



Early Menopause

An Advice Guide
for Usdaw Members



What is the Menopause

The menopause is when you stop having periods. It occurs when your ovaries stop producing eggs and as a result, levels of hormones called oestrogen and progesterone fall.

If your menopause occurs when you are under 45, it is known as an early menopause (it is also referred to by some, usually medical and healthcare professionals, as premature ovarian insufficiency).

Early menopause can happen naturally if a woman's ovaries stop making normal levels of certain hormones, particularly the hormone oestrogen. It can also be triggered by surgery or treatment of other conditions.



Early Menopause

For most women, the menopause starts between the ages of 45 and 55.

Early menopause happens when a woman's periods stop before the age of 45. It can happen naturally, or as a side effect of other conditions, medical interventions or treatments.

The menopause is often a difficult time in a woman's life and for women who go through their menopause at an earlier age coming to terms with it can be particularly challenging.

As well as having to deal with unexpected and difficult menopausal symptoms, younger women may also have to deal with a wide range of related and distressing difficulties at the same time. For example:

- Accessing and coping with fertility treatment.
- Recovering from cancer treatments or surgery.
- A lack of understanding and widespread ignorance about early menopause.
- A lack of recognition and disbelief from others.

What Causes Early Menopause?

About one in a hundred women under 40 go through the menopause and early menopause affects about one in a thousand women under 30.

For most women, the underlying cause is not known.

However, the menopause can be triggered by:

Cancer treatment: radiotherapy (particularly to your pelvic area) and chemotherapy can cause early menopause.

Surgery: An operation that removes your ovaries – known as an oophorectomy – can trigger early menopause.

Likewise, a hysterectomy – where your womb is removed – can also bring about early menopause, even if your ovaries have not been removed. This is because it is common for oestrogen levels to decline at an earlier age after a hysterectomy.

An autoimmune disease: where your immune system (which normally protects your body from infection) mistakenly attacks body tissues.

Genetic conditions: The most common of these is Turner syndrome, where one of the female chromosomes is missing. Genetic conditions causing early menopause are usually more common if you have family members with early menopause.

Symptoms of Early Menopause

The main symptom of early menopause is periods becoming infrequent or stopping altogether without any other reason (such as pregnancy).

Many will also experience other typical menopausal symptoms, including:

- Hot flushes.
- Night sweats.
- Vaginal dryness and discomfort during sex.
- Difficulty sleeping.
- Low mood or anxiety.
- Reduced sex drive (libido).
- Problems with memory and concentration.

Women who experience early menopause may be at increased risk of developing osteoporosis (a condition that affects bone density and can weaken the bones) and cardiovascular disease (conditions that affect the heart and blood vessels).

Younger women going through the early menopause may also experience more severe menopause symptoms.

Talk to your GP about treatments to help with symptoms if they affect your daily life.

Diagnosing Early Menopause

A GP should be able to make a diagnosis of early menopause based on your symptoms, your family history, and blood tests to check your hormone levels.

Receiving a diagnosis of early menopause can be very tough emotionally and psychologically. NICE guidelines published in 2015 recommend that women diagnosed with early menopause are referred to a specialist in menopause.

Treatments for Early Menopause

The main treatment for early menopause is either the combined contraceptive pill or HRT to make up for your missing hormones.

A GP will probably recommend you take this treatment until at least the age of natural menopause (around 51 on average), to give you some protection from osteoporosis and other conditions that can develop after the menopause.

If you have had certain types of cancer, such as certain types of breast cancer, you may not be able to have hormonal treatment.

The GP will talk to you about other treatment options.

If you're still getting symptoms, the GP can refer you to a specialist.

How Does Early Menopause Affect Fertility?

Permanent early menopause will affect your ability to conceive children.

It is not uncommon to experience sadness or depression over the early loss of fertility and/or the change in your body. Talk to your GP if you have symptoms of depression, including less energy or a lack of interest in things you once enjoyed that lasts longer than a few weeks. Your GP can recommend specialists who can help you deal with your feelings.

