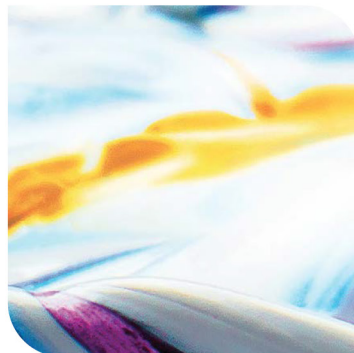




the menopause in the workplace  
managers toolkit



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## Contents

INTRODUCTION	3
UNDERSTANDING MENOPAUSE	5
MENOPAUSE SYMPTOMS	6
MENOPAUSE TREATMENT OPTIONS	8
SEEKING SUPPORT FROM COLLEAGUES	10
YOUR ROLE AS A COLLEAGUE	11
YOUR ROLE AS A MANAGER	12

# INTRODUCTION

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## IAA Commitment to Employees

At IAA we are committed to acting safely, sustainably, and ethically, whilst contributing to economic development and supporting our workforce and the community at large. We place a great emphasis on the wellbeing and development of our 650 staff across the company to ensure that the workplace is a safe, sustainable, and supportive environment for everyone. We strive to cultivate an inclusive workplace where all people feel comfortable and safe. Throughout the last numbers of years, we have focused on effective communication and cohesive collaboration with our stakeholders, in an on-going effort to effect change, influence behaviour and raise awareness.

To align with our commitment this toolkit has been developed in association with [\*The Menopause Hub\*](#) to support the management of employees who are going through the menopause. The purpose of the toolkit is to raise awareness of the menopause and provide information and support for both managers and employees.

## About The Menopause Hub

The Menopause Hub is Ireland's first and only dedicated multidisciplinary menopause clinic, offering a range of services to optimise the health and wellbeing of menopausal women. Our team of specialists includes a team of doctors (GPs & Gynaecologists), psychologists, dietitians & nutritionists and women's health physiotherapists. At The Menopause Hub, we are passionate about optimising women's health & wellbeing during menopause and beyond. We offer a holistic, evidencedbased approach to menopause management and care. We also work with a variety of organisations, across a variety of industries, including for profit and not- for- profit, to help make their workplaces menopause friendly.

## Overview: Why should employers consider menopause in their workplace?

The increasing age of the working population in most European countries means that more women will be working during their menopausal transition than ever before (Griffiths et al., 2016) The retention of menopausal female workers is important to ensure that expertise remains within the workforce and age diversification is maintained.

The menopause is a natural and inevitable stage of every woman's life. However, the experience will vary significantly for individual women. While the menopause may cause no significant problems for some, for many it is known to present considerable difficulties in both their personal and working lives. It is important to note that although it is women who experience the physical and psychological symptoms, menopause can also directly or indirectly affect work colleagues.



# Key Facts

43%

of women consider leaving work or taking extended leave when going through menopause

12%

have given up work because of menopause

80%

of women will have symptoms and there are over 40 symptoms

There is a fear of discrimination and lack of understanding and support in the workplace

Menopausal women feel they should be supported in the same way as any employee with an ongoing health condition. (The Menopause Hub, 2020)

Responding positively to the specific needs of individual employees is a key component of building an inclusive and welcoming working environment. An employer who seeks to understand and accommodate the needs, experiences and priorities of their employees is one that is likely to gain greater staff loyalty, lower rates of absenteeism and higher rates of productivity. It therefore makes good business sense. Employers also have a duty of care to their employees under health and safety legislation which includes assessing and considering the specific requirements of employees affected by menopausal symptoms. A failure to support women affected by menopausal symptoms may contravene certain equality laws, such as age, gender, and disability discrimination.



# Understanding Menopause

## What is Menopause?

Menopause is a natural phase of life when women stop having periods and experience hormonal changes such as a decrease in oestrogen levels.

