

Neurodiversity and Menopause in The Workplace



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Executive Summary

Perimenopause and menopause can be significant life transitions that impact a substantial proportion of the workforce. However, workplace policies, health initiatives, and support frameworks do not always reflect neurodivergent employees' experiences.

This white paper explores the intersection between neurodiversity and menopause and provides practical guidance for HR professionals, managers, and organisations to recognise barriers, respond to changing needs, and provide person-centred support, thereby enabling employers to retain experienced and valuable employees.

Hormonal changes during the menopausal transition can affect concentration, memory, emotional regulation, sensory processing, and energy levels. For some neurodivergent individuals, these changes may intensify existing difficulties or make previously effective coping strategies harder to maintain.

For employers, these changes may appear as differences in performance, communication, or confidence. Rather than indicating a loss of capability, they may signal that an employee's support needs or workplace barriers have changed. Recognising this can help HR teams and managers identify where additional support or workplace adjustments may be beneficial.

Experiences can also be shaped by factors including gender identity, race, disability, socioeconomic circumstances, and access to healthcare. Understanding these intersections can help organisations create more inclusive approaches to menopause support and well-being initiatives.

There is an increasing focus on workplace menopause support, highlighted by the introduction of Menopause Action Plans in 2027. Organisations with 250 or more employees will be required to outline their support measures for employees experiencing menopause and have an opportunity to consider whether these measures address the needs of neurodivergent employees.

Introduction

Neurodivergent individuals are estimated to account for 15-20% of the population, yet identification rates remain particularly low among older adults (1). Consequently, many individuals reach midlife having developed coping strategies and masking behaviours that support them in succeeding professionally while experiencing significant barriers. For many, the reason these strategies were necessary may not become fully apparent until later in life. (2,3)

Menopause can introduce a significant turning point. As a major neurological and hormonal transition, menopause is associated with changes in cognition, concentration, memory, emotional regulation, sleep, and stress tolerance.

Emerging research suggests that these changes can have a particularly profound impact on neurodivergent individuals, disrupting coping mechanisms that may have been relied upon for decades and exposing previously hidden difficulties (4).

For some individuals, menopause may become the catalyst for recognising previously unidentified neurodivergent traits and seeking assessment or diagnosis for the first time.

Recent research has begun to explore the complex relationship between neurodivergence, menopause, and work. Evidence suggests that menopausal hormonal changes can amplify existing neurodivergent experiences, while workplace environments often intensify the resulting challenges (5).

Difficulties with executive functioning, sensory processing, communication, fatigue, and emotional regulation may become more pronounced during the menopausal transition, particularly in organisations that lack flexibility, understanding, or appropriate support mechanisms.

For employers, understanding this intersection is important. Changes in an employee's concentration, organisation, communication, or confidence may not reflect a loss of capability. They may instead indicate that previous effective strategies are no longer working or that workplace barriers have become more difficult to manage.

At a Glance

1. Changing needs:

Menopause can affect concentration, memory, emotional regulation, sensory processing, and energy levels.

2. Not a loss of capability:

Previously effective coping strategies or workplace adjustments may need to change.

3. Different experiences:

Gender identity, race, disability, socioeconomic circumstances, and access to healthcare can shape individual experiences.

4. What employers can do:

Recognise changing barriers, start supportive conversations, and take a flexible, person-centred approach to adjustments.

Why This Matters For Employers

The implications for employers are substantial. CIPD research (6) highlights the impact menopause can have at work.

67%

report a negative impact on work

17%

considered leaving their role

6%

have left work

Although these figures reflect menopausal experiences more broadly, they highlight the organisational risks associated with failing to provide appropriate support.

For neurodivergent employees experiencing the combined effects of menopause and neurodivergence, these risks may be even greater. This is particularly important as individuals may occupy senior positions, hold extensive tenure, or provide valuable skills and perspectives across different levels; **the loss of this talent and organisational knowledge can potentially have a significant impact.**

There are also important legal considerations. Under the Equality Act 2010, neurodivergence and severe menopause symptoms may constitute a disability where they have a substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day activities. When this threshold is met, employers have a statutory duty to consider and implement reasonable adjustments.

