, “oh no, you shouldn’t be on that”. And I just hit a brick wall and was just completely and utterly at my wits end. I managed to get an appointment with a female GP at the practice who was very understanding but said, “I’m really sorry, but I’m not prepared to prescribe you HRT”. And I said, “the clot was back in 1999, I’ve had all the bloods done, I’ve had a live, healthy birth, I had a son six years ago, I’ve had every test, I know I’m not a clotter,”, and she said, “oh, I’ll refer you to the menopause clinic at Colchester hospital”. And I said, “oh, brilliant I’m getting somewhere! Do you know how long the waiting list is?”, she said, “I don’t, but I referred a lady the other day and she was seen within four weeks”. Well, I waited a year.

It’s been horrific, I feel like I’ve lost a whole 18 months of my life. I know Covid has had an impact, I know that there’s other people waiting for cancer treatment, so I kept that in my mind and thought, “You’ll get there”. But when I finally got the appointment, at the medical clinic at Colchester, she was fantastic! I read all my symptoms on the phone, she said, “yes that’s fine, we’ve got your bloods here from haematology, there’s no reason whatsoever why you can’t have HRT”. She wrote to the GP, and she advised to the GP what I could have, a patch or a gel. So, the doctor prescribed a gel, obviously there’s a national shortage, so I waited three weeks, but I just couldn’t get it. I finally had this prescription in my hand, and I couldn’t get anything.

So, then I phoned the prescribing team at my surgery, at the Elizabeth and she said “oh, no, don’t worry, we’ll put you on the patch because it says on your consultant letter”, so I’m on that now, and I’ve been on that for two weeks. There’s a lovely menopause support group that’s been set-up locally in by a young lady whose mother suffered from menopause symptoms so badly she thought, “I have to do something for these women”. And we had our first meeting last week and it was fantastic actually, and it was quite interesting to hear their stories of everybody having various struggles. Not just accessing help, but just how people are feeling in general. I think there needs to be something in primary care, there’s no training there for GPs, they’re blaming the media. Women have been suffering for years, and now it’s hit the media and everyone’s thinking, “that’s me! I can get help”, and obviously it seems to be a battle for some women, not all, but certainly that’s my experience.

Before I started HRT, I had a meeting with my manager at work and I was in tears, saying “I can’t remember everything, I can’t contain any information in my head!”, and I’m lucky, I’ve got a really understanding organisation that I’ve worked for, but I can see why women give up work, because they just can’t cope with it. I think because of all the research that I did myself, I was literally online every night for months, and thought, “I’m ready”, I feel completely in control here, and I feel completely knowledgeable to get the help I need and to push for it. But some women wouldn’t do that because not everybody knows where to look online and where to go, particularly some people don’t use social media, it’s their choice. But that’s how I got to where I am, if it wasn’t for Instagram and Facebook, I just wouldn’t have a bloody clue! You look in the mirror and think, “where am I? I’ve gone”. That’s how I felt. But even after putting a patch on, I felt different, literally within a couple days.”

Case 15

Kirsty* was unsure of her symptoms for quite some time but found that consulting her GP was the best thing she could have done.

“My symptoms started when I was 43. I lost both of my parents, so I don’t have a mum to ask, so I’m very reliant on my doctor and the forums of trying to find out. But, talking to my aunts, my grandmother was 42 and had an ‘uh-oh’ baby because she thought she was going through her change, which she was, but she accidentally got pregnant with her youngest son. My mum went through at mid-40s, my sister was late 40s, and all the girls in our family are all around the age from 42 or 43 up to 47 or 48. So we’re all in that bracket. One of the questions my GP did, which no one had ever asked me before, was she took my female family history. So, she was very read-up and very good.

