



KEY MESSAGES – ALL EMPLOYEE SESSION – V12 INTERNATIONAL – SEPTEMBER 2024 (normally 1h30)

Slide No	Key messages
1	<ul style="list-style-type: none"> • Introduce yourself, thank the organisation and introduce Henpicked: Menopause in the Workplace – what we do and why • Leading provider of menopause support and education in the workplace • Passionate about ensuring everyone have access to accurate information to make informed decisions about their journey through menopause • Also passionate about everyone continuing to thrive at work with the right support and information <p>Before we go into today’s session, it’s important to recognise that everyone’s experience of menopause can be different, people can experience different symptoms and have different views and philosophies on the way they’d like to manage their menopause. People may have different medical histories and different thoughts about how they talk about and experience menopause too. Today’s session is for everyone. For those experiencing menopause symptoms this session aims to help you work out what’s right for you and plan your next steps. For those here supporting others or maybe wanting to learn for the future, you will gain the knowledge and understanding around menopause and where to access support and help.</p> <p>People of diverse gender expressions and identities experience menopause, and although we may use the terms ‘women’ ‘female’ ‘her’ when quoting specific research, this session is focused on how everyone can be supported.</p> <p>Following today’s session we will share a workbook called Managing your Menopause: A 3-stage process. This will include all of the referencing and signposting we cover.</p>
2	<ul style="list-style-type: none"> • Introduce support trainer and ask them to explain how Slido will be used. <p><i>FYI – we will be using Slido on all sessions from now on, even when using Zoom, unless an organisation is unable too.</i></p>
3	<ul style="list-style-type: none"> • Share highlights from agenda. Here to describe not prescribe so we can’t give personal treatment advice, but we will ensure everyone is equipped with the correct information and knows how and where to gain additional support and advice. • Cover what the facts are of menopause is, why it happens and when – which may be something of a surprise/maybe busting some myths or misunderstandings • Look at menopause symptoms and in particular the impact they may have at work • Explore the different approaches to managing menopause • Look at how to get the support someone needs from their healthcare practitioner, their work and their friends and family • Chance to ask questions at the end but also through the session – this is your session – need to ensure you get everything out of this you need
4	<p>SLIDO - Interaction</p> <ul style="list-style-type: none"> • To start with I’d like to understand, what you think of when you hear the word menopause? • If you can just add any words that come to mind into slido, this will form a word cloud – there’s no wrong/right answer • Once answers given - summarise why we ask this question – if what we associate with menopause are things like hot, tired, angry, old we can understand why this may feel



	<p>uncomfortable to put your hand up at work and say “Do you know what, that’s me” – I’m sure if you look around your organisation and the people potentially going through menopause they’d be a different set of words you would use to describe them and the amazing contribution they make to your workplace</p>
<p>5</p>	<p>So let’s look at some key facts about menopause</p>
<p>6 & 7</p>	<ul style="list-style-type: none"> • So why are we talking about menopause now, its not new, so what’s different? • Menopause now comes at a very different point in life – historically menopause was associated as being towards the end of life and very few people were going through menopause whilst in work • Click 1 and slide will show today and other figures • We are now all living for longer and working for longer – the average age of reaching menopause is 45-55 and we live on average to 83 – 1 in 7 chance of living to be 100 – so, menopause may only be the halfway point for many with huge amount of life to live in post menopause • The most significant change is where this comes in working life – research shows 8 out of 10 menopausal women are in work and it’s the fastest growing workforce demographic – also when we think about the average age of menopause this can often be at a really critical point in someone’s career – these are really experienced people, often in senior roles/ leading teams, key employees we want to ensure we’re retaining and attracting within the organisation • Shocking statistic from research – 1 in 4 consider leaving work due to menopause – shouldn’t be the case. Recent research from the Fawcett Society in 2022 showed 1 in 10 have left • We’ve seen by opening up the conversation and ensuring the right support is in place this can make a real difference - use example – either as written (one of the women one of our trainers worked with or your own example) <p><i>(Example: One of our team worked with a woman who was very senior in an engineering company. She loved her job and had built a very strong reputation. She managed really complex projects with lots of things constantly changing. The way her and her manager often worked is with those quick conversations over a coffee or in the corridor on the way to a meeting. Previously, this was no problem. But she found she was getting back to her desk and either completely forgetting or having to check back constantly. Over time this really knocked her confidence in her ability to do a good job. She felt it might just be easier to leave before she damaged her reputation too much. They discussed if she’d spoken to her manager and she hadn’t – she said no-one had ever mentioned the word menopause at work and she didn’t know how to. We challenged her that she had nothing to lose and we planned how to approach the conversation. I must say her manager was really supportive. Firstly, they reassured her she was still doing a fantastic job which gave a huge reassurance. They also said for them it was quite an education as they didn’t realise menopause could affect someone in this way as they’d only heard about hot flushes. They then asked the most powerful question – what can I do to help? For them, it was a small change in working habits – following things up by email, ensuring they were at her desk when discussing actions. She said it felt like she had a safety net, someone who understood her symptoms and what she needed to continue to do a great job. She is still thriving in that organisation, but they could have lost a really valuable employee and she could have left a job she loved!)</i></p>
<p>8</p>	<ul style="list-style-type: none"> • So what do we mean by menopause. • Clinically, menopause is considered to be a 1-day event – from a the general definition is the ceasing of menstruation, and someone is said to have reached menopause when they have had 12 months with no period, but for anyone going through this or anyone supporting someone, we know that’s not the whole story • Menopause is a process of change that happens over time • (Click 1) Peri menopause appears, (Click 2) - Perimenopause appears - time leading up when hormones start to change – symptoms can start to show. When we think about the average age of menopause at 45-55, its means its very common for individuals to experience symptoms in their



