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Menopause

Current Awareness Bulletin

October 2024

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Research

1. **The role of menopausal symptoms on future health and longevity: A systematic scoping review of longitudinal evidence**

Authors: Andrews, Robin;Lacey, Arron;Bache, Kate and Kidd, Emma J.

Publication Date: Sep 30 ,2024

Journal: Maturitas 190, pp. 108130

Abstract: Women live longer than men but spend more years in poor health. Menopausal symptoms are not generally associated with adverse health outcomes. However, increasingly, evidence suggests they can significantly impact future health and longevity. Understanding the long-term effects of menopausal symptoms will enable clinicians to identify risk factors and intervene with modifications to support healthy aging. This review examined the scope of research investigating the association between menopausal symptoms and future health outcomes. We searched for longitudinal cohort studies. Date and geographical restrictions were not applied. Articles were screened and data extracted using standardised methods. Included studies examined the role of menopausal symptoms on future health developments using a sample who had experienced menopause and were deemed healthy at baseline, with clear reporting of their menopausal status at symptom assessment. We identified 53 eligible studies with data from over 450,000 women enrolled in 28 longitudinal cohorts. Cardiovascular disease, psychiatric disorders, diabetes, and reduced bone mineral density were positively associated with menopausal symptoms. Breast cancer was associated with an asymptomatic menopause. Psychological menopausal symptoms and cognitive decline improved after menopause, except among women from low socioeconomic backgrounds. These findings demonstrate that menopausal symptoms are important indicators for future health risks. Future work should investigate the impact of underexplored menopausal symptoms on future health, such as sleeping problems and urogenital issues, and evaluate whether treating menopausal symptoms could lead to improvements in future health outcomes. Should future research continue to support these findings, clinical guidelines should be updated to support clinical decision-making in menopause care.

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2. **Interactions of depression, anxiety, and sleep quality with menopausal symptoms on job satisfaction among middle-aged health workers in England: a STROBE-based analysis.**

Authors: Asiamah, N.;Cronin, C.;Abbott, J. E. and Smith, S.

Publication Date: 2024

Journal: Human Resources for Health 22(1) (pagination), pp. Article Number: 64. Date of Publication: December 2024

Abstract: Background: This study examined the association between menopausal symptoms and job satisfaction, and ascertained whether three psychosomatic factors (e.g., anxiety, depression, and sleep quality) interact with menopausal symptoms on job satisfaction.

Methods: A cross-sectional design with sensitivity analysis was adopted. The participants of the study were clinical health workers in England. Data from 154 health workers were analyzed with the hierarchical linear regression (HLR) analysis. Results: There was a negative association between menopausal symptoms and job satisfaction ($\beta = -0.38$; $t = -4.81$, $p < 0.001$), but this relationship became non-significant after adjusting for work stress, self-reported health, job tenure, and resilience at work. An interaction between menopausal symptoms and the psychosomatic factors was found. The strength of the negative association between menopausal symptoms and job satisfaction was weakened by sleep quality ($\beta = 0.05$; $t = 0.48$; $p > 0.05$) but was strengthened by anxiety ($\beta = -0.22$; $t = -2.28$; $p < 0.05$) and depression ($\beta = -0.24$; $t = -2.16$; $p < 0.05$). Conclusion: Menopausal symptoms can be directly associated with lower job satisfaction and indirectly associated with lower job satisfaction through its interaction with depression and anxiety. Menopausal symptoms can weaken the positive association between sleep quality and job satisfaction.

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3. **Women's perceptions and experiences with cannabis use in menopause: A qualitative study.**

Authors: Babyn, K.;Quintanilha, M.;Ross, S.;Makowsky, M.;Kiang, T. and Yuksel, N.

Publication Date: 2024

Journal: Menopause 31(9), pp. 781–788

Abstract: Objectives Since the legalization of recreational cannabis in 2018, the use of cannabis for medical reasons has increased in Canada. The aim of this study was to explore the experiences and perceptions of midlife women using cannabis for medical purposes coinciding with menopause symptom management. Methods Semistructured, one-on-one interviews were conducted using a qualitative description method. This was the second phase of a mixed methods study, where interviewees were purposefully selected from a sample of women (ages 35 and over, located in Alberta) surveyed during the first phase of the study. Interviews were by phone or virtual meeting, audio-recorded, and transcribed verbatim. Qualitative content analysis was applied to analyze the data collected. Results Twelve interviews were conducted between December 2020 and April 2021. Menopause was perceived as a complex experience for women. Cannabis was described as a therapeutic agent, providing symptom relief through the menopause transition. Women reported similarities in their menopause and cannabis use experiences in the lack of information available, limited role of healthcare providers, feelings of stigmatization, and emphasis on self-education. Women self-managed their cannabis use, learning from their own experiences or the anecdotal sharing of others', accessed cannabis from a variety of medical and nonmedical sources, and relied on experimentation, and a range of supports were described. Conclusion Midlife women pursued the use of cannabis medically to manage symptoms that overlap with menopause. Understanding how and why midlife women use cannabis medically can provide insight for future research and the development of educational resources to support women in menopause.

4. **Women's Experiences of Intimate and Sexual Relationships During Menopause: A Qualitative Synthesis**

Authors: Bulut, Hatice;Hinchliff, Sharron;Ali, Parveen and Piercy, Hilary

Publication Date: 2024

Journal: Journal of Clinical Nursing

Abstract: AIM: The aim of this literature review was to explore women's experiences of their intimate and sexual relationships during menopause. **BACKGROUND**: Evidence shows that the menopause transition can be a difficult time for women due to symptoms of menopause. There is little research evidence about how menopause-related symptoms impact women's intimate and sexual relationships. **METHOD**: A qualitative synthesis was carried out on research published between May 2005 and July 2023 using five electronic databases: ASSIA, CINAHL, PubMed, PsycINFO and Web of Science. We also searched Google Scholar and used backward and forward chaining methods to identify results not listed in the databases and ensure that no relevant literature was omitted. **RESULTS**: Eighteen qualitative studies were included in this review. Six main themes were identified: the meaning of menopause to women in different cultures; factors affecting women's sexual lives; changes in sexual desire and orgasm; talking about sexual issues; women's attempts to overcome the impact of ageing and menopause on their sexual lives; and concerns about partner sexual satisfaction during the menopause. **CONCLUSION**: During the menopause transition, women can experience sexual difficulties that have an impact on their lives and intimate relationships. Qualitative studies showed that sexual changes associated with menopause can be difficult to manage and must be viewed in the social and cultural contexts of the women's lives. **RELEVANCE TO CLINICAL PRACTICE**: The results of this review will be of interest to nurses to assess patient needs while offering health services to women in menopause. In addition, the results can be used to inform education and support programmes for women. **REPORTING METHOD**: We have adhered to relevant EQUATOR guidelines and used the PRISMA-ScR reporting method. No patient or public contribution was required for this study.

