



WORKPLACE INSIGHTS Diversity in Menopause

Focus on Disability

White Paper 1 - July 2024

for employers

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The Details

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Workplace Insights - Diversity in Menopause - Focus on Disability

In this whitepaper, you will find the following information:

- information and statistics about menopause and the workplace
- explaining that people from the different equalities strands experience menopause in many different ways, so bespoke solutions are necessary. An intersectional approach is essential
- there is a literature review summarising the information that is available about menopause and disability; this is supplemented by some relevant case studies talking about their lived experience of the menopause.
- topics covered are: diagnosis, chronic illness and pre-existing health conditions, neurodivergence
- the summary explains that (peri/post) menopause is experienced differently across the different equalities themes. An intersectional lens is necessary and noting that every experience is individual. This is the starting point for addressing menopause in the workplace.
- the recommendations have a focus on menopause and disability
- information is listed for training, access to the experts and further contacts.

Introduction

Until recently, menopause was (and sometimes still is) something of a poorly understood topic that is sometimes taboo, particularly in the workplace. The good news is that this is changing and, it's not a minute too soon with statistics such as:

- 6.5 million menopausal women in the workforce;
- 1 in 10 women leave the workplace due to a lack of support.
- Tribunals citing menopause have tripled.

(sources: [CIPD](#) and [BUPA](#) via [Menopause & the Workplace](#) (UK Parliament))

Set against this backdrop it is little wonder that research has barely scratched the surface in the ways that women and individuals with internal reproductive organs experience the menopause differently (beyond a list of the generic symptoms of which there are many).

Visual 1

Some menopause statistics



General

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



Work

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.

*We acknowledge that there are people who are not women who experience (peri/post) menopause, including some trans men and non-binary people. This data was collected as part of a survey into women's health (women and partners of women), and so the experiences of trans or non-binary people are not visible within this data set. We acknowledge this as an area of work for future research. **page 04**

Introduction

****Whose menopause symptoms strongly affected their life.**

Source: [British Menopause Society factsheet](#)

Visual 1 cont...

However, now that organisations are aware of the issue, pursuing this line of inquiry is an essential next step if organisations are to provide more than a boilerplate solution to supporting their team members who are (peri/post) menopausal.

“——
Medical professionals do not understand the concepts of intersectionality, and GPs often ask cookie-cutter questions
(Roxy, 40)**

This directly links to people's own intersectionality, e.g. how someone identifying as a woman who is Black, working class, Disabled and neurodiverse may experience menopause radically different from a White, middle class woman.

Yet there is a paucity of research into this area and, what exists, is often buried in academic research papers.

“——
We often don't think about the intersectionality of having a disability, being female, Black, and dealing with personal life circumstances.
(Mariah, 52)**

Diversity in menopause is the key for unlocking these individual experiences. People from across the equalities spectrum, including the protected characteristics identified in the Equalities Act 2010, experience menopause in different ways for a multitude of reasons.

Introduction

Intersectionality - definition

Intersectionality is the idea that everyone has more than one aspect of their identity. It is important when considering an individual's experience, needs and support during menopause, that the whole person is considered, including all their characteristics and attributes. Every person's experience of menopause will be uniquely their experience, but many of the same struggles and experiences will overlap based on their attributes. It is therefore important that, at minimum, all characteristics and traits of a person are considered. This is where intersectionality comes into play.

"An intersectional approach to diversifying a workplace or institution acknowledges the interconnected nature of social categories such as race, ethnicity, class, gender, age, ability, sexual or religious orientation, etc. as they apply to an individual or group. These interconnected social categories create overlapping and interdependent systems of privilege and advantage or discrimination and disadvantage, which shift according to geographical location and historical, political and cultural context." (Crenshaw, 1989)

Visual 2

LGBTQIA+ - definition

LGBTQIA+ stands for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Agender. You may also see LGBTAIQ2S, which includes Two-Spirit, an important term for indigenous peoples and cultures used to describe sexual orientation, gender identity and / or spiritual identity. A '+' is used to include broader identities.

