

# Managing the menopause at work

A guide for employees and their managers



## Foreword

As a member of the University Executive Board, I firmly believe that, given how much time we all spend at work, we should, as a community do all that we can to support each other to be our very best at work. So, when women identify important issues affecting their health and well-being and see an opportunity for us to provide further support, as UEB Sex Equality Champion I am always happy to champion their work. It is for this reason that I am very proud to introduce this menopause guidance.

The development of this work has been driven by the Women@Reading staff Network, whose members identified peri-menopause and the menopause as one of their priority topics of interest. The Network have worked in partnership with Occupational Health, Human Resources and other colleagues to develop and produce this guidance. The Women@Reading Network are hugely grateful to the Women's Network at the Environment Agency, who have shared their sector-leading guidance which we have drawn on to produce ours.

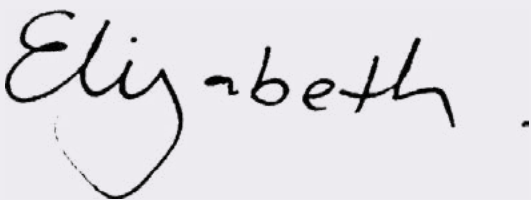
The menopause will affect more than half of our colleagues at some point in their lives. While timings and symptoms can vary, it is something that will have a profound impact for many. Like many women's health issues, there has until recently been very limited research into the menopause and its impact. This guidance will

raise our awareness and offers practical help to colleagues who are going through it and others who are supporting them. My hope is that this will be the first in a series of initiatives to support women's health issues.

This guide provides information for all colleagues and highlights action required of line managers to recognise the importance of their role in supporting colleagues to be the best they can be at work. It is hoped that this guidance will raise all of our understanding of this important topic and in so doing, tackle the associated stigma.

More specifically, I hope it will encourage and empower people going through the peri-menopause and menopause to feel more able to have conversations about how they are feeling and ask for workplace adjustments if needed. I hope the guide will also support line managers to enable them to better understand this topic and to enable them to be aware of the types of workplace adjustments that may be required and why.

Indeed, whether it is being patient whilst someone is experiencing "brain fog", understanding through mood swings, needing time away to recuperate, or something else, it is important to provide the right support at the right time. Above all, I hope that it is another step to help our community be that little bit more inclusive and most of all encourage us to be kind to ourselves and each other.



**Professor Elizabeth McCrum, PVC Education  
and Student Experience and UEB Sex Equality Champion**



# Contents

---

<b>1. Introduction</b>	<b>6</b>
<b>2. What is the menopause?</b>	<b>7</b>
<b>3. Symptoms of the menopause</b>	<b>8</b>
<b>4. The menopause and work</b>	<b>10</b>
<b>5. Tips on how to help yourself</b>	<b>11</b>
<b>6. How to seek support at work</b>	<b>12</b>
<b>7. Appendix 1 – Physical and psychological effects and symptoms of oestrogen changes during menopause</b>	<b>14</b>
<b>8. Appendix 2 – Useful websites and publications</b>	<b>18</b>

---

# 1. Introduction

---

**The menopause (or menopausal symptoms) affects a diverse group of people, predominantly women who are female. In this guidance we will refer to colleagues affected by the menopause collectively as women although the guidance is intended to be inclusive and applicable to anyone experiencing the menopause and/or menopausal symptoms, including intersex, non-binary and transgender people.**

**We also recognise that people from different ethnic backgrounds and disabilities can experience different challenges and barriers. We have, therefore, sought views from colleagues in other EDI (equality, diversity and inclusion) staff networks to help shape this guidance.**

Around 47% of the UK workforce will go through the menopause, with around 3.5 million of those in the workplace aged 50 and over.

When it comes to the University of Reading, in 2022 59% of staff were recorded as being female and 54% of female staff being between the ages of 40–60. So, it is estimated that approximately 32% of our current workforce may be experiencing symptoms of pre-menopause or the menopause.