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5. **Cooling the flames: Navigating menopausal vasomotor symptoms with nonhormone medications.**

Authors: Carson, Erin;Vernon, Veronica;Cunningham, Lauren and Mathew, Sheryl

Publication Date: 2024

Journal: American Journal of Health-System Pharmacy

Abstract: DISCLAIMER: In an effort to expedite the publication of articles, AJHP is posting manuscripts online as soon as possible after acceptance. Accepted manuscripts have been peer-reviewed and copyedited, but are posted online before technical formatting and author proofing. These manuscripts are not the final version of record and will be replaced with the final article (formatted per AJHP style and proofed by the authors) at a later time. **PURPOSE**: While the gold standard for vasomotor symptoms remains hormone therapy, prescription menopause therapies are significantly underutilized. Nonhormone therapies represent an

alternative treatment modality that may improve access to care for patients who cannot or choose not to take hormones. This review aims to update pharmacists on the evidence behind new-to-market fezolinetant and all other nonhormone prescription treatment options for menopausal vasomotor symptoms. **SUMMARY**: Prescription nonhormone therapy options for vasomotor symptoms include selective serotonin reuptake inhibitors, including Food and Drug Administration-approved low-dose paroxetine, serotonin-norepinephrine reuptake inhibitors, gabapentin, pregabalin, oxybutynin, and fezolinetant. Evidence supporting the use of these options is summarized in this review. All have an important place in treatment for those unable to take the gold standard of hormone therapy; however, most offer only mild to moderate improvement in symptoms. Fezolinetant has been shown to result in a significant reduction in vasomotor symptom frequency when compared to other nonhormone therapies and was not different when compared to hormone therapies. However, additional studies and efforts to address the affordability of fezolinetant and head-to-head comparisons with other agents are needed. **CONCLUSION**: Vasomotor symptoms of menopause can severely impact the health and well-being of individuals. However, treatment of these symptoms is underutilized due to real and perceived drawbacks of therapy. Pharmacists are ideally suited to bridge this gap, but first it is important for pharmacists to be knowledgeable about and comfortable with the evidence supporting all treatment options.

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6. **Similarities and differences between European guidelines for the management of postmenopausal osteoporosis.**

Authors: Cortet, B.;Guanabens, N.;Brandi, M. L. and Siggelkow, H.

Publication Date: 2024

Journal: Archives of Osteoporosis 19(1) (pagination), pp. Article Number: 84. Date of Publication: December 2024

Abstract: Summary: We conducted a review of 10 national guidelines from five EU countries to identify similarities or differences in recommendations for the management of patients with osteoporosis. We found general alignment of key recommendations; however, there are notable differences, largely attributed to country-specific approaches to risk assessment and reimbursement conditions. Introduction: The classification of fracture risk is critical for informing treatment decisions for post-menopausal osteoporosis. The aim of this review was to summarise 10 national guidelines from five European countries, with a focus on identifying similarities or differences in recommendations for the management of patients with osteoporosis. Methods: We summarised the European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Disease-International Osteoporosis Foundation guidelines and reviewed guidelines from France, Germany, Italy, Spain and the UK. Results: The approach to risk assessment differed across the guidelines. In France, and Spain, risk assessment was based on DXA scans and presence of prior fractures, whereas UK, German and Italian guidelines recommended use of a validated risk tool. These differences led to distinct definitions of very high and high-risk patients. Guidelines aligned in recommending antiresorptive and anabolic agents as pharmacologic options for the

management of osteoporosis, with sequential treatment recommended. There was agreement that patients at high or very high risk of fracture or with severe osteoporosis should receive anabolic agents first, followed by antiresorptive drugs. Variations were identified in recommendations for follow up of patients on anti-osteoporosis therapies. Reimbursement conditions in each country were a key difference identified. Conclusions: Criteria for risk assessment of fractures differ across European guidelines which may impact treatment and access to anabolic agents. Harmonisation across EU guidelines may help identify patients eligible for treatment and impact treatment uptake. However, country-specific reimbursement and prescribing processes may present a challenge to achieving a consistent approach across Europe.

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7. **Hormonal Treatments and Vaginal Moisturizers for Genitourinary Syndrome of Menopause : A Systematic Review**

Authors: Danan, Elisheva R.;Sowerby, Catherine;Ullman, Kristen E.;Ensrud, Kristine;Forte, Mary L.;Zerzan, Nicholas;Anthony, Maylen;Kalinowski, Caleb;Abdi, Hamdi I.;Friedman, Jessica K.;Landsteiner, Adrienne;Greer, Nancy;Nardos, Rahel;Fok, Cynthia;Dahm, Philipp;Butler, Mary;Wilt, Timothy J. and Diem, Susan