	<p>40's and sometimes earlier. It can be a very different journey for everyone but the average can last around 5-7 years.</p> <ul style="list-style-type: none"> • (Click 3) Post appears • (Click 4) post menopause appears – for the rest of our lives • Menopause/Menopausal – overriding term covering all this journey
<p>9</p>	<ul style="list-style-type: none"> • Handover to support trainer to run Poll in slido. Support trainer to reassure that poll is anonymous and that there are options to choose if you're here supporting someone or learning for the future.
<p>10</p>	<ul style="list-style-type: none"> • You will hear information about “averages” when talking about the age people experience menopause and this can be helpful to understand the most likely time for someone to be experiencing symptoms - normally between 45-55 • But that isn't the case for everyone • Some will experience it later into mid-60s • But it can be earlier ... • Early menopause – before the age of 45 – affects 10-15% of women. But some individuals it can come much earlier, and they may have Premature menopause, which can happen as early as 12 up to 40. Important we all understand the potential impact
<p>11</p>	<ul style="list-style-type: none"> • Premature Ovarian Insufficiency (POI) is relatively rare but more common than you might think • The condition itself can have a profound effect. It's not just loss of hormones but loss of fertility, there can be both physical and psychological impacts • Important to ensure anyone going through this or if you know anyone going through this that they are getting the right support and information • There is a fantastic charity The Daisy Network which can provide a huge support for someone going through this – they provide lots of factual information around diagnosis and treatment but also peer support and counselling. If we think of someone going through the menopause around the average age they often have a natural peer support group of friends going through this at a similar time, for someone going through this at a much earlier age, they may not know anyone else going through this. Really encourage anyone going through this to reach out to the Daisy Network or please share to anyone you're supporting – the signposting is included in your resources
<p>12</p>	<ul style="list-style-type: none"> • Another time when people can experience menopause outside of the “average” range is when it is induced earlier due to surgery, hysterectomy or oophorectomy or certain medical treatments for cancer • Here we need to be careful of the language we use when we talk about menopause. We often see the term menopause is a 'natural' transition for all women. For someone going through surgical or medical menopause it doesn't feel like a natural process and this language can feel excluding. Try using terms like 'a normal process' 'a stage of life' etc. • This can be doubly upsetting as they have gone through this surgery or are having drugs for cancer treatment and then get menopause symptoms. Because of the huge changes the body can be going through menopause symptoms can be very sudden and extremely severe. • The focus is often on surgical recovery or overcoming the illness and the impact of menopause can be overlooked leaving women to struggle • It is essential that anyone going through this gets the right support – we have included specific signposting on this in our workbook



