

Women's Health Report: Menopause & HRT

Lived experiences of women in
Gateshead accessing healthcare and
HRT treatment for menopause
symptoms.

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act, 2012.

Healthwatch Gateshead is an independent not-for-profit organisation. We are the local champion for everyone using health and social care services in the borough.

- We help people find out about local health and social care services.
- We listen to what people think of services and feed that back to those planning and running services, and the government, to help them understand what people want.

We help children, young people, and adults to have a say about social care and health services in Gateshead. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

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Executive Summary

The aim of this project was to explore the key issues surrounding women's access to Hormone Replacement Therapy (HRT) in Gateshead. The study evaluated the level of awareness among women about menopause, its symptoms, and available treatments for menopause such as HRT. It also assessed how barriers to accessing HRT affect the health outcomes and quality of life of menopausal women in the area. Additionally, the study explored healthcare system factors such as the availability of HRT, ease of access to healthcare services (e.g., appointments with healthcare professionals), and the quality of menopause care. In doing so, recommendations were proposed to address the challenges faced in accessing HRT for menopause.

Healthwatch Gateshead gathered data through online and in-person surveys, with some participants submitting paper responses via freepost. A mixed-methods approach was used, incorporating both quantitative (statistical) and qualitative (thematic) data to explain the findings. An in-depth analysis of participants' responses revealed a considerable percentage of women who faced challenges in accessing care and HRT treatment. Additionally, women were asked to provide further verbal and written explanations to clarify their issues and experiences, offering deeper insights into their challenges.

Women's experiences with healthcare professionals regarding menopause support varied considerably. While some reported receiving excellent care, the majority expressed feeling unsupported, struggling to have their concerns acknowledged or facing long waiting times for GP reviews. Additionally, 45% of the women raised their concerns about receiving HRT as a form of treatment, despite 50% having tried other menopause treatments, and a further 48% considered themselves fairly knowledgeable about HRT.

Healthwatch Gateshead outlined the need for improved training and awareness among healthcare providers to ensure a more reliable and accessible standard of support, as responses highlighted inconsistencies in care. Without enough knowledge and responsiveness from medical

professionals, many women are left to understand and experience menopause symptoms alone, leading to distress and uncertainty about how best to manage their symptoms.

Through better education, open discussion, and improved access to appropriate treatments, the stigma and barriers surrounding menopause can be overcome, ensuring women receive the necessary care during this significant stage of life.

Introduction

Menopause is a biological process which marks the natural end of a woman's menstrual cycles due to a decrease in hormone levels. It typically occurs between the ages of 45 and 55, however, it can also happen earlier.¹ Despite being a normal transition in life, menopause remains a subject clouded in stigma and taboo, making it difficult for many women to discuss their symptoms or seek help. This stigma often extends into healthcare settings, where women may face inadequate support and treatment for menopause-related issues. To address this, it is essential to encourage open conversations about menopause and build environments where women feel comfortable accessing care.

The 2022 Women's Health Strategy report highlighted several challenges women face in getting appropriate menopause care.² One significant issue is the failure by both women and healthcare providers to recognise and address menopausal symptoms. A growing national concern is that many women reported being misdiagnosed or prescribed antidepressants instead of treatments specifically for menopause. Additionally, healthcare providers have shown reluctance in prescribing Hormone Replacement Therapy (HRT) due to an overemphasis on its risks, while women continue to advocate for its benefits.

The lack of understanding around menopause, such as managing symptoms that are predominantly mental health issues, further worsens the problem. For example, a number of women report that they are being prescribed antidepressants and sleep medications to manage menopause symptoms. However, some experts report that without enough levels of the hormone oestrogen, these medications may not be fully effective for symptom management.³ This points to a broader need for better understanding and education for both healthcare professionals and women about menopause and its treatment options, especially regarding HRT and its role in managing symptoms.

¹ NHS Menopause Overview (2022). Available [here](#).

² Women's Health Strategy (2022). Available [here](#).

³ J McBurnie (2024). Conversation with Afsana Begum, 31st July.

As part of efforts to tackle these challenges, Healthwatch Gateshead has engaged in conversations with the Menopause Lead from the North East and North Cumbria Integrated Care Board (NENC ICB), to understand the concerns of women in Gateshead and the difficulties they have encountered regarding menopause and HRT.

Methodology

Healthwatch Gateshead used opportunity sampling to engage participants, allowing participation from anyone available and willing to be part of the study. The only condition for participants to take part was that they must have either previously experienced or currently be going through menopause.

Healthwatch Gateshead's Engagement Team created flyers featuring a QR code and promoted them across social media platforms, the organisation's website, and newsletters. Paper copies were also produced for those who are digitally excluded. The flyers were also shared with partner organisations and internal contacts, aiming to distribute the survey information widely within their networks and to reach the broader public. These methods ensured that information about the surveys was being delivered amongst women in Gateshead so that they would be well-informed to take part in the survey if they wished to.

Engagement and Involvement Officers (EIO) also undertook community engagement at locality venues in geographical areas in Gateshead, where they worked with members of the public to carry out in-person surveys. EIO staff collected survey responses by using their computer devices to access the survey link online, so members of the public attending drop-in sessions at locality venues would be able to fill in the survey with an EIO's assistance. Those in ownership of a smartphone also completed surveys online by scanning the QR code. Those who did not own a smartphone were able to fill in paper copies of the survey. Furthermore, EIO staff provided flyers and paper copies of the survey, complete with freepost envelopes, at nearby community centres, pharmacies, and retail stores.

The engagement and data collection was undertaken within a 6-week time period, between the 7th of October 2024, and the 18th of November 2024.

