



Experiences in West Essex of the Menopause & Perimenopause

‘How are we meant to function?’

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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 Hertfordshire and West 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

Gynaecologist - a doctor who specializes in female reproductive health.

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

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.

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.

PCN - Primary Care Network

PCSO - Police Community Support Officer

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 this time. 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 west 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.



The 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 October and November 2023 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 thirteen 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 56 responses received, the largest number first showed symptoms during their mid to late forties, but the overall age range varied widely from mid-twenties to mid-fifties. 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. One respondent commented, 'I'm not sure how long ago it started as I had knee surgery in

October 2021, and I believe that my recovery/symptoms from the surgery masked my menopause symptoms.'

We then asked respondents about when they first sought support or guidance around their symptoms in relation to when those symptoms first manifested. 56 responses were received to this question.

There was a wide variance in responses to this question, ranging from 'immediately' to 'a wait of a number of years'. However, just over two thirds of the respondents said that they waited until much later after symptoms started to seek any support. One respondent asked for support following research carried out by family; 'My husband looked sooner than I did as I hadn't a clue what was happening'. Others never actually sought out any support, with the majority citing the reason being lack of knowledge about the menopause and perimenopause; 'I didn't know about perimenopause!'

One respondent also pointed out that the menopause had been surgically induced for them through a full hysterectomy.

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

Of the 56 responses received, a majority of 64.3% first approached their GP for support. Other sources of support were family and/or friends, who 10.7% of respondents sought advice from first, and 12.5% who went to another healthcare professional. Individual respondents cited other areas of initial support, including herbalists, looking online/at books and the NHS website. 7% 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.' Four responses were received to this question, with answers including;

'I went to see my nurse around options to control each cycle, the main issues were bleeding, no breaks and fibroids.'

'My psychiatrist, but he said to speak to my GP.'

'An herbalist: food and plants are good for this period of life.'

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

Again, the source of support that most respondents had consulted was the GP, amounting to 51.8% of the 56 people who answered this question. 'Other' was the second most consulted group at 26.8%, followed by 'other healthcare professionals' at 12.5% and 'Family/Friends' at 7.1%.

To enhance 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 25 responses received included;

‘Internet.’

‘Consultant.’

‘Online, podcasts etc.’

‘Menopause support group and internet.’

‘Support group on Facebook.’

‘Private menopause clinic.’

‘Online content and courses I attended as a complementary therapist.’

‘Therapist.’

‘Gynaecologist.’

‘Private menopause clinic as impossible to see GP face to face.’

‘Mental health professionals.’

‘Googled symptoms to compare how I was feeling to see if it was normal’.

‘GP referral to London independent menopause specialist.’

‘Paid to see a private gynaecologist.’

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. 52 responses were received, with respondents citing friends and family, Hormone Replacement Therapy (HRT), herbal remedies, alternative therapies, having the coil fitted to help with excessive bleeding, exercise and a healthy diet and online support groups. Sadly, over a quarter of respondents indicated that none of the advice, care and support avenues had had a positive effect on their experience of perimenopause/menopause.

Some respondents said that their GP had been a positive source of support; ‘My GP has been incredibly supportive, ensuring I get the right HRT and support at work where possible. Menopause mentors in my previous workplace were also a great source of advice and support when I didn't know where to turn.’ Another added; ‘From the GP surgery in Nazeing, Dr May and Dr Paula were great support and really listened’ Other surgery-based practitioners were also commended; such as Practice Nurses; ‘The well woman nurse at my GP surgery has been very supportive on nutrition and HRT.’

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;

‘Davina McCall making menopause questions and answers more applicable, rather than a male GP with his words of non-wisdom.’ Another added that ‘Listening to Davina McCall, Dr Naomi Potter, Dr Louise Newson and friends who personally experienced similar issues.’ 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, providing a forum for valuable peer support and a sense of community in those experiencing the menopause or perimenopause. One respondent commented; ‘I joined several Facebook groups which have been very informative, reassured me and given me confidence to now follow a more natural pathway.’ Another participant commented ‘social media, with real people sharing their experiences and reading books’

Several respondents felt that they had not received an appropriate response from a healthcare practitioner until they had paid for a private consultation; ‘Going to a private GP and being given testosterone and just being given the time to discuss symptoms.’ Another respondent added; ‘A private gynaecologist listened and prescribed me HRT with little issues. Very straight forward.’ 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; ‘Knowing my family history, talking to others, doing my own research internationally, avoiding HRT, using natural low cost/zero budget solutions. Help other people with take away written advice. Not everyone has a smartphone or internet.’ Another stated: ‘Knowing you are not alone.’