13

- When our hormones are in balance, we feel great – it's when they go out of balance that it can become a challenge for our bodies
- We have 3 major hormones that play a big part in our menopause journey – oestrogen, progesterone and testosterone
- Oestrogen is our moisturising, lubricating hormone so this can have an impact on our joints, hair, skin, eyes etc.
- It regulates cholesterol production in the liver, increase HDL (good ones) and decreases LDL (the bad ones)
- Oestrogen also helps our cognition and the way our brain works
- In fact, oestrogen has many functions in our bodies
- This helps to understand why the fluctuation and reduction of oestrogen can bring about symptoms
- Progesterone is our calming, sleep-inducing hormone
- As progesterone drops you can understand symptoms such as anxiety and insomnia
- It's important to consider testosterone as this can have an impact on things like libido but is also the hormone that supports confidence and optimism – again you can see how this could have an impact at work

14

Slide has a build when you click once within the slide all content will be loaded.

- Here we show an illustration of what can happen to the body during menopause. We need to recognise the fluctuation and change, in particular in oestrogen as well as the reduction in progesterone and testosterone.
- In Perimenopause the levels of Oestrogen can go up and down. They level out again in Post menopause but never return to the levels we have in earlier years. Our levels of Progesterone fall dramatically and stay at a lower level.
- Levels of testosterone in our body gradually reduce as you become older, with many women not even noticing while others are more sensitive to the changes. These changes happen over a condensed period of time.
- Often get asked how do I know where I am? – we may think it's as simple as having a test to confirm if it's menopause but our bodies are complicated – we have the 1-day marker of no periods for 12 months, but that's like a retrospective diagnosis as you can't know you've had your last period until you reach that 12 months. For many that marker may not be there because of certain medications or contraception
- Guidelines from the International Menopause Society, British Menopause Society and the NICE (National Institute for Health and Care excellence) guidelines recommend for an otherwise healthy woman over the age of 45, menopause should be diagnosed based on symptoms rather than specific blood tests. The reason being is that a blood test (in particular in isolation) won't tell the whole story. Someone in their late 40s could go and see their Healthcare Practitioner with clear perimenopause symptoms and have a blood test that comes back in the normal range and we hear people saying they feel lost and dismissed and not sure how to get the help and support they need. This same person could have had a blood test at a different time on a different day and it could have come back as not in the normal range and this is because of the huge fluctuations in hormones.
- This is why it the best piece of advice we can give to anyone going through menopause is to get a clear picture of what's going on with your symptoms and tracking these – in our workbook we have a symptoms tracker and there are lots of apps you can use. Whatever works for you. Tracking symptoms can help inform diagnosis, good conversations and decisions on what treatment feels the right approach
- If you are under 45 and experiencing symptoms of the menopause your doctor may decide that you do need to have tests. The most common is a blood test measuring the level of follicle stimulating hormone (FSH). This is the hormone that regulates the amount of oestrogen in your body. If you have low levels of oestrogen, then your FSH level is usually raised – if this is the cause it is very likely that you are menopausal. This blood test is often repeated four to six



