



# Mind your language

A guide to talking and writing about menopause





## Introduction:

**Words matter.** When you're discussing menopause, either in person or in writing, there are some ways of doing so which can be more helpful than others. However, there aren't any hard and fast rules.

Your organisation will probably already have its own tone of voice and style guide, and you'll want to keep within these. Equally, different types of comms will vary depending on the audience. Those geared at senior leaders, for example, will probably be more formal than an intranet article.

This is a guide to give you some thoughts on approaching your language around menopause. It's not designed to be prescriptive, but can act as an aide memoir to help you along.

We've also included a glossary of useful terms.





## Menopause - why is language important:

Words often associated with menopause are highly negative. Old, moody, sweaty, grumpy... and we're way beyond pandering to these stereotypes. The average age to reach menopause is 45-55 – it could be earlier than this for some – so it's a midlife event for many people. Communications and conversations work best by accepting menopause as a part of life, a transition which may (or may not) need some extra support in the workplace, just as with so many other areas of life.

Always keep your comms on a professional footing, even on an informal basis. This means not littering your written comms with exclamation marks or shouty capital letters, and conversely not going too far into academic or scientific language. Essentially, people need to understand what they're reading or hearing, while still getting a sense that it's not a topic to be treated lightly.

### Do:

- Keep talking about 'menopause'. It's not the 'm' word or any other euphemism, slang or colloquialism.
- Steer away from inappropriate humour, sarcasm or jokes. This is often a defence mechanism when people aren't sure what to say, which is where training and normalising the topic comes into play. Stick to the facts.
- Be mindful menopause is an individual experience. While you can use statistics and examples, make it clear that you understand not everyone will fall into these categories and that you will support menopause as an individual experience.
- Remember that while the average age for menopause is 51 it can happen earlier or later than this, for natural reasons or due to surgery or medical treatments. So avoid conflating menopause with ageing.
- Be as inclusive as possible in your language. Consider including a caveat (example below) in your written comms to emphasise inclusivity.

*"People of diverse gender expressions and identities experience menopause. Those undergoing hormonal treatments or taking certain medications may also experience similar symptoms.*

*Although we may use the terms 'women' 'female' 'her' when quoting specific research, our support is open to anyone who needs it."*

- Think about your referencing – make sure you're using reliable sources and up-to-date evidence and statistics.



## Menopause - why is language important:

### Don't:

- Use gendered pronouns (he/she/his/hers), stick with their/ them where possible. Avoid direct reference to gender (women/men) if you can. An exception to this is if you're quoting any direct research or statistics, where you do need to refer to the cited gender.
- Offer direct clinical or medical advice. Stick to signposting to appropriate resources, including internal support such as HR, EAP or Occupational Health and external support such as NICE guidelines and the British Menopause Society.
- Make assumptions (such as everyone going through menopause will experience hot sweats). There's a huge range of possible symptoms and they can fluctuate and change over time.
- Be afraid to go back to basics. Managers may have had menopause training but for other team members it might be something they know very little about, so include definitions and background where appropriate. Even if you feel you're repeating the same thing, you'll be reaching new people each time.
- Feel embarrassed talking or writing about symptoms. Vaginal dryness is a common symptom of menopause, for example, as is heavy flooding. Anyone suffering from these will usually be relieved to see them out in the open.
- Worry about repeating yourself. In fact, it's a good idea to have short summaries of menopause, perimenopause and postmenopause in your comms – remember, not everyone will read everything.

### Words to consider using:

menopause, perimenopause, postmenopause, symptoms, support, personal philosophy, choice, control, empower, confidential conversation, reasonable adjustments, resources, individual, unique.

### Words to avoid:

ageing, old, moody, past it, sweaty, grumpy, difficult, the 'm' word.



## Glossary of terms

**Anxiety:** A feeling of unease, such as worry or fear that can be mild or severe.

**Bilateral oophorectomy:** Surgery where both ovaries are removed.

**Bio-identical hormones:** Precise duplicates of human hormones which are produced by specialist pharmacies and do not follow the same MHRA regulatory pathway as conventional HRT.

**Body identical hormones:** Precise duplicates of human hormones developed in a conventional way by the pharmaceutical industry and authorised by the regulators such as the MHRA in the UK.

**Cognitive Behavioural Therapy (CBT):** A form of therapy that works to solve current problems and change unhelpful thinking and behaviour.

**Cortisol:** Commonly referred to as 'the stress hormone', it is your body's indicator to prepare for a stressful situation. Cortisol is best known for the role it plays in how stressed or anxious we feel, levels are often elevated when experiencing menopause.

**Dementia:** A gradual decline in cognitive functioning as a result of damage or disease in the brain beyond what is expected in normal cognitive ageing

**Depression:** A common mental disorder that causes people to experience depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, insomnia, disturbed sleep or appetite, low energy levels and poor concentration. Depression is different to just feeling down or sad.

**Endometrium:** Lining of the womb.

**Evidence-Based Medicine:** Doctors use the best available evidence from the most current academic research when making a clinical decision.

**Follicle Stimulating Hormone (FSH):** A hormone released by the pituitary gland. It helps regulate the menstrual cycle and stimulates the ovaries to produce eggs. A high level of FSH in could indicate menopause.



