Menopause

Current Awareness Bulletin

June 2025

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Are you looking for a bite-size bulletin that focuses on the staff experience of menopause and its symptoms?

Contact Helen Clemow at Salisbury NHS Foundation Trust to receive a blend of news and information based on topics discussed at their *Menopause Tea and Talk* sessions:
helen.clemow@nhs.net

Guidelines

1. **Persistent gaps in menopause care: current recommendations of the POESIT group**

Authors: Di Carlo, Costantino;Cagnacci, Angelo;Gambacciani, Marco;Palacios, Santiago;Rebelo, Claudio;Coronado, Pluvio;Presa, Jesus;Sanchez, Sonia;Fatela, Ana;Gomes Ferreira, Monica and Nappi, Rossella E.

Publication Date: May 23 ,2025

Journal: Maturitas 199, pp. 108607

Abstract: In recent years, menopause awareness has been increasing in several European countries; however, gaps in menopause knowledge, attitudes and practices persist. This review provides an overview of the women's current menopausal experience in Italy, Spain and Portugal, and gives POESIT (Portugal + Spain + Italy) group recommendations to address

persistent barriers in menopause care. The perception, occurrence and impact of menopause symptoms vary among countries, with genitourinary syndrome of menopause and vasomotor symptoms being the most frequent overall. Sexuality seems to be particularly affected by menopause, mostly due to genitourinary syndrome of menopause. Nonetheless, women's knowledge about the diverse range of menopause symptoms and their therapies is still poor. The importance of menopause hormone therapy for quality of life and prevention of chronic conditions, such as osteoporosis, is underestimated and its use remains generally low, likely due to women's view of menopause as a natural condition not requiring treatment, and common misconceptions and fears about side-effects (mostly cancer). The lack of knowledge and training about menopause symptoms and treatment indications among healthcare professionals represents another important barrier to providing suitable personalized care to women. The POESIT group highlights the need to raise public knowledge about menopause and its symptoms to improve care for women during and after menopausal transition. Policymakers and scientific societies should be actively involved to address treatment barriers. The POESIT group advocates the improvement of education among healthcare professionals to foster a personalized approach to menopause care.

Research

1. **Hormone Replacement Therapy Uptake and Discontinuation Trends From 1996-2023: An Observational Study of the Welsh Population.**

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

Publication Date: 2025

Journal: BJOG: An International Journal of Obstetrics & Gynaecology

Abstract: OBJECTIVE: To analyse prescribing trends for oral and transdermal hormone replacement therapy (HRT) in Wales from 1996 to 2023, including predictors of discontinuation within one year of initiation. **DESIGN**: Observational study using the Secure Anonymised Information Linkage (SAIL) databank. **SETTING**: Primary and secondary care data from Wales, encompassing 86% of the population. **POPULATION**: Annual HRT prescription rates from 1996 to 2023 were assessed for all women in Wales. Predictors of HRT discontinuation within one year were assessed in women aged 40-65 (n = 103 114), excluding those with oophorectomy, hysterectomy, or premature menopause. **METHODS**: HRT prescription rates were calculated per 1000 women per year and stratified by HRT type, age groups and deprivation quintiles. Predictors of discontinuation were assessed using a zero-inflated negative binomial regression. **MAIN OUTCOME MEASURES**: Annual HRT prescription rates and predictors of discontinuation, including age, deprivation, time period and HRT type. **RESULTS**: From 1996 to 2023, 292 707 women were prescribed oral or transdermal HRT in Wales. Transdermal prescriptions rose exponentially post-2021, whereas oral prescriptions declined post-2002. Discontinuation rates followed a curvilinear trend: increasing at ages 40-43 and mid-50s onwards and decreasing in mid-40s to early 50s. Oral formats were linked to decreased discontinuation, whereas transdermals showed increased discontinuation. Deprivation reduced HRT prescriptions overall. Prescriptions post-2000 predicted increased discontinuation, with highest rates seen post-2021. **CONCLUSIONS**: Disparities in HRT