	<p>weeks later. However, as hormone levels can fluctuate, some women are menopausal despite a normal FSH level.</p> <ul style="list-style-type: none"> • I would love to say the moment everyone reaches postmenopause all symptoms magically disappear but that's not always the case. The majority of people report into post menopause feeling really well and looking forward to the next phase of life. But for some they can still experience symptom. • No matter what stage an individual is at, if they are experiencing symptoms that are causing challenges for them at home and work there is so much that can be done to manage these and what we don't want is for anyone to be struggling and suffering through this without getting the help and support they need.
<p>15 & 16</p>	<ul style="list-style-type: none"> • Everyone's journey can be very different there are lots of different symptoms associated with menopause both physical and psychological and its really important that we recognise that difference. • Physical symptoms such as hot flushes, night sweats we tend to hear about but people can experience things like achy joints, changes in hair, skin, nails. Recognising and understanding that all those physical symptoms could be part of menopause and this can often help people access the treatment that will really help manage and support the symptoms. • And there may be physical symptoms that some people find it more difficult to talk about at work or discuss with their medical practitioner including things like heavy flooding periods – for anyone experiencing these we really encourage you to talk to your healthcare practitioner as there is a lot that can manage these symptoms • Then we have psychological symptoms which are becoming much more recognised and understood – losing confidence, brain fog, word-loss, anger, emotional, anxiety. • We often hear people saying “I just don't feel like me anymore, I'm anxious about things I've never been anxious about and I'm getting irritated and angry about things that never used to bother me” We can all appreciate how frustrating this can feel
<p>17</p>	<p>SLIDO: Interaction</p> <ul style="list-style-type: none"> • Now we want to look at how some of these symptoms can affect someone at work • Hand to support trainer to run Poll to ask audience what symptoms have you found to be most challenging at work, or if you are not experiencing personally what do you think would be the most challenging. • Once completed – relate back to some of the research – anxiety, brain fog having the biggest impact within work and particularly the impact of loss of confidence which takes us nicely into our next slide on the cycle of symptoms.
<p>18</p>	<ul style="list-style-type: none"> • Click 1, all symptoms around Night sweats will appear. • This cycle of symptoms shows how symptoms are interrelated and interact with each other • In this example here, a person experiences night sweats that mean they find they can't sleep, this results in them feeling fatigue and they experience difficulty concentrating. This makes their brain fog worse and as a result, they start to lose their confidence in themselves which makes them anxious and that keeps them awake at night ...and so the cycle goes and accelerates. • So by going back to identifying specifically for an individual what symptoms are causing them the biggest challenge and then looking at the approaches that are going to help manage those symptoms. Often as each symptom becomes better controlled it can actually have a knock on positive affect on many other symptoms that individuals are experiencing, so if someone is really struggling with sleep and they work on tackling their sleep hygiene, whether its taken some form of medication or lifestyle changes and actually start to get much better sleep then things like their brain fog and concentration can start to improve which could help them feel less anxious and more confident, so it's about really understanding those symptoms.



<p>19</p>	<ul style="list-style-type: none"> • As hormones change during this time there can be longer term health risks particularly in heart and bone health. • Earlier we talked about how hormones help nourish the tissue of the body and support and increase bone density, help keep organs healthy and support overall health generally • The way someone looks after themselves during menopause can have a hugely positive impact on managing symptoms but also on their long-term health • Menopause can often be a good opportunity for people to really focus on how they're looking after themselves. • If we think of menopause happening at maybe halfway through someone's life – focus on how long and well, they want to live going forwards • This can be hard as there is often a lot of "life" happening at the time of menopause. People may still have younger children, teenagers or children going off into adult life. Some may be supporting and caring for older parents with a potential dual caring responsibility. On top of work, relationships, finances and then menopause – it's a lot. It can be hard for any of us to not let our health and well-being be pushed further down that priority list but during menopause it's essential to take care of the body as it helps with managing symptoms but also long term health. • So the way that someone looks after themselves in during menopause can really make a big difference in terms of managing symptoms but also that long term health.
<p>20</p>	<ul style="list-style-type: none"> • Important to remember – everyone is different • 1 in 4 go through with no symptoms – so we should never assume just because someone is of menopausal age, they need support • This means 3 in 4 will experience symptoms and 1 in 4 serious symptoms that have a huge impact on quality of life at home and at work • This can be hard for the individual as they don't know what to expect and what they are experiencing may be different from someone they're working with or friends/family • It can be hard for our healthcare practitioners as someone may be presenting with a variety of different symptoms – important to work in partnership to understand what's happening • This can be hard for workplaces – we need to treat everyone as an individual and look at what can be done to support the way menopause is affecting an individual • Core message of recognising that symptoms don't have to be really bad or unbearable before help is available and we really want to encourage people to reach out. • This is why it is so important to know what the symptoms are and how you can choose which route to take to gain support as it is not forever
<p>21 & 22</p>	<ul style="list-style-type: none"> • If you think about how menopause has been depicted in the media in the past, it will often bring to mind a stereotypical image of a woman of advancing years, with hot flushes being the only symptom referenced. We need to really challenge the perceptions and the way we talk about and represent menopause to ensure that anyone who is going through menopause or is affected feels their voice is being represented and we can all take a responsibility in the way that we talk about menopause. • We want to make sure we are opening up the discussion about menopause to ensure that ANYBODY going through this transitional time in their lives is represented and has a voice. This includes people from an ethnic minority background, people who are neurodiverse, those with learning disabilities and differences and people who identify as LGBTQ + Menopause is a subject for everyone and it's important we ensure the language we use when talking about menopause is fully inclusive and focuses on how we can support anyone who is experiencing these symptoms • We need to consider the use of humour – it has its place, and we need to be able to laugh about things however it is important menopause doesn't become something that is joked about in the



