



DEBATE PACK

Number CDP 2018/0225, 16 October 2018

World Menopause Day

This pack has been prepared ahead of the debate to be held in the Commons Chamber on Thursday 18 October 2018 on World Menopause Day. The subject for the debate has been selected by the Backbench Business Committee and the debate will be opened by Martin Whitfield MP.

By Georgina Hutton
Nikki Sutherland

Contents

1. Background	2
Menopause	2
World Menopause Day	2
2. News items	4
3. Press releases	6
4. Parliamentary material	17
Debate contribution	17
PQs	19
5. Useful links and further reading	23

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Background

Menopause

The menopause is a natural stage in life when a woman's periods stop, and she is no longer able to get pregnant naturally.

It happens when there is a change in the sex hormones as a woman gets older. The ovaries stop producing the hormone oestrogen and no longer produce an egg each month.

The menopause usually occurs between the ages of 45-55; the average age for women in the UK to reach menopause is 51.¹ The process is usually gradual and occurs over several years. Menopause can also be triggered by some treatments for cancer, and in some exceptional cases, younger women may become menopausal (known as premature menopause).

Most women will experience menopausal symptoms that are caused by the change in the balance of hormones. These symptoms can have a significant impact on daily life and well-being and experiences vary widely between women. Common menopausal symptoms include:

- hot flushes
- night sweats
- vaginal dryness and discomfort during sex
- difficulty sleeping
- low mood or anxiety
- reduced sex drive (libido)
- problems with memory and concentration.²

The fall in hormone levels that accompanies the menopause can increase the risk of heart disease and osteoporosis.³

The following sources provide more information on the menopause:

- NHS, [Menopause](#), August 2018
- Women's Health concern, [Factsheet: The menopause](#), December 2015
- Royal College of Obstetricians and Gynaecologists, [Menopause and women's health in later life](#)

World Menopause Day

The International Menopause Society has designated October 18 as [World Menopause Day](#) to "raise awareness of midlife women's health".⁴

The International Menopause Society have chosen sexual well-being as the focus for World Menopause Day 2018. The Society explains that

¹ NHS, [Menopause](#), accessed 16 October 2018.

² NHS, [Menopause](#), accessed 16 October 2018.

³ Women's Health Concern, [The menopause factsheet](#), December 2015. Women's Health Concern is the patient arm of the British Menopause Society.

⁴ International Menopause Society, [World Menopause Day](#), accessed 16 October 2018.

during menopause women can experience sexual problems which can impair their quality of life:

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality. After menopause it is not uncommon for women to experience sexual problems which can severely impair their relationships, mental health, social functioning and overall quality of life. This campaign aims to show that it is treatable.

[...]

Sexual well-being frequently declines following the menopause transition and can be associated with significant personal and relationship distress. This distress is the hallmark of female sexual dysfunction (FSD). The International Menopause Society is working to increase awareness of FSD and to provide a framework for practitioners to address sexual medicine concerns.⁵

The Society's [factsheet on sexual well-being after menopause](#) provides more information about sexual problems experienced by women after menopause. The Society argues that the topic of sexuality should be approached in a clinical setting and that there is a lack of information, comfort with and biases about the topic of sexuality after menopause.⁶

This debate briefing includes parliamentary material, press notices, news articles and useful further reading on World Menopause day.

⁵ International Menopause Society, [World Menopause Day](#), accessed 16 October 2018.

⁶ IJ. A. Simon, S. R. Davis, S. E. Althof, P. Chedraui, A. H. Clayton, S. A. Kingsberg, R. E. Nappi, S. J. Parish & W. Wolfman (2018): [Sexual well-being after menopause: An International Menopause Society White Paper](#), *Climacteric*, DOI: 10.1080/13697137.2018.1482647

2. News items

BBC News Online

22 August 2018

Say 'menopause' three times a day, academics urged

<https://www.bbc.co.uk/news/uk-england-leicestershire-45269434>

Times [subscription]

22 August 2018

University introduces 'menopause policy' to tackle taboo

<https://www.thetimes.co.uk/article/university-introduces-menopause-policy-to-tackle-taboo-dsck9hdcr>

Independent

1 May 2018

Eating oily fish could delay menopause by three years, study claims

<https://www.independent.co.uk/life-style/health-and-families/menopause-oily-fish-legumes-delay-years-women-pasta-leeds-university-study-a8330571.html>

Guardian

1 April 2018

Welcome to the Menopause Cafe: 'Now I know I'm not alone. I'm not going mad'

<https://www.theguardian.com/society/2018/apr/01/welcome-to-the-menopause-cafe-now-i-know-im-not-alone-im-not-going-mad>

Independent

14 March 2018

New menopause drugs offer women relief from 'debilitating' hot flushes

<https://www.independent.co.uk/news/health/menopause-hot-flush-women-drug-relieve-symptoms-hormone-replacement-therapy-alternative-cancer-a8254276.html>

Guardian

12 January 2018

Workplaces 'should cater for menopause as they do for pregnancy'

<https://www.theguardian.com/society/2018/jan/12/workplaces-should-cater-for-menopause-as-they-do-for-pregnancy>

3. Press releases

Public Health England

Survey reveals women experience severe reproductive health issues

26 June 2018

A new Public Health England (PHE) survey reveals that 31% of women experience severe reproductive health problems, but under half seek help.

In the first report of its kind, Public Health England (PHE) has revealed the impact of women's reproductive health issues on the nation's physical, mental and social wellbeing. [The report](#) combines women's experiences, as reported in a new survey, with existing data to define reproductive health as a public health issue.

The report shows for the first time the extent of the impact these issues have on women's ability to work and go about their daily lives and will form the basis of a cross-governmental 5-year action plan on reproductive health.

The survey of 7,367 women reveals that 31% had experienced severe reproductive health symptoms in the last 12 months, ranging from heavy menstrual bleeding to menopause, incontinence to infertility.

The hidden burden of reproductive health was particularly evident in the workplace. Focus groups undertaken as part of the study revealed that reproductive symptoms often affect women's ability to carry out daily activities, but many conceal their symptoms from work colleagues.

Existing studies show that 12% of women have taken a day off work due to menopause symptoms and 59% have lied to their boss about the reasons for their absence. In addition, the PHE survey revealed that 35% of women have experienced heavy menstrual bleeding, which previous evidence shows is associated with higher unemployment and absence from work. Stigma surrounding reproductive health was a key concern for women taking part in the survey, with less than half of women seeking help for their symptoms, regardless of severity.

Overall, the report highlighted that women would like reproductive health issues to be normalised so that they can be discussed openly and self-managed where possible. It also underlines the need for more openness and support in the workplace around these issues.

Angela Kilcoyne, 44 and lives in Derbyshire, took part in a PHE focus group, said:

Since I was 13, I have felt embarrassed about having heavy menstrual bleeding – a health issue which has caused me debilitating pain and nausea.

I worked for years in banking, which was a very male dominated environment, and I never told my managers that I was off due to

horrendous period pain. They would not have understood at all, so I would have to invent reasons month after month and soldier on. Or I would dose myself up and try and get through the day best I could, then collapse when I got home.

Reproductive health should be spoken about in the workplace in the same way as sickness or flu.

Dr Sue Mann, Public Health Consultant in Reproductive Health, from PHE said:

Women's reproductive health concerns can fundamentally influence physical and mental well-being throughout their whole life course. Our research has highlighted that while individual reproductive health issues and concerns change throughout a woman's life, the feelings of stigmatisation and embarrassment were almost universal.

The report reveals the need for an open and supportive approach in the workplace and in the health system. We encourage women to seek support from their workplace, and for workplace management to be aware of how reproductive health symptoms can affect women's daily life.

A new consensus statement, which brings together 18 healthcare bodies, including Department of Health and Social Care, NHS England and the Royal College of GPs, has positioned reproductive health as a public health issue that needs to be addressed. Working with partners, PHE will create an integrated cross-governmental five-year action plan, informed by the best available data and women's real life experiences of reproductive health symptoms.

Background

Read the full [Reproductive health is a public health Issue report](#)

World Health Organisation defines good reproductive health as 'A state of physical, mental, and social well-being in all matters relating to the reproductive system. It addresses the reproductive processes, functions and system at all stages of life and implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.'

This report was launched after Dame Sally Davies, Chief Medical Officer, called on 'increased awareness, dissemination of information and person-centred care' around reproductive health in her 2014 annual report [The Health of the 51%: Women.](#)

Imperial College London

New class of menopause drugs reduces number and severity of hot flushes in just three days

14 March 2018

A new class of experimental drugs reduces hot flushes in menopausal women by almost three-quarters in just three days.

The treatment, tested by scientists at Imperial College London, also reduces the severity of hot flushes by over a third within three days of taking it.

The research, funded by the Medical Research Council (MRC) and the National Institute for Health Research (NIHR), is a new in-depth analysis of data collected from a clinical trial initially published last year.

The new analysis, published in the journal *Menopause*, also revealed sleep and concentration significantly improved in the three-day window.

The original drug trial, which was a randomised, double-blind, placebo-controlled trial, involved 37 menopausal women aged between 40 and 62 years old – and who experienced seven or more hot flushes a day.

Participants were randomly chosen to first receive either an 80mg daily dose of the drug, called MLE4901, or a placebo over the course of a four-week period. They then switched to receive the other tablet for an additional four weeks. This ensured the women acted as their own controls during the study, and the effects of the drug were clear.

The researchers found that the compound MLE4901 significantly reduced the average total number of flushes during the four-week treatment period, as well as their severity, compared to when the patients received the placebo for four weeks.

The new analysis shows the compound has a significant effect within just three days explains Professor Waljit Dhillon, an NIHR Research Professor from the Department of Medicine at Imperial: “We already knew this compound could be a game-changer for menopausal women, and get rid of three-quarters of their hot flushes in four weeks. But this new analysis confirms the beneficial effect is obtained very quickly – within just three days.”

Professor Dhillon explains this specific compound will not be taken further in trials, due to side effects that may affect liver function. However, two very similar drugs, which also block NKB but do not appear to carry these side effects have entered larger patient trials, with one such trial launched in the US last year.

The menopause occurs when oestrogen levels fall, typically around 45 to 55 years of age, which leads to periods stopping, the inability to have children naturally, and a number of physical changes, including menopausal flushing and/or sweating.

For many women, these hot flushes may be little more than an uncomfortable inconvenience. But for some, frequent severe episodes can lead to clothes and bed sheets drenched in sweat, as well as relentless waking from sleep which impacts their working, social and home lives.

The new experimental compounds are thought to work by blocking the action of a brain chemical called neurokinin B (NKB). Previous animal and human trials have shown increased levels of NKB may trigger hot flushes. The drug compound is thought to prevent NKB activating

temperature control areas within the brain – which appears to halt hot flushes.

The new data also revealed that the drug was as effective at improving daytime flush symptoms as it was at improving night time symptoms. Furthermore, the women reported a 82 percent decrease in the amount their hot flushes interrupted their sleep, and a 77 percent reduction in interruption to their concentration.

However, the team says further research is needed to reveal whether improvements in sleep and concentration were simply due to less disruption from hot flushes, or if the compound also affected sleep and concentration pathways in the brain.

Dr Julia Prague, first author of the study, explained:

As NKB has many targets of action within the brain the potential for this drug class to really improve many of the symptoms of the menopause, such as hot flushes, difficulty sleeping, weight gain, and poor concentration, is huge. To see the lives of our participants change so dramatically and so quickly was so exciting, and suggests great promise for the future of this new type of treatment.

The hope is these types of compounds may provide women with an alternative to Hormone Replacement Therapy, the current treatment for symptoms of the menopause. This therapy, which contains oestrogen, may increase the relative risk of breast cancer and can increase the risk of blood clots. This means that many women cannot take HRT to relieve their menopausal symptoms.

Professor Dhillon added:

This class of new drugs may provide women with a much-needed alternative to HRT.

He added that the discovery of this class of compound, which was previously developed as a drug for schizophrenia, highlights the importance of collaboration and investment in British research.

Professor Dhillon said:

Thanks to Government funding from the MRC and NIHR, and collaboration with pharmaceutical companies, we were able to identify this new therapeutic use for the compound – which had previously been sitting on the shelf unused – and within three years show this type of drug may make a tangible difference to the lives of millions of women.

The research was funded by the Medical Research Council and the National Institute for Health Research. The study was supported by the NIHR/Wellcome Trust Clinical Research Facility.

Women's Health Concern

New survey highlights impact of the menopause on every aspect of women's lives in the UK

17 October 2017

Three quarters of women say that the menopause caused them to change their life and over half say it had a negative impact on their lives*. Those are the headlines from a recent survey conducted by the British Menopause Society (BMS), released today to mark World Menopause Day. The findings reveal the need for greater support for women experiencing the menopause across the UK.

BRITISH MENOPAUSE SOCIETY FACT SHEET Information for GPs and other healthcare professionals, for women and for media

A woman's relationship with the menopause is complicated...

BMS
British Menopause Society

Three quarters of women* in the United Kingdom say that the menopause has caused them to change their life and more than half say it has had a negative impact on their lives.**

Work can be a struggle

45% of women say they feel their menopause symptoms have had a negative impact on their work.

47% who have needed to take a day off work due to menopause symptoms say they wouldn't tell their employer the real reason.

