

The Society of British Dental Nurses



Employer's & Employee's Perimenopause & Menopause Guide



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INTRODUCTION

The Society of British Dental Nurses is committed to ensuring an inclusive and supportive working environment for Dental Nurses.

The changing age of the UK's workforce means that between 75% and 80% of menopausal people are in work and of those, many come under the 41 to 60-year-old female bracket. Research shows that the majority of women are unwilling to discuss menopause-related health problems with their line manager, nor ask for the support or adjustments that they may need.

This booklet sets out the guidelines for members of staff and managers on providing the right support to manage menopausal symptoms at work. Employers are encouraged to offer awareness and support to this population of employees. Whilst every individual does not suffer with symptoms, supporting those who do will improve their experience at work and may improve organisational outcomes.

This booklet is inclusive of all gender identities including trans and non-binary employees. This booklet also considers andropause.

Up to a third of cisgender (a person whose gender identity corresponds to their sex assigned at birth) women will experience severe menopausal symptoms which can impact on their quality of life. Because menopausal symptoms are caused by oestrogen fluctuations, these symptoms can also affect trans men and non-binary people.

Within the workplace, menopausal people often report greater difficulty in managing symptoms and can feel embarrassed and unable to disclose their menopausal status, fearing they may be stigmatised for being menopausal. Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their trans status. Many trans people choose not to disclose their trans status, either before their transition, or if they start a new job after transitioning.

Menopause should not be taboo or stigmatised. We want everyone to understand what menopause is, and to be able to talk about it openly, without embarrassment.

SBDN recognise that staff may need additional support and adjustments during this transitional time before, during and after the menopause and aim to ensure that staff are treated according to their circumstance and needs.

The aims of this booklet are to:

- Make employers and managers aware of their responsibility to understand the menopause and related issues and how this can affect staff, their partners, families and work colleagues by educating and informing employers about potential symptoms and how they can support individuals in the workplace, raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available; and subsequently reduce any absenteeism, presenteeism, performance issues and turnover that may arise due to menopausal symptoms.
- Foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopausal symptoms and asking for support and adjustments in order to continue to be successful within their role. experiencing side effects as a result of HRT may also need adjustments at work or time off to attend appointments.

DEFINITIONS

Menopause is defined as a biological stage in a woman's life that occurs when they stop menstruating and is part of the natural aging process. Usually, it is defined as having occurred when an individual has not had a period for twelve consecutive months (for people reaching menopause naturally). The menopause usually occurs between the ages of 45 and 55, but it can happen much earlier or later than this due to surgery, illness or other reasons such as chemotherapy or radiotherapy.

Experience and perception of menopause can differ for individuals for many reasons such as age, disability, race, religion and for people from the non-binary, transgender and intersex communities.

POI or Premature Ovarian Insufficiency (premature menopause)

Approximately 1 in 100 affected people will experience menopause before 40 years of age (naturally or as an effect of a medical condition or treatment).

Perimenopause is the time leading up to menopause when a person may experience changes, such as irregular periods or other menopausal symptoms. This can last for just a few months, four to five years or many years before menopause. It varies greatly dependent on the individual and many people may not realise that they are peri-menopausal but be confused about what is causing the symptoms they are experiencing thus forming a barrier to seeking support.

Post-menopause is the time after menopause has occurred, starting when the individual has not had a period for twelve consecutive months. Symptoms of menopause may have eased or stopped entirely, but some people continue to have symptoms for longer.

There can be an increased risk of some health conditions post-menopause, such as cardiovascular (heart) disease, osteoporosis (weak bones) and urinary tract infections (UTI's). So a healthy diet and lifestyle is important, as are regular cancer screenings such as cervical (smear test) and breast.

Andropause is more commonly known as the "male menopause". This term is unhelpful and misleading as it suggests the symptoms are the result of a sudden drop in testosterone in middle age, similar to that which occurs in the "female menopause". This is not true. Although testosterone levels fall as cisgender men age, the decline is steady at less than 2% a year from around the age of 30 to 40, and this is unlikely to cause any problems in itself. In many cases the symptoms are nothing to do with hormones.

