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 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.

Completed by Developer: Maija Kallioinen

Date: 01 February 2022

Approved by NICE quality assurance lead: Kay Nolan

Date: 04 February 2022

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

Date: 24 May 2022

Approved by NICE quality assurance lead: Kay Nolan

Date: 24 May 2022

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 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

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

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-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

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
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 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

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
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. 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

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
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 / 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.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
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

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
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

Date: 30 October 2023

Approved by NICE quality assurance lead: Nick O’Callaghan-Staples

Date: 11 November 2023

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Age

Early menopause (menopause starting between 40-44):

- Potential equality issue raised during the consultation: Stakeholders expressed concerns that the recommendations in the consultation version of the 2024 guideline update might adversely affect the health of individuals experiencing early menopause. Specifically, they noted that early menopause has significant negative health consequences and argued that routine hormone replacement therapy (HRT) should be provided to address these consequences, rather than only using HRT for symptom control. Stakeholders also criticised the guideline's focus on a single piece of evidence linking HRT to an increased risk of breast cancer, arguing that presenting this information without context could deter both people experiencing early menopause and healthcare professionals from considering HRT, potentially compromising their care.
- How the committee addressed this: The committee reviewed the feedback and acknowledged that the mention of an increased risk of breast cancer associated with HRT, without context, could discourage its use and negatively impact those with early menopause. As a result, they decided to remove the reference to breast cancer from the recommendation. They also noted the limited evidence base and prioritised this topic for a research recommendation. Additionally, they logged issues related to the prevalence, consequences, and management of early menopause, including in diverse populations (see below), for consideration in future updates with the NICE surveillance team.

Early menopause (menopause starting between 40-44) – groups that may experience menopause at an earlier age:

- Potential equality issue raised during the consultation: The committee initially made a consensus recommendation that acknowledged some ethnic minority groups might experience menopause at a younger age. During the consultation, stakeholders highlighted that certain medical conditions, such as Down's syndrome, epilepsy, and conditions related to learning disabilities, could also lead to an earlier onset of menopause.
- How the committee addressed this: The initial recommendation was based on the committee's background knowledge, as detailed in the Equality Impact Assessment form (EIA see section 1), rather than on a systematic literature review. After considering stakeholder input and the references provided, the committee decided to expand the recommendation. They included a note stating that "people with some lifelong medical conditions" might also experience menopause earlier. Although they could not specify the conditions due to the lack of a systematic evidence review, the committee believed that increasing

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

awareness could encourage healthcare professionals to consider potentially relevant medical conditions when discussing menopause with people.

Disability

Experience of menopause and related management options:

- Potential equality issue raised during the consultation: During the consultation, stakeholders highlighted that individuals with disabilities may experience menopause symptoms, services, and management differently. Specific concerns were raised about individuals with learning disabilities potentially being unaware of menopause and its symptoms. Neurodivergent individuals, including those with ADHD or autism, may interpret or experience symptoms differently due to their unique ways of processing information. Additionally, it was noted that these groups may require adjustments if Cognitive Behavioural Therapy (CBT) is considered as a treatment option.
- How the committee addressed this: The committee agree that people need to be heard and being treated with dignity and respect. While specific recommendations regarding menopause experiences and the associated information and support needs were beyond the scope of the 2024 guideline update, the committee modified the recommendation on CBT. They included a directive for healthcare professionals to explain what CBT entails, including menopause-specific CBT, and to consider patients' preferences and needs. The committee also referenced existing NICE guideline on patient experience in adult NHS services as well as in the NICE guideline on shared decision-making (they are cross referred to in recommendations 1.1.1 and 1.1.2) which cover the importance of treating people as individuals. The committee also acknowledged that every healthcare professional is required to make reasonable adjustments in line with the Equality Act 2010 and this does not have to be repeated in every guideline.

Menopause – interactions with medication:

- Potential equality issue raised during the consultation: A stakeholder highlighted that anticonvulsive medication for epilepsy could potentially lead to early menopause.
- How the committee addressed this: Identification of early menopause including potential impact of medications was outside the scope of the 2024 guideline and the committee could therefore not comment on this.

