WEIGHT MANAGEMENT IN POST-MENOPAUSAL WOMEN

INSIGHTS AND EXPERIENCES

NOVEMBER 2022

FINAL V1

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SECTION 1: INTRODUCTION

1.1 Background and objectives:

Activmob were commissioned by Kent County Council Public Health to investigate and undertake a behaviour insight study to explore evidence-based approaches to weight management, with a focus on approaches for weight management in post-menopausal women.

The requirements included undertaking interviews and/or focus groups to understand if there are any practices, expectations and perceptions, levels of knowledge and understanding which are impacting on the weight of this target group. The aim was to capture meaningful information that can provide clear insight into how current services or new services and support need to be designed, promoted, and provided or made more accessible to meet the needs of this group.

1.2 Summary of research questions:

- What do post-menopausal women believe about their weight gain following the menopause?
- What actions can be done to support post-menopausal women to manage their weight?
- What information are post-menopausal women given around weight gain from health professionals and other sources?
- Is post-menopausal weight gain all anecdotal? What do women believe?
- What information, support with decision making or changes to delivery or access to weight management services could encourage women who are post-menopausal to engage in weight management programmes.
- A strategy to communicate information effectively and support across this population.
- A strategy to engage this population effectively and provide support.

SECTION 2: OVERVIEW OF APPROACH

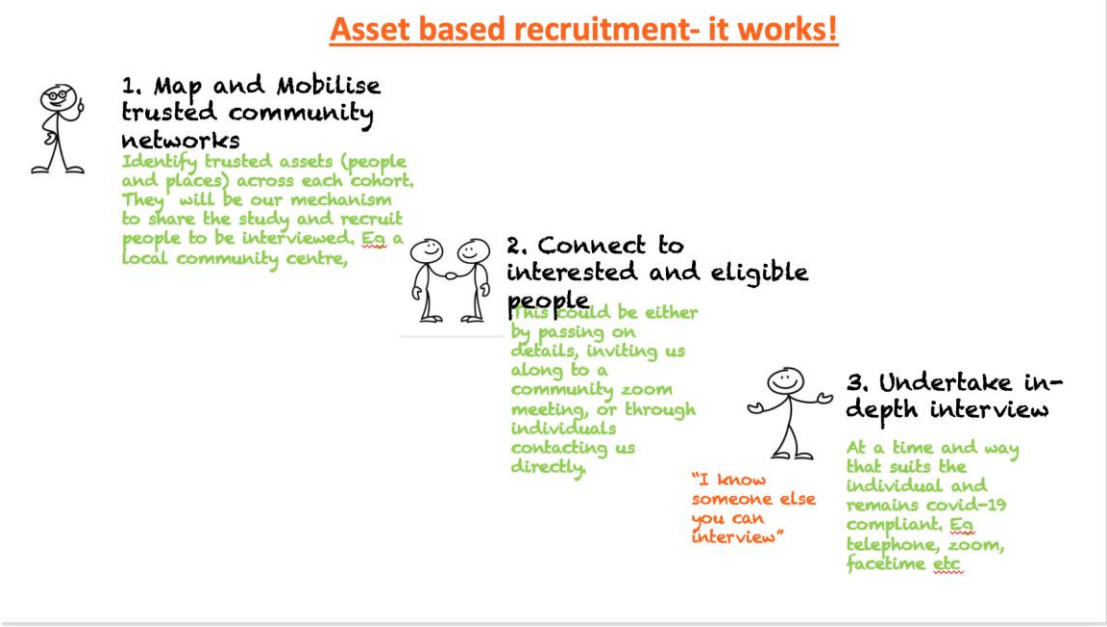
2.1 Approach and methods:

In discussion with Public Health, it was recognised that there was little literature of research available on this topic and therefore there it was agreed that we would conduct **in-depth interviews** to be able to truly to get under the skin of the issue with a 'blank sheet'. The aim was to understand what women really think/know/do to develop deeper insight and understand behaviours.

2.2 Recruitment:

For the recruitment of individuals for the in-depth interviews we took an asset-based approach, using our already established and trusted Kent wide network and connections to identify trusted

people/places who could connect and make introductions. We used a '*snowball*' approach to widen our net and recruit further. The diagram below is a representation of our approach to recruitment.