A number 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 ‘GPs don’t seem to have the knowledge or time to discuss options and are too quick to hand out antidepressants! But you have to jump through so many hoops just to get HRT, they seem scared to administer HRT.’ Another stated ‘The GP, with very little empathy, was very clinical in approach. They just wanted to get rid of me with a prescription and hoped I wouldn’t come back - that’s how the GP made me feel. I wasn’t listened to properly and have now tried numerous HRT medications and it’s still not right.’ 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; ‘Friends going through the menopause themselves have supported me more than anyone. They know how I’m feeling and can really empathise with the horrors of menopause. They were also able to offer advice about what HRT medication they were

taking and how that affected them.’ and ‘Talking to friends, family and other people going through this really helps’ 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 said: ‘Speaking to people who understand what I’m going through. Family history is great. My doctor’s surgery has been pretty useless.’

Our next question in the survey asked respondents what care, support and advice had had a negative effect on their menopause/perimenopause experience. Unfortunately, over two thirds of the 50 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:

‘Terrible!!!! The NHS GP told me to take a three-month break when I saw him to tell him I thought my HRT wasn’t effective. After the three-month break, I was then refused my prescription because of my high BMI (my BMI was the same as it had been when I was initially prescribed) until I’d had a trans vaginal scan to check my lining was ok.’

‘There’s been a general reluctance to help me find the correct dose of HRT.’

‘They have that attitude of it’s that or nothing,’

‘Not feeling heard at all. Both male NHS GPs I’ve seen have has little empathy.’

‘One GP told me they don’t prescribe testosterone because a GP was once sued by a lady whose libido increased so much, she had an affair!!!! I was also offered anti-depressants instead of exploring a different HRT dose!’

‘After sharing that I experience painful sex, being told by a female GP that sex is not to be enjoyed by a woman it is just for procreation. Also, that the menopause is not a disease and can’t be cured.’

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 doctor took two years to prescribe anything. Telling me to lose weight, exercise more and take evening primrose oil with black cohosh before she would even test to see what stage I was at.’ whilst another added ‘It took seven years to be prescribed HRT. I’ve been begging for testosterone, but they will not give it. My life is horrific’ 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, ‘GPs don’t care, they gave me antidepressants for years then patches - which just made me bleed again after two years without a period.’ Another added that ‘She (GP) wasn’t as helpful with viable other options. It has put me off seeking further advice,’ and a further said ‘The GP saying my blood results were not clear enough to say if it was menopause. But I was clearly going through it all.’ 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 'The GP standard offer, is a coil and antidepressants' whilst another said, 'Dealing with my GP surgery who do not care. I have undertaken my own research and struggle through symptoms.' Many of the women interviewed stated that the GP was very quick to offer anti-depressants but nothing else; one interviewee said, 'I have suffered from depression before and what I am currently feeling isn't that so why would I want to take anti-depressants??' 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, 'Some GPs who didn't listen and ignored my concerns' and 'Being put on antidepressants and not HRT at first with a GP saying I don't know whether to put you on the pill or HRT.' Another spoke of how her GP was dismissive of her symptoms, 'My GP came across as dismissive and only put me on HRT when I insisted, I didn't need blood tests to confirm menopause. My husband armed me with facts that he found by researching.' 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 several respondents felt had affected them negatively during the menopause/perimenopause. One respondent explained, 'Managers at my previous workplace, both male AND female, were not supportive. The so-called menopause policy was not utilised, and I had no help with psychological issues. My physical symptoms were not as bad as the mental symptoms.' 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, 'At work when I told them I had perimenopause I got no support and was told if I couldn't do my current job, I would have to look for something else or leave.'

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. 'I had to change my job before I said something I shouldn't due to lack of support having gone through an unsuccessful grievance process. I took a reduction in salary to get a different, less pressured job.'

We then progressed in the survey to ask about the symptoms experienced by our respondents. Responses are detailed in the chart below.

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

Answer Choices			Response Percent	Response Total
1	Hot flushes		80.36%	45
2	Anxiety		73.21%	41
3	Irregular or inconsistent periods		62.50%	35
4	Brain fog and/or memory problems		89.29%	50
5	Mood swings		73.21%	41
6	Change in sex drive		60.71%	34
7	Difficulty sleeping		85.71%	48
8	Palpitations		55.36%	31
9	Headaches		57.14%	32
10	General aches and pains		76.79%	43
11	Changes in weight and body shape		75.00%	42
12	Other (please specify):		26.79%	15

Of the 56 responses received to this question, the most common symptoms experienced were brain fog and/or memory problems, difficulty sleeping and hot flushes. However, significant numbers also experienced other, less well-known symptoms including water infections, changes in bowel movements, osteoporosis, tinnitus, change in orgasm frequency and intensity, extreme pain in joints, sometimes making it difficult to move, itchy ears and skin, dry scalp and hair, dry skin and general skin condition, debilitating low mood and agoraphobia. In addition, others mentioned dizziness, fear of driving, chronic back issues, hair loss on the head, more facial hair, depression, rage, night sweats, vaginal dryness and UTI symptoms, exhaustion and cold flashes

In the next question, we asked how long respondents had been experiencing symptoms of the menopause/perimenopause overall. 56 responses were received to this question,

10. How long have you been experiencing symptoms of the menopause/perimenopause overall?				
Answer Choices			Response Percent	Response Total
1	Up to one year		5.36%	3
2	Between one to three years		39.29%	22
3	Between four to nine years		39.29%	22
4	Between ten to fourteen years		14.29%	8
5	Fifteen years or more		1.79%	1

From these figures we can see that combined, nearly 80% of respondents experienced symptoms for between one to nine years with over 14% experiencing their symptoms for between ten to fourteen years. 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. 55 responses were received, illustrating the wide range of effects and significant impact experienced by many women. Some highlighted the effect on their working life;

‘It has impacted my work as my memory is poor and I have to do a lot more work around making lists and note taking to remember things needed for work. This has made me feel less confident in my work. Poor sleep has also resulted in me cutting my hours due to fatigue.’

