

Research Methods & Professional Development – ACFA 7004

Lecturer: Jaymie Phillips

Word Count: 4103

Title:

Are GP's practices the best delivery option for Menopause care or are there better more innovative alternatives, that will better support the 2022 workforce?

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1.0 Introduction:

1.1 Personal experience: motivation for research.

In 2020, Personal experience provided an insight into what impact a sudden hormone deficiency can have on the physical body, cognition, mental health, work life, social life, and personal relationships. When endometriosis necessitated a full surgical hysterectomy, I expected a recovery period, did my research, and envisaged great care and support. Unfortunately, an HRT discussion after my hysterectomy with my consultant, did not provide what I thought it would, any challenge regarding levels of progesterone, estrogen and my options was rebuffed. I was provided a 50-microgram patch of Estradiol and told to discuss anything else with my GP. I approached my GP for support, again attempt to improve my treatment through my GP was dismissed, as, apparently, a person can expect a natural decline once they are in menopause. Left with symptoms that included cognitive impairment, total fatigue and lethargy and an aching body and no libido. I could barely get out of bed in the morning, never mind complete a full-time professional role, manage a child, and engage in my MSc in Innovation. Personal relationships were also suffering. If life could only be an existence of natural decline, with potential worth deficits in the future what really was its purpose.

1.2 Treatment Summary

I completed my own research and found private experts in the menopause field (Newson Health). They took full bloods, started a round of treatments that included 100 micrograms of Estradiol, Progesterone, vaginal oestrogen, and plant-based testosterone. They checked my symptoms in 3 months and made some adjustments, as I wasn't quite back to my old self, firing on all cylinders.

Interestingly, once I had been seen privately by Dr's at Newson Health and they had written to my GP with my blood results and advised the care plans, there was no issue gaining my prescriptions. However, the barriers put up prior to this, suggests, my GP's may have had alternative guidance on service delivery.

Once treatment was introduced, the transition period took a year, to get me back to the top of my game. (Personal anecdote). As a thought-out practical individual, what would have been the potential professional, personal, and future economic impacts, if I had not acted?

Further to this personal experience, I started an open dialogue with my colleagues, sharing my experience, led to them sharing theirs:

1.3 Colleague personal experiences 2021

Stories of perimenopause symptoms including loss of confidence, muscular pain, constant urination, lack of sleep, no libido all came to the fore. Stories of visits to GP's were discussed and the stories were similar: No Hot Flash, no treatment.

1.4 Colleague A: Suggested to her GP she was peri menopausal. GP prescribed anti-depressants, without any investigations, because she wasn't having hot flashes. Despite having a number of the other 34 symptoms of menopause.

1.5 Colleague B:

Decided not to apply for a promotion because she was constantly tired, not sleeping, had no libido and had pins and needles in her hands and was suffering with loss of confidence. She asked for GP support and suggested to her GP she was in perimenopause. She was told it could not be as she had no hot flashes. After our discussion, she persisted with GP insisting on some tests and a trial of estrogen. Her symptoms have improved, and her GP is now on board with perfecting her treatment.

Colleagues previously confident and career minded failed to apply for promotions or were prescribed anti-depressants, as solutions to their symptoms. Naturally, this led me to suggest the paid Health care route, however, this is not affordable to everyone. Some of these colleagues, resorted to long term sickness. Impacting the organisation, through loss of their skillset and economically. This leads the question; How widespread is this through the U.K. workforce?

1.6 Parliamentary Questions

In May 2021

Robert Halfon asked the Secretary of State for Health and Social Care, what steps his department is taking to support women who have been diagnosed with early menopause.

Answering member:

Ms Nadine Dorries | Department: DHSC The National Institute for Health and Care Excellence (NICE) guidelines for menopause were updated in December 2019 and include clear criteria for the diagnosis, investigation, and treatment of early menopause.

NHS England and NHS Improvement expect all providers to give due regard to NICE guidance. Treatment for early menopause usually involves Hormone Replacement Therapy or a combined hormonal contraceptive pill both for relief of symptoms and to prevent against the long-term consequences of oestrogen deficiency. Women diagnosed with Premature Ovarian Insufficiency are generally managed in a specialised menopause clinic and should have regular reviews to assess the efficacy of treatment and to be offered fertility advice if appropriate. NHS.UK provides signposting to a range of counselling and support groups, such as the Daisy Network and to fertility support groups, where necessary.

