

BMS Statement

Modernizing the NHS: observations and recommendations from the British Menopause Society

British Menopause Society Council

British Menopause Society, Marlow, UK

Abstract

Women's health often declines in middle and old age for reasons that are avoidable. Simple measures including lifestyle change could make a significant difference. Education of women is all important. The BMS feels that the provision of a simple health check of all women at the age of 50 years would provide an excellent opportunity that would serve as a screening as well as an educational visit at which balanced information about appropriate treatments and lifestyle changes in natural and premature menopause should be given to empower women to make an informed choice.

Keywords: British Menopause Society, recommendations, health strategy, hormone replacement therapy, premature menopause

Introduction

The menopause is a significant life event for women, and historically it has been taken as the threshold of old age. Life-expectancy in women continues to increase. However, a percentage of women still die earlier than they should (Box 1).

The World Health Organization's definition of health is 'A state of physical, mental and social wellbeing', rather than merely the absence of disease.

The British Menopause Society (BMS) believes that practical approaches should be adopted to prevent early and avoidable deaths, and that women should be empowered to live as full, healthy and active a life as possible, well into old age.

The BMS has made the observations and recommendations within this document as part of the consultation process initiated by the Coalition Government to modernize the National Health Service (NHS).

The BMS believes:

- Most women are unaware of the impact of the menopause on their health and that simple improvements in lifestyle could protect them from serious health problems later in life. Exercise, a sensible diet, moderation of alcohol intake, smoking cessation, appropriate weight loss and blood pressure control are all recognized factors that reduce heart disease risk. What many women do not know is that these simple measures can also reduce the risk of serious disease such as osteoporosis or breast cancer.

- If women are properly risk assessed and then educated into ways in which they can improve their risk profile they will lead a longer, healthier life.
- There are more than 13 million women aged over 45 living in the UK – one-fifth of the population. They represent enormous economic potential as employers and employees, and possess a wealth of experience and knowledge. Conversely, these women could become a great burden to society if they are dependent

Box 1 A demographic iceberg

Life-expectancy for women aged 45:	
Living past age 50	99.06%
Living past age 60	95.4%
Living past age 70	86.9%
Living past age 80*	66.3%
Living past age 90	28.32%
Living past age 100	2.19%
Dying before age 60	4.6%
Dying before age 70	13.1%
Dying before age 80	33.7%
Dying before age 90	71.68%
Dying before age 100	97.81%

Based on death rates in 2006 – current life-expectancy 2011 + 2 years

*At 80, one in three women has cognitive impairment and one in three women has had osteoporotic fracture

on benefits and suffer from avoidable ill health. There is significant potential for health improvement.

- The menopause is a time of symbolic and physical change for women. Attitudes to it vary from those who see it as a natural part of life's continuum, to those who regard it as a medical condition. Relatively few understand the effect it could have on longer-term health. Advice can be biased, confusing and contradictory.
- Health improvements for women aged over 45 require:
 - clear Government policy in addressing the causes of ill health in middle-aged and older women;
 - good access to health-care professionals and others who understand the issues that affect the health of older women;
 - women themselves to be well-informed, receive positive reinforcement and be supported by sympathetic networks.
- Women, particularly older women, are disadvantaged in our society. This is demonstrated by a number of indicators including levels of income and pensions. The economic, social and environmental context of women's lives has a direct impact on their health.
- Detecting and treating cancer in women remains a high priority. Much work has been done to improve screening, detection and treatment. However, it remains a major fear for large numbers of women.
- The major causes of disability in women aged over 45 are disorders of the bones and joints, including arthritis and osteoporosis. These conditions affect significantly older women than older men. Knock-on effects include lack of mobility and consequent isolation, deterioration of quality of life and premature death. Effective preventive actions should be taken.
- Another major cause of disability in women aged 80+ is cognitive impairment and Alzheimer's. These conditions significantly affect older women more than older men. Knock-on effects include deterioration of quality of life and premature death. Effective preventive actions should be taken.
- Women are twice as likely to suffer from depression as men.
- Middle-aged and older women are the subject of negative stereotypes and are frequently seen as a homogeneous group consigned to the ageing process. They lack role models in fiction and real life.