I lost my dad in 2017, and my symptoms started straight after, so I attributed them to grief. I just carried on. I then had to look after my mum, so I prioritised looking after her because she had dementia. It wasn’t until the end of last year that I actually presented to my GP, after mum had died. I’ve now lost both parents; the stress was horrendous. I sat in the garden, my biggest symptom was my boobs got so sore I literally couldn’t decide if I wanted a bra on, if I wanted a bra off. I poked and prodded to the point I had bruises because I was adamant there must be a cyst or a lump somewhere and that’s why it was Hurting. I actually bruised myself where I got so obsessive with health anxiety. I phoned the GP, and said ‘put me through to the GP, I want a double mastectomy please.’ It got

to that point; it was that extreme. I was prepared for private surgery. I just wanted to take them away.

The brain fog was really bad. I was struggling with words. I talk for a living, and I couldn't find the words I needed to function. The emotional instability, for me, was difficult. We'd go out and I used to dread going out because I knew I'd have three or four drinks, and someone would say something, and I'd end up in tears. I remember sitting at home and my partner saying to me 'get ready, we'll go shopping. We'll leave in five minutes.' And I put my coat on ready to go and then he started faffing about, and he was taking screwdrivers out of a box. I remember sitting there and thinking 'if he doesn't put that box away, I'm going to take that screwdriver and shove it into his throat.' He looked at me and said, 'what's the matter?' and I said, 'I want to stab that in your throat.' The rage was absolutely overwhelming. I needed to get away from him. So, I was going from floods of tears to absolute rage in split seconds. Luckily, I have a very good partner. I took him to hell and back, I really did, he just didn't know which way I was going to jump. I'm pretty stable. I'm pretty level. Between that dancing around, every time he came near me, I was like 'don't touch my chest because it hurts,' so he couldn't hug me, he couldn't touch me. I didn't want to have intercourse, and everything shut down. I became completely and utterly insular.

My GP was brilliant when I spoke to her. I went in and I was absolutely terrified, and she said 'you've got no oestrogen. You're three quarters of the way through your change, do you know this?' and then the penny dropped. She took my weight, she took my bloods, did everything and she just went 'let me help you. We can make this stop.' And I just looked at her and she went 'let me help!' I said, 'I just feel like I don't have anyone to ask,' and she replied, 'then I will talk to you every two weeks for the next however many months you need, and we get through it.' She stuck by me the whole way through, she was amazing. She just monitored me starting onto the HRT and then for the first three months of the HRT she monitored me all the way through. Now I'm on every six months for a check, or if I need, I can just phone up and say, 'something doesn't feel right, what's this?'

The patches worked really quickly for me. Literally I think I put it on at about 7 o'clock at night and within three hours I felt more stable. I could actually watch the Dogs' Trust advert on telly and not cry. I think it was about a week and I remember putting a post on the menopausal site and saying, 'do you think I should prewarn my husband when he walks through the door that today is the day? All of a sudden, my sex drive has come back.' I think the night sweats stopped within a couple of days, the brain fog eased, the rage settled; I was more back to being me. The HRT really has been a godsend."

Case 16

Ailsa*, despite going through the menopause some years ago, is still experiencing the impact of it.

"My symptoms started when I was around 40/41, so ten years ago. I think my periods were just dropping off and I was just out with a group of girlfriends, and there was one that was quite a bit older than the rest of us. I just mentioned something, and she said, 'go and get a blood test. You can have a blood test that will check to see if you are menopausal or pre-menopausal or whatever.' And that's what I did and that's what it was.

When I went to see the doctor, they told me to take some calcium tablets and that was it. There wasn't anything offered, any chats or HRT or anything like that. The same group of friends that I've been friends with for years are now going through the natural ageing process of it. And its only things recently in the last couple of years that they've mentioned to me, that's made me realise that a lot of those symptoms that I was having, were probably connected with this. My mum went through the menopause quite early and quite suddenly, so she didn't have a lot of symptoms from what I remember. It wasn't really talked about. The only symptom really that I had was that I would get this sensation from head to toe first thing in the morning. It literally ran down the body like you're having one of those scans or something of this hot flush almost, this feeling of heat that would go right from my head right to the tips of my toes just once and then it'd be gone. And that's pretty much the only flushes that I remember, but it was every morning, and it was just that one horrible sensation.