2.0 Research Justification

Whilst these personal experiences, are just a few examples, there appears to be a contradiction between the support and treatment the U.K. parliament and NICE say women should receive and the actual support they are receiving. The personal experiences that have been included here are specific to Wales. The hypothesis of this study will attempt to identify how widespread the lack of support and treatment is, is it U.K. wide or just in devolved governments. What is the knowledge base of women, about the support and treatment they can ask for? When treatment is not being provided in accordance with NICE guidelines, why?

Throughout the internet: there are support groups and stories of discontent, in the workplace there is discontent.

This raises the question:

- Is our female workforce getting the Medical Menopause support/ treatment they need?
- Are GP's operating to NICE guidelines and delivering best practice for Menopause Care?

And

- **Are GP's practices the best delivery option for Menopause care or are there better more innovative alternatives?**

Which leads the requirement for further secondary research?

This research aims to find out:

- How up to date the Medical Provision is nationally and globally.
- What the current guidelines are for treatment across the U.K.?
- Who is affected by Perimenopause and Menopause?
- What is the awareness amongst women about Menopause support and medical guidelines?
- What are the impacts upon those who experience Perimenopause and menopause?
- What are the potential impacts of menopause upon the individual, the workforce, and the economy?
- What impact does the Perimenopause have upon the workforce and the economy?
- What does the latest research inform us about the immediate and long-term effects of menopause?
- How does the latest research compare to older treatment guidelines?
- What are the historic taboos regarding HRT, how do they impact women's decision-making regarding HRT?
- What training do GPs receive regarding perimenopause and menopause?
- What Innovations exist to monitor symptoms of perimenopause and menopause?
- What Innovative tools exist to support perimenopause and menopause?
- Are there any standout leaders and innovators in the provision of menopause support?

3.0 History of Menopause, Literature

Menopause symptoms are ascribed to estrogen deficiency.

To put the subject in perspective menopause has only been recognised from a treatment perspective since the 1938, when synthetic estrogen was developed. (National Library of Medicine, 2002)
Suggesting that any in depth research and development will have been scarce until, pharmaceuticals had the opportunity for sales and profit.

Aristotle referred to age of menopause being 40 years. A French physician coined the term menopause in 1821. Interest increased in the 19th century and in the 1930's people started describing menopause as a deficiency disease. In the 1970's medicalisation of menopause and prescription. (National Library of Medicine, 2002)

The international menopause society was established in the 1970's and the first international congress took place in Paris, France in 1976. (National Library of Medicine, 2002)

Symptomatology is recognised differently across the world e.g., Western culture – Hot Flash, Japan – Shoulder pain and India – low vision. HRT is used more broadly in western cultures and less in LMIC's.

(National Library of Medicine, 2002) Overall women in western countries tend to view menopause negatively. (National Library of Medicine, 2002).

This however could be due to the differentiation in the percentages of women in the workforce and the differences in lifestyle.

For example: India female participation is significantly lower than that of the U.K.

In India women account for only 19.9% of the total labor force in India. (Catalyst.org, 2020)

By comparison

In the U.K. women account for on average 57% (with seasonal variations) (ons.gov.uk, 2021)

View QR code for timeseries view



4.0 U.K. Statistics

The menopause usually occurs between the ages of 45 and 55 and current estimates suggest that the average age for a woman to reach the menopause in the UK is 51 years (Source: [NHS: Menopause information](#)). With around 5.1 million women in the UK aged between 45 and 55 years, a large range of women are potentially menopausal (Source: [ONS population estimates for mid-2019](#)). NICE note that an estimated 1.5 million women – around 80% of those going through menopause – experience common symptoms such as hot flushes and night sweats (Source: NICE, [Menopause: diagnosis and management](#)).

5.0 History of Menopause as a field of study

There are 34 recognised symptoms of menopause, and all women experience different symptoms and with different intensity.

In 2005, a state-of-the-science conference on menopausal symptoms was convened, with a worldwide panel of expert evaluators who were tasked with determining which among the large set of midlife symptoms are most likely to be due to menopause. Symptoms were evaluated for their proximity to menopause, apart from the aging process, and the likelihood that estrogen is effective in relieving symptoms. (National Library of Medicine, 2015)

Postmenopausal women are already at risk for osteoporosis and cardiovascular disease, it is important to address potentially changeable psychiatric issues that may make medical issues more difficult to treat. (National Library of Medicine, 2015)

6.0 Purpose

This research aims to find out if the current medical provision for perimenopause and menopause, delivered by GPs under Government Guidelines in the UK, is 'fit for purpose' for current and future workforces in the U.K. or is there a better alternative?

