Your Health

Health Partners

OCTOBER 2024 **NEWSLETTER**

WORLD MENTAL HEALTH DAY

Plus articles on the menopause & ADHD awareness

In this issue of *Your Health*, our focus is on prioritising mental health in the workplace, with advice for both employees and managers. We also take an in-depth look at the menopause and highlight the importance of recognising the diverse presentations of ADHD in support of ADHD awareness month.

World Mental Health Day

World Mental Health Day is a poignant reminder that our mental wellbeing is just as vital as our physical health. The theme for this year, 'It's time to prioritise mental health in the workplace', shines a spotlight on an area often overshadowed by the hustle and bustle of professional life.

Mental health issues in the workplace are more common than one might think and they can significantly impact an individual's productivity, job satisfaction and overall wellbeing.

FOR INDIVIDUALS

The path to prioritising mental health at work involves several proactive steps. Opening up the dialogue on mental health can seem intimidating, but it's crucial for breaking down stigma and encouraging a culture of openness.

This means being clear about how much work one can handle without compromising their mental health and communicating these limits to team members and supervisors. In today's fast-paced work culture, it's also important to manage time effectively to avoid overworking and to ensure that breaks and time off are taken seriously. Regular breaks throughout the workday can prevent mental fatigue and provide an opportunity for relaxation and recuperation.

Another key aspect of maintaining mental health in the workplace is work-life balance. This can be more challenging when working remotely, where the lines between personal and professional life can blur. Creating a dedicated workspace, sticking to a routine and physically disconnecting from work at the end of the day can help maintain this balance. Additionally, flexible working hours, where possible, can alleviate stress and allow employees to work at times when they feel most productive and least distracted.

Personal self-care strategies are also vital. Engaging in activities that promote mental wellbeing, such as mindfulness, meditation or yoga, can help reduce stress levels and enhance focus and clarity. Eating a balanced diet, getting sufficient sleep and staying hydrated are all fundamental self-care practices that directly impact mental health.

Lastly, it is essential to be proactive in seeking support when needed. This could involve taking advantage of workplace resources such as employee assistance programmes, counselling services or speaking with a trusted mentor or HR representative. Outside of work, professional help from your GP, a therapist or counsellor can provide strategies to manage stress and address any underlying mental health issues.

"Mental health issues in the workplace are more common than one might think"

FOR MANAGERS

If you think a member of your team may be experiencing a mental health problem, you may need to take the lead, open up a dialogue and raise the matter directly with them. To start with, you may find it helpful to consider the following:

- **Engaging in self-reflection**
  Identifying what support you may need to manage your own anxiety about mental health conversations, as well as aiming to recognise your own tendencies, discomforts and triggers in that area, can help you prepare for a sensitive discussion with your employee.

- **Focusing on responding as opposed to reacting**
  It is important to not overreact, especially if you are experiencing anxiety about broaching the subject (also remember that it is natural to experience anxiety about it). For example, it may be important and helpful to refer an employee to Human Resources or Occupational Health, however, providing you are not handling an emergency situation, it can be helpful to take time to consider things carefully and avoid unnecessarily rapid escalation.

- **How to approach the conversation**
  It might be best to engage in a compassionate, supportive, curious, positive and not overly formal manner.

- **Recognise limitations**
  It may be appropriate to signpost to sources of psychological support within the organisation, for example talking therapy, or an individual's own healthcare provider.

"Engaging in activities that promote mental wellbeing, such as mindfulness, meditation or yoga, can help reduce stress levels and enhance focus and clarity."

Key things to consider when planning to initiate a conversation about mental health with your employee:

- Choose an appropriate time and place (for example, somewhere private and quiet where you will not be disturbed)
- Set up the right conditions for active listening and supportive stance
- Ask open questions & share observations
- Do not be afraid to ask again
- Practice active listening and non-judgemental attitude
- Ensure confidentiality (however do not promise confidentiality if an employee is suicidal and at risk to themselves).

The workplace is more than a means to a financial end; it is a place where our mental health should be valued and protected. Ultimately, prioritising mental health cultivates a thriving work culture, benefiting personal development and the organisation's success.

Menopause

The menopause literally means the end of menstrual periods. Perimenopause means “around menopause” and refers to the time during which a woman’s* body makes the natural transition to menopause, marking the end of the reproductive years.

