

Written evidence from Health and Her [MEW0054]

A fact-based focus on Perimenopause and Menopause issues faced by women

In response to UK Parliament's Women and Equalities Committee Call for Evidence relating women's experience of menopause in the workplace, Health & Her® would like to share the market survey research into the issues surrounding perimenopause and menopause that has been undertaken on their behalf by [Censuswide](#)¹, plus additional feedback gained from the many women who have accessed both the free peri/menopausal [symptom tool](#) and support app offered by the company and the private online [teleconsultation sessions](#) offered with specialist menopause GPs. This data provides an evidence base which helps to address some of the questions posed in the Terms of Reference for the inquiry².

Health & Her® are committed to addressing the lack of information and dearth of dedicated support available to perimenopausal and menopausal women to enable this important segment of the working population to function effectively and continue to contribute to the economy.

Figures released by the Office for National Statistics have shown that women aged 50 to 64 are the fastest growing economically active group. However, as organisations are yet to catch up with this changing demographic and lack the support, policies and culture to support the specific needs of women in the workplace, the risk for businesses in terms of loss of talent, knowledge and experience is real. Support in the form of

- expert clinical support;
- ease of access to specialist information; and
- assistance with recognition of symptoms

is required to optimally support the health of this important and significant proportion of the population.

Almost 4.5m working women are in the 50–64-year-old age bracket and these women are often at the peak of their careers. However, in response to the increasing number of UK tribunal cases year on year³ it is apparent that there is a lack of consistency as to whether issues relating to the effects that peri/menopause can have on a woman's performance in the workplace fall under a disability, or a sex discrimination matter and the law needs to catch up with current understanding.

Nature and extent of discrimination faced by women experiencing menopause

Women, particularly peri/menopausal women, take some time to realise that hormonal changes are the underlying cause of the multitude of symptoms that can have a significant

¹ Research commissioned by Health & Her and carried out by Censuswide. 1,004 women between the ages of 45-60 were surveyed.

² <https://committees.parliament.uk/call-for-evidence/548/>

³ https://www.theguardian.com/uk-news/2021/aug/07/menopause-centre-increasing-number-uk-employment-tribunals?CMP=Share_iOSApp_Other

effect on their daily lives, and in particular on their working life. These women often find it difficult to speak to others about their concerns and, on the whole, are not adequately supported by their own GPs, who lack the specialist knowledge to provide expert, personalised support and often do not have the time to explore all the issues in a single consultation.

Health & Her® recently responded to the NHS Women’s Health Strategy Call for Evidence and the full submission can be found at Appendix 1.

The 2019 research commissioned by Health & Her® and carried out by [Censuswide](#) revealed that hot flushes, memory loss, joint aches and anxiety are just some of the menopause symptoms that reportedly cost the UK economy 14 million working days every year^{4,5}, which equates to an approximate £1.8Bn GDP loss to the UK economy when the average GDP associated with a working day is factored in. The research commissioned surveyed women over the age of 50 across the country, looking specifically at behaviours of women aged 50 and 64, the core menopause age.

In a bid to compensate for the (possibly perceived) productivity loss, over half⁶ of women aged between 50 and 64 choose to work extra to make up for the time lost – that is over two million women⁷ giving up their own time for something which is out of their control.

New report findings reveal that the impact does not stop there, with over 370,000 working women⁸ in the UK aged between 50 and 64 admitting they have left, or considered leaving their career because they found that dealing with symptoms in the workplace is too difficult.

Our research found that just a fraction⁹ of women who experience difficulties during menopause will speak to their employer about their symptoms. The truth is this lack of discussion and transparency about the menopause is having, and will continue to have, a serious impact on the economy and there is a huge risk that a pool of expertise, talent and skill could be needlessly lost.

In our survey, a total of 1004 women aged 50+ were asked who they are/were most likely to speak to about their menopause. The results for working age women (aged 50-64) are shown below, with the full data presented in Appendix 2. **The percentage who would speak to their employer is disappointingly small.**

Table 1 Question posed: From the list below, who were/are you most likely to talk to about your menopause?

⁴ Based on 0.51 hours per week * 48 weeks in the year = 24.48 hours spent alleviating symptoms

⁵ .48 hours * 4,357,000 working women aged 50-64 in the UK (ONS) = 106,659,360 hours / 7.5 hours (working day) = 14,221,248 working days

⁶ 54.4%

⁷ 54.4% of 4,357,000 = 2,370,208

⁸ 8.5% of 4,357,000 = 370,345

⁹ 0.6%

Who are/were you most likely to speak to about your menopause?	Age group 50-64 (n=798)
Friend	41.1%
GP Nurse	36.7%
Partner	28.6%
No one	16.2%
Sister	16%
Daughter	11%
Colleague	7.3%
Other medical professional	5.4%
Son	0.8%
Employer	0.6%
Brother	0.1%

The impact of menopause on wider society

The Royal College of Obstetricians and Gynaecologists published its women's health strategy in the Autumn of 2019¹⁰ in recognition of the importance of working together towards creating better understanding of female health, including managing the menopause at work. Women need a supportive environment that recognises that their careers, family lives and happiness are all affected by their health, and it is important to banish the stigma surrounding a stage of life affecting 51% of the population and to help women stop putting their life on pause.