‘It has caused me to take time off in my job, lose confidence, lose the ability to teach, caused severe stress and anxiety, caused severe brain fog and, generally, has not been a good experience at all.’

‘It had an enormous effect on my life. I thought I had dementia. I then had extreme paranoia and thought my family was trying to make me look crazy. It pushed my marriage to the limits as I was so unpredictable and had such awful mood swings. I lost all confidence at work and my ability to do the job that I was very good at. I had some side effects to some of the HRT medication, bleeding and very painful breast soreness. I didn't

feel like me and didn't really want to socialise. I lost confidence in myself and felt that I looked dreadful. My skin, hair and nails were affected, had hair loss, brittle nails and sallow skin. Generally felt pretty crap.'

'I have lost confidence in myself, I spent lots of time apologising to my nine-year-old daughter for my mood swings and the fact that I can't do as much with her as I would like, owing to my crushing fatigue. Being a single mum, this also increases my anxiety about being a good mum and my mum guilt.'

Many respondents felt that the menopause/perimenopause had significantly affected their mental health. Comments included 'My marriage has suffered; my work has declined, and I have no social life. I'm exhausted and quite honestly don't see why we have to do this without proper help.' Another said 'It's been devastating - a complete personality change. Depression, despair, anxiety, short temper, rages. Awful for me and worse for my family.'

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, 'It has had a major effect. My confidence has disappeared, and I no longer want to socialize much anymore. Terrible migraines mean I can't function when I'm having them. Hot flushes are just awful and just make you feel horrible. Aches and pains mean I can't be as energetic anymore and do the things I love doing, even if I take pain killers.'

Self-esteem and confidence also figured prominently in responses. One respondent cited that 'Some days I cannot leave the house. I do not know myself. It has changed my life exponentially.'

Other respondents described the impact on their physical health, including one who explained 'I stopped exercising because I put on weight. My body aches so much all I want to do is rest and sleep so much too.' Weight gain was a factor for many respondents, with one summarising, 'I'm utterly miserable. I can't focus on anything, have developed anxiety and comfort eat, resulting in a four stone weight gain! My personal life isn't great, and it has a knock-on effect on the family.' The ability to lose weight also appears to become much more challenging once the menopause/perimenopause has begun. 'My self-confidence, I do not look like I used to two years ago... the weight gain is so hard to control... I am fit and active yet put on a stone on weight. The aches and pains just make you feel low and anxious as you question them.'

Another cited how 'It knocked my confidence, made me feel that my part in society doesn't matter. If I had been prepared, i.e... during teenage, and previous decades, I could have been more in control of what I was expected to experience and at least not felt so lonely and powerless, it has been a baptism of fire for me.'

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, digestive issues, insomnia and general aches and pains, particularly in the joints. One participant summarised 'The joint pain has been awful at times and the hot flushes were awful.'

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, 'It affected my ability to want to see family. My mood would drop so low so quick it would make me have suicidal thoughts. It was hard to cope with dramatic mood changes. Hard to accept body changes. HRT significantly improved things but I still have some symptoms just not so bad.'

The strain on personal relationships is also a major factor during the menopause/perimenopause. One respondent commented 'Loss of confidence in my job, lack of concentration, extreme tiredness affects home life and my ability to function normally. Low energy and no motivation to do simple things like make dinner for my family. Brain fog affects ability to finish a sentence sometimes. Low libido affects personal life' whilst another added 'loss of figure, loss of confidence, lack of energy, loss of sexual desire.' 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.

Other comments included:

'I have not been on a motorway for five years following a panic attack. I cannot drive on busy roads. My lust for life has gone and I have bouts of long periods of anxiety.'

'It has had a major effect. My confidence has disappeared, and I no longer want to socialize much anymore. Terrible migraines mean I can't function when I'm having them. Hot flushes are just awful and just make you feel horrible. Aches and pains mean I can't be as energetic anymore and do the things I love doing, even if I take pain killers.'

'I'm not feeling great, and it can be hard to continue caring sometimes. I wish I knew of a good GP or other NHS service I could seek advice from. I do not trust or like my current provider.'

'I'm always very hot now, embarrassed sometimes as I can sweat easily, never used to do that, perimenopause bleeding made me not go out for weeks on end due to flooding and no breaks in bleeding.'

