

1 Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guideline development. For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - if a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

Equality issues have been noted in women from lower socio-economic groups. There is evidence that premature ovarian insufficiency (POI) is more prevalent in this group. Also, these women may not have the same access to care that women in higher socio-economic groups might have.

There are also some ethnic groups that may have different cultural values and views on the menopause. Theoretically these women would have less access to appropriate care for immediate treatment of their menopausal symptoms and long-term sequelae of the menopause. Women from these groups will be prioritised specifically for the provision of information on the menopause and its long term implications, including the impact of potential treatments.

There are also reports that certain ethnic subgroups would experience menopause earlier and are also more likely to have menopause induced due to increased hysterectomy rates. Finally, there are sub-groups of women who would experience different rates of chronic conditions attributed to the menopausal because of alternative factors. For example South East Asian women, living in the UK, are suspected to have higher rates of vitamin D deficiency, which would have implications on rates of osteoporosis.

Women who have a high risk of breast cancer are contraindicated for hormonal replacement therapy (HRT). These women will form a sub-group analysis of non-hormonal interventions.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings), are these justified?

- Are the reasons legitimate? (that is, they do not discriminate against a particular group)
- Is the exclusion proportionate?

We are not excluding populations based on equality or equity considerations. We expect that the guideline will improve information provision for all women and will remove barriers related to access to care for all women.

Women under the age of 18 years have now been included in the scope of the guideline. Although such a population would have a small incidence of premature ovarian insufficiency (POI), it would be the result of an underlying cause (for example Turner's syndrome) The treatment of that primary condition would be multifaceted and under the supervision of a paediatric endocrinologist. HRT is only part of the management strategy in these cases. Therefore, these women will only be included for the treatment of POI related symptoms, the cause of the POI will not be reviewed.

Transgender people have been excluded from the scope. Although these people will have undertaken long-term hormonal therapy, it was deemed that the use of such interventions and difference in the physiology and presentation of menopausal symptoms will differ to the extent that the recommendation in the guideline would not be applicable.

Men have been excluded as they do not present with menopausal symptoms

because of oestrogen depletion.

3. Have relevant stakeholders been consulted?

- Have all relevant stakeholders, including those with an interest in equality issues been consulted?
- Have comments highlighting potential for discrimination or advancing equality been considered?

Stakeholder groups have been consulted at a stakeholder workshop and through a formal consultation process. Stakeholders agreed with the equality observations made within the scope, a request to increase the profile of the disparity of treatment that is believed to present in current clinical practice was made and this has been incorporated in the final draft document.

Signed:

NCC Director

Date:

GDG Chair

Date:

Approved and signed off:

CCP Lead

Date: