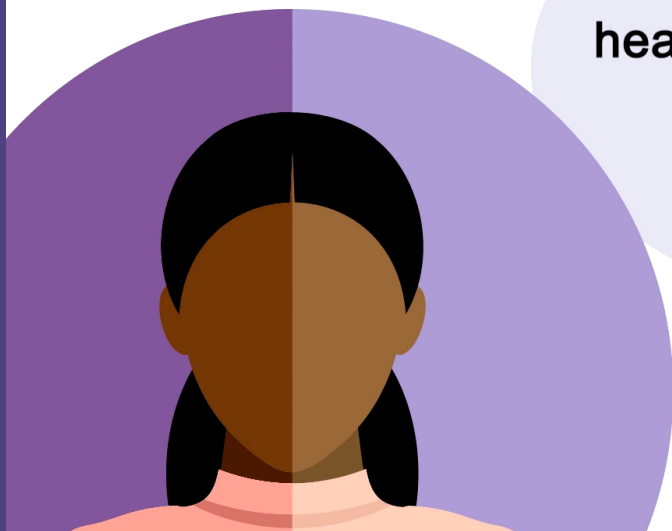




How to talk to your healthcare practitioner about menopause



How to talk to your
healthcare professional about
Menopause

© Henpicked: Menopause in the Workplace

This workbook is to help you work out what's right for you and how to get the help and support you need from your healthcare practitioner.

Throughout this pack, we sometimes use the terms 'women', 'female' and 'her'. However, we recognise that people from different communities can also experience menopause or symptoms as a result of hormonal changes.

How to talk to your healthcare practitioner about menopause

Everyone's experience of menopause is different. We experience different symptoms, have different views or philosophies around how we'd manage them and different medical histories too.

If you're finding that menopausal symptoms are getting in the way of you enjoying your life or performing at your best at work, it's time to think about booking an appointment with your healthcare practitioner.

For many people, the first port of call will be their GP. But for others, it could be a nurse practitioner or a menopause specialist. The key is to seek help.

But we do know that many people don't and struggle on without seeking any kind of medical or specialist advice. According to The British Menopause Society, one in two women aged 45-65 had gone through the menopause within the past ten years without consulting a healthcare professional.

This is despite women surveyed reporting on average seven different symptoms and more than four out of ten saying their symptoms were worse or much worse than they expected.

Feedback we've heard is that some feel they didn't get what they hoped for or expected from their healthcare professional.

- According to a 2020 survey by Mumsnet and Gransnet, 39% of those who sought help from their GP for perimenopause symptoms, and 27% of those who sought help for menopause symptoms say their GP told them they'd just have to learn to live with it.
- 36% of those who sought help from their GP for perimenopause symptoms, and 26% of those who sought help for menopause symptoms, say they visited their GP three times or more before being prescribed appropriate medication or help.

So yes, sometimes you have to be tenacious. You might need a second opinion. You might want to be referred to see a menopause specialist. The key is to be prepared and to go into your appointment knowing what outcomes you want.

Here are some top tips to help:

Read the NICE guidelines. These are from the National Institute for Health and Care Excellence (NICE) and are what your practitioner will use to inform the guidance they give you. Reading them beforehand will help you not only know what advice and treatment you should be offered, but will also help you understand anything that's not suitable given your medical history.

You should be advised on how to manage your symptoms, as well as your long-term health, and given information about hormone replacement therapy (HRT) and other treatment options. Read through the guidelines, make notes — you can even take a copy with you to refer to.

Keep a diary of your symptoms. Note down how you're feeling and any changes you've noticed.

Talk to friends and family. They may have noticed changes you're not aware of. You could even take them along with you to your appointment.

Read up on your options and think about your personal preferences for treatment. This could be HRT, a herbal approach, lifestyle changes... or a combined approach.