This guide is, therefore, intended to:

- 1 Provide staff with greater awareness of the menopause and to open up the discussion on this topic amongst colleagues.
- 2 Raise awareness of menopausal symptoms and how they can affect working life.
- 3 Enable line managers to be more aware of how they can provide support to those who may be experiencing menopausal symptoms where required.
- 4 Help improve health and wellbeing.

The menopause can be a positive, as well as a challenging time, and affects people in different ways. This is a change which people who have ovaries go through but it affects everyone differently. Some experience symptoms which can be debilitating, others have limited symptoms and some have no symptoms at all.

It may sound daunting but although menopause symptoms can last for many years, for a lot of people the symptoms do pass and are short term. For example, studies have shown that symptoms such as “brain fog” is temporary in nature and has no long-lasting effects.

There is also a lot of help and support available to help make the menopause manageable and this is increasing as people become more comfortable talking about this topic and asking for support.

Many people have limited awareness of the issues involved, meaning that women may feel they have to hide their symptoms and are less likely to ask for workplace adjustments that could help them.

As an occupational health issue, it’s growing in importance. However, many also consider it to be a private matter and as a result it is rarely discussed. Some people feel able to disclose openly, but others may not.

This guidance is one tool that can create more positive outcomes for women who are experiencing symptoms that can impact on their working lives.

## 2. What is the menopause?

**The menopause is a natural process experienced by most women towards the end of their reproductive life, triggered by lowering and changing levels of oestrogen, which decrease naturally, generally between the ages of 45 and 55.**

It may take many years from the onset of initial menopausal symptoms before you enter the actual menopause, and medically the definition of the menopause is when you have not had a period for more than 12 months. Early menopause

can, however, also affect much younger women as a consequence of treatment for other health conditions such as cancer (medically-induced menopause) and ethnicity and being intersex can also lead to earlier or later onset of the menopause.

The hormonal changes and associated symptoms commonly last 4 to 8 years but can be 10 years or more. Whilst some women experience few symptoms, for others symptoms can be life-changing and crippling and can significantly impact their self-worth and performance at work.

**The reproductive stages during adulthood are:**

### Pre-Menopause

The time in your life before any menopausal symptoms occur.

### Perimenopause

When you may experience menopausal symptoms due to hormone changes, but still have your period. The symptoms for the perimenopause is extremely variable to the individual, typically lasting for several years.

### Menopause

The point in time when you haven't had a period for 12 consecutive months, or as a result of surgery, i.e. as a result of having a hysterectomy, or chemically induced treatments

### Post-Menopause

The rest of the time in your life when you will no longer have periods but some people do continue to experience symptoms of the menopause. These symptoms will generally decline and cease over time.

### Surgical/chemically induced menopause, what is it?

Menopausal symptoms can be experienced due to surgical or medical treatment, such as:

- Removal of ovaries and/or uterus.
- Chemotherapy, radiotherapy or medication treatments for some cancers.
- Chemically induced short-term menopause as a treatment for menorrhagia, heavy/abnormal periods including endometriosis.

### What is the perimenopause?

This is the duration of time from when you may start having menopausal symptoms up to the time you stop having your periods for 12 months. It is the imbalance of hormones during this period which causes menopausal symptoms.

Symptoms can include changes to your period, in relation to frequency, duration and heaviness as well as the other menopausal symptoms listed below.

The duration and difference in symptoms for the perimenopause is extremely variable to the individual, typically lasting for several years.

### 3. What are the symptoms that can be experienced?

---

The menopause is a different experience with different symptoms for every individual. Here are some links to NHS guidance on the [menopause](#) and [early menopause](#).

Symptoms associated with the perimenopause and menopause can include (this list is not exhaustive and is in no particular order):

- Changes to your periods – frequency, duration and heaviness.
- Hot flushes and night sweats (when you have sudden feelings of hot or cold in your face, neck and chest which can make you dizzy).
- Palpitations (when your heartbeats suddenly become more noticeable).
- Sleep disturbance and fatigue, which may be a result of night sweats and make you feel tired and irritable during the day.
- Being prone to inflammation and infection.
- Poor concentration or memory (“brain fog”).
- Muscle aches and joint pain.

