



Menopause & Me Summary Report

December 2024

Introduction & Background

Menopause is a natural stage in life that affects millions of women, yet it remains a topic often misunderstood or overlooked. In Herefordshire many women experience challenges related to menopause, including physical symptoms, emotional changes, and social stigma. Despite its widespread impact, there is a lack of awareness and resources to support those going through this transition.

This report aims to shed light on menopause from a local perspective, exploring the experiences of women in our community, the healthcare support available, and the cultural attitudes surrounding this phase of life. By highlighting personal stories, expert insights, and current resources, we hope to foster a better understanding and encourage conversations that lead to improved support systems.

The NHS (Herefordshire and Worcestershire Integrated Care Board – ICB) are working on a new way of delivering services to women going through Menopause in Herefordshire and Worcestershire as part of a new Women and girls health strategy.



They recognise difficulties gaining appointments at medical practices, an increase in TV and Online advice (some of which is inaccurate/ unhelpful or taking commercial advantage) and that this may push women to ill afforded private services for treatments that are available in the NHS.

They would like to hear from women to tailor the service well. They want to know the issues women feel most strongly about and the issues women face when trying to access health services. Healthwatch has independently collected this feedback from the public.

There are very few specialised Menopause GPs in Herefordshire (1-3). One GP told us that over 70% of her patient appointments are women asking about basic Menopause issues. It is felt that there could be a better way to deliver this.

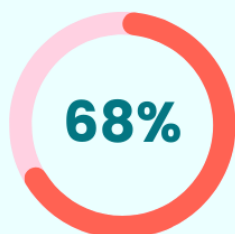
The local NHS are looking to replicate a service trialled elsewhere. With access to a GP with specialist knowledge of menopause and a dietician. The session will give an overview of menopause, focus on symptoms, treatment options (benefits and risks), and an opportunity for patients to ask questions.

It is to be an online offer for up to 100 women at a time. It is anticipated that approximately 20 of the women following an after-course survey would have experiences that warrant a face-to-face group session. After that it would be likely that around 3 women would need further face to face appointments.

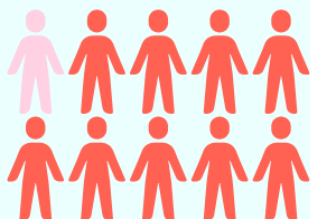
After 80 women had replied, early favourable results for the idea were relayed to Herefordshire and Worcestershire ICB who gained funding to trial the approach. This informed the content and confirmed that many women supported the idea.

ICB have reported early favourable progress which is in Appendix 4 in the full report.

Snapshot of the voices we heard from...



68% were aged 50 -64
29% were aged 25-49
3% were aged 65-79



213 individuals shared their experiences

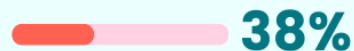
Menopause & Me Report Highlights

From 213 individuals

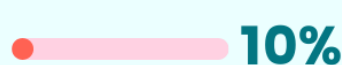


Which area of Herefordshire do you live in
The surveyed were from across Herefordshire with 30% from Central Hereford, 16% Village North Herefordshire, 9% Ledbury and 7% Bromyard and Hereford town borders. 5% and under other areas including Kington, Leominster, Village east Herefordshire, Ross on Wye, Golden Valley, Village South Herefordshire and village West Herefordshire.

Reported having a long term condition



Reported having a disability



White-British background



Most (65%) had experienced Menopause symptoms, 37% due to medical treatment. 8% were Perimenopausal and 5% experiencing early Menopause.



Almost a third of surveyed women were registered with Hereford Medical Group but 21 other practices were also represented. Full details in appendices.

