

## Improving Education of Women with Intellectual Disabilities about Menopause at Wandsworth Learning Disability Healthcare Team

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### INTRODUCTION

- The recent Royal College of Psychiatrists position statement on menopause and mental health highlighted that women with intellectual disabilities (ID) are at increased risk of severe and functionally impairing menopause-related symptoms (1).
- Women with ID typically enter menopause 5 to 10 years earlier than women in the general population and early identification of menopause is needed to optimise care and improve quality of life (2).
- The National Institute for Health and Care Excellence guidance advises that healthcare professionals (HCPs) share information about menopause with symptomatic women or those approaching menopause, and/or their carers (3).
- Accessible information on menopause needs to be provided in a timely manner, before menopause onset, to support women with ID to understand their experiences, and HCPs require training on the impact of menopause on women with ID (4).
- Menopause training is not routinely provided to HCPs at Wandsworth Learning Disability Healthcare Team (WLDHT) and accessible information is lacking.

### AIMS

- By June 2026, we aimed to have at least **one discussion per month regarding menopause** with eligible patients (women aged 35-55 years who are pre/perimenopausal) and/or their carers, by any HCP within the team.
- To create a **menopause easy read leaflet** to facilitate these discussions.

### METHODS

- In **April 2025**, a baseline audit was conducted to assess documentation of discussions about menopause with patients and/or carers, including the use of accessible information, among women aged 35-55 years under the care of WLDHT.
- In **June 2025**, audit findings were presented to HCPs, with recommendations to include routine menopause discussions at initial assessment and annually for women aged 35-55 years.
- An accessible menopause leaflet was developed following patient focus group feedback from three women under the care of WLDHT (*fig. 1a*) and an accessible patient/carers flyer was created for waiting areas (*fig. 1b*).
- Following a re-audit in **December 2025**, rolling monthly data collection over six months (**January-June 2026**) identified eligible women and opportunities for menopause discussions using accessible information. Findings were reviewed monthly with the multidisciplinary team (MDT), and feedback used to identify barriers in implementation (*fig. 2*).
- Several change ideas were implemented (*fig. 2*), including a gynaecologist-led teaching session for HCPs.