prescribing patterns reflect GP and patient perceptions of safety. Women in their mid-40s to early 50s, often at a natural menopause stage, adhered better, particularly to oral tablets, suggesting that administration route and symptom relief influence adherence. Socio-economic deprivation remains a barrier to HRT access. Time trends highlight the influence of widely publicised studies and media on uptake, albeit adherence has continually declined since 2001. Additional research is needed to tackle socio-economic inequalities and assess strategies for achieving cost-effective and efficient HRT prescribing practices.

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2. **Genitourinary syndrome of menopause: a multicenter study from the Indian Midlife Registry.**

Authors: Ashraf, Asna Beg;Meeta, Meeta;Chitra, A. B.;Pahwa, Sangeeta;Shah, Jyoti;Mohi, Manjit;Reddy, Geeta;Aggarwal, Kiran;Sarkari, Amrita;Sharma, Sudha;Jaiswal, Jyoti;Shah, Jignesh;Sen, Bipasa;Unni, Jyothi;Mane, Sheela and Desai, Jyothika

Abstract: OBJECTIVE: This study aimed to investigate the prevalence and characteristics of genitourinary syndrome of menopause (GSM) in midlife women. **METHODS**: The cross-sectional study from the Indian Midlife Registry included women aged >40 years attending outpatient clinics at multiple centers across India. Real-world data were collected on an Electronic Health Record platform. GSM was diagnosed in the presence of either two genitourinary or sexual symptoms or one symptom and a Vaginal Health Index (VHI) score of : The cross-sectional study from the Indian Midlife Registry included women aged >40 years attending outpatient clinics at multiple centers across India. Real-world data were collected on an Electronic Health Record platform. GSM was diagnosed in the presence of either two genitourinary or sexual symptoms or one symptom and a Vaginal Health Index (VHI) score of **RESULTS**: A total of 1781 women, 826 perimenopausal and 955 postmenopausal, were included. The prevalence of GSM was 48.5%, and the most prevalent symptoms were lower urinary tract symptoms (LUTS) (38.2%) and vaginal dryness (26.4%). The VHI score was =70 years, late postmenopause, low education, insomnia and other sleep problems were associated with higher odds of GSM. **CONCLUSION**: GSM is highly prevalent in Indian women. GSM remains under-recognized and undertreated. Sleep problems, advanced age, late postmenopause and low education significantly increase the odds. This study underscores the importance of routine screening for GSM, especially in those with sleep disturbances or LUTS in order to improve quality of life (QoL).

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3. **Toward Solving the Menopause Data Gap: An Evidence-Based Standardized Mapping Study Using the Omaha System.**

Authors: Austin R.R.;Alexander S.;Tupper S. and Holt, J. M.

Abstract: Menopause is a significant health event that affects a large portion of the global female population, necessitating greater awareness and research to enhance women's health and quality of life during this stage. The purpose of this study was to identify validated menopause symptom checklists and map those to the Omaha System signs/symptoms terms. The authors used a consensus approach to identify menopause symptoms from six evidence-based checklists and map them to Omaha System signs and symptoms. The team mapped each symptom if it matched exactly (full match) with the Omaha System term or had a similar, although not identical, meaning (partial match). The mapping included more than 293 source text menopause symptoms to the Omaha System problems and signs/symptoms resulting in a standardized list of 72 signs/symptoms for 21 problems. Of these 72, 70 (97.2%) signs/symptoms were a full match at the problem level, and 67 (93.1%) signs/symptoms were a full or partial match at the signs/symptoms level. This study lays the groundwork for creating a more standardized, data-driven approach, for tracking menopause symptoms. Clinicians and researchers can use this checklist to assess, track, and evaluate symptoms, enabling the development of personalized treatment approaches for menopause.