2.3 Analysis:

Analysis was undertaken of the insights and evidence from the in-depth interviews. Insights were coded using the principles of thematic analysis based upon Braun and Clarke's model (2006). The findings were segmented, and behavioural analysis undertaken, and recommendations made documented in this report.

2.4 Covid Considerations:

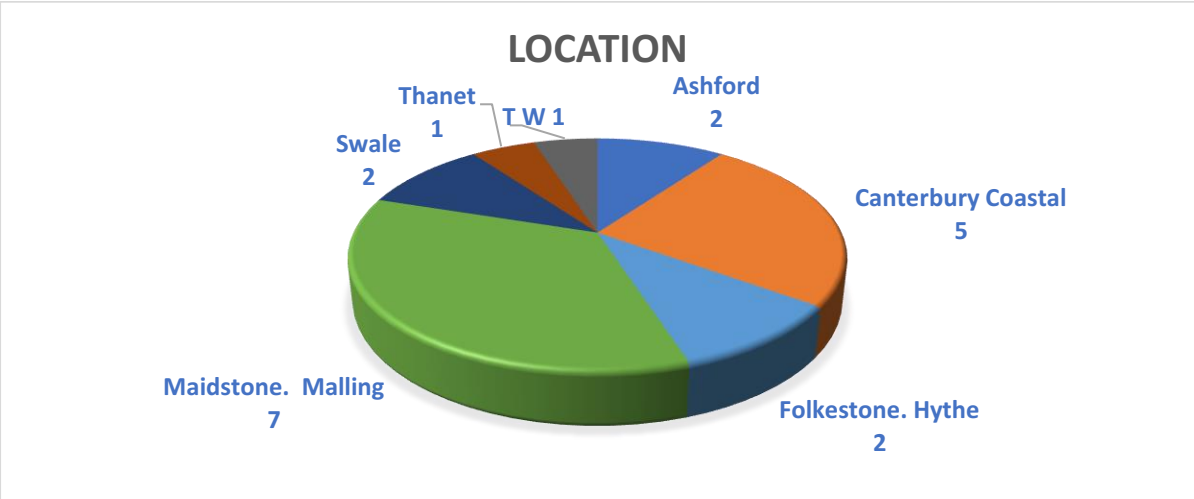
Whilst some restrictions were still in place for this study, and confidence was still low we undertook in-depth insights using remote methods, such as telephone calls, zooms and facetime.

For each of the in-depth interviews we worked with the individual's involved to identify the most appropriate and convenient method.

SECTION 3: DEMOGRAPHICS

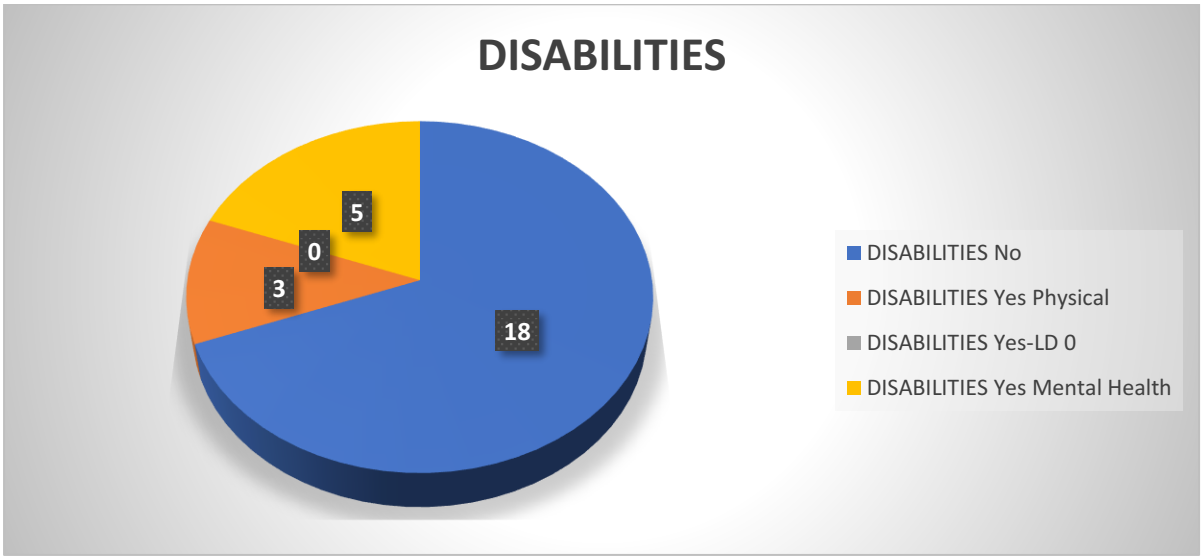
3.1 Who we spoke to:

We conducted 26 in-depth interviews with women between the ages of 40 (c: 11) and 60 (c: 15). 24 of the total number identified themselves as White British. We spoke to women across Kent. The chart below shows the numbers per area.



In terms of living arrangements, the majority (c:19) lived with a partner. The remainder either lived alone (c: 4) or with their children (c:3). Of the 26 participants, 22 were in work either full time (c:11) or part time (c:11). The remaining 4 classified themselves as carers or retired from work.

Women were asked to identify any disabilities they had. The chart below summarises the responses.



As part of the in-depth interviews, women were invited to share their timeline regarding their menopause experience. Of the 26 participants, nearly 80% (c:20) first noticed menopausal symptoms in their **early 40s**. We will learn later in this report that for many women it is only with their current knowledge and awareness about the menopause that they reflect to their 40's and now see they were at the start of their menopause.

Women were asked to state what their status was in terms of the menopause. The majority (c:14) said they were post-menopausal and had not had a period for over a year. The remaining women (c:11) said they were per menopausal and experiencing either regular or irregular periods or symptoms)

SECTION 4: EXPERIENCES AND INSIGHTS

This section of the report provides a summary of the **themes** that emerged from analysing what participants said during interviews and following the Topic Guide. Using an inductive approach to analysis means that themes emerge from people's insights and experiences.

Interviews and capturing people's experiences have not been used to prove or disprove specific hypotheses or statements.

Following the themes that have emerged, **key conclusions** are presented, drawn from what people have said and experienced.

4.1 Headlines and Key Points

- Women are aware that they can struggle with weight management during the menopause. However, it is not at the centre of concerns and is less important that the range of symptoms women experience.
- Women want information from a trusted health professional (nurse) about what to expect from the menopause alongside practical support.
- Many women have awful experiences that impact on body, mind, life, and family. Any positive experiences are due to women making a huge effort to make personal changes in their environment such as changing their career or moving house.
- Women hear, experience, and feel stigma around the menopause within society, workplaces and amongst health practitioners. They do not feel it is taken seriously or listened to.
- As an individual women feel '*finished*' and with *'no future'* and put symptoms down to other things.
- Women feel powerless and unable to do anything about the symptoms

"Women need to feel normal and yes you can get support. You don't have to keep it to yourself, those things happening to you like anxiety, dry skin, hair loss etc are things that can you helped – you don't have to put up with them'

"I really struggled and saw so many specialists and consultants and not one said to me that this could be down to the menopause or tried to reassure me'

- The menopause conversation for Public Health cannot be just about weight gain – it must be about everything to do with the menopause

4.2 Insights and experiences – what people told us

4.2.1 REALITY OF THE MENOPAUSE

How women feel about the menopause.

Nothing positive about the change women experience. It is tough for many, life changing, affecting all aspects of women's lives.