Publication Date: 2024

Journal: Annals of Internal Medicine

Abstract: BACKGROUND: Postmenopausal women commonly experience vulvovaginal, urinary, and sexual symptoms associated with genitourinary syndrome of menopause (GSM). **PURPOSE**: To evaluate effectiveness and harms of vaginal estrogen, nonestrogen hormone therapies, and vaginal moisturizers for treatment of GSM symptoms. **DATA SOURCES**: Medline, Embase, and CINAHL through 11 December 2023. **STUDY SELECTION**: Randomized controlled trials (RCTs) of at least 8 weeks' duration enrolling postmenopausal women with at least 1 GSM symptom and reporting effectiveness or harms of hormonal interventions or vaginal moisturizers. **DATA EXTRACTION**: Risk of bias and data extraction were performed by one reviewer and verified by a second reviewer. Certainty of evidence (COE) was assessed by one reviewer and verified by consensus. **DATA SYNTHESIS**: From 11 993 citations, 46 RCTs evaluating vaginal estrogen (k = 22), nonestrogen hormones (k = 16), vaginal moisturizers (k = 4), or multiple interventions (k = 4) were identified. Variation in populations, interventions, comparators, and outcomes precluded meta-analysis. Compared with placebo or no treatment, vaginal estrogen may improve vulvovaginal dryness, dyspareunia, most bothersome symptom, and treatment satisfaction. Compared with placebo, vaginal dehydroepiandrosterone (DHEA) may improve dryness, dyspareunia, and distress, bother, or interference from genitourinary symptoms; oral ospemifene may improve dryness, dyspareunia, and treatment satisfaction; and vaginal moisturizers may improve dryness (all low COE). Vaginal testosterone, systemic DHEA, vaginal oxytocin, and oral raloxifene or bazedoxifene may provide no benefit (low COE) or had uncertain effects (very low COE). Although studies did not report frequent serious harms, reporting was limited by short-duration studies that were insufficiently powered to evaluate infrequent serious harms. **LIMITATIONS**: Most studies were 12 weeks or less in duration and used heterogeneous GSM diagnostic criteria and outcome measures. Few studies enrolled women with a history of cancer. **CONCLUSION**: Vaginal estrogen, vaginal DHEA, oral ospemifene, and vaginal moisturizers may improve some GSM symptoms in the short term.

Few long-term data exist on efficacy, comparative effectiveness, tolerability, and safety of GSM treatments. **PRIMARY FUNDING SOURCE**: Agency for Healthcare Research and Quality and Patient-Centered Outcomes Research Institute. (PROSPERO: CRD42023400684).

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8. **Association between type of menopause and mild cognitive impairment: The REDLINC XII study.**

Authors: Espinoza, M. T.;Blumel, J. E.;Chedraui, P.;Vallejo, M. S.;Nanez, M.;Ojeda, E.;Rey, C.;Rodriguez, D.;Rodrigues, M. A.;Salinas, C.;Tserotas, K.;Calle, A.;Dextre, M.;Elizalde, A.;Escalante, C.;GomezTabares, G. and MonterrosaCastro, A.

Publication Date: 2024

Journal: Maturitas 189(pagination), pp. Article Number: 108110. Date of Publication: November 2024

Abstract: Objective: To evaluate the association between type of menopause (spontaneous or surgical) and mild cognitive impairment (MCI). Study design: This study was a cross-sectional, observational, and sub-analytical investigation conducted within gynecological consultations across nine Latin American countries. Method: We assessed sociodemographic, clinical, and anthropometric data, family history of dementia, and the presence of MCI using the Montreal Cognitive Assessment (MoCA) tool. Results: The study involved 1185 postmenopausal women with a mean age of 55.3 years and a body mass index of 26.4 kg/m2. They had an average of 13.3 years of education, and 37 % were homemakers. Three hundred ninety-nine experienced menopause before 40, including 136 with surgical menopause (bilateral oophorectomy). Out of the 786 women who experienced menopause at 40 or more years, 110 did so due to bilateral oophorectomy. There were no differences in MoCA scores among women who experienced menopause before or after the age of 40. However, lower MoCA scores were observed in women with surgical menopause than in those with spontaneous menopause (23.8 ± 4.9 vs. 25.0 ± 4.3 points, respectively, $p < 0.001$). Our logistic regression model with clustering of patients within countries found a significant association between MCI and surgical menopause (OR 1.47, 95 % CI: 1.01-2.16), use (ever) of menopausal hormone therapy (OR 0.33, 95 % CI: 0.21-0.50), and having >12 years of education (OR 0.21, 95 % CI: 0.14-0.30). Conclusion: When comparing women who experience spontaneous menopause over the age of 40 with those who undergo it before this age, there was no observed increased risk of developing MCI, while those with surgical menopause, independent of age, are more prone to cognitive decline. Women who have ever used menopausal hormone therapy have a lower MCI risk. Further research is warranted to delve deeper into this topic.

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9. **Are menopausal symptoms a barrier to learning for healthcare students studying at higher education?: A contemporary issue.**

Authors: Galletly, S. N.

Publication Date: 2024

Journal: Nurse Education Today 143(pagination), pp. Article Number: 106403. Date of Publication: December 2024

Abstract: Problem: Little is known about the impact of menopausal symptoms on healthcare students' ability to study at higher education level. Background: Attention on menopause is rapidly increasing in both the literature and media and is gaining political attention with particular focus on supporting those experiencing menopausal symptoms in the workplace. Policies are being developed to support individuals to remain in work for longer, reducing the number of people leaving the workplace due to challenging menopausal symptoms. However there is no evidence to suggest that support for higher education students experiencing menopausal symptoms is widespread. Whilst some higher education institutions and organisations are developing policies to support staff and, sometimes students, current literature does not reflect how students and their studies may be affected by menopausal symptoms. This is relevant to institutions where healthcare professions courses are delivered as this is thought to have contributed to the overall increase in the number of female students attending universities both in the UK and globally. A continued lack of understanding of menopausal symptoms' impact on students could not only be detrimental to the student experience, but it could also affect institutional reputations for being good places to study, resulting in increased attrition rates due to students withdrawing from courses because of the impact their symptoms have on their ability to continue studying. Aim: In this Contemporary Issues article our aim is to raise awareness of how menopausal symptoms may affect a student's ability to study, and to reinforce the need for university policy makers and educators to recognise and support women at this turbulent time of their lives to continue to study.

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10. **Effect of transdermal testosterone therapy on mood and cognitive symptoms in peri- and postmenopausal women: a pilot study.**

Authors: Glynne, Sarah;Kamal, Aini;Kamel, Ahmed M.;Reisel, Dan and Newson, Louise

Publication Date: 2024

Journal: Archives of Women's Mental Health

Abstract: PURPOSE: The purpose of this study was to assess the impact of testosterone therapy on mood and cognitive symptoms in perimenopausal and postmenopausal women. **METHODS**: A retrospective cohort study undertaken in a UK specialist menopause clinic. 510 women using hormone replacement therapy (HRT) with persistent low libido, cognitive and negative mood symptoms were treated with testosterone cream or gel for 4 months. A modified version of the Greene Climacteric Scale was used to measure self-reported symptom frequency and severity at baseline and 4 months after initiating treatment. **RESULTS**: All nine cognitive and mood symptoms significantly improved across the study period. Mood improved more than cognition (47% of women reported an improvement in mood vs. 39% reported an improvement in cognition; 34% vs. 22% decrease in mean symptom scores, respectively). Regarding libido, 52% of women reported an improvement; mean symptom score decreased by 33%. **CONCLUSION**: Transdermal testosterone therapy for 4 months was associated with significant improvements in mood and cognition. Further research including randomised clinical trials are needed to establish the long-term efficacy and safety of testosterone for the treatment of menopausal cognitive and psychological symptoms.

