

MENOHEALTH AT WORK

PROGRAMME TWO



Empowering you to
take control of
menopause

SUPPORTING YOU THROUGH MENOPAUSE & BEYOND

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A photograph of two women in an office setting. The woman in the foreground is wearing glasses and an orange top, looking down at a document with a slight smile. The woman in the background is wearing a light blue top and is also looking at the document. The background is a blurred office window with greenery outside.

INTRODUCTION TO MENOHEALTH AT WORK

Welcome to the MenoHealth at Work support programme. Menopause affects everyone at some time in their life, either personally or for someone they love, live or work with. Although it's now often talked about and written about, is frequently on mainstream TV and is being discussed at parliamentary level, there are still many myths, taboos and concerns about this natural life stage.

MenoHealth aims to demystify menopause by offering practical help and information to support and empower you to take control of menopause.

The information we share is not intended or implied to be a substitute for professional medical advice, diagnosis or treatment. If you have any health conditions or are taking any medication, please check with a medical professional before taking any supplements or vitamins or trying any new exercise programme.

For the purposes of the support programme we use the word menopause to describe the whole period of transition through from perimenopause to post-menopause.

And we refer to women throughout the programme although this includes anyone who experiences menopause symptoms including people going through gender change, surgery or drug treatment.

HAIR & SKIN

What you can do and when to seek help.



Skin changes

Our skin changes often reflect imbalances elsewhere in our body such as our liver, digestive system and our hormones. So it's no wonder that during perimenopause our skin can change and become very dry, or the opposite happens and it becomes oilier, or prone to breakouts or itchy. Here are some info, links and top tips to keep your skin healthy.



Adult acne

This may be an indication of low oestrogen causing a hormone imbalance that increases the influence of testosterone. Or it can stem from blocking the pores with heavier skin creams as our skin feels drier. It's not really advisable to use skin care for teenage acne as this can cause the skin to dry out and then your skin tries to compensate

by producing more oil. There are so many different recommendations and finding the right treatment can be a minefield. There's some really helpful information about all skin conditions here from [Skin Support](#) or [Boots has an online clinic](#) for people aged 16-65 and they can even prescribe medication if it's needed.



Rosacea

This can sometimes be mistaken as acne and can flare up around menopause. This gives your face a permanent flush with dilated blood vessels showing and is sometimes accompanied by pimples. There are some common triggers such as alcohol, spicy food and exposure to heat or the sun although it can also be caused

by hormonal changes. There are treatments available so do ask your doctor or see a dermatologist especially if you notice any eye problems (such as redness, itching or blurred vision). The [NHS website](#) has more information on rosacea.

Itchy skin

This is often due to dry skin, but some people suffer from formication, a neurological condition which makes you feel as though there are insects crawling under your skin. There are hormone receptors on the nerve cells under the skin so hormonal changes stimulate those receptors which can lead to strange sensations like prickling, tingling or itching. Using moisturising lotions can help soothe, or herbal remedies, but you may need to ask your GP for help.

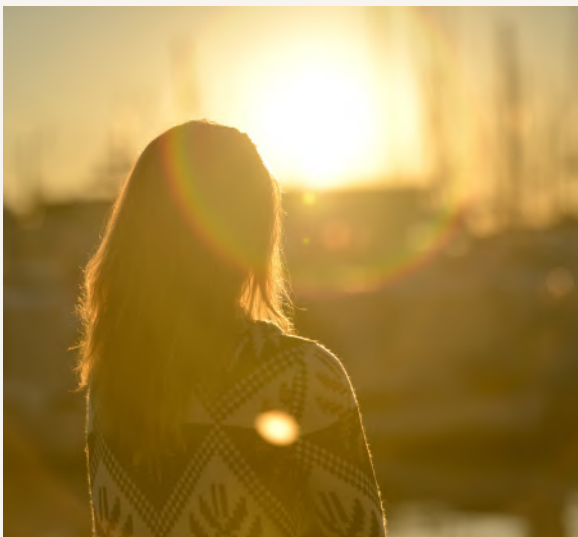
Dehydration

Skin can look tired and dull if you don't drink enough fluids (and can lead to fatigue and brain fog too). It doesn't have to be water, all non-alcoholic liquids count, just avoid having too much caffeine in your tea

and coffee. The easy way to check you've got the balance right is that your urine should be pale yellow in colour.

Sun damage

Remember to use sunscreen on your face even when it's cloudy. Along with protecting you from harmful rays that can cause skin cancer, it also helps prevent pigmentation problems and premature wrinkles.



Nourish your skin

Eat your oils, don't just rub them on your skin. Dry skin needs to be fed from within so try to include foods with omega-3 (sardines, salmon, flaxseed, pumpkin seeds and walnuts).

Hair problems

What causes thinning hair/hair loss?

This can be partly to do with ageing, menopause, dietary deficiencies and/or stress.

Occasionally this can be due to conditions such as anaemia, low ferritin or thyroid dysfunction which can be established through a blood test at your doctors.

What can you do?

Consider taking Vitamin B7, also called biotin, to strengthen hair and nails. Always check with your doctor or pharmacist if you are taking other medication. There's a wide range of thickening shampoos and conditioners or topical treatments for the scalp which may help too. Try to reduce your use of straighteners and hair driers and pat rather than rub hair dry and use a gentle hair-brush. Some people find a microfibre towel helps to gently dry hair without causing friction or frizziness.