Outside of work, the menopause also has an enormous impact on other areas of a woman's life. Mental health, mood and social lives can all be affected, and may be contributing to the fact that women aged 50 to 54 have the highest suicide rate in the UK¹¹.

A quarter of women admit that their relationship with their partner is affected, no doubt one of the driving forces behind the divorce rate amongst the over-50's increasing for the first time in 10 years – with 65% of divorces initiated by women.¹²

¹⁰ <https://www.theguardian.com/lifeandstyle/2019/mar/18/uks-top-gynaecologist-lesley-regan-to-spearhead-womens-health-task-force>

¹¹ [2017 Office For National Statistics](#) - 6.8 deaths per 100,000

¹² [2017 – Office For National Statistics](#)

¹³ 75.7%

Three quarters¹³ of women aged between 50 and 64 admit aspects of their life have been affected by the menopause. Symptoms experienced include

1. Mood (62%)
2. Sex drive (46%)
3. Mental health (31%)
4. Relationship with partner (27%)
5. Social life (20%)
6. Time spent on hobbies/leisure activities (15%)
7. Relationship with members of family (12%)
8. Relationship with children (8%)
9. Relationship with friends (8%)

The findings of this original survey have recently been reinforced by a new study of 2000 women aged between 46-60, carried out on behalf of Health & Her® by [OnePoll](#) and due to be published to coincide with Menopause month in October and World Perimenopause Day on October 11. Our key findings from that study, which surveyed a slightly younger cohort of women, indicated the following:

1. 9% of women who have experienced perimenopause have contemplated suicide;
2. 86% admitted to suffering mental health issues, yet 80% don't even speak to their partner about this;
3. 37% had not sought any help for their symptoms;
4. These mental health issues have a direct and negative affect in the workplace, with almost 25% of perimenopausal women admitting to making mistakes at work and 15% (around 1 in 6) phoning in sick;
5. 77% confessed they had never experienced mental health issues prior to entering this life stage, but now did;
6. 58% reported low energy and lack of motivation as the leading mental health issue, and this rises to 67% among 46-49 year olds;
7. 53% suffered from low mood and depression, 50% reported anxiety, 42% reported anger and mood swings and 33% reported feelings of worthlessness.

A third of women suggested that their mental health was having a negative impact at their workplace – they are suffering in silence from symptoms that are predominantly due to a natural drop in their oestrogen levels.

The effects of the menopause have been underestimated for years and now is the time for society as a whole to be more supportive - not only in encouraging the uptake of best practice management of women's health, but also in ensuring that this economically active and important sector of society is given the appropriate care and support in the workplace.

The economic impact of menopause discrimination

When you consider that the average cost of replacing an employee in 2014 was estimated to be £30,000, the impact that the menopause can have on the economy starts to become clear. Figures released by the Office for National Statistics have shown that women aged 50 to 64 are the fastest growing economically active group. However, as organisations are yet to catch up with this changing demographic and lack the support, policies, and culture to support the specific needs of women in the workplace, the risk for businesses in terms of loss of talent, knowledge and experience is real. For women, it hardly seems fair that at a time when they may well be at the top of their work game, their body and mind suddenly seem to turn against them, and this can knock a career off track.

The menopause is like a fingerprint, no two are ever the same. There are over thirty recognised symptoms and on average women experience eight of those, meaning every woman's experience is different. Almost a third¹⁴ of women aged between 50 and 64 find the symptoms of the menopause so debilitating that they consider reducing/ reduce their working hours or changing their working pattern completely.

Table 2 In our survey, 634 women aged 50-64 responded to the impact that their menopause had on their ability to do their job (respondents were invited to tick all that applied)

Question	Percentage of responders
I thought about reducing my hours while going through the menopause	17
I reduced my working hours due to menopause symptoms	6.6
I thought/am thinking about leaving my job while going through the menopause	4.9
I left my job because I found it difficult to work during my menopause	3.6
None of the above	71

Table 3 In our survey, 798 women aged 50-64 were asked 'On average, how long did you take out of your working week to alleviate menopause symptoms?'

Response	Percentage of responders
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¹⁴ 32.1%

N/A I have never taken time out of my working week to alleviate a menopause symptom	56.8
N/A I do not work	20.6
Up to 30 minutes	6
Over 30 minutes, up to 1 hour	6.4
Over 1 hour, up to 2 hours	3.4
Over 2 hours, up to 3 hours	2.5
Over 3 hours, up to 4 hours	1.1
Over 4 hours, up to 5 hours	0.5
Over 5 hours, up to 6 hours	0.4
Over 6 hours	2.4

Our survey showed that women between the ages of 50 and 64 who worked lost an average of 0.51 hours per week due to symptoms associated with the menopause.

