

The Importance of Ethnicity & Menopause

“once we diversify the menopause landscape everyone wins”

Dr Radhika Vohra
GP in Surrey with interest in Women's Health
IG: @doctor.rvohra
radhika.vohra@nhs.net



Dr Radhika Vohra

- MBChB, BMedSci, MRCGP Dist (2005), DFFP FRT, DCH
- NHS GP Locum in Surrey
- Private GP Spire Gatwick Park Hospital
- FSRH Registered Trainer for Diploma & LOC
- Speaker and Educator
- NHS England Appraiser of NHS Doctors
- Medical Trustee at The Menopause Charity



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News	Women to Watch 2022	CPD & Learning	Research	PJ Jobs
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Home / Research

Women's health

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By **Radhika Vohra** & **Lindsey Lester**

PEER REVIEWED

Should menopause management differ between ethnic groups?

Menopause management is not 'one size fits all' and effective treatment needs to be tailored to a woman's individual needs.



The Menopause Charity

Founded 2020

The Menopause Charity works to help everyone understand perimenopause and menopause so no one needlessly suffers



Objectives

Present

- Present evidence supporting women from different ethnic groups may cope differently with peri/menopausal symptoms

Highlight

- Highlight the importance of recognising the potential barriers to menopause treatment arising from differences in perception, understanding and experience

Support

- Support the crucial stage of midlife in women from ethnic groups to adapting healthy behaviours and preventative strategies & tools.

Menopause affects all women

Average age menopause in UK is defined as 50-51 years

Average age of menopause for woman of colour is 2-6 years earlier

1 in 100 women under 40 (POI)

1 in 1000 women under 30

Life expectancy women is 82 years

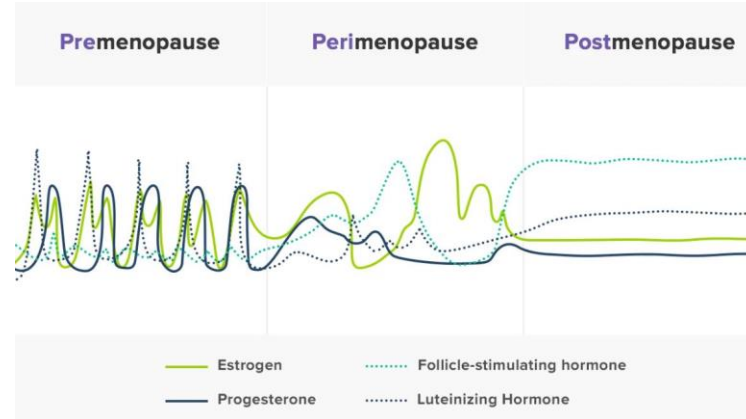
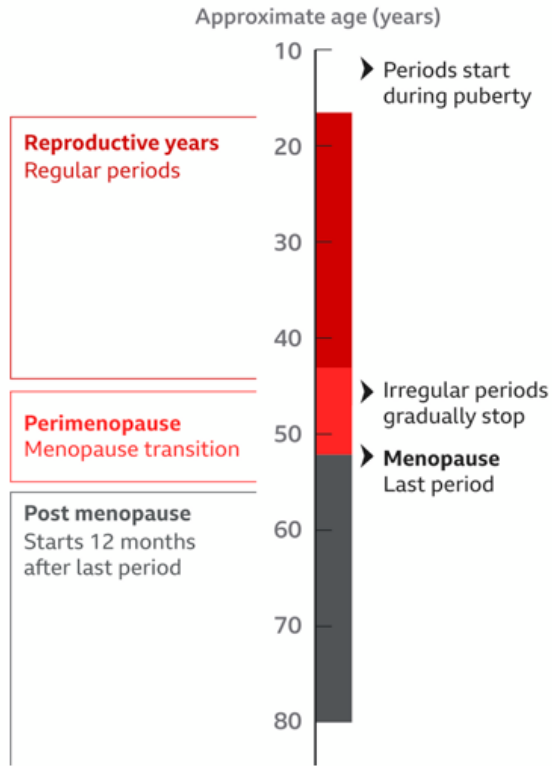
30-40% of “life” is postmenopausal

