

Griffiths, Amanda and Ceausu, Iuliana and Depypere, Herman and Lambrinoudaki, Irene and Mueck, Alfred and Pérez-López, Faustino R. and van der Schouw, Yvonne T. and Senturk, Levent M. and Simoncini, Tommaso and Stevenson, John C. and Stute, Petra and Rees, Margaret (2016) EMAS recommendations for conditions in the workplace for menopausal women. Maturitas, 85 . pp. 79-81. ISSN 1873-4111

Access from the University of Nottingham repository:

http://eprints.nottingham.ac.uk/31917/1/Griffiths%20-%20EMAS%20Working%20conditions %20for%20menopausal%20women%202016%20author%20accepted.pdf

Copyright and reuse:

The Nottingham ePrints service makes this work by researchers of the University of Nottingham available open access under the following conditions.

This article is made available under the University of Nottingham End User licence and may be reused according to the conditions of the licence. For more details see: http://eprints.nottingham.ac.uk/end user agreement.pdf

A note on versions:

The version presented here may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the repository url above for details on accessing the published version and note that access may require a subscription.

For more information, please contact eprints@nottingham.ac.uk

EMAS recommendations for conditions in the workplace for menopausal women

- Amanda Griffiths, Division of Psychiatry & Applied Psychology, School of Medicine, Institute of Mental Health, University of Nottingham Innovation Park, Triumph Road, Nottingham NG7 2TU, UK.
- 2. Iuliana Ceausu, Department of Obstetrics and Gynecology, 'Carol Davila' University of Medicine and Pharmacy, and Department of Obstetrics and Gynecology, 'Dr. I. Cantacuzino' Hospital, Bucharest, Romania
- 3. Herman Depypere, Breast Clinic and Menopause Clinic, University Hospital, De Pintelaan 185, 9000 Gent, Belgium
- 4. Irene Lambrinoudaki, Second Department of Obstetrics and Gynecology, National and Capodestrian University of Athens, Greece
- 5. Alfred Mueck, University Women's Hospital of Tuebingen, Calwer Street 7, 72076 Tuebingen, Germany
- 6. Faustino R. Pérez-López, Department of Obstetrics and Gynecology, Zaragoza University Facultad de Medicina, Hospital Clínico, Zaragoza 50009, Spain
- 7. Yvonne T. van der Schouw, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands
- 8. Levent M. Senturk, Istanbul University Cerrahpasa School of Medicine, Dept. of Obstetrics and Gynecology, Division of Reproductive Endocrinology, IVF Unit, Istanbul, Turkey.
- 9. Tommaso Simoncini, Department of Clinical and Experimental Medicine, University of Pisa, Via Roma, 67, 56100, Pisa, Italy
- 10. John C. Stevenson, National Heart and Lung Institute, Imperial College London, Royal Brompton Campus Hospital, London SW3 6NP, UK
- 11. Petra Stute, Department of Obstetrics and Gynecology, University of Bern, Switzerland
- 12. Margaret Rees, Women's Centre, John Radcliffe Hospital, Oxford OX3 9DU, UK

Corresponding author Amanda Griffiths, Division of Psychiatry & Applied Psychology, School of Medicine, Institute of Mental Health, University of Nottingham Innovation Park, Triumph Road, Nottingham NG7 2TU, UK.

Amanda.Griffiths@nottingham.ac.uk

tel: +44 (0)115 8230417;

Contributors: Amanda Griffiths and Margaret Rees prepared the initial draft, which was circulated to EMAS board members for comment and approval, production was coordinated by Amanda Griffiths, Irene Lambrinoudaki and Margaret Rees.

Conflict of interest: None declared.

Funding: None.

Provenance and peer review: EMAS position statement.

Highlights

- *Many women in today's workforces will be working throughout their menopausal years.
- *While the menopause may cause no significant problems for some women, for others it may present considerable difficulties in both their personal and working lives.
- *Greater awareness among employers, together with sensitive and flexible management can be helpful for women at this time.
- * Working conditions should be assessed to consider the specific needs of menopausal women and ensure that the working environment will not make their symptoms worse.

Abstract

Women form a large part of many workforces throughout Europe. Many will be working throughout their menopausal years. Whilst the menopause may cause no significant problems for some, for others it is known to present considerable difficulties in both their personal and working lives. During the menopausal transition women report that fatigue and difficulties with memory and concentration can have a negative impact on their working lives. Furthermore, hot flushes can be a source of embarrassment and distress. Some consider that these symptoms can impact on their performance. Greater awareness among employers, together with sensitive and flexible management can be helpful for women at this time. Particular strategies might include: fostering a culture whereby employees feel comfortable disclosing health problems, allowing flexible working, reducing sources of work-related stress, providing easy access to cold drinking water and toilets, and reviewing workplace temperature and ventilation.