Table 4 In our survey, 634 women aged 50-64 who worked were asked 'During a typical working week, how much extra time did/are you spending working because you feel you need to compensate for not being 100% focussed due to menopause symptoms?'

Response	Percentage of responders
N/A I have never taken time out of my working week to alleviate a menopause symptom	45.6
Up to 30 minutes	5.4
Over 30 minutes, up to 1 hour	8.5
Over 1 hour, up to 2 hours	8.4
Over 2 hours, up to 3 hours	4.7
Over 3 hours, up to 4 hours	1.4
Over 4 hours, up to 5 hours	0.5
Over 5 hours, up to 6 hours	0.3
Over 6 hours	1.4
N/A I have never worked for longer to compensate for menopause symptoms in my working week	23.8

Our survey showed that working respondents between the ages of 50 and 64 worked an extra 0.65 hours per week on average to compensate for the impact of their menopause symptoms – more than the average time reportedly lost .

How can businesses factor in the needs of employees going through the menopause?

The first step in understanding the needs of employees is to ask them how the menopause is affecting them. Health & Her® have engaged with a number of large organisations who have recognised that an increasing percentage of their work force is likely to be affected and that there is a need to actively support these women. We have developed an employee survey that organisations can use and also a symptom tracking tool to support these women. Through our interactions with a number of organisations, we have established that ready access to online expert consultations is of particular interest to employers and we are now offering support packages to organisations.

Legislation contextualises need; diversity helps drive success - but creating cultures where knowledge and innovation flourish because people feel safe and supported to contribute is paramount. Companies invest in talent and our research highlights a high level of women leaving the workplace due to a lack of support and an inability to manage their life changing symptoms. Statistics suggest that more menopausal women are at work that ever before, so action is needed now.

Creating the right culture to foster conversations, engagement and inclusivity requires transformational leadership at the top. The challenge organisations face is that this topic is all pervasive and delivery of appropriate menopausal support for women needs to be matched to that of the organisational culture in order to achieve real successes in Equality, Diversity and Inclusive agendas.

Recommendation: Education. Companies should develop a menopause policy or guidance document for managers to inform on the company's approach to menopause related issues

Recommendation: Open up the conversation and offer expert-led workshops for female employees on how to deal with menopause at work. An open forum can help improve confidence levels

Recommendation: Elect champions who can lead the organisational change

Recommendation: Actively engage all members of the workforce and align with policies and standard operating processes. Education and awareness raising must be a culturally appropriate educational piece, as well as offering practical support on how to talk to each other, support and thrive.

Based on our conversations with large organisations who have no policies in place, these companies are very aware of the cases that are being brought by women against their employers, and of the legal precedents that are being set. Unfortunately, it is also apparent that lawyers are having to adapt laws to help women to take action and there isn't the right legislation in place to support them. Therefore, it is our considered opinion that

enforcement is the only way to ensure that the rights of women in the workplace are adequately protected and current legislation should be amended.

What are examples of best or most inclusive practices?

We have seen the likes of HSBC UK, M&S Bank and other large institutions being recognised as having menopause friendly best practice in place, with successes founded upon menopause workplace campaigns and an inclusive culture.

We are seeing corporations, such as Channel 4, taking pride in highlighting their work in creating and embedding policies which bring to life their commitment to menopause.

The starting point to achieving best practice is first to understand how 'menopause aware' workplaces are. Looking at the achievements of key industry institutions, their success has been underpinned by putting diversity, inclusion and colleagues' wellbeing centre stage - and in doing so they have become a great place to work. Culture, and the benefits thereof, are being weaved into organisational layers.

There is no size fits all, but passion and a drive to make change is what is required as a starting point.

Recommendation: Identify how menopause friendly the workplace is

Align the goal to the organisation's vision and mission so that open conversations can take place to support an inclusive, diverse culture focused on equality, health, safety and performance. Promote messages through internal communication channels; have colleague networks; endorse, and dovetail national campaigns and offer menopause awareness and education sessions for all employees.

Recommendation: Importance of managers, HR and Occupational health teams

All management levels need to understand peri and menopause symptoms, how these affect work, the person and their wider network, so that reasonable adjustments and tailored support can be offered. All employees responsible for managing staff need to be able to recognise and hold supportive conversations about menopause.

How should people who experience the menopause, but do not identify as women be supported in relation to menopause and the workplace?

Based on evidence from our Censuswide survey and anecdotal evidence from partners, we suggest that employee healthcare provisions are made to both women going through menopause and men/women whose partners are going/gone through menopause. This also allows the conversation to cover the whole gender spectrum, including men who have gone through gender transition.

Is current legislation fit for purpose?