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4. **Relationship between night eating syndrome, eating disorders, and menopausal symptoms in climacteric women: a pilot study.**

Authors: Ayar P. and Yilmaz, H. O.

Publication Date: 2025

Journal: Menopause 32(5), pp. 461–468

Abstract: Objective: The aim of this study was to examine the relationship between night eating syndrome, eating disorders, and menopausal symptoms in climacteric women.
Method(s): In this descriptive study, 90 climacteric women who met the inclusion criteria volunteered to participated. The data for the participants were collected via a face-to-face interview method using a sociodemographic and menopause questionnaire, the Eating Disorder Examination Questionnaire, the Night Eating Questionnaire, and the Menopause Rating Scale, and their anthropometric measurements were recorded.
Result(s): Among all participants, 51.1% had night eating syndrome. However, the night eating syndrome ($P = 0.790$) and eating disorders ($P = 0.634$) of the participants did not differ significantly according to the climacteric periods. Menopausal symptoms were found to be higher in perimenopausal and postmenopausal women than in premenopausal women ($P = 0.001$). There were significant positive correlations between eating disorders and both night eating ($r = 0.253$ and $P\ 0.05$).
Conclusion(s): Eating disorders were found to be associated with night eating and menopausal symptom severity in climacteric women. There is a need for multidisciplinary studies to measure the risk of occurrence and recurrence of menopausal symptoms and the association with eating disorders experienced by women.

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5. **Self-Reported Psychological, Somatic, and Vasomotor Symptoms at Different Stages of the Menopause for Autistic and Non-autistic People.**

Authors: Charlton R.A.;Happe F.G.;Shand A.J.;Mandy W. and Stewart, G. R.

Abstract: Background: There is growing awareness that the experiences of neurodivergent people during menopause are not well understood. Menopause may be particularly challenging for autistic people due to common co-occurring conditions such as depression and differences in sensory processing. The few (mostly qualitative) studies to explore autism and menopause suggest that autistic traits may be exacerbated.
Method(s): In an online cross-sectional survey, we examined self-reported menopause symptoms of 342 people (autistic, n = 242 and non-autistic, n = 100) at different stages of their reproductive life (premenopausal [~20% of sample], menopausal [~30%], postmenopausal [~50%]).
Result(s): Autistic people reported significantly higher rates of bothersome psychological and somatic menopause symptoms than non-autistic people, but no differences were observed for vasomotor symptoms. Results indicated different patterns of psychological, somatic, and vasomotor symptoms between the autistic and non-autistic groups. People in the menopause and postmenopause groups reported negative changes in symptoms, but non-autistic women reported these as more negative than autistic women. Whether this finding is related to the observation that autistic people report more bothersome psychological and somatic symptoms before the menopause requires further investigation.
Conclusion(s): This cross-sectional analysis suggests that autistic people may experience more bothersome symptoms during menopause compared with non-autistic people. Longitudinal studies examining change are required to fully understand the variables that impact individual experiences for autistic people.

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6. Effect of physical activity on sleep in women experiencing vasomotor symptoms during menopause: a systematic review and meta-analysis.

Authors: Correa A.B.;Bardella M.D.C.;da Silva A.P.;Moreira M.M.;Leite L.F.P.A. and de Moraes, C.

Abstract: Hot flashes and night sweats, common vasomotor symptoms (VMS) during menopause, are strongly associated with poor sleep quality and disorders. Physical activity is proposed as a strategy to improve menopausal health and sleep outcomes. This systematic review and meta-analysis synthesizes and evaluates evidence on the relationship between physical activity and sleep parameters in women experiencing VMS. Comprehensive searches were conducted in October 2024 across multiple databases, including MEDLINE/PubMed, Cochrane Library, and EMBASE, alongside manual backward and forward searches. Randomized controlled trials (RCTs) investigating physical activity or exercise interventions and their effects on subjective and objective sleep outcomes in women with VMS were included. The risk of bias was assessed using the revised Cochrane RoB 2 tool, and data were pooled for meta-analysis. Nine studies with a total of 1579 participants were analyzed.

