

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Menopause (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No.

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- Age

Women who start their menopause earlier may be disadvantaged because of low awareness of the prevalence of menopause in this population. It has been estimated that 3-8% of women have early menopause (menopause starting between 40-44 years) and around 1% have premature ovarian insufficiency (menopause starting under 40 years).

- Disability

For some women with cognitive or physical disabilities, troublesome symptoms of menopause might be missed or misinterpreted. This was also highlighted by stakeholders at a scoping workshop.

Women with disabilities (physical and cognitive) generally have more difficulties accessing services and may need support.

Menopause clinics are increasingly offered remotely/virtually which can have an impact on accessibility for some women with for example hearing impairment. This was also highlighted by a stakeholder at a scoping workshop.

- Gender reassignment

Most trans men or non-binary people who start their transition at pre-menopausal age will never go through menopause, however, trans men who have not taken testosterone will go through menopause. Trans men and non-binary people may be disadvantaged in relation to access to services. Specific support or information may be needed for trans men and non-binary people experiencing menopause. This was also highlighted by a stakeholder at a scoping workshop.

- Pregnancy and maternity

None identified.

- Race

Women from different ethnic backgrounds may experience different menopausal symptoms and some may be disadvantaged if healthcare professionals do not link their symptoms with menopause.

Research has shown that Black and minority ethnic women can experience that their concerns are not taken seriously, understood or listened to by healthcare professionals, which may include concerns related to menopause. The 2021 'Women's Health – Let's talk about it' survey by the Department of Health and Social Care also reports that reliance on GPs and NHS to get health information tends to be much lower in Black women compared to women from other ethnicities.

Trials related to menopause might not be representative of different ethnic groups.

Average age of menopause tends to be lower in women of south Asian origin.

- Religion or belief

None identified.

- Sex

None identified.

- Sexual orientation

None identified.

- Socio-economic factors

Average age of menopause tends to be lower in women from disadvantaged backgrounds. Surgical menopause is more common in women from disadvantaged backgrounds. Awareness about menopause and access to treatment may be poorer in women from disadvantaged backgrounds.

Access to specialist menopause services may vary across the country. This was also highlighted by several stakeholders at a scoping workshop.

Menopause clinics are increasingly offered remotely/virtually which can have an impact on accessibility for some women without easy access to internet or phone. This was also highlighted by a stakeholder at a scoping workshop.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

For groups where equality issues have been identified (box 1.2) the committee will consider whether data should be analysed separately and whether separate recommendations are required on a case-by-case basis to promote equality.

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