10% of women leave their jobs due to symptoms

66% of menopausal women offered antidepressants instead of HRT

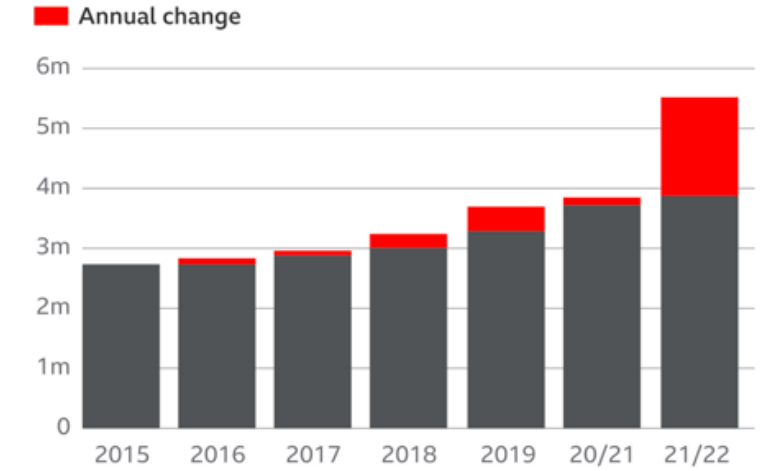
Stages of menopause

How periods change over a woman's lifetime



HRT prescriptions rose by 42% in the last year

Number of HRT prescription items offered by year in England



Note: Calendar years used to 2019 and financial years from 2020/21

Source: Nuffield Trust analysis of NHS Business Services Authority



Ethnic minority women in England far less likely to get menopause treatment, data shows

EXCLUSIVE

GPs say more work has to be done to reach women from minority ethnic groups as research reveals a disparity in support

March 12, 2023 6:00 am

Analysis of NHS prescriptions for HRT in England in the final three months of 2022 shows that GPs with the highest proportion of white patients spend more than four times as much on HRT as those in areas with the highest proportion of patients from ethnic minorities.

The research, conducted by data intelligence firm GPrX and shared with **i**, uses 2021 Census data that shows the ethnic profile of neighbourhoods and compares this to the prescribing patterns of the GPs in those areas.

Overall, it found GPs with the highest proportion of patients from ethnic minorities spent an average of £1,324 on HRT per thousand female patients aged 45 to 60, while those with the highest proportion of white patients spent £5,459 – more than four times as much.

Women face HRT postcode lottery with those in most deprived areas least likely to receive support

EXCLUSIVE

GPs in the least deprived areas are spending three times as much on HRT, while women in the south of England are most likely to be prescribed the treatment

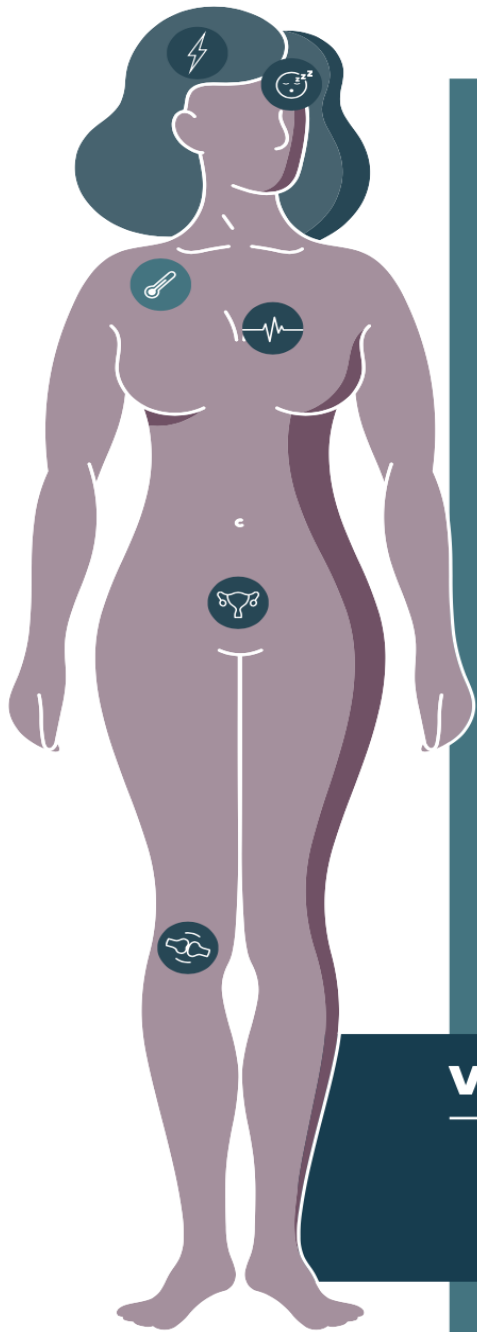
February 14, 2023 3:48 pm (Updated February 15, 2023 11:23 am)



Women living in the most deprived parts of England are far less likely to be prescribed hormone replacement therapy (HRT) to help them deal with the symptoms of the menopause, **i** can reveal.

An analysis of NHS prescribing data has revealed a massive disparity in access to HRT across England.