6.1 Why is quality treatment of the menopause important?

Soon 1 in 3 of our work force, will soon be over 50 years old, as retirement ages are extended. Women are the fastest growing demographic in the workforce and the average age of menopause occurs, at 51 years of age.

Failure to address this subject could mean the loss of valuable skillsets from the workforce, which could subsequently have a negative impact upon the economy. As many as 1 in 4 women in menopause experience serious symptoms.

There is a longer term economic, health and social care impact to be considered, with some studies showing a correlation between a lack of estrogen and dementia.

Hormones and dementia – a comparative study of hormonal impairment in post-menopausal women, with and without dementia.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2671783>

Context

- Women seem to be more vulnerable to dementia, particularly Alzheimer's disease (AD), than men. There is controversy among studies correlating estrogen deficit to cognitive impairment. Because of the sudden drop of estrogens in menopause, this hormonal deficit could represent one of the risk factors for the larger incidence and prevalence of AD in post-menopausal women.

Results

- 15 cases (36.6%) had impaired hormonal function, compared with 8 controls (19.5%). Of the 15 cases with hormonal impairment, 9 had MCI.

Conclusions

- These preliminary data stress a considerable difference between the sex hormone status of these two populations, showing a tendency towards a more accentuated estrogen deficit linked to cognitive deficit. Enlarging the sample and following the evolution could bring more interesting data.

Women begin to lose estrogen from the age of 35.

Currently there is menopause support for women in the workplace is supported through organisational policies.

The menopause is not a specific protected characteristic under the Equality Act 2010. (acas.org.uk, 2021) However, the equalities Act 2010 protects workers against discrimination which states a person cannot be discriminated against relating to a protected characteristic, e.g., age, disability, gender reassignment, sex. (acas.org.uk, 2021)

ACAS states that employers should make sure they have steps, procedures, and support in place to help staff affected by menopause.

To date Menopause has been largely neglected as an economic, workplace and diversity and inclusion issue throughout recent government strategies and policy papers. The modern industrial strategy, Fuller Working Lives Strategy, Ageing Grand Challenge, and Improving Lives Strategy all address key economic challenges such as keeping people in work for longer, reducing the gender pay gap, and employee health and well-being – yet none mention the menopause. (CIPD, 2019)

Larger organisations, tend to lead with updates to their internal policies and as with most change differentiation invokes change for other organisations to follow.

Significant calendar events such as World Menopause Day are good days for organisations to improve their Public Relations and are commonly used to set out differentiation and change.

World Menopause Day is held annually on the 18th of October – The purpose of which is to raise awareness of the menopause and the support options available for improving health and wellbeing.

According to the BMS 'British Menopause Society' Perimenopause and menopause symptoms come in many different forms, forcing an alarming percentage of women to leave their careers due to physical and mental effects on wellbeing. Women feel under-represented and ashamed but now individuals, health professionals and businesses are speaking out and supporting women, change is certainly here. (The British Menopause Society, 2021)

However, much of this work focuses on policy and education, which while useful may not be the support that women need to keep them functioning at the top of their game.

When we consider the growth in the participation of working women either P/T, F/T, self employed as a business owner, it could be argued that education, advice upon self-care and well-being are simply not enough to keep women working and to keep the necessary skills in the workforce.

Menopause is a subject currently on trend with celebrities becoming involved in campaigns and large businesses and organisations improving menopause policies and offering additional care to support their workforce. Well known celebrities e.g., Davina McCall and Lorraine Kelly are signing up to offer their support for 'The Menopause Charity' founded by Louise Newson in order to create more status for a subject they state they have been personally impacted by.

According to Dr Louise Newson

"The menopause is a female hormone deficiency with health risks. So many symptoms are not recognized as being a result of low hormone levels. "Far too few women are receiving adequate support, help and treatment for the menopause." (Thorpe, 2021)

7.0 Research Methods

7.1 Primary Research Methods

What are the working hypotheses?

R1: Women may not recognize all the symptoms they are experience could be menopause related.

R2: Women may not have consulted a GP about menopause symptoms.

R3: Women may not be aware of the latest NICE guidelines regarding menopause treatment.

R4: Women may not consider their own well-being important.

R4: Women may not feel confident to challenge their GP.

R5: Women may not have active workplace menopause support.

R6: Women may consider older negative taboos surrounding HRT treatment.

R7: Women may not be aware of the latest Innovations for monitoring symptoms

R8: Women may not be aware of alternatives in menopause care.

Levels of measurement – Primary Data

R1, 2, 4, 5, 6, 7, 8 A survey will be issued to establish the answer the following questions to gain an insight into women's awareness and perspectives.