A total of 163 participants engaged with the survey; however, only 96 completed it in full. The remaining 67 participants provided partial responses, including one male respondent who was excluded from the final dataset. Data analysis will refer to the responses of the 96 female

participants who met the criteria for the survey and were able to complete the survey.

The data analysis used a mixed methods approach where quantitative (statistical) data and qualitative (thematic) data were studied and explored to help present findings.

Disclaimer:

- Research objectives and survey questions can be found in the [appendices](#) for an in-depth understanding of what this research aimed to establish.
- Percentages have been rounded to the nearest whole number.

Results and Discussion

Survey questions have been sorted into the following categories:

- Demographics
- Experience and Symptoms
- Awareness and Knowledge of HRT
- Access and Barriers to HRT

Demographics

Ninety-seven participants took part in the survey, including 96 females and one male. However, the male respondent's feedback could not be included in the data analysis because it did not meet the criteria for the project; it would have been included if the male participant had provided feedback on behalf of a female respondent or if they had been assigned female at birth, but this was not the case. Instead, the feedback addressed experiences related to andropause*, whereas the project specifically focused on women's health concerning menopause.

*Andropause is informally known as the "male menopause." Scientifically, this condition is known as hypogonadism, and it is defined as a syndrome associated with a decrease in sexual satisfaction or a decline in a feeling of general well-being with low levels of testosterone in older men. It is characterised by nervousness, reduced potency, decreased libido, irritability, fatigue, depression, memory problems, sleep disturbances, and hot flushes.⁴ Symptom similarity may help to understand why a male participant felt encouraged to contribute to the survey, as the symptoms of andropause—or hypogonadism—closely resemble those of menopause.

Participants ranged in age from 35 to over 65 years. 13% (n=13) of women were aged between 35-45, 45% (n=43) of women were aged between 46-55, 25% (n=24) of women were aged between 56-65, and 17% (n=16) of women were aged 65 years or older. (Figures have been rounded to the nearest percentage). As mentioned previously, menopause typically tends to occur between the ages of 45-55 in women, but interestingly Healthwatch Gateshead's survey data has shown women aged 35-45 as a

⁴ National Institutes of Health (NIH) Andropause: Current Concepts (2013). Available [here](#).

considerable proportion of participants. Although, it is also a known fact that some women experience menopause earlier before 40 years of age, which can be attributed to genetics, autoimmune disorders, medical causes or procedures, or other unknown causes.⁵ This will be explored further when discussing the participants' access and barriers to treatment.

Geographical data highlighted a widespread coverage of Gateshead in the following areas:

- **East:** Felling and Leam Lane
- **Central:** Deckham, central zones e.g. Central Library and Gateshead High Street
- **South:** Birtley, Low Fell, Sherrif Hill, and Wrekenton
- **Inner West:** Dunston, Leam Lane, and Teams
- **West:** Blaydon, Chopwell, Clara Vale, Ryton and Winlaton

The majority of participants, 90% (n=86), identified as "White: English, Welsh, Scottish, Northern Irish or British." The next largest category was "White: Gypsy or Irish Traveller, Roma or Other White," with 3% (n=3) identifying as such.

The following categories each received one response (1% of the total):

- "Asian, Asian British or Asian Welsh (Indian, Pakistani, Bangladeshi, Chinese, or any other Asian background)"
- "Black, Black British, Black Welsh, Caribbean or African"
- "Any other Mixed or Multiple ethnic background"
- "White: Irish"
- "Arab."

Two respondents (2%) chose "Other", with one specifying they are Jewish, and the other leaving the response blank, while no participants selected "Prefer not to share."

There are differences in biological and hormonal changes in women of different races and ethnicity. There are considerable differences among women's perceptions, attitudes and expectations surrounding menopause, and this is hugely influenced by their race, culture, and ethnicity.⁶ As

⁵ World Health Organisation (WHO) article on Menopause (2024). Available [here](#).

⁶ Culture and Symptom Reporting at Menopause Report, (2005). Available [here](#).

mentioned previously, menopause is still a social stigma and a taboo subject in many minority communities, many communities do not talk about it openly yet. In addition, a lack of knowledge about menopause and HRT, and the science behind it, may exist. There may also be health literacy barriers, or language barriers and a lack of understanding by healthcare professionals of the terms used by ethnic minority women to describe their menopause symptoms.⁷

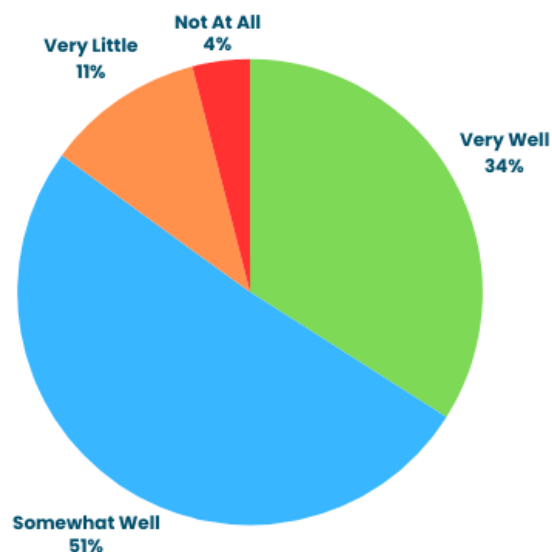
Healthwatch Gateshead also asked participants if they are currently in employment, in which 58% (n=56) of women responded “yes”, and 42% (n=40) responded “no”. This question was asked specifically to explore if participant’s day-to-day life had been impacted. Again, this will be explored further when discussing women’s experiences and symptoms.

⁷ Knowledge, Attitude and Experience of Menopause Report, (2008). Available [here](#).