A number of employment tribunal cases have highlighted the potential legal implications of menopause-related symptoms in the workplace. For example, in *Rooney v Leicester City Council* (2021) (7), the Employment Appeal Tribunal found that the original tribunal had failed to properly consider whether the claimant's severe menopausal symptoms could amount to a disability under the Equality Act 2010, helping to establish that menopause-related impairments may fall within disability protections.

Similarly, *Lynskey v Direct Line Insurance Services Ltd* (2023) (8), involved claims relating to disability discrimination and reasonable adjustments. The tribunal accepted that the claimant was disabled because of menopause symptoms such as low mood, anxiety, poor self-esteem, and memory difficulties. This highlights the importance of appropriate training and early consideration of workplace adjustments.

While there is currently limited case law specifically examining the intersection of neurodivergence and menopause, these cases demonstrate why employers should take menopause-related workplace difficulties seriously and consider whether appropriate support or adjustments are required. The risks may extend beyond disability discrimination to other areas of employment law, depending on the circumstances.

Furthermore, recent employment reforms are increasing expectations on employers to take proactive action, including requirements for organisations with 250 or more employees to develop and publish Menopause Action Plans (9) by spring 2027. This provides an opportunity for organisations to consider whether their approach is inclusive of neurodivergent employees and other intersecting experiences.



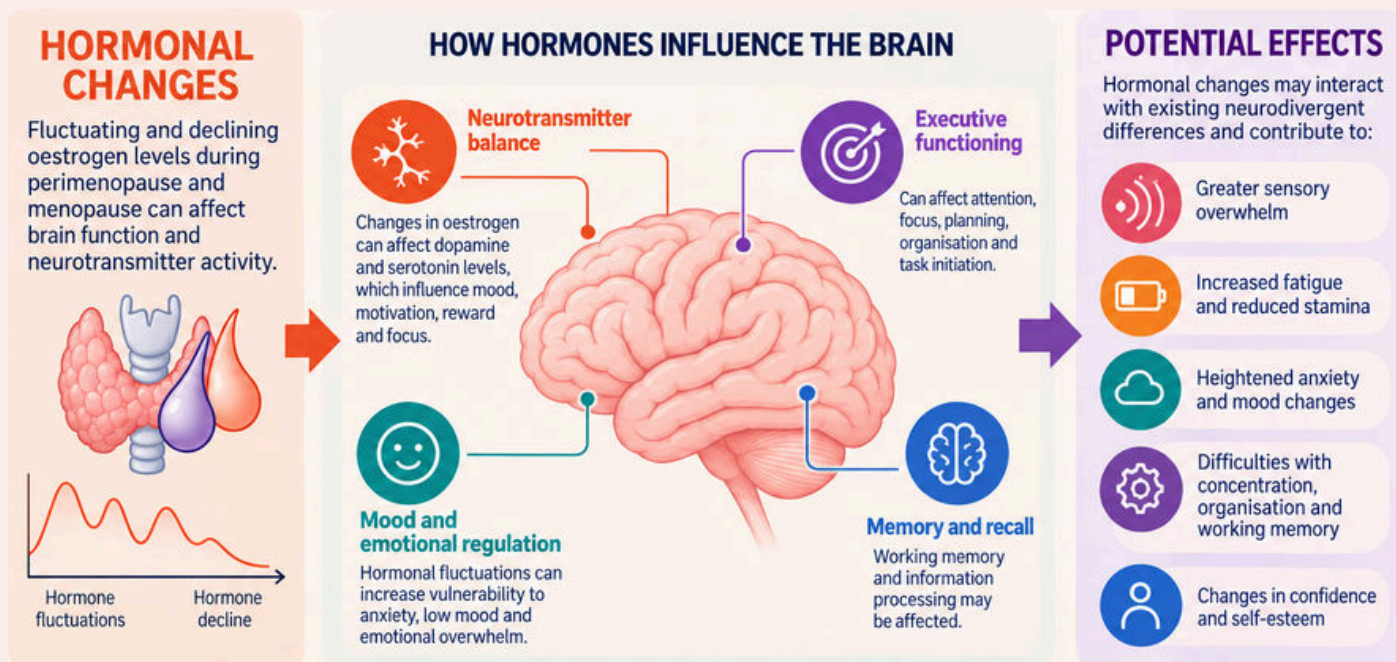
Early conversations and appropriate adjustments can help prevent changing support needs from becoming performance concerns.