Visual 3

This series of white papers is our attempt to bring some coherence to the topic of diversity in menopause. We set out the problem, draw together the current research from multiple sources in a literature review and then supplement it with the 'ta-dah' moment of recommendations and next steps.

Introduction

This means that the discussion is underpinned by a roadmap with concrete actions.

Eager to do justice to the different equalities themes, we're focusing on menopause and disability in our first white paper, with race and LGBTQ+ to follow in subsequent white papers. However, as we apply an intersectional lens, our anecdotal evidence base, which supplements the literature, is from individuals who self-identify with at least one, if not more, of the equalities themes. As well as having lived experience of menopause and workplace challenges.

Key to medical terminology
See page 29

“

Throughout my experience, I've felt like I haven't been listened to and often feel like I don't have a voice.

(Mariah, 52)**

The Literature Review

Objective

The objective of this review is to identify how menopause impacts people with internal reproductive organs differently, based on various characteristics. Various literature sources have been identified and reviewed. It is noted that a person may have a different experience while going through menopause than others depending on characteristics such as Disability, race and whether or not they are a member of the LGBTQ+ community. This may be due to cultural norms, access to healthcare, stereotypes, implications of other health conditions or many other factors. This review has highlighted some of the key discussion areas identifiable within the literature today and suggests where future work could be focused to improve support and understanding for all people experiencing menopause.

The menopause - overview

Menopause occurs between the ages of 45 and 56 years old for 90% of women, when onset is a result of the loss of ovarian follicular activity. There are also several causes of early-onset menopause such as surgical oophorectomy, ovarian insufficiency and medication-induced menopause (Crandall, 2023). The symptoms experienced can vary and are well documented.

Vasomotor symptoms, such as night sweats and hot flashes, affect up to 75% of women, with more than 50% of women experiencing these for longer than 7 years (Avis, 2015). Genitourinary syndrome of menopause, which includes symptoms such as dyspareunia, vaginal dryness / burning, dysuria and recurring urinary tract infections, is experienced by 45-77% of women and generally get worse over time (Kim, 2015).

The Literature Review

There are a number of treatment options available for menopause and a wide range of methods used to manage symptoms. This review does not focus on the efficacy of these treatments, rather the inequalities facing those experiencing menopause from different equalities strands, including the protected characteristics (where research exists).

Menopause and Disability

Diagnosis

The very first hurdle for many of those experiencing menopause that also have one or more disabilities is getting a correct and timely diagnosis.

Due to the variations in follicle-stimulating hormone (FSH) serum concentrations throughout the menstrual cycle and from cycle to cycle, doctors are advised not to measure the FSH concentration in women in their 40s as an indication for menopause (Harlow, 2012).


Case study 1 - Roxy - diagnosing menopause

[Roxy's intersectionality]
Age 40, White, she/they,
autistic, bisexual, disabilities
(joint hypermobility syndrome,
degenerative spine),
grandmother of Romany
descent, early menopause -
age 36)

Roxy's* intersectionality highlights the complex nature of diagnosing the different stages of menopause and some of the unintended repercussions to this. Added to this, just like her mother and grandmother before her, she experienced an early menopause at the age of 36 (early menopause is yet another under researched area).

This meant that, for a three month period, Roxy experienced the full gamut of symptoms at something of a personal and professional cost, as she struggled to continue working as normal. She felt that this course of action was almost foisted on her, without recourse to look at any other options.

Already on a hormonal contraception to alleviate painful periods, Roxy had to come off this so that the GP could monitor all her menopause-related symptoms without them being masked by other hormone-related treatments.



However, when she did start HRT it was a relief. She's now 40 and does not know whether she is peri- or post-menopausal. This is due to needing to meet the strict definition of not having had a period for a year. Her periods have been controlled for years by either the hormonal contraceptive or HRT (i.e., she has no periods), meaning that there is no way to ascertain whether she's still menstruating.

