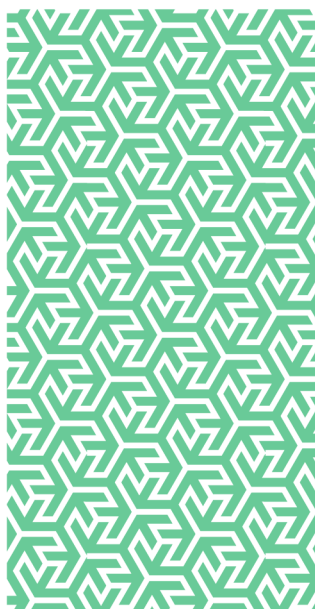




Risk control

Driving and the Menopause



In partnership with



Driving and the Menopause

Introduction

Recently the menopause has become the hot topic of discussion which is positive as it raises awareness. Yet it has been around forever so why the interest? There is more research, greater understanding of the effects, and as more women come back into work it has changed the landscape in wellbeing by attempting to break the taboo. It is often one of those topics that many do not want to address for fear of saying the wrong thing, not understanding or inappropriate stereotyping 'women of a certain age', or those going through 'the change' to explain certain behaviours or emotions.

The UK government state that there are approximately 4.5 million women aged 50 – 64 in work and that those over 50 were the fastest growing group in the workforce overall ¹. Those aged 45 to 54 make up 11% of all those employed ². Despite the high volume of female workers the Government Equalities Office stated that the '*menopause is not well understood or provided for in workplace cultures, policies and training*'³ but are now working with organisations to change this. A 2019 survey conducted by the Chartered Institute for Personnel and Development CIPD found that three in five menopausal women were negatively affected at work ^{4,5}.

Peri-Menopause

This is the time that leads to the menopause and will be when many women will be experiencing symptoms. It will naturally occur between the age of 45 – 55 years old, with the average UK age at 51 years old for reaching the menopause.

Menopause

When a woman has stopped having periods for 12 months they have reached the menopause. They can no longer become pregnant, due to lower hormone levels. The menopause can occur naturally but can also begin due to surgery, cancer treatments, for genetic or even unknown reasons. It is possible for women to experience the menopause before 40 years old and is known as premature or early menopause which can affect 1 in 100.

Hormones and our brain

Menopause is a neurological change that affects almost all women at some time. One of the main hormones that decline is oestrogen which affects the development and ageing of brain regions that are crucial to higher cognitive functions (like memory). The hypothalamus is located on the underside of our brain, and is the size of a pea. It plays a vital role in keeping the body stable such as temperature, and hormone levels.

Neuroscientist ⁶ Lisa Mosconi, explains: "*When oestrogen doesn't activate the hypothalamus correctly, the brain cannot regulate body temperature. So those hot flashes that women get - that's the hypothalamus. Then there's the brainstem in charge of sleep and wake. When oestrogen doesn't activate the brainstem correctly, we have trouble sleeping. When oestrogen's levels ebb in these regions, we start getting mood swings perhaps and forget things.*"

Women will also have a depletion of progesterone and testosterone, linking to the brain's cerebellum, which controls coordination, movement and balance.

Symptoms

There are some common symptoms experienced which can vary between individuals in relation to types and severity.

Some of these include, but not limited to:

- Hot flushes
- Heart palpitations
- Headaches
- Night sweats
- Hot flushes
- Difficulty sleeping due to the night sweats causing tiredness and irritability in the day
- Dry and itchy skin
- Low mood and anxiety
- Depression
- Low self-esteem and confidence
- Problems with memory and concentration
- Brain fog causing difficulty in focusing on tasks, and making decisions
- Muscle aches and joint pain
- Vision

Moral, Economic and Legal obligation

Employers have a moral, economic and legal duty to protect those who may be going through the menopause. The Fawcett Society found that around 1 in 10 of women are forced to give up work due to symptoms they are experiencing ^{7,8,9}. For many women in this age group not only are they navigating life's natural challenges but are known as the '*sandwich generation*' where they are caring for their own children, working and looking after ageing parents. Recruitment and training is expensive and time consuming, with added business service and supplier

demands so looking after existing staff makes both moral and financial sense.

Legally there are a number of general employment protections as no legislation specifically mentions menopause at present in the UK.

The Health and Safety at Work Act (1974) section 2 or HSWA requires employers to ensure, so far as reasonably practicable, the '*health, safety and welfare at work of all employees*'.

The Management of Health and Safety at Work Regulations (1999) requires the undertaking of a suitable and sufficient assessment of risks whilst then making suitable adaptations where necessary.

The Workplace (Health, Safety and Welfare) Regulations 1992 extends the HSWA to ensure that adequate welfare facilities are provided for people at work.

Working collaboratively with employees on health and safety matters can help create a positive work culture.