Experience and Symptoms

The Women's Health Report (2022) found that many women reported finding it difficult to access appropriate menopause care. This was stated as being due to a lack of recognition of symptoms from both women and healthcare professionals.⁸ Therefore, Healthwatch Gateshead were interested in understanding women's experiences with the menopause and set out to explore this by enquiring what symptoms the participants had been experiencing. When asked to rate their understanding of the menopause, 34% (n=33) of participants responded they understood it "very well". Fifty one percent (n=49) participants stated they understood it "somewhat well". Eleven percent (n=10) participants stated they knew "very little" about the menopause. Whilst 4% (n=4) participants admitted they "did not understand the menopause at all".

"How well would you say you understand the menopause?"



⁸ Women's Health 'Let's Talk About It' Survey Report. Available [here](#).

Participants were given a list of the most common symptoms of menopause and were asked to tick which ones they had or were currently experiencing. The table below shows the incidence of menopause-related symptoms reported by participants:

Answer Choices	Responses	
Hot flushes		78.49% 73
Chills		30.11% 28
Night sweats		69.89% 65
Difficulty sleeping/insomnia		68.82% 64
Mood fluctuations		65.59% 61
Weight gain/slow metabolism		67.74% 63
Vaginal dryness		37.63% 35
Bladder problems		38.71% 36
Stress/anxiety		64.52% 60
Other (please specify in the comment box below)		15.05% 14

The most frequently reported symptom was hot flushes, experienced by 78% of participants (n=73). This was followed by night sweats, reported by 70% (n=65), and difficulty sleeping/insomnia, reported by 69% (n=64).

Mood fluctuations (66%, n=61), weight gain/slow metabolism (68%, n=63), and stress/anxiety (65%, n=60) were also commonly experienced symptoms.

Less frequently reported symptoms included bladder problems (39%, n=36), vaginal dryness (38%, n=35), and chills (30 %, n=28 participants). This data shows that vasomotor symptoms (VMS) e.g. hot flushes and night sweats, and sleep disturbances are particularly common during menopause, but other physical and psychological symptoms are also widespread. VMS are a form of temperature dysfunction that occurs due to changes in gonadal hormones.⁹

Finally, 15 % of participants (n=14) selected "Other" and specified additional symptoms. These included brain fog and memory difficulties, fatigue, hair loss, joint pain, depression, migraines or headaches, gastrointestinal

⁹ Understanding the Pathophysiology of Vasomotor Symptoms (hot flushes and night sweats) that occur in perimenopause, menopause, and postmenopause life stages. Available [here](#).

problems and acid reflux, heart palpitations, dry eyes and skin, nausea, reduced social interactions, painful gums, light sensitivity, speech difficulties, and even shingles.

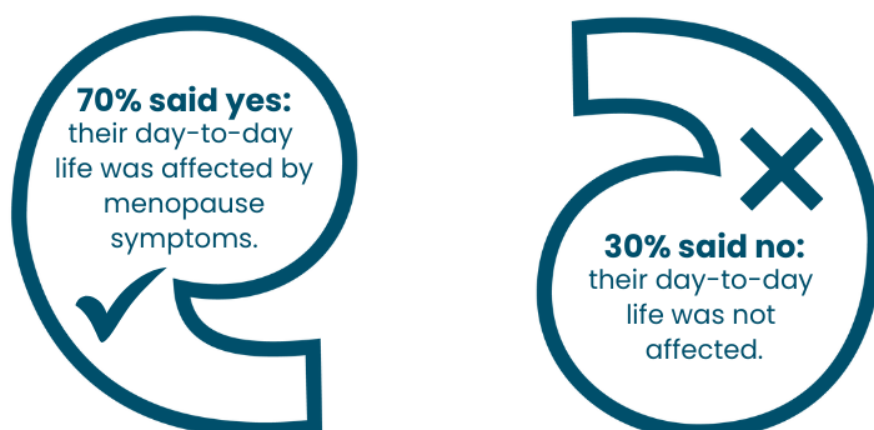
Additionally, when asked to provide further comments to this question, a few participants highlighted some opinion about symptom variability. The notion that their symptoms could be, and are, attributed to something else other than the menopause, was frequently pondered upon. Participants said:

“Not sure if this means you might be going through the menopause or putting symptoms down to something else.”

“Some symptoms may not be related to menopause such as weight gain. I sometimes have difficulty sleeping but that does not mean it is menopause related.”

“I think that although I had some of the symptoms above, I feel I would have still had them even if I was not going through the Menopause. I believe that each symptom must be viewed with the full lifestyle questioned.”

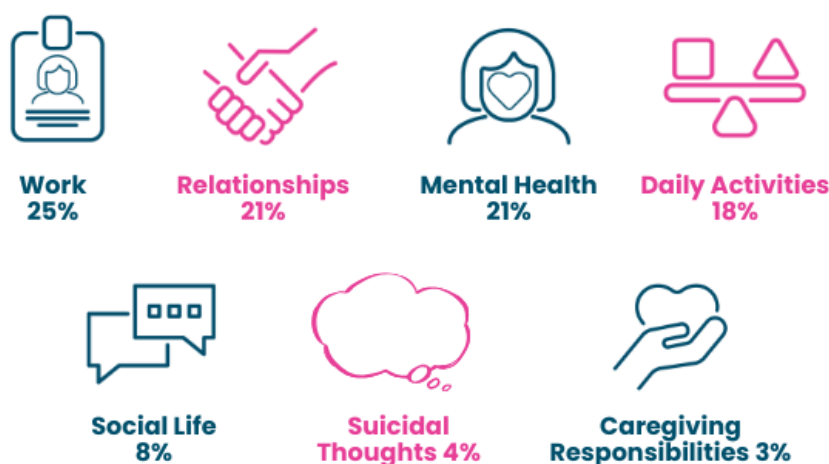
Participants were asked whether their day-to-day life had been affected by the symptoms they experienced. The majority, 70% (n=66), responded "yes," while 30% (n=28) answered "no," and 2 participants skipped the question for unknown reasons.