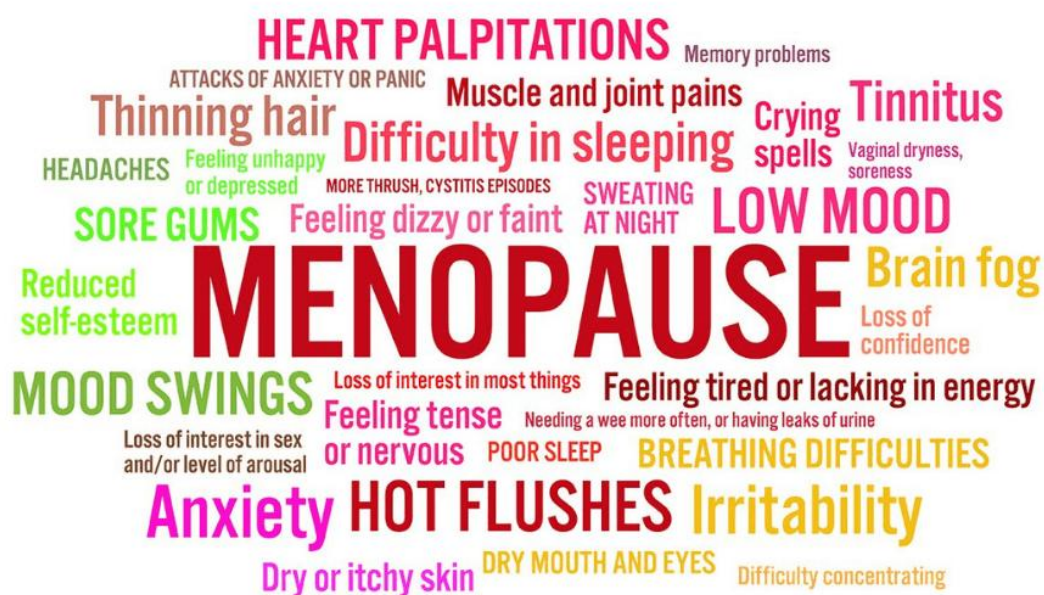
The surveyed women demonstrate a great deal of expertise about coping with menopause and managing their symptoms, below are some of the areas we heard about;

- Relationships suffering and breaking down
- Employers lacking sympathy and support
- Businesses losing their valuable expertise as women struggle to stay employed
- Difficulties accessing healthcare
- Side effects and lack of treatment options
- Women unable to understand and counter their symptoms at a time of life when many have other life challenges like teenage children and elderly parents.

Women also tell of successes, experiences of HRT and give advice for others and ask services for the advice information and support they need as satisfaction levels are not high enough.

Throughout our research, women shared deeply personal insights into their experiences with menopause. Their words highlight the physical, emotional, and social challenges they face, as well as the coping strategies they have developed. Below are some of the key themes that emerged from our conversations.

Impact of debilitating symptoms of menopause



I really felt like I was going mad at the start of my symptoms – my mental health declined, and I was unable to cope with things at work and home I was usually able to. It was my family that begged me to go to the doctors and seek help. Still feel like I'm on my own mentally with it.

I had severe anxiety, palpitations at night & sweating at night. I would wake up gasping for breath and felt like I simply could not take in a full breath of air. My throat would be dry as if it had stuck together. I would wake up feeling scared & anxious each morning.

I had low mood. I felt extremely alone. I can say without a doubt that taking HRT has resolved all these issues. Talking, exercising, eating healthily on their own, without HRT wasn't enough to stop the symptoms. I never even realised that these symptoms were the result of perimenopause.

Seeing that list above, I am amazed that all of these ailments could be down to the menopause. I just feel like I am falling apart.

Dealing with constant exhaustion.

The Menopause has changed me completely and unless you go through the significant changes and suffering, it will never be fully understood how debilitating and life changing it is.

Out of all the symptoms I decided on key ones which were causing me to be insane.

1. Insomnia; 2. Anxiety; 3. Brain fog; 4. More painful period symptoms

I pretty much went mad. Lost my job, friends etc. Begged for HRT for two years. I have experienced SEVERE anxiety and depression requiring medication and professional help from mental health services.

Be honest about all symptoms, it's really affected me, I'm sure it partly destroyed my marriage, it has definitely messed with my mind, I can't concentrate on things for long, my temper is horrendous my cycle has reverted me back to a teenager it's vile.



I definitely need help. I have now developed Atrial Fibrillation and cannot shift the weight gain. I Am still flushing. Still have low moods. Feeling lost and tired all the time and dreadful memory problems.



All of the information I have found is either online, from Davina McCall, or information sharing with friends and colleagues who are going through similar things. I constantly hear that nobody listens that we have had to demand high doses of medication or to go back to GP several times with symptoms and problems before anything is done to help. Often at a stage where mental health is causing a breakdown of relationships, health and careers.

Key Themes

Our research into menopause has revealed a range of experiences, highlighting both the challenges and coping mechanisms that women encounter during this transitional stage. Through personal accounts and expert insights, several key themes have emerged, shedding light on the physical, emotional, and social aspects of menopause.



Physical Symptoms and Health Challenges

Many women report experiencing a variety of physical symptoms, including hot flashes, night sweats, fatigue, joint pain, and sleep disturbances. These symptoms can significantly impact daily life, work productivity, and overall well-being. Some women also face long-term health concerns, such as osteoporosis and heart health risks, emphasising the importance of medical guidance and preventive care.



Emotional and Psychological Impact

The hormonal changes associated with menopause often contribute to mood swings, anxiety, depression, and difficulties with memory and concentration (commonly referred to as "brain fog"). These psychological effects can lead to feelings of frustration, identity loss, and emotional instability, affecting self-esteem and interpersonal relationships.