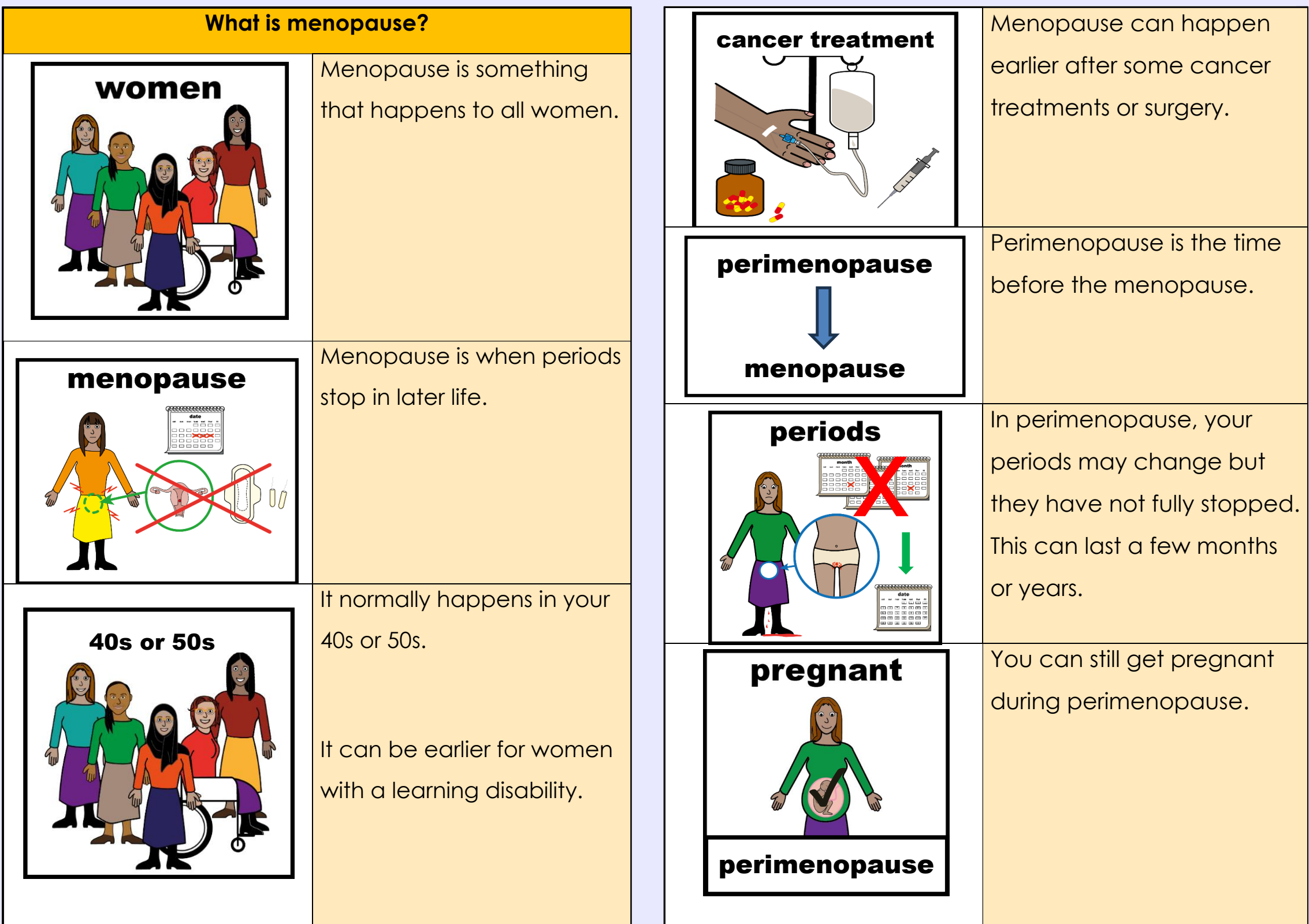


Figure 1a: Menopause easy read leaflet (pages 1-2 of 10)