Physical activity interventions did not significantly improve sleep quality (-0.03 [-1.23, 1.18]; P = 0.96; I^2 = 78 %) or insomnia (-1.65 [-3.52, 0.21]; P = 0.08; I^2 = 0 %) but produced minor improvements in sleep problems (-0.08 [-0.16, -0.00]; P = 0.04; I^2 = 0 %). Despite concerns regarding bias, none of the studies were classified as high-risk, supporting result reliability. The findings suggest heterogeneity in the effects of physical activity on sleep, influenced by intervention-specific factors like type, frequency, intensity, timing, and duration. Environmental variables may also moderate these outcomes, highlighting the complexity of sleep regulation and the need for tailored approaches to improve sleep in menopausal women. Review protocol is registered in PROSPERO: CRD42024599593

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7. **Genitourinary syndrome of menopause and sexual function, partner knowledge, and the impact on coupled sexual relationships.**

Authors: Costa-Paiva, Lucia;Perini, Maria Paula;de Padua, Karla Simonia and Valadares, Ana Lucia Ribeiro

Publication Date: 2025

Journal: Menopause

Abstract: OBJECTIVES: To assess the prevalence of genitourinary syndrome of menopause (GSM) and its association with female sexual dysfunction, the partner's knowledge, and repercussions on the couple's sexual life. **METHODS**: A cross-sectional study was conducted on 266 couples (532 individuals) aged 50-70 years. Women and their partners were selected utilizing the "snowball" technique, formed from the "ego" couples who answered the interview regarding general health, genitourinary symptoms, sexual function, and partner knowledge information via telephone by trained interviewers. **RESULTS**: The prevalence rate of GSM was 74.44%. Low sexual function was significantly more frequent in women (46.15%) than in their partners (15.77%) (P<0.001). Vaginal dryness present in 44.15% and dyspareunia (58.67%) were associated with female sexual dysfunction (P<0.01), decreased satisfaction with sex, and avoidance of sex for fear of pain or lack of desire. Urinary incontinence, nocturia, and urgency were reported by 17.29%, 35.34%, and 24.81% of women, respectively. and were not associated with sexual dysfunction. Approximately 49% of partners knew about their partner's GSM symptoms. Vaginal discomfort led to the loss of men's desire, and women avoided intercourse because they were concerned about pain. **CONCLUSIONS**: The prevalence of GSM is high and related to low female sexual function. Half of the partners knew about problems with GSM, and the women's symptoms interfered with the couple's sexual desire and satisfaction, which could impact the affective and sexual aspects of the couple's relationship.

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8. **An exploration of women's occupational participation and identity during menopause: Descriptive qualitative study.**

Authors: Daly R. and Hynes, S. M.

Publication Date: 2025

Journal: British Journal of Occupational Therapy 88(5), pp. 272–280

Abstract: Background: The menopause transition is a significant stage of a woman's life, marking the transition from reproductive to postreproductive life. Occupational identity often shifts in response to life transitions but this has not been explored in relation to menopause. Therefore, our study aims to explore women's experiences of menopause through an occupational perspective, in relation to occupational participation and occupational identity.
Method(s): A descriptive qualitative design was implemented. Semistructured interviews were completed with five perimenopausal women online via Microsoft teams. Reflexive thematic analysis was employed to analyse data gathered.
Finding(s): The findings of this study revealed that a lack of understanding and awareness during the initial stages of menopause negatively affected women's well-being. Women faced disruptions to their engagement in meaningful occupations, which in turn, impacted their occupational competence and occupational identity. The experience of menopausal-related changes influenced women's sense of self-efficacy in engaging in occupations and roles that aligned with their occupational identity.
Conclusion(s): Women face significant occupational disruption during the menopause transition. Negative impacts on occupational identity and participation were evident from the participants. This study explores menopausal women's experiences from an occupational perspective and findings offer potential direction for future research.