- New or worsening allergies.
- Clumsiness.
- Irritability.
- Changes to your mood e.g. low mood, anxiety, mood swings, becoming withdrawn and feelings of low self-esteem.
- Bladder problems and/or recurrent urinary tract infections (UTIs).
- Skin irritation, itchiness and dryness.
- Headaches and migraines that are worse than usual .
- Changed body shape and weight gain.
- Reduced sex drive and/or vaginal dryness and pain, itching or discomfort during sex.

Some women may choose to take Hormone Replacement Therapy (HRT) after taking GP advice. Others may choose to manage their symptoms via non-HRT options. Others may prefer not to ‘medicalise’ it and see it as a natural life stage.





## Line Manager Tip #1

### Understand your role in providing support to members of your team

- Improve your understanding of what the menopause is and how it can affect people.
- Be ready to have open and honest conversations with your staff.
- Understand the organisational support that is available (see line manager Tip #4 below).
- Listen and try to understand the impact of menopausal symptoms at work and be open to consider suitable workplace adjustments (see **Menopause Symptoms and Adjustments Checklist**).
- Know how to support performance where this is impacted by health issues relating to the menopause and/or where to seek guidance and support if necessary from the **HR Professional and Advisory Team**.





## 4. The menopause and work

Menopausal symptoms affect people in different ways and can leave people feeling less confident and at odds with their desired professional image. Some may feel that their performance is negatively affected and will work extremely hard to overcome their perceived shortcomings and keep it a private matter.

Sometimes people aren't prepared for the onset of menopause and are even less equipped to manage symptoms at work. It can be difficult to disclose or share symptoms with managers, particularly as the subject can still be "taboo".

Workplaces and working practices are not necessarily designed with menopausal people in mind. People experiencing menopausal symptoms may worry about their line manager's or colleagues' perception of their competency at work, which can lead to anxiety and low self-esteem. However, it is possible to put some useful adjustments in place to help make things easier



### Line Manager Tip #2

#### **Create an inclusive and healthy working environment and role model positive behaviours**

- Promote good physical and mental wellbeing at work to shape the culture and working environment – if team members see you prioritising this they will feel more supported to do likewise.
- Encourage open communication to create an environment where colleagues feel they can share personal information and seek support if needed.
- Be open to sharing your own challenges with colleagues, where appropriate, as this may also enable others to feel more able to share theirs.
- Familiarise yourself with the **Wellbeing resources** available.





## 5. How can you help yourself?

Knowledge is power. In the past year or so, there has been growing awareness of the symptoms and some of the issues associated with the menopause thanks to the interventions of well-known celebrities such as [Mariella Frostrop](#) and [Davina McCall](#) as well as the [well-publicised shortages](#) and unequal prescription in hormone replacement therapy (HRT). Highlighting that it can be more than hot flushes!

The first step you might want to consider is to find out more about menopausal symptoms. The [Menopause Symptoms and Adjustments Checklist](#) is a tool you can use to consider what workplace adjustments may be useful to you, depending on the symptoms you are experiencing at any given time.

You should also speak to your GP or a menopause practitioner (who are becoming increasingly common to find in GP surgeries) to seek professional medical advice from someone who specialises in the menopause.

Depending on your symptoms, there are many ways in which you can help reduce the severity and impact of your symptoms. For example:

- Get plenty of rest and sleep.
- Take regular exercise.
- Have a healthy diet.
- Make time for yourself.
- Wear loose-fitting clothing and thin layers for temperature control.
- Reduce your caffeine and/or alcohol intake.
- Try using a cooling fan (use sensitively around others due to COVID risks and concerns).



## Line Manager Tip #3

### Having a supportive conversation with your member of staff

- Identify an opportunity to open up a conversation in a natural way e.g. opportunities to discuss impacts of menopausal symptoms may arise as part of a return to work conversation following a period of sickness absence, in regular 1:1 discussions or you may be able to start an informal conversation over a coffee or by going for a walk.
- Be aware of the symptoms described in this guidance and be sensitive to your colleague. Be patient. Give them time to explain how they are feeling to ensure they feel heard.
- Don't make assumptions – everyone is different, so take your lead from the individual.
- Listen to what they say and try to help them feel as comfortable as possible to talk about what can be a difficult change in their life.
- The success of your discussion will be dependent on a mutually open, honest and respectful conversation. If you are unsure of the right words to use, seek guidance from the **HR Professional and Advisory Team**.

## 6. How to seek support at work

If you are finding that symptoms are affecting you at work, you can talk to your line manager, and raise their awareness and seek their support. You can schedule a discussion at a one to one meeting, or you could suggest an informal catch up or a walking conversation which may make the conversation a little easier. Remember, this guide is also intended to educate line managers to help them better understand the impact of menopausal symptoms and to provide guidance on how they can support you during this time in your life so they should be ready and equipped to have that conversation.

Line managers can look to make adjustments to support you. Adjustments may include greater flexibility in how and where you do your work, changes to uniform or PPE or your workspaces, depending on your symptoms and your role. The Menopause Symptoms Checklist provides suggested workplace adjustments that could be considered for typical menopausal symptoms so you may want to have a conversation with your line manager using this as framework for the discussion.

If you don't feel you want to talk to your line manager, you could use your own support networks or speak to a member of the **HR Professional and Advisory Team**. You could also join the **Women@Reading Staff Network** which is a useful forum to network with colleagues who may be experiencing similar symptoms. The Network also facilitates monthly **Women's Health Cafes** where people can come together to talk about women's health concerns.

If your symptoms are having a significant impact, you should:

- Contact your GP.
- Contact our **Employee Assistance Programme (EAP)** provider for information, advice and support.
- Speak to your line manager to request a referral to our **Occupational Health Service** (which is provided in-house) who can provide advice on workplace adjustments and may be able to point you to other sources of information and support to help you with managing your symptoms.

This could then inform a **Tailored Adjustment Plan (TAP)** where long term and substantial workplace adjustments may be required. A TAP is a living record of workplace adjustments relating to supporting an individual with a disability and/or long-term health condition which is agreed between an employee and their line manager.

Under employment law the menopause is not specifically covered from an equality perspective. However, conditions present for 12 months or more (such as those arising because of menopause) and which have significant impact on someone's ability to perform day to day activities can mean the provisions of the Equality Act 2010 apply and an organisation is then required to consider putting in place reasonable workplace adjustments.



## Line Manager Tip #4

### Considering workplace adjustments

- In considering any workplace adjustments, familiarise yourself with the **Menopause Symptoms and Adjustments Checklist** as it may be helpful to your member of staff to have a conversation using this as a framework for the discussion. Ensure the conversation is led by the member of staff who is experiencing the menopausal symptoms.
- Adjustments such as flexibility in how and where work is undertaken can be helpful. This can be done through "**smart working**" or more formal **flexible working** arrangements.
- If you and your member of staff need support/advice in considering workplace adjustments then please contact a member of the **HR Professional and Advisory Team**.
- If menopausal symptoms are having a significant impact on the member of staff's physical and/or mental wellbeing then consider a management referral to **Occupational Health** to seek advice on appropriate workplace adjustments.

## 7. Appendix 1 Physical and psychological effects and symptoms of oestrogen changes during menopause

---

---

### **Brain and Mood can be affected causing:**

- Sleep problems; tiredness, fatigue, dizziness.
  - Brain fog, leading to reduced concentration, poor information retention, reduced ability to learn and forgetfulness.
  - Unexplained mood swings, irritability, and emotional outbursts.
  - Depression and anxiety.
  - Loss of libido (sex drive).
- 

Oestrogen is responsible for the modification and production of endorphins also known as the 'feel-good chemical'. Endorphins are known to give people a sense of happiness and euphoria.

Exercising, spending time with friends, smiling, relaxing, falling in love, smelling lavender or vanilla can all increase levels of endorphins. Even eating comfort foods such as chilli or chocolate can help, but be aware that fluctuating sugar levels can exacerbate symptoms and weight gain can also make life harder.