It comes after **i** reported earlier this month that women across the UK were struggling to access HRT due to a new wave of shortages.



Physical symptoms

- Pressure or tightness in head
 - Headaches
 - Feeling dizzy or faint
 - Tinnitus (ringing or buzzing in the ear)
-
- Difficulty in sleeping or poor sleep
 - Feeling tired or lacking in energy
 - Dry mouth and eyes
 - Thinning hair
-
- Muscle and joint pains
 - Dry or itchy skin
-
- Heart beating quickly or strongly
 - Breathing difficulties
-
- Irregular periods
 - Heavy or light periods
 - Flooding

Vasomotor symptoms

- (it's a heat regulation thing!)
- Hot flushes
- Night sweats

Psychological symptoms

- Low mood
 - Loss of interest in most things
 - Crying spells
 - Feeling unhappy or depressed
-
- Memory problems
 - Difficulty concentrating
 - Brain fog
-
- Irritability
 - Mood swings
-
- Feeling tense or nervous
 - Anxiety
 - Attacks of anxiety or panic
-
- Loss of confidence
 - Loss of interest in sex and/or level of arousal

Symptoms

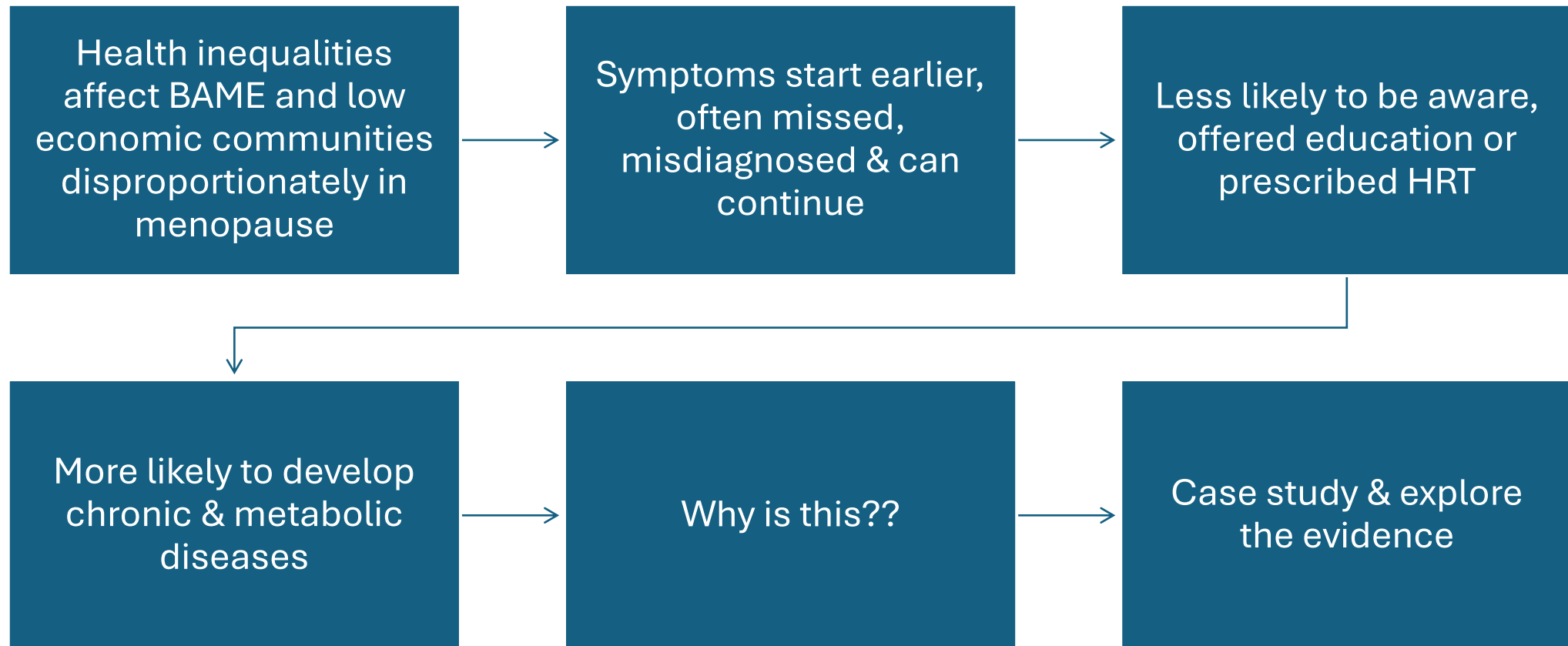
Women have oestrogen receptors on every cell in their bodies. This means that without oestrogen many different symptoms can occur.

This is not an exhaustive list but highlights some of the most common symptoms that occur.