Menopause itself being a disability:

- Potential equality issue raised during the consultation: Several stakeholders expressed concerns that the wide range of menopausal symptoms significantly affected their lives, including their ability to work. Some indicated that the impact of these symptoms might be severe enough to contribute to a higher suicide rate

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
in this age group, which they attributed to menopause. • How the committee addressed this: The committee acknowledged the seriousness of distressing menopausal symptoms, but also noted that this was not within the scope of the 2024 guideline update. The issue of symptom impact has been noted and referred to the NICE surveillance team for further consideration. **Gender reassignment** <u>Inclusive language</u> • Potential equality issue raised during the consultation: The consultation received approximately an equal number of positive and negative comments regarding the inclusive language used in the guideline. • How the committee addressed this: The committee emphasised the importance of using inclusive language in healthcare to ensure safety, equity, respect, and effective communication. The guideline uses the phrase "women, trans men, and non-binary people registered female at birth" to clearly indicate that it does not cover trans women, who do not experience menopause. **Race** <u>People from some minority ethnic backgrounds experiencing menopause at a younger age</u> • Potential equality issue raised during the consultation: Stakeholders acknowledged that individuals from certain ethnic minority backgrounds tend to experience menopause at a younger age and supported the inclusion of this information in the guidelines. • How the committee addressed this: The committee extended the recommendation to also include people with some lifelong medical conditions (see above) who they thought, based on stakeholder comments, could also experience menopause at a younger age. <u>People from some minority ethnic backgrounds experience of symptoms, for example different levels of severity</u> • Potential equality issue raised during the consultation: It was also noted by some stakeholders that the general experience of menopause including symptom severity varies in people between different ethnic backgrounds. They raised concerns that healthcare professionals are not aware of such differences which may impact access to relevant management options. • How the committee addressed this: The committee acknowledged that this was not within the scope of the 2024 guideline update. The issue of symptoms and their impact has been noted and referred to the NICE surveillance team for

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
consideration for future guideline updates. Lower take up of HRT and access to services by people from some minority ethnic backgrounds • Potential equality issue raised during the consultation: Some stakeholders noted that there is a lower uptake of Hormone Replacement Therapy (HRT) and other management options among people from minority ethnic backgrounds. • How the committee addressed this: While the committee recognised this as a potential equality issue, it was not within the scope of the 2024 guideline update to address it directly. However, the concern has been flagged to the NICE medicines optimisation and NICE implementation teams. **Religion or belief** Cultural difference in reporting symptoms of the menopause, particularly genitourinary symptoms • Potential equality issue raised during the consultation: Some stakeholders noted that cultural differences could influence the reporting of menopause symptoms, especially genitourinary symptoms. This underreporting may result in a lack of uptake of effective treatments. • How the committee addressed this: The 2015 guideline includes a recommendation to share information about menopause symptoms, including genitourinary symptoms. It is anticipated that such discussions will increase symptom reporting and thereby improve access to appropriate treatments. **Sex** Inclusive language – exclusion of intersex people • Potential equality issue raised during the consultation: Comments from one stakeholder raised concerns about the wording of the guideline not being inclusive of intersex people. • How the committee addressed this: The committee discussed that 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. 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. **Socio-economic factors**

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

People from more deprived areas have less access to HRT

- Potential equality issue raised during the consultation: Some stakeholders highlighted that individuals from more deprived areas have less access to menopause-related services and, consequently, are not offered management options like Hormone Replacement Therapy (HRT).
- How the committee addressed this: The committee acknowledged this issue but could not address it within the scope of the 2024 guideline update. The concern has been noted and forwarded to the NICE medicines optimisation and implementation teams for further consideration.

Menopause's direct negative impact on earnings

- Potential equality issue raised during the consultation: Several stakeholders commented that the impact of menopause can lead to women reducing their work hours or leaving work altogether, resulting in economic hardship and limited career opportunities, especially for those experiencing menopause at a younger age.
- How the committee addressed this: The committee emphasized that NICE takes the impact of menopause symptoms seriously. Although the economic and employment aspects were outside the scope of the 2024 guideline update, these concerns have been logged with the NICE surveillance team for consideration in future updates.

Other definable characteristics

People with a history of breast cancer – more access to vaginal oestrogen (because of its higher effectiveness)

- Potential equality issue raised during the consultation: Several stakeholders felt that the guideline was overly cautious about recommending vaginal oestrogen for individuals with a personal history of breast cancer as a second-line treatment. They expressed concern that this caution creates inequality of access to effective treatment and negatively affects the patient's sex life.
- How the committee addressed this: The committee revisited their recommendations and provided clearer guidance on factors to consider regarding the safety of vaginal oestrogen for women with a history of breast cancer. As a result, more individuals in this group may be offered vaginal oestrogen.