Recent tribunal cases¹⁵ indicate that the current legislation does not protect women from discrimination in the workplace very well, but that the disability legal precedent has allowed cases to be brought against employers. It is time that the legislation is amended to allow women to be clear on their rights in the workplace when it comes to the potential devastating impact that menopause can have on their performance.

About [Health & Her](#)[®]

Health & Her[®] is a market-leading female health ecosystem for the millions of women experiencing life-impacting symptoms of menopause. We empower women to improve their symptoms by providing a wide range of innovative products alongside expert information to help mitigate physical, psychological and social effects of menopause.

A free Menopause App incorporates a unique symptom tool and enables symptom and period tracking as well as a wealth of digital tools and content to support women with perimenopause and menopause symptoms.

The company has also expanded its expert advice offering by launching an online Menopause Clinic and has already built a team of Menopause Specialist GPs to offer HIW (Healthcare Inspectorate Wales) compliant online appointments.

Health & Her[®] combine data and advanced analytics to capture key insights into women's health issues and provide optimal support to the ecosystem served. The company aim to include an app feature to provide users with information on which approaches work best for their perimenopause and menopause symptoms using AI-based crowd sourcing of data.

The company would be interested to engage in any further consultation process and to provide support to the Select Committee wherever possible.

Women with high severity of sleep issues are experiencing double the number of other menopause symptoms

Women on average experience 9 menopause symptoms and we now know the top 9 symptoms for perimenopause and menopause

Perimenopause lasts as long as menopause (4-5 years) and the symptom profiles change as women transition between the two phases.

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¹⁵ <https://www.thehrdirector.com/legal-updates/legal-updates-2021/et-rules-symptoms-menopause-disability/> ; <https://www.thehrdirector.com/legal-updates/legal-updates-2021/et-rules-symptoms-menopause-disability/>

APPENDIX 1: Health & Her response to the NHS Women's Health Strategy Call for Evidence 2021

Response to the Women's Health Strategy: Call for Evidence
from Health & Her®

A fact-based focus on Perimenopause and Menopause issues faced by women

In response to the Government's consultation exercise on their Women's Health Strategy, Health & Her® would like to share the market survey research into the issues surrounding perimenopause and menopause that has been undertaken on their behalf by [Censuswide](#), plus additional feedback gained from the many women who have accessed both the free peri/menopausal [symptom tool](#) and support app offered by the company, plus the private online [teleconsultation sessions](#) offered with specialist menopause GPs. The company is engaging in further research in collaboration with NHS Wales and the [SAIL database](#) together with the University of Swansea, to explore the link between menopausal symptoms, dementia and HRT usage.

Health & Her® are committed to addressing the lack of information and dearth of dedicated support available to perimenopausal and menopausal women to enable this important segment of the working population to function effectively and continue to contribute to the economy.

Figures released by the Office for National Statistics have shown that women aged 50 to 64 are the fastest growing economically active group. However, as organisations are yet to catch up with this changing demographic and lack the support, policies and culture to support the specific needs of women in the workplace, the risk for businesses in terms of loss of talent, knowledge and experience is real. Support in the form of

- expert clinical support;
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- assistance with recognition of symptoms

is required to optimally support the health of this important and significant proportion of the population.

Placing women's voices at the centre of their health and care

Since launching at the end of 2020, the Health & Her® private online [consultation sessions](#) have seen hundreds of women take up appointments. Of these women, 101 have provided feedback on why they felt they needed additional support outside of the NHS and what their experience was like. Key feedback highlighted those peri/menopausal women seeking the private consultations did so because they were dissatisfied with the support provided by the NHS. Specifically:

1. They expressed dissatisfaction with the service provided by their GPs on a number of fronts – time to get an appointment; time in appointment; lack of GP knowledge;

2. They were looking for access to specialist knowledge and expert advice about all aspects of menopause ;
3. They were seeking the level of personalised care that could be provided through a longer consultation period, which enabled the full range of symptoms to be explored;
4. They were dissatisfied with the fact that the only recommendations other than HRT were antidepressant use;
5. They were happy that through private consultation they then had access to information to take to their GP for optimal treatment support.

Health & Her® have also become aware of many reports of misdiagnosis of menopausal symptoms as depression.

Recommendation: More specialist support needs to be made available to women with peri/menopausal symptoms

Recommendation: Consider longer appointment times for women's health needs as peri/menopausal symptoms can be very complex

Improving the quality and accessibility of information and education on women's health

In 2019, a study of 1000 women in the UK was published to coincide with [World Perimenopause Day](#) on the 11th of October. The research was commissioned by Health & Her® and carried out by [Censuswide](#)¹⁶. The findings revealed that

- It takes an average of 14 months for women to link symptoms to perimenopause²;
- The most common symptoms experienced included period changes, sleeping problems, hot flushes, anxiety, weight gain, low mood and night sweats;

Furthermore, 70%¹⁷ of participants admitted to experiencing perimenopausal symptoms in their 30's and 40's, with 90%¹⁸ failing to recognise the immediate¹⁹ link to their fluctuating hormones and instead attributing symptoms to ageing, stress, anxiety and depression. While period changes were reported as a common symptom, and this is often widely regarded as the onset marker of menopause, findings showed 4 in 10 women²⁰ did not experience this as one of their first symptoms.