Her menopause picture is complex due to the intersectionality with her disabilities and the fact that she now has long Covid. For example, she feels exhausted at times, but it's impossible to say whether this can be attributed to the menopause, long Covid or even a combination of both.

“

GPs and HR have a long way to go regarding understanding intersectionality and the menopause. In order that my menopause could be diagnosed regarding HRT, I had to come off my hormonal contraception - I then had three months' of hot flushes and sleepless nights and was expected to work as usual throughout. Also, although my colleagues were incredibly supportive when I had these symptoms, there was no HR procedure in place to enable me to reach out and engage.

(Roxy, 40)*

*Names have been changed

The Literature Review

STRAW Guidelines

In 2001, the STRAW (Stages of Reproductive Aging Workshop) staging system was introduced. It was a new staging system for ovarian aging and also introduced new nomenclature. It broadly divided the adult female life into three stages: reproductive stage, menopausal transition, post-menopause.

The STRAW guidelines became the gold-standard for characterising reproductive aging through menopause. Ten years later a follow-up workshop was conducted, following advances in research in the area and the new STRAW +10 guidelines were developed.

The changes included some significant updates such as guidance on women who were not considered healthy, whether they had a long-term or progressive illness, or unhealthy lifestyle habits such as smoking.

Visual 4

In 2011, the Stages of Reproductive Aging Workshop (STRAW) +10, recommended updates to the existing STRAW guidelines for assessing reproductive ageing in clinical settings. The original STRAW guidelines from 2001 were only applicable to healthy individuals.

STRAW +10 criteria

STRAW divided the adult female life into three broad phases: reproductive, the menopausal transition, and postmenopause. These three phases included a total of seven stages centred on the final menstrual period (FMP) (Stage 0).

The reproductive phase was divided into Stages –5, –4, and –3 corresponding to early, peak, and late, respectively.

The menopausal transition phase consisted of Stage –2 (early) and Stage –1 (late), and the postmenopause phase contained Stages +1 (early) and +2 (late).

Visual 5

The Literature Review

STRAW +10 criteria (cont)

Stage -3 was characterised by regular menstrual cycles and increasing levels of follicle-stimulating hormone (FSH).

Stage -2 was characterised by variability in menstrual cycle length and increased levels of FSH.

Stage -1 was characterised by onset of skipped cycles or amenorrhea of at least 60 days and continued elevation of FSH.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3340903/>

With the updated STRAW +10 criteria, the assessment is now applicable to many of these women, however there are still some disabilities and health issues which exclude the women from the guidelines.

[a message for HR with regard to sick leave concerning disabilities, menopause and their intersection]

“—

You tend to need more time off, which is not always recognised. I got even more stressed thinking that I'd be about to run out of sick leave and then not get paid.

(Roxy, 40)**

Visual 5 cont

Anyone who had a hysterectomy, was a smoker, had a BMI higher than 30 kg/m² or was outside the age range of 45-64, would not meet the criteria for this type of assessment.

In addition, any women with significant illnesses such as cancer, had chronic menstrual cycle irregularities, engaged in strenuous aerobic exercise or ovarian abnormalities were also not eligible.

While age is technically no longer a criterion, women with premature ovarian failure or primary ovarian insufficiency do not fit into the STRAW +10 model (Harlow 2012). In addition, women who have received a hysterectomy (20% of women in UK) would also need a different diagnosis system (Johnson, 2004).

The Literature Review

Polycystic Ovary Syndrome (PCOS) prevents the use of the STRAW +10 system also due to the criteria surrounding the menstrual cycle not being applicable to those suffering with PCOS (Mulders, 2004). Finally, it is worth noting that those with chronic illnesses, including many cancers, which require chemotherapy may also be ineligible. Many of the medications used in various types of chemotherapy can interfere with the menstrual cycle and make the staging of the menopausal transition difficult to establish (Broekmans, 2009) (Su, 2010).