"Since my early 40's I am just not the same person. I am 50 now. The change is from inside me – I feel different in a bad way, anxious, no sex drive, drinking and more needy"

Women see the menopause as the 'end' with no future

"Before I knew I could have another child, once it started, I was heartbroken and knew I was no longer able to have a baby – this was a huge thing for me. The reality that I can't do that now. So final and I felt like that had been taken away from me. I now felt old and a dried-up old prune"

The menopause is a huge milestone for women

"I don't have children, but still, this is a big time for me. That's means I never can, that's been ok because I made the decision but with this it's so final - so what next'

Isolating and women tend to suffer in silence and get on with it. It's not acceptable to complain and women who do are often ridiculed

"I am drinking every night, what else is there to do? We just get on with it"

Women do not feel listened to (by health)

"I have been with the same GP for the past 10 years and had numerous appointments. Not once has anyone asked me how I am with the menopause"

CASE STUDY

For the last couple of years, I noticed that my periods were very heavy, but blamed it on another gynaecological condition I had, So just on back on the pill. Then I started getting very hot and nauseated. This was so embarrassing! It came out of nowhere without warning. I stopped doing things I would normally do, like going to the gym. My motivation went out the window and I had no clue what was happening to me, I just didn't feel like me anymore! My Migraines got so bad that they started lasting for days affecting my work and then the anxiety started! I knew then I needed to see the GP. He just prescribed me anti-depressants and said it was depression due to

the pandemic! I started taken them, as I just wanted to feel better. It wasn't until about 9 months later that I saw a menopause awareness campaign on the TV and realised that all these symptoms were what I was experiencing. So, I started researching and found out that HRT can help all these symptoms and can be taken even without hormone blood tests. I called the GP and told him what I had read. He prescribed me the HRT. Within 2 months I started getting me back and now I talk to anyone and everyone about menopause!

4.2.2 KNOWLEDGE AND INFORMATION

90% (C: 23) of women who took part in the study said they had never been spoken to about the risk of weight gain from the menopause. Women were asked to offer what they knew or had heard about weigh gain and the menopause. Nearly all the women had a vague idea with no specific knowledge. The following quotes reflect the top responses.

Question: *What do you know or heard about <u>weight gain and the menopause</u>?"*

"No idea, I didn't know it was a thing"

"You get a big belly"

"I noticed the weight going up a bit and the GP said it's my age! And it will be harder now"

Knowledge was gained mainly from talking to and hearing friends and families' experiences. Recent documentaries presented by women (Devina, Loose Women and Lisa Snowden) raising awareness of the menopause were also quoted by some as a source of additional information and knowledge of symptoms.

In terms of women doing their own research (mainly google) it was clear from all participants that they are **looking for general information about symptoms of the menopause and NOT about the possible risk of weight gain.**

All participants stressed that other symptoms such as anxiety, irregular and heavy periods, skin conditions, hot flushes and lack of sleep are affecting the life NOW, whereas **weight gain or possible weight gain is seen as a medium-term lower impact affect and not to be concerned with now.**

"Those symptoms that affect my life – hot sweats and night flushes as they affect my daily living'

Reinforcing this point for some women, symptoms are frightening and overwhelming and often women said they had suffered and not attributed it to the menopause.

"I haven't looked for anything weight related I am more troubled by the anxiety and lack of confidence now especially with driving – these things affect my life much more'

"I looked up symptoms of the menopause especially when I thought I had early onset dementia'

It's not well known and people tend to blame symptoms on other things going on'

As part of the interview, participants were asked how important weight gain was. The majority (c: 18) scored themselves 4 or more out of 5 where 5 was extremely important. When asked about knowledge of the risks of weight gain and obesity generally, nearly all participants had a clear and quick response. The following quotes reflects the more common responses.

Question: "*What do you know about any <u>risks about weight gain and obesity</u> in general?"*

"Heart attacks, heart disease'

"High blood pressure"

"Diabetes"

"Joint and mobility problems"

Participants were also asked about their awareness, knowledge and experience of weight management services and support. The majority (c: 17) were able to quickly recall local and community-based weight management support such as Slimming World and Weight Watchers. We heard many stories of women or friends and family that had at some point accessed one of these services. For some it was an amazing experience and for others it felt like it had offered them a quick short-term fix but failed to make any longer terms changes.

These services were seen as easily accessible (either online or in small groups) and run locally for local people. Women had a clear idea of what they offered and what they didn't offer.

Question: "*What do you know about weight management support and services*?" (Quotes relate to Weight Watchers and Slimming World as services mentioned by participants)

"Focus on diets and not on healthy weight or eating"

"Groups run locally"

'Quite a good quick fix but with little info or support on rethinking your food"

"Online and in person and available pretty much everywhere'

There was very low awareness of Tier 2 support (c:4). One person recalled that the service was mentioned once when she had a blood test but not taken any further. Key points made were that

Tier 4 support programme would focus more on lifestyle changes (with support) rather than simply offering menus such as Weight Watchers and Slimming World.