## Glossary of terms

**Gonadotropin releasing hormone analogues (GnRH analogues):** Modified versions of a naturally occurring hormone known as gonadotropin releasing hormone (GnRH), which helps to control the menstrual cycle. When used continuously for periods of longer than 2 weeks, these drugs stop the production of oestrogen, essentially placing the body in a temporary menopausal state. This 'starves' the things like endometriosis of oestrogen, causing the deposits to become inactive and reduce. It is often recommended that a woman takes 'add-back' therapy or HRT to reduce or even prevent the side effects of these drugs.

**Heavy menstrual bleeding (HMB):** Defined as excessive menstrual blood loss that interferes with a someone's physical, social, or emotional quality of life.

**Hysterectomy:** Surgical removal of the womb.

- **Radical Hysterectomy:** Surgery during which the womb, cervix and part of the upper area of the vagina, fallopian tubes as well as the ovaries, are removed.
- **Total Hysterectomy:** Surgery where the uterus and part/all of the cervix are removed.
- **Partial Hysterectomy:** Surgery where the upper part of uterus is removed leaving cervix in place.

**Intrauterine system (IUS):** Also known as the hormone coil, an IUS is a small, plastic T-shaped device placed in the womb that slowly releases the hormone progesterone. It stops the womb lining growing quickly, so it's thinner and bleeding becomes lighter. An IUS also acts as a contraceptive.

**Local Oestrogen Therapy:** Where oestrogen treatment is delivered directly to the vagina. It's a local oestrogen treatment and is not absorbed throughout the body. It can be in the form of a ring, cream or pessary that is inserted into the vagina.

**Menopause:** Is a point in time 12 months after a woman's last period.

**Menstrual Cycle:** The menstrual cycle is the time from the first day of someone's period to the day before their next period. The menstrual cycle is controlled by hormones. In each cycle, rising levels of the hormone oestrogen cause the ovary to develop and release an egg (ovulation). The womb lining also starts to thicken. In the second half of the cycle, the hormone progesterone helps the womb to prepare for implantation of a developing embryo. The egg travels down the fallopian tubes. If pregnancy doesn't occur, the egg is reabsorbed into the body. Levels of oestrogen and progesterone fall, and the womb lining comes away and leaves the body as a period.



## Glossary of terms

**Menstrual Health:** 'Menstrual health is a state of complete physical, mental, and social well-being in relation to the menstrual cycle and not merely the absence of disease.....' (World Health Organisation). Importantly, in the workplace, they should experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.

**Menstruation:** Occurs when the lining of the womb (the endometrium) is shed. The womb lining breaks down and forms what we refer to as someone's period. This process usually lasts four to eight days, but this is only an average. It is triggered by a sharp fall in the production of hormones from the ovaries, especially progesterone. Menstruation is needed because the lining of the womb is where a pregnancy will be supported and grow if fertilisation of an egg by a sperm takes place. It is necessary for the endometrium to thicken to allow the fertilised egg to implant. If this does not take place, the womb lining will shed to allow growth of new endometrium for the next menstrual cycle. Menstruation is necessary to prevent build-up of the endometrium.

**Oestrogen:** A sex hormone that plays an important part in a woman's normal sexual and reproductive development. The ovaries produce the most oestrogen. Oestrogen regulates the menstrual cycle and reproductive health, as well as the heart and blood vessels, bones, breasts, skin, hair, mucous membranes, pelvic muscles, and the brain.

**Oophorectomy:** Removal of the ovaries.

**Oral contraceptives:** Often just called 'the pill', may be used to manage the symptoms of PMS and many menstrual health conditions.

**Ovulation:** The process whereby the egg is developed and released from the ovary.

**Perimenopause:** The transition before the menopause, when a woman's ovaries gradually produce less oestrogen. The time before and around the actual moment of menopause

**Phytoestrogens:** Oestrogens that are found in plants

**Postmenopause:** After the menopause - the stage after the final menstrual period

**Premature Menopause:** Menopause that occurs at age 40 or younger and includes surgical removal of ovaries (bilateral oophorectomy). Premature ovarian insufficiency (POI) may also be included under this heading although cessation of ovarian function in POI is not always irreversible.



## Glossary of terms

**SSRI - Selective Serotonin Reuptake Inhibitor:** A drug that slows the action of the enzyme that destroys excess serotonin and helps a certain amount of serotonin to remain circulating throughout the body, making people feel better. Many antidepressants are SSRIs and may be used 'off label' to alleviate hot flushes when hormone therapy is not an option

**Surgical Menopause:** Menopause resulting from ovaries being surgically removed. Due to the abrupt cut-off of ovarian hormones, surgical menopause can cause the sudden onset of menopause symptoms.

**Testosterone:** A male sex hormone that is important for sexual and reproductive development. Women also produce testosterone, but at lower levels than men.

**Transdermal:** Absorbed through the skin as with some patches, creams or gels.

**Vaginal Atrophy:** Thinning, drying and inflammation of the vagina.

**Vasomotor Symptoms:** Symptoms such as hot flushes and night sweats that women experience in the menopause transition and sometimes into the menopause