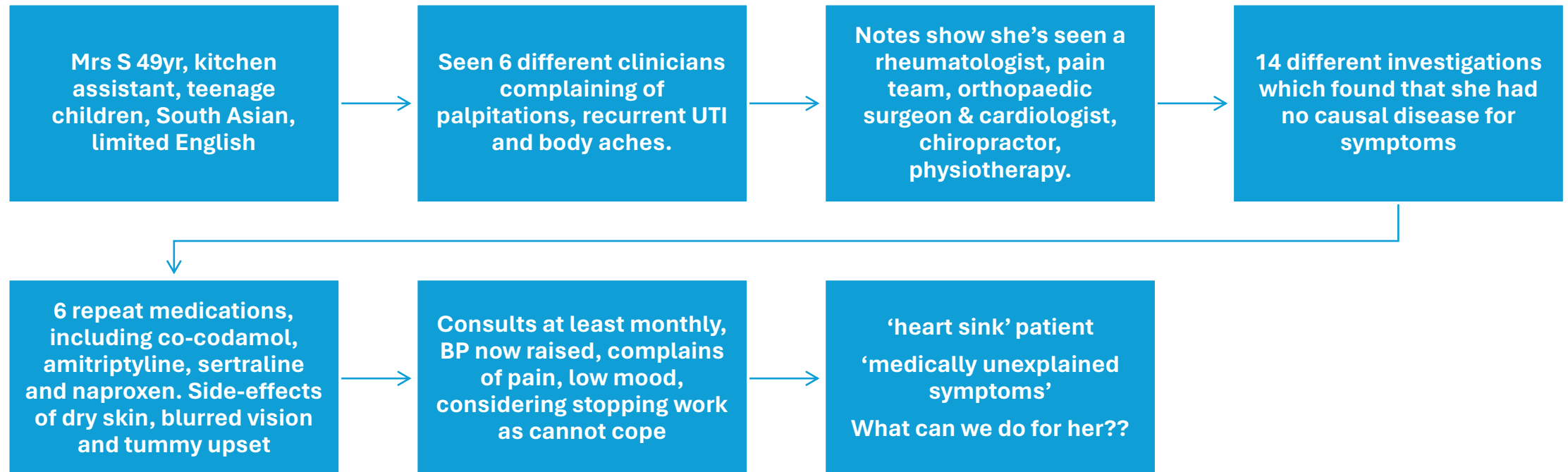


“
My menopause caused many symptoms to occur and they quickly accelerated to the point where I felt even working was difficult.”

The scale of the menopause problem



Case of mis conceptual medicine



Why is ethnicity important?

2011 Census

- 87% of the UK population is white , 13% is black, Asian, mixed or other ethnicity (BAME)
- Socioeconomic deprivation associated with younger age of menopause, vasomotor symptoms & osteoporosis
- Communities with higher BAME populations are more likely to have social deprivation