Chronic Illness and Pre-existing Health Conditions

Many chronic illnesses and other pre-existing health conditions can have an impact on how someone experiences menopause. For example, women who have experienced early onset diabetes (before 20 years old) were found to have experienced accelerated menopause (Brand, 2015).

It has also been found that women with Down's Syndrome are also more likely to experience early onset menopause.

[speaking about mobility issues]

“

I also noticed heaviness in my limbs ...the menopause did affect my mobility. Additionally, last year, I contracted COVID-19, which also had an impact on my mobility...I feel really unstable, like I'm about to fall over and can't stand straight...So, I'm using my walking stick more than ever.

(Mariah, 52)**

The Literature Review

There is a further implication for these women. If they experience early onset menopause they are also more likely to develop Alzheimer's Disease and furthermore, more likely to experience early onset Alzheimer's Disease (Schupf, 2003).

Menopause also has implications for those with other health concerns. Women with rheumatoid arthritis are shown to experience a worsening progression of functional decline after transitioning through menopause (Mollard, 2018).

Women who regularly suffer with migraine will also often see an increase in frequency, intensity and duration of migraines once entering into menopause, which can be a particularly difficult symptom to manage and can be debilitating for some (MacGregor, 2018).

In order to offer the right support to women going through menopause with pre-existing health conditions or chronic illnesses, an understanding of how menopause may impact these conditions is needed.

With so many health conditions, it is impossible to understand them all in advance. It is however important that society understands that there are extra layers of complexity and additional support may be needed.

“

I have joint hypermobility syndrome combined with a degenerative spine. So, as my spine gets less stable, my muscles aren't able to support me. This is why I worry about menopause-related osteoporosis.

(Roxy, 40)**

Change

Case study 2 - Joanna - hypothyroidism and the menopause

Joanna*, an HR professional, has hypothyroidism (an underactive thyroid). This condition has always been managed by medication and therefore had a negligible impact on her daily life. Therefore, she never thought of it in terms of a disability.

However, on starting Hormone Replacement Therapy (HRT) in her perimenopause to reduce the risk of osteoporosis, she was shocked to discover that the HRT and hypothyroidism medications interacted with one another, with disastrous consequences for her. Another complicating factor was that it was impossible to tell where the impact of her hypothyroidism symptoms ended and her peri-menopausal HRT-induced symptoms started.

It happened to coincide with when Joanna started in a new job. She acted out of character and, among of things, felt hyper emotional, breaking down in floods of tears at work (she felt this masked her underlying anger). In her home life, she experienced inexplicable rage culminating in her attacking her partner.

Case study 2 - Joanna - hypothyroidism and the menopause (cont)

It led to some learning points for her - both personally and professionally - about diversity in menopause:

- GPs need to receive more training in general on the interaction of HRT with medications relating to other pre-existing conditions.
- As an HR professional, her lived experience means that she now considers diversity in menopause in the workplace, understanding that an open, flexible approach is needed with the provision of emotional support, and appropriate facilities (for example, a side effect of when she takes the HRT-related oestrogen is heavy menstrual bleeding).
- In terms of the wider HR profession, there are some examples of companies leading with best practice in diversity in menopause (for example, featured by the [CIPD](#)). However, these are not the norm.

“

In the workplace, women just tend to 'get on with it' [(their peri/post) menopausal symptoms], rather than stating what they need.

(Joanna*, 50)

[Joanna's intersectionality] - White British female, aged 50, heterosexual, university educated

*Names have been changed

The Literature Review

Neurodivergence

Neurodivergent individuals, such as Autistic people, those with Attention Deficit Hyperactivity Disorder (ADHD), mental health conditions, anxiety disorder, and other neurological conditions, may also face unique challenges when experiencing menopause.

“ —

Some of the menopause symptoms mirror some of the dyslexia traits.
(Mariah, 52)**

Menopause can also add layers of complexity for women who experience higher levels of anxiety. Autistic women, bipolar disorder or generalised anxiety disorder may find menopause more complex to manage and disruptive to management of pre-existing mental health conditions (Szeliga, 2021) (Rynkiewicz, 2019).