Key recommendation

Primary Care Teams invite women on their register, around the time of their 50th birthday, to attend a health and lifestyle consultation to discuss a personal health plan for the menopause and beyond.

Recommendations

In considering the issues that affect the health of women after the menopause, the BMS makes a number of recommendations. These are principally addressed to policy-makers at national and local levels.

We make these recommendations in the hope that they will contribute to actions that will lead to real improvements to the quality of life of women in their postmenopausal years.

National policy and strategy

- (1) We recommend that all local health communities should have an osteoporosis strategy and ensure that the prevention, detection and treatment of osteoporosis are effectively managed.
- (2) We recommend that all local health communities should have a strategy for cognitive impairment and its management to ensure that the prevention, detection and treatment of cognitive impairment and Alzheimer's disease are effectively managed.
- (3) We recommend the NHS should, as an early priority, assess the quality and effectiveness of treatments, including surgical interventions, most frequently provided for women aged over 45.
- (4) We recommend that public health policy should specifically draw attention to opportunities for improvements in the health of elderly women.
- (5) We support the government's commitment to reduce deaths from cancer and recommend that the breast screening programme should, as a matter of course, include women over 70.
- (6) We recommend that within the government's plans to reduce deaths from coronary heart disease (CHD), special attention should be given to strategies for primary and secondary prevention of CHD among women.
- (7) We recommend to the Department of Health that they should provide clear, objective information about the benefits and risks of hormone replacement therapy, as they are known at the present time. This would reduce confusion and misinformation for both health-care professionals and women.
- (8) We recommend that the NHS Executive and its Regional Offices review existing patterns of expenditure on research and development to identify the proportion that is committed to the expansion and improvement of knowledge about the health and health care of women over the age of 45.
- (9) We recommend that the development of new drugs and other therapies should specifically take account of the characteristics of women, including those who are members of ethnic minority groups and those who are much older.
- (10) We recommend that the National Institute for Health and Clinical Excellence gives early attention to the conditions and procedures which most frequently affect women over the age of 45 and develops guidelines in relation to these as a priority.
- (11) We recommend to the Department of Health that a Premature Menopause Register should be established as a priority. All those women who have undergone premature menopause and are consequently at greater risk of osteoporosis, cardiovascular disease and cognitive decline should be on this register.

Community policy

- (1) We recommend that senior schools and colleges of higher education consider expanding the relevant elements of curriculum, to ensure better knowledge about healthy and active ageing among the wider population, with awareness of the differences in health outlook between the sexes.
- (2) We recommend that free swimming be re-introduced for the over-60s as a positive aid to health and mobility.
- (3) We recommend local organizations representing women and having an interest in various aspects of their health come together annually to organize a 'Women's Health Day' to increase awareness.

Local health-care delivery

- (1) Primary Care Teams invite women on their register, around the time of their 50th birthday, to attend a health and lifestyle consultation to discuss a personal health plan for the menopause and beyond.
- (2) We recommend that the new replacements for Primary Care Groups and Trusts take a whole population view of the needs of women aged over 45 and work closely with local agencies, employers and voluntary organizations to develop health improvement strategies.

- (3) We recommend that Primary Care Teams designate a doctor and nurse to take a special interest in the women aged over 45 registered in their practice. In order to ensure that needs are assessed, risks are identified and best practice for treatment and care is implemented consistently among this group.

Development of these recommendations

Appropriate quality standards should be developed from these recommendations and as part of the forthcoming commissioning arrangements the implementation of key recommendations is measured to demonstrate an improvement in care. Incorporation of our key recommendation such as the proportion of women having a health assessment on reaching 50 years of age into quality and outcomes framework (QOF) or commissioning for quality and innovation payment framework (CQUIN) would have significant population benefit.

Acknowledgements: The BMS Council members are as follows: Mary Ann Lumsden, Joan Pitkin, Nick Panay, Kathy Abernethy, Julie Ayres, Sarah Gray, Tony Mander, Edward Morris, Tony Parsons, Margaret Rees, Jilian Robinson, Janice Rymer, Mike Savvas, Elaine Stephens, John Stevenson, John Studd, Jenny Williamson, Heather Currie, Sara Moger.

Accepted: 12 April 2011