The average age of menopause is 51, and perimenopause is 45. This age is a fast growing workforce demographic in many countries and with the recent change in pension age, it is likely that more women will be working into later life, so it is vitally important that employee managers are aware of and are educating themselves around the menopause. Every woman is different; therefore every woman's menopause experience will be different and menopausal symptoms can sometimes even begin before the age of 40 years. Menopause is often used as a catch-all for all phases of menopause. However, technically there are several distinct stages which can be broken down as follows:

### Pre-Menopause Stage

During the pre-menopause stage of life, a woman is having her regular menstrual cycle, is in her prime reproductive years, and has no noticeable symptoms of menopause.

### Perimenopause Stage

Perimenopause is a transitional stage between pre-menopause and post-menopause. Most women will notice perimenopause symptoms in their 40's. During this time oestrogen and progesterone levels start to fluctuate and this can result in many troublesome symptoms, which can be physical, psychological / emotional and genitourinary (affect pelvic organs & bladder)

### Post-Menopause Stage

Once a woman has surpassed 12 consecutive months without a menstrual cycle, she is considered to be postmenopausal. She will remain in this stage for the rest of her life. Fortunately for some, during this time, the symptoms that marked the perimenopause years may begin to subside, leaving some women more physically comfortable. However, for others this stage may only be the beginning of symptoms. Longer term post-menopausal women are at increased risk of osteoporosis, heart disease and Alzheimer's, due to their declining oestrogen.

The above stages are referred to as 'natural menopause'. However, women may also experience premature or early menopause or surgical menopause.

### Premature Menopause

Premature menopause is menopause that occurs before the age of 40 years. It is also referred to as Premature Ovarian Insufficiency (POI). Women who experience early or premature menopause may need hormone therapy to reduce the risk of diseases such as osteoporosis and cardiovascular disease. Early menopause can be induced by some medical treatments such as surgery or chemotherapy.



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## Surgical menopause

Surgical menopause may follow the removal of one or both ovaries, or radiation of the pelvis, including the ovaries, in premenopausal women, this results in an abrupt menopause. These women often have more severe menopausal symptoms than if they were to experience menopause naturally.

## Menopause in Trans and non-Binary people

It is important to note that not every trans or non-binary person take hormones. However, those taking hormones to feminise will usually take oestrogen and progesterone, along with testosterone blockers. To masculinise, they will take testosterone and oestrogen blockers. People taking these hormones are managed by their doctors and have regular health checks. Menopause symptoms can be experienced when hormone treatment is stopped or changed, which may have to be done for medical procedures.

This hormone disruption can cause symptoms similar to those which can be experienced during menopause. People experiencing these symptoms will potentially need the same workplace support as those going through menopause. This is where employers need to make sure they are being fully inclusive. (Garlick, 2020)



## Menopause Symptoms

Menopause can cause over 40 physical and psychological symptoms that can last for on average 7.4 years. 80% of menopausal women experience symptoms, but just as every woman is different, so too is their menopause. Symptoms can fluctuate and be felt to varying degrees. Experiencing any of the typical symptoms can pose a challenge for women as they go about their daily lives, including at work. Some of the most typical symptoms of the menopause include:

- psychological issues such as mood disturbances, anxiety and/or depression, memory loss, panic attacks, loss of confidence and reduced concentration
- hot flushes (brief and sudden surges of heat usually felt in the face, neck and chest)
- sleep disturbance that can make people feel tired and irritable
- night sweats (hot flushes that happen during the night)
- irregular periods and/or periods can become light or heavy
- muscle and joint stiffness, aches and pains
- recurrent urinary tract infections (UTIs) including cystitis
- headaches
- weight gain
- palpitations (heartbeats that become more noticeable)
- skin changes (dryness, acne, general itchiness)
- reduced sex drive / libido

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## Reasonable Adjustments And Accommodations For Employees

Employees experiencing menopause may need specific considerations to facilitate their comfort and most of these adjustments can be easily made in consultation with the woman herself. Carry out a risk assessment if necessary.

Regular conversations between employees and line managers will help identify any possible adjustments to the working environment to ease any symptoms they may be experiencing.