Understanding the Hormonal and Neurological Intersection

Understanding the relationship between menopause and neurodivergence requires an appreciation of how hormonal changes influence brain function. Oestrogen plays an important role in regulating neurotransmitters, including dopamine and serotonin, which are involved in attention, motivation, executive functioning, mood, and emotional regulation. During perimenopause, fluctuating hormone levels and the subsequent decline in oestrogen can be associated with changes in concentration, memory, emotional regulation, and cognitive functioning. (4)

For some neurodivergent individuals, these changes may be particularly significant. Expressions such as ADHD are already associated with differences in dopamine regulation, meaning hormonal fluctuations may further affect attention, focus, task initiation, and executive functioning. Research exploring the intersection of neurodivergence and menopause has identified a noticeable deterioration in coping strategies that had previously enabled individuals to manage workplace and daily life demands successfully (4).

Importantly, this does not mean an employee has become less capable. Instead, it may mean that strategies or adjustments that previously enabled someone to work effectively need to change.



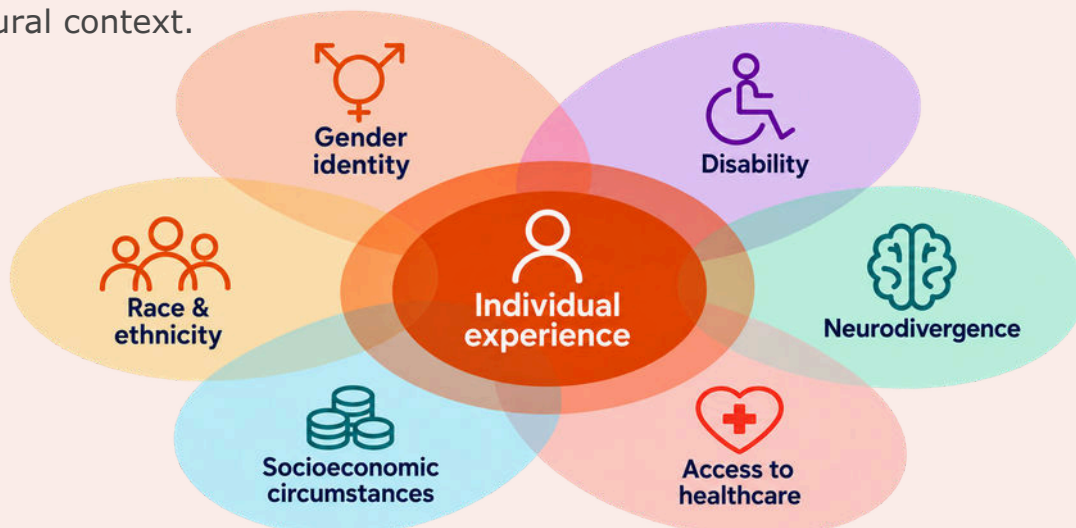
While everyone is an individual, the strengths commonly associated with neurodivergence are present; it is often the case that simple additional adjustments may be required to support a person to thrive. For example, this might include providing access to a quiet space for concentration, flexible start times, or practical strategies for organisation and recall, such as setting up personal alerts and reminders.

The Intersectional Lens

The experience of menopause is shaped by multiple intersecting factors. The challenges associated with menopause and neurodivergence do not occur in isolation; they are often influenced by factors such as race, disability, and socioeconomic status. As a result, the experience of neurodivergent menopause can vary considerably depending on an individual's wider social and structural context.

For example, menopause is still frequently framed as relating to cisgender women, which can exclude trans men, non-binary, and gender-diverse individuals. Research has highlighted significant gaps in understanding LGBTQ+ experiences of menopause, particularly for non-binary and trans individuals navigating healthcare and workplace systems. (10,11)

Race and ethnicity can also shape menopausal experiences. Research suggests that Black, Asian, and other minoritised ethnic individuals may face additional barriers when seeking support. UCL research found that Black women experience barriers in accessing menopause care, which can be compounded by the fact that women of colour are less likely to receive timely and accurate diagnoses of ADHD and autism because of persistent biases within healthcare systems. (12)



Access to specialist menopause services, neurodiversity coaching, private healthcare, and hormone treatments can also be influenced by financial circumstances or employer-funded healthcare packages. Employees in lower-paid, frontline, or less flexible roles may have fewer opportunities to manage fluctuating symptoms or access support.