Social lives can take a back seat

Over **33%** of women feel less outgoing in social situations.

32% of women feel they are no longer good company.

23% of women feel more isolated.

Sex can be off the menu

51% of women say that their menopause had affected their sex lives.

42% of women also say they just didn't feel as sexy since experiencing the menopause.

Partners are left feeling helpless

38% of partners say they feel helpless when it comes to supporting their partner through the menopause.

28% of partners say they often end up having arguments, 'because they don't understand what she is going through'.

* Either currently experiencing menopausal symptoms OR have experienced menopausal symptoms within the last 10 years.
** Those whose menopause symptoms strongly affected their life.

About the findings in this infographic: On behalf of the British Menopause Society, Edelman Intelligence conducted online interviews with 1,000 adults in the UK (598 women and 402 men) who were aged 45+ and either peri-menopausal, menopausal or post-menopausal or partners of those who are in a relationship with a woman who is either peri-menopausal, menopausal or post-menopausal, nationally representative of the online population in terms of regional spread.

www.womens-health-concern.org
Reg Charity No. 279611
Company Reg No. 1433000

For further information and support, including our telephone and email advisory service – please visit

www.womens-health-concern.org

www.bms.org.uk
Reg Charity No. 1312444
Company Reg No. 02709088

**whose menopause symptoms strongly affected their life*

Almost half said they had hot flushes (46%), night sweats (37%) and low levels of energy (37%). Despite this, a third of the women surveyed who were experiencing or who have experienced the menopause, hadn't tried anything to reduce or prevent their symptoms. The impact of this was revealed as having negative effects on most

aspects of the women's lives, with the online survey highlighting the following:

- Over half (51%) of women said that the menopause had affected their sex lives, with around 40% saying that they just didn't feel as sexy since experiencing the menopause.
- Over a quarter of women (26%) said that they felt less outgoing in social situations and felt more isolated (23%). Over a third (34%) said that they were less active since experiencing the menopause and a further third (32%) said they no longer felt like good company.
- Furthermore, almost half (45%) of women, whose menopause had a strong impact on their lives, felt their menopause symptoms have had a negative impact on their work.

The survey also revealed that the menopause remains a 'taboo' subject in the UK and something women and men don't always feel comfortable talking about. Nearly half of women (47%) surveyed who are in employment and who needed to take a day off because of the menopause said they wouldn't feel comfortable disclosing the real reason to their employer or colleagues. At home, 38% of partners surveyed said they feel helpless when it comes to supporting their partners through the menopause and a third said they often end up having arguments because they don't understand what their partners are going through.

Despite the average female life expectancy in the UK being 83 years, and many women living in the post-menopausal phase for half to one-third of their lives, the findings of the survey suggest that there are still many women who are choosing to go through the menopause without seeking support or treatment even when they are experiencing symptoms that are affecting all aspects of their lives, including their relationships.

Sadly, many women are unaware of the impact their symptoms can have on their overall health and that small lifestyle and dietary changes can help improve their quality of life. Many with severe symptoms are also often confused about the benefits and risks of treatment options.

We believe women need greater support and information to be able to cope with the impact of the menopause, and this includes work, especially at a time when everyone, men and women included, are living longer. This is why the British Menopause Society has developed a range of resources and services to help women better understand their menopause symptoms and advice and treatments available.

The National Institute of Health and Care Excellence (NICE) published a new guideline on the menopause diagnosis and management in November 2015.² The guidance recommended that health care professionals should adopt an individualised approach at all stages of diagnosis, investigation and management of the menopause. The guideline covered the treatment of symptoms with both drug and non-drug treatment options that help with physical and psychological

symptoms. It also provided clarity on the benefits and risks of taking HRT (hormone replacement therapy).

Recognising the concerns of women and their need for support, advice and reassurance, the BMS has published its vision for menopause healthcare in the UK

(<http://journals.sagepub.com/doi/full/10.1177/2053369117717207>). The vision sets out the fundamental principles that should underpin menopause care provision for all to ensure that, even at this turbulent time for the NHS, providers and commissioners are held to account and service users can access high quality menopause care as standard. The document has been endorsed by the Faculty of Sexual and Reproductive Healthcare, the Royal College of General Practitioners, the Royal College of Nursing and the Royal College of Obstetricians and Gynaecologists.

The BMS has also published the first medical handbook to be made available post the NICE guidance – Management of the Menopause 6th edition – aimed at healthcare professionals. The handbook can be purchased on the BMS website:

www.thebms.org.uk/publications/handbook. A lay version of the book, aimed at women and their partners, will be published in September 2018.