Overall, most women reported that their symptoms had a significant impact on their lives. When elaborating on how their lives were affected,

participants identified several key areas: work challenges, such as difficulty meeting deadlines, early retirement, or leaving their jobs (25%); strained relationships with family, children, partners, and colleagues (21%); mental health struggles, including reduced confidence, self-esteem, anxiety, and mood issues (21%); limitations in day-to-day activities (18%); social withdrawal and reluctance to socialise (8%); experiencing suicidal thoughts (4%), and challenges in fulfilling caregiving responsibilities (3%).

Areas of impact:



The results indicate that women faced challenges in balancing work, supporting the rationale behind Healthwatch Gateshead's decision to include a question about participants' current employment status at the start of the survey. This is supported by the findings in the Fawcett Society Report, (2022), where research had shown that one in ten women who worked during the menopause had left due to their symptoms.¹⁰ Furthermore, balancing work and family responsibilities can make it difficult for women experiencing menopause to prioritise their own health needs. which is echoed in the responses provided by the participants.

Unsurprisingly, the women also reported significant impacts to their mental health. Below are some of the experiences they have faced:

"I was waking up 11-12 times a night with night sweats/palpitations; I had anxiety, lack of self-confidence, feeling of being useless. I couldn't take time

¹⁰ Fawcett Society: Menopause and the Workplace (2022). Available [here](#).

off at the height of symptoms as I was self-employed full time and a full-time carer for my parents."

"My symptoms affect me every day for everything I do. I'm a mother of 2 and I'm so tired, I work part time and even that is a massive struggle. I struggle to cook because I'm so tired, I can't eat as I don't feel hungry. I hate going out the house because my hip/knees/ankle the pain is unreal, I scratch like I have flees or the headaches I get when I wake up to the minute I go to sleep. I can instantly fall asleep but struggle to stay asleep."

"Pressure on relationship with husband. Difficulty in performing at work. No energy for myself or my family once done at work. Depression."

"I had to leave work many times because of the discomfort I was feeling physically. Emotionally I was at rock bottom, I didn't want to be here at one point it got that bad."

Awareness and Knowledge of HRT

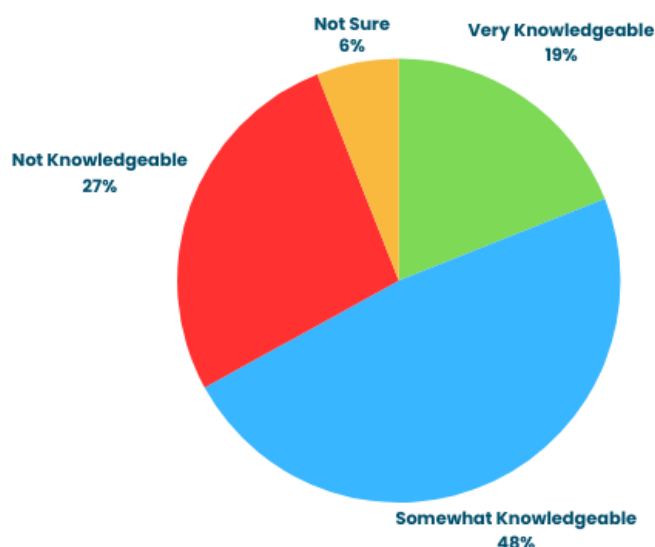
Research has shown that misdiagnoses of symptoms and conditions, results in either the wrong, or unnecessary treatment, or a lack thereof.¹¹ Based on this information, Healthwatch Gateshead were interested in understanding participants' level of awareness and knowledge of menopause treatments, particularly Hormone Replacement Therapy (HRT), which is why participants were asked to take part in this research.

Participants were asked if they had tried any menopause treatments to help alleviate symptoms. Fifty percent (n=48) of participants responded "yes"; 35% (n=34) responded "no"; 13% (n=12) responded that they "don't know much about treatments", and 2% (n=2) responded "not applicable". In addition to this, they were also asked how knowledgeable they felt about the use of HRT. Among the participants, 48% (n=45) described themselves as "somewhat knowledgeable"; 27% (n=25) indicated they were "not knowledgeable" 19% (n=18) considered themselves "very knowledgeable", and 6% (n=6) selected "not sure." Additionally, 2 participants skipped this question for reasons unknown. Overall, the results suggest that while many

¹¹ Women's Health 'Let's Talk About It' Survey Report. Available [here](#).

participants have some knowledge of HRT, there is room for improved awareness and education on the topic.

**“How knowledgeable
would you say
you are about HRT
treatment for
menopause?”**



Participants were asked about their concerns regarding HRT, and their responses varied widely. Of the 96 participants, 64 provided feedback. A total of 18 participants reported having no concerns about HRT. However, the most common concerns included potential side effects ($n=10$), an increased risk of cancer ($n=9$), in a particular breast cancer ($n=8$). Other notable concerns included healthcare providers having limited knowledge of HRT ($n=4$), the need to take regular medication ($n=3$), and potential cardiovascular issues such as stroke, blood clots, or high blood pressure ($n=3$). Additional concerns mentioned by smaller numbers of participants included the impact of HRT on current medication ($n=2$), generic health risks ($n=2$), the correct dosage of HRT ($n=2$), and the long-term impact of its use ($n=1$). Individual concerns also included rash, recommendations against its use for rheumatoid arthritis, difficulties accessing HRT, chemical intake, lack of knowledge about HRT, advice against its use for those over 60 years old, weight gain, hormonal imbalance, and general worry, with each of these mentioned by one participant.