Research exploring women's experiences of menopause care within the NHS highlights how inequalities in access to information, treatment options, and specialist care can influence outcomes. (13)

For HR and People teams, an intersectional approach does not mean trying to predict an employee's experience based on their identity. Instead, it means recognising that employees may face different and overlapping barriers and creating workplace processes that are flexible enough to respond to individual needs.

Workplace Barriers and Considerations for Daily Work

While experiences vary between individuals, these difficulties are often present within the workplace, where employees are expected to maintain consistent performance while potentially managing cognitive, emotional, and physical changes. Without understanding, changes in performance can easily be misunderstood. Difficulties with concentration, organisation, memory, communication, or emotional regulation may be interpreted as capability issues rather than indicators of changing support needs. (4,5)



This can potentially be difficult for employees who have spent years masking their differences or relying on well-established coping strategies. When these strategies become less effective, individuals may experience a loss of confidence alongside the practical challenges of managing their workload. In some cases, organisations may respond with increased scrutiny, capability procedures, or Performance Improvement Plans before considering whether workplace adjustments could address the underlying barriers.

The impact is often most heightened in three key areas:

1. Executive Function:

Employees may find it harder to plan, prioritise, organise, retain information, or initiate tasks. Projects that are complex, ambiguous, or cognitively demanding can be difficult to navigate, even when the individual has the skills and experience to complete them successfully.

2. Sensory Processing and Cognitive Load:

For neurodivergent individuals with sensory sensitivities, workplace environments may feel more distracting or overwhelming. Noise, lighting, temperature, interruptions, and other environmental demands can become difficult to tolerate.

3. Communication and Workplace Relationships:

Changes in confidence, emotional regulation, concentration, or social tolerance may impact on communication and workplace interactions.

Creating an Inclusive Workplace

Creating an inclusive workplace does not necessarily require complex or costly interventions. Often, relatively small adjustments can make a significant difference to an employee's ability to manage symptoms, maintain performance, and remain engaged at work. Awareness is a key factor.

It is important for managers to understand menopause and its symptoms to provide effective support. While there is less stigma around menopause today, lack of psychological safety, and misunderstandings persist; therefore, implementing informed actions can help organisations retain valuable talent.

A holistic, person-centred approach is particularly important, recognising that experiences will vary depending on an individual's neurodivergent profile, menopausal symptoms, role requirements, and wider circumstances.



Practical Steps for Making Adjustments

Supporting employees through menopause is best achieved by taking a step-by-step approach, starting with simple, easy-to-implement adjustments and progressing to more tailored solutions as needed. As previously discussed, experiences of menopause vary widely, so a flexible and person-focused approach is recommended. The following steps outline suggestions for how to identify and implement practical workplace adjustments to help employees manage symptoms at work:



1

Start the Process with Simple Adjustments

- Allow **flexible work schedules**, such as later start times or temporary shift changes.
- **Add fans**, improve ventilation, or relocate desks and workspaces near windows to help with temperature control.
- Different fabrics or design can make uniforms more comfortable or **allow flexibility in dress codes**.
- **Clear written instructions**, documented action points, and agreed priorities rather than relying solely on verbal communication.
- **Breaking larger projects into smaller, manageable tasks** with realistic deadlines and review points.
- **Reviewing workloads** and performance expectations during periods of increased symptoms.
- **Assistive technology**, such as dictation software, digital planning tools, project-management applications, and setting alarms or reminders for tasks and deadlines.

2

Address Specific Symptoms

- Workplace Needs Assessments to identify individual strengths, barriers, and support requirements.
- For sleep disruption and fatigue, offer options to work from home after a difficult night and allow regular breaks.
- For heavy or irregular periods, ensure accessible toilets, allow longer bathroom breaks, and provide sanitary supplies in bathrooms.
- For headaches or sensory sensitivities, create quiet workspaces and consider adjusting lighting or noise levels.

3

Offer Support for Psychological Wellbeing

- Encourage open conversations through regular one-to-ones or occupational health meetings.
- Direct employees to available counselling, wellbeing champions, or employee support programmes.
- Provide opportunities for mindfulness, exercise, or relaxation.

- Access to coaching, mentoring, peer support, or co-coaching, to help employees develop practical strategies and facilitate constructive conversations around workplace needs.