Recent studies have shown that Autistic women have increased challenges with emotional regulation and communicating their difficulties, when experiencing menopause (Moseley, 2021). Furthermore, neurodivergent individuals, such as autistic people, may find difficulty understanding and managing social cues related to menopause such as social expectations around ageing (Riach, 2022).

[on not getting the help, information and advice needed]

“ —

Because I've always faced challenges, I tend to adapt, which can be detrimental.
(Mariah, 52)**

The Literature Review

[on medical staff needing training around working with autistic patients]

“—
|

I always take my husband with me to medical appointments as he understands the questions that are asked and how to respond. Another thing is that, if the GP is doing a practical procedure on me, such as a thermometer in my ear, and trying to ask me questions at the same time, then my brain freezes and I can't think straight to answer the questions. I can only do one or the other at any given moment.

(Roxy, 40)**

Summary

The literature review, and the insights garnered from people who are (peri/post) menopausal, has given us a solid evidence base indicating that:

- 1** (Peri/post) menopause is experienced differently across the different equalities themes, known as protected characteristics, with an intersectional lens adding more complexities and nuances.
- 2** The personal experiences recounted from our anecdotal case studies is a reminder that we must keep sight of the fact that these are individuals' lives that we're discussing; people first and foremost, not just statistics.
- 3** We then need to apply Summary points 1. and 2. to a workplace setting to see how they can be effectively leveraged for organisations to support the 6.5 million menopausal women in the

workforce, the 1 in 10 women leaving the workplace due to a lack of support and those going through tribunals citing discrimination in relation to menopause.

- 4** It is clear that we are at the start of a long road to start to address Summary point 3. As we know, it is only in the past few years that menopause has become less taboo and is starting to be recognised in the workplace by organisations. However, if the paucity of discussion in the public domain, the lack of accessible research, and the fact that there is only just now a growing awareness of menopause as an issue, deep diving into diversity in menopause is still a very long way off.

Recommendations

For the purposes of this whitepaper, we'll assume that there is a cohort of organisations recognising that they need to start a conversation about menopause within their workplace. However, they are struggling to know where to take this as, having done some initial desktop research, they have drawn a blank as there are simply no roadmaps beyond some very generic information about the menopause.

This is our 5-point plan to empower these organisations to shape their roadmap:

1 Get to know your staff and volunteers. Starting with the employee data profile, work out the approximate number of staff who may be (peri/post) menopausal (while accepting that some may fall outside this age range). Cross reference this with any equalities data to provide a more in-depth

snapshot (for example age, disability, race etc.). Undertake an employee consultation to collate your employees' views and experiences of those experiencing/having experienced the menopause.

“

My union was helpful. Don't wait for menopause to hit you; find out what your union can do to help you. (Mariah, 52)**

2 Undertake staff and volunteer training to ignite an internal conversation about menopause, raising awareness and encouraging everyone to think about the impact that the menopause, overlain with the

Recommendations

equalities themes, may be having on employees at every level throughout the organisation.

A useful starting point is to cover the basics in equalities training. As well as generic courses, such as Unconscious Bias and Equalities, Diversity, Equity and Inclusion, there are other ones specifically focusing on Disability Awareness Training.

There are free options available too, such as:

- Diversity, Equity & Inclusion (Non Profit Ready)
- Disability Inclusion Basics (Understood)

3 Ensure buy-in at every level of the organisation; senior leadership and management needs to be behind this for it to be authentic.



Best practice #1

Responsible companies that respect their employees

Companies are encouraged to foster workplace cultures in which people with the Protected Characteristics do not have to do all the work, i.e., it's not the employees' duty of those from marginalised communities/with the Protected Characteristics to share their stories to inform a company's policy (unless these employees are happy to do so - just never assume this).

Instead, the company is responsible for doing their own homework. One top tip is to reach out to **UK Disabled People's Organisations**. They can put you in touch with a local Disabled people's organisation, facilitate a conversation with the Disabled community and signpost to other resources.