9. **Impact of health beliefs and risk perception on willingness to undergo osteoporosis assessment among perimenopausal and menopausal women in primary care: a descriptive cross-sectional study.**

Authors: De Roza J.G.;Koh D.H.M. and Goh, L. J.

Abstract: Background: Osteoporosis holds significant clinical importance as a major risk factor for fractures and the associated consequences of chronic pain, disability, loss of independence, decreased quality of life, and increased mortality. Studies have found varied levels of knowledge, risk perception and health beliefs about osteoporosis. The impact of health beliefs and risk perception on willingness to undergo osteoporosis assessment was not known. This study thus aimed to determine the factors that impact the willingness of peri-menopausal and menopausal women to undergo Bone Mineral Densitometry for osteoporosis assessment.
Method(s): The study was a descriptive cross-sectional study utilising self-administered questionnaires. Women aged 50 years and above were recruited via convenience sampling from a cluster of public primary care clinics in Singapore. The Osteoporosis Health Belief Scale (OHBS) was modified with permission for local context with good validity and reliability. The modified OHBS had 19 items in five subscales: perceived susceptibility to osteoporosis (risk perception), benefits and barriers to calcium intake, and benefits and barriers to exercise. Logistic regression was used to determine the predictors that impacted willingness to undergo osteoporosis assessment.
Result(s): Of 342 women who participated in the study, the mean age was 62.29 years, most were Chinese (75.3%), married (85.3%) and had secondary education (53.4%). Only 15.2%

had a family history of osteoporosis and 10.9% were classified as high risk for osteoporosis. Two-thirds of participants (66.1%) were willing to undergo osteoporosis assessment. Logistic regression found that women of Chinese ethnicity, older age, history of fractures and those with higher risk perception and exercise benefits scores were more likely to be willing to undergo osteoporosis assessment.

Conclusion(s): The study highlighted pertinent sociodemographic and clinical factors as well as risk perception and health beliefs that impacted willingness to undergo osteoporosis assessment. Knowledge of these factors will be useful when developing interventions to improve preventive behaviours for osteoporosis and increase uptake of osteoporosis assessment for those at risk.

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10. **Genitourinary syndrome of menopause among Chinese women during the menopausal transition and postmenopause: findings from a longitudinal cohort study.**

Authors: Fan, Yubo;Huang, Jingbo;Huang, Feiling;Tang, Ruiyi;Feng, Penghui;Yang, Xuanjin;Xie, Zhuolin;Yang, Lingjin;Ma, Xiaonan;Yang, Keyang and Chen, Rong

Abstract: OBJECTIVE: This study aims to explore the prevalence and related factors of genitourinary syndrome of menopause (GSM) in a Chinese longitudinal cohort. **METHOD**: A total of 616 women in the menopausal transition or postmenopausal stage from an urban Chinese community were included in this study. The study assessed the prevalence, degree and factors associated with different types of GSM. **RESULTS**: The prevalence of moderate/severe GSM rose from 23.9% in the early menopausal transition to 36.8% in the late menopausal transition, to 56.1% in postmenopause stage +1 and 71.4% in postmenopause stage +2. More than half of the postmenopausal women reported loss of libido (68.7%), vaginal dryness (60.2%), stress urinary incontinence (59.8%) and low sexual pleasure (58.8%). Multivariable analysis revealed that Stages of Reproductive Aging Workshop +10 (STRAW +10) stages ($p = 0.009$), marital status ($p\ p = 0.005$) were independently associated with GSM. **CONCLUSION**: This study shows that as women progress through the menopausal transition, GSM symptoms become increasingly common and severe. In particular, postmenopausal women experience a higher burden of these symptoms. Additionally, menopausal stage, marital status and anxiety were identified as independent factors associated with GSM. These findings provide a comprehensive insight of GSM among middle-aged Chinese women, underlining the importance of diagnosis and treatment for GSM.