GOPO®

JOINT HEALTH

GOPO® has been clinically proven to help reduce joint pain and stiffness while improving flexibility and mobility. It's an anti-inflammatory which is 100% natural.



When do you need to see your doctor:

- If you are losing hair in an unusual pattern
- If you are losing hair rapidly or at an early age
- If you have any pain or itching with the hair loss
- If the skin on your scalp is red, scaly, or otherwise abnormal
- If you have acne, facial hair, or an abnormal menstrual cycle

See the [Women's Health Concern fact sheet](#) on menopausal hair loss.



Unwanted hair growth

This is one menopause symptom that many women try to keep hidden and not talk about because they feel

embarrassed – unwanted hair. It seems very unfair that at the same time as we are losing hair on our head or our eyebrows are thinning, we start to get more hair in areas we don't want them such as peachy fuzz across the face, top lip hair which is especially apparent if you're dark-haired or chin hairs which can be very coarse and appear from nowhere during the course of the day.

This is usually due to the levels of oestrogen and testosterone going out of kilter. Before going through menopause, women produce three times as much testosterone than oestrogen. It contributes to over 200 actions in our bodies including facial hair growth. So as oestrogen dips, testosterone can become dominant and may lead to excess hair growth that you would normally associate with men.

If the hair growth is sudden or excessive, on your face or body, do get it checked by your doctor to rule out any underlying conditions such as polycystic ovary syndrome

(PCOS) or hirsutism. Your GP will do a blood test to check your hormone levels and can prescribe a cream to slow hair growth on the face. [Find out more about PCOS here.](#)



Other things you can try include:

- Reducing stress to prevent cortisol levels from rising and overloading the adrenal glands
- Plucking - don't worry, it won't make hairs come back coarser
- Waxing - but watch out for ingrowing hairs afterwards
- Threading - needs to be done by an expert
- Shaving - best after a shower so the hair is softer and always use very clean razors
- Electrolysis - needs to be done by an expert and as just one hair is treated at a

- Depilatory creams - always do a patch test first and don't leave on too long
- Laser - doesn't work so well on light-coloured hair, although it's permanent it can be expensive as it may require several treatments. Always get a patch test done first

Don't suffer in silence, consider talking with a good friend you can trust - you'll probably find they are experiencing the same as you. Also consider talking to your partner, sometimes a secret shared is a secret halved. Trying to have a good sense of humour about this also helps, you might want to join a menopause group online (such as [MenoSisters](#) on Facebook) to share top tips along with the ups and downs of menopause.



EXERCISE

BOOST YOUR STEP COUNT IN 10 MINUTES

MenoHealth at Work Programme Two

Try this
exercise

ANXIETY

Coping strategies to help you at work and home.



Anxiety is a way of coping with stress and can be useful if it's to protect you from danger. But it can build up and make you feel overwhelmed. Symptoms can include a racing heart, needing the loo, feeling sick, breathing rapidly or feeling like you want to run away.

Anxiety UK has a good way of describing anxiety being like a bucket of water.

"If you keep adding stressful issues to the bucket, it will gradually fill up and overflow. This explains why anxiety can sometimes seem to come from out of the blue...and tips you over the edge. What you need is a leaky bucket, with lots of holes to reduce your overall stress levels. Each of these holes could be something positive that you do to manage your anxiety – such as yoga, exercise, reading, listening to music, spending time with friends or family and accessing therapy/support."



As oestrogen declines during perimenopause and menopause, we lose the regulating effect it has on our central nervous system and this is why things we normally deal with can suddenly become overwhelming.

Try some of these practical coping strategies

Don't bottle it up. Talk to someone and let them know how you're feeling; keeping it to yourself only increases anxiety levels.

Add microbreaks to your routine. Reserving five minutes between back-to-back meetings offers a precious reset. Even a 30-second break can reduce stress: look out of the window, or at one of your favourite photos or paintings, if you're at home stroke the cat or dog – whatever works for you and try to make this a regular habit. But don't be tempted to make this a social-media break or look at your phone.

Lists give you a sense of control. Try using coloured pens to colour-code your action

list – what's priority, what can wait until later that day (or tomorrow), whose names do you need to remember, what are the main points you want to get over.

Separate work and home.

Keep a separate notepad for family and home life so you're not tempted to look at your work list once you've signed off for the day.

Reduce nighttime worrying.

Keep a pen, paper and low light torch by the bed so if you wake up and can't get back to sleep because you're worrying about something, write it down and know that you can deal with it in the morning. Some people find recording a voice memo works well too.



C
clarity

The first mindfulness, relaxation
and sleep app for menopausal
women.





Aromatherapy is often used as a natural remedy to help relieve anxiety and stress. You can add a few drops to a base oil or hand lotion to massage into your skin; or try pulse point roll-ons at work. At home you can add a few drops to your bath or to a diffuser to enjoy the aromas. These oils are said to be helpful for anxiety: Valerian, Lavender, Jasmine, Sweet basil, Bergamot, Chamomile and Geranium. Don't be tempted to overdo it, more is not better when it comes to essential oils.

