



# Neurodiversity & (Peri) Menopause

Sara-Louise Ackrill FRSA

Shortlist: Neurodiverse Business Awards 'Innovator of the Year' (2026)  
An #IAAlso100 Female Entrepreneur (2024)  
Diversein's ['Women Who Change the World'](#) (2023)





# Who am I?

Therapist & Entrepreneur

Employer

Disability, ND and Work Specialist

Author and DEI/ND/Women's health writer

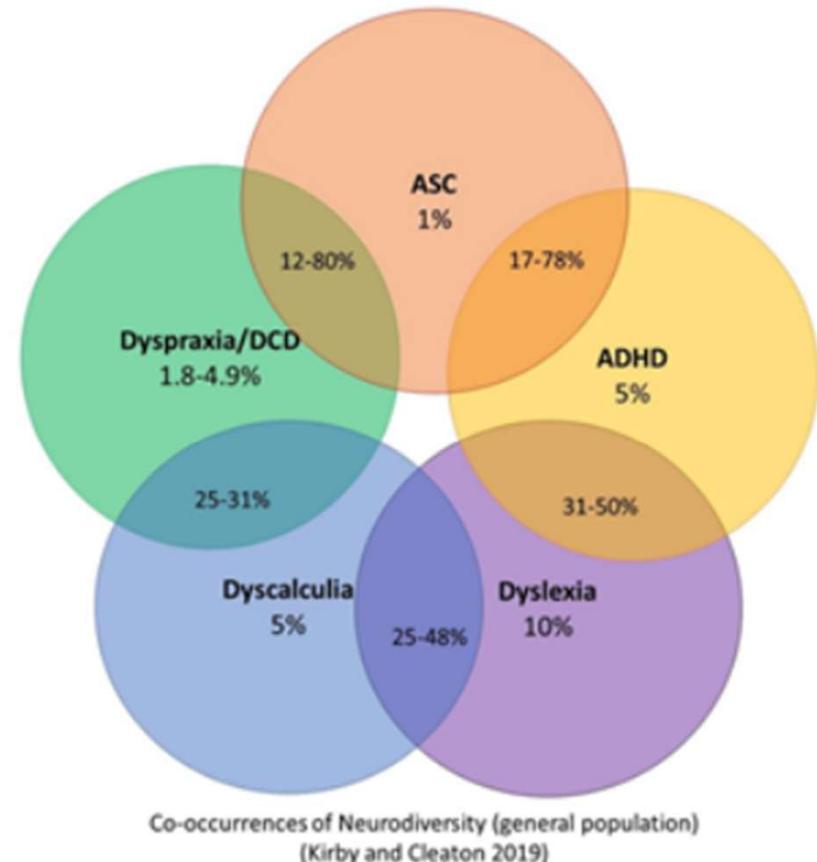
AuDHD + and perimenopausal, with diagnosed PMDD

[www.sara-louise.co.uk](http://www.sara-louise.co.uk)



# What are we looking at here?

- 1/5 people are neurodivergent
- 15-20% of total UK workforce are (peri)menopausal
- Psychological safety and validation
- Productivity and operational challenges
- Specific nature of working in (IP) law
- Significant risk of alcohol dependency and suicide – even where this has never been an issue previously



IP credit: Royal College of Nursing website



# Executive Function & Exacerbated Traits

Masking and late diagnosis

Fatigue, overwhelm and bandwidth

Sensory

Self-image

Coordination and clumsiness

Appearance and 'spoons'; Personal hygiene

Communication and willingness to be people facing

Addiction and complex trauma





# What actually IS (peri) menopause?

**What?** Decline in oestrogen over a period of time > 12-months period free. Period of social AND hormonal change for those affected. Over 1/3 of our lives are spent post-menopause now. And we're working for longer.