Some practical examples include:

- Facilitating open discussion about menopause with employees (\*please see next section for tips on how to start the conversation)
- Raise awareness of menopause in the workplace to address any negative attitudes that may exist.
- Flexible working hours or shift changes where possible
- Review of workplace temperature and ventilation to see how they can be adapted to meet individual needs
- Providing desktop fans or relocation of workstations nearer to windows or away from a heat source
- Access to fresh drinking water
- Access to washroom and shower facilities where possible
- Provide access to quiet restrooms for short breaks to manage severe hot flushes
- A possible change to uniform requirements – avoid human-made fibres or close-fitting uniforms

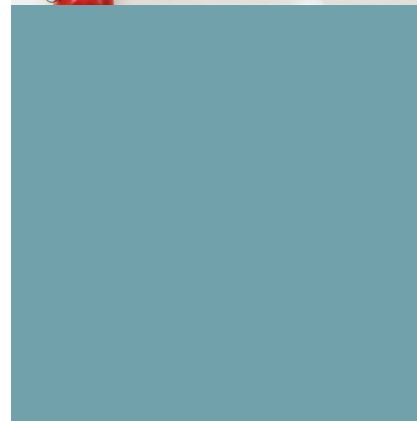


# Menopause Treatment Options

There are many treatment options available for women who experience menopause symptoms that, especially if they are interfering with your quality of life and /or work.

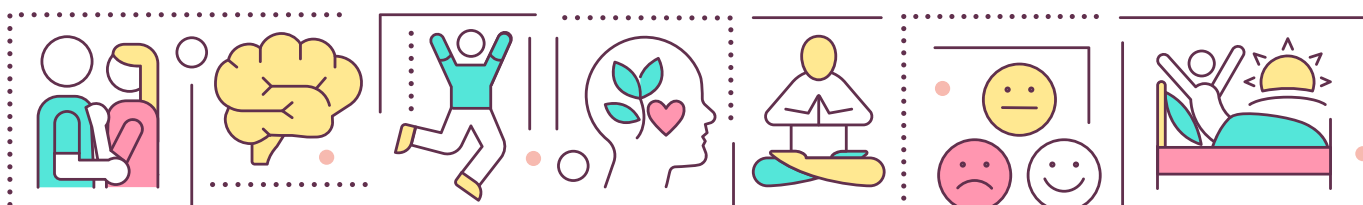
Treatments options include the following:

- **Diet and lifestyle** –This is the cornerstone for good health as we age and especially in the lead up to and during menopause. Many of us know the theory, but it is much more difficult to put into practice. During menopause the decline in oestrogen results in our bodies laying down fat differently, viscerally (brown fat, that wraps around our abdominal organs) instead of subcutaneously (under the skin). This results for many in a change of body shape. In addition, our metabolism is slowing down and the diet and lifestyle regime that once worked for us may no longer work as well. It is important in the lead up to perimenopause and menopause that our weight is controlled. We need to make diet and lifestyle changes that we are going to sustain for the rest of our lives. We need to cut out smoking, cut down alcohol and reduce tea and coffee intake (can be a bladder irritant). In addition, we need to increase our energy out through exercise (150 mins / week), start doing weight bearing exercises, which are important for bone health and muscle mass, and move to a more Mediterranean diet or a more plant-based diet. Finally, we need to ensure that we have enough Vitamin D and Calcium in our diet or add in supplements if necessary.
- **Hormone Replacement Therapy (HRT)** – since 2105 and the introduction of the NICE Guidelines, HRT is seen as the most effective treatment for menopause symptoms for most women. And the British Menopause Society 'Tools for Clinicians' states 'The risks are considerably less for most women than previously thought. HRT has been shown to result in significant improvement in menopausal symptoms control and quality of life and in addition, HRT has been shown to result in significant improvement in bone density and protecting against osteoporosis and osteoporosis related fractures. HRT started in women under the age of 60 or within 10 years of the menopause has also been shown to result in significant reduction in the risk of heart disease and cardiovascular mortality'. Transdermal HRT, delivered through the skin in gels, patches and creams is seen as safer than oral HRT. The key hormones that are replaced are oestrogen, progesterone (if you have a womb), testosterone, and local oestrogen (for vaginal dryness)
- **Non-Hormonal treatment** is available for women who cannot take HRT (family or medical history) or who do not want to take HRT. Medical options include: blood pressure-type medicine to relieve flushes and sweats with good results. Some of the newer anti-depressant medications have been shown to give relief from flushes too, even when used in very low doses. Mood problems can be helped by these medications too. Vaginal moisturisers and lubricants are available that may help improve the symptoms of vaginal dryness and discomfort that plague some women.
- **Herbs / Supplements** – Women are often interested in trying 'natural' solutions for their menopause symptoms. There are lots of over-the-counter solutions available in pharmacies and health food shops or online. However, buyer beware! There is not a lot of evidence behind the efficacy of many of these products and the strength and dosage may differ



