

Menopause Policy

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1 Policy Statement

- 1.1 The Public Services Ombudsman for Wales (PSOW) is committed to providing an inclusive and supportive working environment for all staff. An environment and approach that evidences a commitment to raise awareness, encourage advocacy and provide information for those who are directly or indirectly affected by the menopause. Importantly, this information is relevant to those experiencing menopause, their Managers and other colleagues.
- 1.2 This isn't a policy for 40 and 50 year old women, trans men or non-binary people with a uterus; it is for the whole of the office, as it impacts the wider society. This policy sets out to explain and normalise what happens, why it happens and how we can all help each other through the process.
- 1.3 The Health and Safety at Work Act (1974) requires employers to ensure the health, safety and welfare of all workers. Under the Act, we, as an employer, are required to carry out risk assessments which should take account of any specific risks to menopausal women. We have a menopause risk assessment template that we use specifically for this purpose.
- 1.4 The Equality Act (2010) prohibits discrimination against people on the grounds of certain 'protected characteristics' which include sex, age and disability. Conditions linked to the menopause may fall within the Equality Act and require reasonable adjustments. The Public Sector Equality Duty (Wales) places a legal obligation on PSOW to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not.
- 1.5 This Policy is not contractual and does not form part of the terms and conditions of employment.

2 Five Aims of the Policy

- 2.1 There are five aims of this policy:

- 1 We support a respectful and inclusive environment in which staff can openly and comfortably have conversations about menopause.

- 2 We will support staff in a way that is appropriate to their needs. Recognising that symptoms related to menopause may occur over several years, can differ from person to person and vary in severity.
 - 3 We will raise awareness and provide training to all staff and Managers about the potential symptoms of menopause and how they can appropriately support their team members.
 - 4 We will explore options to help staff maintain a healthy work life balance and offer wellbeing support through our wellbeing provisions.
 - 5 We will ensure that any personal information you share with your Manager will be treated in the strictest confidence.
- 2.2 We recognise menopause affects a substantial proportion of our global working population and can take place at any stage in life either occurring naturally or being induced by medical intervention. In most cases, this happens between 45 and 55 years of age and symptoms can be debilitating and ongoing for years, whenever this occurs.
- 2.3 Menopause is different for everyone. We will support you, as required, whilst you navigate through these changes.
- 2.4 Appendix I explains the hormonal impact of the menopause.

3 Definitions:

3.1 There are three distinct stages:

3.2 Perimenopause

The time leading up to the end of your periods when changes start to happen, such as irregular periods or other menopausal symptoms. This can be years before menopause.

3.3 Menopause

A biological stage in life when you have not had a period for 12 consecutive months. Usually occurring between the ages of 45 and 55 The average age to reach menopause is 51. However, it can be earlier or later than this due to

surgery, illness, or following treatments such as chemotherapy or radiotherapy. This is known as Premature menopause and in such circumstances, you may not experience perimenopause.

3.4 Post-menopause

This is the time after menopause has occurred, starting when those who menstruate have not had a period for twelve consecutive months.

4 Potential Symptoms

- 4.1 Menopausal symptoms vary greatly and can be physical or psychological, It is important to be aware that not everyone going through menopause will notice every symptom, or even need help or support. However, up to 75% do experience some symptoms and 25% could be classed as severe.
- 4.2 Common symptoms can include hot flushes, night sweats, poor concentration, headaches, fatigue, panic attacks, heavy/light periods, anxiety and loss of confidence. A full list of symptoms is included in Appendix II.

5 Supporting you

For anyone experiencing menopausal symptoms

5.1 It is up to all of us

It's up to all of us to remove the stigma of menopause. It's a natural occurrence that happens to 50% of the population, and the more we talk about it, the more normal, and less embarrassing it will become. We encourage you to talk to your managers and your colleagues about how you are feeling and how they can help support you. Help people understand the troublesome symptoms for you. If you feel uncomfortable talking to your line manager, please talk to a trusted colleague, one of our Menopause Mentors or the Human Resources Business Partner, so that we can help you navigate the discussions. Appendix III provides details of treatment and support.