The Equality and Human Rights Commission have issued advice to employers in relation to the Equality Act and those affected by the Menopause ⁷. Whilst the menopause is not specifically mentioned, if it can be shown that the '*symptoms have a long term and substantial impact on a woman's ability to carry out normal day-to-day activities, they may be considered a disability. Under the Equality Act 2010, an employer will be under a legal obligation to make reasonable adjustments and to not discriminate against the worker*'.

Policy

By developing a menopause policy it demonstrates the organisations commitment to ensuring individuals are treated fairly and with dignity, and feel supported. As with all policies, communication and awareness training will be paramount to its success.

A good policy will detail definitions, aims, symptoms, management by the individual and line manager. There are a number of examples publically available on the Internet which could be used as a template and developed to reflect the organisations own ethos.

Effect on driving

Many women will drive as part of their job or as professional drivers in their own right. Driving, whilst going through perimenopause or the menopause, can cause unique challenges. The task involves multitasking, which is challenging. It also requires high levels of concentration, awareness, core motor skills for control operation, decision-making, maintaining energy levels, spatial awareness and periods of sitting. The lowered oestrogen levels impact

these and affect someone's driving ability. The correlation between hormones and anxiety could make driving a daunting task, perhaps in areas where high levels of decision making is required - time of day, city centres, and unfamiliar areas.

A survey ¹⁰ found that, out of 4,000 respondents 69% experienced low mood and anxiety, with 81% getting less sleep, and 73% had flushes. This lack of sleep can be linked to poor concentration leading to late hazard identification, and slow reactions.

Brain fog ¹¹ could set in and it can become difficult to focus, which results in poor judgement, and difficulty making even straightforward decisions leading to hesitancy at junctions, near misses, and panic setting in. Driving actions, normally embedded, are suddenly absent such as questioning which way to drive around a roundabout or giving way from which direction. Memory can become clouded and even the most straightforward action is a mammoth task such as remembering where the vehicle is parked.

The amygdala is the part of our brain, deep in the centre, which helps to mediate behaviour and emotional learning. One of its major functions is to process fear and anxiety and with lowered oestrogen, this can be more difficult to control. The anxiety and panic could happen in the middle of the night or whilst driving. The poor quality sleep will make the individual more tired in the day and the risks of fatigue and driving are well known. During the drive, it could be from something as simple as being cut up by another motorist or not selecting the correct lane but causes the sufferer to, in some cases, catastrophize.

A common physical symptom is joint, back or muscle pain as the oestrogen affects cartilage. Where the employee is required to drive for some time this could lead to feelings of pain and discomfort, and subsequently fidgeting, and lack of concentration. The joint pain could lead to a stiff neck, which will have implications with parking, and slow speed manoeuvres in particular.

Another physical symptom is the effect on vision through dry eyes, blurred vision, light sensitivity and eye fatigue. These can provide particular challenges in night driving.

It is important to consider partners as they could suffer from the women tossing and turning all night, causing them to also have poor quality sleep. This in turn will affect their own job role, working in safety critical environments and driving.

How can Employers help?

- ✓ Reassess the 'Driving at Work' policy to ensure all additional risks are considered
- ✓ Create a journey planning assessment tree to establish if there are ways to minimise driving, through lifts, vehicle sharing, public transport or virtual meetings.

- ✓ Open conversations to establish how the organisation can assist whilst still meeting business needs.
- ✓ Create a menopause policy and ensure all staff are positively on board to change culture.
- ✓ Promote simple changes such as a desk fan and cool environments.
- ✓ Encourage regular eye check-ups.
- ✓ Discuss if flexible working is viable such as home and hybrid working.
- ✓ Provide support from colleagues through networks.
- ✓ Manage health and absence in a fair way.
- ✓ Promote a positive culture so that barriers can be broken, and women to do not feel discriminated against, or afraid to raise how they are feeling. This will aid both staff recruitment and retention.
- ✓ Accept that journeys may take longer, with management of meeting and deliveries needing more time between them.

How can drivers be helped?

- ✓ Uniform adjustments to be more comfortable or loose.
- ✓ Help adjust driving routines such as amended travel times, with reduced speeds, and increase following distances due to vision changes.
- ✓ Allow more time for journeys to stop more regularly. Planning the journey route will aid in reducing anxiety.
- ✓ Use relaxation and breathing to help reduce stress and anxiety.
- ✓ Keep hydrated, with cold water to aid concentration and muscle pain. If in discomfort find somewhere safe to park and walk around.
- ✓ Keep the vehicle cool, through climate control and cool seats, to reduce the impact of hot flushes.
- ✓ Adjust travel times where possible to avoid rush hour.
- ✓ Consider taking some in-vehicle training to develop confidence.
- ✓ If in doubt speak to the Line Manager about how they can help make allowances and seek GP advice.

References

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Further information

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