Exercise is like anti-anxiety medicine for some people. Finding something you enjoy is the key, it doesn't have to be high-intensity or traditional exercise. Try to schedule regular short 10-minute bouts of activity such as brisk walking as this can boost your energy

and reduces fatigue. When you have more time, forest bathing (known in Japan as shinrin yoku) has been shown to lower heart rate and blood pressure, decreases fatigue, anxiety and confusion. This doesn't involve water, instead it's immersion in nature. [Find out more about forest bathing here.](#)

Meditation and mindfulness have shown to be really effective for anxiety. You might want to try a 7-day free trial of the [Clarity app](#) which has been designed specifically to alleviate menopause symptoms including anxiety, busy minds and sleep problems.

Remember to breathe. Even a minute of deep, slow breathing helps to break the vicious cycle of stress. Set your phone alarm to remind you to take a breathing break and use whatever pattern works best for you such as box (or square) breathing: inhale through your nose for 4 seconds, hold for 4 seconds, exhale for 4 seconds, hold for 4 seconds and repeat.



Women's
Health
Concern

Established in 1972, Women's Health Concern is the patient arm of the British Menopause Society since 2012. It provides a confidential, independent service to advise, inform and reassure women about their gynaecological, sexual and post reproductive health.

WOMEN'S
HEALTH



EXERCISE

REVITALISING ROUTINE FOR LOW ENERGY DAYS

MenoHealth at Work Programme Two

Try this
exercise

PELVIC FLOOR & UTIs

What everyone should know and how to talk about gynae matters without embarrassment.



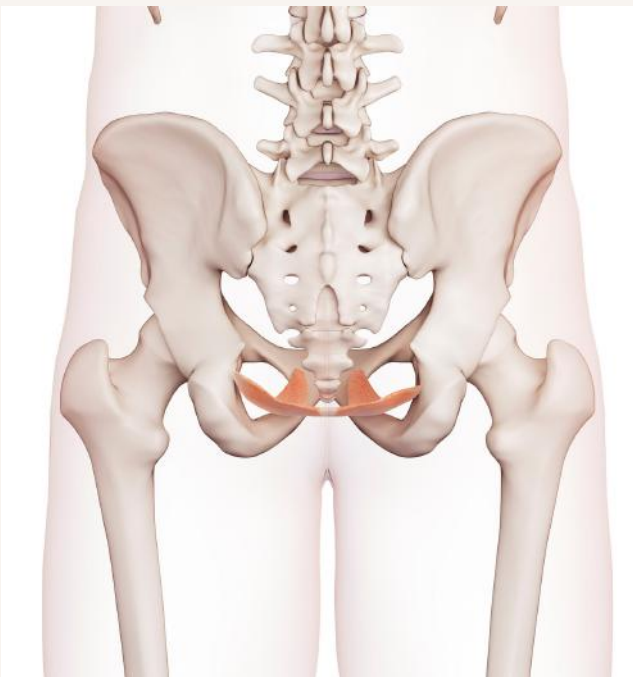
What is a UTI?

This is most often called Cystitis which literally translates to “cyst” meaning bladder and “itis,” meaning inflammation. Where this inflammation is caused by infection, this is known as a Urinary Tract Infection or UTI.

What are the symptoms of a UTI?

You may get some or all of these symptoms:

- A frequent urge to wee, while only being able to pass small amounts of urine.
- Pain, usually burning or stinging, when passing urine.
- Having to get up several times in the night to go to the toilet.
- Cloudy urine or blood in the urine.
- A strong, sweet or “fishy” smell to the urine.



- Pain and inflammation across the pubic bone, pelvic floor and lower abdomen which may radiate into the vagina or along the vulva.
- A pressure sensation in the lower abdomen and pelvis – due to the inflammation of the bladder pressing against the other pelvic organs.
- Fever, feeling generally unwell, a dull ache in the lower abdomen and back.
- Emotional distress and brain fog/confusion.

What causes a UTI?

A UTI usually occurs when infection-causing bacteria are introduced via the urethra. There are many causes – check out <https://www.chronicutiinfo.com/> for more information.

Some of the most common causes include:

- Bacteria from the back passage entering the urethra which is why you should always wipe from front to back
- Not emptying the bladder fully
- Vaginal prolapse which prevents the bladder from emptying fully
- Diabetes
- Sexual intercourse
- Kidney stones
- Having a urinary catheter
- Bubble baths and fragranced products can irritate the urethra and the bladder
- Menopause

Chronic UTIs

Often a UTI is diagnosed with a dipstick test done by your GP and a course of antibiotics may be given. However, some UTIs are persistent and do not respond to antibiotics or need a specific antibiotic for the strain of bacteria. Sometimes dipstick tests do not pick up infection, perhaps because the urine is very dilute if you've been drinking a lot of water, or not all bacteria is picked up with the usual dipstick test, so you get a false negative. Your GP can diagnose a UTI on symptoms alone. If you are having recurrent UTIs then consider getting a specific test to get the treatment you need.

Menopause and UTIs

As oestrogen levels decline this can affect the tissues lining the vagina and bladder so they become thinner, drier and less elastic. The pH level can change to become more alkaline which means the vaginal microbiome can go out of balance. The level of 'friendly' bacteria may decline so other bacteria proliferate causing more frequent or recurrent UTIs.

Discuss with your doctor the use of localised oestrogen such as Vagifem, which comes in the form of a tiny pessary which is inserted into the vagina. As this is topical there is very little absorption and it can help the internal tissues remain healthy and moist.



