



Women and Menopause

Policy Brief

Overview

Menopause is a reproductive milestone that affects each woman uniquely and in various ways. It is generally defined as a point in time 12 months after a woman's last period and is accompanied by various physical, psychological, and hormonal stages. Around 25 million women globally pass through menopause each year.¹ As European and global populations continue to age, it is estimated that by 2030, the world population of menopausal and postmenopausal women will increase to 1.2 billion, with 47 million new entrants yearly.¹ In addition, menopausal women constitute the fastest-growing group in the workforce, currently accounting for 11% of the G7 workforce alone; this percentage is expected to increase in the coming years as world populations age.² Despite its prevalence and far-reaching impacts on women's physical and psychological health, menopause remains largely neglected in healthcare policy, resulting in inadequate support and information for women. It is imperative to acknowledge the unique needs faced by menopausal women and develop comprehensive policies to address them.

Menopause: The Basics

Perimenopause

The years leading up to menopause are called the menopausal transition, or perimenopause, where women may experience changes in their monthly cycles, hot flashes, or other symptoms. The menopausal transition most often begins between ages 45 and 55 and can last anywhere from 7-14 years.³ Once you enter perimenopause, oestrogen levels decrease, throwing off its balance with progesterone, another hormone produced by the ovaries responsible for regulating ovulation and

menstruation [3]. Fluctuating hormones can result in various symptoms, such as irregular periods, heavier or lighter periods, hot flashes, vaginal dryness, and sleep problems.³ Decreased oestrogen levels can also lead to bone thinning and changing cholesterol levels.³

Menopause

Menopause is defined as 12 months after a woman's last menstrual cycle.⁴ Menopause is characterised by a decrease in oestrogen and progesterone levels, responsible for the cessation of a period, hot flashes, vaginal dryness, urinary urgency, sleep problems, and changes in mood like irritability, depression, or mood swings.⁴

Diagnosis

Menopause can be diagnosed by determining how long it has been since a woman has last menstruated. While it is unnecessary to complete additional testing to diagnose menopause, healthcare providers can run blood and urine tests to determine levels of hormones typical for menopausal women. At menopause, ovaries become less responsive to follicle-stimulating hormone (FSH) and luteinizing hormone (LH), so the body will produce more of these hormones to compensate.⁵ Oestradiol is the primary form of oestrogen in the body during reproductive years therefore, oestradiol levels are expected to decrease around menopause.⁵

Treatment

Hormone replacement therapy (HRT) can be used to treat menopausal symptoms. There are two main types of hormone replacement therapy: Oestrogen Therapy and Oestrogen Progesterone Therapy (EPT).⁶ These are designed to boost oestrogen and progesterone levels, minimising symptoms. Potential risks of HRT include breast cancer, stroke, heart attack, and blood clots.⁶ Some women choose not to utilise this treatment due to the controversial history of HRT caused by misinformation about its risks; however, recent studies prove HRT to be safe and highly beneficial in managing symptoms when given to women within ten years since the onset of menopause under the age of 60.⁶ Even still, not all women need, want, or are candidates for hormone replacement therapy. While there is no treatment to stop menopause, there are additional prescriptions healthcare providers recommend that may help alleviate symptoms. These include antidepressants to help with mood swings, vaginal creams to decrease pain related to sex and vaginal dryness, and gabapentin to aid with hot flashes.

Health Maintenance for Postmenopausal Women

Low levels of oestrogen and progesterone raise your risk for certain health problems after menopause, such as heart disease, stroke, and osteoporosis.⁷ Post-menopause, healthcare providers recommend screenings such as regular mammograms after age 50 through 75 and height measurements to detect loss of height due to bone loss. In addition, it is recommended that women continue to get regular Pap tests for cervical cancer after menopause. Women should get a Pap test and HPV test together every five years until age 65. Finally, regular screenings such as blood, urine, blood pressure, and cholesterol are essential to screen for increased risk of diabetes and heart disease.⁷

Non-Medical Interventions for Postmenopausal Women and Lifestyle Changes

People in post-menopause may experience lingering symptoms of menopause. However, symptoms may lessen in intensity and, in some cases, disappear.⁸ To manage postmenopausal symptoms, providers often recommend lifestyle changes such as regular exercise, eating food rich in phytoestrogens (plant-based sources of oestrogen such as whole-grain cereals, flaxseed, chick-peas, and legumes), meditation, and reducing caffeine and alcohol intake.⁸ Engaging in healthy lifestyle changes post-menopause significantly lowers the risk of developing chronic disease.

Menopause and Work

Menopausal symptoms can significantly impact well-being and productivity in the workplace. A survey conducted by the Chartered Institute for Personnel and Development (CIPD) found that three in five menopausal women, usually aged between 45 and 55, were negatively affected by symptoms at work.⁹ In 2023, almost 900,000 women left their jobs within the United Kingdom alone because of menopausal symptoms.⁹ In addition, the British Occupational Health Research Foundation conducted a survey where almost half of respondents expressed that their job performance had been negatively affected by symptoms such as poor concentration, tiredness, hot flashes, poor memory, low or depressed mood, and lowered confidence.¹⁰ Failure to address menopause as a workplace issue leads to insufficient protection of female workers and early exit from the workforce, thereby increasing the risk of women's economic dependence, poverty, and social exclusion.

Key Challenges for Menopausal Women

A significant roadblock impeding policy development is the lack of awareness and education about menopause among women, healthcare providers, and employers. Gaps in knowledge regarding menopausal symptoms lead to misconceptions and stigmatization and may even prevent women from seeking help while experiencing symptoms.

