

Personalised Care Webinar

Supporting People Experiencing Menopause

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Some definitions

- Symptoms of perimenopause
- The impact of perimenopause including on work
- Internal changes at perimenopause & the impact on long-term health
- Management lifestyle, supplements, HRT & non-hormonal treatments
- **Resources and support**



What do the terms mean?

Menopause, perimenopause, early menopause, premature ovarian insufficiency (POI), surgical menopause

When will it happen? 51 on average

How long will it last? 4-8 years on average

How will it start? Suddenly, gradually

Cultural differences are important to remember





The most common perimenopause

- longer heavier period with less of a gap between periods
- worsening PMS
- more anxiety about the everyday
- brain fog, altered concentration
- less sleep, really tired
- joint pain
- headaches
- vaginal dryness & soreness
- extra weight around the tummy
- hot flushes and night sweats





What about on the inside?

Metabolism changes, increasing cardiovascular risk.

When we consider the top 3 causes of death for women

dementia, heart disease and stroke

the significance of these changes becomes clear.

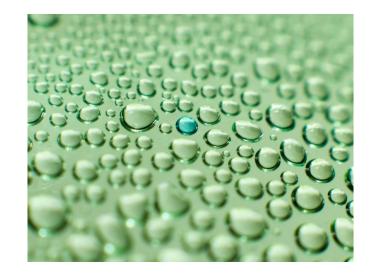


Bone density reduces by up to 20% in 5 years after last period.



No two experiences are the same

- "I really thought I had dementia"
- "I thought I was depressed"
- "I sailed through mine"
- "I was just so relieved that my periods stopped, I don't really remember much else"
- "I have never known tiredness like it"
- "It was so gradual it took me ages to something was wrong"





At least 75% people experiencing menopause will experience symptoms.

Symptoms vary person to person, and over time.

The effects on mental health can be life changing and life threatening.

Symptoms affect those experiencing menopause and also partners, family members, children and colleagues.





Menopause and the workplace

- 10% women have left work in the UK due to menopause symptoms.
- 14% have reduced their hours.
- 26% have taken time off.
- 60% say menopause has a negative impact on work

The right support can reduce the impact on health & wellbeing and help retain experienced people.







Menopause and the Law Health and Safety Act 1974

acas working for everyone

For staff affected by the menopause this includes:

- ensuring menopause symptoms are not made worse by the workplace or its work practices
- making changes to help staff manage symptoms when doing their job.



Menopause and the Law

Equality Act 2010

Protected characteristics – age; sex; disability.

Not menopause.

There are an increasing number of employment tribunals related to menopause with women winning cases regarding discrimination around age, disability and sex.



The Equality Act, making equality real



Estradot 3 NO SMOKING An evidence-based cognitive behavioural

What can help menopause symptoms?

Recognising what is happening

Reliable information

Support from others

Lifestyle - sleep, nutrition, movement, rest

Minimising stress

HRT, local HRT

Non-hormonal treatments



Sleep

At perimenopause there's less sleep and it's of poorer quality. There are more sleep disorders like obstructive sleep apnoea and restless legs.

Poor sleep at menopause is linked with

- low mood
- brain fog
- poor concentration
- fatigue
- weight gain.





Daily Sleep Diary

Complete the diary each morning ("Day 1" will be your first morning). Don't worry too much about giving exact answers, an estimate will do.

Your Name		The date of Day 1						
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Enter the Weekday (Mon, Tues, Wed, etc.)							
1	At what time did you go to bed last night?							
2	After settling down, how long did it take you to fall asleep?							
3	After falling asleep, about how many times did you wake up in the night?							
4	After falling asleep, for how long were you awake during the night <u>in total</u> ?							
5	At what time did you finally wake up?							
6	At what time did you get up?							
7	How long did you spend in bed last night (from first getting in, to finally getting up)							
8	How would you rate the <u>quality</u> of your sleep last night? 1 2 3 4 5 V. Poor V. Good							



Sleep support

- Sleep hygiene
- CBT-i (insomnia)
- Magnesium
- Sedative antidepressant
- Reviewing other medications
- Specific treatment for sleep disorders



Nutrition

Let's keep in simple

- whole food plant based
- right carbs and good fats
- microbiome support with diversity and fibre
- protein for metabolism & bone health
- phyto-oestrogens really help some people
- Vitamin D through Winter months
- minimise alcohol and caffeine, no smoking





Nutrition - supplements, what's the evidence?

Black cohosh - may help hot flushes, caution in breast cancer

Red clover - may help hot flushes, not advised in breast cancer

St John's Wort - may help depression and hot flushes, interacts with HRT

Gingko - some short-term effects on memory and cognition

No evidence - sage, ginseng, EP oil, agnus castus, valerian, dong quai





Movement

Cardio, strength, restorative & pelvic floor.

For minds & bodies, to feel well & feel strong.

