

Menopause Statement & Guidance

For use in:	All Colleges, Schools and Departments
For use by:	All University Staff
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1. Background

1.1 Menopausal women are the fastest growing workforce demographic according to the [Government Report on Menopause](#), which is highlighted by the [Office of National Statistics](#). The average age for a woman to go through menopause is 51 and one in three of the workforce will soon be over 50

1.2 Three out of four women experience symptoms and one in four could experience serious symptoms. According to the [Faculty of Occupational Medicine](#) (FOM), nearly 8 out of 10 of menopausal women are in work.

1.3 Alarming, in some cases menopausal symptoms can lead to women leaving their jobs. In fact one in four consider it, according to the [Wellbeing of Women survey in 2016](#). Awareness on this topic is fundamental and reducing the stigma attached to it is vital so that more people will talk openly, and the menopause can begin to be normalised.

2. Introduction

2.1 Bangor University is committed to providing an inclusive and supportive environment for everyone that works here.

2.2 Most individuals experience symptoms during perimenopause and menopause due to changes in hormone levels. With the right support and medical treatment for their symptoms, their experience at work will improve.

2.3 Menopause should not be taboo or 'hidden.' We want everyone to understand what menopause and perimenopause are and to be able to talk about them openly, without embarrassment. This is not just an issue for women, it will affect trans men and some non-binary people, and all men will be affected by it indirectly.

2.4 The changing age of the UK's workforce means that between 75% and 80% of menopausal people are in work. Research shows that most individuals affected are unwilling to discuss menopause-related health problems with their line manager, nor ask for support or adjustments that they may need.

2.5 This statement sets out the guidelines for members of staff and managers on providing the right support to individuals to help them manage perimenopause and menopause symptoms at work. It is not contractual and does not form part of the terms and conditions of employment.

3. Aims

The aims of this statement are to:

- 3.1 Foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopause.
- 3.2 Ensure everyone understands what menopause is, can confidently have good conversations and is clear on Bangor University's policy and practices, supported by Human Resources and Occupational Health.
- 3.3 Educate and inform managers about the potential symptoms of perimenopause and menopause, and how they can support individuals at work.
- 3.4 Ensure that those experiencing menopause symptoms feel confident to raise the issue and ask for support and any reasonable adjustments so that they can continue to be successful in their roles.
- 3.5 Reduce absenteeism due to perimenopause and menopausal symptoms.
- 3.6 Assure all staff going through perimenopause and menopause that Bangor University is a responsible employer, committed to supporting their needs during menopause.

4. Scope

- 4.1 This statement and guidance applies to all University staff at every level.

5. Definitions

- 5.1 The menopause is part of the natural ageing process, although it can be brought on as a result of other medical conditions or certain interventions and is when someone stops having periods. It occurs when the ovaries stop producing eggs, as a result, levels of hormones called estrogen, progesterone and testosterone fall. It refers to the point in time when menstruation has ceased for twelve consecutive months.

There are four key stages:

Pre-menopause – The time in life before any menopausal symptoms occur.

Perimenopause – When menopausal symptoms occur due to hormone changes, but periods still happen (even if irregular). This can often last 4-5 years although for some women it may continue for many more years or for others may last only a few months. Symptoms may vary to a degree between different individuals. Since they may be still having regular periods at the onset of symptoms, many individuals do not realise that they are experiencing the

perimenopause and may not understand what is causing their symptoms; and can be a barrier to accessing support.

Menopause - Usually occurs between the ages of 45 and 55. In the UK, the average age is 51, but it can happen much earlier. Many women experience the menopause before 45 (**early menopause**) and a significant number of women experience the menopause before the age of 40 (**premature menopause**) Some women experience medical/surgical menopause which can occur suddenly when the ovaries are damaged or removed by specific treatments such as chemotherapy, radiotherapy, or surgery. Sudden menopause tends to experience more severe symptoms and may require treatment and/or post-operative care to manage further problems.

Younger women undergoing treatments for conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age) and infertility (affecting 1 in 7 couples), may experience menopausal symptoms whilst receiving treatment.