McEwen & Stellar . Stress & the individual. Arc Int Med 1993

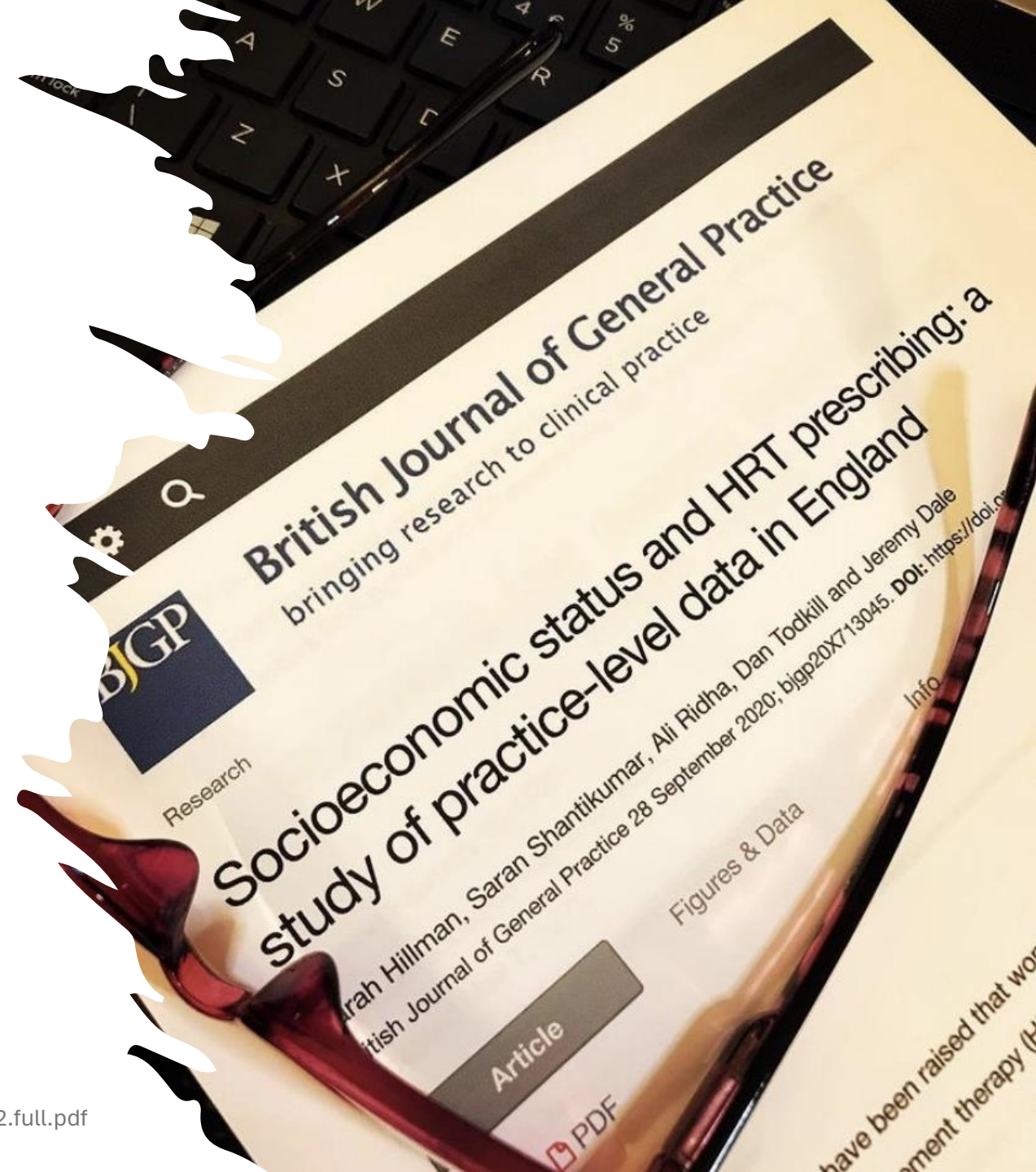
- “Allostatic overload”
- Cumulative effects of stressful experiences in daily life, chronic cortisol & HPA effects, along with social disadvantage, may lead to health problems, disease, or death

Hillman et al, BJGP 2020

- Socioeconomic status and HRT prescribing practice level in England:
- Women from lower socioeconomic groups are 29% less likely to be prescribed HRT than those from more affluent areas

- Cross-sectional study of primary care England 2018
- No. of HRT per 1000 females >40
- Adjusted for obesity, smoking, hypertension, diabetes, CHD, CVD & practice list size
- Most deprived areas:
 - 29% lower overall prescribing rate of HRT
 - 18% lower prescribing when adjusted for CVD & risk factors
 - Significant higher oral prescribing (P<0.001)
- Significant inequalities in menopause support & HRT prescribing
- Factors from patient & GP perspective need researching

<https://bjgp.org/content/bjgp/70/700/e772.full.pdf>



'Menopause Ethnicity Gap'

Fawcett Society

- 4000 women – 45% BAME woman reported it took “many” appointments for their GP to realise menopause compared to 30% white respondents.

SWAN Study

- Black women start menopause up to two years earlier and experience more severe symptoms for a longer duration, compared with white women
- BAME women cope differently with menopausal symptoms and may not want/or be offered HRT as their first line of treatment
- Allostatic load 'wear and tear'

Difference in experience - physical

Climateric 2009, Compared menopause in Asian and Caucasian women living in the UK and women living in Delhi, India, found menopause experiences and symptoms to be different in the three groups

- Hot flushes described more intensely by UK Asians
- Delhi group least flushes
- UK Caucasians – report more tiredness, night sweats, sexual problems
- Both Asian groups report weight gain, visual disturbance, raised BP, arthralgia, anxiety, panic and palpitations

Differences in experience - psychological

Post Reprod Health. 2021, Perceptions and experiences of menopausal women living in Karachi, Pakistan.

“thakan mehsoos hoti hai (I feel tired)

- Loss of identity as the ‘woman of the house’ and feelings of unworthiness
- Women described some positive but mostly negative experiences of menopause, most relating to bio-psycho-social changes
- Women’s negative experiences of menopause were intensified by mental distress, lack of support from an intimate partner and misperceptions about menopause

Variation in experience of Genitourinary Syndrome of Menopause (GSM)

“treating the person not the disease”

- 70% of women have symptoms of GSM, yet only 7% receive treatment

“I tried to say I was uncomfortable down below; I told the doctor ‘I felt my lower body was numb and not mine’. They looked at me perplexed and said this was a consequence of ageing and I felt dismissed and ashamed.”