- How many women from the sample of surveyed women are experiencing menopause symptoms?
- To what extent are women aware of the symptoms of menopause?
- How many women have consulted a GP or Medical Professional regarding menopause symptoms?
- What medical support the surveyed sample of women have been offered or have received from a medical professional?
- What opinions women from the sample, of surveyed women, have regarding the impact of menopause symptoms upon their work life, social life, and relationships?
- What the sample of surveyed women, are aware of, regarding perimenopause and menopause support in their workplaces?
- Any wider knowledge the sample of surveyed women, are aware of regarding Perimenopause and menopause?
- Information provided by the surveyed sample of women in the boxes stated other please specify, if it adds any relevance to the study.

7.2 Survey Questions

Q1.

Are you a women who has experienced any of the following menopause symptoms?

	Never	Daily	Weekly	Monthly	
Heart beating quickly or strongly	☐ Heart beating quickly or strongly Never	☐ Heart beating quickly or strongly Daily	☐ Heart beating quickly or strongly Weekly	☐ Heart beating quickly or strongly Monthly	☐ Heart beating quickly or strongly
Feeling tense or nervous	☐ Feeling tense or nervous Never	☐ Feeling tense or nervous Daily	☐ Feeling tense or nervous Weekly	☐ Feeling tense or nervous Monthly	☐ Feeling tense or nervous
Difficulty in sleeping	☐ Difficulty in sleeping Never	☐ Difficulty in sleeping Daily	☐ Difficulty in sleeping Weekly	☐ Difficulty in sleeping Monthly	☐ Difficulty in sleeping
Memory problems	☐ Memory problems Never	☐ Memory problems Daily	☐ Memory problems Weekly	☐ Memory problems Monthly	☐ Memory problems
Attacks or anxiety or panic	☐ Attacks or anxiety or panic Never	☐ Attacks or anxiety or panic Daily	☐ Attacks or anxiety or panic Weekly	☐ Attacks or anxiety or panic Monthly	☐ Attacks or anxiety or panic
Difficulty in concentrating	☐ Difficulty in concentrating Never	☐ Difficulty in concentrating Daily	☐ Difficulty in concentrating Weekly	☐ Difficulty in concentrating Monthly	☐ Difficulty in concentrating
Feeling tired or lacking in energy	☐ Feeling tired or lacking in energy Never	☐ Feeling tired or lacking in energy Daily	☐ Feeling tired or lacking in energy Weekly	☐ Feeling tired or lacking in energy Monthly	☐ Feeling tired or lacking in energy

2. Please select your age range

- ☐ 16-25
☐ 25-35
☐ 35-45
☐ 45-55
☐ 55-65
☐ 65-75
☐ 75+
☐ Other (please specify)

3. Are you employed?

- ☐ Self- Employed F/T
☐ Self- Employed P/T
☐ Employed F/T
☐ Employed P/T

- ☐ Retired
- ☐ Other (please specify)

4. You have consulted my doctor regarding your menopause symptoms

- ☐ Yes
- ☐ No

5. Your doctor was able to help you with your menopause symptoms through offering:

- ☐ Blood tests
- ☐ Referral for more tests
- ☐ Medical intervention (Prescription - HRT etc.)
- ☐ Recommending Natural therapies
- ☐ Discussing your options/choices
- ☐ Your doctor was unable to help
- ☐ Other (please specify)

☐

6. Have you consulted Menopause specialists regarding your symptoms, if yes how did this differ from consulting your GP.

* 7. In your opinion your menopause symptoms, have a negative impact upon

- ☐ You

- ☐ Your family
- ☐ Your relationships
- ☐ Your exercise routine
- ☐ Your social life
- ☐ Your diet
- ☐ You have experienced no negative impacts
- ☐ Other (please specify)

☐

8. In your opinion do you consider your workplace is supportive of your Menopause symptoms?

- ☐ Yes
- ☐ No
- ☐ Somewhat
- ☐ Other (please specify)

9. Does your workplace have a menopause:

- ☐ Policy
- ☐ Support Group
- ☐ Coach
- ☐ Other (please specify)

10. Are you aware of any innovations/studies/research regarding the menopause and its long term affects?

7.3 Survey Intentions and Ethical Issues

The intention is to gain survey results for a target sample size of 100 women, using survey monkey and offering survey link via LinkedIn, distributing the survey to female enterprise networking groups. This will allow for a random completion process.