Ask who the best person is to speak to. When you book your appointment, ask the receptionist who the right person is to speak to about menopause. It could be a doctor or a practice nurse — and isn't always going to be your usual doctor.

See if you can get a longer appointment. Some surgeries offer this so it's worth checking.

Ask for a second opinion. You might not feel you get the support you need first time around, but don't be put off and do ask to speak to someone else.

Ultimately, you should always feel comfortable and confident talking to your practitioner about menopause.

Frequently asked questions:

Q. Should I wait until Covid-19 is over before I talk to a practitioner?

A. No! For a start we don't know when that will be and GPs have been given instructions on supporting patients without them visiting the surgery. You may not be offered a face-to-face appointment but for most, menopause is diagnosed on symptoms. You can just as easily discuss your symptoms over a video or phone call and receive treatment options.

Q. Can a blood test tell me if I'm in menopause?

A. If you're over 45 and otherwise healthy, you're unlikely to need a blood test to diagnose menopause. Plus, during the menopause transition, hormones can fluctuate so much a blood test would be unreliable. Your doctor will usually make the diagnosis on symptoms alone.

Q. I only get 10 minutes with my practitioner. How can I fit everything in?

A. Read the top tips in this document and prepare for your appointment. At the start of your appointment, be clear what you want to discuss — for example, menopause and how you can manage symptoms and protect your long-term health. Explain your symptoms, what you've read up on and would like to try and ask for the practitioner's advice based on your medical history.

Q. Is HRT risky?

A. Everyone is different and it's important for your healthcare practitioner to consider individual benefits and risks. There have been a lot of scare stories in the media about HRT and it's important that the decision between you and your healthcare practitioner is based on facts so you can make an informed choice. Read up on the facts and the NICE guidelines.

Q. Am I better off seeing a female practitioner?

A. While this may be your personal preference, it's more important to talk to the healthcare professional who has a special interest or extra training in menopause. Ask the receptionist, as they know who in the practice is the best person to speak to. This may not be your usual doctor.

Q. My practitioner didn't help. Is there anything more I can do?

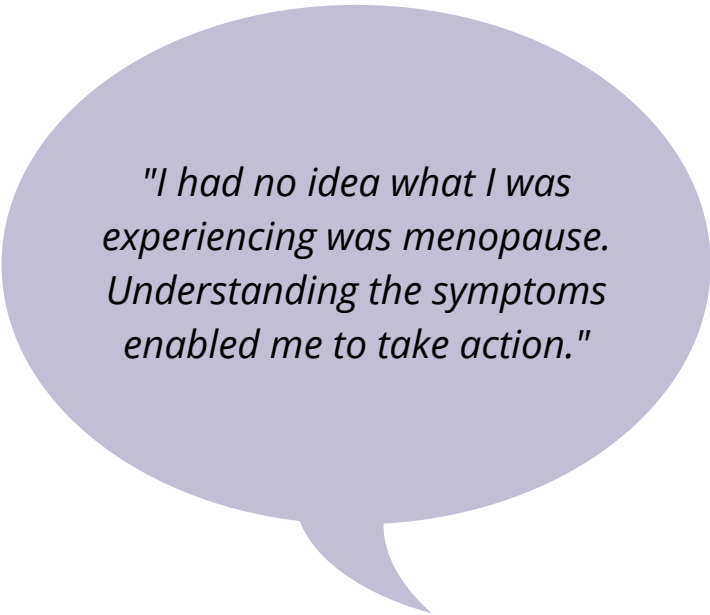
A. Follow the top tips in this document and make another appointment. Preparation is important. If you still don't get what you want, you can ask for a second opinion, a referral to a menopause clinic and you can write to the practice manager. Tell them your experience has been disappointing and ask who they can direct you to. Hopefully then you'll be directed to a practitioner with a special interest in menopause.