across brands, due to the lack of regulation of these products. So do your research and look for the evidence. Some women get relief from the following; Sage, Dong Quai & Red Clover which can help treat hot flushes. There are also over the counter supplements specifically for menopause that may help with some symptoms. Unfortunately, St John's Wort and Black Cohosh are banned in Ireland but are available in the UK and some other countries. Isoflavones and soya product are another source of oestrogen, found in foods. Phytosoya products are available over the counter in pharmacies and health food stores. Once again there is limited research to support their use.

- Cognitive Behavioural Therapy (CBT) has proven effective for treatment of menopause symptoms, in particular; anxiety, mood swings, panic attacks, hot flushes and sleep. In addition, CBT is an excellent life skill and series of techniques that can help us in many aspects of life. Look for a trained counsellor.
  - Complimentary therapies (acupuncture, yoga) – once again, anecdotally, women say that these practices have helped their symptoms, however there is limited evidence of their effectiveness.
  - Mindfulness and meditation can also be beneficial for women with menopause symptoms of hot flushes and stress.
  - Pelvic Physiotherapy – can help with pelvic floor stimulation and include manual therapies, electrotherapy and bio-feedback therapy. Incontinence is not normal and should always be investigated.
  - Sleep Therapy for insomnia (CBTi) – insomnia affects many women in menopause and after ruling out any physiological reason for sleep disturbance e.g. sleep apnoea) women may benefit from insomnia specific cognitive behavioural therapy.
- The key takeaway is that women no longer need to suffer in silence as there are treatment options available. Women should contact their GP or a menopause specialist clinic to discuss the best treatment for them.



# Seeking Support from Colleagues

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Given the taboo and stigma that still surrounds menopause, talking about menopause and how it may be affecting us personally can be awkward, embarrassing, stressful and uncomfortable. Ongoing symptoms can affect our confidence and motivation, often at a time – in our 40s and 50s – when we are likely to be advancing our career into more senior leadership roles. However, it is important to seek help and support for this phase of life, be it inside the workplace or outside work. Menopause can be lonely, challenging and isolating, yet it need not be.

**Remember you are not alone! 80% of women are unprepared for menopause and 66% know little or nothing about menopause (The Menopause Hub research, 2020)**

## Starting a conversation:

Talking to others at work about what may be happening to us medically can be difficult. Only share with those that you feel comfortable with. Consider who you might like to share this information with, why you want to share and what you hope to be the outcome.

Tips for having a conversation with a colleague:

- Perhaps write down what you want to share and practice the conversation you would like to have. This may help you feel more comfortable
- If your conversation is with a line manager or someone in HR, then practice in advance with someone at home (family or friend) or with a colleague you can trust.
- Outline your hopes for the conversation and what outcomes you would like
- Find a quiet area or meeting room where you are unlikely to be disturbed
- Take some notes during the conversation for your records.
- Request a follow up conversation if appropriate or necessary
- Confirm confidentiality

## Seeking further support at AAI

- Speak to a Menopause Champion at AAI
- AAI is committed to making our workplace menopause friendly, so you may consider reaching out for support with your line manager who may be able to support you with reasonable accommodations
- If you feel uncomfortable speaking with your line manager, speak with HR instead
- Reach out to your EAP, to assist you in getting support for your symptoms.