Key words: menopause, workplace, women

1. Introduction

Occupational health issues for older workers in general, and older women workers in particular, have often been ignored. Women form a large part of many workforces throughout Europe. The number of persons in employment in EU Member States rose between 2013 and 2014 by around 2.3 million, to 217.8 million in 2014 [1]. The employment rate for men was just over 70%, and for women, nearly 60%. A longer-term comparison shows that while the employment rate for men in 2014 was below its corresponding level ten years earlier, there was a marked increase in the proportion of women in employment. As with the female employment rate, there was also evidence that the employment rate of older workers (aged between 55 and 64) increased at a rapid pace.

Many women in today's workforces will be working throughout their menopausal years. Whilst the menopause may cause no significant problems for some women, for others it is known to present

considerable difficulties in both their personal and working lives [2,3]. In several studies over the past five years, women attribute sleep disturbance, fatigue, low mood, difficulty concentrating, and poor memory to their menopause [4-10]. Women report hot flushes to be a source of embarrassment and distress at work. Some consider that these symptoms can impact on their performance at work [10]. Employers should be aware that some women find that their confidence is impaired, and some may behave uncharacteristically, for example by needing to take breaks for fresh air or cold water during a hot flush, or by avoiding demanding or stressful interactions. Women have reported various ways in which employers can provide support. It is suggested that employers might assess working conditions to take into account the needs of menopausal women.

EMAS offers the following recommendations for working conditions for menopausal women. Such guidance may be helpful for women themselves, line managers and healthcare practitioners [11].

2. Recommendations

2.1 Raise awareness

Improving awareness among employers that menopause can present difficulties for some women at work can be an important first step [4]. Managers should be aware that women may change their habitual working practices to help themselves. Women report that an understanding attitude from their managers is important. Managers may need training, online information, or a leaflet about menopause that indicates the type of support women find helpful. Employers can provide training or other sources of information for all employees on the effect menopause can have on work and how they can provide support.

2.2 Allow disclosure of troublesome symptoms

Many women are uncomfortable about disclosing their menopausal symptoms to line managers and co-workers [4,5]. However, managers can only be sympathetic to these needs and make suitable work adjustments if made aware of a problem. Employees are more inclined to disclose if they regard managers as supportive and there is a culture of openness about health issues at work. When women do receive support from their managers and coworkers, it is highly valued. Employers can help by communicating to their workforce that health-related problems such as the menopause are 'normal' [12].

2.3 Review control over workplace temperature and ventilation

Hot and poorly ventilated working environments can be difficult for menopausal women. Those who experience hot flushes find that being able to control the temperature and ventilation in their working environment is helpful [4]. This may involve relocating their workspace to be near a window, be able to open a window, draw blinds, control air conditioning, having adjustable valves on radiators or having a desk fan. It may be helpful if a woman can to explain the situation to coworkers in shared working spaces.

2.4 Reduce work-related stress

Stress and anxiety can make hot flushes worse, as can formal meetings and high visibility work such as formal presentations [13]. Midlife women report more work-related stress than other groups of workers [14]. Reducing potentially stressful working conditions and relaxation may help. However the evidence is insufficient to show the effectiveness of relaxation techniques as treatment for menopausal vasomotor symptoms [15]. Sometimes menopause attracts workplace 'banter' from colleagues; women can find this embarrassing and stressful [4, 16].

2.5 Allow flexible working arrangements

Women report that having some flexibility in their working hours is helpful, particularly if their sleep patterns are disturbed [4]. For women experiencing adverse menopausal symptoms, this may only need to be a temporary change to working arrangements.

2.6 Provide access to cold drinking water

Providing access to cold drinking water is helpful for managing and reducing the intensity of hot flushes [17, 18].

2.7 Ensure access to toilets

Women find close proximity to toilets to be helpful, particularly if they have heavy menstrual bleeding during the menopausal transition, or need more frequent toilet breaks due to urinary incontinence [19, 20, 21]. The Study of Women's Health Across the Nation (SWAN) Menstrual Calendar Substudy found that menstruation lasting more than 10 days was reported by 77.7%, spotting for more than 6 days by 66.8%, and heavy bleeding lasting for more than 3 days by 34.5%. The prevalence of urinary incontinence at the time of menopause varies from 8% to 27% depending on the population studied and the definition used [18]. Both the US Nurses' Health Study and the French GAZEL cohort have found that age and menopausal status increase the risk of urinary incontinence and progression from occasional to frequent leaking is common [21,22].