'Now it's much more manageable, no medications and just waiting for the end. Setting up support groups locally is important to me, and we are working on that now.'

'It's hard to concentrate at work, I'm tired so dealing with family is difficult. It's hard to find fun in life, it's just so tiring!'

'The last 12-18 months has been a dark time physically, mentally and emotionally coming to terms with the changes the menopause has brought. Not a happy time at all.'

'Grim beyond measure.'

The final section of the survey were demographic questions:

Over 73% of the respondents were aged 50-64 years old and nearly 27% being between 25-49 years old.

Please tell us your age			
Answer Choices		Response Percent	Response Total
1	16 - 17 years	0.00%	0
2	18 - 24 years	0.00%	0
3	25 - 49 years	26.79%	15
4	50 - 64 years	73.21%	41
5	65 to 79 years	0.00%	0
6	80+ years	0.00%	0

All respondents stated that their gender identity was the same as their sex recorded at birth.

Is your gender identity the same as your sex recorded at birth?			
Answer Choices		Response Percent	Response Total
1	Yes	100.00%	56
2	No	0.00%	0






Just under 93% of respondents identified as being heterosexual/straight. 3% bisexual, 2% lesbian and 2% preferring not to say.

Please tell us which sexual orientation you identify with			
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Answer Choices		Response Percent	Response Total
1	Asexual	0.00%	0
2	Bisexual	3.57%	2
3	Heterosexual/straight	92.86%	52
4	Lesbian/Gay woman	1.79%	1
5	Pansexual	0.00%	0
6	Prefer not to say	1.79%	1
7	Prefer to self describe:		

Just over 82% of the respondents were White: British/English/Northern Irish/Scottish/Welsh. White: Any other White background just over 7%. White; Irish and Preferred not to say just over 3%. Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background and Black/Black British: Caribbean, just under 2%.

Please select your ethnicity			
Answer Choices		Response Percent	Response Total
1	Arab	0.00%	0
2	Asian/Asian British: Bangladeshi	0.00%	0
3	Asian/Asian British: Chinese	0.00%	0
4	Asian/Asian British: Indian	0.00%	0
5	Asian/Asian British: Pakistani	0.00%	0
6	Asian/Asian British: Any other Asian/Asian British background	0.00%	0
7	Black/Black British: African	0.00%	0
8	Black/Black British: Caribbean	1.79%	1

9	Black/Black British: Any other Black/Black British background		0.00%	0
10	Mixed/multiple ethnic groups: Asian and White		0.00%	0
11	Mixed/multiple ethnic groups: Black African and White		0.00%	0
12	Mixed/multiple ethnic groups: Black Caribbean and White		0.00%	0
13	Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background		1.79%	1
14	White: British/English/Northern Irish/Scottish/Welsh		82.14%	46
15	White: Irish		3.57%	2
16	White: Gypsy, Traveller or Irish Traveller		0.00%	0
17	White: Roma		0.00%	0
18	White: Any other White background		7.14%	4
19	Prefer not to say		3.57%	2

2.3 The Interviews

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

Jennie*:

‘I started my periods at the age of 14 years old. They were very heavy, so I went to the GP who told me that my only option was to go on the contraceptive pill or just get on with it. This was my first experience of seeing a medical professional regarding female health issues, it did not make me feel very understood or cared for.

My perimenopause symptoms have started over the last year or so. I wouldn’t see the GP as I have no trust in them. I don’t see the same member of staff more than once so there is no consistency and no ability to develop a positive relationship with anyone. I am a mum to two disabled daughters so that makes it even more difficult to try and access a GP appointment at a time that works for me and my family.’

I asked Jennie if she was able to talk about the menopause with her family/friends: 'My mum never spoke about her menopause so it's difficult to ask her any questions, it's very much a generational issue, just not talked about. I have been doing my own research online reading different articles and to look for information to help me. I feel that there is a huge gap in women's health services and that there needs to be more understanding from women as well as men regarding the menopause.'

Faizana:

Faizana runs her own nutrition and naturopathic clinic in Essex.

'I have run my own nutrition and naturopathic clinic for the last ten years in Essex. I support women going through pretty much all three phases of the menopause. Perimenopause, menopause, post menopause. I define them more as symptoms as opposed to conditions because they're not conditions, they are life phases. I generally see women with a bunch of symptoms; we sit down, discuss and I do a lot of functional testing, including hormone testing that targets certain areas of their body. If we're looking at hair loss for example, we would do some testing and we would find out if their male hormones are higher than their female hormones. And if someone's got hot sweats, night sweats, we would look at liver function. So, there's loads of kind of different ways of looking at the symptoms and then treatment wise I would use nutrition, which is always the base for everything that I do. I also use homeopathy, tissue salts and cupping therapy. I also work with a lot of ladies that are already on the HRT or different forms of HRT and bioidentical hormones as well as the traditional synthetic HRT. I just support them and educate them about what is going on with their body, with their organs and why perhaps the HRT isn't working and how they can support their organs to then allow that HRT to work and have a better hormonal journey.'