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11. **The Effects of Menopause on Vocal Folds' Vibratory Characteristics of Female Professional Voice Users.**

Authors: Fiuza, Mauro B.;La, Filipa M. B.;Coronado, Pluvio J. and Roberto, Magda Sofia

Abstract: INTRODUCTION: Menopause has been associated with changes in the vocal folds; however, whether these changes impact on vocal folds' oscillation and collision patterns is still unknown. **MATERIALS AND METHODS**: Phonation and collision threshold pressures (PTP and CTP, respectively) were compared between premenopausal and postmenopausal female professional voice users (FPVUs), allocated into levels 1 and 2 according to professional use of their voice (ie, singers/singing teachers and schoolteachers, respectively). Audio, electroglottographic, and intraoral pressure signals were recorded while participants performed diminuendo sequences on the syllable /pa/ at pitches A3, E4, and A4. Hormonal profiles and self-perceived voice symptoms were also assessed. **RESULTS**: Voice-related menopausal symptoms were self-perceived as mild in postmenopausal FPVUs. No statistically significant differences in PTP and CTP were found between professional groups for the interaction between reproductive status (ie, premenopausal and postmenopause) and professional level (ie, singers/singing teachers and schoolteachers) for any of the analyzed pitches, despite significant differences in concentrations of pituitary hormones and estradiol. No significant correlations between hormones and voice metrics could be found. **CONCLUSIONS**: The increasing numbers of menopausal FPVUs and the great individuality in degree of severity of menopause-related voice symptoms justify further investigations, including professional voice users, especially those complaining of more severe menopause-related voice symptoms.

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12. The effect of shared decision-making on the conflict and regret in menopause symptoms management: an interventional study.

Authors: Ghehi L.M.;Jafarabadi M.A.;Hakimi S.;Nourizadeh R.;Mehrabi E. and Bafrani, M. A.

Publication Date: 2025

Journal: BMC Women's Health 25(1) (pagination), pp. Article Number: 239. Date of Publication: December 2025

Abstract: Introduction: Menopausal women often face challenges in choosing appropriate interventions to mitigate distressing menopause symptoms, primarily due to concerns about treatment suitability. Therefore, the present study aimed to assess the effect of shared decision-making (SDM) on conflict and regret in menopause symptoms management.
Method(s): This interventional study was conducted on 44 menopausal women aged >= 45 years in Tabriz, Iran, from September 2020 to January 2021. Subjects were randomly assigned to the intervention (n = 22), which received SDM-based counseling along with a decision aid (DA) booklet, and control (n = 22) groups. The data were collected using a socio-demographic and obstetric characteristics checklist, awareness of the menopause symptoms management strategies, decisional conflict, and regret. The intergroup differences were compared employing an independent t-test and ANCOVA.
Result(s): The mean score of decision conflict [Mean difference (MD): -2.07, 95% CI: -29.65 to -11.92, P = 0.001] and decision regret [MD: -1.25, 95% CI: -1.64 to 0.64, P = 0.03] significantly reduced in the intervention group compared to the control group after the intervention. Additionally, a statistically significant increase in the mean score of women's awareness was observed in the intervention group compared to the control group following the intervention [(Hormone Therapy: MD: 3.38, 95% CI: 1.01 to 5.57, P = 0.006) (Natural Products: MD: 2.44, 95% CI: 0.93 to 3.94, P = 0.002)].
Conclusion(s): The results indicated the effect of SDM-based counseling on improving

women's awareness of the menopause symptoms management strategies and reducing the decisional conflict and regret.

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13. Patient experience of menopause care after breast cancer in the UK: a cross-sectional study.

Authors: Glynne S.;Reisel D.;Kamal A. and Newson, L.