4

Review and Adapt as Needed

- Regularly review adjustments to ensure they continue to meet the employee's needs.
- Facilitate ongoing feedback and adapt support in partnership with the employee, recognising that symptoms may fluctuate.

Through the process of starting with easy adjustments and building towards more personalised, holistic solutions, employers can help employees feel valued and supported throughout the menopausal transition.



Start Small

Adjustments don't always need to be complex or costly. Small changes to the working environment or ways of working can make a meaningful difference.

Awareness, Culture, and Manager Capability

Adjustments are most effective when they sit within a culture where employees feel safe discussing their experiences and managers feel confident responding appropriately.

Building this foundation may include:



Providing accessible information and signposting to internal and external sources of support.



Creating opportunities for open, supportive, and non-judgemental conversations about changing workplace needs.



Training managers and HR professionals on menopause, neurodivergence, and their potential interaction.



Increasing awareness of employee rights, reasonable adjustments, and inclusive management practice, so that employees and managers understand what support may be available.



Developing menopause policies and wellbeing initiatives that reflect the diverse experiences of employees, drawing on intersectional considerations.



Ensuring menopause support is aligned with wider diversity, equity, inclusion, and wellbeing strategies, rather than operating as a standalone initiative.

Regular follow-ups are also important as menopause symptoms can fluctuate over time, and adjustments that are effective at one point may need to be reviewed or adapted as circumstances change.

The most effective support is developed collaboratively with employees and focuses on removing barriers rather than questioning capability. By combining practical adjustments with inclusive leadership and organisational awareness, employers can create environments in which employees feel valued, supported, and able to continue contributing their skills and experience throughout the menopausal transition.

Putting Support into Practice: Case Vignettes

The following case vignettes demonstrate how the intersection of neurodivergence, menopause, and broader identities can affect people's experiences at work. They also show how holistic workplace needs assessments can support the individual and reduce workplace barriers.



Case Vignette 1: **Amaya** **Senior Project Manager**

Amaya is a Senior Project Manager in a fast-paced software development firm. She has undiagnosed ADHD and is a black woman. Throughout her career, she has managed a heavy workload through intense personal scheduling, overworking, and masking.

The Context

Amaya entered perimenopause, experiencing severe sleep disruption, hot flushes, and increasing fatigue. As her oestrogen levels declined, her dopamine levels were impacted.

The strategies she had relied upon no longer worked.

After seeking medical advice, Amaya felt that her concerns were initially attributed to stress. She became increasingly anxious, withdrew from colleagues, and stopped asking for help. Her manager noticed her missed deadlines and prepared to put her on a formal Performance Improvement Plan (PIP).

The Workplace Needs Assessment

Rather than moving immediately to a PIP, HR initiated a Workplace Needs Assessment. The assessment explored Amaya's strengths, workplace barriers and the sensory and cognitive demands of her role.

Implemented Adjustments

- The organisation funded the recommended assistive technology to support memory, organisation, and task management.
- Amaya and her manager received co-coaching, with a focus on moving from vague communication towards structured instructions, clear priorities, and explicit deadlines.

- Amaya was given greater flexibility around her working hours. If menopausal insomnia caused fatigue, she could start later and schedule high-focus work for periods when she was most able to concentrate.

Outcome

Within six weeks of implementing these adjustments, Amaya found it easier to manage her workload and focused on her core strengths. Her manager also had a clearer understanding of how to provide effective support. The vignette demonstrates how a change in performance does not necessarily indicate a change in capability.



Case Vignette 2: Alex Senior Data Analyst

Alex, a non-binary Senior Data Analyst working in a busy open-plan financial services office. Alex is autistic and prefers a predictable, quiet, and structured environment.

The Context

Alex reached menopause and began experiencing intense and unpredictable vasomotor symptoms, including hot flushes and heart palpitations. For an autistic individual with differences in interception, these unfamiliar physical sensations felt frightening and overwhelming.

When this internal sensory overload combined with the office environment, bright overhead lights, constant conversations, and a rigid dress code, Alex could not cope. The combination contributed to an intense autistic burnout, leading to frequent absences and acute distress.

Alex also found the heavily gendered language used by the organisation's 'Women's Menopause Support Network' uncomfortable, making it more difficult to access the support available.