Only one person could recount an experience of participating in the programme. The experience is that of her husband:

Tier 2 experience:

"Awful, he is 65 and very socially active and yet the programme was based on chair-based exercises, and he felt like an OAP, they kept ringing him and, in the end, he ignored them - it was useless and didn't work at all for him. In terms of barriers, he was made to feel old, and this de motivated him. They didn't engage him at all - and he was prepared to do it"

4.2.3 ACCESSING INFORMATION AND SUPPORT

The in-depth interviews proceeded to hear thoughts about accessing information and support in the future.

The most important thing is that women **want information about the menopause** and early in their life. 75% (c 20) of the participants agreed that they **wanted information from their early 40s.** The remainder would want even earlier. Information needs to be about all aspects of the menopause with managing weight as a part. **This is key learning from the study.**

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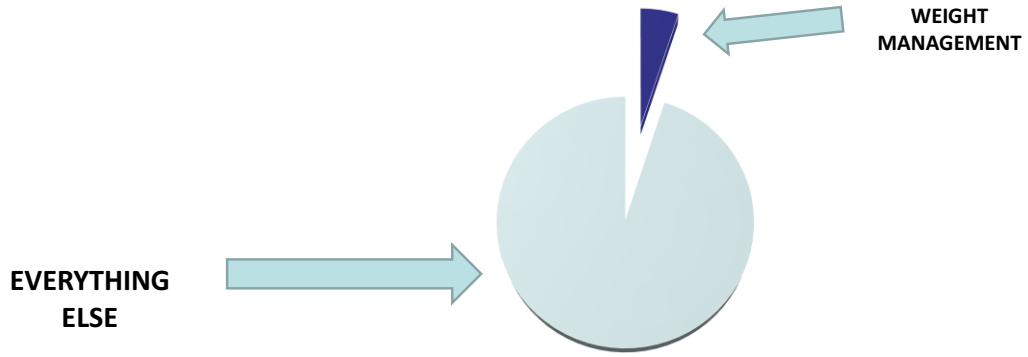
MENOPAUSE – KEY MESSAGE



They want to know what to expect, look out for and **what they can do to manage the range of changes to their bodies and symptoms**. Weight gain was not seen as an obvious symptom and low in terms of importance.

"I need information on what to expect on the whole range of things not just weight gain. I don't think this is the most important issue for me. What is more stressful is when you are going through irregular periods, and you are standing in Tesco's feeling it (blood) is about to run down your legs – that is what you focus on!"

'Women need to feel its normal and you can get support - you don't have to keep it to yourself - those things happening to you (esp MH, dry skin, hair loss etc) are things that can be helped - you don't have to put up with them'

All women suggested that information about the menopause should include signposting to further information, local groups and online. Some women, but not all, want to know what other women have done and learn about local peer groups they could join. **About half of the cohort of women, did not want to join any form of group and preferred to speak with their own friends and family.**

"Talk to friends and peers – compare notes and have a laugh and in a place we can all talk openly about the same things we all have"

For all women, information about the menopause must include what happens when it's over. This is an important aspect of their wellbeing and offering for some '*the light at the end of the tunnel*'

"Awareness of what you could experience – the good and the bad – ie the good at the end! What other women have experienced, resources and when it comes to weight gain – explain what are the changes? Tips for how to change my diet, menus, vitamins etc and details of local support groups and online resources with links to research'

4.2.4. WHO AND HOW – PROVIDING INFORMATION AND SUPPORT?

The key message from all women is that whoever they speak to or ask for help from **they want to be taken seriously.** Many participants shared experiences where they had been repeatedly dismissed by health professionals. Examples included suffering and presenting severe physical or mental symptoms that were dismissed completely as just something you should expect from the menopause and offering little help. Experiences amongst most of the women highlighted a lack of care and empathy amongst some health professionals.