5.2 Risk Assessment

When you make your Manager aware that you are experiencing symptoms, a risk assessment will be completed. This may be completed by your Manager, a Menopause Mentor or the HRBP. The outcomes of the risk assessment and resulting action plan will form the basis of the Wellbeing Passport.

5.3 Wellbeing Passport

We each have a personal responsibility for our health. There are several approaches to managing menopause and it's a personal choice as to how symptoms are managed. If you are experiencing menopause, we do not want you to suffer in silence. We encourage you to use the resources suggested in this policy, seek medical advice and be open with us about the symptoms you are experiencing, especially if your symptoms are causing problems at work.

If you do feel your symptoms are causing problems at work, it is important that you raise this with your line manager or the HRBP in order that a risk assessment is completed and a Wellbeing Passport developed (an action plan). The Passport details any reasonable adjustments that have been agreed between you and your line manager as a way of coping with symptoms. The Passport is linked to you and if you transfer to another team, your new Manager is given a copy. This means that you will not be under pressure to explain what was previously agreed, as any arrangements will be detailed in your Wellbeing Passport.

5.4 Flexible working

We already have a flexible working policy and have the ability to work from home, which we hope will help. There are no core working hours and so, if you find you would like to start a little later to compensate for disturbed sleep, you should raise this with your manager.

5.5 Comfortable Clothes

We don't have a formal dress code, but when attending the office you are welcome to wear the clothes that you find most comfortable. It can often be better to wear natural fibers and looser fitting clothes.

5.6 Cameras off

Whilst we encourage and prefer staff to have their cameras on for video calls, you must feel comfortable and if you are worried about hot flushes, you do not need to have your camera on.

5.7 Cold drinking water

When working on site there will be glass bottles of ice cold water available and stored in the fridges, specifically for those experiencing menopausal symptoms

5.8 A Cool working environment

When working on site, you can ask to have a specific place to work that is more comfortable for you and we will facilitate that where we can. We can also provide you with a desk fan, both for office working and for working from home.

5.9 External Support

Staff can access the external counselling service which is a self-referral service, if they feel it would help them. In addition, an occupational health referral may be arranged where it would help with identifying specific support measures, symptom management or appropriate reasonable adjustments.

5.10 Information

There are plenty of useful resources that you can access to understand more about the menopause and how you can navigate it best for you. Appendix IV provides a list of recommended resources.

6 Supporting a colleague during the stages of menopause

6.1 We want all staff to be well informed and supportive of colleagues who may be experiencing menopausal symptoms. How we behave and speak to each

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other is important. Our Values are important to us and we are all expected to treat each other with respect and behave with kindness and sensitivity,

acceptance and understanding. We must avoid making assumptions and if a colleague shares personal information with us, this must be kept confidential, unless the colleague gives you permission to share it.

- 6.2 All staff will undertake Menopause Awareness training in order to demonstrate an understanding of menopause and the impact it can have.

7 Supporting Managers

- 7.1 Managers are expected to demonstrate understanding and be a source of basic information. We do not expect Managers to be experts but we do want staff to be able to have a supportive conversation with their Manager. We will support Managers through providing training, online information and practical day to day support with dealing with staff. It is compulsory for all Managers to undertake awareness training.

8 Menopause Mentors

- 8.1 PSOW will have Menopause Mentors in place to act as an advocate for any member of staff going through any stage of menopause. It will be for the staff member to approach the Menopause Mentor if they feel they need help and support. The role of “advocate” in this situation, is to support the staff member but also to explore and agree what might help the staff member and potentially raise this with the staff member’s line manager on their behalf (if they feel unable to do so themselves).

9 Reasonable adjustments

- 9.1 Once a staff member has declared their symptoms are affecting their work and has a Wellbeing Passport in place, it is important that we do what we can to support and provide options to reduce the impact in the workplace. Experiencing menopause could lead to being considered as having a disability, if symptoms last beyond 12 months, which is why Managers can make reasonable adjustments.