3 Conclusion

Women value the provision of information about the menopause and strategies for coping with symptoms at work [4]. This can come from both formal (provided by employers and occupational health departments) or informal networks of working women who have experienced the menopause. Greater awareness among employers, together with sensitive and flexible management can be helpful for women at this time.

4 References

- 1. Eurostat (2015). http://ec.europa.eu/eurostat/statistics-explained/index.php/Employment_statistics. Accessed 1 October 2015
- 2. Geukes M, van Aalst MP, Nauta MCE, Oosterhof H. The impact of menopausal symptoms on work ability. Menopause 2012;19:278-282.
- 3. Menopause: diagnosis and management. NICE guidelines [NG23]. Published date: November 2015 https://www.nice.org.uk/guidance/ng23 Accessed 21 November 2015
- 4. Griffiths A, MacLennan SJ, Hassard J. Menopause and work: An electronic survey of employees' attitudes in the UK. Maturitas 2013; 76: 155-159.
- 5. Hammam RAM, Abbasa RA, Hunterb MS. Menopause and work the experience of middle-aged female teaching staff in an Egyptian governmental faculty of medicine. Maturitas 2012;71:294–300.
- 6. Kleinman NL, Rohrbacker NJ, Bushmakin AG, Whiteley J, Lynch WD, Shahet SN. Direct and indirect costs of women diagnosed with menopause symptoms JOEM 2013; 55: 465-70.
- 7 Kopenhager T, Guidozzi F. Working women and the menopause. Climacteric 2015; 18:372-775.

- 8. Sarrel P, Portman D, Lefebvre P, Lafeuille M_H, Grittner AM, Fortier J, et al. Incremental direct and indirect costs of untreated vasomotor symptoms. Menopause 2014; 22: 260-66.
- 9. Whiteley J, daCosta DiBonaventura M, Wagner J-S, Alvir J, Shah S. The impact of menopausal symptoms on quality of life, productivity, and economic outcomes. J Women's Health 2013; 22:983-999.
- 10. Woods NF, Mitchell ES. Symptom interference with work and relationships during the menopausal transition and early post-menopause: observations from the Seattle midlife women's health study. Menopause 2011;18:654–1.
- 11. Griffiths, A. Work and the menopause: A guide for managers. London: British Occupational Health Foundation. 2010. http://www.bohrf.org.uk/downloads/Work_and_the_Menopause-A_Guide_for_Managers.pdf Accessed 21 November 2015.
- 12. Jaspers L, Daan NM, van Dijk GM, Gazibara T, Muka T, Wen KX, Meun C, Zillikens MC, Roeters van Lennep JE, Roos-Hesselink JW, Laan E, Rees M, Laven JS, Franco OH, Kavousi M. Health in middle-aged and elderly women: A conceptual framework for healthy menopause. Maturitas. 2015;81:93-8.
- 13. Mitchell ES, Woods NF. Hot flush severity during the menopausal transition and early postmenopause: beyond hormones. Climacteric. 2015;18:536-44.
- 14. Payne S, Doyal L Older women, work and health Occup Med (Lond). 2010; 60: 172-177.
- 15. Saensak S, Vutyavanich T, Somboonporn W, Srisurapanont M. Relaxation for perimenopausal and postmenopausal symptoms. Cochrane Database Syst Rev. 2014 Jul 20;7:CD008582.
- 16. Paul J. Working through the change: health and safety and the menopause. 2003 http://www.tuc.org.uk/ Accessed 21 November 2015.
- 18. Public and Commercial Services Union. Menopause. 2015. http://www.pcs.org.uk/en/department_for_work_and_pensions_group/equality_matters/a-brief-reference-guide-to-womens-health-issues/menopause/menopause.cfm Accessed 9 November 2015
- 19. Paramsothy P, Harlow SD, Greendale GA, Gold EB, Crawford SL, Elliott MR, Lisabeth LD, Randolph JF Jr. Bleeding patterns during the menopausal transition in the multi-ethnic Study of Women's Health Across the Nation (SWAN): a prospective cohort study. BJOG. 2014;121:1564-73.
- 20. Legendre G, Ringa V, Fauconnier A, Fritel X. Menopause, hormone treatment and urinary incontinence at midlife. Maturitas. 2013;74: 26-30.
- 21. Lifford KL, Townsend MK, Curhan GC, Resnick NM, Grodstein F. The epidemiology of urinary incontinence in older women: incidence, progression, and remission. J Am Geriatr Soc. 2008;56:1191-8.

22. Legendre G, Ringa V, Panjo H, Zins M, Fritel X. Incidence and remission of urinary incontinence at midlife: a cohort study. BJOG. 2015;122:816-24.