Menopause and relationship with other conditions (not necessarily recognised as a protected characteristic) – thyroid conditions, migraine, endometriosis, premenstrual dysphoric disorder

- Potential equality issue raised during the consultation: Stakeholders identified several conditions that could affect the identification, diagnosis, and management

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
of menopause: o Hyperparathyroidism: The importance of thyroid function tests for identifying menopause was frequently mentioned. o Migraine: One stakeholder noted that migraines could influence the severity of menopause symptoms o Endometriosis: Concerns were raised about early surgical menopause and the suitability of combined or oestrogen-only HRT following sub-total hysterectomy. o Premenstrual dysphoric disorder (PMDD): It was suggested that individuals with PMDD may remain sensitive to hormonal fluctuations post-menopause. • How the committee addressed this: o Hyperparathyroidism: The role of thyroid function tests was logged with NICE surveillance to be considered for future updates. o Migraine: This issue was deemed outside the scope of the 2024 guideline update, so the committee did not comment on it without a systematic review. o Endometriosis and surgical menopause: A 2015 recommendation was revised to emphasise that individuals should have the opportunity to discuss fertility and menopause with experts, both before and after treatment. The committee clarified that these consultations could be conducted by a multidisciplinary team (MDT) member involved in the procedure, avoiding unnecessary delays. The committee discussed that choice between oestrogen-only and combined HRT may be different for people with a sub-total hysterectomy. They decided that they could not be prescriptive about the type of HRT to be used for people who have had a sub-total hysterectomy because their condition is clinically complex and they had not reviewed evidence about the effect of HRT on risk of endometrial cancer for this group. They acknowledged that people who were going to have, or had had, a sub-total hysterectomy would be under the care of a specialist who could discuss HRT options tailored to their needs (or a relevant specialist within the MDT). Due to a lack of evidence, no specific recommendation was made for sub-total hysterectomy; however, the term "total" was added before "hysterectomy" in guidance regarding the offer of oestrogen-only HRT to those who have had a hysterectomy. This addition alerts healthcare professionals to consider other factors for patients with a sub-total hysterectomy. The committee also noted that some people have a hysterectomy for a condition that may be affected by HRT, such as endometriosis. The committee did not review evidence related to such conditions. They recognised that the decision

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

about the type of HRT that best balances benefits and risks for the person may be affected by that condition (for example endometriosis) or having had a subtotal hysterectomy. For this reason, they added a recommendation highlighting that advice from a healthcare professional with specialist knowledge of that condition may be needed when making this choice. Due to this stakeholder comment and other related comments, this topic has been logged with NICE surveillance so that it can be considered for a possible update to either the Menopause or the Endometriosis guideline in future.

- Premenstrual dysphoric disorder: No evidence was found on this condition, so the committee did not provide specific comments.

<u>Geographical inequalities in access to treatments and healthcare professionals with expertise in menopause</u>

- Potential equality issue raised during the consultation: Stakeholders noted geographical disparities in access to healthcare professionals with menopause expertise, along with long waiting times for Cognitive Behavioural Therapy (CBT), especially in remote locations.
- How the committee addressed this: The committee clarified that healthcare professionals with expertise in menopause are not limited to specialists in secondary or tertiary care. They can include primary care providers trained to manage or advise on complex menopause-related needs. Such training should be recognized by professional bodies like the British Menopause Society, the Faculty of Sexual and Reproductive Healthcare or the Royal College of Obstetricians and Gynaecologists. This approach aims to broaden access to skilled professionals. The committee also acknowledged long waiting times for CBT and noted that evidence suggests online or group CBT sessions are as effective as individual face-to-face sessions. This would make CBT more widely available. NICE is planning implementation support to gradually improve access to CBT.

<u>Learning from Lives and Deaths - people with a learning disability and autistic people LeDeR 2023 (2022 report) report</u>

- Potential equality issue raised during the consultation: One stakeholder highlighted the LeDeR report which relates to deaths of people with learning disability and autism.
- How the committee addressed this: The committee noted that the LeDeR report does not mention menopause. Therefore, its contents are not specifically relevant to this guideline.

<u>Making reasonable adjustments</u>

- Potential equality issue raised during the consultation: A stakeholder suggested

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
that specific statements regarding reasonable adjustments should be included. • How the committee addressed this: The committee acknowledged that making reasonable adjustments is a statutory requirement under the Equality Act 2010. As this is a legal obligation, it does not need to be reiterated in each individual NICE guideline.

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?
This was considered to be unlikely for the topics that were updated in the 2024 guideline.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
This was considered to be unlikely for the topics that were updated in the 2024 guideline update.

4.4 If the recommendations have changed after consultation, 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?
The consultation raised a number of issues that are potentially related to equality issues but were outside the scope of the 2024 guideline update (see box 4.1). These comments included equality of access to HRT. All topics related to equality groups and were not in the scope of the guideline have been logged or flagged with the relevant NICE teams for consideration in future updates.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?
Equality issues relevant to the 2024 update have been described in the relevant rationale section of the guideline and the committee's discussion section in the evidence reviews.

Updated by Developer: Katharina Dworzynski

Date: 05 August 2024

Approved by NICE quality assurance lead: Sara Buckner

Date: 03 November 2024