11. **Fundamental intersectionality of menopause and neurodivergence experiences at work.**

Authors: Gottardello, D. and Steffan, B.

Publication Date: 2024

Journal: Maturitas 189(pagination), pp. Article Number: 108107. Date of Publication: November 2024

Abstract: This investigation explores the complex interplay between menopause and neurodivergence in the workplace, employing thematic analysis of qualitative data from 43 participants across the United Kingdom and the United States. Findings reveal that menopause transitions intensify symptoms of neurodivergence, and can interrupt how women engage with paid work. By shining a light on these under-reported experiences at work, we demonstrate how employers can better support their neurodivergent employees during menopause. Applying the Demand-Control model, this research underscores the necessity for workplaces to adopt more inclusive practices and supportive adaptations that go beyond flexible work and that are focused on pressures faced by neurodivergent women during menopause. Participants were more likely to report a decrease in workplace experiences than work performance in response to the disruptive effects of menopause on neurodiversity. This is an important insight for people managers as experiences of work might be less closely monitored than performance. This study advocates for a unified approach of organisational support for the intersectional effects of menopause and neurodiversity.

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12. **Real-world evaluation of treatment utilization by women experiencing vasomotor symptoms associated with menopause in the United States and Europe: Findings from the REALISE study.**

Authors: Kingsberg, S.;Banks, V.;Caetano, C.;Janssenswillen, C.;Moeller, C.;Schoof, N.;Harvey, M.;Scott, M. and Nappi, R. E.

Publication Date: 2024

Journal: Maturitas 189(pagination), pp. Article Number: 108096. Date of Publication: November 2024

Abstract: Objectives: Despite the profound impact of menopausal symptoms on women, treatment utilization is low, and many seek alternative therapies. The REALISE study aimed to evaluate the treatment landscape - that is, pharmacological treatment, lifestyle changes (LC), and use of over-the-counter (OTC) products - for women from six high-income countries experiencing vasomotor symptoms (VMS) and receiving healthcare. Study design: Analysis of a secondary dataset, the Adelphi Real World Disease Specific ProgrammeTM, a large, cross-sectional, point-in-time survey conducted in the United States and five European countries (February-October 2020). Physicians provided demographic, clinical, and treatment data; women were stratified by VMS severity (mild; moderate-severe) and presence of concomitant sleep/mood symptoms. Women completed forms on VMS severity, concomitant symptoms, LC, and OTC product use. Two subgroups were identified: VMS-only and VMS + sleep/mood. Main outcome measures: Prescription treatment, LC, and OTC product utilization. Results:

Physicians (n = 233) provided data on 1767 women; 825 (46.7 %) completed a self-completion form. Physicians rated 60 % of women with moderate-severe VMS, of whom 709 (66.8 %) were currently prescribed pharmacological treatment; 27.1 % had never been prescribed. Hormone therapy was most frequently prescribed in the moderate-severe group (overall, 49.8 %; VMS-only, 57.4 %; VMS + sleep/mood, 47.3 %), followed by serotonergic antidepressants (15.7 %; 9.7 %; 17.6 %, respectively). Most women (78.3 %) with moderate-severe VMS adopted LC, and 57.6 % used at least one OTC product for VMS relief. Conclusions: Nearly a third of women with moderate-severe VMS had never received treatment despite access to healthcare. This, combined with the prevalent use of LC/OTC products, suggests an unmet need for new treatment options to manage VMS and concomitant sleep/mood symptoms.

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13. **Hormone Therapy and Biological Aging in Postmenopausal Women.**

Authors: Liu, Y. and Li, C.

Publication Date: 2024

Journal: JAMA Network Open 7(8), pp. e2430839

Abstract: IMPORTANCE Menopause is associated with biological aging, and hormone therapy (HT) is associated with health outcomes in postmenopausal women. OBJECTIVE To evaluate the association between HT use and discrepancies between chronological and biological age in postmenopausal women as well as the potential modifying role of socioeconomic status (SES). DESIGN, SETTING, AND PARTICIPANTS This population-based, retrospective cohort study included postmenopausal women registered in the UK Biobank. A baseline survey on HT use and biological aging biomarkers was conducted from March 2006 to October 2010. Data analyses were conducted in December 2023. EXPOSURES Information regarding HT use, the age at starting HT, and HT duration was collected via a touchscreen questionnaire. SES was evaluated by education, family income, occupation, and the Townsend Deprivation Index. MAIN OUTCOMES AND MEASURES Biological aging discrepancy was evaluated using validated phenotypic age, which was calculated using chronological age and 9 biomarkers measured at baseline. All-cause and cause-specific mortality were also assessed. RESULTS Among the 117 763 postmenopausal women (mean [SD] age, 60.2 [5.4] years), 47 461 (40.3%) ever used HT. The mean phenotypic age was 52.1 (7.9) years. Ever use of HT was associated with a smaller biological aging discrepancy than never use of HT (beta, -0.17 years; 95% CI, -0.23 to -0.10 years). This smaller aging discrepancy was more evident in those who started HT at age 55 years or older (beta, -0.32 years; 95% CI, -0.48 to -0.15 years) and in those who used HT for 4 to 8 years (beta, -0.25 years; 95% CI, -0.35 to -0.15 years). The association between HT and a smaller aging discrepancy was more evident in women with low SES, with a significant interaction observed for education (higher education: beta, -0.08 years [95% CI, -0.17 to 0.01]; other education: beta, -0.23 [95% CI, -0.32 to -0.14] years; P for interaction = .02). Phenotypic aging discrepancy mediated 12.7% (95% CI, 6.3% to 23.9%) of the association between HT and all-cause mortality and cause-specific mortality. CONCLUSIONS AND RELEVANCE In this study, postmenopausal women with historical HT use were biologically younger than those not receiving HT, with a more evident association observed in those with low SES. The biological aging discrepancy mediated the association between HT and decreased mortality. Promoting HT in postmenopausal women could be important for healthy aging.