Internet wasn't really a big thing then like it is now. If it was now, I'd be Googling everything and trying to figure out what was going on but back then I just got on with it pretty much. Like I said, my friends were similar age to me, but not having the same symptoms. And when I did bring things up with them, especially the sexual stuff, the relationship side of things, they didn't really understand. Which they wouldn't, because they hadn't got to that point in their life. So, they didn't really connect to it so I couldn't really get anywhere with them for guidance and whatever.

I'm still married, I've still got kids, the family life is still there, but between myself and my husband it's just completely different to how it was pre symptoms. There was mood swings, there was arguments, there was periods of just not talking to each other completely, just silences and all sorts going on. It definitely had its impact on my relationship. I need to try and figure out how to get that back on track.

Work wasn't supportive or helpful. My workplace is very female heavy, but the bosses unfortunately, are all male. So, it's not a big issue for them personally, and they aren't receptive to hearing about it. There was a support group flyer pinned to one of the noticeboards which I did try ringing. Nobody answered so I left a message, then five days later I got a voicemail from them saying that they presumed I must be 'sorted' now as they hadn't heard any more from me!"

Case 17

Ria* was only offered antidepressants by her GP, which it took her two years to come off of.

"I was quite young when I had the menopause, but I did have IVF treatment and they did say then that I would likely be early menopause. And my Mum, she was in her forties when she was completely menopausal but then got cancer, so never really recovered from menopause if you like, because back then you couldn't take the necessary drugs you needed that make a difference now.

I am lucky because where I work, we have a women's network and they even do occasional courses on menopause. I haven't been to one for the last couple of years, but they are aware, and they will give out books and I love the fact that the managers are trained on staff that maybe menopausal. This is all fairly new, saying that I am talking about the last four or five years.

I think it is important that men learn about it as well. When Davina's programmes came on, I made sure my husband watched them and even he said to me, after reluctantly watching them, 'get down the doctors.' When people say, how do you know, for me I knew because my rage was out of control and if I continued without help, then my family I would say would probably, I could have lost them, they were at risk. I could not control my temper. I got to the point where, when I would get to this point over something utterly pointless, I would have to leave the house. They would be happily sitting there watching Harry Potter or something and I would get upset about, I don't know, a fork not being put away, something ridiculous and the hormones completely and utterly took over my body. With road rage, the anger, absolutely no reason but of course I recognised that as unacceptable behaviour and went to the doctors. Of course, the first thing they did was put me on antidepressants, which I wish I had refused because from going on antidepressants it did take the edge of it, but at the end of the day it is not going to help with the other menopausal symptoms like joint aches. I mean I had had a year of hot sweats, but that was years ago. I have been into fitness and sport my entire life and it all came to a standstill pretty much. It was really hard, to the point where I wasn't even doing yoga or stretching so the gym, which I was usually at five to six times a week, stopped. Everything stopped. Because the energy levels were so low. The fact that I went from doing that to zero surprised everybody, I think.

I wasn't depressed and I am not one to go on medication just like that. I worry about taking Paracetamol. They reassured me that it was okay, and they put me on 20mg which was a fairly high dose for a newbie to this. Then of course I couldn't get off them. I remember I went on a camping trip last Summer and I had forgotten to take them with me, and I was a mess for a few days, because I didn't have them with me and of course you have to take them. Your brain can't cope with it if you just stop, and I just hate being reliant on anything. So, I started to wean myself off. The whole process, I guess took two years.

Then my doctor changed, and my current doctor is a young lady, and I went to her, and I said, 'my emotions are out of control.' I think it helps women as well if they keep a journal. It helps the doctors too because they are not overly educated in that field at the moment, so if the women journal, it is far easier to look back, find patterns, etc. It is hard to remember what was wrong with you or how you felt five days ago, isn't it. So, I started a journal and then I went back, and she said 'right, I can offer you the patch', without a quibble. I wish I had had that years ago. But I am on the patches now and don't get me wrong, I still have a bit of a temper, but that is once a month. It is hard to say whether they are working or not, it is so hard to tell, but knowing that I have got oestrogen and progesterone going back into my body almost repairing it as such makes me, whether it is almost a placebo effect, makes me just feel better about the whole thing.