The Workplace Needs Assessment

Alex spoke to HR and requested a Workplace Needs Assessment with an assessor experienced in neurodiversity and intersectional health. The assessment contextualised Alex's struggles not as a lack of dedication, but as workplace barriers.

Implemented Adjustments

- Alex was permanently relocated from the open-plan floor to a smaller, quieter room with dimmable lighting and was provided with noise-cancelling headphones.
- The organisation installed a controllable cooling fan at Alex's desk and reviewed its dress code to allow more sensory-friendly clothing.
- Alex was granted a hybrid working arrangement, allowing them to work from home three days a week, and increase when symptoms were particularly severe.
- The organisation reviewed the language used in its materials to ensure that information was inclusive of trans and non-binary employees.

Outcome

With their sensory load reduced and greater flexibility around their working environment, Alex was able to manage their symptoms and continue working effectively. The organisation also recognised the importance of ensuring that all menopause support was framed using gender-neutral language.



Case Vignette 3: Louise

Line Manager



Case Vignette 3: Alice

Project Lead

Louise manages a team within a large professional services organisation. One of her team members, Alice, is an experienced Project Lead with ADHD who has consistently delivered high-quality work and is highly respected by colleagues.

The Context

Over several months, Louise noticed subtle changes in Alice's work. Deadlines were occasionally missed, meeting notes became less detailed, and Alice appeared more fatigued and overwhelmed than usual. During meetings, she seemed less confident and sometimes struggled to recall information that she would previously have known immediately.

Louise was concerned but lacked confidence about how to raise the issue. She worried about appearing intrusive, making assumptions about Alice's health, or saying the wrong thing. Although she wanted to be supportive, she had little understanding of menopause and its potential interaction with neurodivergence.

As a result, she avoided the conversation, hoping things would improve on their own. Instead, discussions focused primarily on workload and outputs, leaving Alice feeling increasingly anxious and unsupported.

The Intervention

As part of a wider organisational initiative, Louise attended training on menopause, neurodiversity, and inclusive management practices.

The training explored how menopause can affect cognition, concentration, confidence, and emotional regulation, particularly for neurodivergent employees.

Importantly, Louise learned that her role was not to diagnose or solve a health issue, but to create a safe environment where employees felt able to discuss changing needs and explore potential support. The training gave her practical tools and language for initiating sensitive conversations with confidence.

The Conversation

Following the training, Louise arranged a well-being check-in with Alice. Rather than focusing on performance, she shared that she had noticed Alice seemed under increased pressure and asked whether there was anything affecting work that the organisation could help with. Alice disclosed that she was felt was experiencing perimenopause and that the combination of sleep disruption and ADHD was more challenging. Together, they identified practical ways to reduce barriers and agreed on a support plan.

Implemented Adjustments

- Regular well-being and workload check-ins.
- Clear written priorities and meeting summaries.
- Protected focus time for complex work.
- Greater flexibility around working hours following disrupted sleep.
- Access to workplace coaching to support executive functioning strategies.
- Reduced reliance on last-minute requests and competing priorities.

Outcome

Alice reported feeling understood and supported, and her confidence gradually returned. With adjustments in place, she was able to continue performing effectively while managing the challenges associated with perimenopause and ADHD.

Louise reflected that the biggest barrier had not been a lack of willingness to help, but a lack of confidence in starting the conversation. The training helped her recognise that supportive leadership begins with curiosity, empathy, and open dialogue.

As a result, the organisation incorporated menopause and neurodiversity awareness into its management development programme, recognising that equipping managers with the confidence to have these conversations is often one of the most effective workplace strategies.

Summary

The intersection of neurodivergence and menopause represents an important and often overlooked aspect of workplace inclusion. For many employees, hormonal changes during the menopausal transition may intensify challenges with concentration, executive functioning, sensory processing, emotional regulation, sleep and fatigue.

Previously effective coping strategies may become harder to maintain, potentially affecting how individual experiences and navigates work. The experiences may be further influenced by other aspects of identity.

The experiences may be further influenced by other aspects of identity. Without appropriate understanding and support, organisations may see increased absenteeism, reduced engagement, loss of confidence, or the departure of experienced employees whose needs are not being recognised.