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9.2 The menopause isn't specifically mentioned in the Equality Act – but due to the nature of it, it is connected to the protected characteristics of age, gender

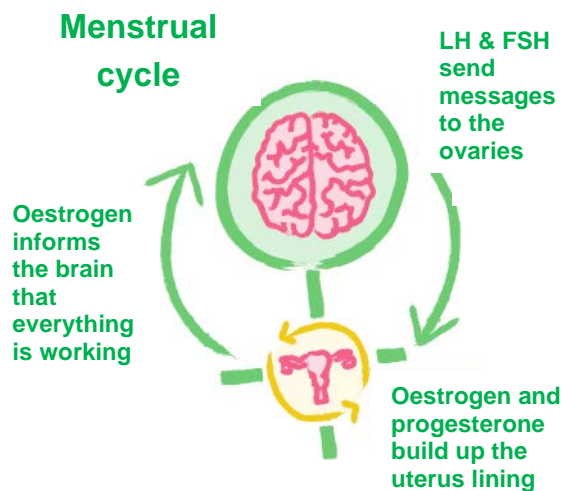
reassignment and sex as well as disability, if symptoms have had a substantial impact on an employee's health for 12 months or more.

9.3 If regular sickness absence is likely, due to menopausal symptoms and certified by a GP, it may be appropriate to consider those absences as an ongoing condition and triggers adjusted accordingly. If a staff member is off sick because of the peri-menopause or menopause, those absences should not be included as triggers for a disciplinary warning. Advice from the HRBP should be sought in these cases.

9.4 Managers should agree with the staff member how to communicate any reasonable adjustments to their colleagues, to avoid any friction or frustration arising from a lack of awareness.

The Science

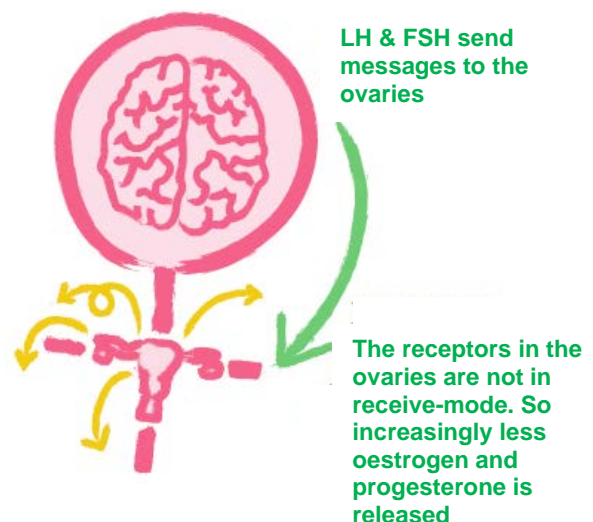
To explain the hormonal impact of the menopause, it is helpful to take a brief step back to explain periods and the menstrual cycle for context. The clue is in the word ‘cycle.’ Women circulate hormones through the bloodstream and around their body each month, sending important signals from one place to another, effectively giving ‘instructions’ to the different organs.



Hormones, often described as ‘chemical messengers’, are a key part of how everything in our body works together. And during periods, there is a crucial interaction of hormones going on. The brain releases hormones [luteinizing hormone (LH) and follicle-stimulating hormone (FSH)] to prompt the ovaries into action; receptors on the ovaries then translate the message and release the reproductive hormones [oestrogen and progesterone] to prepare the lining of the uterus for potential pregnancy. If pregnancy doesn’t transpire, the hormones stop firing, and a period takes place.




When women start to go through the menopause, the brain still sends the hormones out to the ovaries, but the receptors there do not respond. This does one of two things: the LH & FSH have nowhere to go, so fire around the body causing some physical symptom chaos; and the levels of oestrogen and progesterone dramatically decline, which has a direct impact on many things in the body. Because, as well as preparing a woman for pregnancy, these two hormones are also responsible for cognitive health, bone health, cardiovascular health, and on it goes. Put it all together, and it’s a perfect storm, wreaking havoc around the body with a dizzying potential array of diverse and unpredictable symptoms. Many people, either those going through it or menopause-supporters, simply may not realise that these symptoms are part of the menopause, so it’s good to have a broad understanding of the sort of things that may arise.






