NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Menopause (update)

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

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
Age • Early menopause (menopause starting between 40-44): This was addressed with one review question and little evidence was identified which limited what the committee could comment on. It is acknowledged that the diagnosis of early menopause and its consequences could cause distress and that psychological support including, if needed, referral to specialist psychological services. Due to the limited evidence a research recommendation was also made. With only one question addressing this topic the committee discussed that there are other issues affecting people experiencing early menopause, so the topic has also been highlighted to surveillance. • Premature ovarian insufficiency (menopause starting under 40 years): this is covered in the guideline's 2015 version of the guideline but was not updated. **Disability** • For some women with cognitive or physical disabilities, troublesome symptoms of menopause might be missed or misinterpreted: It was difficult to address this specific point because identification and management (apart from genitourinary symptoms) was not in the scope of this update. However, the guideline already refers to the NICE's guideline on patient experience in adult NHS services and a reference to the NICE guideline on shared decision making was added. These guidelines include recommendations related to communication and support (for example by family members) to enable people with cognitive disabilities to talk about their symptoms and make shared decisions. We have also refreshed a 2015 recommendation to 'Share information on menopause and its management

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using appropriate written or other formats, and discuss potential issues taking account of the needs and wishes of the individual person.' This puts greater emphasis on discussing issues such as needs arising from a disability so that they can be addressed.

- Access to services and virtual clinics: The committee did not specifically comment on this because service organisation was not part of the scope of the guideline update. However, the committee acknowledged that the treatments themselves need to be practical for people (including people with disabilities). So, in the management of genitourinary symptoms the committee recommended an oral treatment if locally applied treatments are impractical, for example, due to disability. This would enable a person with disability, unable to apply local treatment to manage their symptoms.

- Neurodevelopmental conditions: The guideline refers to the NICE's guideline on patient experience in adult NHS services and makes reference to the NICE guideline on shared decision making. These guidelines include recommendations related to communication and support (for example by family members) to enable people with neurodevelopmental conditions to talk about their symptoms and make shared decisions. We have also refreshed a 2015 recommendation to 'Share information on menopause and its management using appropriate written or other formats, and discuss potential issues taking account of the needs and wishes of the individual person.' This puts greater emphasis on discussing issues needs which would include specific needs of neurodivergent people.

Gender reassignment

This guideline covers people who may be going through the menopause transition now or in future. This includes women, trans men, and non-binary people registered female at birth. It does not cover people who are currently taking cross-sex hormones as gender-affirming therapy. This is because this therapy could lead to signs and symptoms associated with menopause even if they are not going through menopause, or it could suppress/hide signs and symptoms of menopause. The guideline does cover people who have taken such treatment in the past and are no longer taking it.

When updating this guideline, we did not identify any evidence about trans people or non-binary people registered female at birth. To ensure that everyone who may be potentially affected by menopause is treated equally, we considered how and where the evidence could safely be used to write inclusive recommendations. As a result, the guideline uses inclusive language (for example, women, trans men, and non-

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binary people).

We recognise that gender-inclusive language is evolving to become more inclusive, respectful and affirming of all individuals, as society becomes more accepting of gender diversity.

The guideline made 2 specific recommendations related to trans and non-binary people registered female at birth who have taken gender affirming therapy in the past. There was no evidence related to this group which means that there is uncertainty around the best strategies for menopause symptoms in these groups. So the committee recommended that it should be ensured that trans-men or non-binary people registered female at birth who have taken gender affirming hormone therapy in the past and have troublesome menopause symptoms can discuss these with a healthcare professional with expertise in menopause. This would promote equality of access to such services.

They also made a separate recommendation related to CBT for trans-men and non-binary people registered female at birth. Whilst this was already recommended for all people covered in the guideline, they recognised the necessity for an equitable approach to ensure access to CBT services for managing menopause symptoms (specifically vasomotor, difficulties with sleep and depressive symptoms associated with the menopause). This distinct recommendation underscores the committee's commitment to promoting equality in access to CBT services for managing menopausal symptoms within this particular group, acknowledging their unique experiences and needs. By delineating this separate recommendation, the committee aims to enhance inclusivity and ensure that individuals within this demographic receive targeted support, aligning with the principle of providing equitable healthcare tailored to diverse gender identities.

Given the general gap in evidence related to trans-men and non-binary people registered female at birth who have taken gender affirming hormone therapy in the past, the committee also made a research recommendation to address this evidence gap.

