

Menopause

*Why it's
not just a
women's
issue*

& Understanding
cholesterol and
why it matters



Menopause

It's not just a women's issue

Menopause is often thought of as a women's health issue, but its impact extends far beyond the individuals experiencing it.

It can affect relationships, family life, workplaces and communities. Partners may struggle to understand sudden changes in mood or energy levels, family members may be unsure how best to offer support, and colleagues may not recognise the challenges someone is facing behind the scenes.

In the workplace, a lack of understanding and support can contribute to women choosing to reduce their hours, turning down opportunities or leaving employment altogether.

Building awareness of menopause benefits everyone.

When people understand what menopause is, how it can affect individuals differently and the support available, they are better equipped to create environments where women feel understood, valued and supported.



Menopause affects us all

Around half the population will experience menopause directly, but many more people will be affected indirectly as partners, family members, friends, colleagues or managers.

The physical and emotional effects of menopause can influence day-to-day interactions and relationships. Someone experiencing symptoms may find they have less energy, struggle with sleep, feel more irritable or find it difficult to concentrate. Without understanding the reasons behind these changes, those around them may misinterpret what they are seeing or underestimate the impact symptoms can have.

Greater awareness helps create understanding and can make it easier for people to offer meaningful support both at home and at work.



Symptoms can be debilitating

Menopause is a natural stage of life, but that doesn't mean its effects should be dismissed as something women simply have to put up with.

While hot flashes and night sweats are among the most recognised symptoms, menopause can also affect sleep, concentration, memory, mood, confidence, energy levels and physical health.

Symptoms often begin during perimenopause, which can start several years before menopause itself, and may continue afterwards.

It's worth remembering that many symptoms are invisible to others.

Symptoms of menopause



Irregular periods



Vaginal dryness



Hot flashes



Sore or tender breasts



Chills



Night sweats



Sleep problems



Headaches



Weight gain and slowed metabolism



Mood changes



Thinning hair and dry skin



Memory problems

No two experiences are the same

*Every woman's
menopause experience
is different.*

The type of symptoms experienced, their severity and how long they last can vary considerably from person to person. Some women may have relatively mild symptoms, while others may find menopause affects multiple aspects of their personal and professional lives.

This variability can make menopause difficult to recognise and understand, particularly for those who expect everyone to have a similar experience. It also highlights the importance of avoiding assumptions and recognising that support needs will differ from one individual to another.

Possible impact on work

Many women experience menopause during a stage of life when they are established in their careers or moving into senior and leadership positions.

Symptoms such as fatigue, poor sleep, anxiety, memory difficulties and reduced concentration can affect confidence and make some aspects of work more challenging. In some cases, women may feel unable to perform at the level they expect from themselves or worry about how they are perceived by colleagues.

Without appropriate support, menopause can have implications not only for individual wellbeing but also for career progression, talent retention and workplace diversity.



Research from the Fawcett Society found that **one in 10 women** who worked during menopause left a job because of their symptoms.

Talking about menopause can be difficult

Although awareness of menopause is improving, many women still feel uncomfortable discussing their symptoms.

Some may feel embarrassed, worry about being judged or fear being viewed differently at work. Cultural, social and generational attitudes can also make conversations about menopause more challenging.

At the same time, managers, colleagues and family members may want to offer support but feel unsure about how to start the conversation or be concerned about saying the wrong thing.

When menopause isn't talked about openly, people can feel isolated and unsupported. Creating environments where conversations about health and wellbeing are normal can help reduce stigma and make it easier for individuals to seek the support they need.



Available support

No one should feel they have to manage menopause alone.

A range of support options are available, including advice from healthcare professionals, treatment, such as hormone replacement therapy (HRT), non-hormonal treatments, talking therapy, and workplace adjustments. Some women also find that healthy lifestyle changes help them manage their symptoms.

The approach to menopause management is highly individual, taking into account personal experience and health factors, which is why professional advice is important when considering the options.



What loved ones can do to help

Partners, family members and friends can play an important role in helping someone feel supported during menopause.