Things you can do for a healthy bladder

- Drink plenty of water. Everyone is different and bladder sizes vary so use the colour of your urine to check that you are well hydrated - it should be a pale yellow colour.
- Women have a shorter urethra than men and the urethra is closer to the anus. After going to the toilet always wipe from front to back to prevent transfer of bacteria.
- Sit down rather than hover above the toilet seat when you pass urine to ensure you completely empty the bladder.
- Don't rush. Try waiting for a few seconds when you finish passing urine, squeeze the pelvic floor muscles and rock forwards and back a few times to ensure the bladder is completely empty.
- Caffeine is a bladder stimulant so you could try switching to decaffeinated coffee and tea or try herbal teas instead.
- Some fizzy drinks contain carbonic acid which can irritate the bladder.

Watch videos by Dr Catriona Anderson, a specialist in women's health and medical advisor for Bladder Health UK.



What is the pelvic floor?

The pelvic floor is like a hammock at the base of your abdomen made up of muscles, ligaments, and connective tissues that support your bladder, bowel and uterus.

These muscles can weaken due to the loss of oestrogen during menopause leading to unwanted leaks especially when you laugh, cough, sneeze, or strain. Weak pelvic floor muscles can also lead to pelvic organ prolapse.

Stress urinary incontinence (SUI) is the most common type of incontinence and involves

involuntary leakage on exertion, sneezing or coughing. 50% of menopausal women suffering from SUI and often avoid activities that cause it to happen and feel the need to wear protection for everyday activities.

Lower levels of oestrogen can also cause an over-active bladder, which happens when you are desperate to go to the loo and can't hold on.

As we get older, our muscles naturally lose mass. This means that we have to actively work these muscles in order to keep them strong and active and the pelvic floor muscles are no different - so doing PF exercises needs to be part of your daily routine.

First, you need to identify the right muscles. The simplest way to do this is to stop urination midstream - if you succeed, you've found your pelvic floor muscles. Only do this once or twice as you need to completely empty your bladder to reduce your risk of a urinary tract infection (UTI). There are two types of pelvic floor muscle -

- the slow twitch and the fast twitch muscles, and you can train them independently.



How to do pelvic floor exercises

Slow twitch muscles: need to be recruited smoothly and gently. Breathe in, then as you breathe out, sigh, and tighten the ring of muscles around your back passage as though preventing a bowel movement or wind from escaping. Lift the muscles up inside, hold for a second and then relax slowly.

Tighten the muscles around your back passage again, now take this feeling through to your front passages. Lift the back and front passages up inside, and hold for as many seconds as you can (up to a maximum of ten seconds). Relax the contraction and rest for four seconds then repeat up to 10 times.

Fast twitch muscles: these muscles need to be able to react strongly and quickly, preventing leakage when you squeeze them tightly. See how many quick and strong contractions you can do, aim to increase this up to a maximum of ten repetitions. aiming to make the last repetition as strong as the first.

Aim to do your PF exercises 3 times a day alternating between slow and fast twitch. If there's no improvement, then do seek help from your GP; there are many different treatments such as vaginal pessaries that can improve muscle tone.

See [Gusset Grippers](#) for frank, funny and factual physiotherapy for pelvic floor problems.



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women's and men's pelvic health.
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EXERCISE
QUICK AND EASY
WORKOUT AT YOUR DESK

MenoHealth at Work Programme Two

Try this
exercise

HEADACHES & MIGRAINES

Self-help and when to see your doctor.



Headaches are common during perimenopause, affecting over 90% of women. They are often linked with the hormonal cycle which is disrupted when we start to experience irregular periods.

Migraines are more severe than headaches affecting one in seven people. They are usually on one side of the head and occur with other symptoms such as nausea, vomiting, visual disturbance, sensitivity to light and noise and can last for several hours or even days.



The brain of a person with migraine is genetically set to be more sensitive to changes in their internal body environment and the environment externally. These epigenetic influences determine whether a person gets migraine attacks or not. Many people with migraine are affected by fluctuating blood sugar levels, erratic sleep

patterns, increasing or decreasing stress levels and even changes in the weather or air quality. Oestrogen levels fluctuate wildly during perimenopause which makes this a high-risk time for women to start having or experience worsening attacks. Migraines tend to be worse for women who experience vasomotor symptoms like hot flushes and night sweats so reducing these can also reduce the incidence or severity of migraines.

Some women start having migraine attacks in their forties. Migraine is much more than just a headache and getting the correct diagnosis is so important for women to be able to manage these attacks. They may not realise that symptoms of troublesome headaches, neck and shoulder pain, facial or jaw pain, brain fog, dizziness, nausea and heightened sensitivity to light, sounds and smells that they experience are actually migraine. The diagnosis is often missed or dismissed as 'stress', 'tension headaches' or sinusitis.



The British Menopause Society recommends that women with migraine who need HRT should use estrogen patches or gel, as these maintain stable hormone levels with few fluctuations. This includes migraine with aura, as unlike the combined oral contraceptive pill, which is contraindicated for women with migraine aura, HRT uses natural estrogen producing similar levels to the estrogen produced by your body. If aura worsens or starts for the first time with HRT, ask your GP or menopause specialist for help on dosage.

If you can't, or prefer not to, take HRT then keeping a healthy weight and regular exercise have been shown to be helpful along with avoiding common triggers such as stress, dehydration, changes in routine (holiday or weekend migraines), low blood sugar, caffeine, alcohol and certain foods.