Menstrual cycle during the menopause








The Symptoms

Eight out of ten women will experience several of these symptoms, though not necessarily in one go as the symptoms of the menopause will typically change over time.






SYMPTOM	WHAT?	WHY?
<p>Mind fog and memory lapses</p> 	<p>Awkward & embarrassing word and name 'gaps', general Mindstorms and difficulty concentrating. It can feel like your brain is full of cotton wool, or as if you are driving with the brake on.</p>	<p>The lowered levels of oestrogen essentially create an imbalance in the brain chemistry, affecting how it works and how well the different parts of the brain communicate with each other.</p>
<p>Anxiety</p> 	<p>A persistent and nagging feeling of tension and nervousness, which can manifest as palpitations, dry mouth, chest pain, nausea, headaches or even panic attacks.</p>	<p>With less oestrogen going to your brain, this can reduce levels of serotonin (the 'happy hormone') and increase cortisol levels (the hormones of stress).</p>
<p>Mood swings</p> 	<p>You can experience a whole spectrum of emotions, from feeling unexpectedly tearful right through to irrational anger.</p>	<p>As with anxiety, this is driven by reduced levels of serotonin, but also increased levels of norepinephrine (also known as noradrenaline), which increases heart rates and blood pressure and can create fluctuating emotions.</p>

<p>Hot flushes</p> 	<p>Unexpected and sudden rushes of heat, often in the face, neck and chest, making your skin red and sweaty.</p>	<p>These are known as vasomotor symptoms (and one of the more commonly known effects of menopause). They are created by a sudden increase of blood flow, usually to the face, neck and chest. Normally the body is good at regulating internal temperatures, but the decrease in oestrogen levels can affect the body's ability to self-regulate.</p>
<p>Night sweats</p> 	<p>Waking up in the night to being soaked in a sheen, or even pools, of sweat.</p>	<p>Also a vasomotor symptom, lowered oestrogen levels affect the body's temperature regulation, which is exacerbated by bed covers at night.</p>
<p>Chills</p> 	<p>It might sound counterintuitive, but you can also get a surprising onset of chills and no matter what you put on, you can't seem to warm up.</p>	<p>As with hot flushes, the hypothalamus part of the brain responsible for heat regulation is affected as oestrogen levels drop and can misinform your body that it is overheating and try to compensate by shedding heat.</p>
<p>Insomnia</p> 	<p>Despite feeling tired, a persistent state of awakesness, or regularly waking up, leading to further exhaustion.</p>	<p>This can be driven by a number of factors, including the night sweats, but also general anxiety, joint pains, bladder issues, brought on by hormonal fluctuations.</p>
<p>Bladder issues</p> 	<p>Urinary infections, occasional leakage (made worse by coughing, sneezing or laughing) and needing to go to the loo more, particularly during the night.</p>	<p>The decrease in oestrogen levels can weaken the pelvic floor, affect bladder tissue and the urinary tract, making it harder to control your bladder.</p>