Oestrogen helps raise levels of the brain chemicals serotonin and dopamine, which are responsible for mood regulation. Low oestrogen can lead to low mood, and affect the ability to cope with stressful situations, triggering agitation, dry mouth, hyperventilation, rapid heartbeat and shortness of breath.

Not only does the brain need oestrogen to help it function, but it also encourages blood flow in the brain and helps people deal with stress more effectively. A recent study done by the University of Buffalo in the USA proved that oestrogen improves function under stress, meaning those with more oestrogen fared much better at cognitive tasks after a stressful situation.

Dizziness may be caused by anxiety or panic attacks (erratic breathing and heart rate can reduce the flow of blood and oxygen to the brain) or may be linked to the effect hormones have on blood vessels, making blood pressure fluctuate.

Sleep problems can be triggered by night sweats, but are also directly linked to oestrogen, which regulates magnesium levels, this helps muscles relax, allowing us to fall asleep. Lower oestrogen also means the throat muscles become slack, leading to problems such as snoring. Poor sleep is linked to lower progesterone, the hormone important for falling and staying asleep. Our hormones help regulate how our cells use energy, so when levels drop, so do energy levels. Many people experience persistent feelings of weakness, tiredness and apathy, even after a good night's sleep. However, these can also be a sign of thyroid problems or iron deficiency, so talk to your GP.

Forgetting things, poor concentration and inability to find the right words can all be linked to the drop in oestrogen. Studies show that people may not be able to learn as well as normal shortly before menopause. Thankfully, full mental function normally returns after menopause.

---

### **Hair and Mouth can be affected causing:**

- Hair loss or hair becoming thin and brittle.
  - Bleeding gums and a dry mouth can happen, which may lead to bad breath.
  - Changes in taste and strange oral sensations can arise.
- 

The loss of oestrogen leads to a drop in collagen, a natural protein in hair, so hair becomes more brittle. The natural rate of hair loss can also speed up, as the follicles need oestrogen to sustain hair growth.

Bleeding gums and taste changes can also be a side effect of the menopause. Oestrogen is important for the lubrication of mucous membranes, such as those in the mouth. Lower levels mean the mouth becomes drier, allowing bacteria to flourish, causing tooth decay and making your gums bleed.

This can damage the taste buds on your tongue, setting off the pain nerve cells, causing bad breath, a bad taste, or a burning sensation on the tongue.

---

### **Heart, lungs and abdomen can be affected causing:**

- Heart palpitations and an increased risk of heart disease.
- New allergies to develop and existing allergies to become better or worse.
- Bloating in the abdomen and gut, weight gain, abdominal cramps, irritable bowel syndrome (IBS), sickness or nausea.

---

An oestrogen deficiency can over-stimulate the nervous and circulatory systems, causing palpitations. See a GP to rule out a possible heart problem. Oestrogen has vasculo-protective properties, this means that it protects the blood vessels to the heart by inhibiting the accumulation of plaque in the arteries. Oestrogen lowers cholesterol levels and keeps triglyceride levels under check. This helps prevent blockages and reduces the chances of women suffering from heart disease.

Hormones and the immune system are inextricably linked, and menopausal changes can lead to allergies becoming worse, or they could arise for the first time, particularly asthma, hay fever and dermatitis.

When going through the menopause it can be a struggle to keep weight off, as the body strives to retain fat cells, especially on the abdomen, as fat produces oestrogen. As testosterone levels drop, the metabolic rate slows. This drop in metabolic rate means that we need fewer calories to maintain our body weight. The stress linked to menopause also raises levels of cortisol, which encourages fat deposits around the abdomen. Consuming fewer calories can help us avoid weight gain.

Oestrogen is important for maintaining the correct amount of water and bile in the body. As levels begin to change, the body tends to store more water, which can lead to a bloated feeling. Because the body produces less bile, fats aren't digested as well, leading to flatulence. Other changes in the gut mean food passes through more slowly, resulting in a build-up of gas as the undigested food ferments. Bloating at menopause is more common in those who have experienced it as part of pre-menstrual syndrome (PMS), possibly indicating an increased sensitivity to hormonal fluctuations.