I asked Faizana what changes she has seen in the women that use her service over the last ten years? 'I think that women are just more aware and they're able to say things out loud, whereas before maybe it was just an internal conversation driving them slowly but surely mad, and then everyone's noticing their behaviour, but no one's saying anything. In general, women are able to communicate more their emotions. Mental health is a massive issue. I mean, it was always there. But again, being able to talk about it without feeling that you're being judged. It's pretty impressive, isn't it?'

Doreen*

Doreen is 55 years old.

'My menopause journey has been really bad. Symptoms started around my 50th birthday: hot flushes and mood swings. Seven months later, came anxiety and panic attacks. My periods stopped for a year and then started again; I would have 20 days of bleeding at a time. It took over a year for me to see a consultant at the hospital. I was also suffering from lack of sleep, skin issues, dry hair and brain fog. My sense of smell has also been affected.'

I struggled to drive due to anxiety. This year I have suffered from excessive bleeding and am waiting for a coil to be fitted but the GP won't do it and I am unable to get it fitted at a sexual health clinic. I am now suffering from joint pain. I am seeing my GP tomorrow but that has taken six weeks to get an appointment.'

I asked Doreen if there was anything that she has found helpful during this time?

'I found the Davina book helpful and Dr Louise Newsome. My final comments are: where are the specialist nurses and consultants? There is no support available and a lack of services locally.'

Rita*:

'My mum started having menopause symptoms at 37 years old. My symptoms started around the age of 42. I watched the Davina programme and found it really helpful. My GP listened to me but wanted me to see a gynaecologist as I had one incident of a blood clot during a pregnancy. This was a long process due to having three or four appointments cancelled. So, I went to see a private gynaecologist and they decided that the previous blood clot was a one off and gave me HRT, but I felt no difference after a year of taking it.

I then finally saw the NHS gynaecologist who said I could have testosterone, but I couldn't find it anywhere. The GP said it was HRT or nothing, they didn't want to give me testosterone due to a doctor being sued as a lady had an affair?' Whilst we cannot be sure if this is a true story or a myth, it is not an acceptable reason for not prescribing something that could make a difference to a woman's quality of life. 'I then had to have an internal scan to check my womb lining and ended up back on the same level of HRT as before which didn't help. I saw the gynaecologist again who prescribed progesterone and estrone and told the GP to change the dose if needed, but I am now struggling to get a GP appointment so this can happen.

I feel no better than I did three years ago. I felt that the GP didn't listen, and the gynaecologist didn't know what to do with me. I am still trying to find the solution that works for me. It did concern me that my GP offered anti-depressants straight away without really taking any notice of what I was telling them.'

I asked Rita what she feels needs to be done to help women during this stage of their life: 'GP's need more training. And I want to be given all the options.'

* The ICB have a factsheet which GP's can refer to on their website:

<https://westessexccg.nhs.uk/internal-comm5-doc5/your-health/medicines-optimisation/clinical-guidelines-and-prescribing-formularies/06-endocrine-system/3889-testosterone-gel-gp-fact-sheet/file>

FYI-The information contained in the leaflet with this link does not work-'West Essex with thanks to Hertfordshire PMOT have also produced a Patient Information Leaflet - Testosterone gel for women in the menopause - click here'

Victoria*

Victoria has been a fitness instructor for the last 18 years and many women talk to her about their peri and menopause experiences. She had a lady tell her about her recent experience of trying to talk to the GP about her perimenopause symptoms. This lady has recently lost her disabled child who she had cared for full time for many years. The GP dismissed it as grief and sent her away with no advice/help/support.

Victoria has had blood tests regarding her symptoms, but they came back normal. There has been no follow up to try and work out why she is feeling the way she is. She is suffering from brain fog, changes with her body etc. Victoria wants to start a support group in her local area;

‘Just to summarise what my plan is going forward:

- I’d like to build a community where likeminded people can talk about peri/menopause openly and about the symptoms they might be experiencing or have suffered.
- provide a safe place for people to talk in more depth about subjects affecting them in relation to menopause
- give the opportunity to take part in short exercise sessions where everyone feels comfortable with their ability

‘I’m so glad that you’ve been asked to take on this project. It’s so important that we all have access to the support that’s needed around peri/menopause.’

Julia*

‘I’m nearly 59, so I hit menopause at 50 and my God, I didn’t know what had hit me, I thought I was going mad. I thought I was getting dementia. I went to my GP, and they said I can’t have HRT because my sister had died of cancer and they said because there’s a link, I will be at high risk even though I have had the genetic blood test done and I haven’t got that gene, they won’t give me HRT. I kind of self-medicated with whatever I could buy at Tesco’s or Holland and Barrett. They kind of did work for a little while, but nothing drastic. You know what I mean? But the sweating, my God, the sweating is like something I’ve never experienced in my life to the point that I want to pass out. So, about a year ago I went back to my GP, and I said listen, I’m not stupid. I know the risks, but you’ve got to give me something. I’ve been suffering for seven years at this point. All they kept wanting to do was give me more and more antidepressants.