Recommendations

Shaping Our Lives has an **online directory of UK Disabled People's Organisations**, searchable for a national or local DPO.

<https://shapingourlives.org.uk/user-led-organisations/>

4 Develop a policy informed by the training and research the organisation has undertaken. The policy needs to reflect the specific needs of the organisation's employees (and this may evolve over time), as well as taking into account other factors which may play a role, such as the specific sector that the organisation operates in and different departments and roles within the organisation.

5 Bring the policy to life – As we know, many policies are written and never see the light of day again. However, this one is so important that it needs to be accompanied by a robust and actionable implementation plan bespoke to the organisation.



Best practice #2

Accessible formats in all communications

By default, all conversations should be in accessible formats to promote accessibility. For example, using a British Sign Language interpreter for a deaf employee. This is the [UK Government's guidance on inclusive communication](#).



Best practice #3

General Data

Protection Regulation
(GDPR) compliance

Sharing personal data, such as facts or anecdotes relating to a Protected Characteristic, for example, can make an employee feel vulnerable. For instance, potentially, these details could leak out into the public domain if the information was to get into the wrong hands. The employee has to feel 100% confident that the employer will use this data responsibly and has robust GDPR policies in place to back this up. The employee should be told how the data will be used and stored. This company needs to be transparent about whether it is for internal/external use, who can access it and how long it will be kept on file.

Case study 3 - Mariah - a responsive employer



Once, while Mariah* was on a train and experiencing intense menopause-related pain, she called a teammate and explained what she was feeling and the fact that she was going through the menopause, including that she couldn't cope in that particular moment and didn't know what to do.

The colleague and Mariah worked for a young charity. The colleague immediately expressed concern. They also highlighted the fact that the charity didn't even have a menopause policy in place. As a member of the union, Mariah spoke to her union representative, and he provided her with templates to give to her charity to establish necessary policies.

Mariah liked the fact that the charity didn't have a standardised policy and recognised that everyone experiences different symptoms. They even encouraged people to come forward and share their own experiences because it's not a one-size-fits-all situation.

Mariah explained that getting everyone to understand why there needs to be a menopause policy, especially for all women but particularly Black women (who are often perceived as strong), and adding intersectionality, including having a disability and/or being part of the LGBTQ+ community, makes it even more challenging.

*Names have been changed

The Ta-Dah Moment

The ta-dah moment is about ensuring that **everyone belongs in your organisation: all have a voice and feel included.** By following our plan outlined here you will ensure that people experiencing a range of health conditions and disabilities can and are included; building a culture of inclusion across the organisation. Help and support is available, you are not alone....

You Don't' Have To Do This Alone

The ta-dah moment is also very simple: it is the realisation that the organisation does not have to do this alone. It can utilise the support of external consultants with the expertise and skills at their fingertips to support the organisation to develop a tailored road map which not only sets the direction of travel, but also supports them every step of the way.

This may be a combination of advice, coaching and done-for-you services (although organisational buy-in from the senior leadership and management is of paramount importance).

The consultancy expertise is provided by a powerful combination of menopause experts (Haley White (Founder – [Menospace](#)) and Stephanie Reid (Founder – [Menopause Spring](#))) and [The Diversity Trust](#)'s team of equalities experts with a mix of professional and lived experience, encompassing all the protected characteristics and more.

The Ta-Dah Moment...

These are some of our offerings:



Training courses



Diversity in Menopause

Looking at the menopause through the lens of Diversity. Research has shown that menopause can be more difficult and different for some ethnicities (for example, the experience of Black women), for those with underlying conditions, and those with a disability.



Menopause Awareness at Work

This menopause awareness session is designed to educate everyone on the issue, creating a caring and supportive company culture with menopause on the agenda.



Menopause Champion Training

Menopause Champions help to create an inclusive and supportive work environment to help raise awareness, provide education and resources and offer practical solutions to support employees going through menopause.