Individuals from non-binary, transgender and intersex communities may also experience menopausal symptoms. Due to a variety of factors, the experience of the menopause may be different for those within these communities. Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation, or marital/civil partnership status. It is important to recognise that for many reasons; peoples individual experiences of the menopause may differ greatly.

6. Symptoms of Menopause

- 6.1 Over 80% of women, trans men and some non-binary people experience symptoms due to changes in hormone levels. 25% of these experience symptoms which could be classed as severe and have a significant impact on their daily life.
- 6.2 There are many symptoms including, but not exclusively, anxiety, brain fog, fatigue, hot flushes, trouble sleeping, poor concentration, headaches or migraine. Heavy periods, aching muscles, and joints, and loss of confidence and self-esteem can also occur.
- 6.3 It is important to remember that reduced levels of estrogen last forever. This is not a phase that people go through and 'come out the other side'. Without replacing hormones, ongoing symptoms can occur for the rest of someone's life. Lack of estrogen has a further effect on future health as it is linked with loss of bone density (leading to osteoporosis), heart disease, diabetes, and dementia.

7. Drivers

7.1 We are committed to ensuring that the University is an inclusive and welcoming place of work, research, and study, where health and wellbeing is a priority for all.

8. Legislative Setting

8.1 The **Health and Safety at Work Act (1974)** requires employers to ensure the health, safety and welfare of all workers. Under the act, **employers are required to do risk assessments** under the Management Regulations **which should include specific risks to menopausal women** if they are employed.

8.2 The **Equality Act (2010)** prohibits discrimination against people on the grounds of certain ‘protected characteristics’ including sex, age and disability. It is also important to note that conditions linked to the menopause may meet the definition of an ‘impairment’ under the Equality Act and require reasonable adjustments.

8.3 The **Public Sector Equality Duty (Wales)** was created by the Equality Act. The duty places a legal obligation on this organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a ‘protected characteristic’ and those who do not. This includes:

- removing or minimising disadvantages suffered by people due to their protected characteristics;
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

9. Protected Characteristics

9.2 Some people may have more than one protected characteristic and therefore may experience multiple barriers and discrimination. Needs should be addressed sensitively on an individual basis

9.3 **Existing health conditions and disabilities** – The menopause can exacerbate existing health conditions, triggering or coinciding with a flare up of symptoms, or that an existing health condition may also worsen symptoms of the menopause. There are reports that a wide range of conditions can be affected by the menopause including arthritis, multiple sclerosis (MS), mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia and many others. A significant number of women also experience the menopause as a result of cancer treatment.

Individuals with conditions that cause differences in communication or sensing and perceiving (such as autism) or certain health conditions may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support.

If an individual has an existing condition that is worsened by the menopause, they may need more time off for medical appointments or treatment for that condition and it may be necessary to review any reasonable adjustments that were previously in place.

9.4 Black, Asian and Minority Ethnic (BAME) people and the menopause – Research has found that there is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult to access medical advice or ask for help or adjustments at work.

9.5 Trans people and the menopause – Stonewall describe ‘trans’ as an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person’s transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Trans men (those who identify as male but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed. Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.

Trans women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited menopausal-like symptoms – unless hormone therapy is interrupted, or hormone levels are unstable.

Many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned. Some trans people may not wish to disclose their

trans status and as a result may be reluctant to discuss menopausal symptoms if doing so would disclose their status.

9.6 LGBT+ and the menopause – Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, if both partners are experiencing symptoms at the same time such as sleep disturbance or night sweats, this can increase tiredness and fatigue for both partners. Other symptoms such as low mood or depression at the same time can also cause increased difficulties.

9.7 Women and the menopause – Women may already be experiencing other issues and difficulties when the menopause happens such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Increases in the state pension age also mean that some women will have to work longer than they might have planned.

9.8 Men and the menopause – Men can be indirectly affected by the menopause for example if their partner is experiencing insomnia and night sweats, men may also experience disrupted sleep and fatigue. If a mans partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased stress levels. In some cases, people can experience relationship problems or difficulties at home at this time. These issues can have an impact on men in the workplace.