Social and Workplace Challenges

Many women feel that menopause remains a taboo subject, particularly in professional and social settings. A lack of understanding and support in workplaces can make it difficult for women to manage symptoms while maintaining their careers. Additionally, societal perceptions of aging and menopause can contribute to feelings of invisibility or diminished value.



Coping Strategies and Support Systems

Despite the challenges, women employ various strategies to manage menopause, including lifestyle adjustments such as diet, exercise, mindfulness, and alternative therapies. Access to medical treatments, including hormone replacement therapy (HRT), supplements, and holistic approaches, plays a significant role in symptom management. Peer support groups, open conversations with family and friends, and greater societal awareness help women navigate this phase with more confidence.



The Need for Greater Awareness and Education

A recurring theme throughout the research is the need for better education and awareness about menopause, both in healthcare and society. Many women express frustration over the lack of information provided by healthcare professionals, leading to delays in diagnosis and treatment. Increasing public dialogue and workplace policies can help normalize menopause and improve support structures.

Demographics

Numbers and ages: 213 women shared their experiences of seeking information, support or advice or treatments for Menopause. Most (68%) were aged between 50 and 64, Almost a third (29%) were 25-49, and 3% were 65-79.

Gender: 211 surveyed people ticked female. 2 people surveyed ticked Male. It is difficult to tell if this was a mistake or the individuals were transgender. 1 person preferred not to say whether their gender was the same as assigned at birth.

Appendix 2 in the full report contains more information about Transgender Menopause. The NHS site has no information about this. Essentially, if a person born with a female body transition and has their ovaries removed, they will experience medical menopause. If they do not, they will experience menopause at the usual time or in a different way if they are taking other prescribed hormones.

“Why are you asking what someone's gender is, when this survey only applies to women who were born biological female”.

Sexuality: 90% were heterosexual/ straight, 3.8% preferred not to say, 2.4% were Bisexual, 2.4% Asexual, 1.0% Pansexual and 0.5% Lesbian/Gay Woman

Ethnicity: The majority of surveyed people (92.5%) were White British, 2.8% White Other, 1.4% Black or Black Caribbean, 1.4% Did not wish to disclose their ethnic origin, 0.5% White Irish, 0.5% Asian or Asian British Indian, 0.5% Mixed Any other mixed background, 0.5% Black or Black British African. Two people were Welsh White and South African.

Disability: 10% of surveyed people had a disability, 88% did not and 2% preferred not to say.

Long term condition 38% of people had a long-term condition, 60% did not and 2% preferred not to say.

Carers: 14% are carers, 83% are not and 3% prefer not to say

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Recommendations

This report has highlighted the real-life experiences, challenges, and needs of women navigating menopause in our community. Through their voices, we have identified key recommendations spanning medical practice, healthcare policy, treatment options, engagement initiatives, and peer support. Addressing these areas will require collaboration between healthcare providers, policymakers, and community organisations.

Menopause is a deeply personal yet universally experienced transition that affects women in diverse ways. By understanding these key themes, we can work toward breaking the stigma, improving healthcare responses, and fostering a more supportive environment for those going through menopause. Empowering women

with knowledge, resources, and open conversations will ensure that this natural phase of life is met with understanding and care rather than silence and struggle.

Women shared their experiences openly, leading to a wealth of valuable recommendations, all of which are detailed in the full report. These recommendations have been categorized into six key areas:

1. Direct medical practice recommendations – Insights for improving frontline care.
2. Integrated Care Board and wider NHS recommendations – Strategies for broader healthcare improvements.
3. HRT-specific recommendations – Guidance on hormone replacement therapy.
4. Recommendations for new engagement events – Suggestions for shaping future discussions.
5. Content recommendations for events and surgeries – Key topics to be addressed.
6. Recommendations for women's support groups and community events – Ways to enhance peer support

A full list of these recommendations can be found in the main report.

Next Steps

As a next step, we will share these findings with key stakeholders, including local medical practices, the Integrated Care Board, NHS representatives, and women's health advocacy groups.

We encourage these stakeholders to review the recommendations and explore opportunities for implementation.

Additionally, we will facilitate further discussions and engagement events to ensure that women's needs continue to shape local menopause care and support.

By working together, we can create a more informed, supportive, and effective approach to menopause care—one that empowers women and improves their quality of life.

Thank you

Thank you to the participants in the survey for sharing your stories, the women's forums that welcomed us to talk about menopause and listen to your experiences and suggestions and to the organisations that publicised and distributed it.



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