I love the information that is out there now, and I sort of, not joke about it, but I make sure that it is in conversation and if I am not firing on all cylinders, I will explain to my family and say that it's because I feel that I am overtired, I have got to listen to my body. I am sorry if I have upset you there, actually I was out of order, I'm sorry. But make them aware that it is a thing, and it is not all negative, it can be fixed, and it can be a bit of a journey, I have found. But it is also something that I feel can be quite invigorating once you've sorted it out, because some people obviously will have suffered for years and years without any help. We have all got mothers or friends mothers that used to stir the soup crying into it and things like that. They never got anything.

I think it is one of the most common causes as well for divorce and I can almost see why because I was intolerable to live with. If that had gone on with no help and without an understanding partner, there would be no hope. I can see why. Also, when you are going through the menopause, it does make you rethink your current situation, your life. It was almost like when you turn 40 for example, you re-evaluate everything. That definitely happened with me. I had a year just trying to think, not that I have got regrets or anything, but is that what I want for my next chapter of my life. It changed the way I thought about the future as well. Personally, I spread the word with my friendship groups and it goes on. People do ring me up sometimes and ask me questions. I say, it is very individual, go and speak to your doctor and see what they say, don't accept antidepressants."

Case 18

Amanda* found the most helpful source of information was her friends and the Davina McCall menopause programmes.

"It's only now from seeing programs on the telly and reading articles that I realise that I was probably in the peri-menopause stage quite a long time ago, and I didn't recognise it, and my doctors and nurses at the surgery who obviously didn't recognise it, because any problem I had, I was offered the pill or the coil to resolve it. That kept being pushed to me, and I was like, "I'm not looking for contraception! I'm looking to have the problem I'm having sorted out or looked into". But I was never sent for blood tests or anything to look at why I was having these problems. I was simply offered the coil or pill, and no matter how many times I went, things would never progress anywhere else, that was all I was just offered. So, I'll be honest, for a time, I did think "I've just got to get on with this and put up with it". Nobody ever said, "let's see if there's anything else going on here, let's send you to see somebody", I felt like they felt they needed to get rid of me as quickly as possible, and that's it.

Because there didn't seem to be any information or help out there, I actually thought I'd gone mad, I thought I had a mental health condition. I thought I had dementia for a start, because my memory was so bad, and I actually thought I was going a little bit crazy. I hadn't realised that those kinds of symptoms you can get with the menopause, and I think my family thought I was just really a stropper and miserable. And it's not until I saw Davina McCall's first programme that I thought, "oh my god, that's me, she's talking about me!", and it was the light bulb moment. Me and my friends now all talk about it now, when we didn't before, and it'll be the topic of conversation every time we meet up to make sure everybody knows and is seeking the help. We've all become menopause champions in our friendship group because we don't want anyone to go through what some of us had been through. But up until that Davina show, I didn't know that some of these weird symptoms that I hadn't even connected to the menopause were connected to the menopause.

I had self-diagnosed myself with so many different ailments, because I was googling and thinking, "I've got this, I've got that", I'd diagnosed myself with every disease you could have possibly had, without thinking it's possibly the menopause. One of my friends went private to get some help, and they prescribed her with some HRT treatment, and it changed her life. We saw her change in front of our eyes! She said to all of us, "you have

to get some help, get some HRT treatment”, so it was really the Davina show and a couple of my friends who actually went private and got some help which spurred me on. I have to say, when I finally go through to a doctor, the first doctor I spoke to was really, really helpful, subsequent doctors haven’t been so helpful, but the first doctor seemed to be very empathetic to what I was going through, and he started me on a course of treatment. I have to say, accessing further treatment and getting the correct treatment for me has been quite difficult. And having to make phone calls and going down there to get prescriptions that literally last a week, and then not being able to get through to me to get a repeat prescription, so that ongoing treatment has been very stressful. But that HRT I’m on is working, I literally feel like a new person!