In some cases, where lifestyle or psychological problems do not seem to be responsible, the symptoms of the "male menopause" may be the result of hypogonadism, where the testes produce few or no hormones. This testosterone deficiency is sometimes present from birth, which can cause symptoms like delayed puberty and small testes. It can also develop later in life, also known as late-onset hypogonadism, and can sometimes be responsible for symptoms such as depression, loss of sex drive and erectile dysfunction. Late-onset hypogonadism can develop particularly in men who are obese or have type 2 diabetes, but this is an uncommon and specific medical condition that is not a normal part of ageing.

SYMPTOMS

The menopause brings physical changes to the body. For many people experiencing the menopause this can result in physical, psychological and emotional changes. Some of these can be quite severe and have a significant impact on their everyday activities including work life.

Menopausal symptoms can begin months or even years before a person's periods stop and typically last around four years after the last period, although some experience them for much longer.

While some individuals seek medical advice and treatment, many do not always realise that they are experiencing the perimenopause and may not understand what is causing their symptoms therefore do not ask for or receive the support they need.

Common symptoms include:

Hot flushes - a sudden flush of heat spreading throughout the body, often starting in the face, neck & chest. Most only last a few minutes but can be disruptive & embarrassing causing sweating, redness in the face & chest & an increase in heart rate

Night sweats - sweating so much in the night that nightwear & bedding are soaking wet regardless of the temperature in the room

Difficulty sleeping/ sleep disturbance - due to night sweats or in some cases due to anxiety. This may then lead to fatigue, irritability, loss of concentration & forgetfulness

Vaginal dryness, itching and pain/discomfort during sexual intercourse

Heavy and/or longer periods - can be irregular and difficult to prepare for

Low mood or depression and anxiety - can lead to tearfulness and tiredness

Urinary problems - including an urgency and frequency of urination, recurrent urinary tract infections such as cystitis

Also.... Reduced libido, Skin irritation, Palpitations, Problems with memory and concentration, Headaches, Joint stiffness and pain, Reduced muscle mass

SYMPTOMS SUPPORT

Symptoms can manifest both physically and psychologically, including, but not exhaustively or exclusively; support for menopausal people should be considered as detailed below:

HOT FLUSHES

Request temperature control for work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window, or away from a heat source

Easy access to drinking water

Be allowed to adapt prescribed uniform, such as by removing a jacket

Have access to a rest room for breaks if their work involves long periods of standing or sitting, or a quiet area if they need to manage a severe hot flush

DIFFICULTY SLEEPING

Ask to be considered for flexible working, particularly if suffering from a lack of sleep

HEADACHES

Have ease of access to fresh drinking water
Offer a quiet space to work

Allow noise-reducing headphones to wear in open offices

Have time-out to take medication if needed

Low Mood, Anxiety &/or Panic Attacks

Promote counselling services

Identify a 'buddy' for the colleague to talk to – outside of work their area

Be able to have time away from their work to undertake relaxation techniques

Undertake mindfulness activities such as breathing exercises or going for a walk

HEAVY/ UNPREDICTABLE PERIODS

Have permanent access to washroom facilities

Request an extra uniform

Ensure storage space is available for a change of clothing

LOSS OF CONFIDENCE

Ensure there are regular Personal Development Discussions

Have regular protected time with their manager to discuss any issues

Have agreed protected time to catch up with paperwork or admin

POOR CONCENTRATION

Discuss if there are times of the day when concentration is better or worse, and adjust working pattern/practice accordingly

Review task allocation and workload

Provide stationery for lists, action boards, or other memory-assisting equipment

Offer quiet space to work or allow noise-reducing headphones to be worn in open offices

Reduce interruptions

Have agreements in place in an open office that an individual is having 'protected time', so that they are not disturbed

Have agreed protected time to catch up with admin work

Hormone Replacement Therapy (HRT)

A common form of treatment is known as hormone replacement therapy (HRT). Many find these treatments helpful for alleviating symptoms, but as with all medications there are benefits and risks and HRT is not suitable or appropriate for all menopausal people.