(A patient with genitourinary syndrome of menopause from the authors’ own practice)

Genitourinary Syndrome of Menopause

- Recommendations for the management of postmenopausal vaginal atrophy. Climacteric. 2010
- Global variation in attitudes to vaginal atrophy in women in Europe, Asia, India, Latin America, Sub-Saharan Africa and the Middle East.
- Common themes:
 - need for better information and education
 - Impact of vaginal atrophy on their quality of life and sexual function
 - reluctance to seek help because of shyness or taboo
- 63% of women indicated that they did not seek treatment as they believed vaginal problems were natural after menopause
- Most women felt
 - improving vaginal health may improve their QoL
 - They would have discussed the problem if their Doctors initiated the discussion

“For women of colour, menopause is different.”

- Variation in presentation in different ethnic groups e.g.
 - South Asian - palpitations, joint pains & urinary symptoms
 - Afro Caribbean - body aches, HMB
- Language and medical illiteracy
- Delay in diagnosis & much less likely to use HRT yet higher metabolic risk group
- Variations in fat distribution & muscle loss affects response



RENAISSANCE YEARS ●●●●

Menopause & Ethnicity

What are the barriers and challenges to diagnosing and managing menopause in South Asian women, and what are the possible consequences?

women presented in their late 40s to early 50s? For me, they presented with non-related symptoms such as anxiety, palpitations, menstrual changes, insomnia, urinary changes and body aches. Despite investigations, a diagnosis was not found for many and they accumulated into the group: “medically unexplained symptoms”. The term ‘heart sink’ patient was often used as was the presenting complaint of ‘pain, pain, pain...’ It feels terrible looking back, however, perhaps like me, your training included little on menopause and even less on the impact of oestrogen deficiency.

Asian women believe menopause is a life event which marks the end of childbearing and which gives them freedom from the inconvenience of menstruation. It is ‘liberating’ rather than a time of gradual psychological and physical decline. The menopause does not pass silently, and most South Asian women will have short-term and long-term consequences of oestrogen deficiency.

In total the menopause has almost 50 recorded symptoms. The short-term and most common are hot flushes, night sweats and tiredness. What has

BE AWARE THAT THERE ARE NO DIRECT TRANSLATIONAL

GP perspective – “Menopause experience of ethnic minorities”

- Explore variable presentation of women to primary care
- 35 sets of electronic notes, belonging to non-white 45-60yrs
- ? sought help for menopause ? educational profile
- 15 Afro-Caribbean, 7 Brit Asian, 5 Filipino, 6 Chinese, 1 Japanese, 1 Thai
- Results:
 - 6 (17%) documented discussion & “menopause“ in notes, active sought help, all fluent English & completed secondary level education.
 - Remaining 29 patients were contacted by phone & symptoms questioned
 - 14 (60%) reported symptoms but did not self-recognise so did not seek help
 - 3 (8.5%) reported symptoms that self nor HCP recognise as menopause
 - 5(14%) significant language barrier preventing communication
 - 5(14%) recognised menopause, accepted natural & declined intervention
 - 2 (5.7%) did not engage
- Conclusion – several barriers facing ethnically diverse women, including linguistic, cultural & educational
- Is it ethnicity or is it education?

Is it Ethnicity or Education

- Menopause transition → metabolic risk (obesity, dyslipidaemia, hypertension and impaired glucose metabolism)
- Along with vascular change → increase the risk of cardiovascular disease and the severity of menopause symptoms
- Genetics-based ethnic differences in insulin sensitivity and body mass index have been reported
- The impact of trusted education is crucial.

Potential influences on perception & barriers

“closing the communication gap”

Limited evidence –
caution
overgeneralising

Variation in health
beliefs in women from
different religions and
cultures

Perceptions - what is
“natural” and what is
“normal”

Taboo and stigma to
speaking openly

Lack of discussion and
understanding on
menopause

Lack of knowledge of
the risks and benefits
of HRT

Language barriers with
lack of medical words

Difficulty gaining
access to female
doctors of the same
ethnic group or
reliance on translators

Reluctance to see a
male doctor

IT challenges to
accessing counselling
material

Financial constraints
related to prescription
charges

Crucial stage of Midlife

- SWAN Study found that 13% of peri-menopausal women developed metabolic syndrome during a 5- year follow up and that **education**, rather than ethnicity, was an independent predictor of risk.
- Midlife - crucial stage for adopting healthy behaviours and disease prevention strategies
- If left, there are enormous health risks associated:
 - 3 x more likely osteoporosis
 - Higher risk of cardiovascular disease
 - Twice as likely to develop dementia as men
- If treated, there are:
 - Short term benefits - symptoms control, improve quality of life
 - Long term benefits of HRT include protection against heart disease, osteoporosis, mental health & cognitive decline