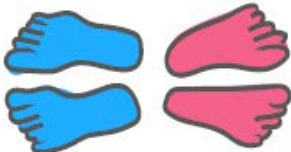
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<p>Itchy skin</p> 	<p>Many women experience itchy skin during menopause.</p>	<p>Low levels of oestrogen reduce the production of collagen and the natural oils that keep your skin moisturised. This can cause the skin to become dry and irritated.</p>
<p>Skin crawling sensation</p> 	<p>Some people can experience uncomfortable sensations that feel like there are insects crawling across their body, when there is nothing there (also called “formication”).</p>	<p>Fluctuating hormones, along with the consequent impact of thinner and drier skin can lead to this unpleasant sensation.</p>
<p>Numbness or pins & needles</p> 	<p>Occasional unpleasant sensations or numbness in hands and feet.</p>	<p>Oestrogen impacts the central nervous system and circulation. Any oscillation can create an imbalance that causes tingling or numbness, particularly in the extremities.</p>
<p>Joint or muscle pain</p> 	<p>This is called ‘menopausal arthralgia’ and can be an uncomfortable feeling of soreness, swelling and stiffness around the joints. It can often be worse in the morning.</p>	<p>Lowered oestrogen can affect cartilage (the connective tissue in joints) and the production of collagen (a fibrous protein that gives the skin strength and flexibility) which together provide a kind of scaffold for the skeleton.</p>
<p>Breast tenderness</p> 	<p>Sometimes this can be a dull throbbing, tenderness and soreness, but can also feel like sudden stabbing pains.</p>	<p>As with joint pain, this can be caused by the weakening of connective tissue supporting the breasts. As with periods, it can also be hormonal fluctuations creating the tenderness.</p>

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<p style="text-align: center; color: #E91E63;">Bloating and weight gain</p> 	<p>Many women complain of weight gain and difficulty in losing weight. There can also be a general feeling of bloating, tightness and swelling in the abdomen.</p>	<p>This can partly be down to the fact that fewer calories are needed during menopause, because calorie-consuming muscle mass is waning. So, if eating volumes are maintained, weight gain is likely. It is fluctuating hormones that cause the bloating effect.</p>
<p style="text-align: center; color: #0070C0;">Headaches and migraines</p> 	<p>This is often experienced as throbbing pains on one side of the head, as well as a sensitivity to light and noise.</p>	<p>This is an effect of oestrogen withdrawal, as the normal hormonal balance is disrupted. Other symptoms, such as anxiety, lack of sleep and hot flushes can also contribute to headaches.</p>
<p style="text-align: center; color: #E91E63;">Burning tongue</p> 	<p>Apparently experienced by up to 4 in 10 women, you can feel as if your tongue is burning, tender, tingling or numb.</p>	<p>Dwindling oestrogen levels can reduce saliva production, cause a metallic taste in the mouth, and activate pain-sensitive nerve cells at the back of the tongue.</p>
<p style="text-align: center; color: #0070C0;">Changes to taste and smell</p> 	<p>Things can taste & smell different, stronger, weaker, less or more pleasant. It's just a bit confusing.</p>	<p>As with the burning feeling, the lack of saliva can change taste sensation.</p>
<p style="text-align: center; color: #0070C0;">Hair loss</p> 	<p>Hair can become more brittle, fall out all over and be replaced by finer hair, making it look and feel thinner than previously.</p>	<p>Hair loss is normal for everyone. But oestrogen and progesterone help to keep hair in the 'growing' phase, making it grow faster and stay on the head longer. As these hormones decline, hair growth can slow, and hair loss speed up.</p>

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<p style="color: #E91E63; font-weight: bold;">Heart palpitations</p> 	<p>It can sometimes feel as if your heart is pounding or racing, almost as if you've been running. The feeling can also rise up through the neck and throat.</p>	<p>These can be an effect of other symptoms (anxiety, stress, and particularly hot flushes), but can also be the result of lower oestrogen levels.</p>
<p style="color: #4CAF50; font-weight: bold;">Period pandemonium</p> 	<p>Early or late, ridiculously heavy or almost pointlessly light, short or long. The problem is, you never know.</p>	<p>The various chemical messengers fall out of sync as the levels of oestrogen rise and fall unevenly, creating an equally unpredictable menstrual cycle.</p>
<p style="color: #2196F3; font-weight: bold;">Low confidence and self esteem</p> 	<p>If you feel you are forgetting words, feeling tired, flushed, distracted, or any one of the other symptoms, it can lead to corrosive concerns about performance and competence.</p>	<p>It is a perhaps unsurprising effect of an accumulation of symptoms over time, coupled with the imbalanced hormones failing to manage the anxiety.</p>
<p style="color: #E91E63; font-weight: bold;">Lowered libido</p> 	<p>Lots of women suffer a decline in sex drive. It's perfectly normal, but can cause distress and disappointment.</p>	<p>Oestrogen plays an important role in the female sex drive, so lowered levels will have an impact on energy levels and desire. Also, the menopause can create dryness and discomfort. Testosterone levels gradually decline with age and for some women, testosterone can help with libido.</p>

Treatment and Support

Every woman will have a different experience of menopause, but there are some helpful tips and tricks to help manage some of the symptoms. It is advisable to visit your GP or use some of the resources listed in Appendix IV, if you are struggling.