Medical advice and supervision is required, and side effects can be experienced. Whilst many people report finding HRT very effective, some find that the side effects of HRT can also cause problems at work.

REPORTED SIDE EFFECTS OF HRT INCLUDE:

- **BLOATING**
- **BREAST TENDERNESS OR SWELLING**
- **SWELLING IN OTHER PARTS OF THE BODY**
- **NAUSEA**
- **LEG CRAMPS**
- **HEADACHES**
- **INDIGESTION**
- **VAGINAL BLEEDING**

Those experiencing side effects as a result of HRT may also need adjustments at work or time off to attend appointments.

HRT can cause increased health risks for certain people (these are the subject of ongoing research and debate not discussed here – individuals are advised to seek advice from their GP or other suitably qualified medical professional).

For these and other reasons, not all people who experience symptoms will want to use HRT. Some may receive treatments for the specific symptoms they experience - for example Cognitive Behavioural Therapy (CBT) can be used to treat anxiety or low mood, anti-depressants may be prescribed for depression or other medications used to treat hot flushes. Some people use complementary or alternative therapies; however, the NHS does not recommend these because, it says, 'it is generally unclear how safe and effective they are'. Some remedies can also interact with other medications and cause side effects. GP advice should be sought if these therapies are being considered.

ROLES AND RESPONSIBILITIES

The Workplace (Health, Safety and Welfare) Regulations 1992

place an overriding duty on employers to make workplaces suitable for the individuals who work in them.



The Equality Act (2010)



The Equality Act (2010) prohibits both direct and indirect discrimination and harassment against people on the grounds of 'protected characteristics' including:

- sexual orientation
- gender
- age
- gender re-assignment
- pregnancy and maternity
- disability
- religion or belief
- race
- marriage and civil partnership



The Health and Safety at Work Act (1974)

requires employers to ensure the 'health, safety and welfare at work of all employees.' Under the Act, employers are required to do risk assessments under the Management Regulations which should include specific risks to menopausal staff.

In addition to the nine protected characteristics, the employer should not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

ROLES AND RESPONSIBILITIES

78% of our workforce is female and 44% consists of females aged 41 and above. This means that a significant number of staff will be experiencing menopausal transition whilst in employment. In addition, between 1% and 10% of women experience an early or premature menopause and so may be trying to deal with the same symptoms.

Statistics from the ONS (2017) indicate that women are now working at unprecedented levels and until much later in life, with more than 75% in employment and the number of those working over the age of 50 likely to increase rapidly over the next 5 years (Brewis et al, 2017).

Taking into account this labour market trend the Society is invested in supporting this section of the workforce to remain as healthy, safe and productive as possible.

Employers and/or Line Managers should:

- Familiarise themselves with Menopause Policy and Guidance
- Attend menopause training events to gain a better understanding of the transition
- Be ready and willing to have open, confidential discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally
- Provide employees with support and guidance and sign post them to the information provided at Appendices 1 and 4.
- Document conversations and record any actions/adjustments required using the form provided at Appendix 2 or similar
- Undertake a work-based risk assessment utilising the checklist provided at Appendix 4 and document any actions/adjustments to be implemented
- Ensure ongoing dialogue and review dates
- Ensure that all agreed adjustments are adhered to
- Where adjustments are unsuccessful, or if symptoms are proving more problematic, update the action plan, and continue to review

All members of staff are responsible for:

- Taking personal responsibility to look after their health
- Being open and honest in conversations with managers/HR and Occupational Health
- Contributing to a respectful and productive working environment
- Being willing to help and support their colleagues
- Understanding any necessary adjustments their colleagues are receiving as a result of their menopausal symptoms.
- If a member of staff is unable to speak to their line manager, or if they perceive their line manager is not supporting them, they can speak to the SBDN, their Union or other supporting bodies relating to the Primary Care setting.