Natural menopause is recognised to have occurred 12 consecutive months after the last menstrual period, when there is no other health-related reason for periods to have stopped. The timing is therefore determined in retrospect a year or more after the event.

Physiologically, it is characterised by a change in hormone levels: oestrogen levels permanently diminish, and there is an increase in the production of certain ovarian stimulating hormones such as Follicular Stimulating Hormone (FSH).

An adequate biological marker (blood test) for the event does not exist; however, the National Institute of Clinical Excellence (NICE) recommends measuring the levels of FSH in women aged 40 to 45 years with menopausal symptoms, including a change in their menstrual cycle, and in women aged under 40 years in whom menopause is suspected. For healthy women over the age of 45 years with menopausal symptoms, the menopause can be diagnosed without a blood test.

On average, the menopause occurs at 51 years of age in the UK, although it can vary between 40 and 58 years of age. There is some evidence that it occurs earlier among smokers by about one to two years. Sometimes it may be difficult to define precisely when the menopause occurs, especially if the woman begins to take hormone replacement therapy during the menopause.

Menopausal symptoms are thought to affect around 8 in 10 women and up to 40% report a negative impact on their work life. The duration and severity of symptoms varies and cannot be predicted.

The effects of the menopause may be considered in terms of:

- Vasomotor symptoms/hot flushes
- Psychological effects
- Urogenital disease
- Cardiovascular disease
- Osteoporosis
- Breast disease.

Vasomotor Symptoms
An uncomfortable hot flush or feeling of warmth. They affect up to 85% of menopausal women but fewer than half are markedly disturbed by them. About 20% of women first notice symptoms while they are still menstruating regularly. The flush may be accompanied by nausea and sweating and be followed by a chill and palpitations.

Symptoms can be particularly troublesome at night interfering with sleep.

For most women, flushes are brief, improve within a few months and resolve within about five years, as the body adapts to the new level of oestrogen. In 90% of cases, hormone replacement therapy (HRT) will relieve symptoms and other medications can also be effective.

Psychological Symptoms
A wide variety of psychological symptoms are noted in menopausal women, including irritability, anxiety, lethargy, difficulty concentrating, memory loss, loss of libido and depression. It can be difficult to tell whether these are primary effects of oestrogen deficiency or simply manifestations of other processes.

Insomnia, for example, can be due to night sweats and contributes to cognitive and psychological symptoms.

In general, a trial of HRT or a course of cognitive behavioural therapy (CBT) may be beneficial before a woman is prescribed specific psychological medication, e.g. anti-depressants.

Urogenital Symptoms
The vagina, urethra and bladder are oestrogen-responsive and there is some gradual degeneration of tissue after the menopause. The absence of oestrogen results in dryness and thinning of the vaginal skin, which can result in painful intercourse and bleeding. There is an increased risk of urinary tract infection and reduced elasticity of the bladder, which can contribute to urinary frequency, urgency and pain.

Suitable moisturisers, lubricants and locally-delivered/topical oestrogen can be very effective. Always discuss vaginal bleeding after the menopause with your GP.

Cardiovascular Disease
This is unusual in women before the menopause, but post- menopausal women are at much higher risk – approaching an equivalent risk to men** by the age of 60. Some researchers think this is due to the withdrawal of the protective effect of oestrogen, although there are other factors. Around the menopause, many women experience obesity, high blood pressure and a rise in cholesterol levels; collectively these will contribute to the risk of cardiovascular disease.

Postmenopausal Osteoporosis
During and after the menopause bone thins at a greater rate. The risk of osteoporosis and bone fractures increases.

Breast Disease
The risk of breast cancer increases with age but the rate of increase slows after the menopause. A woman who has a menopause in her late 50s has twice the risk of developing breast cancer as one whose menopause occurred in her early 40s.

TREATMENT

Despite the controversy surrounding the risks and benefits, HRT is the mainstay of treatment in this condition. HRT aims to replace oestrogen in postmenopausal woman and so reverse the adverse effects of a lack of oestrogen. The goal is to improve a woman's quality of life. The appropriate type of HRT depends on several factors: whether or not an individual has had a hysterectomy, the woman's menopausal status (perimenopausal versus postmenopausal), preference for type of treatment (oral versus non-oral) and the individual's past medical history and current prescribed medication.