Royal College of Obstetricians & Gynaecologists

RCOG statement on hormone therapy use for menopause

13 September 2017

Hormone therapy use up to 7 years among postmenopausal women was not associated with an increased risk of death from cardiovascular, cancer, or all causes for nearly 2 decades of follow up, a new analysis shows. The results from the Women's Health Initiative trial are [published](#) in JAMA.

Commenting in response, Dr Heather Currie, spokesperson for the Royal College of Obstetricians and Gynaecologists (RCOG) and British Menopause Society (BMS), says:

We welcome these encouraging results of long term follow up of the Women's Health Initiative trial which show that hormone therapy use in women who experienced menopause was not associated with an increased risk of all-cause, cardiovascular or cancer death. The question around the possibility of decreased mortality for women who start hormone therapy within 10 years of the menopause is not addressed by this report but is gaining strength from other evidence. These findings should be helpful to both women and doctors, especially when considering whether to start hormone therapy.

Even though not every woman requires hormone therapy, they should have accurate information about menopause and treatment options. Hormone therapy can be a safe and effective treatment for menopausal symptoms, particularly with the management of hot flushes. For each woman, however, the risks

and benefits are different, depending on her medical history and her symptoms.

If a woman is experiencing menopausal symptoms that are having an impact upon her daily life, we strongly encourage her to speak to a GP. We would like to reassure women that treatment and support is available.

Note to Editors

The RCOG and BMS have collaborated to provide women with correct information about HRT to make a properly informed decision about whether or not to take up treatment. In 2016, the BMS and Women's Health Concern published updated [recommendations on HRT in menopausal women](#), while the RCOG launched an [information hub](#) about menopause and women's health later in life.

NICE's guideline on [Menopause: diagnosis and management](#) has also significantly helped both women and clinicians in understanding the evidence behind the advice we provide.

About the RCOG

The Royal College of Obstetricians and Gynaecologists is a medical charity that champions the provision of high quality women's healthcare in the UK and beyond. It is dedicated to encouraging the study and advancing the science and practice of obstetrics and gynaecology. It does this through postgraduate medical education and training and the publication of clinical guidelines and reports on aspects of the specialty and service provision. For more information, visit the [website](#).

About BMS

The British Menopause Society (BMS) provides education, information and guidance to healthcare professionals specialising in all aspects of post reproductive health. The British Menopause Society is a specialist society affiliated to the [Royal College of Obstetricians and Gynaecologists](#) and the [Faculty of Sexual and Reproductive Healthcare](#).

National Institute for Health & Care Excellence

Women with symptoms of menopause should not suffer in silence

12 November 2015

Women whose lives are being affected by the symptoms menopause should not feel they have to suffer in silence, says NICE.

In its [first guideline](#) on menopause, NICE recommends that help and information is available for women with menopause and that a range of treatment options such as HRT can help.

Menopause is a gradual process that occurs on average for women in the UK at 51. An estimated 1.5 million women – around 80% of those going through menopause – experience common symptoms such as hot flushes and night sweats. Other symptoms include mood changes, joint and muscle pain and headaches.

Together these symptoms can severely affect a woman's life. Yet the effects of menopause are often not fully understood. As a result, women do not always get the help they need from their GP, nurse, practice or hospital specialist to manage their symptoms effectively.

NICE aims to address this by [providing recommendations](#) on the support, information and treatments available for menopausal symptoms. [The guideline](#) covers diagnosis, the drug and non-drug treatments that can help with symptoms, and offers clarity on the risks and benefits of HRT.

Providing information and advice

The guidance is [underpinned by recommendations](#) that call for women to have the right to be involved in discussions and make informed decisions about their care.

It recommends that healthcare professionals should give information to menopausal women and their family members or carers. This should include:

- an explanation of the stages of menopause
- common symptoms
- lifestyle changes that can help their general health and wellbeing
- benefits of and risks of treatment for menopausal symptoms
- the long- term health implications of menopause

Healthcare professionals should also explain discuss the range of symptoms associated with menopause, and offer information about the types of treatment available.



Average age

The average age for menopause in the UK is **51**, and premature menopause affects **1 in 100** women under the age of **40**.



1.5 million

An estimated **1.5 million** women – around **80%** of those going through menopause – experience some symptoms.



Symptoms

The most common symptoms of menopause are hot flushes and night sweats. Other symptoms include mood changes, joint and muscle pain, and headaches.



4 years

Menopause symptoms typically continue for around **4 years** after the last period. For around **10%** of women, symptoms can last for up to **12 years**.