What can help - Improve awareness

- Prevention medicine & the long-term risks of menopause and the comparable benefits of HRT
- Lifestyle changes
- Representation of ethnically diverse women in guidance & research
- Different health and cultural beliefs but education crucial
- For frequent or non-specific patients consider peri/menopause

Physiological and Pharmacokinetic variations

Oral therapy

- diet and body weight can have a significant effect on drug absorption and distribution

Absorption of transdermal preparations

- differ according to ethnicity, age, disease, skin hydration and application site
- order of absorption from lowest to highest was found to be Afro-Caribbean, Asian, Caucasian and Hispanic
- Asian women have significantly higher serum oestradiol levels during transdermal HRT compared with white women
- suggests a difference in metabolism and clearance, dietary factors

- **DNA Methylation**

- Metabolism of oestrogen is affected in absence of cofactors
- Particularly folate & B12
- Common deficiency in British South Asians
- Most ethnic sensitivity to pharmacokinetics is thought to be owing to genetic polymorphisms of enzymes involved in metabolism
- Not unique to particular ethnic groups and should be considered on an **individual basis**

What can help – Practical actions

- Use translational services/media if required
- Liaise with other healthcare professionals and communities
- Outreach education/group consults
- Medication reviews
- Appreciate differences in pharmacodynamics
- Try alternatives if not responding
- Serum oestradiol level check in ethnic women who are not stable on their current HRT regimen
- Most herbal alternatives to HRT do not have any proven evidence of efficacy

Translation

<https://www.imsociety.org/for-women/leaflets/>

Google Translate

Text

Images

Documents

Websites

DETECT LANGUAGE

HINDI

ENGLISH

SPANISH



BENGALI

RUSSIAN

SPANISH

Website

www.themenopausecharity.org

Menopause Charity

Home About Menopause Training Community Support Us

Sign Up

DONATE HERE

#Own Your Menopause

Helping women take control of their hormones and HRT
Use this symptom checker to track your symptoms

Google Translate English → Bengali

Translation

Menopause Charity

বাড়ি সম্পর্কিত মনোপজ প্রশিক্ষণ সম্প্রদায় আমাদের সমর্থন

এখানে দান করুন

নিবন্ধন করুন

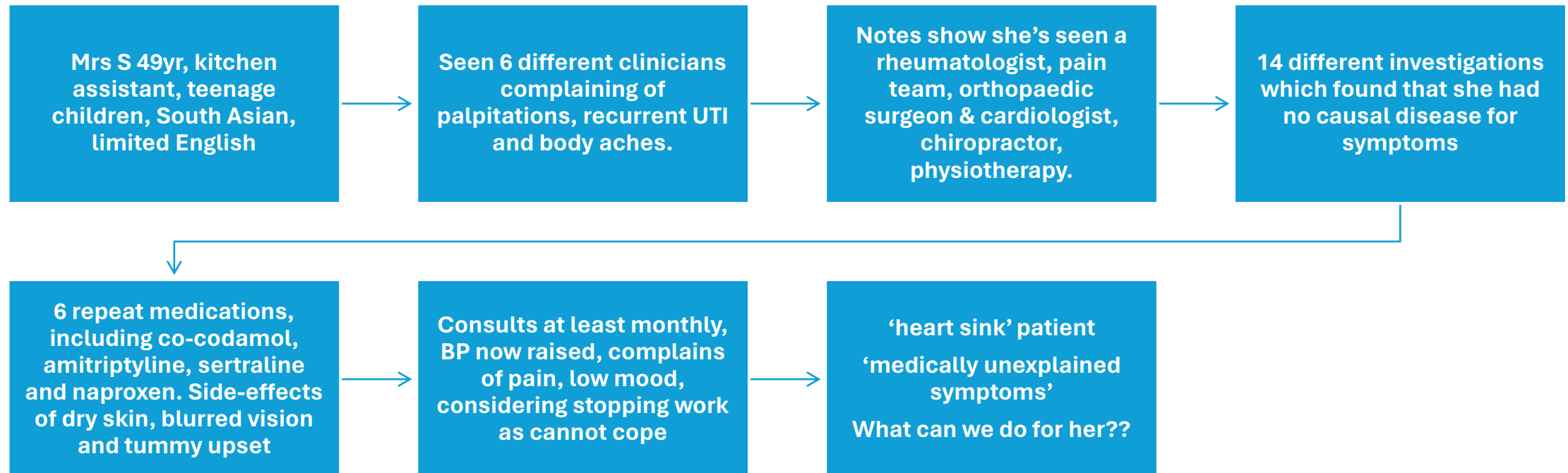
আপনার শক্তি হারি ?