The following can, however, be used as alternative therapies to HRT in the management of menopause symptoms:

- **Lifestyle measures:** regular, sustained aerobic exercise can improve several menopause-related symptoms. Avoidance/reduction of alcohol and caffeine intake may also help to reduce the severity and frequency of hot flushes.
- **Pharmacological alternatives:** there are a number of medications, which need to be prescribed by a GP, that can help to reduce hot flushes. An injection of local anaesthetic into the collection of nerves in the lower end of the neck can be effective against hot flushes and sweating where other treatments are unsuitable or don't work.
- **Diet and supplements:** calcium and vitamin D supplements (in addition to exercise) for prevention of osteoporosis.
- **Complementary therapies:** the efficacy and safety of unregulated products is not known and might cause harm, so it is best to speak with your GP before using these
- **Psychological support:** cognitive behavioural therapy may help to alleviate low mood or anxiety that arises because of menopause.

SOME ASSOCIATED RISKS

Breast Cancer

An international study in 2019 showed that an increased risk of breast cancer with HRT is similar, whether HRT is taken orally or delivered via patches or gels or implants. There is no increased risk of breast cancer associated with the use of intravaginal preparations.

In the UK, about one in 16 women who never use HRT are diagnosed with breast cancer between the ages of 50 and 69 years. This is equivalent to 63 cases of breast-cancer per thousand women.

Over the same period (ages 50 to 69 years), with five years of HRT use, the study estimated that there would be about 5 extra cases of breast cancer per thousand women using oestrogen only HRT, about 14 extra cases for women using oestrogen combined with progestogen for part of each month (sequential HRT) and about 20 extra cases for women using oestrogen combined with daily progestogen HRT (continuous HRT).

The numbers of extra cases of breast cancer above would approximately double if HRT was used for ten years instead of five. In other words, the risk of breast cancer increases further with longer duration of HRT used.

Cardiovascular Disease (Heart Disease and Stroke)

If you start HRT before you are 60, it does not increase your risk of cardiovascular disease. However, HRT tablets (but not patches or gels) slightly raise the risk of stroke. The presence of cardiovascular risk factors is not a contraindication to taking HRT, as long as these risk factors are managed well.

Blood Clots (Venous Thromboembolism)

HRT has been associated with an increase in the risk of venous thromboembolism (including deep-vein thrombosis and pulmonary embolism/clots on the lungs). This risk is higher for oral HRT than patch formulations.

Uterine Disease

Using oestrogen only HRT (i.e. not combined with progesterone) increases the risk of cancer of the uterus.

Side effects of HRT include:

- Nausea and breast tenderness
- Weight gain and fluid retention
- Premenstrual syndrome type symptoms
- Headaches
- Bloated sensation
- Leg cramps
- Very occasionally, there may be an increase in blood pressure.

Testosterone Therapy

Testosterone is an important female hormone. Approximately half of the testosterone made by women is driven by the ovaries and half by the adrenal glands. Testosterone levels naturally decline throughout a woman's lifespan.

Testosterone contributes to libido, sexual arousal and orgasm and also helps to maintain normal metabolic function, muscle and bone strength, urogenital health, mood and cognitive function. Reduced levels of testosterone in women can lead to problems with sexual function and contribute to a lower quality of life, including tiredness, low mood, headaches, cognitive problems and osteoporosis.

NICE recommends testosterone supplementation in menopausal women with low sexual desire if HRT alone is ineffective. Testosterone gel is used in this setting.

If you would like more information on the menopause, please visit www.imsociety.org

**women, trans men, people who are non-binary who were assigned female at birth, and cis gender women.*

***men, trans women, people who are nonbinary who were assigned male at birth and cis gender men.*

ADHD Awareness Month

This year, ADHD Awareness Month focuses on the theme 'Awareness is Key', highlighting the importance of recognising the diverse presentations of ADHD (Attention Deficit Hyperactivity Disorder) for better awareness.

The prevalence of ADHD in public discourse, through outlets such as social media, articles and TV has been sustained in recent years, aiding in raising awareness. However, this exposure can be counterproductive if it fails to accurately represent the breadth of ADHD experiences, potentially perpetuating misconceptions and inadequate information. This issue is exacerbated by diagnostic criteria that are often based on male experiences, leading to misdiagnosis or missed diagnosis, especially for those with atypical presentations – contributing to ongoing public misunderstanding and barriers to self-recognition.