Q. I've been told I can't take HRT. Do I have any other options?

A. HRT may not be for everyone, whether that's a personal preference or due to your medical history. Do make sure that the advice you're given is based on facts and if you really want to try HRT, do ask for a second opinion or ask for a referral to a menopause clinic. Other options to manage symptoms include lifestyle changes, like exercise, nutrition and stress management, amongst others, which you should consider whether or not you're taking HRT.

Q. I tried HRT and it didn't work for me. What next?

A. There are over 70 HRT preparations, so for many people, they may need to try different types to find the right one for them. You could try a changing dose, brand or delivery method e.g. tablet, patch or gel. Each time you try a different preparation, you should be offered a follow-up so you can assess whether it's working.



"I had no idea what I was experiencing was menopause. Understanding the symptoms enabled me to take action."

Q. Can I take HRT if I'm still having periods?

A. Yes. You can start taking HRT during the perimenopause stage, while you're still having periods. It is a common myth that you have to wait until your periods have stopped before taking HRT.

Q. Is there a time limit for how long I can take HRT?

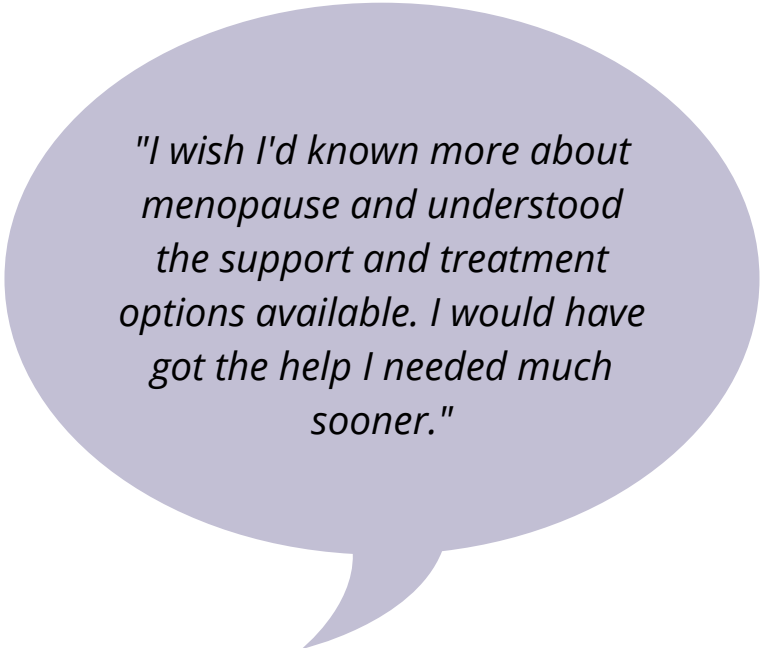
A. No. The time to take HRT is when your symptoms are getting in the way of you enjoying your life. But there is no arbitrary length of time you can stay on HRT.

Q. Can a practitioner tell me about other treatments?

A. Yes, the NICE guidelines do talk about some herbal treatments and their benefits and risks. And your practitioner can talk to you about lifestyle. If you want to consider taking herbal preparations, you should speak to a qualified medical herbalist — you can find one in your area here <https://nimh.org.uk>.

Q. Can I seek private healthcare professional support?

A. Yes, if you go privately — you can find a specialist in your area on the British Menopause Society's register of specialists here: [BMS register of specialists](#).




"I wish I'd known more about menopause and understood the support and treatment options available. I would have got the help I needed much sooner."

Q. Is HRT the same as contraception?

A. No! If you aren't on HRT you can stop your contraception when you haven't had a period for a year if you're over 50 or two years if you're under 50. If you go on HRT when you're having periods you won't know at what stage you're becoming menopausal, so speak to your practitioner about when to come off contraception.

Q. Will my practitioner prescribe me antidepressants?

A. Again, look to the NICE guidelines for information. They recommend antidepressants in the form of SSRIs shouldn't be used as the first line treatment for menopausal symptoms. But you can talk to your practitioner to make an informed choice. It could be that they are right for you, or there might be other things you can try. If you're taking an SSRI and wanted to go on HRT you can, never just stop taking your medication.