The study also found that when the women first experienced symptoms, a third of women²¹ either chose not to take any action or decided to Google what they were feeling, as opposed

¹⁶ Research commissioned by Health & Her and carried out by Censuswide. 1,001 women between the ages of 45-60 were surveyed. ² 13.93

¹⁷ 69.73%

¹⁸ 89%

¹⁹ Within 1 month

²⁰ 38.66%

to visiting a GP or speaking to friends and family. It appears that very few women associate the profound psychological changes that happen at the perimenopause with the menopause itself, illustrating the fact that high quality information and education is lacking when it comes to all issues relating to the menopause.

Implementation of an online Symptom Checker for Assessment of Peri/Menopausal Symptoms

In response to these findings, Health & Her® offer a first-of-its-kind approach to tackling female health changes, with holistic advice encompassing a range of management approaches as well as access to a digital symptom tool intended to help women access expert advice tailored to their needs. This is to be further enhanced by 'Genius' – a feature of the free app available – which will help people learn which strategies work best for their peri/menopause using smart, AI-based crowdsourcing (based on symptoms, age and other factors). As the data grows, the effectiveness of the insights will improve and become more personalized to the user and will be shared regularly, thus enabling women to understand the connection to their fluctuating hormones, so that they can adopt management solutions that will work for them.

Online Symptom Tool: Study to evaluate user perception and help-seeking outcomes

Health & Her® have evaluated the search habits and perceptions of users of the company's online symptom checker with the assistance from the University of South Wales and a KESS2/ USW funded PhD student. The key objectives of the study were as follows:

- To assess the characteristics of Health & Her® users: i.e. demographics, menopausal status, site and symptom checker usage
- To explore whether the symptom checker influences health-related behaviours among its users: i.e. help-seeking and patient-doctor communication
- To assess usability: i.e. whether the symptom checker is easy to use, and whether aspects could be changed or improved.
- To assess attitudes towards the symptom checker: i.e. did users find it helpful? Would they recommend it to others?

Study Demographics

The study involved 46 women with a mean age of 46 years with the following demographics:

Menopausal status: 37% perimenopausal; 24% menopausal; 22% said they were unsure of their menopausal status due to contraception use, medication use or illness affecting their

²¹ 34%

periods, or their periods had always been irregular, or they were having regular periods but showing menopausal symptoms.

Ethnicity: 94% white; 4.3% mixed ethnicity; 1 respondent was Asian (2.2%).

Employment: 57% were working full-time; 20% were working part-time; 11% were homemakers.

Relationship status: 83% were married; 10% were in a relationship; 7% were divorced or separated.

Residence: The majority of respondents were from the United Kingdom (Wales, Scotland, and England), 1 respondent said they lived in Dublin, Ireland and another said they lived in the US. **Study Outcomes**

When using the Symptom Tool, 54% of women reported all their symptoms, 33% just reported the symptoms they needed advice for and 13% just reported their most severe symptoms.

Impact on health seeking behaviours:

As a result of using the Symptom Tool, 78% of women had sought medical help; 93% reported that it was likely²² that use of the tool would encourage them to seek medical help; 94% reported that it was likely that use of the tool could improve their communication with a medial professional.

Use of the Symptom Tool increased the search for educational advice from social sources, with 65% of users reporting that they had subsequently sought help from social sources (e.g. Google, etc); 76% reported that it was likely that the tool could encourage them to seek help from their close network of friends and family; 84% thought that it was likely that the tool would improve their communication about menopause with friends and family.

Ease of Use:

The tool was deemed to be easy to use, with 85% reporting that it was somewhat or very easy to use. 63% reported that the tool was either not complicated at all/ not very complicated;

²² 'Likely' encompasses all responses to the survey that included somewhat, very or extremely likely.

Key Themes from Assessment of Online Symptom Checker

Becoming educated: “It provided education on some symptoms that I didn't know were menopausal”.

Improved communication: “It has educated me on some of my symptoms, which made it easier to educate my husband about them.”

Help seeking behaviour and intentions: “I contacted my GP after using the tool”, “I am going to speak to my GP about my symptoms.”

Value of sharing symptom tool insights: “I can tell my friends or partner the causes and changes of some of my symptoms, and they will understand me more easily”.

Heightened health awareness: “I discovered symptoms that I didn't know I had”, “it made me more aware of my own body”.

Symptom improvements: “It alleviates my symptoms”, “After taking the pill, I stopped menses, and through the symptom tool, I learned about my current health. Then I found a medical professional, and it was my body that was treated”.

Ease of use: “Easy to use at home, personal and private”.