Here are Dr Munro's top tips on migraines and menopause:

- Keep a migraine diary. This only needs to be simple but can help reveal any patterns or medication overuse contributing to the attacks. You can download one from the [National Migraine Centre website here.](#)
- Eat something every 3-4 hours, preferably low carb, slow-release energy foods. Never skip meals and consider adding a bedtime snack. Keep a healthy gut microbiome by eating 30 different plant-based foods weekly – vegetables, pulses, nuts, seeds, herbs, spices etc.
- Be careful with caffeine -keep to 1-2 cups daily, change to decaffeinated after lunch.
- Try and keep a regular sleep routine. Fix your morning wake -up time and get out into daylight early to help your body's circadian rhythm. This helps sleep quantity and quality.
- Try to do mild to moderate exercise regularly. Intense exercise can be triggering. Eat before and after exercise and stay hydrated.
- Consider specific vitamin and mineral supplements which have been found to be helpful - Magnesium, Vitamin B2, and Co enzyme Q 10.
- Recent studies highlighted the importance of Vitamin D and Omega 3 for reducing migraine frequency. All these supplements need to be taken for at least three months.
- Reducing stress can help. There are various techniques to do this including mindfulness meditation, writing out feelings, yoga, Tai chi, or simple breathing exercises. Choose a destressing regime that suits your daily routine and practise it regularly.

If you have new symptoms which you are concerned about, it is important to get the diagnosis confirmed by a doctor, preferably one with an interest in migraine. This may be your GP or a hospital neurology specialist.

[Find out more about migraines and menopause](#) including therapies and injections approved by NICE from Dr Katy Munro, Headache Specialist for the [National Migraine Centre.](#)

Migraine and HRT

What is the menopause?

In medical terms, 'menopause' is defined by a woman's last natural period. However, periods become irregular and hot flushes occur several years before this. Headaches are common during this time, affecting over 90% of women.

What is likely to happen to migraine?

Migraine tends to worsen in the years leading up to the menopause, with attacks occurring more frequently and sometimes also lasting longer. Many women notice more of a link with their periods. Periods can become erratic and more frequent, which also means more migraines. Following menopause, migraine becomes less of a problem, particularly in women who have noticed a strong link between migraine and hormonal triggers.

However, it may several years after your last period before migraine improves, as it can take this long for the hormones to settle. Non-hormonal triggers can still persist after menopause so if these are important causes for migraine, attacks will still continue.

Why does it get worse?

The main reason for worsening migraine during menopause is the fluctuation of estrogen. This is also responsible for initial worsening of migraine at puberty, as it can take a few years for the hormones to reach the settled pattern of the menstrual cycle. From late teens to mid 30s, most women have a regular pattern of menstrual cycle hormones. For some women, the natural drop in estrogen that occurs around menstruation and during the pill-free week of oral contraception, can trigger migraine. Others find that heavy, painful periods are linked to migraine. From early 40s, the menstrual cycle can become more erratic, with much more variable fluctuation in estrogen levels. Periods themselves can be more troublesome, with more pain and heavier bleeding. All these factors can make migraine more likely. As periods lessen, so the hormonal trigger for migraine lessens, which is why many women find migraine improves after the menopause.

Can HRT help?

Many women notice that migraine is more likely to occur when they have bad hot flushes and night sweats. Since HRT is very effective at controlling these menopause symptoms, it can help reduce the likelihood of migraine.

However, some forms of HRT can create more hormone fluctuations, triggering migraine. This is more likely to occur with tablets of HRT. We generally recommend that women with migraine who need HRT should use estrogen patches or gel, as these maintain stable hormone levels with few fluctuations. The best dose of estrogen is the lowest dose necessary to control flushes and sweats. Bear in mind that it can take 3 months before full benefit is achieved, so don't increase the dose too quickly. Unless a woman has had a hysterectomy, she will also need progestogens to protect the lining of the womb from thickening in response to estrogen.

Progestogen is available combined with estrogen in patches, or separately either as tablets of progesterone or the Mirena intrauterine system, which works locally within the womb.

I have migraine aura. Can I take HRT?

Yes. Unlike the combined oral contraceptive pill, which is contraindicated for women with migraine aura, HRT uses natural estrogen producing similar levels to the estrogen produced by your body during your menstrual cycle. If aura worsens or starts for the first time with HRT, it usually means that the dose of estrogen is more than you need. The dose you need is the dose that is just sufficient to control hot flushes.

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This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

Can I use the Mirena IUS?

The Mirena intrauterine system ('coil') can be used for contraception, to control heavy/ painful periods, and to act as the progestogen component of HRT. One advantage is that it acts directly on the womb, with very little hormone reaching the rest of the body. This means that side-effects are generally very few. Another advantage is that if a woman has a Mirena, it is easy to adjust the dose of estrogen to suit her needs. Also, many women find that their periods become very light, or stop completely while they are using a Mirena. If migraine was linked to troublesome periods, this in itself can make migraine less likely to occur.

My periods stopped four years ago. Why do I still get migraine?

Even though your periods have stopped, it can take a few years for the hormone fluctuations to completely settle. This is usually just one or two years, although some women find that they still get hot flushes and migraine ten or more years after the menopause. More often, even when hormonal triggers have settled, non-hormonal ones persist and may even increase post menopause. Chronic medical conditions, while not directly triggering migraine, will make migraine more likely to occur as they generally lower the migraine threshold. Maintaining good migraine 'habits' – regular meals, regular exercise, a good sleep routine, balancing triggers, and looking after your general health, are all as important after the menopause as before.