14. **Systematic review and meta-analysis of the effects of progestins on depression in post-menopausal women: An evaluation of randomized clinical studies that used validated questionnaires.**

Authors: Londero, A. P.;Gallina, V.;Cremonini, F.;Xholli, A. and Cagnacci, A.

Publication Date: 2024

Journal: Maturitas 189(pagination), pp. Article Number: 108105. Date of Publication: November 2024

Abstract: Objective: Hormone therapy (HT) can relieve symptoms of menopause and treat chronic diseases. Its effectiveness in treating psychological symptoms is still debated. Several progestins can be used in HT, but their effects on mood, in particular depressive symptoms, is still unclear. This systematic review evaluates the evidence from randomized clinical trials with postmenopausal women on the effect of adjunctive progestins on symptoms of depression assessed by validated questionnaires. The primary aim was to evaluate scores on the Center for Epidemiologic Studies Depression Scale (CES-D). The secondary aim was to assess scores on the Beck Depression Inventory (BDI), the Hamilton Depression Rating Scale (HAM-D), and the Zung Self-Rating Depression Scale (SDS). Methods: A systematic review and meta-analysis were conducted to identify the most reliable evidence of the effects of progestin on depression to inform decision-making. A PICO- and PRISMA-based framework was established to formulate explicit and reasoned recommendations. The pre-/post-treatment effect was evaluated using standardized mean change (SMC). Results: We selected and analyzed 16 randomized clinical trials qualitatively and 12 studies quantitatively out of 9320 items identified. Most of the studies used medroxyprogesterone acetate as progestin. The results indicate that depressive symptoms do not increase with the addition of a progestin to estrogen HT. Depressive symptoms improved over time in the progestins-estrogen HT group, independent of progestin type (SMC CES-D -0.08 CI.95-0.10/-0.06, BDI -0.19 CI.95-0.32/-0.06, HAM-D -1.13 CI.95-1.47/-0.78, and SDS -0.11 CI.95-0.82/0.60). Yet similar effects were observed with estrogens alone and did not significantly differ from control groups on placebo. In one study, the addition of fluoxetine greatly increased the reduction of depressive symptoms observed with estrogen-progestin HT. Conclusions: In summary, in randomized clinical trials using validated questionnaires adjunctive progestin with estrogens did not increase depressive symptoms of postmenopausal women. Overall, depressive symptoms decreased with estrogen-progestin HT but also with estrogen alone. The decrease was not so pronounced to differ from controls on placebo. HT does not hamper the clinical efficacy of fluoxetine. The scarcity of randomized studies makes it difficult to determine the exact effect on depressive symptoms of different types of progestins. Project protocol registered in PROSPERO, registration number CRD42023454099.

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15. **Menopause and Traumatic Brain Injury: A NIDILRR Collaborative Traumatic Brain Injury Model Systems Study.**

Authors: Rapport, Lisa J.;Kalpakjian, Claire Z.;Sander, Angelle M.;Lequerica, Anthony H.;Bushnik, Tamara;Quint, Elisabeth H. and Hanks, Robin A.
Publication Date: 2024

Journal: Archives of Physical Medicine & Rehabilitation

Abstract: OBJECTIVE: To examine the experience of menopause symptoms in women with traumatic brain injury (TBI). **DESIGN**: Cross-sectional descriptive study. **SETTING**: Five sites of the TBI Model Systems (TBIMS) program. **PARTICIPANTS**: Participants were 210 women, aged 40-60 years, who were not taking systemic hormones and did not have both ovaries removed: 61 participants were enrolled in the TBIMS, who were at least 2 years post-TBI and living in the community. One hundred forty-nine participants without TBI were recruited from a research registry and the metropolitan Detroit community. **INTERVENTIONS**: Not applicable. **MAIN OUTCOME MEASURES**: A checklist comprised of 21 menopause symptoms assessing 4 symptom clusters (vasomotor, somatic, psychological, and cognitive). **RESULTS**: TBI and non-TBI groups did not significantly differ and showed small effect sizes on vasomotor symptoms. On the remaining symptom clusters, women with TBI showed greater presence and severity of symptoms than women without TBI, as well as fewer differences between premenopausal and postmenopausal women on those symptoms. A profile indicating an additive or potentiating effect of TBI on menopause symptoms was not observed. **CONCLUSIONS**: Findings support a conceptual model of menopause and TBI indicating that symptoms most closely associated with estrogen decline are similar for women with and without TBI, whereas symptoms that overlap with common TBI sequelae are generally more frequent and severe among these women. Likely because of lower baseline of symptoms premenopause, postmenopausal women without TBI reported more numerous and severe symptoms relative to their premenopausal counterparts without TBI. Overall, it may be that women without TBI experience menopause as more of a "change" of life, whereas women with TBI chronically face significantly more of these symptoms than women without TBI.

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16. **Survey of patient experience and management of vasomotor symptoms due to menopause from the PatientsLikeMe community.**

Authors: Shepherd, Jessica A.;Shiozawa, Aki;Schild, Arianne L.;Singh, Deepshikha and Mancuso, Shayna A.

Publication Date: 2024

Journal: Menopause

Abstract: OBJECTIVE: This study aimed to describe menopause and treatment experiences of women with vasomotor symptoms due to menopause in the United States. **METHODS**: A cross-sectional survey was administered to women 40-65 years of age recruited from PatientsLikeMe, a dedicated online platform for patients. **RESULTS**: A total of 196 women (mean age 55.7 years; 81.2% White) completed the survey and were included in the analyses. The majority (87.2%) reported experiencing bothersome symptoms; 54.3% (100/184) had daytime hot flashes, and 59.2% (109/184) had nighttime sweats and hot flashes, up to 5 times per day on average. Mean postmenopause duration was 10.8 years. Although most (68.5%, 126/184) reported having vasomotor symptoms for less than 5 years, some (14.1%, 26/184) had symptoms for more than a decade. Only 35.2% (69/196) were treated for their symptoms; the most frequently reported prescription treatment was hormone therapy (58%; 40/69), which was administered for less than 3 years in most cases (67.5%, 27/40). Although women were generally satisfied with their interactions with healthcare providers, 23.0% reported inadequate support. Sleep, personal relationships, and physical, emotional, and mental well-being were

the most affected by vasomotor symptoms. Healthcare professionals with training in women's health were the most valued resource for dealing with the symptoms associated with menopause. **CONCLUSIONS**: Not all women with symptoms were treated. In those whose concerns were addressed by providers, a reluctance to pursue treatment was still observed. A need persists to ensure that this population has the resources and support needed to effectively manage symptoms.