Further resources



Research, such as this whitepaper. This is one of a series of three with the following to be published in due course:

- Workplace Insights - Diversity in Menopause - Focus on **LGBTQ+**
- Workplace Insights - Diversity in Menopause - Focus on **Race**

The Ta-Dah Moment...



[Menopause Springs' resources](#)

[British Menopause Society](#)



[Access to the experts](#)



[Meet The Team page](#)

The Diversity Trust's team includes expertise from across the equalities spectrum, including Disability, neurodiversity and mental health.

Meet The Experts

We have two leading menopause specialists:

[Haley White's BIO](#)



Haley White

Haley founded Menospace, a menopause training and consultancy organisation. She's on a mission to normalise the conversations around menopause at work.

[Stephanie Reid's BIO](#)



Stephanie Reid

Stephanie founded Menopause Spring. She develops training programmes around diversity, gender and menopause. She has a Diploma in the Female Endocrine System.

The Ta-Dah Moment...



Get in touch



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00 44772 029 4991



[@diversity-trust](https://www.linkedin.com/company/diversity-trust)



[@DiversityTrust](https://www.facebook.com/DiversityTrust)



[@DiversityTrust](https://www.instagram.com/DiversityTrust)

Reasonable adjustments can also be made during the recruitment and interview process to ensure that a disabled candidate is not disadvantaged and to make things easier for the candidate.

Dyspareunia

Pain during or after sex (NHS.uk)

Dysuria

Burning sensation or pain when urinating (NHS.uk)

Menopause

When a person's periods stop due to lower hormone levels. It affects anyone who has periods (NHS.uk).

Neurodiversity

The different ways that a person's brain processes information, and the person interacts with the world around them (Cambridge University Hospitals, Cuh.nhs.uk)

Oophorectomy

The surgical removal of one or both ovaries (NIH).

PCOS

Polycystic Ovary Syndrome is a common condition affecting ovary function. The main features include irregular periods, excess androgen ("male hormone") and ovaries which become enlarged and potentially contain fluid-filled sacs (NHS.uk).

Key to medical terminology

Disability

The Equality Act 2010 defines a disability as an impairment that has a substantial and long-term negative effect on a person's normal daily activities ([Gov.uk](http://www.gov.uk)).

Employers have to make reasonable adjustments to ensure that an employee with a disability, including mental ill health, can carry out their role or function.

References

Avis, N. E., Crawford, S. L., Greendale, G., Bromberger, J. T., Everson-Rose, S. A., Gold, E. B., Hess, R., Joffe, H., Kravitz, H. M., Tepper, P. G., Thurston, R. C. (2015). Duration of Menopausal Vasomotor Symptoms Over the Menopause Transition. *Journal of the American Medical Association Internal Medicine*, 175 (4), 531-539.

Brand, J. S., Onland-Moret, N. C., Eijkemans, M. J. C., Tjonneland, A., Roswall, N., Overvad, K., Fagherazzi, G., Clavel-Chapelon, F., Dossus, L., Lukanova, A., Grote, V., Bergmann, M. M., Boeing, H., Trichopoulou, A., Tzivoglou, M., Trichopoulos, D., Grioni, S., Mattiello, A., Masala, G., Tumino, R., Vineis, P., Bueno-de-Mesquita, H. B., Weiderpass, E., Redondo, M. L., Sanchez, M. J., Huerta Castano, J. M., Arriola, L., Ardanaz, E., Duell, E. J., Rolandsson, O., Franks, P. W., Butt, S., Nilsson, P., Khaw, K. T., Wareham, N., Travis, R., Romieu, I., Gunter, M. J., Riboli, E., Van der Schouw, Y. T. (2014). Diabetes and Onset of Natural Menopause: Results from the European Prospective Investigation into Cancer and Nutrition. *Human Reproduction*, 30 (6), 1491-1498.

Broekmans, F. J., Soules, M. R., Fauser, B. C. (2009). Ovarian Aging: Mechanisms and Clinical Consequences. *Endocrine Reviews*, 30 (5), 465-493.