Should I have an hysterectomy?

All research points to the fact that hysterectomy worsens migraine. The menstrual cycle is controlled by the brain, which sends messages to the ovaries to stimulate the production of the hormones estrogen and progesterone. These in turn prepare the lining of the womb for a potential pregnancy. If a woman does not become pregnant, then the lining of the womb is shed at menstruation and the cycle starts over again. If the womb and ovaries are removed, the hormone cycle is disrupted and the brain hormones initially go into 'overdrive' as they are not prepared for this early menopause. Migraine can worsen but generally settles again over the subsequent couple of years. Replacement estrogen can help lessen the symptoms following hysterectomy, particularly if the ovaries have been removed. Even when the ovaries are retained, the natural hormone cycle can be disrupted, so additional estrogen may be helpful.

What if I can't take estrogen?

If you are overweight, weight loss can benefit both migraine and menopause symptoms.

Regular exercise has also been shown to be effective. Non-hormonal alternatives include escitalopram or venlafaxine. These drugs act on the chemical messenger serotonin, which is implicated in both migraine and hot flushes.

What about vaginal estrogen?

Vaginal estrogen is useful to help control local symptoms of pain and dryness in women who have no problems with hot flushes or sweats, or who still get vaginal symptoms despite using HRT. Vaginal estrogens can cause a temporary increase in migraine during the first couple of weeks but this quickly settles and there is no evidence that vaginal estrogens are a trigger for migraine with long-term use.

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Author: Professor Anne MacGregor in collaboration with the medical advisory council of the British Menopause Society

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Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org





EXERCISE

BUILDING EXERCISE INTO DAILY LIFE

MenoHealth at Work Programme Two

Try this
exercise

THE 5CS OF SELF-CARE

Control, care, continuity, creativity and compassion.



Self-care is about prioritising your own mental and physical health. When going through the physical, psychological and emotional changes that happen during perimenopause and menopause, self-care becomes even more important. There are several things you can try but here are the 5Cs of self-care to help you remember it is not selfish to put yourself first:



Control – recognise what are you in control of and what you're not. So we can be in control of washing our hands properly, wearing a mask and staying distanced when we go shopping. But we're not in control of how the coronavirus is spreading. Focusing on what we CAN do, it gives us a sense of control. And by recognising but then letting go of the things we can't control it allows us to maintain our emotional energy.



Care for yourself – make sure you’re looking after yourself for your emotional and physical wellbeing. Things that help are having a regular routine, eating healthy food, exercising or staying active every day.

Continuity – this is important in a world that is changing rapidly and making us feel insecure. It’s fine to keep to the daily routines that make you feel secure such as watching the same TV programmes or listening to your favourite radio show each day or calling a friend for a quick catch-up. It reinforces your sense of control too.

Compassion – be kind to yourself and to others, doing good does you good too. Sometimes just having a little time where you do

something you love without feeling guilty is all that’s needed – a long relaxing bath, reading a book, going for a walk, listening to your favourite music are all simple treats. But if you’re having a difficult time, don’t hesitate to reach out to get help and support. [See the NHS list of organisations offering help.](#)



With thanks to BBCs Dr Rahda Modgil for the 5Cs.



Exercise should be at the top of your list when it comes to self-care but it doesn't have to be high intensity or hard work. Find something you enjoy whether that's walking, yoga, dancing or swimming; anything that gets you moving and takes your mind off troublesome, repetitive thoughts will help.

Some people find that **journaling** is a helpful way to give yourself some control and it doesn't have to be time-consuming. Just keep a notebook handy to record what you want, when you want. This could be a ritual at the end of each day, to jot down your thoughts or feelings. It can be reflective – thinking about the day that has gone, or it can be a

way of planning and helping you to achieve your goals. It's not for anyone else to read, this is your private space.

Take time out, even if it's a few minutes to do something for yourself. It might be as simple as having a cup of tea or coffee where you just focus on that one thing for a few moments without distractions.

Talking is so therapeutic. Sharing your thoughts and feelings with a trusted friend or partner is a simple and effective way to relieve tension and reframe negative thoughts. This is why so many people find joining a menopause support group is helpful then you know you're not alone and gain strength from shared experiences.



EXERCISE

NECK AND BACK EXERCISES

MenoHealth at Work Programme Two

Try this
exercise

SUPPORTING COLLEAGUES

Feeling confident to talk about menopause in the workplace.

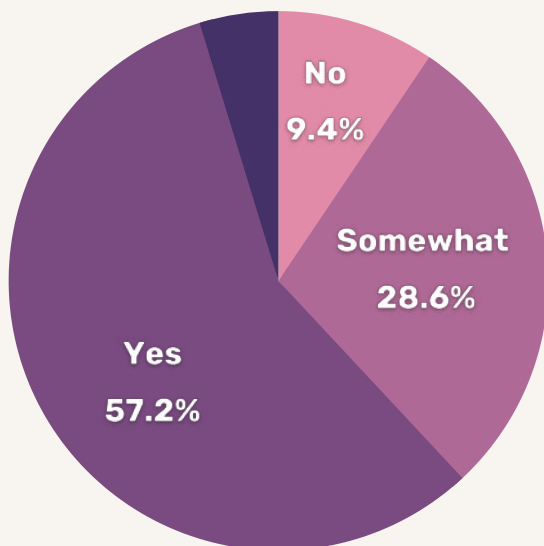


Quick facts

- Menopausal women are the fastest growing demographic in the UK workforce.
- More women are working until later life, and with the state retirement age increasing, large numbers will work through their menopause and beyond.
- Supporting women's health issues at work helps organisations to retain the business knowledge, expertise, and experience that this valued group of employees contributes.
- Having more open, supportive conversations with employees about menopause can help to reduce sickness absence due to menopause
 - improve performance
 - improve employee relations
 - help prevent employees from leaving their job



We asked the MenoHealth community if menopause had affected them at work and over 90% said yes:



If symptoms of menopause are affecting your team members at work, it is important that they feel able to talk about their physical and mental health and any workplace adjustments that will support them while they are experiencing the symptoms.