SLEEP

Try to get plenty of sleep (or at least rest time in bed).

DIET

Eat a healthy balanced diet and avoid sugary or processed foods where possible. Some people find it helpful to cut down on alcohol, as that can exacerbate some of the symptoms.

EXERCISE

Exercise can be helpful for a number of symptoms - it can reduce stress levels, increase wellbeing and even help manage some of the overheating. Even a short walk is better than nothing.

RELAXATION

This is such an important thing to make time for. Try and find a way to switch off. Go for a walk, meditate, read a magazine, do some cooking. Whatever works to help you find a good place.

YOGA

The stretching and flexibility required for yoga can help with aching muscles and can also improve strength and posture.

KEEP YOUR BRAIN ACTIVE

Think about stuff that can keep your brain going. Reading, quizzes, crosswords, puzzles. It all helps with brain stimulation.

CLOTHES & BEDSHEETS

Ideally use more natural fabrics, like cotton, bamboo and linen. Keep a towel next to your bed. Loose clothes also help to keep air flow going, keeping you cooler, and reacting less to sweat. Think about having a spare set of clothes to hand.

PRACTICAL COPING STRATEGIES -

TALK ABOUT IT

There's nothing to be embarrassed about. It's much better to 'fess up' to being menopausal, than to overtly struggle in a meeting and be traumatised about it. You'll find that people are remarkably supportive.

CREATE YOUR OWN "GLOSSARY"

When you 'lose' words or names, you invariably actually know what they are, you just can't 'find' them in your head. So, as soon as you remember one of your 'missing words', put them in a glossary at the front of your notebook. As soon as you glance at it, the relevant word jumps out, and you can successfully navigate a potentially awkward moment.

TAKE CONTROL OF THE SWEAT

Try a regular half an hour of sweat-inducing exercise in the day, and you might be less affected by night sweats.

MAKE A FOOD DIARY

There are some trigger foods that will make the physical symptoms worse and it's different for everyone. It's worth making notes of what you've eaten that's 'different' when you have a particularly bad night - and you'll collate a list of food and drinks best avoided. Every woman will have a different experience of menopause, but there are some helpful tips and tricks to help manage some of the symptoms. It's advisable to visit your GP or use some of the resources listed at the end of this document, if you are struggling.

VITAMINS & BOOSTERS

Herbal remedies can be helpful. It's worth looking out for options that have the THR mark (Traditional Herbal Registration), which means they have been through safety, efficacy and ingredient checks. However, you should always check for any potential side-effects, and understand about any pre-existing conditions or allergies that you might have which could create issues.

VITAMIN B6

is good for regulating hormone imbalances and also boosts serotonin.

ISOFLAVINS

(also known as phytoestrogens) are compounds which mimic oestrogen, and can help ease tiredness and mood swings. As well as being available in pills, you can also get them from eating beans (particularly soybeans), pulses, cereals, seeds and certain vegetables (broccoli, tomato, sweet peppers and celery).

CALCIUM, ZINC & MAGNESIUM

are good for bones and can help with the effects of menopause on bones, hair and nails.

BLACK COHOSH

is a woodland herb which can be used to combat some of the symptoms of menopause, particularly hot flushes.

SAGE

can help relieve hot flushes.

VITAMIN D.