Crandall, C. J., Mehta, J. M., Manson, J. E. (2023). Management of Menopausal Symptoms. *Journal of the American Medical Association*, 329 (5), 405-420.

References cont...

Harlow, S. D., Gass, M., Hall, J. E., Lobo, R., Maki, P., Rebar, R. W., Sherman, S., Sluss, P. M., de Villiers, T. J. (2012). Executive Summary of the Stages of Reproductive Aging Workshop +10: Addressing the Unfinished Agenda of Staging Reproductive Aging. *Journal of Clinical Endocrinology & Metabolism*, 97 (4), 1159-1168.

Johnson, B. D., Merz, C. N. B., Braunstein, G. D., Berga, S. L., Bittner, V., Hodgson, T. K., Gierach, G. L., Reis, S. E., Vido, D. A., Sharaf, B. L., Smith, K. M., Sopko, G., Kelsey, S. F. (2004). Determination of Menopausal Status in Women: The NHLBI-Sponsored Women's Ischemia Syndrome Evaluation (WISE) Study. *Journal of Women's Health*, 13 (8), 872-887.

Kim, H. K., Kang, S. Y., Chung, Y. J., Kim, J. H., Kim, M. R. (2015). The Recent Review of the Genitourinary Syndrome of Menopause. *Journal of Menopausal Medicine*, 21, 65-71.

MacGregor, A. A. (2018). Migraine, Menopause and Hormone Replacement Therapy. *Post Reproductive Health*, 24 (1), 11-18.

Mollard, E., Pedro, S., Chakravarty, E., Clowse, M., Schumacher, R., Michaud, K. (2018). The Impact of Menopause on Functional Status in Women with Rheumatoid Arthritis. *Rheumatology*, 57, 798-802.

Moseley, R. L., Druce, T., Turner-Cobb, J. M. (2021). Autism Research is "All About the Blokes and the Kids": Autistic Women Breaking the Silence on Menopause. *British Journal of Health Psychology*, 26, 709-726.

Mulders, A. G. M. G. J., Laven, J. S. E., Eijkemans, M. J. C., De Jong, F. H., Themmen, A. P. N., Fauser, B. C. J. M. (2004) Changes in anti-Mullerian Hormone Serum Concentrations over Time Suggest Delayed Ovarian Ageing in Normogonadotrophic Anovulatory Infertility. *Human Reproduction*, 19 (9), 2036-2042.

References cont...

Riach, K., Rees, R. (2022). Diversity of Menopause Experience in the Workplace: Understanding Confounding Factors. *Current Opinion in Endocrine and Metabolic Research*, 27, 100391.

Rynkiewicz, A., Janas-Kozik, M., Slopian, A. (2019). Girls and Women with Autism. *Psychiatria Polska*, 53 (4), 737-752.

Schupf, N., Pang, D., Patel, B. N., Silverman, W., Schubert, R., Lai, F., Kline, J. K., Stern, Y., Ferin, M., Tycko, B., Mayeux, R. (2003). Onset of Dementia is Associated with Age at Menopause in Women with Down's Syndrome. *Annals of Neurology*, 54 (4), 433-438.

Su, H. I., Sammel, M. D., Green, J., Velders, L., Stankiewicz, C., Matro, J., Freeman, E. W., Gracia, C. R., DeMichele, A. (2010). Antimullerian Hormone and Inhibin B are Hormone Measures of Ovarian Function in Late Reproductive-Aged Breast Cancer Survivors. *Cancer*, 116 (3), 592-599.

Szeliga, A., Stefanowski, B., Meczekalski, B., Snopek, M., Kostrzak, A., Smolarczyk, R., Bala, G., Duszewska, A., Smolarczyk, K., Maciejewska-Jeske, M. (2021). Menopause in Women with Schizophrenia, Schizoaffective Disorder and Bipolar Disorder. *Maturitas*, 152, 57-6.

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