My marriage has suffered badly because my sex life is zero. I have no tolerance to touch, literally even him cuddling me. I can’t bear it. I have now been on HRT patches for a little while, and they have made some difference, but I am still sweating. I’ve been back to my GP, and I’ve asked them to put me on testosterone because apparently if you have testosterone that brings your libido back up, but they won’t do that either because they’re like, ‘we don’t like to offer that.’ And I question is that because of expense? I own a

hairdressing salon, so I've lots of women from Harlow coming in and lots of them are like 'oh my doctor gives it to me'. It's a little bit of a postcode lottery. I find the whole GP stuff really frustrating because they just want to give you more antidepressants that I don't want. I do suffer with depression. But I know that this is not depression. This is menopause. I do also have fibromyalgia, so some of the symptoms are very similar.

I don't know who invented the menopause, but they need to be shot. It's ridiculous. I never had anxiety, and then I'd be driving down the street and I'd have a panic attack because I didn't know how I was going to get to where I was going to, even though I'd probably been there 50 times before. I remember one of the first years I had a knot in my Christmas tree fairy lights, and I couldn't undo the knot. I stood in the front room, screamed and threw them across the room, and then I sat in my garden in the pouring rain for about ten minutes, just sobbing. Eventually my husband came out and he was like 'have you calmed down now? What was that?' He has been really supportive during all of this. I tell you something else that I've suffered with. I was abused as a child and menopause has massively heightened PTSD because I seem to associate everything with what happened. That's been hard.'

I asked Julia what she felt that women needed during this time?

'I think that we need to be listened to a little bit more in depth rather than just saying have some antidepressants, you'll feel better.'

Helen*

Helen sent an email telling us about her experiences:

'So, I have just turned 50 and about four years ago I started to think I was in peri (menopause). I didn't go out of my way to contact the doctor but at another appointment I asked. It was a male doctor, and he said I was too young to be going through it, but, if I wanted the blood tests, he would do them. Once they came back, I got a letter saying my blood tests showed insufficient findings. To be honest I then left it as felt no one was taking it seriously, even though I had many symptoms at this point; hot flushes, weight gain, aching joints, feeling more tired.

About two years I then had the missing periods, so I didn't have one for 11 months, then did, then again, a seven-month gap and recently an eight-month gap...still waiting to see if I make over a year!!So of course, I'm going through perimenopause!!! I have myself joined lots of Facebook pages about peri and menopause which have helped me immensely and spent the last year tweaking all the vitamins and diet needed to help me. I feel these help for sure with most symptoms, though hot flushes are still the one I find hard to stop.

I have found there is NO help out there from doctors, I definitely feel there should be someone in each doctor's practice with up-to-date training on menopause. I'm lucky I work with lot of women all the same age too and will all help each other with advice etc. The Davina McCall programme also helped a lot.'

Georgina*

'I'm trying to work out where it all started. I know when I was in my 40's my periods started going awry and I know that my sister and Mum both had hysterectomies in their early to mid 40s. I asked the doctor if I could have it done and he said no because I was too young, so I had a coil fitted but the hormones from the coil just sent me completely doolally. I was working at various schools for my job and kept driving to the wrong school! It took a few months for things to settle down.

I had the coil removed five years later and again it took time for my hormones to settle down. I started to get hot flushes and was only sleeping two or three hours a night. I was developing brain fog and finding that planning a week's math lessons would take me an hour. Sometimes it took me two hours to plan one maths lesson because I just couldn't understand it, couldn't work it out. This led me to become extremely stressed. During this time, I had several family issues including bereavement and illness, so we put it down to stress, but I eventually had to leave work because my Head was really unsupportive. You know, those things didn't help. But my ability to cope with it was severely affected. I left teaching for six months because it made me feel depressed. I was probably depressed but if we had thought about menopause and hormone levels and what could have been causing it, the outcome may have been a lot different. Because I was bloody good at my job, I shouldn't have lost my job.

I was still having the brain fog, the severe hot flashes, the forgetting what I'm doing. I couldn't string a sentence together. I went to the doctor's because I then started looking at my friends who were going through menopause. I asked the doctor 'can I go on HRT?' And she said 'no, try taking primrose oil, black cohosh, the herbal things, first of all, and come back to me in six months.' So, I did that and went back six months later as none of that was really helping and she told me that I needed to lose weight. Over the course of the next six months, I lost two stone and started running regularly running, that really helped, but I was still getting the flushes, the sleepless nights that all the other things, plus my mood swings were atrocious. I went back to the GP and asked again for HRT, she started to say no, but I said that if she didn't then someone was going to die, and she was the closest person at that time!