NICE recommends HRT for hot flushes, night sweats and low mood after discussing risks and benefits.

NICE National Institute for Health and Care Excellence

HRT among several effective treatment options for menopause

Hormone replacement therapy (HRT) is a treatment option for menopausal symptoms, yet over the last decade confusion over its safety has led to a decline in its use and variation in practice.

The guideline says [HRT is effective for treating several menopausal symptoms](#). It recommends offering HRT for hot flushes and night sweats after discussing the risks and benefits.

HRT should be considered to alleviate low mood that arises as a result of menopause. Cognitive behavioural therapy should also be considered for this purpose.

A number of tables are included in the guideline to explain the risks of using HRT. Healthcare professionals can use these to explain and confirm that HRT does not increase cardiovascular disease when started in women aged under 60 years, and that it does not affect the risk of dying from cardiovascular disease.

The guideline says HRT is not associated with an increased risk of developing type 2 diabetes. Furthermore, oestrogen-only HRT has little or no increase in the risk of breast cancer. HRT with oestrogen and progestogen can be associated with an increase in the risk of breast cancer but any increase risk reduces after stopping HRT.

Other treatment options NICE recommends include offering vaginal oestrogen to women with urogenital atrophy. Moisturisers and lubricants can also be used alone or in addition to vaginal oestrogen for vaginal dryness.

[Read the recommendations](#)

New guidelines are a "gold standard" for managing menopause

Dr Imogen Shaw, a GP with special interest in gynaecology and member of the NICE guideline development group, said:

Women should not feel they have to suffer in silence when menopause is affecting their daily lives at work and at home.

The effects of menopause are often misunderstood and underestimated – it can impact on health significantly in both the long term and short term. Menopause can cause unbearable hot flushes and night sweats.

I really hope these guidelines will stimulate interest from women in exploring how they can best manage their menopausal years.

Christine Carson, Programme Director at the NICE Centre for Clinical Practice, said:

Women don't always get the help they need from their GP, practice nurse or hospital specialist to manage their symptoms but this guideline recommends effective treatments which can help.

The message to women is clear – talk about the menopause with your clinician if you need advice on your symptoms - it's very important to discuss the options to find what might help you.

Professor Mary Ann Lumsden, chair of NICE guideline development group and honorary consultant gynaecologist at Glasgow Royal Infirmary, added:

The guideline covers the treatment of symptoms and also looks again at the place of HRT in treating menopausal women.

It emphasises that, for most women, HRT is a very effective treatment for several menopausal symptoms, for example hot flushing and also reduces the risk of osteoporotic fracture.

Every woman who is worried about the effects that menopause is having on her life must be given the chance to find if there's an option that works for her.

4. Parliamentary material

Debate contribution

[Summer Adjournment](#)

Rachel Maclean: It is a great pleasure to follow the hon. Member for Clwyd South (Susan Elan Jones).

I wish to speak about a subject that is very personal to me, as it is to millions of other women, and that is the menopause. I speak about this topic from my own personal experience. I started to suffer from horrible migraines that prevented me from actually doing my job properly. I did not know why I was suffering from them. I thought it might be because I had taken up a stressful job and had a change in my personal circumstances. It was only when I started to do some research and look into the menopause itself that I discovered that migraines could be a symptom. Like many other people, I had heard in the popular press and in the media about hot flushes, but I was completely lacking in any knowledge about the menopause.

On my personal journey into this topic, I have discovered that there is a shocking lack of awareness and treatment for women who are going through the menopause. The menopause affects every woman in this country and it of course also affects every man who works with, lives with or is related to a woman, so it is fair to say that it actually affects every single person in this country. Yet, in my research, I found that it has been mentioned only 27 times in Hansard in the last three years, and I really wonder why.

I will focus on three key areas. The first is the workplace. I want to point out that some fantastic organisations already acknowledge and recognise the effects of the menopause on women in the workplace. The West Midlands police are one. There is tailored support there for women, which helps them to build their confidence, to stay in the workplace and to get access to the support they need. However, it is clear that many other organisations need to take a cue from that. After all, we are all expected to work for longer and to contribute, so it will obviously have an effect on the economic growth and productivity of other organisations if they can also adopt those practices.