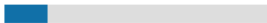








The responses highlight a range of concerns regarding HRT use, which suggest several key areas for improvement to address participants' apprehensions and enhance understanding and accessibility of HRT. These will be discussed further when discussing conclusions and recommendations.

Access and Barriers to Treatment

The Women's Health 'Let's Talk About It' Survey found that more than 4 in 5 (84%) of women said that they are not listened to by healthcare professionals. Specifically, many women said, their symptoms were not taken seriously or dismissed upon first contact with GPs and other health professionals. Additionally, they had to persistently advocate for themselves to secure a diagnosis, often over multiple visits, months, and years. If they did secure a diagnosis, there were limited opportunities to discuss or ask questions about treatment options and their preferences were often ignored.

Based on the above findings, Healthwatch Gateshead wanted to explore these issues with the women in Gateshead to see if they too had experienced similar barriers when seeking advice and support for their health. Participants were asked if they tried to access HRT by going to their GP/healthcare provider. Forty seven percent (n=44) of the participants answered "yes, I have tried", 35% (n=32) of the participants answered "no, I haven't tried", and 18% (n=17) of the participants answered, "not applicable (I did not/do not want HRT)". Three participants skipped this question for unknown reasons.

Participants were also provided with a list of the most common scenarios faced when accessing healthcare and were asked to tick the ones that apply to them best. Below is a table of the responses:

Answer Choices	Responses	
I was unable to get a GP appointment to discuss my menopause symptoms		16.44% 12
My GP was not supportive or understanding regarding my menopause i.e. my symptoms were overlooked		24.66% 18
It took multiple appointments for my GP to prescribe me HRT		15.07% 11
I was prescribed alternative medications instead of HRT (anti-depressants, sleeping tablets, nerve blockers etc.)		10.96% 8
My GP was supportive in helping me to understand my symptoms/treatment		32.88% 24
My GP was able to provide me with the necessary information for menopause and HRT		26.03% 19
My GP signposted me to other services for further support with menopause HRT		5.48% 4
I did not face any barriers in being prescribed HRT		23.29% 17
Other (please specify): Show		23.29% 17

The data shows that 16% (n=12) of participants were unable to secure a GP appointment to discuss their menopause symptoms, while 25% (n=18) felt their GP was unsupportive or dismissed their concerns. Fifteen percent (n=11) had to attend multiple appointments before being prescribed HRT, and 11% (n=8) were given alternative medications, such as antidepressants or sleeping tablets, instead of HRT. On a more positive note, 33% (n=24) found their GP supportive in helping them understand their symptoms and treatment, and 26% (n=19) reported that their GP provided adequate information about menopause and HRT. However, only 5% (n=4) were directed to additional support services. Meanwhile, 23% (n=17) experienced no barriers in obtaining HRT, and another 23% (n=17) selected "other" to share additional thoughts or concerns. (Percentages have been rounded to the nearest whole number).

This suggests that while some women had positive support and access to information, others faced barriers like difficulty in accessing appointments, lack of GP support, or delays in receiving HRT.

Qualitative responses further highlighted a mix of positive and negative opinions. See below for some of the statements provided:

"My main menopause symptoms started before I moved to Gateshead. my previous (female) GP did not have a good understanding of menopause, so it was good to be listened to at my new GP practice."

"Nurse practitioner has been extremely facilitating and prescribed HRT without issue. Had negative experience of locum GP mansplaining what menopause was, when I explained about my periods becoming more regular and more heavy."

"Vaginal dryness was unbearable. Previously, one doctor said that as a woman Menopause was to be expected so 'get on with it.' Another said at age 60 I was 'old and past it' and that HRT is not a 'magic wand' and I need to accept the symptoms. I was later told HRT could be prescribed by another doctor via a telephone consultation and I was finally prescribed Esteriol."

"I am undergoing hormone therapy now. It was prescribed to me by a doctor in another country because of my illness. This is why menopause is artificially induced, and also the reason why I have not consulted a doctor."

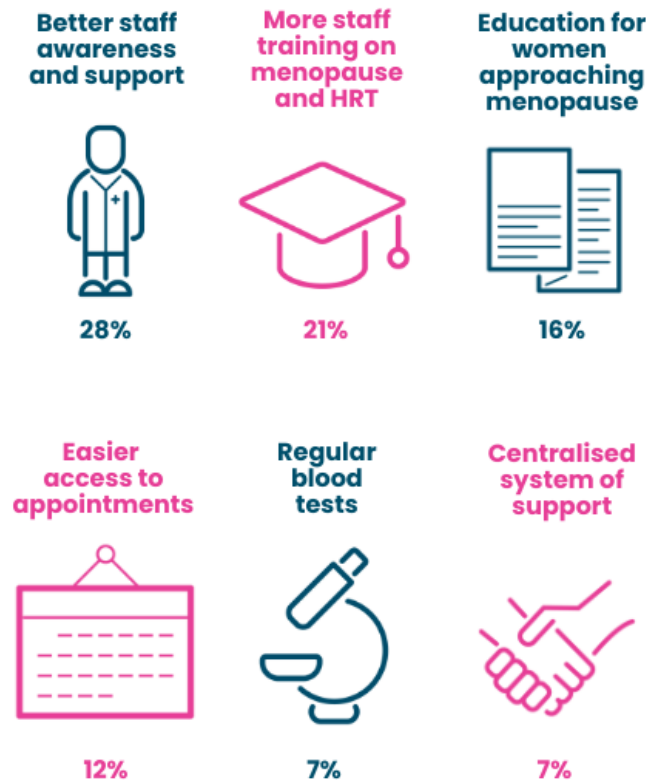
"It took a suicide attempt for them to take me seriously."

