How to talk to your healthcare practitioner about menopause



This workbook is designed to help you determine what's best for you and how to obtain the necessary help and support from your healthcare practitioner.

People of diverse gender expressions and identities experience menopause, and although we may use the terms 'women' 'female' 'her' when quoting specific research, this workbook is focused on how everyone can be supported.

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Each person's experience of menopause is different. We experience different symptoms, hold varying views or philosophies on how to manage them, and have distinct medical histories as well.

If menopausal symptoms are hindering your enjoyment of life or affecting your work performance, it's time to consider scheduling an appointment with your healthcare practitioner.

For many, the first step will be consulting their GP. Others might prefer to see a nurse practitioner or a menopause specialist. The important thing is to seek help.

However, we know that many people do not seek medical or specialist advice and continue to struggle with their symptoms. The Fawcett Society Report (2022) found that nearly half (45%) of those surveyed haven't discussed their symptoms with their General Practitioner.

This is despite respondents reporting an average of seven different symptoms, with more than four out of ten saying their symptoms were worse or much worse than anticipated.

Feedback indicates that some individuals feel they did not receive the support they hoped for or expected from their healthcare professionals.

- Only 35% of women aged 40-64 reported that their healthcare provider had ever discussed what to expect during menopause with them. This indicates a lack of communication and support regarding menopause-related issues from medical professionals. Kaiser Family Foundation (KFF)
- Official guidance says that menopause hormone therapy (MHT) should be offered to people who are struggling with menopause symptoms, but approximately 25 - 30% of healthcare providers in the U.S. offer menopause hormone therapy (MHT) as a first-line treatment for menopause symptom relief.

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.

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Here are some top tips to help:

Read the NICE guidelines. These guidelines from the National Institute for Health and Care Excellence help your healthcare provider decide what discussions to have with you and what treatments to recommend. Reading the patient guidelines can be very helpful before your GP appointment so you know what to expect.

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

Keep a record 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 MHT, a complementary approach, lifestyle changes... or a combined approach.

Ask who the best person is to speak to. When you book your appointment, ask the scheduler 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 offices offer this so it's worth checking.

Don't be afraid to ask for a second opinion if you feel you haven't received the support you need. Trust your instincts—you know how you're feeling and how it's impacting your life.

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

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Frequently asked questions:

Q. I'm worried about MHT shortages, what should I do?

A. If you are taking MHT, speak to your pharmacist well before your prescription runs out to see if your brand is in stock. Your pharmacist can also let you know about similar products that you could try instead. You may have to go back to your GP and ask them to prescribe an alternative product if your usual prescription isn't available right now. Leave yourself plenty of time, so that you don't run out.

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 MHT 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 MHT 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 scheduler, as they know who in the practice is the best person to speak to. This may not be your usual doctor.

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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 you 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 MHT. Do I have any other options?

A. MHT 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 MHT, 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 MHT.

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

A. There are many different MHT 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, gel or spray. 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."

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

A. Yes. You can start taking MHT 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 MHT.

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

A. No. The time to take MHT 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 MHT.

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://www.naimh.com.

Q. Where can I seek healthcare professional support?

A. You can find a menopause specialist in your area on The Menopause Society's register of specialists here.

"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."

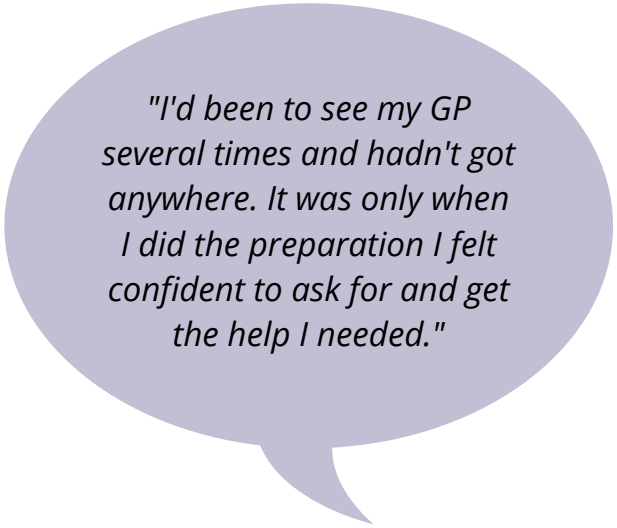
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Q. Is MHT the same as contraception?

A. No! If you aren't on MHT you may be able to 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 MHT 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 MHT you can, never just stop taking your medication.



Peppy

FAQs provided by Kathy Abernethy, Director of Medical Services at Peppy

Where to go to for further information:

The Menopause Society
Women's Health Concern
Daisy Network
MiDOViA Resources

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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? Prioritize 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?

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SYMPTOMS

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

PHYSICAL SYMPTOMS	0	1	2	3
Hot flushes/Night sweats	☐	☐	☐	☐
Sleep problems	☐	☐	☐	☐
Skin (dryness, itching or acne)	☐	☐	☐	☐
Aching joints	☐	☐	☐	☐
Weight gain or bloating	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐
Heart palpitations	☐	☐	☐	☐
Changes in periods	☐	☐	☐	☐
Breast tenderness	☐	☐	☐	☐
UTI, urinary frequency & leakage	☐	☐	☐	☐

PSYCHOLOGICAL SYMPTOMS				
Worry or anxiety	☐	☐	☐	☐
Lower self confidence	☐	☐	☐	☐
Mood swings	☐	☐	☐	☐
Memory problems	☐	☐	☐	☐
Low mood or depression	☐	☐	☐	☐
Panic attacks	☐	☐	☐	☐
Easily tearful	☐	☐	☐	☐
Decreased ability to concentrate	☐	☐	☐	☐
Brain fog	☐	☐	☐	☐
Inability to multi task	☐	☐	☐	☐

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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?

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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)?

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