The second point is about medical treatment. I am absolutely delighted that the Secretary of State for Health and Social Care announced £20 billion of funding for the NHS. Please can we have some more support for menopause from those funds? Approximately 13 million women in the UK are peri-menopausal or post-menopausal. The symptoms can last up to 15 years, but too many women are suffering in silence. They are left frustrated and disappointed when they go to their GP. Their symptoms are not recognised and they do not get the hormone replacement treatment that they really need. They are misdiagnosed and told to get on with it, and their symptoms are often belittled or not

understood. We see that in the popular debate, in which women are talked about as being “crazy” or as “losing it”, and this is just not a good state of affairs. It is a taboo. It is not understood and we need to do better as a Government.

The third point is very much around education. At the start of their life, we educate girls about periods. Why cannot we also explain to them what will happen at the end of their life? It is not just the fact that menstruation ends; it is a whole process. It is a natural process that we go through. It can be a liberating process, which frees people to contribute to society. That is how it should be—a positive experience. It should not be denigrated. Women should not feel that their purpose is used up, and that now they are left to wither and die.

In the course of my research I looked at Instagram—one place where I find that social media is quite positive. There is a lot of support around menopause on Instagram. We are told that it is the club that no one wants to join, and it sometimes feels like that, because if a woman speaks up about the fact that she is suffering from menopause—maybe in the workplace, perhaps in an organisation that is not particularly sympathetic—she may be belittled. But I think it is time that we take back control of our bodies. We should not be joked about. We should not be written off. It is a time for us to be loud and proud about our achievements.

Society’s attitudes to women are changing, and I welcome that. We talk about mental health and a range of issues; that is absolutely fantastic. Menopause should not be a negative time. I pay tribute to some of the fantastic women I have worked with, who have helped me, and whose work I hope to take forward: women such as the hon. Member for Dewsbury (Paula Sherriff),

the chair of the all-party parliamentary group on women’s health—I do not think she is present, but we shall be meeting and working on this issue—Louise Newson, the menopause doctor; Diane Danzebrink; and Liz Earle.

I finish with a really sad quote. A woman asked:

“Does anyone else find that their confidence, their motivation and enthusiasm have disappeared during the menopause?”

I make a plea for us to really look at this issue and give it the attention it deserves. If women are freed up and allowed to live their lives to the fullest at this time of their life, they can contribute to society and give so much back.

I wish everybody a very happy recess.

HC Deb 24 July 2018 | Vol 645 cc947-9

PQs

[Topical Questions](#)

Asked by: Jessica Morden

Research from Wales TUC showed that as many as 85% of women who took part in its survey felt that the menopause had adversely affected their working life. Will the Minister press colleagues to consider workplace policies on the menopause, so that women get more support and employers cannot ignore the welfare of women with menopausal symptoms?

Answering member: Victoria Atkins | Department: Women and Equalities

One of the advances of this Parliament is that we are beginning to talk about the menopause and its effects more than we did three, four or five years ago, and I think that that is a good thing. I very much take the hon. Lady's point about encouraging employers to recognise the effects of the menopause as part of

their treatment of employees. That goes to the point that we have been talking about, whether it is the gender pay gap or the treatment of black and ethnic minority employees and others. It is about employers treating their workforce fairly in a way that gets the most out of people's potential and makes them feel valued.

HC Deb 13 September 2018 | Vol 646 c862

[Menopause Training and Information in the Workplace](#)

Asked by: Liz McInnes

What steps the Government is taking to ensure that training and information on the menopause is provided for managers and other employees in the workplace.

Answered by: The Minister for Women (Victoria Atkins) | Department: Women and Equalities

The Government commissioned an evidence review into menopause, published last July, which highlighted the important role that employers can play in supporting women. Following that, the Women's Business Council

developed a toolkit for employers, which enables employers to make the right adaptations to physical workplace environments, support flexible working, and raise awareness to help tackle this issue. To date, social media awareness-raising activity has reached nearly 300,000 people.

Liz McInnes

I thank the Minister for that answer. The TUC and the trade unions have produced some excellent guides to menopause policies in the

workplace. Does she agree that menopause policies should become statutory for employers in the same way that maternity policies are statutory?

Victoria Atkins

This is part of our changing expectations of employers. We now know that the employment rate of older women, aged 50 to 64, has risen more than any other age group since 2010. With more women over the age of 50 remaining in work, more women will experience the symptoms of menopause while at work and so it is in employers' interests to ensure that they have policies that adapt.

Jim Shannon (Strangford) (DUP)

I thank the Minister for her response. Can she further outline how information is provided to small businesses that do not have a human resources department and are not sure how to access help or information as easily as other businesses with HR departments?

Victoria Atkins

We are conscious of the difficulties of scale in small businesses, which is why the Women's Business Council toolkit is available to employers of any size. We have also appointed the Business in the Community age at work leadership team as the business champion for older workers. We very much hope that its work will help employers and women understand their rights.