With accurate identification, understanding and acceptance of an individual's own traits, optimal strategies and approaches can be implemented to allow individuals to be their best – that is, the ability to harness a trait as a strength and mitigate potential negative impacts. This isn't to downplay the challenges which can also be experienced; it is acknowledgement of neurodivergence, including ADHD, as a 'dynamic disability'. This means that the traits can, at times, be disabling. Yet, at other times the trait can be a strength – it depends on many factors such as the environment, task, person's wellbeing, and so on.

When considering neurodivergence, a strengths-based approach can support with improving self-acceptance, emotional wellbeing, self-esteem and confidence – areas in which neurodivergent individuals are known to experience more difficulties than the neurotypical population.

To illustrate the concept of dynamism through a strengths-based lens, consider attentional differences - a key characteristic of ADHD. ADHD people (ADHDers) can often focus very effectively, perhaps even achieving hyperfocus, on subjects and tasks which the individual considers innately interesting. This can lead to heightened efficiency and the ability to digest and retain significant amounts of information in a short period of time. As such, individuals are encouraged to incorporate and weave areas of interest into their everyday tasks, with the aim of fostering effective focus.

"When considering neurodivergence, a strengths-based approach can support with improving self-acceptance, emotional wellbeing, self-esteem and confidence"

Other key characteristics of ADHD might include:

- Time perception differences
- Sensorial sensitivities
- Emotional regulation differences, including rejection sensitivity dysphoria (RSD)
- High energy and impulsivity.

Time perception differences are colloquially referred to as 'time blindness'. For ADHDers, this can present as an impacted processing of time. For example, they may think 10-minutes has passed but, in reality, it could have been 2-minutes or conversely, 40-minutes! Dr. Barkley, a specialist in ADHD, highlighted that ADHDers have two 'time settings' – now and not now.

Living in the now can mean increased awareness and being present, rather than ruminating about the future. However, impacted ability to accurately sense the passage of time can also result in lateness.

Sensorial sensitivities can lead to feelings of overwhelm and 'overload' due to an increase of stimuli processing – a feeling of 'bombarding' the senses, for some. Any of the senses can be impacted; however, in the workplace, reported impacts tend to be in relation to noise, lighting and temperature. Sensorial sensitivity can result in a heightened awareness of the environment, aiding with environmental attention-to-detail. However, if sufficient filtering is not implemented, the sensory input can gradually build to frustration, irritability and a feeling of too much at once.