Intentions to continue use: “I will use this tool more in the future”.

30% reported that it was neither complication nor uncomplicated; 7% said it was somewhat complicated.

Symptom Tool Features

67% believed that the tool was linked to the right amount of advice; 24% thought there was either a little or definitely too much advice whilst 9% said there was not really enough advice.

65% thought that the tool included enough menopausal symptoms; 26% were not sure; 9% said it did not include enough menopausal symptoms.

Conclusions

Women, particularly peri/menopausal women, take some time to realise that hormonal changes are the underlying cause of the multitude of symptoms that can have a significant effect on their daily lives, and in particular on their working life. These women often find it difficult to speak to others about their concerns and, on the whole, are not adequately supported by their own GPs, who lack the specialist knowledge to provide expert, personalised support and often do not have the time to explore all the issues in a single consultation.

Recommendation: Signpost women to online and app-based educational support for peri/menopausal issues

Recommendation: Signpost women to suitable symptom tools to help them diagnose peri/menopause and manage themselves

Recommendation: Consider a social prescribing approach to provide support for peri/menopausal issues to allow optimised support and minimisation of impact on female productivity. GPs can provide diagnostic support to GPs

Maximising women's health in the workplace:

The 2019 research commissioned by Health & Her® and carried out by [Censuswide](#)²³ revealed that hot flushes, memory loss, joint aches and anxiety are just some of the menopause symptoms that reportedly cost the UK economy 14 million working days every year^{24,25}, which equates to an approximate £1.8Bn GDP loss to the UK economy when you factor in the average GDP associated with a working day.

In a bid to compensate for the loss, over half²⁶ of women aged between 50 and 64 choose to work extra to make up for the time lost – that is over two million women²⁷ giving up their own time for something which is out of their control.

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²⁴ Based on 0.51 hours per week * 48 weeks in the year = 24.48 hours spent alleviating symptoms

²⁵ 48 hours * 4,357,000 working women aged 50-64 in the UK (ONS) = 106,659,360 hours / 7.5 hours (working day) = 14,221,248 working days

²⁶ 54.4%

²⁷ 54.4% of 4,357,000 = 2,370,208

New report findings reveal the impact does not stop there, with over 370,000 working women²⁸ in the UK aged between 50 and 64 admitting they have left, or considered leaving their career, because dealing with the symptoms in the workplace is too difficult. The research commissioned by [Health & Her](#) surveyed women over the age of 50 across the country, looking specifically at behaviours of women aged 50 and 64, the core menopause age.

When you consider that the average cost of replacing an employee in 2014 was estimated to be £30,000, the impact that the menopause can have on the economy starts to become clear. Figures released by the Office for National Statistics have shown that women aged 50 to 64 are the fastest growing economically active group. However, as organisations are yet to catch up with this changing demographic and lack the support, policies, and culture to support the specific needs of women in the workplace, the risk for businesses in terms of loss of talent, knowledge and experience is real. For women, it hardly seems fair that at a time when they may well be at the top of their work game, suddenly their body and mind seem to turn against them, and this can knock a career off track.

The menopause is like a fingerprint, no two are ever the same. There are over thirty recognised symptoms and on average women experience eight of those, meaning every woman's experience is different. Almost a quarter²⁹ of women aged between 50 and 64 find the symptoms of the menopause so debilitating that they consider reducing their working hours or changing their working pattern completely.

Our research found that just a fraction³⁰ of women who experience difficulties during menopause will speak to their employer about their symptoms. The truth is this lack of discussion and transparency about the menopause is having, and will continue to have, a serious impact on the economy and there is a huge risk that a pool of expertise, talent and skill could be needlessly lost.

The Royal College of Obstetricians and Gynaecologists published its own women's health strategy in the Autumn of 2019³¹ in recognition of the importance of working together towards creating better understanding of female health, including managing the menopause at work. Women need a supportive environment that recognises that their careers, family lives and happiness are all affected by their health, and it is important to banish the stigma surrounding a stage of life affecting 51% of the population and help women to stop putting their life on pause.

Outside of work, the menopause also has an enormous impact on other areas of a woman's life. Mental health, mood and social lives can all be affected, and may be contributing to the fact that women aged 50 to 54 have the highest suicide rate in the UK¹⁷.

A quarter of women admit that their relationship with their partner is affected, no doubt one of the driving forces behind the divorce rate amongst the over-50's increasing for the first time in 10 years – with 65% of divorces initiated by women.¹⁸

²⁸ 8.5% of 4,357,000 = 370,345

²⁹ 23.6%

³⁰ 0.6%

³¹ <https://www.theguardian.com/lifeandstyle/2019/mar/18/uks-top-gynaecologist-lesley-regan-to-spearhead-womens-health-task-force>

Three quarters¹⁹ of women aged between 50 and 64 admit aspects of their life have been affected by the menopause. They include:

1. Mood (62%)
2. Sex drive (46%)
3. Mental health (31%)
4. Relationship with partner (27%)
5. Social life (20%)
6. Time spent on hobbies/leisure activities (15%)
7. Relationship with members of family (12%)
8. Relationship with children (8%)
9. Relationship with friends (8%)

The effects of the menopause have been underestimated for years and the NHS needs to be more supportive and take a leading role in encouraging the uptake of best practice management of women's health in this economically important proportion for society.