CASE STUDY

"I had a blood test and they said I was peri menopausal, and I guess this was why I felt so dry. No one said anything else and when I went in for my smear, I was dreading it as last time it was so painful, I cried with the pain. The nurse didn't seem to care and just said to me at the end I suggest you ask the GP for something for next time but don't worry you only have one smear left!

Despite experiences recounted 80% c: 21) participants said their top choice would be a **conversation** with someone who knows the "facts" – ideally a health professional. Many suggested this conversation could be included as part of a routine test, health check or a specific appointment about the menopause. A variety of health professionals were mentioned with a **nurse in the GP practice** being the top choice and seen to potentially having more empathy that others. The pharmacy team were highlighted as not a place they would like to have the conversation.

"Not the pharmacy, unless you want everyone to know!"

The conversation should be **informal, friendly but informative and** not just about symptoms but includes information about what to expect, all symptoms, strategies, and signpost to further information. Women would be happy to receive information as part of this on weight management.

"It they do talk about risks of weight gain it needs to provide additional advice on how you need to change, what and how you eat and not just tell you there is a risk of weight gain"

A small number of other approaches to obtaining information about the menopause including weigh management were suggested by several participants suggesting that any future information provision should offer choices to meet the needs of different women.

Online forums and groups where women can access support and advise from home was also mentioned by 30% (c: 8) and seen as a preferred option for gaining understanding and support.

"Online or forums for health and wellbeing and medication tips around the menopause could work for me"

Some 15% (c: 4) mentioned accessing information and support through local groups and maybe activity groups.

"Locally organised activities like dog walks and even park runs could be a place to get some information especially about weight management during this time"

As highlighted above, around 50% of the women do not like groups and would rather have access to a **one-on-one professional / expert** for things they are concerned about. This could include for example, a dietician of a personal trainer to help with weight management and wider well-being strategies. They stressed that the benefits they saw would include receiving a person-centred programme which could also support them with their **lack of motivation** which they felt is a key barrier to making a change

"Not a programme that is just weight focussed but is more about motivation"

4.2.5 WOMEN'S MOTIVATION AND ASKING FOR HELP AND SUPPORT WITH WEIGHT MANAGEMENT.

The in-depth conversations with women continued to understand more about **when and why they would access or reach out for help and support around weight management** specifically. Women shared a deep lack of motivation as a key aspect of their menopause journey, and they linked it primarily to how women feel about themselves and self-esteem at this time.

"While I have all the other symptoms affecting me – I don't have the motivation to do anything about it (weight) now"

Furthermore, they felt that in their experience the fact that weight was often dismissed by health professionals left them feeling even worse and helpless about their bodies and their future. There is nothing they can do about any weight gain.

" What's the point - when the nurse says to you – well the reason you can't shift the weight is the hormones – that's the problem with hormones and not much you can do other than eat healthily and exercise"

However, when women were asked what would motivate them to seek help and support to act with their weight management there were some clear messages. Responses were generated by the interviewees themselves rather than a list provided. The section below highlights the key themes emerging from the responses.

The **top reason** (by a large %) women said they would access support is if their GP told them they needed to manage their weight for health reasons or that their weight was impacting on their general well-being. Examples given included at risk of heart attack or diabetes due to their weight.

"If the GP said that my blood pressure was through the roof and I needed to go onto medication"

In second place, there were two reasons women highlighted. Firstly, they would access support regarding their weight if they could see it was impacting on their general health and wellbeing (rather than their actual weight) and they could see that their body "*just doesn't feel right".* Some examples include:

"I wouldn't go just for my weight – I know I need to eat less and move more; I would go if the physical symptoms started to affect me emotionally – my well-being is the most important"

"The trigger for me would be if my clothes didn't fit me well and I didn't feel myself and unhappy about not having comfy clothes"

Secondly, women would consider accessing support if they were doing the same as they had always done in terms of managing and reducing their weight but noticing that the weight is not reducing, or they have had to go up a dress size and effectively '*lost the battle"*

"When I feel I cannot do this on my own anymore and I feel I have lost control of my life"

"If I did go to the overweight category – even though I am doing what I have done before to lose weight"

"If I had been dieting and nothing was happening – or I was still putting on weight – that would trigger me to go to the GP – mainly to see if there was some other problem like my thyroid"

Finally, a third motivation mentioned by a small number of participants was a special holiday or event such as a wedding. This could trigger them to seek help but only if they were failing on their own.