The muscles of the gut have oestrogen receptors, so the drop in oestrogen can reduce muscle tone, slowing transit time and triggering indigestion, nausea, diarrhoea or constipation. The stress of menopause can also affect the gut and the conflicting messages being sent by erratic hormones can lead to period-type pain in the lower abdomen.

---

### **Muscles, joints, nerves, bones and skin can be affected causing:**

- Muscle pain and weakness.
- Joint pain.
- Loss of bone density (osteoporosis).
- Nerves may function differently.
- Dry, flaky and itchy skin.
- Brittle nails prone to splitting.

---

Oestrogen has a calming effect on the body; as levels drop, the stress hormone cortisol can dominate, causing the muscles to tighten and tire. All muscles have oestrogen receptors, so falling levels can trigger pain and affect muscle tone.

Oestrogen also affects your joints. Low levels can lead to increased joint pain or trigger it for the first time, known as menopausal arthritis.

Researchers at the University of London have shown a clear relationship between oestrogen and the protection it provides against infections and inflammation. They found that oestrogen helps reduce the leakage of white blood cells from blood vessels during an injury, thereby reducing the amount of inflammation and helping the body fight infections more effectively.

Oestrogen is known to protect bone density. It reduces the amount of calcium leached into the body and reduces the fragility of bones. The reduction in oestrogen levels reduces this protection and our bones become less dense. It is important to maintain a healthy bone density through regular weight-bearing exercise, avoiding smoking and eating a healthy, balanced diet. This reduces the risks of osteoporosis and brittle bone disease.

Oestrogen helps in increasing the amount of serotonin in the body. Serotonin is a specific neurotransmitter that helps in the proper transmission of messages from one part of the body to the brain, helping the nerves function properly and with more efficiency. A drop in oestrogen can lead to poor nerve function.

The body needs oestrogen to produce collagen, a fibrous protein that keeps skin plump, and for lubrication. A drop in levels can mean the skin becomes dry, flaky and itchy; dryness can also lead to formication, a sensation like crawling insects. The skin also becomes thinner and less dewy looking. Collagen loss tends to be most rapid at the beginning of menopause. The lack of natural lubrication also makes nails prone to splitting.

---

#### **Body temperature can be affected causing:**

- Hot flushes and sweats during the day or at night.
- Sudden heat or chills and redness in the face, neck or chest.
- Sleep disruption increasing tiredness and fatigue.

---

As levels of oestrogen drop, the hypothalamus gland – the body's thermostat – can be fooled into thinking you're overheating; you sweat and flush to cool down.

Sudden heat or redness often starts in the face, neck or chest and then spreads; you will then start to sweat. Your heart rate may increase, or you may have palpitations. Some people describe a hot flush as a creeping feeling of intense warmth that quickly spreads across your whole body and face 'right up to your brow' which lasts for several minutes. Others say the warmth is similar to the sensation of being under a sunbed, feeling hot 'like a furnace' or as if someone had 'opened a little trap door in my stomach and put a hot coal in'. Some also experience chills following flushes, which can make it difficult to maintain a comfortable body temperature.

---

#### **Urogenital changes causing:**

- More urgency and/or more frequent trips to the toilet.
- Periods becoming unpredictable. Frequency and flow may decrease or increase and irregularity can make it more difficult to manage common complaints, e.g. Premenstrual Tension (PMT), bloating.
- Vaginal dryness, meaning having sex can be uncomfortable and painful.

---

Genitourinary symptoms of the menopause and vaginal atrophy are very common during the menopause. It is thought that more than half of women suffer, and problems tend to increase with age. Oestrogen keeps the skin and tissue in the whole pelvic floor area internally and externally moist and supple.

As oestrogen levels fall the pelvic floor and external urogenital organs can change with dryness, thinning skin and irritation. This can take many months or years to develop and unfortunately, does not get better with time as other symptoms often do. This can affect our personal lives and physical relationships as well.