"HRT was not an option."

The variation in responses underscores the individual differences in participants' access to HRT; however, the majority of statements highlighted concerns regarding poor attitudes and a lack of understanding as well as education from both male and female healthcare providers. One participant noted that their menopause had not occurred naturally, potentially explaining premature menopause symptoms and shedding light on why women under the age of 45 participated in the survey (see demographic data for age profile details).

Among the 44 participants who previously indicated they had attempted to access HRT, 43 provided feedback on how services could be improved. Therefore, the percentages in the following data are based on the responses of these 43 participants. The feedback highlighted several areas for improvement in accessing HRT services. Twenty-eight percent (n=12) emphasised the need for better staff understanding, awareness, and support across the board. Additionally, 21% (n=9) suggested that healthcare professionals require more training on menopause and HRT. Sixteen percent (n=7) stressed the importance of providing timely education and training for women approaching menopause, while 12% (n=5) highlighted the need for easier access to appointments, including face-to-face consultations. Furthermore, 7% (n=3) recommended regular blood tests to monitor health, and another 7% (n=3) proposed establishing a centralised support system to offer clear and accessible information about HRT, as the current options were considered overwhelming. Nine percent of participants did not respond to the questions directly but instead shared comments about their experiences with accessing or using HRT, whether positive or negative.

Suggestions for improvement:



At the end of the survey, participants were invited to share additional thoughts about their experiences with menopause and accessing HRT. Forty-eight participants responded, with the most common themes being: healthcare professionals not providing adequate support (17%, n=8), a lack of understanding and awareness of menopause symptoms (15%, n=7), the need for more information (11%, n=5), positive experiences with supportive healthcare professionals (8%, n=4), and a lack of support from employers (4%, n=2).

The responses highlight the mixed experiences participants had, with many having felt unsupported by healthcare professionals or employers, while others emphasised the need for greater awareness and information. These findings suggest room for improvement in both professional and workplace support for those navigating menopause.

Key Themes

Using the feedback collected from participants, three key themes were identified which will be discussed in more depth. The key themes are listed below:

- Support Provided by Healthcare Professionals
- Lack of Awareness of Symptoms
- Need for Enhanced Information and Clarity

Support Provided by Healthcare Professionals

Responses revealed a mixed perspective on women's experiences with healthcare providers regarding the support they received. While some reported positive experiences, the majority indicated a lack of support from their GPs and healthcare providers. Many felt that their concerns were not acknowledged, resulting in inadequate help or guidance in managing their condition, or they had been unable to get a GP appointment.

The women reported waiting between one to four years, or even longer, for a review by their GP, which was understandably a prolonged and distressing experience. One respondent shared that she had experienced perimenopause in her early 30s due to past medical injuries and had received excellent support from her GP at the time. However, when later going through menopause, she felt that "support was lacking, leaving [her] to suffer in silence." Another respondent also felt that "women who wish to discuss anything menopause related should be seen by a female GP, as [she] thinks male GP's do not understand."

Conversely, some respondents felt well-supported by their healthcare providers, which gave them a more positive experience when seeking help. They described their GPs as "excellent" and appreciated receiving the necessary information to make an informed decision about HRT. One respondent expressed feeling "lucky that Birtley Medical Group took [her] concerns seriously straight away, despite being only 45". She was given two blood tests before being prescribed HRT patches to try. Another respondent highlighted the value of social support, sharing that she was offered a

place at a menopause information and support group at Bensham Grove Community Centre, which she also described as "excellent."

The findings show that women have very different experiences with healthcare providers when seeking support for menopause. While some received excellent care, most felt unsupported, and were left to manage their symptoms alone, highlighting the need for more consistent and accessible support.

Lack of Understanding of Symptoms

Survey responses highlighted different perspectives on recognising symptoms, both by individuals, healthcare professionals, and even employers.

Many respondents were unsure whether their symptoms were solely due to menopause or linked to another condition, believing they would experience similar symptoms regardless. In addition to this, one respondent, shared similar views and specified that symptoms such as weight gain and sleeping difficulties are very common to come across, but may not necessarily be attributed to the menopause. Another respondent also suggested that assessing each symptom alongside a full lifestyle review could help determine whether symptoms were menopause-related or caused by other factors.

Furthermore, one respondent highlighted the lack of workplace support, sharing that after 36 years with a local authority, she felt there was little assistance for employees. She also noted that male colleagues often dismissed symptoms like hot flushes, laughing at them. This reflects similar concerns raised in the 2022 Women's Health Survey, where many women reported an unsupportive work environment as a key issue.¹²

Participants were asked to share additional details about their symptoms, with many reporting brain fog, memory issues, headaches, migraines, nausea, and skin irritation – concerns not listed among the 'common' symptoms in the survey. This is significant, as it suggests that many women experience similar challenges during menopause. While this shared experience may provide reassurance to women that they are not alone, it

¹² Women's Health 'Let's Talk About It' Survey Report. Available [here](#).

also highlights the need for a more comprehensive approach to symptom recognition. Core symptoms should be clearly outlined, while also acknowledging those that may be secondary or psychological in nature.

Overall, the responses indicate a lack of clarity in symptom identification, emphasising the importance of thorough evaluation by healthcare professionals. The above points highlight the need for a more holistic approach to diagnosis, which has been supported by a respondent suggesting that assessing symptoms alongside a full lifestyle review could help determine their true cause.