Wow, within a couple of weeks of taking HRT, the hot flashes had stopped. I was sleeping better. I was feeling better. My brain was coming back to normal. And this was fine for a few months but then the brain fog came back, I would forget where I was going at school, forget important messages etc. I was really, really stressed out by the brain fog, it was horrendous. So, in the end I burst into tears in front of my headteacher and she said to go back to the GP. I went to the GP, and he said, 'do you need some time off?' I said I didn't want time off so he said we would do some blood tests. In the July previous I had a really bad bout of COVID. He looked at my records and he thought it could be brain fog from long COVID. But then when the the results came back my hormone levels were all over the place again, my B12 and folic acid. My vitamin B levels were just really low, and I had to have injections and tablets. I didn't realise till I had those injections, how bad I was feeling physically because it was just gradual.

Unfortunately, I have been having some bleeding so need to come off HRT and have a scan done. I am worried about how this will affect me and am really hoping that I don't go back

to how I was feeling before.’ Georgina’s end comment was: ‘GP’s; listen to us. We know our bodies better than you do. We know what medications are working and what isn’t. You think if you say so, it has to work. No, it’s not working for us. Simple as that.’

Lorriane*

‘For me, there is a massive gap in the support of women who are currently transitioning through menopause, perimenopause included. And I know that perimenopause is the latest catch phrase. It wasn’t something that I was aware of five years ago. It’s really just come to the forefront now. I’ve always struggled with my periods. I’m infertile. I’ve never had children.

About three years ago, though, at the start, probably even before the start of lockdown and before COVID, I started to know my mood was going. And I’m normally quite a happy, jovial, let’s have a chat person and I’m quite a confident person. I then burnt out at work. I was just putting too much in, had a bit of a breakdown and that to me was when I think I realised I was starting perimenopause. I’ve always had PMS, but over the last three years it’s come in ebbs and flows and I’m quite depressed. Sometimes I’m very low, sometimes I’m OK. This year, though, it hit me really hard and. I went quite dark, and my husband said ‘you have to do something’ but my periods are still there. I still have a period every month. But the associated symptoms around it, the hot flushes, are ridiculous. I’m an insomniac. I get up at 2/3 AM in the morning. I have three to four hours sleep tops. The weight gain is ***** ridiculous.

There is just not enough support out there and I don’t mean we need to have our hands held and all that sort of stuff. But there needs to be some sort of resource that we can go to and say look, this is what’s happening to me. And get a helpful response; we’re going to run some tests, we’re going to look at your hormone levels, see where you’re at in the stage. If you’re in perimenopause. And these are the symptoms you’re having. This is what we’d recommend you do. And then there has to be follow up with that person as well. I’ve never heard back from the doctors. All I get now are text messages. Can you come in for your cervical screen? But I don’t feel comfortable going in and having a cervical screening done.

I did find a private GP who is a menopause and fertility specialist, but they charge £300 for an initial consultation. This is not an option for most people. I have found there is a major lack of resources in my area. I can only go to one GP surgery as there isn’t another one in my catchment area and it is not easy to make an appointment to see a GP or a nurse. And I never get to see the same person so am unable to build trust and a relationship. We’re not choosing to go through menopause. It’s just happening whether we like it or not.’

Melanie*

‘I started perimenopause around ten years ago without realising what it was. I had joint pain, dry/itchy vagina, brain fog, forgetting words and UTI symptoms. After joining some

Facebook groups, I worked out what was happening to me. But there was no local support that I could find.

The first GP I saw was oblivious, but I did have a female GP who had done some extra training on menopause. After seven or eight years of suffering, I finally got HRT which has really helped the symptoms and made a massive difference.

I do suffer from heartburn and have had tests, but nothing found. I have been given tablets but I don't want to take tablets for ever so I would like to know what is happening rather than just dealing with the symptoms. I think that there needs to be more information for women and there seems to be a lack of training for GP's.'

A further ten women agreed to have a one-to-one interview with us. They all had very similar experiences regarding:

- struggling to find a GP who would listen to them.
- a lack of support and advice in their local area.
- long waiting lists to see a specialist or gynaecologist.
- lack of follow up after starting HRT or other treatment etc.

Many women mentioned Facebook groups as a source of support along with the Davina McCall/Dr Naomi Potter book and tv programme, as well as Dr Louise Newson - [Newson Health - Home](#)

A number of them did talk about how menopause is slowly becoming an easier subject to talk about in the workplace and one interviewee is starting a menopause support group at her work so women (and men) can come together to talk about how they are feeling, what they are going through and to feel less alone.

What support is available elsewhere across the county?

Menopause Cafes.

On the 6th of December 2023 I attended the first Menopause café set up by the Social Prescribers from Colne Valley PNC in Halstead. This took place at Halstead Leisure centre, 9.30m-11.30am, at an easy to access location with parking. Around 20 women attended the café; these women were a mixture of professionals (also there for personal reasons) and local residents. These included Health and Well Being staff from the PNC and the local council as well as PCSO's and Social Prescriber's. It was a very relaxed and informal meeting with attendees just starting off by introducing themselves and saying why they had come along. As more people turned up, the group split into two so people could feel more comfortable. It was a very emotional session with many women becoming upset and tearful when talking about their situation. Many felt that they were going mad due to their symptoms, which included brain fog, hot flushes, loss of confidence etc and felt very alone. Many stated that they had no support. Everyone was asked what it was that they wanted to get from this café and women said that they wanted a place to be able to talk

about how they were feeling and ask for advice around how to manage symptoms. The session was really positive, and many women felt relieved at being able to talk about their situation in a safe place. There were also discussions about other venues in the area which could host a café. Such a simple idea which made a real positive difference to the people to attended. The Menopause Café website has resources regarding setting up a café: [Resources \(menopausecafe.net\)](https://www.menopausecafe.net) and this is a model which we recommend the county-wide implementation of.