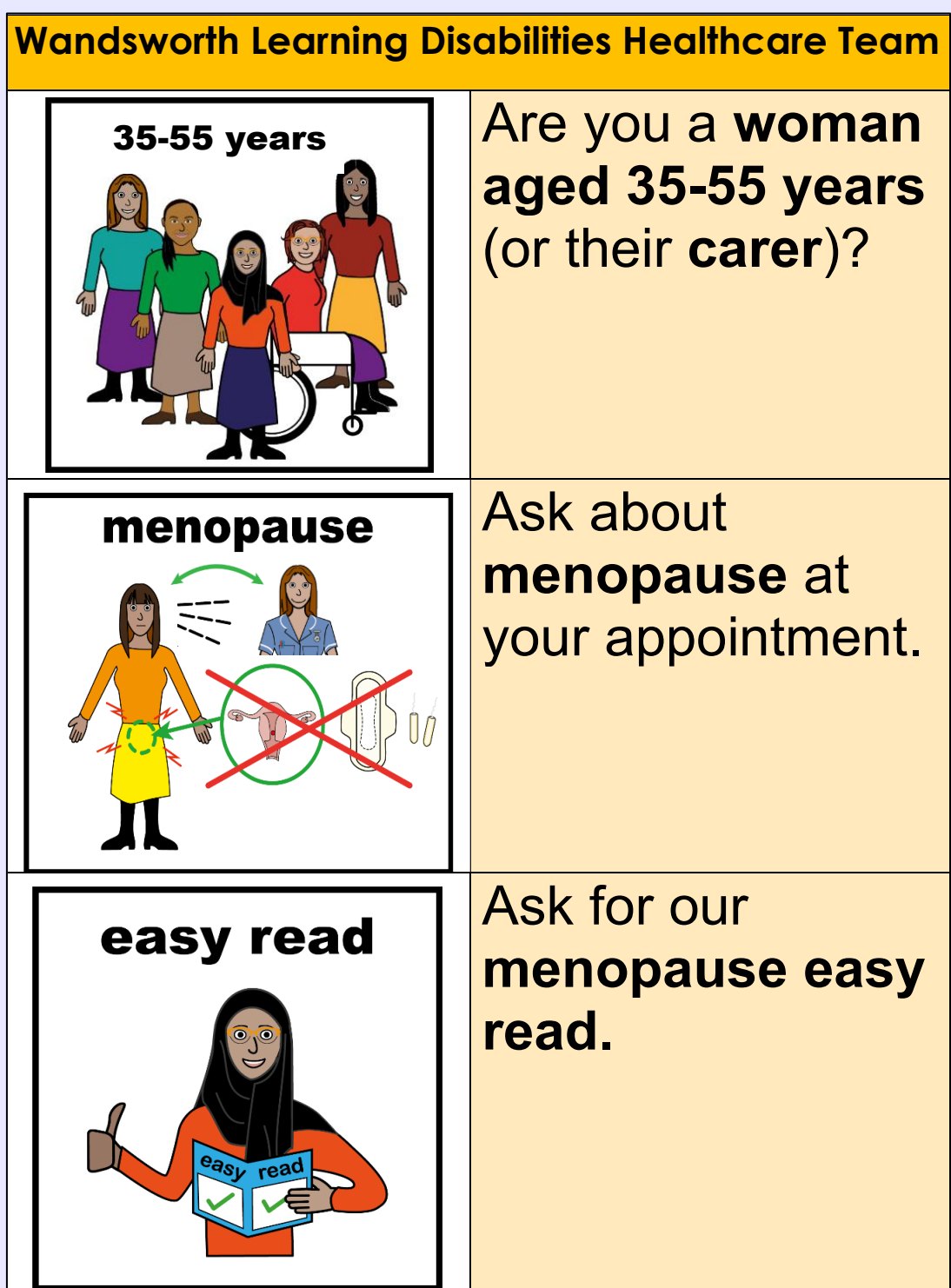


Figure 1b: Accessible patient/carers flyer

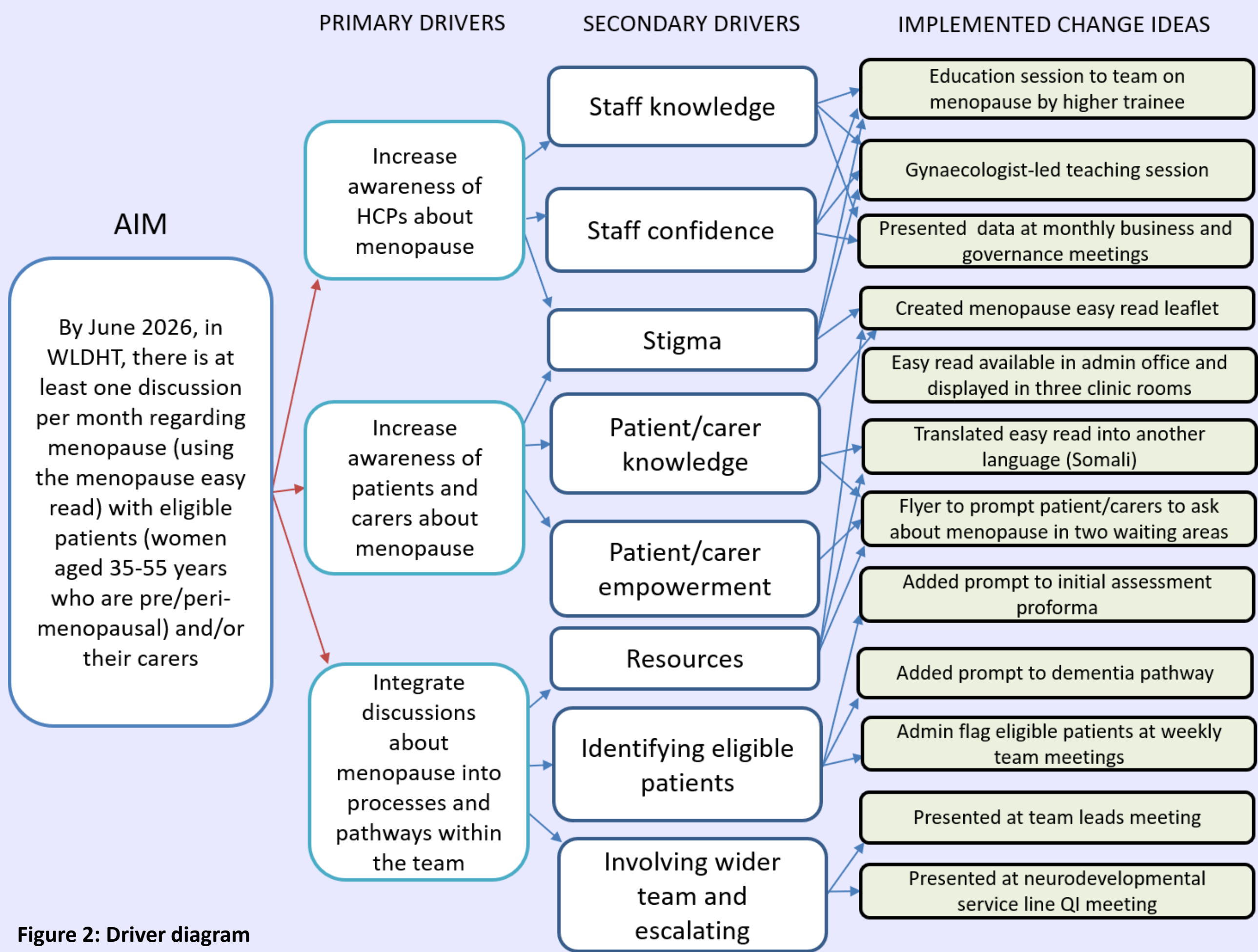


Figure 2: Driver diagram

### RESULTS

- In the baseline audit, 24 eligible women were identified. Excluding post-menopausal women, no documented discussions about menopause using accessible information were identified. The re-audit identified one such discussion in November 2025 (*fig. 3*).
- Between January-June 2026, discussions increased to an average of once monthly (mean 13.8 eligible patients/month; mean 22 opportunities/month) (*fig. 3*) by HCPs from six disciplines: speech and language therapy, psychiatry, dietetics, learning disability nursing, recovery support and psychology.
- Following gynaecologist-led teaching, the percentage of HCPs (n=19) confident in their knowledge of menopause in the general population, and in women with ID, increased (19% to 53%; zero to 37%, respectively). Those confident in asking women with ID about menopause, and in educating them, also increased (38% to 68%; zero to 42%, respectively) (*fig. 4*).