	<p>workplace and is spoken about in a respectful way, so people feel comfortable asking for help if it's needed.</p> <ul style="list-style-type: none"> • We also need to consider the impact menopause has on others such as partners, family members and friends as menopause can have an impact on everyone which is why it's so important that everyone feels able to join in this conversation. • Example of a rail network in the UK– 80% male workforce but still provided menopause training. This happened because train drivers have to sign to say they're fit and well to be able to drive the train. On driver said to their manager, I'm not sure I can sign this. The manager asked why and the train driver, not really knowing how to explain, said " have you ever slept next to a menopausal woman?" "Duvet on, duvet off, window open, window closed". This organisation then recognising the age profile of their organisation that as well as those going through menopause there could be many who's partner/family members could be going through this and this could be impacting people at work. They look at what they could do to educate and support everyone around menopause
<p>23</p>	<ul style="list-style-type: none"> • We often get asked, is there such a thing as a male menopause? ... the definition of menopause is the end of menstruation so although men don't go through this there could be times a man experiences menopause-like symptoms. • Men go through andropause but this is generally a very gradual decline in hormones that starts a lot earlier and ends a lot later so it is unusual for men to experience menopause like symptoms. • There are times when men can experience menopause-type symptoms. There's a condition called TDS 'Testosterone Deficiency Syndrome' which has very similar symptoms to menopause, it's important for anyone experiencing this to see their healthcare practitioner to ensure they gain support and treatment. • Other times men may experience menopause-type symptoms is going through certain types of cancer treatment, for example hormone therapy treatment for prostate cancer. Common side effects can be hot flushes, night sweats and insomnia • We also need to have an understanding that not everyone experiencing menopause identifies as a woman but may still have the appropriate biological make-up to experience menopause. • Transgender, non-binary and intersex staff may experience the menopause, either due to age-related hormonal changes or hormone treatments and surgeries. • It is important to acknowledge some trans, non-binary and intersex colleagues may not wish to disclose their menopausal symptoms as this may mean disclosing their trans or intersex status. It can therefore be particularly difficult for these employees to access support and/or ask for adjustments. Within each of these groups, people's needs will be different and so it is crucial to listen to people on an individual basis and allow them to take the lead on their conversations and required adjustments. • We often hear the phrase 'menopause affects half the population'. But it affects us all. Some first hand, some through relationships, maybe a partner, family member, friend or colleague. This is an inclusive subject everyone needs to know about.
<p>24</p>	<p>SLIDO: Interaction</p> <ul style="list-style-type: none"> • So far we have covered why talking about menopause is important; what it is; how it might affect people and some considerations around how we talk about it. So now we would like to ask you what would be helpful for you at work? We'll gather your suggestions and feedback to the organisers of today's session • Hand over to support trainer to run slido to gain what support you think is needed around menopause in your workplace. • After this we will share some solutions in terms of signposting and ways to have conversations.
<p>25</p>	<p>As we've mentioned the first stage in managing menopause is identifying symptoms</p> <ul style="list-style-type: none"> • It's easy for someone to say: "I just feel awful" but it's time to get specific