SUPPORTING AN EMPLOYEE DURING MENOPAUSE

The most important and valuable thing a manager can do is listen and wherever possible, respond sympathetically to any requests for adjustments at work.

The effects on a person's physical and emotional health can significantly impact on how they undertake their work and their relationships with colleagues.

Recognise that menopausal transition is a very individual experience, and that people can be affected in different ways and to different degrees, and therefore different levels and types of support and adjustments may be needed. As with any longstanding health-related conditions, this support can make a major difference to how they deal with the menopause, enabling them to continue working well and productively.

Take into account any difficulties someone may experience during the menopause and provide support and advice in this regard.

Make adjustments where necessary to support individuals experiencing the menopause and to ensure working conditions and environments do not aggravate symptoms.

Carry out risk assessments which take the specific needs of the individual into consideration (including stress risk assessments) and ensure that the working environment will not make their symptoms worse. The risk assessment will assist in identifying any potential adjustments which may be required. Particular issues to consider include temperature, ventilation and the materials used in any uniform which is provided. Welfare issues (including toilet facilities and access to cold water) should also be considered. **See Appendix 3**

Managers can only be sympathetic and supportive though, if they are aware that their member of staff is experiencing difficulties. Research has shown that people may feel uncomfortable or embarrassed approaching their manager to discuss any difficulties in managing their menopausal symptoms. This is particularly the case if their manager is younger than them or male and, as menopause can affect levels of confidence, if the person they are talking to has no idea about the menopause. This can be particularly true for trans or non-binary staff who are not 'out' to their colleagues or manager, and also for men who may be embarrassed to admit that they are affected by either their own health issues or those of their partner.

It is therefore important that as a manager, you are aware of the symptoms associated with the menopause and understand the issues affecting people going through it. This will help in fostering an environment where we are all more comfortable talking about the menopause, its symptoms and the measures that could help in minimising these.

There are several websites and publications which provide additional information to help you feel confident and comfortable in talking to staff going through menopause.

See page 17: Further information and advice & page 18: References.

Remember:

You will need to maintain confidentiality in handling health information about the menopause.

Any specific needs identified (including reasonable adjustments that are agreed) should be recorded and reviewed regularly.

You should be aware of the potential impact of menopause on performance. If someone's performance abruptly and uncharacteristically declines, it is worth considering whether the menopause may be playing a part in this.

Previous cases have shown the need to take medical information into account in capability situations where ill health has been raised by the employee seeking advice from the GP and/or occupational health practitioner.


Staff should not experience any disadvantage because they may need time off during this time. Any absences should be managed in line with attendance policy and the Manager should consider the individual and use appropriate discretion.

Certain aspects of work and the working environment can aggravate menopausal symptoms. Therefore it is important to consider whether adjustments can be made to help people experiencing those symptoms. Every workplace is different (e.g. in some workplaces it is not possible to open a window) so adjustments should be identified by discussion with the individual concerned and, where appropriate, with additional advice from Occupational Health or the employee's GP.


Most importantly, listen to and work with the individual to tailor a support plan suitable.

MANAGER'S GUIDANCE FOR COLLEAGUE DISCUSSIONS

All advice is given and written in accordance with the Faculty of Occupational Medicine (FOM) recommendations and best practice. We recognise that every individual is different, and as such it is not feasible to set out specific step-by-step guidelines, however if an employee wishes to speak about their symptoms or those of a family member, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), try the following as a guide for the conversation:




Allow adequate time to have the conversation




Find an appropriate room to preserve confidentiality




Encourage them to speak openly and honestly




Suggest ways in which they can be supported (see symptoms) - hand out the Menopause Advice Sheet (Appendix 2)




Agree if other members of the team should be informed, and by whom




Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor or break room



If they have visited their GP, and are being supported by them, it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.