"I'd been to see my GP several times and hadn't got anywhere. It was only when I did the preparation I felt confident to ask for and get the help I needed."

Peppy™

FAQs provided by Kathy Abernethy, Director of Medical Services at Peppy and Menopause Friendly Independent Panel Member

Where to go to for further information:

[Nice Guidelines](#)

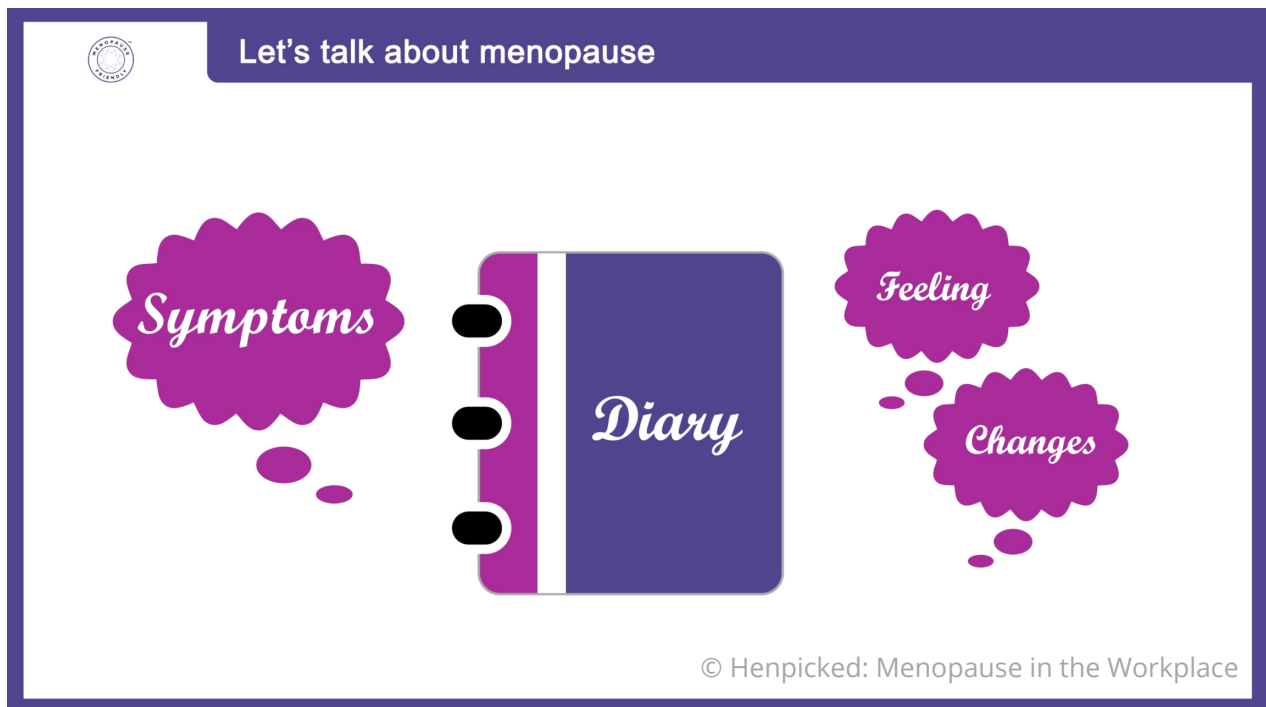
[British Menopause Society](#)

[Women's Health Concern](#)

[Daisy Network](#)

[Henpicked - Menopause Hub Videos](#)

Preparing for your appointment



Step 1

- Be clear about how menopause is affecting you.
- What symptoms are you experiencing and when? Which are your worst symptoms? Prioritise what you want to focus on.
- This is the basis for deciding how you want to manage your symptoms and helps with getting the right support.