Some simple but effective ways to help include:

- ▶ Taking time to learn more about menopause and the wide range of symptoms it can cause.
- ▶ Listening without judgement and allowing the person to talk openly about their experiences.
- ▶ Avoiding assumptions or comparisons with other people's experiences.
- ▶ Being patient and understanding if symptoms affect mood, energy levels or confidence.
- ▶ Encouraging them to seek professional support when needed.
- ▶ Helping to challenge myths, stereotypes and stigma surrounding menopause.

Often, feeling heard, understood and supported can make a significant difference.



What employers can do to help

Employers also have an important role to play in supporting employees experiencing menopause.

Creating a menopause-inclusive workplace can help employees remain healthy, engaged and able to continue developing their careers while helping organisations retain valuable skills and experience.

Actions employers can consider include:

- ▶ Providing menopause awareness training for employees and managers.
- ▶ Developing clear menopause policies and support pathways.
- ▶ Encouraging open conversations about health and wellbeing.
- ▶ Supporting workplace adjustments where appropriate, such as flexible working arrangements, workload review, time for health appointments, uniform adjustments or breaks in well-ventilated spaces.
- ▶ Promoting employee networks, menopause champions or peer-support opportunities.
- ▶ Ensuring managers feel confident having supportive and sensitive conversations.

By improving understanding and creating supportive environments both at home and at work, we can help ensure that no one feels they have to navigate menopause alone.





Menopause action plans

The Government has introduced guidance to help employers develop and publish menopause action plans, setting out how they will support employees experiencing menopause. While currently voluntary, these plans are expected to become mandatory from April 2027 for employers with 250 or more employees, subject to secondary legislation. [You can find out more on the GOV.UK website.](https://www.gov.uk/government/guidance/menopause-action-plans)



Understanding cholesterol

What it is, what it does and why it matters

Cholesterol. We've all heard of it. But beyond knowing that high cholesterol is 'bad' and that our diet plays a role in keeping our levels in check, many of us know little else about it.

Raised levels of harmful cholesterol increases the risk of cardiovascular disease and affects millions of people across the UK, often without their knowledge. It is important that we understand what cholesterol is, the role it plays in our bodies and how it can affect our health.

In this article, we explore the key things you need to know, address some of the common myths that still exist and share practical steps you can take to help improve your cholesterol levels and support your long-term health.

Cholesterol isn't all bad

One of the biggest misconceptions about cholesterol is that it's all harmful. But the reality isn't so black and white.

We need cholesterol to function properly. It's essential for a range of physiological processes. Our bodies are constantly producing, transporting, using and breaking down cholesterol in a carefully balanced system.

Why do we need cholesterol?

Our bodies use cholesterol to support a number of different processes including:

- ▶ Building and maintaining cell walls
- ▶ Producing hormones, including oestrogen, testosterone and cortisol
- ▶ Making vitamin D
- ▶ Producing bile acids, which help us to digest fats from our food

Around 80% of the cholesterol in our blood is produced by our liver, with the other 20% coming from the foods we eat.

But if we make cholesterol naturally and rely on it to live, why does it have such a bad reputation? The answer is that problems can occur when the physiological balance is disrupted and cholesterol begins to build up more quickly than the body can process it.





Want to learn more?
Check out this helpful
[video on understanding](#)
[your cholesterol from](#)
[Heart UK](#)

How cholesterol moves round the body

To understand why this disruption happens, it helps to look at how cholesterol moves around the body.

Because cholesterol is a type of fat, it can't travel through the bloodstream on its own. Instead, it's packaged up with special proteins to form tiny particles called lipoproteins, which act as a transport system.

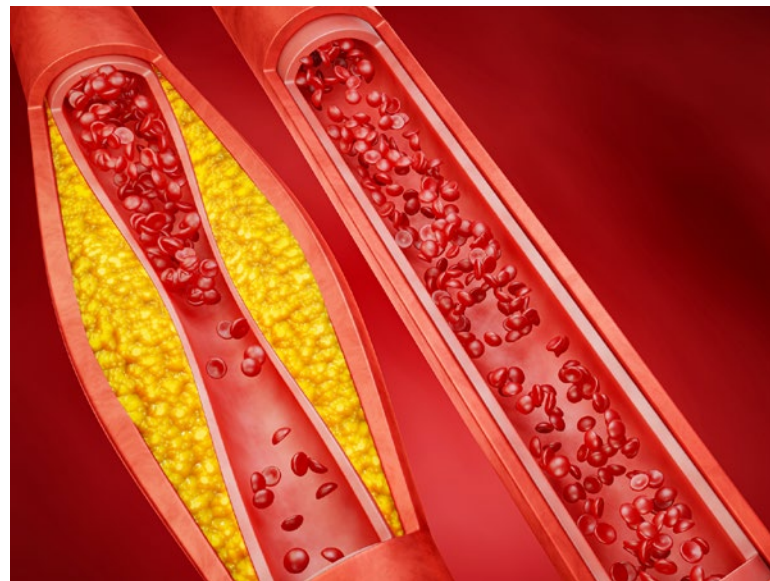
The two lipoproteins most people may have heard of are:

- ▶ **LDL (low-density lipoprotein)** – often referred to as 'bad cholesterol'
- ▶ **HDL (high-density lipoprotein)** – often referred to as 'good cholesterol'

While these 'good' and 'bad' labels oversimplify a highly complex process, they are useful for helping us understand our cholesterol levels.

Think of LDL as a delivery service, transporting cholesterol from the liver around the body to the tissues that need it. Not all the cholesterol will be required, so some of the LDL will remain floating around in the blood. HDL acts more like a clean-up crew, helping to collect the excess cholesterol and transport it away from the arteries and back to the liver, where it can be broken down and recycled or removed from the body.

Sometimes there is more cholesterol circulating in the bloodstream than the body can effectively manage. Over time it can become trapped within the walls of our arteries. The gradual build-up of fatty deposits, known as plaques, causes the arteries to become narrower and less flexible – a process called atherosclerosis – making it harder for blood to flow through them and increasing the risk of serious cardiovascular conditions including heart attack and stroke.



This is why healthcare professionals are interested not only in the overall amount of cholesterol present in your blood (your total cholesterol), but also in how much of each type you have.

How can you tell if you have high cholesterol?

Many people assume they would feel unwell if their cholesterol levels were too high, but it typically doesn't cause any symptoms.

The only reliable way to check your levels is through testing.



Who can have a cholesterol test?

Adults aged 40 to 74 may be eligible for a free NHS Health Check every five years, which includes cholesterol testing, and you'll usually be offered regular cholesterol checks if you have certain pre-existing health conditions.

Otherwise, you may be able to request a cholesterol test through your GP if you have risk factors (like a strong family history) or health concerns.

Some employers offer testing through workplace health screening programmes. The screening programmes usually include a more basic assessment of your total cholesterol only, via a finger prick test. This can be a helpful indicator that further testing is needed.



Understanding your cholesterol results

A cholesterol test provides much more information than a single overall score. Depending on the type of test, your results may include several different measurements that help build a picture of your cardiovascular risk:

Total cholesterol

The overall amount of cholesterol in your blood.

LDL cholesterol

The cholesterol carried by LDL particles.

HDL cholesterol

The cholesterol carried by HDL particles.

Non-HDL cholesterol

This is a measure of LDL and several other types of cholesterol-carrying particles that can contribute to plaque build-up.

Triglycerides

These are another type of fat produced by the liver and found in the blood. High triglyceride levels often occur alongside raised cholesterol and can further increase cardiovascular risk.



Albumin	3.5	mmol/L
Lipid Profile		
Cholesterol	2.25	mmol/L
Triglyceride	1.0	mmol/L
HDL-Cholesterol	1.5	mmol/L
LDL-Cholesterol	2.50	mmol/L
Non-HDL-Cholesterol	3.50	mmol/L
Chol/HDL Ratio		

Total cholesterol to HDL ratio

A measure that looks at the balance between total cholesterol and HDL cholesterol.

Your healthcare professional will interpret all your results in the context of your overall health, risk factors and age. The following information is a general guide only.

What should my numbers be?

Cholesterol is measured in millimoles per litre (mmol/L). NHS guidance suggests healthy adults should generally aim for:

- ▶ A total cholesterol level below 5 mmol/L
- ▶ A non-HDL cholesterol level below 4 mmol/L
- ▶ An HDL level above 1.0 mmol/L for men or above 1.2 mmol/L for women

Target levels may be different if you have medical issues that increase your risk of heart disease or stroke.