10. Training and Awareness

9.1 All staff will be made aware of this guidance document upon commencement at Bangor University. Copies can also be viewed on the Bangor University Occupational Health intranet.

11. Roles & Responsibilities

- a. Members of staff:
 - i. All staff are responsible for :
 - Making their own health a priority
 - Being open and honest in conversations with managers/HR and Occupational Health.
 - If a member of staff is unable to speak to their line manager or if their line manager is not supporting them, they can speak to their designated HR Officer, their Union or Occupational Health.
 - Contributing to a respectful and productive working environment.
 - Being willing to help and support their colleagues.

- Should be accepting of all adjustments that their colleagues have agreed in confidence with their line managers to assist with their health.
- b. Line Managers
- i. All Line managers should:
 - Familiarise themselves with the Menopause statement and guidance and other associated policies to ensure that the best possible support and advice is provided to staff.
 - Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversations and treating the discussion sensitively and professionally.
 - Follow any menopause related guidance provided by the University and HR, signposting and reviewing together with HR before agreeing with the individual how best they can be supported, or adjustments required.
 - Record adjustments agreed, and actions to be implemented.
 - Ensure ongoing dialogue and review dates
 - Ensure that all agreed adjustments are adhered to

Where adjustments are unsuccessful, or if symptoms are proving more problematic the Line Manager may:

- Discuss a referral to Occupational Health with HR for further advice.
 - Refer the member of staff to Occupational Health
 - Review Occupational Health advice and implement recommendations where reasonably practical
- c. Occupational Health
- i. The role of Occupational Health is to:
 - Carry out a holistic assessment of individuals as to whether or not menopause may be contributing to symptoms/wellbeing; providing advice and guidance in line with up-to-date research.
 - Signpost to appropriate sources of help and advice
 - Provide support and advice to HR and Line Managers in determining and agreeing reasonable adjustments, if required.
 - Monitor referrals due to menopause symptoms and provide additional signposting where required.
 - Attend training sessions
 - Summarise all cases relating to menopausal symptoms in a annual activity report.

- Review the menopause resources on OH web pages and keep these up to date.
- d. Human Resources (HR)
 - i. HR will:
 - Offer guidance and training to managers on the interpretation of this Statement and guidance.
 - Have open discussions with colleagues about menopause, offer guidance, support or adjustments in an attempt where possible to support the individual's requirements.
 - Monitor and evaluate the effectiveness of this guidance in respect of related absence levels and performance.
- e. Employee Assistance Program (Care First)

7.5.1. The Employee Assistance Team will:

- Provide access to 24/7 telephone, online and face to face counselling for all members of staff via the helpline number:

Tel: 0800174319 and Online: www.carefirst-lifestyle.co.uk

Username: bangor

Password: employee

12. Links to other policies

This document is linked to:

- Sickness Absence Procedure
- Flexible working Policy
- Health and wellbeing strategy
- Stress policy

13. Appendices

- Appendix 1 – Menopause at Work Managers Guidance
- Appendix 1a – Health at Work Plan – (HSS)
- Appendix 1b – Confidential Colleague Discussion Template
- Appendix 2 – Menopause in the Workplace Staff Guidance

14. External Links

National Institute for Health and Care Excellence (NICE) Guidelines. These explain how your clinician can determine what types of treatment and interventions they can offer <https://www.nice.org.uk/guidance/ng23/ifp/chapter/Menopause>

The NHS provides an overview of the menopause. You can read more at <https://www.nhs.uk/conditions/menopause/>

Free menopause information website with a vast library of peri/menopause information, films, podcasts, stories, visit <https://www.balance-menopause.com/>

The balance app – for free perimenopause and menopause support and information. The app has a symptom tracker and personalised health reports which can be used to help individuals talk to their doctor about their symptoms. Find it in the App Store on your phone or download from here www.balance-menopause.com/balance-app/

Watch this documentary with Davina McCall:

<https://www.channel4.com/programmes/davina-mccall-sex-myths-and-the-menopause>

Appendix 1 - Managers Guidance for Colleague Discussions

The University is committed to offering a supportive, understanding and inclusive place of work, where staff feel comfortable discussing their menopausal symptoms. If a member of staff wishes to speak about their symptoms or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic) or if they wish to speak about how menopause may be affecting them and their relationships with others experiencing menopause:

- Allow plenty of time to have the conversations
- Find a quiet space that is confidential
- Encourage them to speak openly and honestly
- Suggest ways in which they can be supported (see symptoms below) – share the menopause in the workplace staff guidance (Appendix 2)
- Agree actions and how to implement them (There is a helpful template (Appendix 1a) you can use to record the meeting so that all parties agree what has been discussed and the next steps, before the meeting ends). Ensure that this record is treated as confidential and is stored securely.
- Agree if other members of the team should be informed and by whom
- Ensure that time is set aside for a follow up meeting.

Symptoms Support

Symptoms can manifest both physically and psychologically, including support for individuals should be considered detailed below:

Hot Flushes

- Request temperature control for their work area, such as a fan on their desk or moving near a window or away from a heat source (Where possible a USB connected fan desk to ensure environmentally friendly)
- Easy access to drinking water
- Adaptations to uniform e.g. by removing a jacket or encouraging suitable workplace clothing made from natural fibres if at all possible. In addition, providing additional uniforms in order for them to be able to change during the day where the need arises.
- Access to rest room facilities for breaks or a quiet area if they need to manage a severe hot flush.
- Adjusting duties – hot flushes can be difficult to cope with when undertaking high visibility work such as formal meetings and formal presentations.

Heavy/light periods

- Good access to washroom facilities
- Approve requests for extra uniforms
- Ensure sanitary products are available in washrooms across the University.
- Ensure storage space available for a change of clothing.

Urogenital Problems

This will include an increased frequency and urgency to pass urine, with a need to access toilet facilities more frequently and to drink more fluids. Suitable adjustments may include:

- Good access to washroom facilities
- Allowing more frequent breaks to go to the toilet.
- Providing easy access to drinking water.

Headaches

- Offer a quiet space to work
- Offer noise reducing headphones to wear in open offices
- Have time out to take medication if needed.

Difficulty Sleeping

- These symptoms may result in both the individual experiencing them and their partner being very tired at work. Suitable adjustments may include:
- Revisiting working time arrangements – having the flexibility to deal with symptoms including starting later after difficulties in sleeping, taking more breaks during the day or needing to leave work suddenly. Individuals often have a time of day when they are able to work most productively and adjusting working hours to suit that time is a reasonable adjustment

[Dynamic Working | Human Resources | Bangor University](#)

[flexible EN.pdf \(bangor.ac.uk\)](#)

- **Low mood**
- Agree time out from others when required without needing to ask for permission.
- Identify time out space to be able to go and ‘clear their head’
- Contact Care First Employee Assistance Program helpline on:
Tel: 0800174319 and Online: www.carefirst-lifestyle.co.uk
Username: bangor
Password: employee

Loss of Confidence

- Ensure there are regular Personal Development Discussions
- Have regular protected time with their manager to discuss any issues
- Have agreed protected time to manage workload effectively

Poor Concentration

- Discuss if there are times of the day when concentration is better or worse and adjust working pattern/practice accordingly.
- Review task allocation and workload.
- Provide books for lists, action boards or other memory assisting equipment.
- Offer a quiet space to work.
- Offer noise reducing headphones to wear in open offices
- Reduce interruptions
- Have agreements in place regarding 'protected time' so that they are not disturbed.
- Have agreed protected time to manage workload effectively

Anxiety

- Promote counselling services provided by Care First Employee Assistance Program helpline on:
Tel: 0800174319 and Online: www.carefirst-lifestyle.co.uk
Username: bangor
Password: employee
- Be able to have time away from their work to practice relaxation techniques.
- Undertake some mindfulness activities such as breathing exercises or going for a walk.