Managers may find it difficult to talk to employees about menopause due to a lack of understanding, embarrassment, or the fear of saying the wrong thing or making things worse. But you do not need to be a menopause expert to support

employees who experience menopause symptoms in the workplace.

Where should you start?

- Equip yourself with the facts about menopause so you can have a meaningful and sensitive conversation
- Be aware of the most common symptoms of perimenopause and menopause such as hot flushes, brain fog, period problems, anxiety and loss of confidence
- Understand that these symptoms can last several years and change over time, this is a transition rather than a one off event
- Read and download the CIPD guidelines - [Line Manager Guide to Menopause](#)
- Be aware of any policies or guidance for your organisation such as reasonable adjustments that can be made
- Seek support from HR as to the legal position in your organisation for reasonable adjustments

Workplace adjustments

These are individual to each organisation but can include:

- Having a desk fan when it is required
- Adaptation to uniforms or corporate wear
- Being able to sit close to a window
- Having access to cold water
- Allow for frequent breaks to go to the toilets
- Having a quiet place to sit for a while
- Flexi-time to allow starting the working day later or being able to leave early
- Working from home when it is beneficial and appropriate to do so

How to have a good conversation

Arrange a time and private space where you can talk openly without interruption. They may wish to bring a colleague with them. Reassure the person that everything you discuss will remain confidential.

This is the checklist recommended by the CIPD:

- Ask simple, open, non-judgemental questions.
- Avoid judgemental or patronising responses.
- Speak calmly.
- Maintain good eye contact.
- Listen actively and carefully.
- Encourage the employee to talk.
- Give the employee ample opportunity to explain the situation in their own words.
- Show empathy and understanding.
- Be prepared for some silences and be patient.
- Focus on the person, not the problem.
- Avoid making assumptions or being prescriptive.

Each person needs to be listened to and the response individualised. Sometimes practical solutions are requested and easy to administer such as desk fans. Other times it may be emotional support for psychological symptoms such as feeling tearful, stressed or low.

balance

Brought to you by renowned menopause specialist, Dr Louise Newson. The free balance app allows you to track your symptoms.



It's not your job to advise or prescribe. During your conversation, discuss whether they have seen their GP or would consider doing so. Even though 75% of women experience menopause symptoms, only 10% seek medical treatment. If their GP is unsupportive, recommend they contact a specialist menopause doctor through the [British Menopause Society](#).

Openly talking about menopause, can help develop a more inclusive culture across the organisation. Look at other ways to offer ongoing support such as:

- 'Buddying up' with a colleague who can offer one-to-one support
- Setting up a weekly or monthly community chat (often done online) giving a safe space for people to talk openly about their experiences
- Having menopause champions in the workplace who can be the first port of call for those wanting to talk

There may be occasions where women will feel more secure discussing personal issues with other women and this should be respected and accommodated wherever appropriate. However, menopause affects everyone and men should be included in awareness and training events so they feel part of the conversation.

Here are some useful websites offering trustworthy information and support:

- [Henpicked, Menopause in the Workplace](#) - menopause friendly accreditation
- [Women's Health Concern](#) - the patient arm of the British Menopause Society
- [NHS guidance on menopause](#)
- [Balance app](#) to track symptoms



EXERCISE

CIRCUITS FOR

HEALTHY HEARTS

MenoHealth at Work Programme Two

Try this
exercise

PERIMENOPAUSE & EARLY MENOPAUSE

This may last up to 10 years, ensure you recognise the symptoms and know where to go for help



Early menopause is used to describe menopause before the age of 45 and affects approximately 5% of the population. It is recommended that women who have had early menopause take HRT, if they are able to, until they reach the age of 50 to relieve symptoms and reduce the risk of osteoporosis by preventing an early loss of bone density.



Menopause that occurs in the teens through to early 40s, is called POI – **premature ovarian insufficiency** (which used to be called premature ovarian failure). This is when the ovaries stop producing eggs and produce no, (or very little), estrogen and progesterone.

Approximately one in every 100 women under the age of 40, one in 1,000 women under 30, and one in 10,000 under 20 experience POI. POI also affects women who have surgery (such as hysterectomy), or some cancer treatments.

If you are experiencing symptoms of menopause under 40, it's important to get the right diagnosis with correctly timed blood tests and the appropriate treatment to protect your heart, bones and general health. You can find out more about POI from [The Daisy Network](#).



Perimenopause lasts, on average, 2-6 years but can last longer than this. You may experience a variety of symptoms that you don't automatically associate with menopause:

- You may feel more anxious, less confident, tearful, moody, or angry for no real reason.
- You may find you're not coping so well at work, feeling overwhelmed or forgetful.