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17. **Ultra-low dose estradiol and dydrogesterone for the treatment of menopausal symptoms in a pooled, multi-ethnic population.**

Authors: Stevenson, John C.;Ren, Mulan;Kahler, Elke;Custodio, Marcelo Graziano;Nappi, Rossella Elena;Tatarchuk, Tetiana;Simoncini, Tommaso;Karpova, Viktoriya and Yu, Qi

Publication Date: Sep 17 ,2024

Journal: Maturitas 190, pp. 108117

Abstract: OBJECTIVES: Evidence suggests ethnicity-specific differences in postmenopausal symptoms, highlighting the need for therapies that are efficacious across different ethnicities. We evaluated the efficacy of an ultra-low dose combination of 0.5 mg estradiol and 0.25 mg dydrogesterone (E 0.5 mg/D 2.5 mg) in alleviating vasomotor symptoms across a multi-ethnic population. **STUDY DESIGN**: Data from two controlled trials were pooled to form a dataset of 583 postmenopausal women from across Europe and China. Participants were randomized to receive treatment with E 0.5 mg/D 2.5 mg or placebo for 12 weeks. **MAIN OUTCOME MEASURES**: The main efficacy variable was absolute change in the number of hot flushes from baseline to end of treatment. Health-related quality of life and safety were also assessed. **RESULTS**: Change in the number of hot flushes per day was greater with E 0.5 mg/D 2.5 mg versus placebo (mean difference - 1.5, 95 % confidence interval - 2.1, -1.0; p : Change in the number of hot flushes per day was greater with E 0.5 mg/D 2.5 mg versus placebo (mean difference - 1.5, 95 % confidence interval - 2.1, -1.0; p **CONCLUSIONS**: This pooled analysis demonstrates the consistent efficacy of E 0.5 mg/D 2.5 mg in the treatment of menopause-related symptoms across a multi-ethnic population of postmenopausal women. Copyright © 2024 The Authors. Published by Elsevier B.V. All rights reserved.

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18. **Complementary and Alternative Therapies for Genitourinary Syndrome of Menopause : An Evidence Map**

Authors: Ullman, Kristen E.;Diem, Susan;Forte, Mary L.;Ensrud, Kristine;Sowerby, Catherine;Zerzan, Nicholas;Anthony, Maylen;Landsteiner, Adrienne;Greer, Nancy;Butler, Mary;Wilt, Timothy J. and Danan, Elisheva R.

Publication Date: 2024

Journal: Annals of Internal Medicine

Abstract: BACKGROUND: Women seeking nonhormonal interventions for vulvovaginal, urinary, and sexual symptoms associated with genitourinary syndrome of menopause (GSM) may seek out complementary and alternative medicine or therapies (CAMs). **PURPOSE**: To summarize published evidence of CAMs for GSM. **DATA SOURCES**: Ovid MEDLINE,

EMBASE, and CINAHL from inception through 11 December 2023. **STUDY SELECTION**: Randomized controlled trials (RCTs) 8 weeks or more in duration that evaluated the effectiveness or harms of CAMs for postmenopausal women with GSM and reported 1 or more outcomes of interest, with sample sizes of 20 or more participants randomly assigned per group. **DATA EXTRACTION**: Data were abstracted by 1 reviewer and verified by a second. **DATA SYNTHESIS**: An evidence map approach was used to organize and describe trials. Studies were organized by type of intervention, with narrative summaries for population, study characteristics, interventions, and outcomes. Fifty-seven trials were identified that investigated 39 unique interventions. Studies were typically small (n : An evidence map approach was used to organize and describe trials. Studies were organized by type of intervention, with narrative summaries for population, study characteristics, interventions, and outcomes. Fifty-seven trials were identified that investigated 39 unique interventions. Studies were typically small (n **LIMITATIONS**: Only English-language studies were used. Effect estimates, risk of bias, and certainty of evidence were not assessed. **CONCLUSION**: There is a large and heterogeneous literature of CAM interventions for GSM. Trials were small, and few were done in North America. Standardized population, intervention, comparator, and outcomes reporting in future RCTs are needed. **PRIMARY FUNDING SOURCE**: Agency for Healthcare Research and Quality and Patient-Centered Outcomes Research Institute. (PROSPERO: CRD42023400684).

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19. **Prior pre-eclampsia does not diminish the vascular protective effect of menopausal hormone therapy.**

Authors: Venetkoski, M.;SavolainenPeltonen, H.;Joensuu, J. M.;Gissler, M.;Ylikorkala, O. and Mikkola, T. S.

Publication Date: 2024

Journal: Maturitas 189(pagination), pp. Article Number: 108112. Date of Publication: November 2024

Abstract: Objective: Women with prior pre-eclampsia are at increased risk of cardiovascular disease (CVD). Menopausal hormone therapy (MHT) may affect this risk. We evaluated the impact of MHT use on cardiovascular risk between women with and without prior pre-eclampsia. Study design and main outcome measures: We assessed the occurrence of any CVD, myocardial infarction (MI) and stroke in MHT users (n = 9700) and non-users (n = 19,914) with prior pre-eclampsia, and likewise in MHT users (n = 27,764) and non-users (n = 58,248) without prior pre-eclampsia over the period 1994-2019. Follow-up started at MHT initiation (mean age 50.4 in pre-eclamptic women and 50.3 in non-pre-eclamptic women) and lasted for a mean of 13.3 years. Results: The use of MHT in prior pre-eclamptic women was associated with significant risk reductions for any CVD (HR 0.85, 95 % CI 0.78–0.91), MI (HR 0.66, 95 % CI 0.55–0.78) and stroke events (HR 0.71, 95 % CI 0.63–0.81) in comparison with non-users with prior pre-eclampsia. The risk reductions for cardiovascular deaths were even more pronounced (HR 0.43, 95 % CI 0.31–0.59 for any CVD death; HR 0.49, 95 % CI 0.30–0.80 for MI death; HR 0.25, 95 % CI 0.10–0.64 for stroke death). However, none of these risk reductions differed from those seen in MHT users without prior pre-eclampsia. The risk of any CVD decreased already within five years of MHT use in women with prior pre-eclampsia but not in those without prior pre-eclampsia. Conclusions: The use of MHT is associated with reduced CVD risk in women with prior pre-eclampsia. This is important to clinicians

considering the initiation of MHT for recently menopausal women with prior preeclampsia.