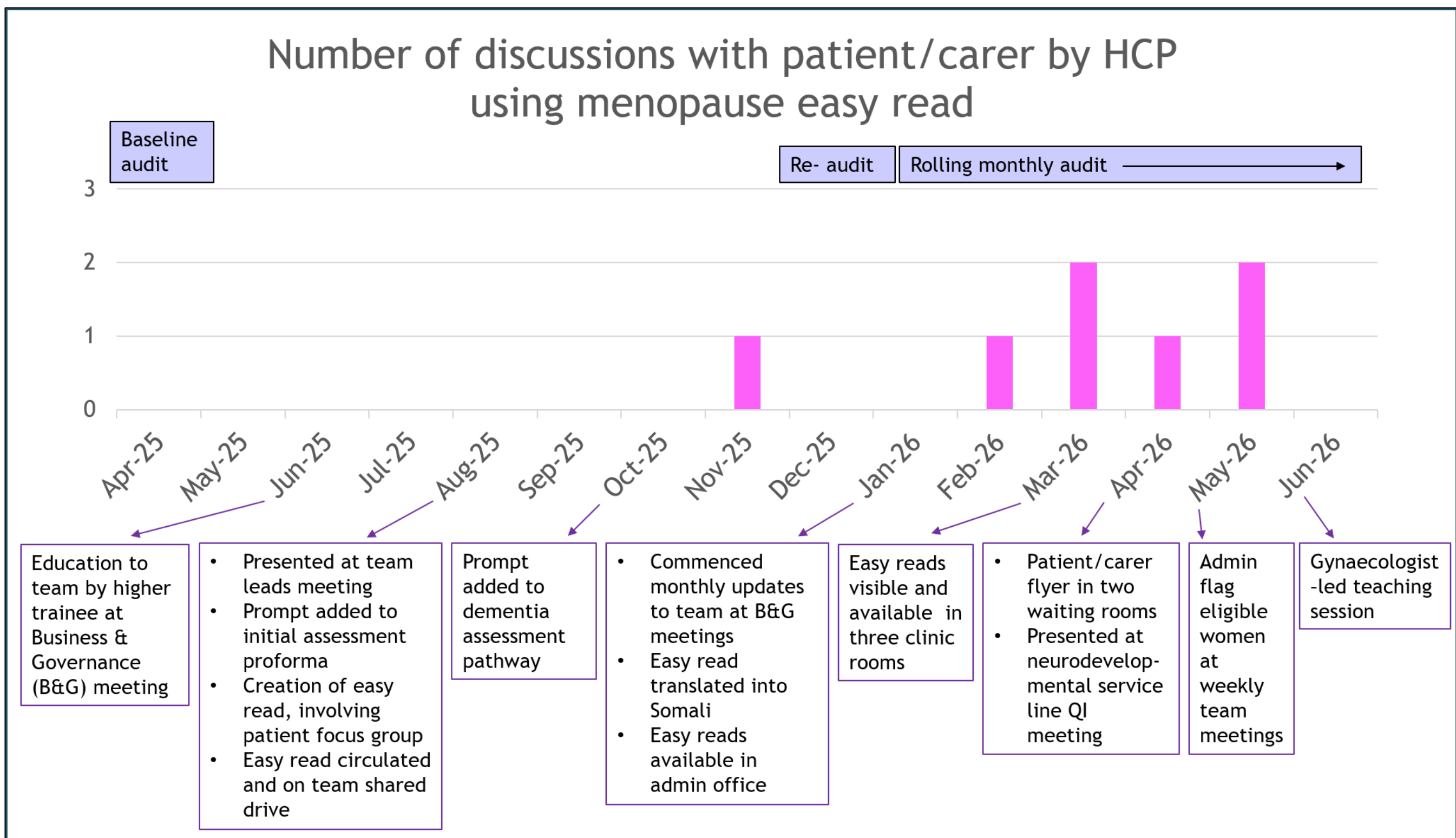


Figure 3: Timeline of interventions

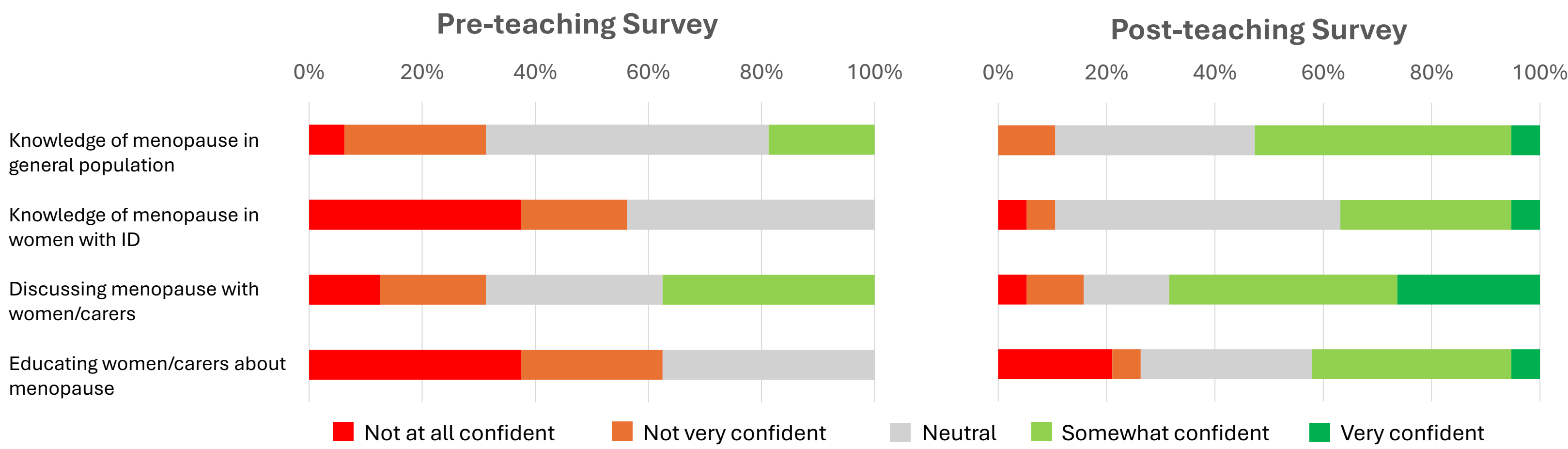


Figure 4: pre- and post-teaching surveys

### DISCUSSION

- Due to lack of uptake in the initial period, multiple further interventions were implemented, leading to positive results.
- We have integrated the education of women with ID about menopause into routine clinical practice at WLDHT and embedded this into team processes including our referrals, initial assessment and dementia pathways.
- Whilst there was improvement in HCPs' confidence across all four domains surveyed, results indicate that further staff training is needed.
- A strength of this project is patient feedback to create the menopause easy read, plus input from the wider MDT.
- Data was not collected on patient/carers knowledge of menopause pre- and post-interventions.
- Menopause workshops for patients/carers may be beneficial and would allow measurement of patient/carers impact.

### CONCLUSIONS

- Regular menopause discussions using accessible information are now occurring across the MDT.
- We met our aim of an average of one discussion about menopause per month by any HCP within the team.

### REFERENCES

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