Thinner skin and pH changes may mean that the bladder is more prone to infection. Loss of tissue tone through a reduction in collagen may lead to urinary incontinence.

The drop in hormones may also trigger other skin conditions such as lichen sclerosus. This can cause itching and soreness and structural changes to the area.

The change in periods is often a first sign that hormones are changing, they may become heavier or lighter and change on frequency. These changes are caused by the fluctuations in the hormone levels which causes a change to the cycle

If oestrogen levels are high in comparison to progesterone, the uterine lining builds and causes heavy bleeding when the lining sheds. Heavy menstrual bleeding (menorrhagia) can result in the inability to perform regular daily activities.

Excessive blood loss can cause iron-deficiency anaemia, with symptoms including fatigue, shortness of breath and heart palpitations. If bleeding interferes with daily life and physical or emotional wellbeing it is important to seek medical help from your GP.

If oestrogen levels are low, the uterine lining will be thinner, which can lead to lighter and shorter bleeding. The frequency of bleeding may well change. Hormone fluctuations can also cause associated bloating and PMT symptoms.

As you reach the menopause, your ovaries gradually stop making the hormone oestrogen. Oestrogen does many things, including helping to keep your muscles and ligaments strong. It also boosts the collagen in your skin, which helps to keep it hydrated and supple. When your oestrogen levels drop, the walls of your vagina become thinner, drier and less flexible. They are also more easily irritated. As part of this process your body also produces fewer vaginal secretions, so your vagina is less well lubricated. A lack of oestrogen can affect other areas such as your labia, clitoris, and bladder.

All of this can impact your physical health and your enjoyment of sex. If vaginal dryness gets in the way of normal life, it can also affect your mental health, too. So, it's important to know that there are treatments available, and things you can do to help.

---

### Positive impacts of the menopause:

- Some people take this time of change as an opportunity to look at their lifestyles and make positive changes, for example in looking at their diet and exercise regimes.
  - Many people also feel a new sense of confidence in themselves that they haven't had before and feel able to pursue new ventures.
  - The lack of periods can also be freeing – especially if you've had to plan social events and holidays around your cycle in the past.
  - Energy levels can also be higher as iron is not being lost every month and PMT becomes a thing of the past.
- 

With growing awareness and understanding of the menopause, with menopause specialists being more readily available in GP surgeries across the country and a range of options to help you with managing the impact of the symptoms it is now more manageable.

Please don't suffer in silence if you are experiencing symptoms which are negatively impacting your physical and mental wellbeing. Talk to your GP or a friend/family member and ensure you are informed about what can help you to alleviate your symptoms. Knowledge is power and sharing your experiences (if you feel you are able to) will help others who are going through the same thing to be able to support you.