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20. **When is it necessary to perform biopsy in asymptomatic postmenopausal women with incidental finding of thickened endometrium?.**

Authors: Wang, Jing;Peng, Xuebing;Xia, Enlan;Xiao, Yu;Liu, Yuhuan;Su, Dan;Xu, Jianfeng;Li, Tin-Chiu and Huang, Xiaowu

Publication Date: Aug 13 ,2024

Journal: European Journal of Obstetrics, Gynecology, & Reproductive Biology 302, pp. 104–110

Abstract: OBJECTIVE: To determine the cutoff value for endometrial thickness (ET) that prompts a biopsy in asymptomatic postmenopausal women with an incidental finding of thickened endometrium, and to develop a risk prediction model. **METHODS**: This is a retrospective cohort analysis of the clinical records of the Hysteroscopic Center of Fu Xing Hospital, Capital Medical University, Beijing, China. We collected asymptomatic postmenopausal women who presented with an ET of >=4 mm (double-layer) as an incidental finding. We stratified the participants into non-malignant and malignant groups based on pathology results and assessed differences between the two groups. A receiver operating characteristic curve (ROC) was used to identify the cutoff value of ET for predicting endometrial malignancy. Logistic regression models were also constructed to predict the risk of malignancy. **RESULTS**: A total of 581 consecutive eligible cases were included. The optimal cutoff value for ET was 8 mm, with a maximum area under the curve (AUC) of 0.755 (95 % CI: 0.645-0.865). In addition to ET, the regression model incorporated diabetes, blood flow signal, BMI, and hypertension to predict the risk of malignancy. A ROC curve constructed for the model yielded an AUC of 0.834 (95 % CI: 0.744-0.924). **CONCLUSION**: It is reasonable to offer hysteroscopy and visually-directed endometrial biopsy for asymptomatic postmenopausal women when ET is 8 mm or above. For those with an ET between 4 and 8 mm, further decision to perform biopsy should be determined on an individual basis, considering risk factors and blood flow signals of the endometrium.

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21. **'GP services are still heteronormative': Sexual minority cisgender women's experiences of UK menopause healthcare - Health equity implications.**

Authors: Westwood, Sue

Publication Date: Sep 09 ,2024

Journal: Post Reproductive Health 20533691241279887

Abstract: OBJECTIVE: This article reports on UK sexual minority cisgender women's experiences of menopause health and healthcare, based on a data subset from a study exploring lesbian, gay, bisexual, and queer (LGBTQ+) menopause. **METHODS**: An online survey was conducted with UK LGBTQ + individuals who went through/are going through the menopause. Quantitative data were analysed using simple descriptive statistics. Qualitative data were analysed using thematic analysis. **RESULTS**: Cisgender respondents comprised 51

lesbian, gay, bisexual, pansexual, queer, and 'other' women, aged between 17 and 89 years. They reported similar types and levels of menopause symptoms as heterosexual cisgender women in other studies, apart from higher levels of anxiety and depression, especially bisexual women. Dissatisfaction regarding menopause healthcare services related to access, information, and heteronormative/heterosexist provision. **CONCLUSIONS**: Healthcare providers must ensure they provide inclusive menopause services to sexual minority cisgender women.

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22. **Association of Female Reproductive Factors with depression and suicidal ideation in postmenopausal women: Evidence from NHANES 2007-2018.**

Authors: Zhang, Shujie;Zhang, Yanan and Mao, Junhuan

Publication Date: Aug 06 ,2024

Journal: Journal of Psychosomatic Research 187, pp. 111881

Abstract: OBJECTIVE: This cross-sectional research aimed to examine how reproductive factors influence depression and suicidal ideation among postmenopausal women. **METHODS**: Data from the 2007 to 2018 US National Health and Nutrition Examination Survey were analyzed for this study. The Patient Health Questionnaire (PHQ-9) was adopted to measure depression and suicidal ideation in the participants. **RESULTS**: Out of 3076 participants, 9.5% (348/3076) experienced depression, and 3.4% (128/3076) reported suicidal ideation. Following the adjustment for confounding factors, premature menopause (OR = 1.81, 95% CI: 1.03-3.15) was significantly associated with an increased risk of depression. Moreover, postmenopausal women with a higher number of pregnancies exhibited a greater risk of depression (OR = 1.29, 95% CI: 1.09-1.53; P : Out of 3076 participants, 9.5% (348/3076) experienced depression, and 3.4% (128/3076) reported suicidal ideation. Following the adjustment for confounding factors, premature menopause (OR = 1.81, 95% CI: 1.03-3.15) was significantly associated with an increased risk of depression. Moreover, postmenopausal women with a higher number of pregnancies exhibited a greater risk of depression (OR = 1.29, 95% CI: 1.09-1.53; P : Out of 3076 participants, 9.5% (348/3076) experienced depression, and 3.4% (128/3076) reported suicidal ideation. Following the adjustment for confounding factors, premature menopause (OR = 1.81, 95% CI: 1.03-3.15) was significantly associated with an increased risk of depression. Moreover, postmenopausal women with a higher number of pregnancies exhibited a greater risk of depression (OR = 1.29, 95% CI: 1.09-1.53; P **CONCLUSION**: Our results indicate that reproductive factors are significantly associated with the risk of depression and suicidal ideation in postmenopausal women. Further longitudinal studies with repeated measures of depression are necessary to establish causal relationships.