In surveys of postmenopausal European women, up to 90% reported having experienced symptoms at some point during the menopausal transition, with approximately half considering their symptoms bothersome.¹¹ Nevertheless, the majority do not seek medical expertise to manage their symptoms. Women choose to avoid treatment for various reasons, including derisive cultural and societal views of menopause, discomfort with discussing vaginal symptoms, safety concerns regarding hormone replacement therapy, and lack of awareness of treatments used to manage symptoms.

Current Policies in Europe

Few countries in Europe have policies in place for women experiencing menopause in the workplace or have policies addressing the needs of women experiencing menopausal symptoms. Ireland has opened five public menopause specialist clinics to treat women with more complex needs.¹² These menopause hubs provide evidence-based clinical care for women in all phases of menopause, educate organisations to become menopause-friendly workplaces, and advocate on behalf of women for better awareness, education, and accessible care.¹³

In 2021, the United Kingdom Minister for Employment published a report with recommendations to bring about comprehensive change and support for those experiencing menopause. In response to this report, in 2023, the government appointed its first Menopause Employment Champion to improve workplace support for women experiencing menopause. The Women's Health Strategy which followed this initiative has created a new hormone prescription prepayment certificate, expanding access to Hormone Replacement Therapy benefiting thousands of women experiencing symptoms.¹⁴

In February of 2023, Spain became the first European country to recognize the right to menstrual leave after its government approved a new bill.¹⁵ In Spain, women experiencing severe period pain will be allowed to take three to five days of paid leave each month. Following Spain's lead, policymakers in the EU should recognize menopause leave and flexible working arrangements as a strategy to support menopausal women. Addressing challenges associated with menopause requires

a multifaceted approach and collaboration between policymakers, medical professionals, employers, and women.

Steps for Policy Action

- 1. Increase awareness and education about menopausal symptoms among women, general practitioners, and employers.**

To combat stigmatization regarding menopause, there should be increased awareness and education regarding symptoms by general practitioners. Ireland began its first government-led menopause awareness campaign launched by Minister for Health Stephen Donnelly in October 2022. This national awareness campaign encourages people to talk about menopause and educates women regarding symptoms, where to access care, and how to support a loved one, friend, or colleague experiencing menopause.¹⁶ Awareness campaigns are imperative to educate women on how and where to access evidence-based treatments, such as HRT, antidepressants, gabapentin, vaginal creams, and positive lifestyle changes to help alleviate menopausal symptoms.

- 2. Promote the research of evidence-based treatments effective in managing menopausal symptoms.**

Women must be involved in research right from the start. The transition into menopause is an inevitable part of life. For many, it is accompanied by a range of symptoms, including hot flashes, fatigue, and emotional issues, yet it continues to be under-studied and undertreated. While Hormone Replacement Therapy (HRT) is a viable treatment option to manage the symptoms of menopause, a lack of knowledge about its side effects and complications, particularly in the endometrium, prompted negative public perception that limited HRT use.¹⁷ More research should be done on minimising the risks associated with HRT and the implications of the long-term use of HRT on women's health. In addition, there should be further research regarding the psychological impact menopause has on women and the best ways to support women experiencing psychological symptoms such as depression and anxiety. Different treatment options should be considered, such as cognitive behavioural

therapy (CBT) and mindfulness-based cognitive therapy (MBCT), psychotherapies effective in managing mood swings and changing patterns of thinking and behaviour.

3. Tackle the spread of misinformation.

Myths regarding HRT must be debunked to reduce the stigma associated with this treatment option. In 2002 the Women's Health Initiative (WHI) announced that HRT had more detrimental effects than beneficial, creating widespread panic among users.¹⁷ In the following years, a reanalysis of the WHI clinical trial was performed, showing the use of HRT in younger women or early postmenopausal women had beneficial effects on cardiovascular disease and menopausal symptoms, yet the public opinion regarding HRT has not changed.¹⁷ The initial publication of the WHI trial left many symptomatic women without an effective treatment option, even while HRT has been proven to be highly beneficial when given to symptomatic women within ten years since the onset of menopause that are under the age of 60.

4. Support menopausal women in the workplace.

Employers can foster a more inclusive environment by implementing educational programs to help reduce stigma and promote empathy in the workplace. Offices can also introduce wellness programs that address menopausal women's specific needs, such as stress management, mindfulness sessions, or exercise programs to support physical and mental well-being. The workplace should also provide physical comfort for women, such as providing desk fans, including rest areas, and allowing for temperature adjustments.

5. Develop policies for menopausal leave and a flexible work schedule.

Policies for work arrangements such as flexible working hours, the ability to work remotely, and menopausal leave are crucial to help women manage symptoms such as fatigue or hot flashes while maintaining productivity and engagement at work.

6. Co-creation of menopause awareness campaigns- by and for women.

Many women are unaware of menopause symptoms, and therefore, many never seek treatment- awareness campaigns can address this issue effectively. One example of a successful campaign by and for women is Pausitivity, a U.K.-based menopause awareness organisation founded by two women dedicated to destigmatizing menopause.¹⁸ This organisation has created an information hub where women can access expert-backed advice covering HRT, best practices to raise awareness of menopause in the workplace, how to talk to your GP about your symptoms to maximize your visit, supporting mental health, nutrition, lifestyle, and exercise.¹⁸ The creation of such awareness campaigns is imperative to empowering menopausal women and creating awareness regarding different symptoms women experience and treatment options available.

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