## 7. Appendix 2 Useful websites and publications

Resource	Links
<p><b>NHS Resources</b></p>	<ul style="list-style-type: none"> <li>• <b><u>NHS England » Supporting our NHS people through menopause: guidance for line managers and colleagues</u></b> (there is a useful <a href="#">link</a> within this guidance for more detailed information on how the menopause may impact older women, younger women, women in same sex relationships, trans and non-binary people, black, Asian and minority ethnic women, women who have experienced Female Genital Mutilation (FGM) and men).</li> <li>• <b><u>Menopause: diagnosis and management:</u></b> NICE guideline NG23, last updated Dec 2019</li> <li>• <b><u>Women’s health – NHS</u></b> (<a href="http://www.nhs.uk">www.nhs.uk</a>)</li> <li>• <b><u>Menopause – NHS</u></b> (<a href="http://www.nhs.uk">www.nhs.uk</a>) – symptoms, things you can do, treatment and help and support</li> <li>• <b><u>Manage My Menopause:</u></b> Tailored menopausal advice provided by experts in post-reproductive health</li> <li>• <b><u>The ‘male menopause’ – NHS</u></b> (<a href="http://www.nhs.uk">www.nhs.uk</a>)</li> </ul>
<p><b>Support Groups</b></p>	<ul style="list-style-type: none"> <li>• <b><u>menopausesupport.co.uk</u></b> – Supporting You Through Change</li> <li>• <b><u>Symptom-Checker.pdf</u></b> (<a href="http://themenopausecharity.org">themenopausecharity.org</a>)</li> <li>• <b><u>Charity for Women with POI</u></b> – The Daisy Network – for advice and support for those going through early / premature menopause</li> <li>• <b><u>Menopause Matters</u></b> – menopausal symptoms, remedies, advice</li> <li>• <b><u>The Menopause Charity</u></b> – Menopause Facts, Advice and Support</li> </ul>
<p><b>Workplace Information</b></p>	<ul style="list-style-type: none"> <li>• <b><u>The menopause at work:</u></b> guidance for people managers   CIPD</li> <li>• <b><u>Managing the effects of the menopause:</u></b> Menopause at work – Acas</li> <li>• <b><u>Menopause at work</u></b> – TUC &amp; associated Menopause toolkit Eng FINAL.pdf (<a href="http://tuc.org.uk">tuc.org.uk</a>) (has some useful example case studies)</li> <li>• <b><u>Advice on the menopause</u></b> (<a href="http://fom.ac.uk">fom.ac.uk</a>)</li> <li>• <b><u>BS 30416 Understanding menopause and menstrual health</u></b> – BSI (<a href="http://bsigroup.com">bsigroup.com</a>), in depth guidance but useful information of examples of how personal characteristics can influence an employee’s experience of menstrual health or peri/menopause in Table 1</li> </ul>

Resource	Links
<b>General Information for all</b>	<ul style="list-style-type: none"> <li>• <b><u>British Menopause Society</u></b> – For healthcare professionals and others specialising in post reproductive health (thebms.org.uk)</li> <li>• <b><u>International Menopause Society</u></b> (imsociety.org) &amp; <b><u>IMS Webinars</u></b></li> <li>• <b><u>Rock My Menopause</u></b> – Menopause Information</li> <li>• <b><u>Henpicked</u></b></li> <li>• <b><u>Menopause resources for LGBTQIA+ people</u></b> – Queer / LGBTQIA+ Menopause (queermenopause.com)</li> <li>• <b><u>Menopause: who exactly is affected by it?</u></b> (gendergp.com)</li> </ul>
<b>Books and articles</b>	<ul style="list-style-type: none"> <li>• <b><u>How to Survive Menopause Without Losing Your Mind</u></b> – Kathryn Colas. (includes a chapter for partners called 'The Men's Room')</li> <li>• <b><u>Menopause: The Change for the Better</u></b> – Deborah Garlick and Henpicked</li> <li>• <b><u>Perimenopause Power: Navigating your hormones on the journey to menopause</u></b> – Maisie Hill</li> <li>• <b><u>Hormone Repair Manual: Every Woman's Guide to Healthy Hormones After 40</u></b> – Lara Briden ND</li> <li>• <b><u>Preparing for the Perimenopause and Menopause: Penguin Life Expert Series</u></b> – Dr Louise Newson</li> <li>• <b><u>5 Black &amp; Asian British women share their menopause experiences</u></b> (redonline.co.uk)</li> </ul>

## Feedback on this guidance

This guide has been drafted with reference to the Environment Agency's "Managing the Menopause at Work" document. It has been developed by the Women@Reading Network in collaboration with the Human Resources team (including representative from Occupational Health Services).

Please let us know your thoughts on this guide by [hr@reading.ac.uk](mailto:hr@reading.ac.uk). Your feedback will help us keep the pack up to date and relevant.

## Managing the menopause at work

For more information, please contact:

### Human Resources

University of Reading  
Whiteknights  
Reading, RG6 6AH

[hr@reading.ac.uk](mailto:hr@reading.ac.uk)  
Tel (0118) 378 6770

[/theuniversityofreading](https://www.facebook.com/theuniversityofreading)  
[@UniofReading](https://twitter.com/UniofReading)

[www.reading.ac.uk](http://www.reading.ac.uk)



THE QUEEN'S  
ANNIVERSARY PRIZES  
FOR HIGHER AND FURTHER EDUCATION  
2021