Moreover, workplaces that adopt inclusive, flexible, and person-centred approaches are better positioned to retain talent, support wellbeing, and foster a culture in which employees can continue to thrive throughout periods of change.

Ultimately, supporting neurodivergent employees through menopause is not about applying a standard set of adjustments. It is about creating a workplace where people can have open conversations about changing needs, accessing appropriate support, and continue to use their skills and experience effectively.



How Thriiver Can Help

Supporting employees at the intersection of neurodivergence and menopause requires an approach that considers the individual, their role, and wider workplace environment. Thriiver helps organisations move beyond a one-size-fits-all approach by combining individual assessment and support with wider organisational development.

Our services can support organisations at different stages, from understanding individual workplace barriers to developing a more inclusive approach across the organisation.



Workplace Needs Assessments:

Holistic, individualised assessments that identify barriers, strengths, and practical workplace adjustments to support employees in performing at their best and support well-being.



Neurodiversity and Menopause Awareness Training -

Engaging training programmes, through a lived experience lens, that build understanding of menopause, neurodiversity, and intersectionality, while increasing confidence in having supportive workplace conversations.



Workplace Strategy Coaching and Co-Coaching -

Specialist coaching for employees, managers, and leadership teams to develop practical strategies, strengthen communication, and create shared understanding around workplace support needs.



Neurodiversity Audits

Expert advice on menopause action planning, policy development, workplace culture, equality and inclusion strategies, and process reviews to help ensure organisational approaches are both inclusive and sustainable.

Through these services, organisations can build the knowledge, confidence, and frameworks needed to create more inclusive workplaces that support neurodivergent employees throughout the menopausal transition and beyond.

Want to discuss support for your organisation? Whether you're looking to support an individual employee or develop a wider approach to neuroinclusion, we'd be happy to help.



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References

1. Neurodiversity in Business. Neurodiversity in business: 2024 report [Internet]. London: Neurodiversity in Business; 2024 [cited 2026 Aug 21]. Available from: <https://neurodiversityinbusiness.org>
2. Hull L, Petrides KV, Allison C, et al. "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions. *J Autism Dev Disord*. 2017;47(8):2519-2534.
3. Cook J, Hull L, Crane L, Mandy W. Camouflaging in autism: a systematic review. *Clin Psychol Rev*. 2021;89:102080.
4. Johansson E, Hogg RC. A qualitative analysis of the psychological impacts of menopausal transition for neurodivergent and neurotypical women. *Womens Health (Lond)*. 2026;22.
5. Gottardello D, Steffan B. Fundamental intersectionality of menopause and neurodivergence experiences at work. *Maturitas*. 2024 Nov 1;189:108107.
6. Chartered Institute of Personnel and Development. Menopause at work [Internet]. London: CIPD; [cited 2026 Aug 21]. Available from <https://www.cipd.org/uk/knowledge/guides/menopause-people-manager-guidance/>
7. Rooney v Leicester City Council. Employment Appeal Tribunal. EA-000070-DA (formerly UKEAT/0064/20/DA); EA-2021-000256-DA. 2021.
8. Lynskey M v Direct Line Insurance Services Ltd. Employment Tribunal. Case Nos. 1802204/2022 and 1802386/2022. 2023.
9. Chartered Institute of Personnel and Development. Employer action plans: changes under the Employment Rights Act 2025 [Internet]. London: CIPD; [cited 2026 Aug 17]. Available from: [Employer action plans: Changes under the Employment Rights Act 2025 | CIPD](#)
10. Westwood S. Lesbian, gay, bisexual, transgender and queer (LGBTQ+) menopause: literature review, knowledge gaps and research agenda. *Health (London)*. 2025;29(4):468-488.

References

11. Toze M, Westwood S. Experiences of menopause among non-binary and trans people. *Int J Transgend Health*. 2025;26(2):447-458.
12. University College London. Black women face major barriers to menopause support: new study [Internet]. London: University College London; 2024 [cited 2026 Aug 11]. Available from: [Black women face major barriers to menopause support: new study | UCL News](#)
13. Eccles A, Keating S, Mann C, Shah L, Dale J, Apenteng P, Heera N, Kuypers N, Tatnell L, Hillman S. Accessing equitable menopause care in the contemporary NHS: a qualitative study of women's experiences. *Br J Gen Pract*. 2025;75(761):e816-e823.