	<ul style="list-style-type: none"> • We'd encourage people to track what symptoms they are experiencing and when – which are the worst symptoms – prioritise what they want to tackle • This is the basis for deciding how someone may want to manage their symptoms – helps with getting support <p>This is the workbook I referenced earlier “Managing your menopause a three-stage process”. In addition to information we have covered and links to the research, it will also help you work out what's best for you and plan your next steps – great for anyone going through menopause and great resource to share with someone you're supporting</p> <ul style="list-style-type: none"> • Stage 1 – tracking and understanding your symptoms • Stage 2 – deciding on your personal philosophy on how you want to manage your menopause • Stage 3 – what action are you going to take
<p>26 & 27</p>	<p>So, how could someone go about managing their menopause</p> <ul style="list-style-type: none"> • It is so encouraging to see more conversations happening around menopause with people coming forward and sharing their stories and experiences. There has been an explosion of reporting in the media but this does mean that we are faced with a huge amount of information (and misinformation) which can be overwhelming and confusing at a time we are seeking clarity and guidance. • If you were to do an internet search asking 'how do I manage my menopause symptoms', there is so much information and often a lot of conflicting information why you should be choosing a certain way of managing menopause and different ways of managing. • So our aim today is to help cut through the noise and provide you with access to great evidence-based information, research and data so that you can make the choices that are right for you.
<p>28</p>	<ul style="list-style-type: none"> • There is no 'right' way for anyone to manage their menopause. • As discussed everyone is different so every individual needs to be able to choose the right approach for them. • Here we want to help everyone understand the different approaches and signpost where to get the right support and information • We're going to look at 4 different approaches: medical, complementary, lifestyle and how menopause can have an impact on your mindset and mental well-being
<p>29</p>	<ul style="list-style-type: none"> • We regularly get asked “Should I take HRT (Hormone Replacement Therapy/MHT (Menopause Hormone Therapy)?” – no right answer, it every individuals choice. What we want to do is ensure choices around HRT/MHT are based on facts not based on fear/judgement • HRT/MHT can feel very confusing with a mixture of scare stories in the media with conflicting information highlighting positives – hard to know what to believe • We want to remove some of the myths around HRT/MHT and explore the benefits and risks • HRT/MHT has moved on and there are a lot of choices available – it can be taken orally as tablets or transdermally through the skin as patches, gels or a spray (<i>NOTE: spray may not be available in all territories i.e. not available in Australia</i>) • If you still have a womb you would normally take combined HRT/MHT (Oestrogen and Progesterone) to protect the lining of the womb • If you no longer have a womb, you would normally only need oestrogen • Taking HRT/MHT must be done under the guidance of a qualified medical professional • Lots of potential benefits of HRT/MHT, including strengthening bones, reducing the risk of osteoporotic fractures, reducing cholesterol, lowering the risk of type 2 diabetes and lowering the risk of heart disease. HRT/MHT is considered to be the most effective medical treatment for the relief of vasomotor symptoms/temperature symptoms and we hear from many people about the hugely positive impact this has made • The current guidance from the IMS/BMS and NICE is that for the majority of women starting any type of HRT/MHT before the age of 60 HRT is considered low risk – <i>check out any current guidance where you are based</i>



	<ul style="list-style-type: none"> • Often get asked if HRT/MHT is considered low risk and has all these benefits, why doesn't everyone take it. Some may not be able to because of their own medical history or their immediate family history and some many feel this isn't the right approach for them. • We also need to recognise HRT/MHT is not a magic pill. It doesn't just fix everything and it can take time as with other medications, to work, it can take time to find the right preparation. • It's all about personal choice but we want to ensure these choices are being made based on facts and information not fears and judgement, so encourage people to read the guidelines and review the signposting information. • Anyone experiencing premature menopause before the age of 40 years – important they discuss hormones to protect their hearts, bones and brains. Not all can take HRT/MHT but as they are living for longer with lower levels of oestrogen it's an essential consideration for long term health
<p>30</p>	<ul style="list-style-type: none"> • Another approach people may chose is complementary and herbal medicine – there is not as much scientific research, but we hear anecdotally that some of these treatments have had a hugely positive effect for individuals • However, it is important you check with your medical practitioner to ensure anything you're taking is safe as many of these can interact with other medications or medical conditions. A nutritional therapist or a qualified herbalist can be very knowledgeable on what may help and the implications of taking any herbal medication with other health conditions/medication • It's important we don't dismiss anything but also appreciate some things may work for one person but not another. It's also about supporting each others choices as we are all different. • We also need to appreciate that it can take time to see results
<p>31</p>	<ul style="list-style-type: none"> • Most important thing is understanding what is serving your body well – how can you do more of this, what isn't serving your body well and how can you do less of this/what are you willing to change? Focus on Calcium and Vitamin D from a bone protection point of view as our oestrogen reduces – calcium easy to get in your diet (small block of cheese, yoghurt, glass of milk each day or non-dairy such as green leafy veg, nuts and seeds). Vit D harder as mainly get through sunlight – common deficiency in women over 40 – if really struggling with tiredness your healthcare practitioner can check your vitamin D levels. Also consider other supplements such as a good multivitamin (your basic insurance policy), Omega 3 (reducing inflammation, supports joints, skin etc.) and magnesium (supports sleep and can help with anxiety) • Exercise – feels counterintuitive when feeling hot, tired and achy – lots of scientific evidence showing the positive impact exercise can have on menopausal symptoms – focus should be on something you enjoy and is manageable - Quote from Sir Liam Donaldson - The former Chief Medical Officer of England "If a medication existed which had a similar effect to physical activity, it would be regarded as a wonder drug or a miracle cure" • Research shows many mentioned sleep problems during menopause, and the effects of these sleep issues can be debilitating and take their toll on your daily life. Lack of sleep can affect your short-term behaviours, and your long-term health. • Studies have shown that a lack of sleep can really affect your mood, making your brain focus on negative thinking and even a tendency for your brain to remember unhappy events rather than happy ones. It can impair your judgement and concentration, too, which doesn't help the experience of menopausal brain fog. Inadequate sleep can also impair your reaction time, so you can become more accident-prone and clumsy. • We recognise that insomnia is one of the most challenging symptoms, so thinking here about what people can do to support their sleep both from what they are fuelling their body with, to exercise to what their routine is to get themselves ready to sleep
<p>32</p>	<ul style="list-style-type: none"> • It's important to realise that menopause has an affect on mental well-being and mindset and anyone struggling should not wait to seek help