Abstract: Objectives: This study aimed to explore women's experience of menopause care after breast cancer in the UK.
Method(s): An online survey incorporating the validated Shared Decision Making SDM-Q-9 questionnaire was disseminated via social media to breast cancer survivors in the UK.
Result(s): A total of 1,195 women completed the survey. The menopause symptom burden was high (99.7%). Fear of recurrence was the dominant concern for 55.6% of women, but 44.4% were more concerned about quality of life and future risk of long-term conditions associated with estrogen deficiency. Women further from diagnosis were less concerned about recurrence (fear of recurrence was the dominant concern for 58.6% of women within 2 y of diagnosis vs. 43.1% of women more than 15 y from diagnosis, P = 0.001). Of all women, 68.3% were offered treatment (nonhormone treatment, 58.5%; vaginal hormones, 35.5%; menopause hormone therapy, 13.1%; testosterone, 10.1%). Menopause specialists were more likely to prescribe MHT versus nonmenopause specialists (68.2% vs. 31.8%, P 10 min for 75.6%, P < 0.001), and felt significantly more involved in menopause-related treatment decisions (P < 0.001). Overall, 96% of women wanted more support for menopausal symptoms.
Conclusion(s): Many women in the study cohort had unmet menopause-related health needs after breast cancer, and the quality of menopause care received was poor. Most women felt uninvolved in menopause-related treatment decisions. Women experienced higher quality menopause care if they had access to a menopause specialist.

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14. Breast cancer patients' experience of menopause care in the UK: thematic analysis of free-text comments.

Authors: Glynne S.;Seymour K.;Reisel D.;Kamal A. and Newson, L.

Abstract: Objective: The aim of this study was to explore women's experience of menopause care after breast cancer in the UK.
Method(s): This study is a thematic analysis of free-text comments in an online survey that asked women about their experience of menopause care after breast cancer. A coding framework was used that mapped comments to eight domains of patient experience (deductive analysis). An inductive approach was used to identify subthemes within each of the

eight domains.

Result(s): A total of 1,195 women completed the survey. Two hundred twenty-six women (18.9%) left free-text comments in response to questions about shared decision making and patient experience. Most were White (96.9%), university educated (52.6%), and aged 41 to 60 years at breast cancer diagnosis (81.8%). The menopausal symptom burden was high (96.5%, 87.6%, and 75.7% reported physical, psychological, and genitourinary symptoms, respectively). Lack of involvement in shared decision making was the dominant theme (n = 120, 53%), followed by issues concerning access to menopause care (n = 65, 29%). Lack of information, communication issues, and feeling unsupported were prevalent themes/subthemes. Twenty women (9%) reported a lack of courtesy and respect in their interactions with healthcare professionals.

Conclusion(s): In this study, women's experience of menopause-related breast cancer aftercare was poor. Larger studies are needed to qualitatively explore the experience, unmet needs, and expectations of all breast cancer survivors including women from more deprived and ethnic minority groups.

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15. **One size does not fit all: how type of menopause and hormone therapy matters for brain health**

Authors: Gravelsins, Laura L. and Galea, Liisa A. M.