The causes of high cholesterol – *why it's not just about what you eat*

Factors you can't control

Age

Cholesterol levels can naturally increase with age and this change is more pronounced in women following menopause.

Genetics

Inherited genes affect the way we process cholesterol. For example, familial hypercholesterolaemia (FH), a hereditary condition affecting around 1 in 250 people. It is associated with high cholesterol levels from a young age due to impairment in the liver's ability to clear LDL cholesterol from the bloodstream.

Ethnicity

Ethnic backgrounds, for example, people of South Asian or sub-Saharan African descent, are known to have a higher likelihood of developing high cholesterol.



Certain health conditions and medications

Some medical conditions, such as diabetes and hypothyroidism, and medications, like steroids increase the risk of raised LDL cholesterol and can make it harder to manage.

Although we can't change our age, ethnicity or genetics, the lifestyle factors that influence our cholesterol levels are something we do have more control over.

In the past, available public health information led to the common misconception that high cholesterol was solely linked to fatty food consumption. However, while lifestyle is important, it's only one piece of the puzzle, and it's now recognised that cholesterol levels are also influenced by a number of other factors, some of which we have limited control over.

Factors you can control

Diet

A diet high in saturated fat can reduce the body's ability to regulate cholesterol, particularly harmful LDL cholesterol, causing levels to rise. Saturated fat is found in foods such as fatty cuts of meat, butter, cheese and many processed foods made with ingredients such as palm oil. Reducing intake of these types of foods and replacing them with alternatives higher in unsaturated fat, such as olive oil, nuts, seeds and oily fish, can help to improve cholesterol levels.

Increasing your intake of fibre-rich foods such as fruits, vegetables, wholegrains (including oats), beans and pulses can also support the body's natural cholesterol regulation processes and help keep levels in check.

Alcohol

Drinking too much encourages the liver to produce more triglycerides, harmfully disrupting cholesterol balance and contributing to weight gain and cardiovascular risk.

Physical activity

Regular movement and exercise help increase levels of HDL cholesterol while also improving the way the body handles blood fats more generally, influencing triglyceride levels, weight management, blood sugar control and inflammation, all of which interact with cardiovascular risk.

And you don't need to spend hours in the gym to see positive effects. Activities such as brisk walking, cycling, swimming or active hobbies, like gardening, can all make a difference. The key is consistency: aim to be physically active for at least 150 minutes per week.

Smoking

Smoking lowers HDL cholesterol, increases LDL cholesterol and damages the lining of your arteries, making them more susceptible to the accumulation of dangerous fatty deposits and plaques. Stopping can help slow this process, with almost immediate benefits for your cardiovascular health.



The bottom line

Cholesterol is often talked about as though it is a health problem in and of itself. In reality, it's an essential substance that every cell in the body relies on.

The challenge is maintaining the right balance and reducing the risk of harmful forms of cholesterol building up in the bloodstream and artery walls over time.

While healthy habits can make a significant difference and are important for everyone, non-modifiable factors such as age, genetics, ethnicity and underlying health conditions play a part too.

There are several treatment options available, including statins. Getting tested where appropriate and discussing your results with a healthcare professional remains one of the most important things you can do to understand your cholesterol level and protect your future health.



Resources – Menopause

- ▶ Menopause and perimenopause ([NHS](#))
- ▶ Menopause at work: managing menopause ([Acas](#))
- ▶ Menopause and the workplace ([Fawcett Society](#))
- ▶ Menopause in the workplace ([CIPD](#))
- ▶ Creating an action plan: guidance for employers ([GOV.UK](#))
- ▶ Supporting a partner through menopause ([Dad Matters Blogs](#))
- ▶ Why should men understand the menopause? ([Benenden Health](#))

Resources – Understanding cholesterol

- ▶ What is high cholesterol? ([NHS](#))
- ▶ Cholesterol levels ([NHS](#))
- ▶ Lower your cholesterol – food, exercise and common questions – BHF ([British Heart Foundation](#))
- ▶ What is familial hypercholesterolaemia? ([Heart UK](#))
- ▶ How it's made: Cholesterol production in your body ([Harvard Health Publishing](#))

Our Services

At Health Partners, we offer a range of workplace health and wellbeing services that can help support client employees with the issues covered in this edition of Your Health.

To find out more, visit our website healthpartnersgroup.com

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November