	<ul style="list-style-type: none"> • The way someone thinks and feels about this time of life can have a profound impact on their experience and focusing on taking care of themselves become really important • There are various things someone might want to consider in helping relieve some of the psychological impacts of menopause. • Let's talk about stress and menopause – they don't go well together <ul style="list-style-type: none"> ○ stress produces cortisol – can be good in small doses ○ continued stress, continued cortisol – cortisol is a hormone thief – makes it even harder to produce other hormones ○ recognise this can be hard and a challenge at this busy time in life but the way someone manages their response to stress/the amount of stress can positively impact the way symptoms are experienced • Resilience is something we hear a lot and many people we speak to say they just feel like they're running on empty, with nothing left. Focusing on self-care and being kind to yourself can really boost resilience leaving people feeling they have the capacity to manage particularly challenging symptoms or things at home/work • A lot of recommendations focused on reducing stress and can be very effective in reducing the impact of symptoms • CBT – Cognitive Behavioural Therapy – recommended treatment for managing menopause symptoms by IMS • The aim of CBT is to help you think more positively about life and free yourself from unhelpful patterns of behaviour. It has been shown to work for a variety of mental health problems. This doesn't mean it's better than other therapies, just that the evidence base is more robust for CBT at this time. • Important to avoid overwhelm – trying to be perfect and change everything at once as easy to fail and increases stress and cortisol – small changes, made consistently really add up <p>TALKING is in capitals as this is so important – we need to be able to share how we are feeling and not feel alone – so many people we speak to say being able to talk to their manager and colleagues knowing they're not going through this on their own has had the most positive impact</p>
<p>33</p>	<p>SLIDO: Interaction</p> <p>Optional – this may not be included in every session. Can use info from chat if it has been a busy session or with a quieter group ask to input here on slido. Support trainer could pull out key themes from chat or questions.</p> <ul style="list-style-type: none"> • Bring on support trainer – start going through suggestions/share anything from the organisation or what has worked well elsewhere • Let's now focus on what you have found helpful, please join in on Slido or you could ask if anyone has any questions around how menopause can be managed from what we have talked about. • As we can see from your sharing (as we see in general) everyone is different in the experiences and what has worked well for them. It's why it's important we remember it's about finding what's right for each individual and how we can support everyone's choices
<p>34</p>	<p>We've talked about that you have found helpful and there are other ways you can access help, advice and support, starting with your healthcare practitioner ...</p>
<p>35</p>	<ul style="list-style-type: none"> • There are some amazing healthcare practitioners who are very knowledgeable and very supportive about menopause • Unfortunately, not true for all healthcare practitioners – as you can see from the quotes on the slide (use a couple – positive and negative) • A lot of work is being done in many countries on how better menopause care can be provided. There is still a lot of work to be done so we but there are also lots of pressures on our health care system for lots of other things.