It isn’t easy. Just last week, they got my prescription wrong, they only gave me a week’s worth, and it’s taken four phone calls from me, three from my husband, a visit to the doctor, another visit yesterday, before I finally got my three-month prescription in place. I ended up taking last Friday as annual leave to actually make the phone calls and visit the doctors. I said to my boss, “I literally don’t know what to do, here”, because I can’t hang on my phone at work for 45 minutes until I get through to the receptionist, so I had to physically go to the doctors and take the day off.

If I can be a champion for raising awareness of the menopause, I certainly will. Because I’d hate for anyone to go through it, and for their family as well! Because there’s no information out there for families, my family didn’t know what was wrong with me, they were literally like, “what the hell is happening with mum”. And it was horrible for them, and I’ve got grown up children, so it’s not like they’re little and don’t know, but it was really quite scary for them seeing their mum go a bit loopy. I really thought I had early signs of dementia, and I was really concerned. And I think my family thought the same, which was scary for them. This needs to be so open; people need to know this is a part of a woman’s life, friends, family, whatever. It just needs to be normalised that this is what we go through, I shouldn’t have to hide the fact I’m going through the menopause. It’s just weird because my whole body, not just my mental health, but my whole body feels better, my hair feels better, my nails feel better, I feel I look better, I’m able to do more exercise because I don’t ache and hurt. So, physically I think I’m in really good shape and I believe it’s because of the HRT I’m on. I must admit, if I ever thought I couldn’t get them, that would be incredibly stressful. Because with the HRT even if you’re late putting the patch on, you get symptoms back. You can’t have any break in your treatment because literally your symptoms come back almost immediately.

I think it would be fantastic if they had specifically trained staff at GPs you could go to, a menopause clinic, almost. I think they need something for menopausal women to go to, to make sure they know the symptoms recognise it, that they can do referrals, can write prescriptions. You shouldn’t have to go through long-winded calls to your doctor, and if you can’t get an appointment, could be months away. You can’t wait one or two months to talk to somebody. I think if they had somebody within the surgery where that was their specialism, that would be absolutely fantastic.

3.0 Key Findings and Recommendations

The women who participated in this project provided candid accounts of their experiences of the menopause and perimenopause, with most acknowledging that every experience is unique and individual. For some, the menopause was almost a welcome change after years of struggling with difficult periods, endometriosis and other conditions. However, many found the process challenging in various ways, and felt a significant impact on different areas of their lives. There were obvious commonalities throughout the feedback we received, and these can be grouped as follows.

Dissatisfaction with response from primary care.

Many women cited an unsatisfactory response from primary care providers, especially GPs who are frequently the first line of support consulted for any health issues. There were many instances of women not feeling listened to by their GP or receiving a supportive response to the symptoms they were experiencing. Some felt there was a hesitancy in broaching the subject of women's health, and that their concerns were not always taken seriously.

A significant number of women felt that, when the subject of menopause was raised, their GP did not appear to have sufficient knowledge about it, and that other diagnoses were offered, often inaccurately, before the menopause was addressed. This length of time to diagnose impacted the period of time during which women were suffering without appropriate support or medication, as well as extending the time for any necessary referrals.

For a condition which affects the majority of the female population at some point in their lives, this is not adequate.

Recommendation.

- A review of the training provided for healthcare professionals, particularly within GP practices, on the menopause and perimenopause, with regular updates and refresher training.
- The provision of a menopause 'specialist' within practices who women can access throughout their journey.

Lack of support and understanding in the workplace.

There were a high proportion of participants who discussed how deeply the menopause had affected their working life, ranging from the impact of symptoms such as fatigue and brain fog presenting them as being less effective in their roles, to employers not demonstrating the understanding and flexibility to work with women going through a natural process beyond their control.