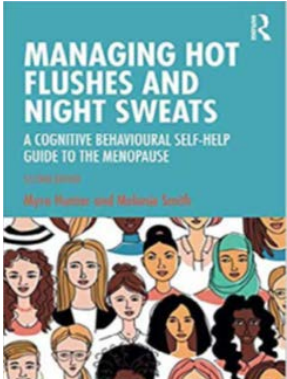
As your serotonin levels decrease during menopause, and you're unlikely to make enough back from a walk in the sunshine. The mouth sprays are best.

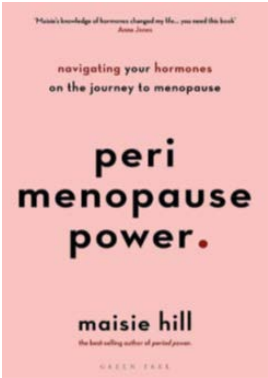
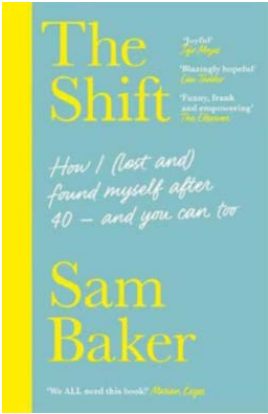
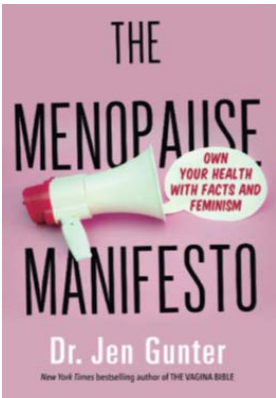
HORMONE REPLACEMENT THERAPY

Or HRT for short. This essentially replaces the depleting oestrogen levels in your body, thus combatting many of the symptoms experienced during menopause. It is also understood to have long-term benefits on female health. However, there has been much public debate about the benefits and risks of going on HRT, and this has understandably caused some anxiety about whether it is safe to take. It's important to talk to your GP, who will provide more information with evidence-based advice on what's best for you.

Other resources to support you:

- Unmind
- Peppy
- Wellbeing of Women
- NHS guidance on menopause symptoms and treatment
- NICE guidance on menopause diagnosis and management
- British Menopause Society
- Women's Health Concern
- Daisy Network
- Faculty of Occupational Medicine
- Henpicked: Menopause in the Workplace
- Menopause Café
- Talking Menopause
- The Menopause Exchange
- Menopause Matters
- Menopause Support
- Meg's Menopause
- My Menopause Centre

	<p>MANAGING HOT FLUSHES AND NIGHT SWEATS, A COGNITIVE BEHAVIOURAL SELF-HELP GUIDE TO THE MENOPAUSE MYRA HUNTER & MELANIE SMITH</p> <p>This four-week self-help guide uses CBT and provides information and strategies for managing hot flushes and night sweats, as well as stress and sleep. The guide can be as effective as eight hours of group CBT and will help women who want to try a non-medical treatment that is brief and effective without side effects.</p>
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	<p>PERI MENOPAUSE POWER: NAVIGATING YOUR HORMONES ON THE JOURNEY TO MENOPAUSE MAISIE HILL</p> <p>From the writer of 'Period Power', menstrual health expert and doula, Maisie Hill provides no-nonsense, helpful and beautifully written advice on why everything that is happening is happening, and how you can begin to navigate it.</p>
	<p>THE SHIFT - HOW I (LOST AND) FOUND MYSELF AFTER 40 - AND YOU CAN TOO SAM BAKER</p> <p>Journalist, broadcaster and author Sam Baker has created a powerful, honest and entertaining read about empowering women to create a new narrative around menopause. Through personal stories and interviews with women (famous and not famous), she confronts the patriarchy and the taboos around menopause with a refreshing frankness.</p>
	<p>THE MENOPAUSE MANIFESTO: OWN YOUR HEALTH WITH FACTS AND FEMINISM DR JEN GUNTER</p> <p>Referred to in the Guardian as 'the world's most famous – and outspoken - feminist' and a 'fierce advocate for female health', her belief is that an informed patient is an empowered one. This is a bible of everything you do (and perhaps don't) want to know about the menopause.</p>