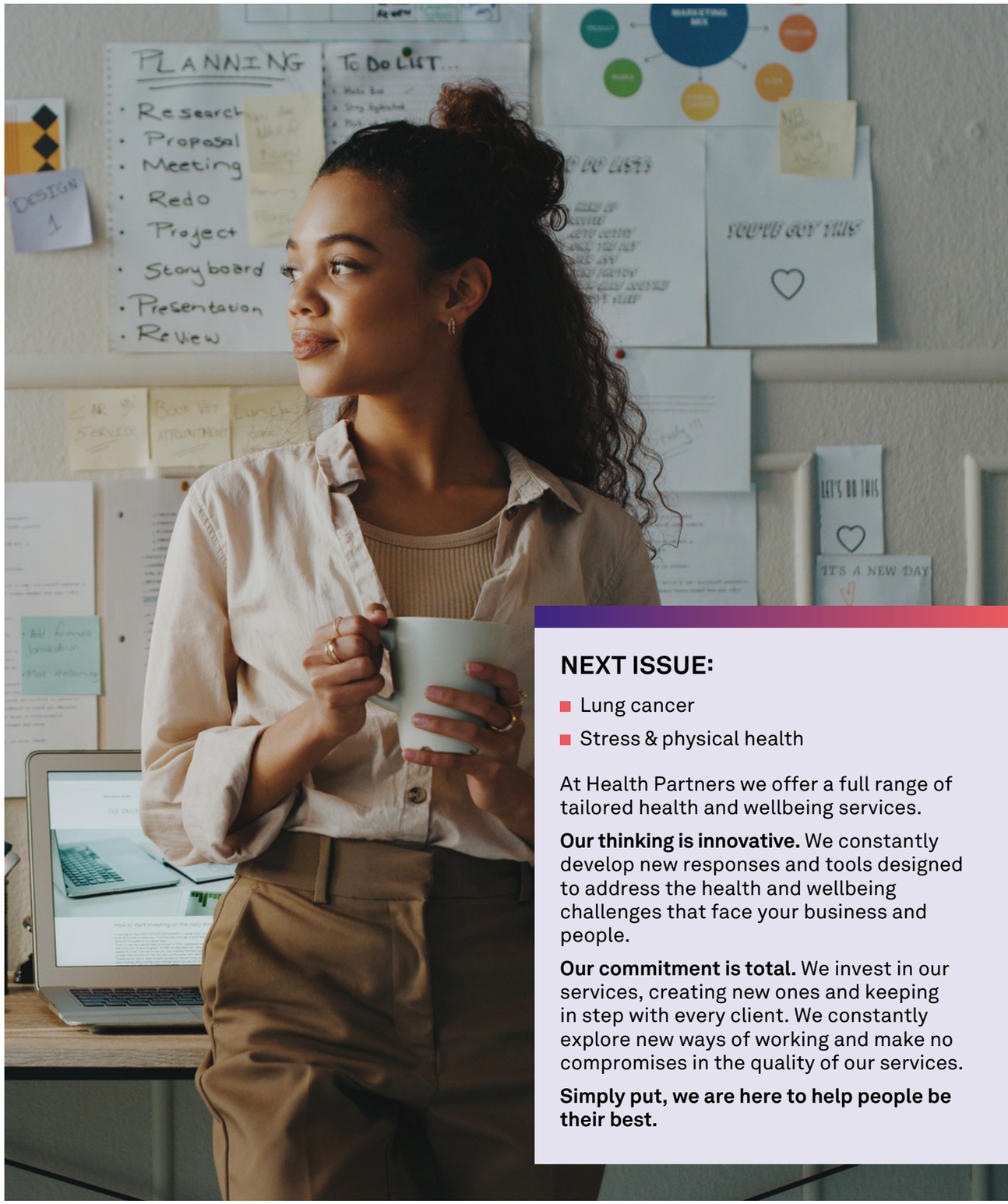
Emotional regulation differences outline the tendency for ADHDers to experience strong emotional responses. Emotional regulation differences, including rejection sensitivity dysphoria (RSD), can aid with developing strong empathy skills and emotional resilience. RSD describes an intense emotional and/or physical reaction to criticism and rejection, which can either be real or perceived. This is a very real experience for the ADHDer. For example, a manager emails their ADHD employee at the end of the workday, informing that they have scheduled an urgent meeting for the morning; an ADHDer may immediately catastrophise, experiencing worry right up until the meeting starts. Combined with impulsivity traits, strong emotions may also increase the risk of outbursts. Additionally, ADHDers can also experience recognition responsible euphoria (RRE) which is a strong emotional and/or physical joyful experience to positive feedback. This is a great example of two sides to every coin, with RRE the opposite of RSD.

High energy & impulsivity traits can manifest differently for each individual, as with all traits. High energy traits – medically referred to as hyperactivity – can present as an innate drive for movement. Often, this can present with 'hair twirling', stimming (self stimulating behaviours), doodling, swinging in a chair, jiggling knees and more. High energy is a great trait for presenting as energised, which can be motivating for colleagues and peers as well as increasing engagement, such as during presentations. ADHDers are often described as having a "busy" mind and having difficulty 'switching off'; this is why the vast majority of ADHDers (70%) experience sleeping issues, such as chronic insomnia. Impulsivity traits also mean that many ADHDers are spontaneous individuals; however, this can also mean decision-making may not have involved a thorough process.

"ADHDers experience trait fluctuations that correlate with the hormonal cycle."

It is also worth noting that ADHDers experience trait fluctuations that correlate with the hormonal cycle. This is due to oestrogen and testosterone, having a complex interplay with dopamine. In fact, ADHD women are far more likely to experience Pre-Menstrual Stress (PMS), Premenstrual Dysphoria Disorder (PMDD) and Post-Natal Depression than neurotypical women.

We hope that by providing further insight into different ADHD experiences, with recognition of both the strengths and challenges, we can achieve improved, effective awareness, with acknowledgement of the diversity of the ADHD experience.



NEXT ISSUE:

- Lung cancer
- Stress & physical health