Religion or belief

There may be variation in the approaches and attitudes toward the menopause that may impact disclosure of symptoms as highlighted during scoping. The guideline supports a person-centred approach highlighting individual needs and wishes. The committee agreed that the cross-references to the NICE's guideline on patient experience in adult NHS services and to the NICE guideline on shared decision

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making additionally support this. Both promote an individualised approach to people of all backgrounds. **Race** • Women from different ethnic backgrounds may experience different menopausal symptoms and their symptoms may not be recognised as being related to the menopause: Identification of symptoms was not part of this current update. Therefore the committee did not specifically comment on this. However, they agreed that the physiological changes in the menopause would lead to some core symptoms (such as vasomotor symptoms) regardless of race. This means that recommendations in the current guideline apply to people from different ethnic family backgrounds. • Black and minority ethnic women can experience that their concerns are not taken seriously, understood or listened to by healthcare professionals: The guideline supports a person-centred approach highlighting individual needs and wishes. The committee agreed that the cross-references to the NICE's guideline on patient experience in adult NHS services and to the NICE guideline on shared decision making additionally support this. Both promote an individualised approach to people of all backgrounds. • Trials related to menopause might not be representative of different ethnic groups: The committee noted that there was some evidence specifically related to ethnicity in the context of stroke and highlighted that the risk associated with HRT in relation to stroke may be higher in black people. They agreed that it was important that people are made aware of this. The committee also made a specific research recommendation related people from different ethnic backgrounds because they recognised that research in this area was sparse. • Average age of menopause tends to be lower in women of South Asian origin: The committee made a recommendation to raise awareness that the average age of menopause may vary by ethnic background which may lead to earlier identification. This may help identify menopause earlier in women from South Asian background. **Sex** The needs of intersex people were not specifically highlighted in the guideline because intersex conditions can vary widely, and not all intersex individuals may experience the menopause in the typical sense. No evidence was identified and the committee decided that this was a very specialised area with many complexities.

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They noted that intersex people would already be under specialist care and specialists would likely be able to advise an intersex person who may experience troublesome menopause symptoms. They therefore did not comment on this nor did they make a research recommendation because it is likely to be unfeasible to be carried out. **Sexual orientation** There was no evidence identified that specifically related to sexual orientation. The guideline supports a person-centred approach highlighting individual needs and wishes. The committee agreed that the cross-references to the NICE's guideline on patient experience in adult NHS services and to the NICE guideline on shared decision making will also promote an individualised approach to people of all sexual orientations. **Socioeconomic factors** • Lower average age of menopause in women from disadvantaged backgrounds: The identification of menopause was not specifically covered in the update so the committee did not specifically review this topic and were not confident about making a specific recommendation related to this. However, they reviewed the section related to identification and felt that it applied to all age groups and people from all socioeconomic backgrounds. • Surgical menopause more common in women from disadvantaged backgrounds: The committee looked for evidence related to this but did not identify any specific evidence. However, they were aware that a guideline on familial ovarian cancer is in development which will cover the use of HRT post risk-reducing surgery. • Access may vary across the country: NICE guidelines aim to improve access because they are meant to be implemented in England and Wales regardless of geographical location. However, the committee acknowledged that resources are stretched and this may lead to geographical inequalities. The committee hoped that this would level up over time. • Remote / virtual clinics: Since the pandemic an increasing number of people have made use of such clinics from all backgrounds. The committee thought it was unclear whether virtual / remote clinical would only have negative impact on people. As access to internet improves across the country it may have a positive impact in areas where services are spread out over a large geographical area. Given the uncertainty about the balance of benefits and risks to access of remote

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/ virtual clinics the committee decided not to comment on it. • People without a fixed address or who are in closed institutions (such as prisons or residential care facilities) as well as people who experience domestic abuse, are carers or lone parents: Service delivery was not part of this guideline update and no evidence was identified that particularly addressed these groups. The committee also agreed that this is not an area that is specifically related to menopause. Without a specific review question related to services they decided that they were unable to comment on this. **Other considerations** • Intersectionality: The update of this guideline did not contain a question about people's experience of the menopause and the barriers and facilitator to access to services. For the topics that were updated no evidence was identified for people who may experience several marginalised identities. Given the lack of evidence and the lack of a relevant review question, the committee decided that they were not able to comment on this. **Research recommendations** In the detailed descriptions of the research recommendations, it is highlighted that research in equality groups are particularly encouraged. That means research in any of the groups highlighted above.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
Language and communication difficulties The committee agreed that the cross-references to the NICE's guideline on patient experience in adult NHS services and to the NICE guideline on shared decision making cover language and communication problems (such as the need for interpreters and use of communication aids where necessary). However, the committee highlighted in one of the recommendations that information should be shared using appropriate written or other formats taking account of the needs of the

individual. A variation in available formats will support people with specific language or communication needs.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
Considerations have been described in rationale sections of the guideline as well as in the relevant evidence reviews (mainly in the 'committee's discussion and interpretation of the evidence' sections as well as in Appendix K where details of research recommendations are described, where applicable.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
The committee agreed that the recommendations aim to improve access.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
The committee agreed that their recommendations would not have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?
No barriers were identified in box 3.4

Completed by Developer: Katharina Dworzynski

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