

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.

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

- Age

A stakeholder raised the importance of recognising that younger women (women in their 30s and early 40s) may be perimenopausal which might not be recognised by some clinicians.

- Disability

A stakeholder commented that consideration should be given to people with neurodevelopmental conditions associated with 'neurodivergence' (e.g. ADHD, autism spectrum conditions). The stakeholder noted that for these people the optimal state of health may look different to that of a neurotypical person and that neurodevelopmental conditions affect healthcare interactions, communication and health outcomes and their experience of menopause. They also noted that neurodivergent adults experience greater morbidity and mortality overall compared to neurotypical adults, including severe mental ill health and suicidality which could be increased due to menopause, they stated.

The same stakeholder also raised that being neurodivergent affects response to CBT and that professionals should adapt their therapeutic delivery to achieve optimal outcomes. They also stated that being neurodivergent affects the person's response to pharmacological treatment although it is not known how this impacts pharmacological treatments specifically for menopause, or how these should be managed in addition to other medications taken by neurodivergent people.

- Gender reassignment

A stakeholder noted that inclusion of trans-masculine people is important. The same stakeholder also raised that issues related to trans men and non-binary people are more complex than was stated in the Equality Impact Assessment 1. They raised

that there should be better understanding about the complexities of hormones when a person is both trans or non-binary and experiencing menopause and there should be clear pathways between gender services and menopause services. For example, they noted that taking testosterone may largely prevent menopause but the person may still experience genitourinary symptoms of menopause and could benefit from vaginal oestrogen. They also advocated for greater understanding of gender dysphoria and in general raised that clinics should “make their offerings (wording, graphics) more gender neutral, and/or more inclusive of all patients, in recognition of the fact that menopause happens to people”. They also raised that staff should be educated about respecting people’s changed names and pronouns, which according to the stakeholder, people report poor experiences with.

- Religion or belief

A stakeholder raised that not all religious and cultural groups have the same approach or attitude toward the menopause and this may impact the people’s willingness and ease of disclosure of troublesome symptoms.

- Sex

A stakeholder raised that there should be a recognition of the needs of intersex people.

- Sexual orientation

A stakeholder raised that some studies have reported on the different experiences that heterosexual and lesbian women may have of menopause as well as the heteronormative nature of sexuality in menopause. They referred to anecdotal evidence from people reporting that their sexuality has been ignored or dismissed as 'hetero-lite' by health professionals in general and this may well be the case for menopause care as well. The same stakeholder raised that assumptions about people's sexual preferences and sexual orientation can cause frustration, it should not be assumed that all people in menopause have a male partner or have penis-to-vagina sexual intercourse.

- Socio-economic factors

A stakeholder raised that consideration should be given to vulnerable groups who are known to have barriers accessing primary care, such as those 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.

- Other considerations

A stakeholder raised that it is important to consider intersectionality, that an individual may experience several marginalised identities (e.g. in relation to ethnicity, gender identity and disability). They noted that this can influence menopausal symptoms and the understanding and experience of menopause.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

The scoping group agreed to clarify in the scope that management of menopause-like symptoms in trans and non-binary people who are taking cross-sex hormones for treatment of gender dysphoria, including those who are medically transitioning, will not be covered in this guideline. But trans and non-binary people with menopause are covered.

Otherwise, the issues raised by stakeholders have not led to changes in the scope but the committee will consider them during the development of the evidence review protocols (for example consideration for subgroup analyses) and when drafting recommendations or research recommendations. These issues will also be considered when making potential editorial changes to the existing recommendations being retained.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

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, the changes made to the scope had not led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need.

Updated by Developer : Maija Kallioinen (Guideline Lead)

Date: 24 May 2022

Approved by NICE quality assurance lead: Kay Nolan

Date: 24 May 2022