	<ul style="list-style-type: none"> • So we need to appreciate the current context in the way things and look what can an individual do to help to have a really good conversation around menopause with their healthcare practitioner.
<p>36</p>	<ul style="list-style-type: none"> • So included in our workbook is some guidance around having that conversation – this is a really useful tool to share if someone shares with you their going to see their healthcare practitioner • There are a few key things we'd really recommend for anyone that's going to see their healthcare practitioner about menopause. And again, we've heard time and time again from people that going through this process has made a big difference. Previously they'd really struggled to access the health care, the support, the treatment that they wanted. But by going through this process, they were able to have good conversations and found it much easier to be able to access that treatment. • Recommend reading the current medical guidelines Important to prepare – easy to finally arrive at a healthcare practitioner appointment and sit down, they asks how someone is and they burst into tears and finding it hard to share everything they're experiencing – tracking and presenting all their symptoms becomes essential • Taking a record of symptoms so they don't forget • Ask who they should see when booking their appointment – often there is a healthcare practitioner who has completed additional education on menopause who may be able to support better • Make sure they have enough time with their healthcare practitioner to cover what's needed • Asking them to reflect after their appointment – have they got what they need - can they ask for a referral – they may have to wait but they need to ensure they're getting the right support • So important to share that someone shares how they're feeling and not go through this alone • Family/friends may spot things they don't • We recognise that who someone feels comfortable talking to about menopause may be different for each person. • For some people talking about menopause symptoms with their family/within their culture may not feel possible/comfortable/normal – it's about finding the right support for each individual •
<p>37- 40</p>	<ul style="list-style-type: none"> • Final part of today is how we have supportive conversations at work, could relate this back to the Engineering example and share that this was the structure used. • We want people to feel confident and comfortable coming forward at work and asking for the support they need. • Finding the right time and place to do that is important and you might find this factual structure helpful in opening up the conversation with your manager • Here is a suggested conversation structure that you may want to use. • These are my menopause symptoms appears • Slide 38 - This is how they're affecting me at work • Slide 39 - This is what I'm doing to manage my menopause (around personal responsibility) • Slide 40 - This is what would help me (if doing a session with managers reference that this will be discussed with colleagues. <p>Decide if you want to keep it confidential – personal choice</p>



<p>41</p>	<p>OPTIONAL: This is where any internal signposting will be included</p> <p>Note: ensure you discuss with the organisation ahead of a session anything they would like to see included here</p>
<p>42</p>	<p>SLIDO: Interaction</p> <p>Chance for Q&A – normally allow 10 minutes</p>
<p>43</p>	<ul style="list-style-type: none"> • At the start, I asked you ‘what words do you associate with menopause’ – I’m sure if you looked around your organisation at the people who are going through this transition in their lives, or if you are thinking about yourself, you would use a very different set of words than those we came up with at the beginning of our time together today • People at this stage of life are capable, wise, experienced, knowledgeable. We want everyone to feel empowered not what’s going on and what they can do or how you can support someone. • We have “fabulous” on here as in one session we asked the question at the beginning and as well as some of the normal words we hear, someone said “fabulous” It turned out they’d had quite a tough journey through menopause but they were managing their symptoms, adjusting where needed at work and still delivering a great job and she said “I am fabulous” and this change in how she thought about this time made a huge difference to her. • We know this can be a challenging time and have more impact for some than others but there is no need to suffer and struggle without asking for help and support • I’d just like to leave you with a final story - in one organisation we work with they asked people to share their experiences of menopause and one of their senior leaders was asked what menopause had been like for them. She sat and thought and said "it's just been the wonkiest journey I've been on" and we think that's a great way to describe how this can feel for someone. But at the end of her video she said "I'm still going to do a really good job" She felt she was still capable and had a huge amount offer the organisation "I might need to do some things slightly differently and I may need some support but I'm still going to do a really good job" We believe with the right information and the right support, there's no reason why anyone can't continue to thrive at work and this is why it's so important to keep talking about and supporting menopause in the workplace.
<p>44</p>	<p>SLIDO: Interaction</p> <p>We’d love your feedback on the session today, so if I can ask you to head back over to Slido one last time, here you will find a short session evaluation survey consisting of 4 questions on the content and what your biggest learning/takeaways from today’s session were.</p>
<p>42</p>	<ul style="list-style-type: none"> • Links will be shared through your organiser • All a shared responsibility to keep the conversation going • Finish session and thank attendees • Mute and go off camera while attendees leave.