Step 2

- Focus on your personal philosophy for managing menopause.
- This is your unique journey, there is no right answer there is just a right answer for you.
- You may also want to combine more than one approach and your philosophy may change over time.

Step 3

- What action are you going to take?
- What support do you need?

SYMPTOMS

0 = NO PROBLEM | 1 = MILD SYMPTOMS | 2 = SEVERE SYMPTOMS
3 = EXTREMELY SEVERE SYMPTOMS

PHYSICAL SYMPTOMS	0	1	2	3
Hot flushes/Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin (dryness, itching or acne)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aching joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain or bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UTI, urinary frequency & leakage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSYCHOLOGICAL SYMPTOMS				
Worry or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood or depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased ability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain fog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to multi task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

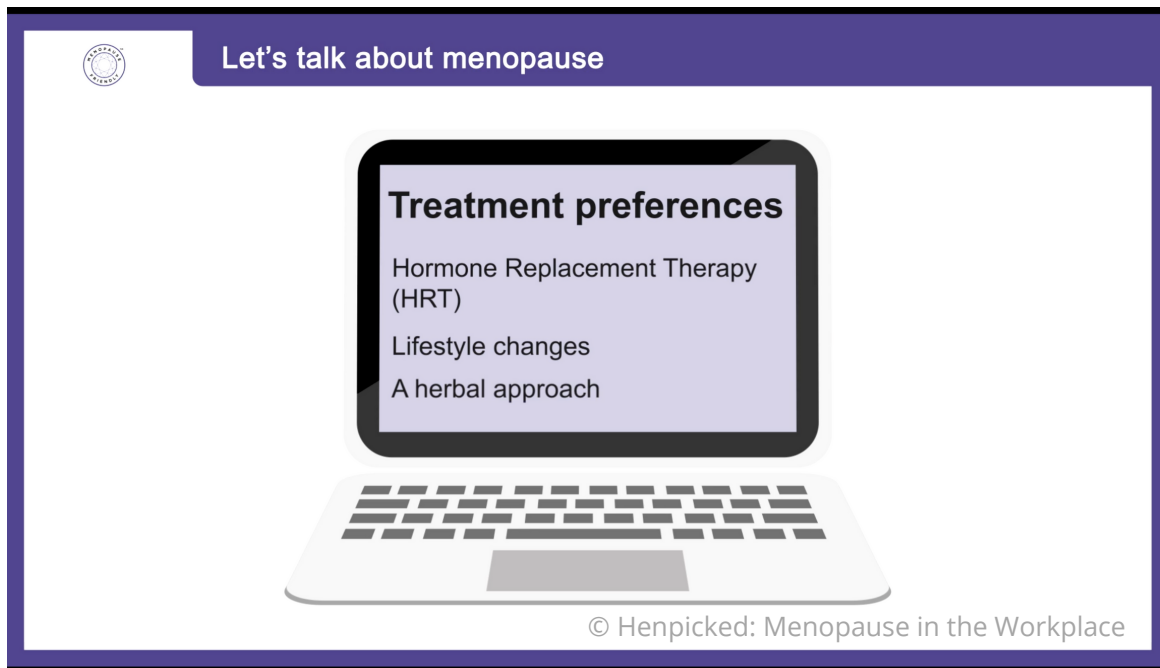
Step 1:

- What are your symptoms?
- Prioritise the top 3 or 4
- How do they affect you at home and at work?

Step 2:

- What is your personal philosophy to manage symptoms and long-term health?
- Do you prefer the medical, complementary or lifestyle approach, or a combination?
- Decide who you are going to talk to and when.
- Establish who can help you at home and at work.

What next?



Step 3:

- What do you plan to do to:
 - Learn more about menopause (if you need to)?
 - Manage your symptoms and long-term health?
 - Who are you going to talk to? And by when?
 - Who can help you (at work, at home)?