Need for Enhanced Information and Clarity

Respondents' feedback highlights the need for clear communication, better information sharing, and guidance on understanding menopause, its symptoms, and available treatments – especially HRT. Additionally, there is a call for improved signposting to support beyond clinical care, including social, emotional, mental health, and overall wellbeing resources. This is not limited to the responsibility of healthcare providers and professionals only but can be extended to support in the workplace for those that are in occupation.

A common view among women was that they often felt more informed about menopause than their GPs. Despite seeking medical advice, many remained unsure about their next steps or where to access further support, leading to a lack of confidence in their GP's knowledge of the condition. This highlights a gap in menopause awareness among healthcare professionals and underscores the need for better training and resources to ensure women receive informed and effective support.

Respondents mentioned that women sound “depressed when they talk about it” and that should not be the case. Women wish for positive rebranding and more hope. They also noted that not all women experience menopause symptoms, and some issues may be unrelated to menopause entirely. While they valued access to information and support, they emphasised the importance of recognising that experiences vary and may not always align with health research or reports.

Some felt that menopause is increasingly portrayed as a deeply negative experience, which could be disheartening. They expressed a desire for a more positive narrative, offering hope and reassurance. Many observed that discussions around menopause often sound overly negative or “depressing” and called for a shift in perspective – one that empowers women rather than instils fear.

Conclusion and Recommendations

Overall, the findings suggest a need for improvements in healthcare provision, public perceptions of menopause and HRT, as well as workplace awareness.

A lack of clarity in symptom recognition adds to the challenges faced by menopausal women. Many were unsure whether their symptoms were menopause-related or linked to other health conditions, or had reported lesser-known symptoms, highlighting the need for better diagnostic approaches. The workplace was also identified as a challenging environment where colleagues often overlooked symptoms, or where women felt they were unable to continue working. This may suggest that measures were not put in place for women to feel comfortable and supported by their employers and colleagues.

Better information and guidance were also major concerns. Many women felt more knowledgeable about menopause and HRT than their GPs, leading to distrust in medical advice and uncertainty about their options. Clearer communication, particularly around treatment like HRT, is crucial. Beyond clinical care, improved signposting to emotional, mental health, and social support resources is needed for a more rounded approach to managing menopause.

Another key issue was the negative portrayal of menopause in public discourse. Some respondents felt it was often shrouded in negativity, increasing fear and stigma. They called for a more balanced and empowering perspective that acknowledges challenges while promoting confidence and resilience. Reframing the conversation can foster a more informed and positive approach to women's health.

Addressing these issues requires better healthcare training, clearer communication, and more accessible support systems that acknowledge the diverse experiences of women. By fostering a more holistic, and person-centred approach, women can feel more supported and empowered throughout their menopause journey.

Based on these findings, Healthwatch Gateshead were able to propose the following recommendations.

Recommendations:

- Train all PCN/GP staff on women's views on menopause awareness, and patient care.
- ICB/PCN/GP staff to implement proactive rather than reactive healthcare by ensuring women receive menopause-related information before symptoms arise. Perhaps, use GP databases to identify and invite at-risk women (aged 40–55) for information sessions or introduce annual menopause health checks, with the inclusion of regular blood tests where appropriate.
- PCN/GP staff to establish a clear pathway for patients to contact a menopause specialist or lead, reducing misinformation and unsuccessful GP visits.
- Clinical and university researchers and clinicians to address a broader range of symptom variability, e.g., core symptoms should be clearly outlined, while also acknowledging those that may be secondary or psychological in nature.
- PCN/GP staff to provide clear, accessible information about treatments (including HRT risks and benefits), and psychological effects, thus, stepping away from the 'one-size-fits-all' approach.
- ICB/Local Authority/Trade Unions to address the economic impact of menopause by encouraging employers to provide better workplace support and policy development, e.g., using the Better Health at Work Award.
- ICB/NHS staff and researchers, and Healthwatch England should make more effort to engage with communities not often heard from, particularly ethnic minority groups, to raise awareness and reduce

stigma.

- PCN/GP staff to signpost to appropriate and relevant services, by ensuring GP websites or 'Our Gateshead' website provide up-to-date information on menopause support services.
- The ICB and VCSE organisations to promote community-based support, such as menopause cafés, support groups, and champions in local wards. This will help to increase awareness and promotion of the Women's Health Hub across Gateshead.
- ICB to lead on menopause strategically to ensure there is a Lead for menopause who can provide policy direction and encourage workplace support.
- ICB/PCN/GP staff to reframe menopause as a transition rather than a decline, promoting a positive and empowering outlook.
- PCN's to use case studies i.e. signposting to Bensham Grove, or support received at Birtley Medical Centre for menopause support, as improved practice.

Limitations

Despite there being a robust data set to identify women's health issues regarding menopause and access to HRT, approximately 93% of participants identified as either being White (English, Welsh, Scottish, Northern Irish or British), or White (Gypsy or Irish Traveller, Roma or Other White). This is a significant limitation in this research because the findings are based predominantly on white ethnic women, making them less representative of diverse experiences. However, it should be noted that the 2021 Census data shows that 54% of women aged 35-65 in Gateshead are ethnically white.¹³ This largely accounts for the high proportion of white women in this survey. Nevertheless, there remains a need to broaden research to include non-white ethnic groups.

¹³ Gateshead Equality Profile (2024). Available [here](#).

Women from minority backgrounds may face unique challenges related to menopause due to cultural, socio-economic, or biological differences, yet these remain underexplored. This lack of inclusivity can lead to health inequalities, with policies and treatments not fully addressing the needs of all women. Without a more representative dataset, barriers to care, differing symptom experiences, and variations in treatment effectiveness may go unrecognised, reinforcing gaps in menopause support and access to HRT.