Discuss whether the member of staff has visited their GP. Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety



Agree actions, and how to implement them (you could use the template at Appendix 2 to record the meeting, so that all parties agree what has been discussed, and the next steps, before the meeting ends). Ensure that this record is treated as confidential, and is stored securely

CONFIDENTIAL COLLEAGUE DISCUSSION TEMPLATE

Also consider the use of a Risk Assessment- see SBDN website for a template you can download

Confidential Colleague Discussion



Member of staff's details

Name Job Title

Department/Division Location (building/room number)

Present at meeting (line manager name & position)

Date of discussion Date of next review meeting

Summary of discussion

Agreed actions/adjustments

HOW TO TALK TO YOUR GP ABOUT MENOPAUSE

If you are suffering from menopausal symptoms to the point that they're getting in the way of you enjoying life, it's time to talk to your doctor

Don't wait. It is all too common for women to feel they must simply 'put up' with menopausal symptoms as a part of life, but if they are affecting you, there are things you can do, and support available. There is no need to wait until symptoms feel unbearable

Read the NICE guidelines. This stands for National Institute for Health and Care Excellence and these guidelines are what your doctor will use to determine the type of conversations to have with you and treatments to offer. There are guidelines for patients, which are really useful to read before you see your GP, so you know what to expect

Prepare for your appointment. It's easier for your doctor to understand what's going on if you provide them with all the information. That may sound obvious, but blood tests to say where you are on the menopause transition aren't always available or accurate – your hormones can fluctuate daily during this time. So, your doctor will be thinking about what to recommend for you, based on your symptoms

Keep a list of your symptoms, your menstrual cycle, hot flushes, how you're feeling, and any changes you've noticed. Write them down and take them to your appointment. Your doctor will thank you for it, and it's more likely that together, you'll find the right solution faster. And, if you have any preferences about how you manage your symptoms, tell them that too – for example, if you'd like to try hormone replacement therapy (HRT), or not

Ask the receptionist which doctor is best to talk to about menopause. They are often the font of all knowledge at a surgery and can help you find the best person to speak to – it might not be your usual GP; it could be someone who has had special training in the subject

Ask for a longer appointment. If you don't think your standard appointment will be long enough, try to book a double appointment, as some surgeries do offer this

Don't be afraid to ask for a second opinion. If you don't feel you've received the help you need, ask to speak to someone else. Don't be put off, you know how you're feeling, and how it's affecting you

Ask if there is a menopause clinic in your area. Occasionally, there are regional clinics, specifically devoted to menopause. If there is one in your area, and you think this would be helpful, ask for a referral

Take your partner or a friend with you. The chances are, you spend your life supporting others and, during menopause, it's your turn to ask them for support. Your partner, or a friend, will know how the symptoms are affecting you. They could support you at the appointment and also find out how they can continue supporting you

WHAT TO EXPECT FROM YOUR DOCTOR

There are certain things a GP should – and should not – do during your appointment.

They should:

Talk to you about your lifestyle and how to manage both your symptoms, and your longer-term health

Offer advice on hormone replacement therapy and other non-medical options

Talk to you about the safety and effectiveness of any treatment

They should not:

Tell you that they won't diagnose or prescribe for menopause until you haven't had a period for 1 year or that you are too young to be menopausal. As previously stated, everyone is different, and menopause can occur early for a range of different reasons. If you are experiencing some or many of the symptoms of perimenopause and have sought out help, it warrants a conversation and plan of action

Tell you that it's just that time of your life. Yes, menopause is a natural stage, but please don't feel that means you should have to put up with every symptom without help

Tell you they don't prescribe HRT. It's up to you what you want to try, and for them to say whether it could be right for you, depending on your medical history

Impose unnecessary time restrictions, such as they will only prescribe this once, or for a year or two. This is an ongoing conversation, and if your symptoms persist, you will still need help to manage them

Remember, your GP is there to help and support you, and you should feel comfortable and confident in talking to them about your symptoms, and any help you need.