Panic Attacks

- Agree time out from others, when required without needing to ask for permission.
- Be able to have time away from their work to practice relaxation techniques.
- Undertake some mindfulness exercises such as breathing exercises or going for a walk.

Work Related Stress

Work related stress can exacerbate these symptoms. Suitable adjustments may include:

- Encouraging staff to discuss concerns openly at one-to-one meetings with their manager, their HR Officer or Occupational Health. Sometimes staff may prefer to speak initially to someone else. E.g., a female manager in their department, a trade union representative or Occupational Health.
- Agreeing adjustments where possible.

- Providing signposting to counselling services provided by Care First Employee Assistance Program helpline on:
Tel: 0800174319 and Online: www.carefirst-lifestyle.co.uk
Username: bangor
- Addressing work related stress through risk assessment and implementation of our stress assessment tools here at Bangor University:
[Stress Assessment Tools | Staff Development | Bangor University](#)

Psychosocial and Social Impact

Some people report feelings of isolation. Suitable adjustments may include:

- Promoting physical and mental wellbeing at work.
- Providing signposting to counselling services provided by Care First Employee Assistance Program helpline on:
Tel: 0800174319 and Online: www.carefirst-lifestyle.co.uk
Username: bangor
- Providing an ability to network with colleagues experiencing similar issues.

Discuss whether the member of staff has visited their GP. Depending on the discussion this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety. If they have visited their GP and are being supported by them it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.

Appendix 1a – Health at Work Plan – (HSS)

[Menopause Health Plan.doc \(live.com\)](#)

Appendix 1b

Confidential Colleague Discussion Template

Name:	
Job Title:	
School/Department:	
Present at meeting (LM):	
Date of Discussion:	
Summary of Discussion:	
Agreed Actions/Adjustments:	
Date of Next Review:	
Signed (Member of staff)	
Signed (LM):	

Appendix 2 – Menopause in the Workplace – Staff Guidance

Introduction

At Bangor University we are committed to ensuring the welfare of our staff. This guidance has been created to provide support and guidance for staff who are experiencing menopausal symptoms, to help staff feel comfortable discussing the menopause at work.

As an employer it is important to ensure that the work environment does not exacerbate a person's menopause symptoms. By supporting those affected by the menopause, and its symptoms, we seek to show our staff that we are fully committed to staff wellbeing

Why talk about the menopause?

The menopause is often not confidently spoken about in the workplace and can often be a taboo subject or avoided entirely. This guidance document has been designed to encourage staff and their line managers to feel comfortable when discussing personal and sometimes embarrassing symptoms.

Dealing with symptoms in the workplace

We understand that symptoms can be wide ranging, both physically and psychologically and may last over a period of several years. Not everyone will experience symptoms, but many will and we are here to support you when experiencing those symptoms, if and when, they fluctuate.

Support in the workplace

We understand that it can be a difficult and stressful time for you and talking about a sensitive and personal matter isn't always easy, but it is important that you seek advice and support. As an employer we are committed to ensuring that you are able to work and feel comfortable to do so, to the best of your ability, during this time. Please be assured that if this is something you are experiencing, it will be taken seriously and treated confidentially.

If you are experiencing symptoms of the menopause which are affecting your comfort and or performance at work, please speak to your manager to discuss adjustments that can be put in place to support you.

If you feel comfortable talking to your line manager, we recommend that this should be your first option. Alternatively, if you feel more comfortable you could discuss with a member of HR, a colleague or Occupational Health.

Discussing symptoms with your Manager

When approaching your manager to begin a conversation with them, be clear from the start what you intend to talk about. This is so that your manager has time to prepare themselves and read through the guidance that is available to them.

- Make sure that you are as honest as you can be about your symptoms and how they are impacting you and your work.
- Think about how your manager can support you best; emotionally and practically.
- Consider any reasonable adjustments that could be made and discuss these with your manager
- If you are receiving medical support, let your manager know so that they are aware that you might need to attend appointments.