Menopause Advocates.

Becky Mead is a Project Support Officer at Suffolk and North East Essex ICB and she is one of their menopause advocates. She told us,

‘The ICB offers staff the opportunity to train as menopause advocates to support colleagues if required. I have completed this training which has been very beneficial, training the training comprises of three morning sessions. The advocates provide non-clinical advice, support conversations between staff and managers, give help and advice on ways to help/make adjustments in the workplace for those experiencing the menopause and help managers navigate these conversations. We are also available for general chat and informal check-ins for individual members of staff and all conversations are completely confidential. We can also signpost to various support networks/information/online support. The course was run by the Suffolk and NEE ICB Health and Wellbeing team who have MyPause Menopause Support Group who provide training sessions and live events. Twitter (X): @MyPause1
I presented to our Alliance Transformation Team at our team meeting last year to make colleagues aware of the role of the advocates and what we can do to help. Please see below for more information:

Who this course is for:

Advocates and trainers who will be involved in rolling out a menopause awareness programme.

The aim of this programme is to enable you to understand about the menopause, what changes happen and its symptoms, think about the different ways of managing them and signpost help and support to enable colleagues experiencing menopause to make informed choices. Participants will also gain practical skills and resources in how to run workshops and support groups and provide peer support, along with planning for raising awareness across your organisation.

Description of the session:

This in-depth course includes action planning and preparing you for how you will raise awareness and run sessions yourselves.

This interactive programme for advocates/trainers covers:**Part 1 - Colleagues**

- how to run a colleague session and use the Menopause in Minutes video so you leave this session feeling confident in your knowledge of menopause.
- why we're talking about menopause now, what it is, its symptoms and ways of managing them
- how to get the right support

Part 2 - Line Managers

- how to run a line manager session.
- the four compelling reasons why we need to support menopause in the workplace, the key menopause information line managers need to understand, employment law and reasonable adjustments, and how to have a supportive conversation.
- we will include interactive discussions on reasonable adjustments and supportive conversations.

Part 3 - Putting it all together

- The key elements to consider in becoming a menopause friendly employer.
- The resource pack in detail, discussing how you will be using this within your organisation.
- Planning how you will take this forward in your organisation

Resources included:

- Slide deck for a 30-minute colleague session
- Slide deck for a 30-minute line manager session
- 'Menopause in Minutes' video
- Posters and leaflet samples
- Managing your menopause booklet for colleagues
- Line manager guidance booklet

Webinars.

Herefordshire and Mid Essex Talking Therapies run webinars looking at the menopause and emotional wellbeing, these can be booked via their website: [Menopause and Emotional Wellbeing | HPFT IAPT Services \(hpft-talkingtherapies.nhs.uk\)](https://www.hpft-talkingtherapies.nhs.uk)

I attended one of these sessions and found it very useful as a starting point for thinking about the menopause and emotional wellbeing. The session was only an hour long and cameras were atomically turned off so attendees could feel more comfortable, but they still had the option to ask questions in the chat box. As this service already covers Hertfordshire, can it be extended into west Essex?

Other resources.

There is a lot of information that can be found online and many people who talked to me during the course of this project said that the Davina McCall book gave them more information than a medical professional. But when people are not feeling themselves, it

can be difficult to try and find the motivation to look for help/information and support. Sharing what is already available in an easy format would help to make that process easier.

Here are some websites/articles that I found during this project:

https://www.bbc.co.uk/food/articles/menopause_food

[World Menopause Day 2023 - British Menopause Society \(thebms.org.uk\)](https://www.thebms.org.uk)

[British Menopause Society | For healthcare professionals and others specialising in post reproductive health \(thebms.org.uk\)](https://www.thebms.org.uk)

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

[WHC factsheets and other helpful resources - Women's Health Concern \(womens-health-concern.org\)](https://www.womens-health-concern.org)

[The Menopause Charity - Menopause Facts, Advice and Support](https://www.menopausecharity.org)

[CBT for menopause: NHS advised to offer talking therapy - BBC News](https://www.bbc.com/news/health-61844444)

['Never a Life on Pause' - Experiencing Menopause by Hidden Voices \(spotify.com\)](https://www.spotify.com)

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. Many women were told that they were 'too young' to be experiencing the start

of the menopause, comments like this make women feel that they are not being listened too.

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. A number of women did talk about how supportive their husbands/partners had been and some of them had conducted their own research to try and support their wives/partners.

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.