The target population are women who are employed working professionals or self-employed women. Surveys will be posted using survey links online and if necessary, in person. The aim is to have a minimum of 50% respond to the online provision. The intent is to gain a diverse age range of the population of working women and a diverse selection of employed and self-employed women.

Problems that may arise may be that working women may not consider they have the time to complete the survey. Should this be the case, it is possible to approach individuals to complete the survey in person, alternately survey monkey has a facility to distribute the survey.

Other challenges that may occur surround the historic stigma surrounding menopause, women may feel they do not wish to disclose personal information, despite their anonymity and assurances of data protection and confidentiality. To alleviate this, questions have been as open as is feasible to collect quality data. (The university will be approached for an ethics form).

Ethically respondents' personal information will be categorized anonymously, only categorizing answers.

7.4 Focus Group Intentions and Ethical Issues

Further focus groups, will be held, using the following open questions to identify why women have undertaken a course of action:

- F1: Where women learn about medical issues or specifically menopause.
- F2: Why women do or do not consult a GP regarding symptoms.
- F3: What menopause guidelines are understood by women and where to find them.
- F4: What information women receive at work regarding menopause.
- F5: What women think or understand about HRT.
- F6: Why women do or do not challenge their GP.
- F7: What systems or tools women use to monitor their own health care.

The target sample size for each group will be no more than 10 per group, in order record answers, as they are stated. The aim of the focus group is to understand reasoning.

The aim is to hold the focus groups virtually, online using zoom or teams. The aim is to have a minimum of 5 respondents in each focus group. The aim is to have a diverse range of age ranges and a mix of employed and self-employed within the focus groups. There is potential for focus groups to be separated into an employed women focus group and a self-employed focus group. As this may prove easier to achieve through the approach to a network group for self-employed women and then an organization or variety of organizations.

Potential issues could arise if women do not wish to disclose their views/reasoning in front of others. Should this issue arise the focus group questions could be asked to individuals, who are known to the interviewer, caution will need to be observed to ensure a diverse age range of participants and a mixed selection of employed and self-employed.

Other potential issues include time for working women to attend a focus group or interview. The reasoning questions have been kept to a maximum of 7.

Data protection and anonymity have been considered with only age range and employment status being collected for the focus group questions.

The questions will be supplied to the university Research Methods tutor for guidance regarding the quality of the intended questions for both the survey and the focus group.

7.5 Secondary Data

- Data will be gathered from a variety of sources nationally and globally to gain a greater insight into the perimenopause and menopause provision, this information will be used to gather information relating to:
- Any notable differences between treatment of the menopause nationally or globally?
- Parliamentary reports regarding menopause will be reviewed for U.K. policy and the devolved governments.
- NICE Guidelines will be reviewed against Health Board Guidelines in England, Wales, Scotland, and Ireland.
- Historic NICE guidelines will be compared against the current NICE guidelines to identify, why HRT reservations may remain amongst women.
- A review of the latest science will be reviewed, to critically evaluate, what the latest thinking and best practice is for menopause.
- Research will take place to identify any current live studies and who is sponsoring them, to understand the direction menopause treatments will take in the future.
- Quantitative data will be sought to identify workplace sickness caused by the menopause, to identify an economic impact.
- A review of any global innovations will be undertaken, to establish methodologies and frameworks that may benefit menopause measurement and treatment, that could influence policy in the U.K.

8.0 Results:

The research will attempt to establish if the experiences and discussions experienced by the localized small sample enclosed are part of the broader experiences being experienced by women across the U.K.

The research will attempt to understand the knowledge women have about menopause and the actions they take to gain support and treatment.

The research in no way is an attempt to criticize GP's, it is however, an attempt to understand that as menopause has a history of something of a taboo and had been seen as a deficiency in women (National Library of Medicine, 2015), whether GPs are the best provision of support for women, or are there better alternatives.

9.0 Evaluation

Menopause is a relatively young area of study, early scientific developments only taking place in the late 1900's. The growth in the female workforce has evolved and grown much more quickly, in westernized cultures. The deficiencies of a lack of estrogen upon cognition are relatively new. The stigma of HRT is also still recent.

Understanding how much working women know about menopause is important to their well-being and would set out a potential pathway for educational campaigns or canvassing a larger study sample. Understanding when women visit a medical professional and don't get the care they need and how that impacts upon their work life and personal life and future health will provide the opportunity for new innovative solutions.

Ultimately understanding the viewpoints of women about the kind of care, treatment and support they want, and need could provide a useful tool to maintain workforce skills and improve productivity and the economy.

Researching global innovations for menopause care and treatment, has the potential to influence government policy.

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