Examples of possible adjustments to discuss with your manager

- Adjusting start and finish times, or to take increased breaks – this might help you if you are experiencing fatigue or sleep deprivations
- Additional rest time – for example if there was a long meeting
- Flexibility to attend medical appointments as needed
- Facilitating a comfortable working environment – access to cold drinking water, air-conditioned areas/portable fans, moving a desk nearer a window or away from a radiator – This is particularly helpful with hot flushes or day time sweats.
- Identifying changing/washing facilities – this could be helpful if you are experiencing heavy or irregular periods.
- Use of quiet spaces – this could be helpful if you are suffering headaches and fatigue.
- Consider your mental health, how often do you want to have one to one catch ups? You might find this helpful if you are suffering from a loss of confidence, poor concentration or anxiety.

Talking to your General Practitioner

If you are suffering menopausal symptoms and they're getting in the way of enjoying life, it's time to talk to your doctor. We all know it can be difficult to even get an appointment, and then often it's only ten minutes and over the phone. Talking about symptoms can be hard, let alone if you feel rushed or unprepared. Below are some helpful, straightforward tips to help you get the best from your appointment.

Don't wait – It's common for people to feel that they must simply 'put up' with menopausal symptoms as a part of life, but if they are affecting you then there are things you can do and support available. There's no need to wait until symptoms feel unbearable.

[Menopause - Symptoms - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Read the NICE guidelines – This stands for National Institute of Health and Care Excellence and these guidelines are what your GP will use to determine the time of conversations to have with you and treatments to offer. There are guidelines for patients that are really useful to read before you see your GP so you know what to expect:

[Overview | Menopause: diagnosis and management | Guidance | NICE](#)

Prepare for your Appointment – It's easier for your GP to understand what's going on if you provide them with all the information. Blood tests to say where you are on the menopause transition aren't always available or accurate – your hormones can fluctuate daily during this time. So your GP will be thinking about what to recommend for you based on your symptoms.

Keep a symptom diary – record dates of your menstrual cycle, hot flushes, how you're feeling and any changes you've noticed. Take the diary to your appointment. Your GP will be thankful of this and it will help you both to find the right solution faster. If you have any preferences make sure you tell them too. E.g. If you'd like to try hormone replacement therapy (HRT) or not.

Ask the receptionist which GP is best to speak to – They are often the font of all knowledge at a surgery and can help you find the best person to speak to – it might not be your usual GP, it could be someone who has had special training in the subject.

Ask for a longer appointment – If you don't think your standard appointment will be long enough then see if you can book a double appointment.

Ask for a second opinion – If you don't feel you've received the help you need, ask to speak to someone else. Don't be put off, you know how you're feeling and how it's affecting you.

Ask if there's a menopause clinic in your area - There are sometimes regional clinics specifically devoted to menopause. If there is one available it may be helpful to ask for a referral.

Take your partner or friend with you – Your partner or friend will know how the symptoms are affecting you, they could support you at the appointment and also find out how they can continue supporting you

[Asking for support through menopause - Henpicked](#)

What to expect from your GP?

They should:

- Talk to you about your lifestyle and how to manage both your symptoms and your longer term health.
- Offer advice on hormone replacement therapy and other non-medical options
- Talk to you about the safety and effectiveness of any treatment

They should not:

- Tell you that it's just that time of life. Menopause is a natural stage but that does not mean you should have to put up with symptoms without help.
- Tell you they don't prescribe HRT. It's up to you what you want to try and you have the right to be informed before making a decision about what is right for you, depending on your medical history.
- Impose unnecessary time restrictions e.g. they'll only prescribe this once or for a year or two. This is an ongoing conversation and if your symptoms persist, you should be able to ask for help to manage them.

Your GP is there to help and support you. You should not have to struggle through the menopause when there is help and support available. If you need some help and support to deal with the emotional effects of menopause, you can access counselling via the Care First, Employee Assistance Program:

Care first 24/7

Tel: 0800174319

Online: www.carefirst-lifestyle.co.uk

If you want to go online:

Username: bangor

Password: employee