"For my daughter's wedding – that's my motivation and try to lose weight using my own strategies such as no alcohol during the week. I lost ½ stone in a couple of months before."

Participants were also asked to consider **barriers and reasons why they would not access support for their weight**. The **top theme** emerging from responses was clearly when women were **lacking in motivation** due to them struggling with other crippling menopause symptoms, a belief and being told that the weight gain was due "to their age" or if the weight gain was minimal.

"It's not that I don't want to lose weight, I do, and I have put on 2 stone, but I cannot be bothered – it applies to everything in my life now"

"Not while I have all the other symptoms that are affecting me – I don't have the motivation to do anything about my weight now"

"As long as I don't feel or see any major differences in my clothes – I accept this is due to my age now"

Two other important barriers were also highlighted by several participants. As highlighted above within the motivator section, participants reinforced the key point that all the time they are **managing to lose a little weight using their own strategies and they continue to feel good about their bodies and themselves they will not seek support.**

"All the while I look and feel good at myself, I would use what I learnt from Weight Watchers – I know what I need to do, and it would never be just about scales and weight"

Finally, women reinforced the importance of how the offer of support is made and the approach of the health professional they see. Key to taking up support is the woman feeling they are being listened to, that what they are saying, and experiencing is important and there is time to understand motivators and barriers for the individual. For many women who took part, there was a real fear of not just being dismissed but of being judged. This made the "qualities" of the individual health professional and relationship key to them taking up the offer of support.

"If the GP was arrogant and did not offer any conversation – I would not take it any further"

"It's about the person, as long as I can bond with them, and I like what they are saying I will give it (support and advise) a go"

"If I feared I would be judged I would not go"

WHAT WOMEN WANT: APPROACH FOR THE CONVERSATION

- *Have empathy*
- *Info on what to expect*
- *What I can do*
- *Facts*
- *Believe me*
- *About all the symptoms*
- *Info and connecting me into other things*

4.2.6. OPPORTUNITIES FOR THE CONVERSATION ABOUT THE MENOPAUSE AND WEIGHT

The interviews developed the conversation to understand from women what opportunities if any they saw, or thought could provide a time and place for a conversation on the menopause. The quote below summarises the key message regarding opportunities:

"There are too many opportunities that's without making any more"

Women felt let down that they had struggled for many years and despite some seeing GPs, and other health professionals on many occasions they were often left with no information or explanation about how symptoms could be associated with the menopause and could be dealt with. They were not reassured.

'I really struggled and saw so many specialists and consultants and not one said to me that this could be down to menopause or tried to reassure me'

Every participant suggested that there were already several **routine medical appointments that provided a key opportunity to offer a conversation about the menopause**. Examples quoted and repeated by nearly all participants included: smear tests, mammograms, and blood tests. These suggestions reinforced the earlier point that the nurse in a GP practice would be the preferred person to conduct a conversation.

"Those times when you are having procedures – intimate ones often and you feel you are with a trusted person – that is when they should have an open conversation with you – about all of it"

Another suggestion made by several participants was for all women to be invited by the GP surgery to a "Well Woman" check-up in their early 40's where the conversation about the menopause could be undertaken. In terms of preferred ways of communicating and engaging with women, nearly all participants (c: 22) wanted and email or letter inviting them to a conversation from the GP practice. A smaller number suggested seeing more general information in the form of a campaign on social media and possibly TV promoting the opportunity to contact the GP for a check-up.

Alongside an opportunity for women to have a conversation with a health professional in their early 40s about the menopause there was also a suggestion by most participants to **improve general awareness of the menopause, what to expect, symptoms and where to access support**. Most participants suggested wider communications in places and "touchpoints" women access on a regular basis. Suggestions included gyms and workplaces.