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23. **The development and evaluation of a fact sheet resource for women managing menopausal-related cognitive complaints.**

Authors: Zhu, Chen;Arunogiri, Shalini;Thomas, Elizabeth H. X.;Li, Qi;Kulkarni, Jayashri and Gurvich, Caroline

Publication Date: 2024

Journal: Menopause

Abstract: OBJECTIVES: Cognitive symptoms are frequently reported by women during the menopause transition years. The aim of this research was to codesign and evaluate a fact sheet resource to help women understand and manage cognitive symptoms that may occur during menopause. **METHODS**: This study adopted a codesign approach involving women during the menopause transition years as well as professionals to develop and evaluate a fact sheet, with a focus on acceptability and safety. Four phases (discover, define, develop, deliver) were conducted to develop, refine, and evaluate the fact sheet using a mixed-methods approach of focus groups, interviews, and surveys. **RESULTS**: The discover phase identified a need for online educational resources for women in premenopause, perimenopause, and postmenopause to learn about menopause-related topics. The define and develop phases, relying on focus group sessions with perimenopausal and postmenopausal women, revealed common themes related to the experience of cognitive symptoms and a desire for management tips to optimize cognitive functioning. Structured interviews with professionals highlighted a desire for more concrete examples of cognitive symptoms. The results of the deliver phase found strong acceptability for the fact sheet, alongside requests for additional information on menopausal hormone therapy from premenopausal, perimenopausal, and postmenopausal women. **CONCLUSIONS**: The study reported a wide range of cognitive symptoms among women during the menopause transition years. This study showed broad agreement on the fact sheet's acceptability and safety in addressing menopausal cognitive symptoms. Feedback on menopausal hormone therapy and management tips underscores the demand for more research on effective interventions. Copyright © 2024 by The Menopause Society.

Guidelines

1. **Menopause and the workplace: consensus recommendations from The Menopause Society.**

Authors: Faubion, S. S.;Bigler, J. K.;Christmas, M. M.;Cortes, Y. I.;GreenSmith, P.;Kapoor, E.;Reed, S. D.;Shufelt, C. L.;Soares, C. N. and Thomas, H. N.

Publication Date: 2024

Journal: Menopause 31(9), pp. 741–749

Abstract: Menopause is a natural life transition experienced by half the world's population. Women aged 50 years and older are the fastest growing demographic group in many countries, making essential contributions to the workforce. Although menopause is a universal and natural life transition, the symptom experience is highly variable among women. Some women may experience few or no symptoms, whereas others may be bothered by moderate to severe symptoms for a decade or longer, which can adversely affect quality of life, relationships, job satisfaction, and career advancement. Indeed, menopause symptoms, including vasomotor and genitourinary symptoms, as well as sleep and mood disturbances are associated with multiple adverse work outcomes. Studies to date have demonstrated that these adverse work outcomes related to menopause symptoms include a compromised ability to work, reduced work productivity, absenteeism, and even loss of employment or an early exit

from the workforce. Further, the relationship between menopause symptoms and work may be bidirectional, with certain aspects of the work environment being linked with a greater menopause symptom burden, such as insufficient restroom facilities, unpredictable or long work hours, the inability to take breaks, and confined or crowded workspaces. Thus, workplace solutions may need to be tailored based on women's individual needs, the work environment, and the type of work. The Menopause Society, in conjunction with an expert panel of medical and legal experts and women's health advocates, has developed a set of consensus recommendations that challenges employers to create a menopause-supportive workplace for their employees. These recommendations include, among other things, suggestions for employers to review policies and healthcare plans and benefits and to consider flexibility and accommodations that may be needed for some women with menopause symptoms. Guidance for women with menopause symptoms that affect them at work in terms of understanding their resources and empowering them to be self-advocates are also provided, as well as recommendations for what occupational health professionals should know and do for women with bothersome menopause symptoms in the workplace.

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2. **Sexual health and wellbeing and the menopause: An EMAS clinical guide.**

Authors: Paschou, S. A.;Athanasiadou, K. I.;HaffordLetchfield, T.;Hinchliff, S.;Mauskar, M.;Rees, M.;Simon, J. A.;Armeni, E.;Erel, C. T.;Fistonic, I.;Hillard, T.;Hirschberg, A. L.;Meczekalski, B.;Mendoza, N.;Mueck, A. O.;Simoncini, T.;Stute, P.;van Dijken, D. and Lambrinoudaki, I.

Publication Date: 2024

Journal: Maturitas 189(pagination), pp. Article Number: 108055. Date of Publication: November 2024

Abstract: Introduction: Sexual health and wellbeing are significant aspects of quality of life. However, taking a sexual history is often avoided in medical practice, leaving a void in management and awareness. As the menopause can have a major impact on sexual health, it is imperative that healthcare providers are appropriately trained in sexual health and wellbeing and the aligned disciplines in order to achieve optimal care. Aim: To provide an evidence-based clinical guide for the assessment and management of sexual problems at the menopause and beyond. Materials and methods: Review of the literature and consensus of expert opinion. Results and conclusion: The assessment of sexual problems includes history taking, examination and laboratory investigation (if indicated), and occasionally the use of specific validated questionnaires. Management of sexual problems requires a multidimensional approach using biopsychosocial measures. Medical management and psychosexual counselling include pharmacological and non-pharmacological interventions, and sex therapy and psychoeducation. Furthermore, perimenopausal women should be advised about the need for contraception if they wish to avoid pregnancy. Also, sexually transmitted diseases can be acquired at any age. To conclude, taking a sexual history should be incorporated into medical practice and healthcare providers should be appropriately trained to assess and manage sexual problems at the menopause and beyond.

In the News:

TV menopause doctor concerns probed by watchdog

By Katie McEvinney, Ruth Clegg and Josephine Casserly

BBC News

“England’s health watchdog, the Care Quality Commission (CQC), is looking into “information of concern” at clinics run by one of TV’s best-known menopause doctors.

Dr Louise Newson has also lost her British Menopause Society accreditation, over the prescribing of high doses of hormone replacement therapy (HRT), BBC Panorama has learned.”

https://www.bbc.co.uk/news/articles/cp8e5y4e83lo

British Menopause Society statement published in response to the BBC One Panorama programme 30 September 2024

1 October 2024

British Menopause Society

https://thebms.org.uk/2024/10/british-menopause-society-statement-published-in-response-to-the-bbc-one-panorama-programme-30-september-2024/

Latest Menopause Exchange Newsletter

Issue 101 Summer 2024

- Anxiety and the menopause
- HRT types and forms
- Thyroid disease and the menopause
- New Pharmacy First scheme

Anyone with an interest in the menopause, midlife and post-menopausal health can receive The Menopause Exchange quarterly newsletters for FREE: www.menopause-exchange.co.uk to subscribe

Sources used:

The following were used in the creation of this bulletin: MEDLINE, Emcare, and Google News.

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