- You might feel tired and achy or not able to sleep through the night, waking in the early hours then falling asleep as the alarm goes off.
- You just don't feel yourself anymore.

Perimenopause creeps up on us gradually and we can often attribute the symptoms to other things – being busy at work, looking after elderly parents, coping with teenagers or empty nest syndrome, juggling work and life and putting everyone else first.

So, start by checking out the symptoms of menopause and keeping track of these including any changes to your periods. You can start to build a picture of how you are feeling and when this happens. Take your symptom tracker when you visit your GP to help you have a productive conversation.



daisy network

Daisy Network was created to provide support to women, along with their families and partners, who have been diagnosed with POI. They provide a support network and information on treatments and research within the fields of HRT and assisted conception.





There may be other reasons for your symptoms such as vitamin deficiencies or low iron levels and you should always get a medical opinion if you have any health concerns or are feeling depressed. For many, this 'jumble' of symptoms is indicative that you are going through perimenopause. It can be a turbulent time with hormone levels rising and falling, which is why you can feel fine one day and hardly able to get out of bed the next. And as perimenopause can last for years, be aware that your symptoms may change throughout this time.

Being aware is key. Rather than looking at the list of symptoms and dreading them, be aware so you are ready and able to take control of your menopause. There will be many crossroads in your menopause journey so getting the right information and knowing all your options will help you to take the direction which is right for you.

To find a menopause expert (NHS and private) see [The British Menopause Society](#).





EXERCISE

EXERCISES TO TONE UP TRICEPS

MenoHealth at Work Programme Two

Try this
exercise

bonebalance™

A 100% natural way to protect your bone health – especially important in women post-menopause. Use code MENO-BB for a unique 5% discount.





A MESSAGE FROM OUR FOUNDER

Julie Robinson

At the age of 36, our Founder, Julie Robinson had to have a hysterectomy and was advised against HRT.

“I had no idea that the long nights of insomnia that plagued me for years were anything to do with menopause. Nor did I associate the heart palpitations

that led to me being admitted to hospital, with menopause. It was a throwaway remark by the consultant, who assured me I wasn't having a heart attack, that this disruption to the heart rhythm is often associated with 'the change'. Given that all women are certain to experience

menopause, it's astonishing to think that it's still surrounded by myths, taboos and confusion. That's why I'm passionate about bringing women together in a safe space to support, inform and empower them to live their best lives.”



MENOSISTERS SUPPORT GROUP

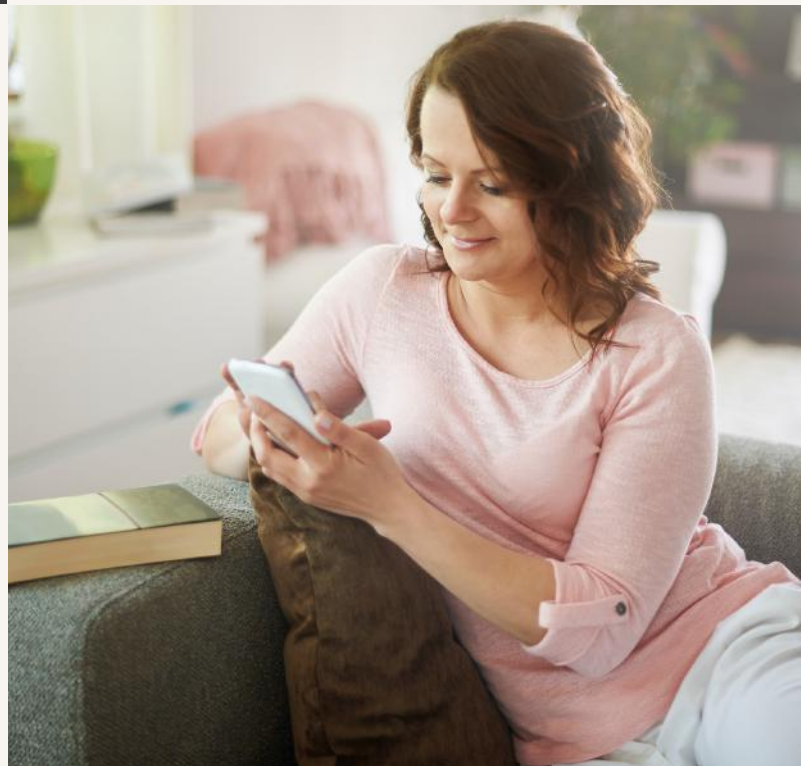
Join our private Facebook group where women come together to share their highs, lows and daily experiences of menopause.

[Join now!](#)

FOLLOW US ON SOCIAL MEDIA

Join us on Facebook, Instagram, Twitter, YouTube and LinkedIn for all the latest news, menopause updates and top tips to take control of menopause.

[Follow MenoHealth](#)



MENOHEALTH SHOP

Explore our range of books, fans and exercise equipment all designed to help you to take control of menopause.

[Explore our shop](#)





Find your nearest BMS menopause specialist. This register covers healthcare professionals who are current members of the British Menopause Society and have demonstrated specialist competency in menopause.



Main Ave

Bank Street

Central

North A

Park A

Hudson Street

First Street

South Street

Channel Street

South Street

MENOHEALTH AT WORK

P R O G R A M M E T W O



Empowering you to
take control of
menopause