"More awareness of the menopause and what to look out for first – it's not well known or understood, and people tend to blame symptoms on other things going on in their lives'

"Workplaces could have women forum groups for the menopause and general well-being support – similar to the mental health ones that seem to have started"

Many women also felt that there was a need for wider society to have more awareness of the menopause. Key points are the need to remove the stigma and for all society to know this happens to all women and it's not just about getting old. It needs to be normalised but also appreciated for the impact it can have on women and their families. It needs to be seen as something important that everyone should know about. Some compared it to other wider health messaging.

"I know more about prostate checking from PH messaging I know nothing about the menopause. There is an opportunity for everyone to be better informed"

Suggestions made which would need more development, included finding ways to raise awareness in schools amongst children and increasing the number of documentaries and panel discussions / forums on TV and social media hosted by female personalities.

"Schools – it should be part of the curriculum as public messaging. Raising the profile of what happens to us all, a campaign to normalise and let's hear famous people and ordinary people talking about the menopause more often and more commonly"

"Programmes like the Divina one on the menopause are great. We watched it together (with partner) and this brings it to the general attention. It needs to be seen as normal and something everyone goes through"

SECTION 5: WHAT THE INSIGHTS TELL US

5.1 GENERAL CONCLUSIONS

This section of the report draws out the key conclusions from the themes of experience and insights from participants.

Menopause - a Public Health issue.

This topic is far bigger than weight management for women and needs to be looked at as a single Public Health topic across the life course.

How the menopause features and is considered within other health lifestyle conversations and checks should be reviewed as they provide an opportunity to offer care and support for women.

The menopause should be recognised as a major milestone in a woman's life.

Engaging women on the menopause and not just weight.

Women do recognise that they are struggling with their weight management but is seen as less important and urgent to deal with when suffering other menopausal symptoms.

Weight management **is not the hook to engage women**. Engagement must be about the topic they are seeking support for and not just weight management.

Women want practical information and advice about what they can do the symptoms.

Women want to engage but the system is not currently responding.

Information about weight management and the menopause.

There is a need for an explanation of why women can gain weight during the menopause.

When women present it needs to be taken seriously

The opportunities to speak to women are already in place.

We do not need to create more opportunities we need to use these times differently.

> Engagement should start with women being offered a conversation /or information from early 40's

The GP and in particular the NURSE in the GP practice are the main trusted person women want to talk to about the menopause.

> Nurses within the GP practice should be invited to input their experiences, perceptions, and opportunities on this topic.

SECTION 6: RECOMMENDATIONS

Recommended short term next steps (next 3 months) have been identified for consideration and action. These are seen as essential 'groundwork' needed before the medium-term recommendations are started.

Medium term recommendations from the study should build on the learning from the short-term next steps.

Priority next steps (next 3 months)

1.Undertake a study to engage with health practitioners (including nurses in GP practices) to share the findings of this study and -

- Explore the barriers and opportunities front line workers and professionals experience in undertaking weight management conversations.
- Understand views, risks, and opportunities for weight management services to offer patients advice and guidance within the community setting.

2.Map current practice on weight management conversations against best practice and latest research.

3.Share the findings from the menopause study with the Public Health Senior Management team with a view to positioning this topic within the Public Health agenda.

- Consider how the evidence from the study could inform a Needs Assessment on the menopause.
- Discuss how Public Health can champion menopause support for women.

4.Share the insights and conclusions to ICS Prevention Meetings.

5.Review set of draft recommendations and build an achievable Programme with ownership.

SECTION 7: AGREED ACTIONS

This section of the report provides details of key recommendations and agreed actions Kent County Council Public Health and strategic commissioning have provided.

Recommendation 1:

Menopause should be part of relevant Public Health services questions that health professionals ask at the assessment stage of any intervention as this could be having a bearing on issues the individual is experiencing.

ACTION:
One You Kent Commissioner to speak with OYK providers about inclusion of Menopause questions as part of initial assessments.

Public Health Specialist and Consultant to suggest to other relevant Public Health Commissioners that questions are included around the Menopause as standard, with relevant services.

Recommendation 2:

To be able to better address the support available to women experiencing the menopause it is important to understand where the responsibility for menopause sits within Kent.

ACTION:
PH Consultant and Specialist to speak with Director of Public Health about Menopause support and see where this support should sit.