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## How to access support outside AAI

- If you think you may be experiencing symptoms of menopause, it can be very useful to track your symptoms using a Symptom Checker or similar <https://www.themenopausehub.ie/symptom-checker>
- Consider speaking to your GP or a menopause specialist, e.g. The Menopause Hub, where you can avail of support for your symptoms. There are lots of options available, so please don't suffer in silence.
- Join a support group such as the Irish Menopause - <https://www.facebook.com/theirishmenopausepage/groups>
- Consider speaking with someone who is already experiencing menopausal symptoms or has done. No two women are the same nor are their menopause symptoms, however it may be reassuring to know that you are not alone and that others are experiencing symptoms too.
- Empower yourself through researching menopause. Look for evidence-based information as there is a lot of conflicting information out there. Accredited sources are more trustworthy. There is a list of resources at the end of this toolkit where you can seek further information

## Your role as a Colleague

Talking about menopause can be daunting, given the secrecy stigma and taboo that has surrounded it for so long. Also, if you are not or have not experienced menopause yourself it may be difficult to understand. Reading up about it and educating yourself is a great place to start. This will enable you to be more aware, empathetic and supportive. Talking more openly about menopause can also help normalise the topic.

Remember, 60% of menopausal women told us that they lacked confidence discussing menopause with colleagues at work. (The Menopause Hub research 2021)

If you would like to support a colleague, here are some tips to help you:

- Inform yourself about menopause and how it can affect some women
- Keep an open mind, don't presume or make judgements
- Create an open and accepting environment so others can feel comfortable discussing sensitive issues
- Offer a listening ear and ask open questions
- Signpost to internal supports; Menopause Champions, EAP, HR, Line Manager
- Signpost to external supports, GP, support groups, external resources (see links in Resources at the end of this toolkit)

# Your Role as a Manager

## How to Start the Conversation

Remember, 86% of women do not feel comfortable giving the real reason for taking time off work when it was due to menopausal symptoms. 9 out of 10 women would like their managers to have menopause specific training so the conversation can be started. This toolkit will help you facilitate this conversation. Often you are the first point of contact so, your role is important.

### Manager recommendations/talk track

- Be respectful
- Be empathetic and compassionate
- Listen actively - speak calmly
- Maintain good eye contact
- Encourage the employee to talk
- Don't take a judgemental attitude
- Focus on the person, not the problem
- Avoid making assumptions or being prescriptive
- Ask open ended questions, e.g. how may we support you, how do you feel, what would you like to see happen?
- Follow up in writing, especially agreed actions or support
- Signpost to their GP or EAP
- Agree a follow-up conversation

**Remember: disclosure should always be a matter of personal choice and confidentiality should be respected at all times.**



<b>SUGGESTED QUESTIONS</b> 	<b>QUESTIONS/COMMENTS TO AVOID</b> 
<ul style="list-style-type: none"> <li>• How are you? Is everything OK with you at the moment?</li> <li>• You seem [unhappy, tired, distracted..], would you like to talk?</li> <li>• Is there anything I can do to help?</li> <li>• What would you like to happen and how?</li> <li>• What support can we offer you?</li> <li>• Have you spoken to your GP or looked for help?</li> </ul>	<ul style="list-style-type: none"> <li>• What's your problem?</li> <li>• Are you going through the change?</li> <li>• Lots of women are in the same boat as you, can you not deal with it?</li> <li>• I know nothing about the menopause, so how am I supposed to help?</li> <li>• Is that something that older women get?</li> </ul>



To find a Menopause Society locally, which will have resources relevant to your country, check out CAMS Directory (Council of Affiliated Menopause Societies)  
<https://www.imsociety.org/membership/cams/>

**Further Reading and Resources**

<https://www.themenopausehub.ie/menopause-in-the-workplace>  
<https://www.menopauseatwork.org/free-resources>

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