Indeed, many participants told us how the menopause brought about a change in their career path because they did not feel supported or understood by their existing employers, whilst others were put through disciplinary action or sacked because they were unable to perform to the accepted norm.

Recommendation.

- Mandatory training for managers and ideally all staff, with ‘workplace champion’ schemes being implemented to facilitate discussions and support. This will achieve greater understanding of the menopause and its effects which is required in the workplace as the norm.
- Implementation within the workplace of a robust menopause policy, including aspects such as flexible working and other reasonable adjustments.

Ambiguity of symptoms and potential misdiagnosis.

The wide range of symptoms associated with the menopause and perimenopause is confusing and concerning for women, but this is further exacerbated when healthcare professionals appear uncertain or unconfident about diagnosis.

It is concerning how many participants worried for long periods of time that they had a form of dementia due to the brain fog and memory issues, and also how many felt that the prescribing of antidepressants was the immediate solution offered by their GPs when they presented with mood swings, anxiety, tearfulness etc. Many accepted this because it was advised by the GP, but in hindsight felt that it was not appropriate and were then either stuck on the medication or had to be weaned off of it.

Recommendation.

- Clear and consistent information and education about symptoms and effects of the menopause to all health, care and wellbeing practitioners.
- Additional professionals in healthcare settings who specialise in the menopause and have the time to discuss different options and pathways with women; including an openness to complimentary therapies, which many have found extremely beneficial.

Stigma and society.

It was clear from our engagement that there still exists in society the idea that menopause and perimenopause are ‘women’s problems’ which often do not get openly discussed. This of course hinders the passing of knowledge and experience through general conversation.

Respondents felt strongly that menopause should be taught in school at least to the same level as puberty and reproduction, as it will be experienced by the majority of females during their life. To be suddenly confronted with the menopause process with little or no prior education is frightening and unnecessary.

There was also the feeling expressed that, to a large extent, males were not included in the knowledge and conversations that were taking place. With most men likely to have a menopausal partner, relative, friend or colleague at some point in their lives, it seems inadequate that there is no provision to inform and enable them to support and understand the process.

Recommendation.

- The inclusion of menopause and perimenopause in the national curriculum for all pupils to enable knowledge and understanding.
- Steps to break the stigma of ‘women’s problems’ being a taboo subject generally. High profile figures like Davina McCall have made some headway in this, but more educational pieces in the media would promote awareness across society.

Difficult, long-lasting effects.

Some of the greatest impact on women during and after the menopause was in their own levels of confidence and self-esteem. The menopause has a significant effect on not only physical health, but also mental and emotional wellbeing. It is period of great change which, understandably, women could benefit from more understanding and support with.

Feelings of being alone, less attractive, less effective, less sexual, etc contribute to loneliness, depression and ‘being invisible as a woman over forty’, but with decades left of life, there should be more resources put into encouraging post-menopausal women to embrace and promote what they have to offer.

Recommendation.

- More avenues of support for the perimenopausal, menopausal and post-menopausal, including support groups, specialist counselling and training and therapy opportunities. These should be offered in as many formats as possible to ensure inclusion, and not to exclude those who are not digitally connected.

4.0 Conclusion

Our engagement with women about their experiences of the menopause and perimenopause brought forth a wealth of insight and knowledge. It is indeed a highly significant and impactful experience which can occur during a much wider age-frame than may be expected and lasts for much longer than may be anticipated; in some cases, over a decade.

What is evident is that many women are struggling with the symptoms and effects largely alone, and not receiving the levels of care, understanding and support that they should. There are clear gaps in knowledge and a wide differential across GP practices, which are the first port of call for most women. For such a life changing process, an acceptable minimum standard of response is a reasonable expectation across healthcare providers.

Whilst improvements have been made, there is still some way to go in bringing knowledge and awareness of this subject into education, employment and general society, thus fully eradicating the taboo which still exists and creating a more holistic, understood experience for women.