At menopause strength training can

- help symptoms (flushes, low mood, sleep)
- support metabolism



MENOPAUSE Strength Workout (1/2) | Joe... YouTube · The Body Coach T... 1 month ago



MENOPAUSE Strength Workout (2/2) | Joe... YouTube · The Body Coach T... 1 month ago



The 5 Minute Kitchen Workout - A step by... YouTube · Dr Rangan Chatter... 16 Mar 2018



Rest

Stress has a significant impact on symptoms and on wellbeing. In mid-life women are often working, supporting children and parents and running the household.

Symptoms of stress and burnout can be very similar to those of perimenopause.

Adverse childhood experiences "ACEs" can impact hormones and experience at perimenopause.







Connection

Menopause is a time of change. It can feel like people don't recognise themselves.

Cultivating self awareness, self compassion and self acceptance is helpful, journalling is a great practice to support this.

Invest time in supportive relationships.

Encouraging self care, what brings them joy?

Giving back e.g. volunteering for a charity.



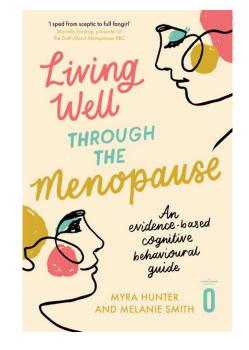


CBT for menopause symptoms

CBT can help with hot flushes, night sweats, low mood, anxiety and sleep disturbances.

This book is a guide.

There's also a Women's Health Concern leaflet <u>"Cognitive Behaviour Therapy for Menopausal symptoms"</u>.







HRT options

Oestrogen Progestogen Testosterone Local oestrogen



HRT - some of the known benefits

When started at any age HRT usually helps with symptoms

When started before age 60 HRT reduces overall mortality

When started before age 60 HRT reduces cardiovascular disease

When started before age 60 HRT prevents & treats osteoporosis

HRT reduces bowel cancer

HRT may reduce risk of Alzheimer's disease





Some common myths

HRT can't be used

- with a personal history clots, migraine, high bp, diabetes, thyroid condition, BMI >30
- with a family history of clots, breast cancer, stroke or heart disease
- for over 5 years

HRT can't be started

- when a woman is still having periods
- over the age of 60





23 cases of breast cancer diagnosed in the UK general population

An additional four cases in women on combined hormone replacement therapy (HRT)

Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)

An additional four cases in women on combined hormonal contraceptives (the pill)

An additional five cases in women who drink 2 or more units of alcohol per day

Three additional cases in women who are current smokers

An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)

Seven fewer cases in women who take at least2½ hours moderate exercise per week

Breast cancer

A woman's lifetime risk is 1 in 8.

This looks at the risk of lifestyle factors & HRT.

- BMI > 30
- < 2.5 hours exercise per week
- > 2 units alcohol per day

are each associated with a greater risk of breast cancer than HRT.



HRT prescription costs in the UK

HRT prepayment certificate (HRT-PPC) started in April. NHSBSA

£19.80 for the year.

Standard prepayment certificate still covers HRT.

Oestrogen, most progestogens and local oestrogen preparations are all covered by the HRT PPC, not testosterone or non-hormonal treatments used to help menopause symptoms.





Symptom management for those who can't or don't want to use HRT

Non-hormonal medications

- Antidepressants
- Clonidine a blood pressure treatment
- Gabapentin & pregabalin
- Oxybutynin a bladder treatment
- Fezolinetant coming soon





Women's

Concern

Health

Useful resources - menopause info

Women's Health Concern

Rock my menopause

Scan QR code for a patient leaflet from Menopause Support

Understanding Menopause for Partners - Menopause Support



Useful resources - POI (menopause before 40)

Daisy Network

Patient leaflet (available in 14 languages)

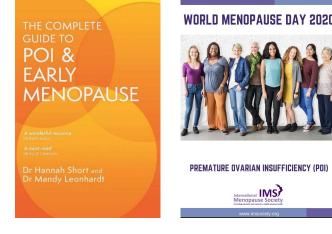
Mothering and the menopause support group

The Complete Guide to POI by Dr Hannah Short

My Life on Pause by Dr Siobhan O'Sullivan









Useful resources - specific support

Black Women in Menopause

Queer menopause

Surgical menopause

<u>M power</u> Greenway Centre, Bristol

POWER MENOPAUSE

Menopause Easy Read guides - Learning Disability Wales

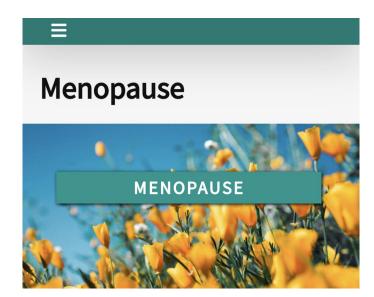
Perimenopause and HRT leaflets - available in Arabic, Punjabi, Somali and Urdu



Useful resources

Want to know more?

- <u>eLFH menopause awareness module</u>
- <u>Menopause explained</u> BMS video
- More webinars on TH website!







Any questions?

Resource sheet to follow

Please give some feedback on today's event!