HC Deb 28 June 2018 | Vol 643 cc1031-2

[Hormone Replacement Therapy](#)

Asked by: Drew, Dr David

To ask the Secretary of State for Health and Social Care, if he will publish his Department's (a) guidance and (b) charging policy for the provision of Hormone Replacement Therapy by NHS Trusts.

Answering member: Steve Brine | Department: Department of Health and Social Care

The National Institute for Health and Care Excellence (NICE) published a clinical guideline on the diagnosis and management of menopause in November 2015 that includes recommendations on hormone replacement therapy. NICE's guideline is available at the following link:

<https://www.nice.org.uk/guidance/ng23>

General prescription charges would apply for the provision of Hormone Replacement Therapy. These are currently set at £8.80 per item.

HC Deb 22 May 2018 | PQ 143647

Tamoxifen

Asked by: Shannon, Jim

To ask the Secretary of State for Health and Social Care, what advice the NHS provides on the use of Tamoxifen for menopausal women.

Answering member: Steve Brine | Department: Department of Health and Social Care

The National Institute for Health and Care Excellence (NICE) is the independent body responsible for providing guidance on the prevention and treatment of ill health and the promotion of good health and social care for the National Health Service. NICE has provided recommendations on the use of tamoxifen in its clinical guideline on 'Early and locally advanced breast cancer: diagnosis and treatment' which is currently being updated. The guideline can be found at:

<https://www.nice.org.uk/guidance/cg80/chapter/1-Guidance#endocrine-therapy>

The Breast Cancer Clinical Expert Group also issued guidance to Cancer Alliances for Provision of Breast Cancer Services, in August 2017. This guidance includes best practice for the provision of tamoxifen, and can be found at:

<http://www.yhscn.nhs.uk/media/PDFs/cancer/National%20Optimal%20Ways%202017/Clinical%20Advice%20for%20the%20Provision%20of%20Breast%20Cancer%20Services%20Aug%202017.pdf>

HC Deb 17 January 2018 | PQ 121690

Menopause

Asked by: Harris, Carolyn

To ask the Minister for Women and Equalities, if she will make it her policy to issue guidance on training for staff to support working women who are living through the menopause.

Answering member: Anne Milton | Department: Women and Equalities

The Government is supporting working women at all stages in their lives. The Women's Business Council, a Government backed, business-led initiative, has held an action group that focuses specifically on removing the challenges within the workplace for older workers. It also helps employers to support working women living through the menopause.

'The Age of Success' toolkit includes practical information and advice for businesses to support the needs of menopausal women in the workplace. This will be published on 24 November 2017 on the Women's Business Council website:

<http://womensbusinesscouncil.co.uk/toolkits/>.

HC Deb 20 November 2017 | PQ 112524

[Topical Questions](#)

Asked by: Chris Elmore

A TUC survey of workplace representatives found that one in three respondents have reported management criticism of menopause-related sick leave. What discussions has the Minister had with the Secretary of State for Work and Pensions on reducing discrimination faced by women during the menopause?

Answered by: Justine Greening | Department: Women and Equalities

Any discrimination of that nature is entirely unacceptable in 21st-century Britain, and I can assure the hon. Gentleman that, through my Department and the Government Equalities Office, we have discussions across Government to see what more can be done to strengthen the legal framework within which businesses operate, but the framework is already there and it is important that we ensure that it is enforced.

HC Deb 06 July 2017 | Vol 626 cc1236-1304

5. Useful links and further reading

British Menopause Society

<https://thebms.org.uk/>

Wellbeing of Women

<https://www.wellbeingofwomen.org.uk/>

Royal College of Obstetricians and Gynaecologists *Menopause and women's health in later life* Information Hub

<https://www.rcog.org.uk/en/patients/menopause/>

Menopause Matters

<https://menopausematters.co.uk/>

International Menopause Society *World Menopause Day 2018*

http://www.imsociety.org/world_menopause_day.php?year=2018

Women's Health Concern *Menopause Factsheet*

<https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/>

Government Equalities Office *Menopause transition: effects on women's economic participation* Evidence review, covering 104 publications, of the extent to which menopause transition impacts on women's economic participation, July 2017

<https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

Public Health England *Reproductive health: what women say*

Information about the gaps in data and services in reproductive health and healthcare for women and *Consensus statement: reproductive health is a public health issue* June 2018

<https://www.gov.uk/government/publications/reproductive-health-what-women-say>

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publically available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).