TIME FOR CHANGE: Improving the menopausal experience in the workplace for UK doctors

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Objectives: NHS doctors are currently not well supported in the workplace during their menopause. A recent BMA survey revealed that very few doctors felt comfortable discussing their symptoms with their managers and many feel unable to make changes to their working lives to accommodate their menopausal symptoms. An improved menopausal experience in the workplace has been associated with increased job satisfaction, increased economic participation and reduced absenteeism. However, there is a lack of research exploring the experiences of menopausal doctors. Existing literature is composed of mostly single-sector studies and no study has considered the perspective of non-menopausal colleagues. This qualitative study aimed to explore the barriers and facilitators of an improved menopausal experience for doctors in the workplace.

Methods: We conducted a cross-sectional qualitative study using semi-structured interviews of both menopausal (n=21) and non-menopausal (n=20) doctors. Participants were recruited using purposive sampling. Interview questions were designed to capture the menopausal workplace experiences of both cohorts. Interviews were transcribed and then thematically analyzed using the Gioia method.

Results: Our qualitative study identified a total of 8 barriers to an improved menopausal experience: taboo, the negative symptomatic effects of menopause, a lack of discussion, a lack of knowledge, a superhero mentality, unhelpful gender dynamics, the archaic culture of the NHS and a lack of support from both colleagues and the organisation. We also identified a total of 5 facilitators: Accommodating working conditions, knowledge, a supportive organisational environment, non-occupational support streams and open discussion.

Conclusions: This study highlights that many barriers and facilitators to an improved menopausal experience for working doctors are comparable to other work sectors, however novel themes specific to the NHS were elicited, including the superhero mentality where doctors felt they needed to just 'get on' with work and ignore their menopausal struggles and the archaic culture of the NHS whereby traditional organisational structures negatively impacted menopausal individuals. All of the themes identified must be addressed to successfully improve the menopausal experience for working doctors, and they highlight the necessity for further research in the field of menopause in working doctors.

Long Covid and menopause - the important role of hormones in Long Covid must be considered

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Introduction: Long Covid describes the condition of not recovering for many weeks or months following acute COVID-19 infection. Many of the symptoms - brain fog, fatigue, reduced stamina, headaches, dizziness, poor sleep, reduced concentration and muscle pains - are similar to perimenopausal and menopausal symptoms.

A recent study has found that the mean age of people with Long Covid was 46.5 years with 82.8% females. 36% of women reported disturbances to their menstrual cycles.

Methods: An online survey was created and the link was shared through various social media groups. Questions included asking about duration of symptoms, changes to their periods, if their symptoms changed with their menstrual cycle and if these women were asked about their hormones.

Results: A total of 460 women responded. 48% of women had been experiencing symptoms for more than 6 months. 50% of women reported that their periods had stopped or changed since their infection and 80% stated that their periods had not returned to how they were before their Covid infection.

Interestingly, 62% of responders reported that their symptoms of Long Covid were worse on the days before their periods which is when hormone levels are usually at their lowest. The vast majority of women, 70%, had thought that some of their Long Covid symptoms could be a result of either their perimenopause or menopause. However, 84% of women had never been asked by a healthcare professional about whether or not they could be perimenopausal or menopausal. They were given no advise about treatment of their perimenopause or menopause.

Conclusion: The symptoms of Long Covid may partly be due to the disturbance of physiological ovarian steroid hormone production and/or an altered chronic inflammatory response due to sex-based immunomodulation. Also, many perimenopausal and menopausal women may be misdiagnosed with Long Covid.

This study has also highlighted the importance of women with Long Covid being asked about possible perimenopause or menopause, given adequate information and then managed appropriately with HRT. This study emphasises the need for more healthcare professionals working in Long Covid clinics to be asking women about potential perimenopause or menopause either contributing or causing their patients' symptoms.

Cognitive remediation for women during the menopausal transition: a pilot study

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The menopausal transition is associated with physical and emotional symptoms as well as subjective perceptions of cognitive difficulty that is generally not borne out on objective cognitive measures. This discrepancy suggests that a psychological rather than biological mechanism likely mediates the cognitive concerns of women in menopause. The current study assessed the feasibility of a cognitive remediation intervention (consisting of psychoeducation, cognitive compensatory strategies, and lifestyle modification) with the goal of reducing subjective perceptions of cognitive difficulty during the menopause. Participants (N=27, M age=53.74, SD=4.14) completed a five-week group-based intervention (with a one-month post-group booster) consisting of 2-hour weekly sessions. Participants completed pre- and post-intervention measures capturing subjective cognitive ability, mood, anxiety, stress, personality, and a comprehensive battery of objective cognitive tests. The primary variable of interest was self-reported cognitive confidence measured by the Memory and Cognitive Confidence Scale (MACCS). All but one MACCS subscale decreased over the course of treatment (with lower scores associated with higher confidence) and effect sizes ranged from small to large (d=-.39 to -.91) with gains maintained at one-month follow-up. Interestingly, no change in objective cognitive test performance was observed, indicating increases in subjective cognitive confidence in the absence of objective cognitive improvement. There was