এইচআরটি হাড় এবং পেশী গঠনে সাহায্য করে

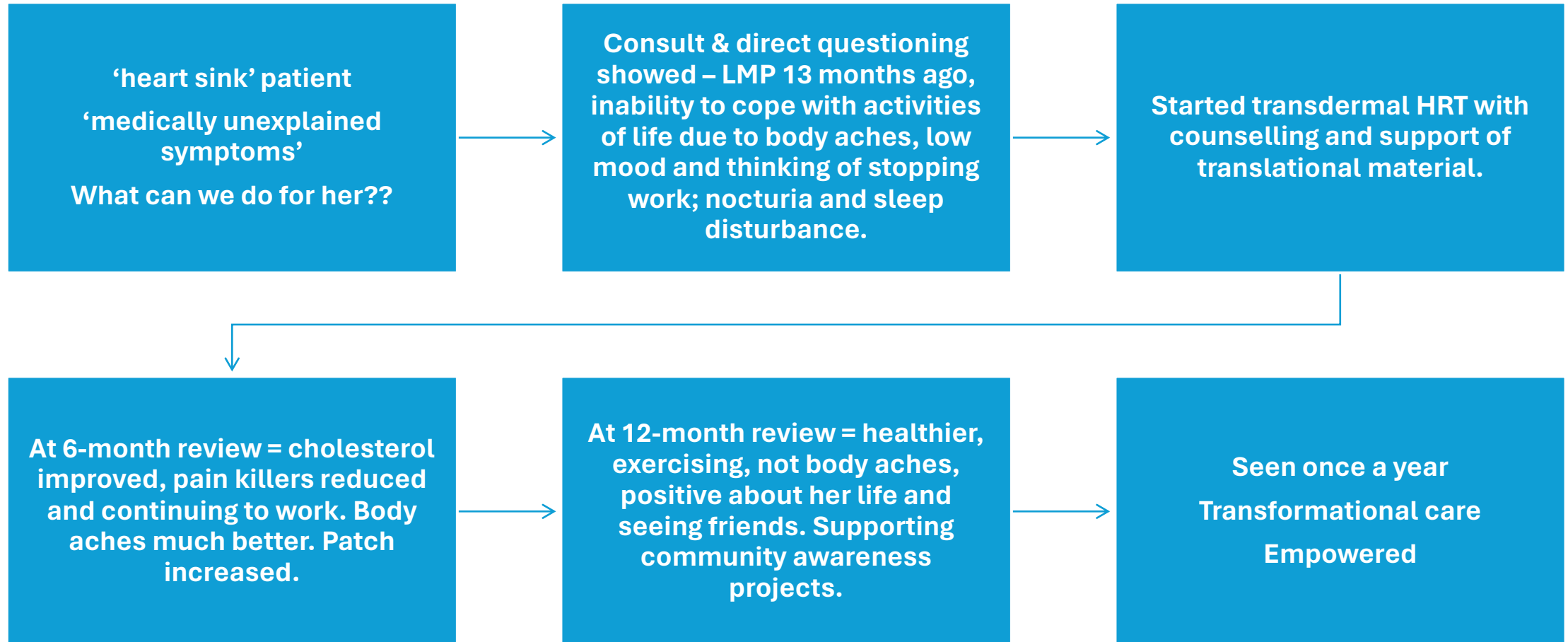
এইচআরটি এবং ব্যায়াম কীভাবে মনোপজে আপনার হাড়, জয়েন্ট এবং পেশীকে শক্তিশালী করতে পারে তা বুঝে নিন।

নিচের দিকে ক্লিক করুন
হাড়ের স্বাস্থ্য -

Recap - Case of mis-conceptual medicine



Case of transformational medicine



Take away messages

- Women from BAME groups face barriers accessing and responding to menopause care
 - THINK is it peri/menopause earlier
- Same principles of treatment but it is vital to be aware that attitudes and response to treatment may differ
 - AWARE cultural & educational differences
- Menopause management is not 'one size fits all' and effective treatment needs to be tailored to a woman's individual needs
 - TRY alternative type/dose

Thank you



Join our movement at
themenopausecharity.org





Inform

We provide trusted Information so that women and other individuals experiencing menopause can make informed decisions about their treatment



Educate

We help EDUCATE everybody; those experiencing symptoms, healthcare professionals, family, colleagues and employers



Listen

We LISTEN to those experiencing and treating symptoms so that we can deliver the services and support that best meet their needs