**Who?** Women; non-binary people; Trans men; intersex people; people with ovaries

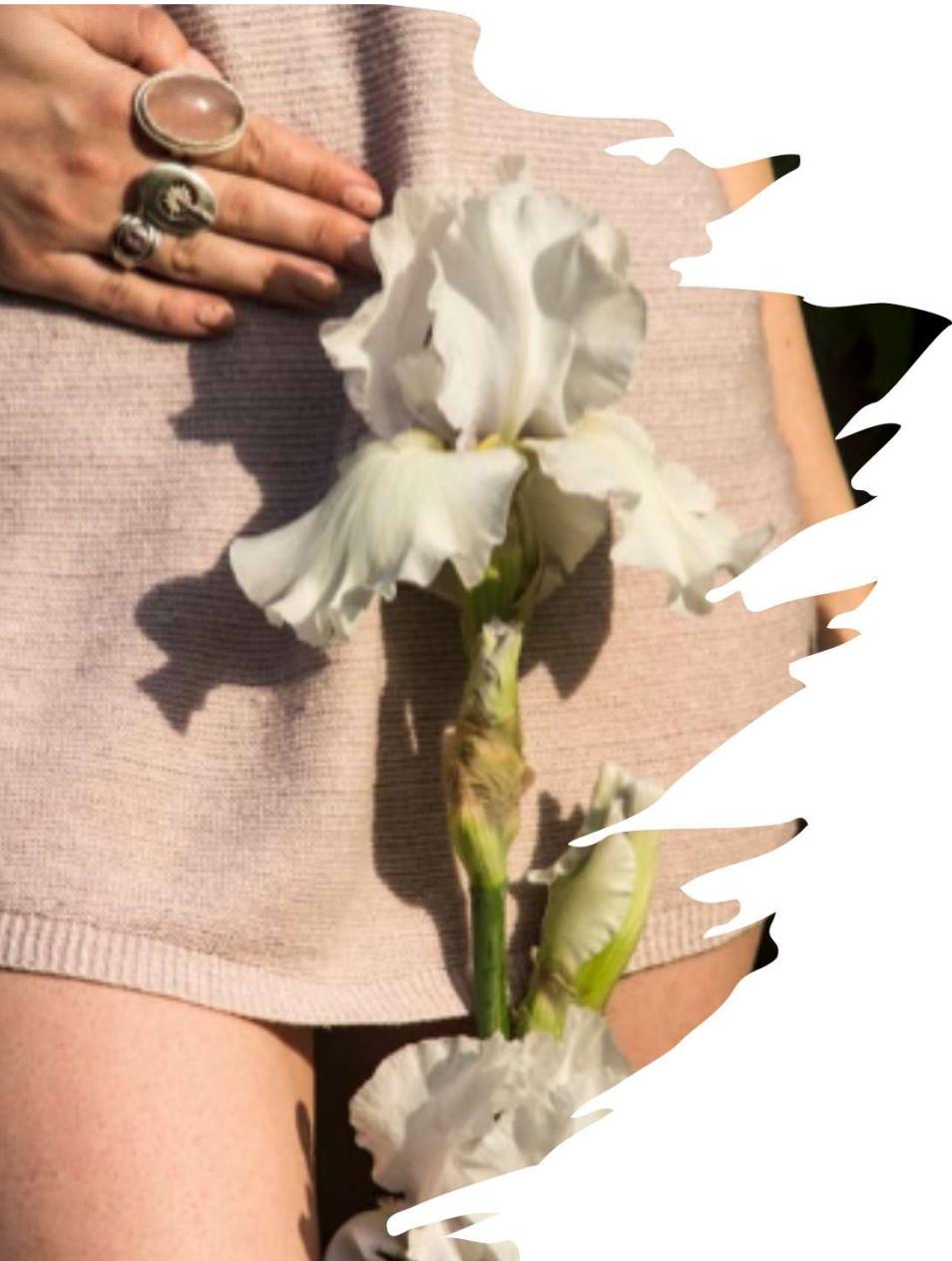
**Where?** Common biological experience that has culturally specific symptoms.  
'Medicalization in the West' (American Journal Medicine, 2005).

**When?** When natural: from 30s onwards. Generally, from 40s.

**Why?** Naturally OR surgically or treatment induced

*Brain fog, changes in periods, weight gain, sensory, sensitivity, interrupted, sleep, moods, joint pain, fatigue, bone density, vaginal dryness, libido...*





# **The wider context: The state of women's health in the UK**

PMS

Cervical screening

PMDD

(Peri)menopause

Neurodivergent women

Women from the Global Majority





## What to do if you are affected

- Peri/PMDD - Keep a symptoms diary for a few months and take to your doctor
- Manage your expectations of the NHS but speak to them about Hormone Therapy (Peri) or an SSRI for the luteal phase of your period (PMDD)
- Mood disorders and complex trauma – will be amplified by cycle (Brainspotting, EMDR and DBT are examples of highly effective treatments)
- Consider high quality supplements
- If your surgery won't support you then speak to PALS or change surgery
- Speak to other people who relate to your experiences to normalise them
- Become an activist
- Regarding late recognised neurodiversity – think about diagnosis





# What has helped me

Valerie (I became an Ambassador for them)

‘Evacuation’ not ‘exercise’

Brainspotting

LinkedIn(!)