Don't think you have to struggle through menopause when there is help and support available.

FURTHER INFORMATION AND ADVICE

thebms.org.uk British Menopause Society Education, information and guidance to all healthcare professionals

www.daisynetwork.org A registered charity for people with POI, Premature Ovarian Insufficiency or premature menopause

www.managemymenopause.co.uk Non-profit organisation which provides advice

www.menopausematters.co.uk Up-to-date information website

www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation 2017 Government Report

www.england.nhs.uk/long-read/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/ NHS Menopause Guidance Overview, symptoms and treatment options

www.nice.org.uk/guidance/conditions-and-diseases/gynaecological-conditions/menopause

www.rcm.org.uk/caring-for-you-hub-home/working-with-the-menopause/
Royal College of Midwives guidance on menopause

rockmymenopause.com A campaign to stamp out the taboo and prejudice around menopause, includes transgender health advice

simplyhormones.com Making sense of the menopause

menopausesupport.co.uk Includes a support guide Understanding Menopause for Partners.

community-tu.org/campaigns/menopause-at-work/ Modern union support for members going through the menopause

CONTACT DETAILS

Any queries regarding this policy should be directed to the Society of British Dental Nurses
admin@sbdn.org.uk

REFERENCES

SBDN wish to acknowledge:

www.tuc.org.uk/sites/default/files/Wales_TUC_menopause_Toolkit.pdf NHS Wales Menopause policy (2018, December) Wales TUC Cymru A report of a Wales TUC survey investigating the menopause in the workplace

<https://www.nhs.uk/media/264720/menopause-policy-version-2.pdf> NHS Greater Glasgow and Clyde Menopause Policy

<https://www.torbayandsouthdevon.nhs.uk/uploads/menopause-policy-h38.pdf> NHS Torbay and South Devon Menopause at Work Policy

www.nhs.uk NHS Health Conditions The 'male menopause' - NHS

Other references:

Brewis, J et al. (2017). The effects of menopause transition on women's economic participation in the UK, London: Department for Education menopauseintheworkplace.co.uk/wp-content/uploads/2020/04/menopause_report.pdf

British Menopause Society <https://thebms.org.uk/>

FOM, (2016, November) Guidance on menopause and the workplace, Faculty of Occupational Medicine of the Royal College of Physicians, retrieved from <http://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-%20problems-in-the-workplace/advice-on-the-menopause>

Health and Safety at Work Act (1974), retrieved from <https://www.legislation.gov.uk/ukpga/1974/37>

National Institute for Health Care and Excellence (NICE) Policy on Menopause Diagnosis and Management <https://cks.nice.org.uk/menopause>

Rock My Menopause- Transgender Health <https://rockmymenopause.com/get-informed/transgender-health/>

The Equality Act (2010), retrieved from <https://www.legislation.gov.uk/ukpga/2010/15/contents>

The Workplace (Health, Safety and Welfare) Regulations (1992), retrieved from <https://www.legislation.gov.uk/uksi/1992/3004/contents/made>



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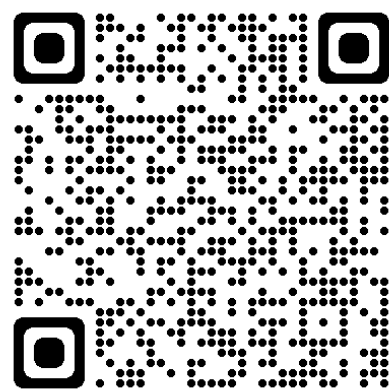
**Society of British
Dental Nurses**



Society of British Dental Nurses
Mansells Farm,
Codicote,
Herts.
SG4 8TJ

07929 503 857
admin@sbdn.org.uk

info@sbdn.org.uk
<https://sbdn.org.uk>



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Produced by: Nicola Sherlock, NatCert.DN, MSBDN, SBDN Executive Secretary
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