Recommendation: Government to lead the way on raising awareness of the importance of Menopause at Work policies

Recommendation: Larger companies to consider offering access to private menopause clinics

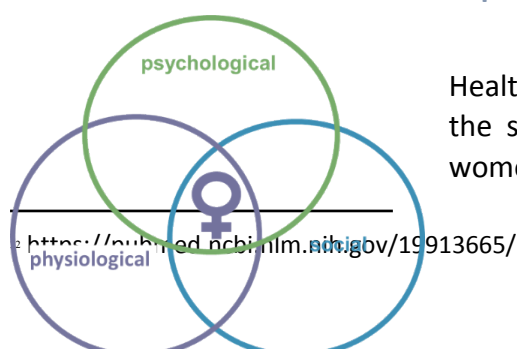
Recommendation: Employers raise awareness of online support and symptom tool availability with their female employees aged 30+

¹⁷ [2017 Office For National Statistics](#) - 6.8 deaths per 100,000

¹⁸ [2017 – Office For National Statistics](#)

¹⁹ 75.7%

Ensuring research, evidence and data support improvements in women's health



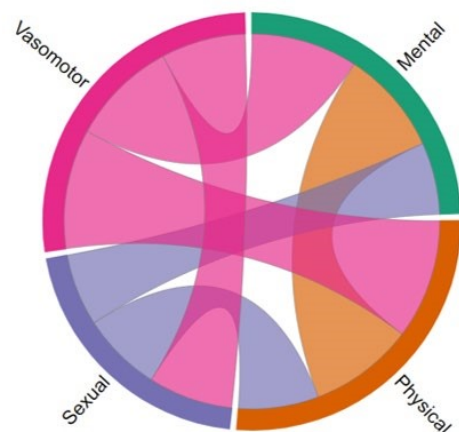
Health & Her® are taking a biopsychosocial approach to the support offered to perimenopause and menopausal women. Originally developed by Engel in 1977³², this

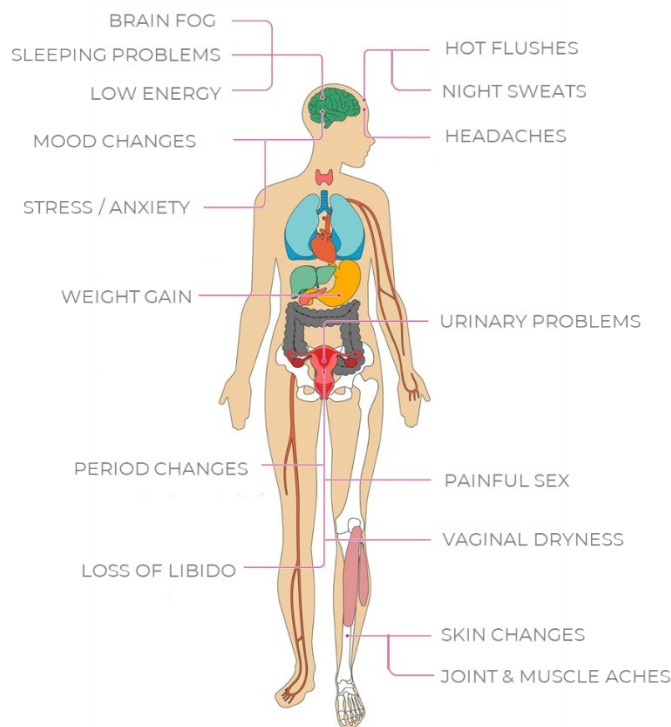
model is adopted in many therapeutic areas as a best-in-class treatment strategy which is still relevant today. The rich, online resource of expert content focuses on symptom specific advice and the most frequently asked questions on Google, ensuring that we provide the most relevant and up to date support to women. Below is an overview of the expert contributors to the free-to-access content and advice available on the [Health & Her](#) website.



We are also working with the National Pharmacy Association in collaboration with the NHS on their ‘Ask Your Pharmacist Campaign’ to support local pharmacies with the provision of expert written advice and signposting. An example of this partnership can be viewed here: <http://www.yourhealthyourpharmacy.co.uk/health-her-discover-you-again/>.

The online symptom tool (described above) has enabled the collection of over 100,000 customer records describing several data points relating to menopause symptoms and severity. Collaboration with Swansea University has allowed the data to be interrogated in novel ways, which will allow clinically novel insights to be generated to drive further innovation and the implementation of AI approaches to provide further insight into the complex world of menopause. Women’s health will be best served if these insights, derived from the women the NHS are there to serve, are communicated and made available to the GPs in the frontline. In this way the GPs can be more informed on the complex pattern of symptoms and interactions that women face as they move through their perimenopause and into menopause.