Legal support – Fletchers LLP Medical Negligence (formerly Shoosmiths) thank you!

People who get it and people who believe me

Creating content; speaking and activism – turning it into an opportunity





# Workplace Context

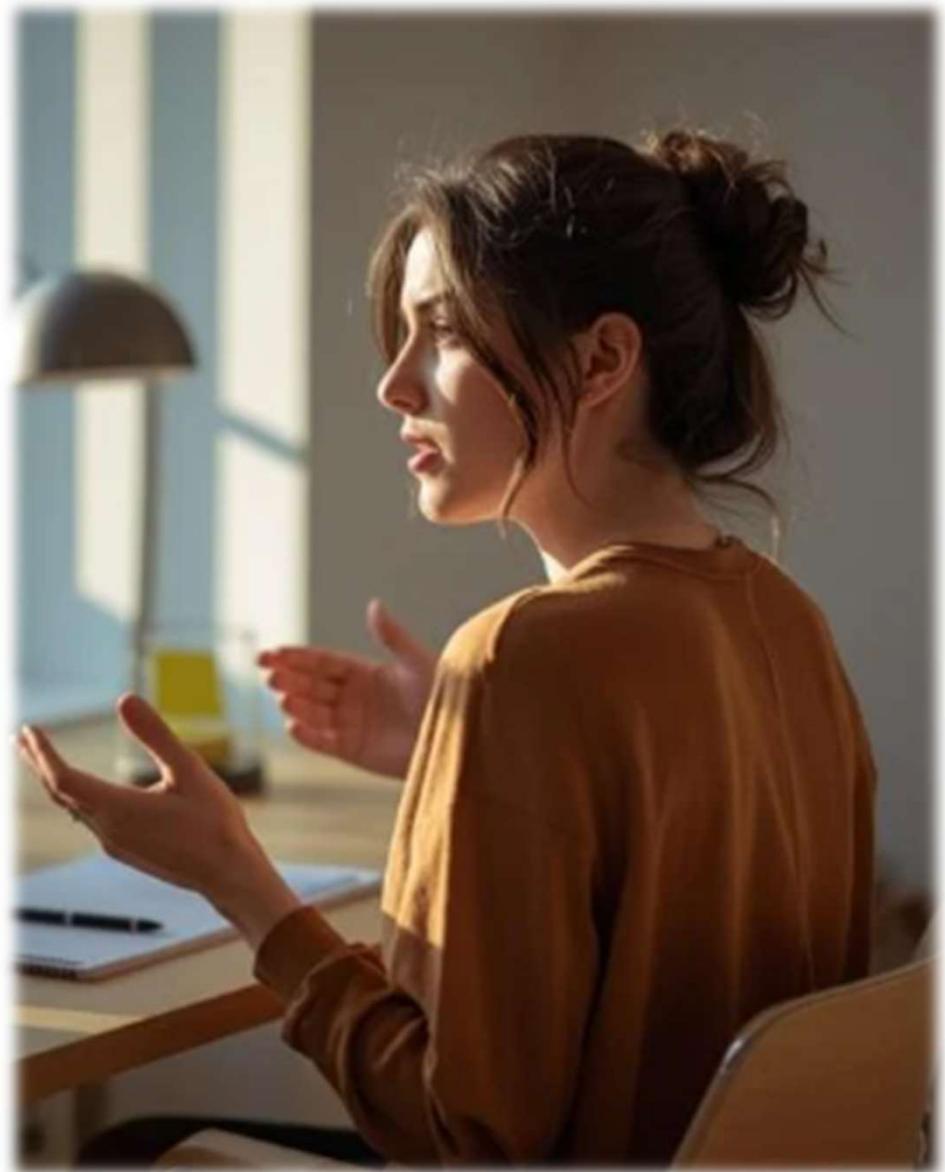
Social model

Equality Act (2010)

Reasonable Adjustments

Intersecting identities and support

Allyship





# Good Colleagues

DEIB

Health and Safety

Language

Allyship

What about me/us?



# Suggested Resources

Brainspotting Therapy – Gary D Campbell @ [Wired Differently](#)

Alcohol Reliance Therapy – Monika Labich @ [Wired Differently](#)

Elizabeth Sergeant – Well Nourished Club [Home - Well Nourished](#)

Books – on complex trauma; on hormones

Supplements – Valerie (I am an Ambassador) SARALOUISE06512 = 30% off and 90-day money back guarantee





# Thank you

Connect with me on LinkedIn 