Another limitation is that Healthwatch Gateshead were unable to meet two research objectives outlined in the project scope: objectives 'E,' and 'H.' (please see appendices for a full list of research objectives).

E) Identify existing policies and practices related to menopausal care in Gateshead, including guidelines for HRT prescription and availability of resources for menopausal health education.

The limitation of not meeting this research objective is the lack of insight into current employment and healthcare policies and practices for menopausal care in Gateshead. Without this information, it is difficult to assess whether existing guidelines for HRT prescription are effective or if resources for menopausal health education are appropriate. This gap limits the ability to make informed recommendations for improving support and accessibility for women experiencing menopause.

F) Investigate healthcare providers' perspectives and experiences regarding menopausal care, including their knowledge, attitudes, and practices related to prescribing HRT.

There are limited healthcare provider perspectives. The study focuses on patient experiences as evidenced in survey responses, without including insights from healthcare professionals. This is primarily because the survey did not include a specific question asking participants whether they were healthcare providers or professionals. Including this question would have allowed for a more detailed analysis of their perspectives. This also means challenges within the healthcare system or difficulties faced by providers in offering menopause care are not fully examined.

These limitations highlight the need for further, more inclusive research to ensure menopause care is fair, representative, and responsive to the needs of all women.

Appendices

Research Objectives:

- a) Identify Barriers women in Gateshead face in accessing HRT treatment for menopause.
- b) Evaluate the level of awareness among women in Gateshead regarding menopause, symptoms, and treatments.
- c) Examine healthcare system factors such as availability of HRT treatment, accessibility of healthcare facilities e.g. appointments, and quality of menopausal care services.
- d) Understand socio-cultural attitudes, beliefs, and perceptions surrounding menopause and HRT treatment within the Gateshead community.
- e) Identify existing policies and practices related to menopausal care in Gateshead, including guidelines for HRT prescription and availability of resources for menopausal health education.
- f) Investigate healthcare providers' perspectives and experiences regarding menopausal care, including their knowledge, attitudes, and practices related to prescribing HRT.
- g) Identify the support needs of women going through menopause in Gateshead, including informational, emotional, and practical support services.
- h) Assess the impact of barriers to accessing HRT treatment on the health outcomes and quality of life of menopausal women in Gateshead.
- i) Develop evidence-based recommendations for addressing identified barriers and improving access to HRT treatment for menopause in Gateshead, targeting policy, practice, and community-level interventions.

Survey Questions:

Demographics:

- 1) What is the first part of your postcode?

2) What is your age?

- 35-45
- 46-55
- 56-65
- 65+

3a) What is your gender identity?

- Female
- Male
- Prefer not to share

3b) Is this your gender assigned at birth?

- Yes
- No
- Prefer not to share

4) What is your ethnicity?

- Asian, Asian British or Asian Welsh (Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)
- Black, Black British, Black Welsh, Caribbean or African
- Any other Mixed or Multiple ethnic background
- White: English, Welsh, Scottish, Northern Irish or British
- White: Irish
- White: Gypsy or Irish Traveller, Roma or Other White
- Arab
- Prefer not to share
- Other (please specify):

5) Are you currently in employment?

- Yes
- No

Experience & Symptoms:

6) What would you rate your understanding of the menopause?

- Very good
- Somewhat good

- I know very little about the menopause
- I don't understand the menopause at all

7) Below are a list of the most common symptoms of the menopause. Have you experience any of the symptoms in relation to menopause? If so, please tick which ones.

- Hot flushes
- Chills
- Night sweats
- Difficulty sleeping/insomnia
- Mood fluctuations
- Weight gain/slow metabolism
- Vaginal dryness
- Bladder problems
- Stress/anxiety
- Other (please specify in the comment box below):

8) Have these symptoms impacted your day-to-day life? If yes, please explain your answer in the comment box below:

- Yes
- No
- Comment (e.g. sick days at work/unable to do daily activities/affecting relationships/affecting mental health/other – please specify)

9) Have you tried any menopause treatments?

- Yes
- No
- I don't know much about treatments
- Not applicable

Awareness & Knowledge of HRT

10) Are you aware of Hormone Replacement Therapy (HRT) as a treatment option for menopause?

- Yes
- No

11) How knowledgeable do you feel about HRT options?

- Not knowledgeable
- Somewhat knowledgeable
- Very knowledgeable
- Not sure

12) What concerns do you have about HRT? (Please specify)

13) What do you believe are the benefits to HRT? (Please specify)

Access & Barriers to Treatment

14) Have you tried to access HRT by going to your GP/healthcare provider?

- Yes
- No
- Not applicable (I did/do not want HRT)

15) Below are some of the common scenarios faced by women when accessing healthcare for menopause. Please tick the ones that apply to you best:

- I was unable to get a GP appointment to discuss my menopause symptoms
- My GP was not supportive or understanding regarding my menopause i.e. my symptoms were overlooked
- It took multiple appointments for my GP to prescribe me HRT
- I was prescribed alternative medications (anti-depressants, sleeping tablets, nerve blockers etc.)
- My GP was supportive in helping me to understand my symptoms/treatment
- My GP was able to provide me with the necessary information for menopause and HRT
- My GP signposted me to other services for further support with menopause and HRT
- I did not face any barriers in being prescribed HRT
- Other (please specify):

16) If you have sought support for menopause or received HRT treatment, what improvements would you suggest for the services you received? (e.g.

improved healthcare provider training, increased availability of information, other).

17) Is there anything else you would like to add about your menopause and/or HRT experience?

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