Your GP can refer you to a fertility specialist to discuss your options, such as adoption or donor egg programs, if you want to have children.

The Workplace

There are a range of workplace factors that can make managing symptoms of menopause more difficult for Usdaw members. These include:

- The temperature and ventilation of the workplace.
- The material and the fit of the staff uniform, if there is one, and whether it might make staff going through the menopause feel too hot or cause discomfort.
- Whether there's somewhere suitable for staff to rest if needed, for example a quiet room.
- Fluctuating working hours including working early morning or late night shifts.
- Rigid performance related targets.
- Whether toilet facilities are easily accessible.
- Whether cold drinking water is available.
- The attitude of managers to women working through the menopause.
- Heavy lifting, manual handling and standing for long periods of time.
- Working in a customer facing role.

Younger women going through an early menopause will struggle with many of the same symptoms and experience similar problems at work as older women, however they may also have separate and distinct concerns and anxieties including:



- **Delayed diagnosis**

It can take a long time for a diagnosis of early menopause to be made. Many people, including health professionals, may attribute having irregular periods to other things such as stress, weight changes or other gynaecological conditions such as polycystic ovarian syndrome, without investigating whether early menopause might be responsible.

This can result in younger women struggling with menopausal symptoms that are not diagnosed. This can make it even more difficult to get the right support at work.

If you are struggling at work for any reason, even if you don't know what might be causing your symptoms, then you have the right to be supported. Speak to your Usdaw rep.

- **Coping with and/or recovering from other treatments**

Younger women may also be coping with other conditions and symptoms, such as recovering from cancer or surgery, as well as having to deal with the sudden onset of potentially disabling menopausal symptoms. It is important that employers understand this and offer younger women the support and adjustments they need to return to work or remain in work where they feel able to do so.

- **Being met with disbelief**

Going through an early menopause can be a sad, confusing and isolating time for younger women. Younger women say that widespread

ignorance of the early menopause means that they are more likely to be disbelieved by others.

Your Usdaw rep can help you get the right support at work but you might also want to speak to other, expert organisations about support outside of work. There are several support groups listed at the end of this leaflet.

- **Time off work to receive or recover from fertility treatment**

Younger women may need additional flexibility, support and time off to receive and recover from fertility treatments. Many fertility treatments can cause symptoms similar to those caused by the menopause, or they might aggravate menopausal symptoms such as fatigue, night sweats, anxiety and depression.

Many employers with whom the Union has national agreements have workplace policies or guidance on the menopause that offer women additional support and flexibility at work, including the right for time off relating to the menopause to be counted separately from other sickness absence and disregarded when it comes to making employment decisions.

Your employer may also have a policy on supporting colleagues undergoing fertility treatment, including offering paid time off to attend appointments.

Check your staff handbook, your Company online staff 'portal' or speak to your Usdaw rep to find out whether your employer has a workplace policy or guide on the menopause.

Support Organisations

The Daisy Network

A support group for women with premature ovarian failure.

web: www.daisynetwork.org

healthtalk.org

Provides information about early menopause, including women talking about their own experiences.

web: <https://healthtalk.org/menopause/early-premature-menopause>

Fertility Friends

A support network for people with fertility problems.

web: www.fertilityfriends.co.uk

Human Fertilisation and Embryology Authority (HFEA)

Provides information on all types of fertility treatment.

web: www.hfea.gov.uk

Adoption UK

A charity for people who are adopting children.

web: www.adoptionuk.org

Surrogacy UK

A charity that supports both surrogates and parents through the process.

web: <https://surrogacyuk.org>



More Information

Usdaw Nationwide

Wherever you work, an Usdaw rep or official (Area Organiser) is not far away. For further information or assistance, contact your Usdaw rep or local Usdaw office. Alternatively, you can phone our Freephone Helpline **0800 030 80 30** to connect you to your regional office or visit our website: **www.usdaw.org.uk**

You can also write to the Union's Head Office. Just write **FREEPOST USDAW** on the envelope and put it in the post.

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