From our feedback to date, we hypothesise that there are clusters of symptoms that are connected to each other based on the way that oestrogen affects areas of the body. Therefore, rather than the average woman experiencing 9 symptoms, she may actually be experiencing 2-3 clusters of symptoms which can be managed more simply. Indeed, it could be that one symptom may hold the key to many others – for example, sleep is currently the number 1 symptom experienced based on our tool data. It may be that in treating this symptom, many other symptoms will improve, and the overall menopause experience is significantly

better. Health & Her® have 100,000 symptoms sets and severities by menopause stage – these results can be used to help GPs better diagnose women entering perimenopause.

Based on our analysis of the available data, we propose that there are gaps in the knowledge base that, if filled through targeted research, would enable a more complete and holistic approach to female health care through perimenopause and menopause.

Health Factor	Menopausal Age	Menopause Duration	Menopause Severity	Menopause Symptoms & Clusters	Post Menopausal Outcomes
Hereditary	Good clinical data	Good clinical data	Good clinical data	GAP	Good clinical data
Physiology (e.g. BMI)	Good clinical data	GAP	Good clinical data	Good clinical data	Good clinical data
Demographics (e.g. ethnicity)	Good clinical data	GAP	Good clinical data	Good clinical data	Good clinical data
Female health history (e.g. Pregnancies)	Good clinical data	GAP	Good clinical data	Good clinical data	Good clinical data
Medicine and product usage	GAP	GAP	Good clinical data	Good clinical data	Good clinical data
Lifestyle Factors (e.g. diet / smoking)	Good clinical data	Good clinical data	Good clinical data	GAP	Good clinical data
Change in lifestyle impact	GAP	GAP	Good clinical data	Good clinical data	GAP

Good clinical data Limited clinical findings

Recommendation NHS to actively engage with relevant bodies and progress research to identify key knowledge gaps relating to the signs and symptoms of

About [Health & Her](#)[®]

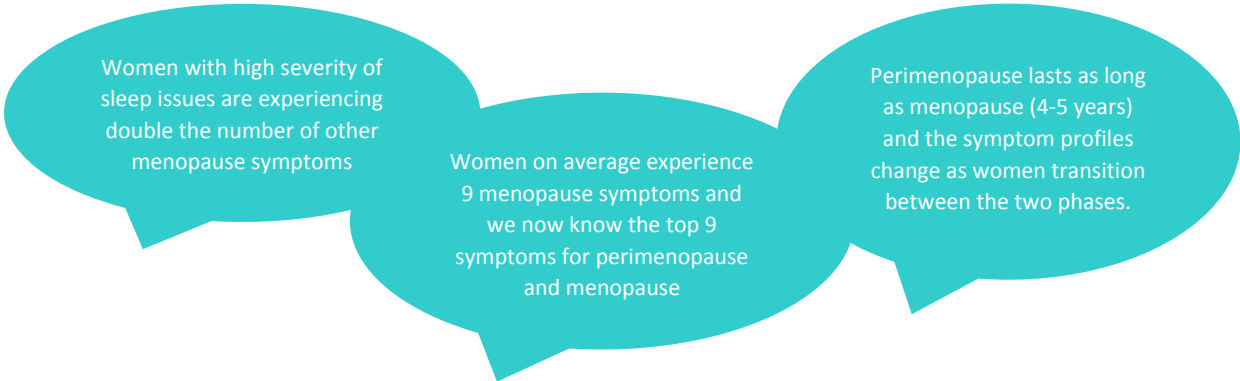
Health & Her[®] is a market-leading female health ecosystem for the millions of women experiencing life-impacting symptoms of menopause. We empower women to improve their symptoms by providing a wide range of innovative products alongside expert information to help mitigate physical, psychological and social effects of menopause.

A free Menopause App incorporates a unique symptom tool and enables symptom and period tracking as well as a wealth of digital tools and content to support women with perimenopause and menopause symptoms.

The company has also expanded its expert advice offering by launching an online Menopause Clinic and has already built a team of Menopause Specialist GPs to offer HIW (Healthcare Inspectorate Wales) compliant online appointments.

Health & Her[®] combine data and advanced analytics to capture key insights into women's health issues and provide optimal support to the ecosystem served. The company aim to include an app feature to provide users with information on which approaches work best for their perimenopause and menopause symptoms using AI-based crowd sourcing of data.

The company would be interested to engage in any further consultation process and to provide support to the NHS wherever possible.



Women with high severity of sleep issues are experiencing double the number of other menopause symptoms

Women on average experience 9 menopause symptoms and we now know the top 9 symptoms for perimenopause and menopause

Perimenopause lasts as long as menopause (4-5 years) and the symptom profiles change as women transition between the two phases.