Publication Date: Jun 09 ,2025

Journal: British Journal of Psychiatry 1-14

Abstract: BACKGROUND: Menopause is an inflection point in the ageing trajectory. Independent of chronological age, menopause is associated with the biological ageing of several body systems. In this review, we highlight the importance of considering the influence of menopause - its types, symptoms and interventions - on brain health. Supplementing the loss of ovarian hormones with menopausal hormone therapy (MHT) may be key for supporting the healthy brain ageing of females. MHT has been associated with reduced risk of several neurodegenerative diseases; however, its benefits are not always observed on brain health. **AIMS**: This narrative review highlights often overlooked MHT factors that influence its effects to produce positive or negative effects on brain health, cognition and neurodegenerative disease risk. These factors include the many varieties of MHT, including formulation, administration route and dosing schedule, as well as individual characteristics, particularly the presence of vasomotor symptoms and apolipoprotein epsilon4 (APOE4) genotype. **METHOD**: PubMed and Scopus were used to identify articles with relevant search terms. **RESULTS**: Menopause factors, including age, abruptness and symptoms, influence brain ageing. MHT influences brain health, with transdermal MHT showing more positive effects on brain ageing, but its effectiveness may depend on individual factors such as genotype, reproductive and lifestyle factors. **CONCLUSIONS**: To develop effective and individualised MHT treatments, further research is needed. Preclinical models must consider the type of human menopause and MHT. To achieve the greatest dementia prevention in females, more menopause education and care is needed that extends beyond 60 years of age, or 10 years postmenopause.

16. **Cognitive behavioural therapy for sexual concerns during menopause: evaluation of a four session protocol.**

Authors: Green, Sheryl M.;Furtado, Melissa;Shea, Alison K.;Ballantyne, Elena C.;Streiner, David L.;Frey, Benicio N. and McCabe, Randi E.

Publication Date: 2025

Journal: Journal of Sexual Medicine

Abstract: BACKGROUND: Sexual concerns are reported by 43%-82.5% of peri- and post-menopausal women and negatively impact physical and emotional well-being. Despite the high prevalence and negative impact, treatment options are limited, particularly those which are non-pharmacological. **AIM**: The primary objective of this pilot trial was to evaluate the effectiveness of a novel four-session individual Cognitive Behavioural Therapy protocol for improving sexual functioning (CBT-SC-Meno) during peri- and post-menopause. Secondary objectives included assessing body image, relationship satisfaction, and common menopause symptoms (eg, vasomotor), depression, anxiety, and self-reported health. **METHODS**: Participants (n = 32) were peri- or post-menopausal women experiencing primary sexual concerns and reporting a score of 26.55 or lower on the Female Sexual Function Index (FSFI), indicating impaired sexual functioning. Eligible participants were assigned to a waitlist control condition for 4 weeks, after which they were reassessed and then completed the CBT protocol. **OUTCOMES**: Measures assessing sexual functioning, satisfaction, distress, and desire, as well as body image, relationship satisfaction, common menopause symptoms (eg, vasomotor), depression, anxiety, and self-reported health were completed at baseline, post-waitlist, and post-treatment. Treatment satisfaction was captured with the Client Satisfaction Questionnaire along with qualitative data. **RESULTS**: During the waitlist period, no significant changes were observed across measures, apart from the FSDQ concern subscale and GCS physical subscale. Following CBT-SC-Meno, participants experienced a significant improvement in overall sexual functioning (eg, desire, arousal, reduced pain, satisfaction), a decrease in symptoms of sexual distress, concern, and resistance, menopausal symptoms, symptoms of depression and anxiety, as well as improved body image, couple satisfaction, and overall health (P < 0.001). All participants endorsed high treatment satisfaction and indicated that treatment helped them better cope with their symptoms more effectively. **CLINICAL IMPLICATIONS**: To our knowledge, this is the first study examining the effectiveness of a CBT protocol specifically designed to target sexual concerns experienced during peri- and post-menopause. Results suggest that CBT-SC-Meno leads to significant improvements in sexual functioning across several important sexual concern domains and related areas (eg, body image), in addition to several other commonly comorbid menopausal symptoms (eg, vasomotor), depression, anxiety, and self-reported overall health. **STRENGTHS AND LIMITATIONS**: Although CBT-SC-Meno appears to be a promising treatment for sexual concerns, the sample was small and homogeneous. **CONCLUSIONS**: This study provides preliminary evidence of CBT as a non-pharmacological treatment for peri- and post-menopausal women experiencing sexual concerns and offers the basis for a larger randomized clinical trial. **CLINICAL TRIAL REGISTRATION**: Trial # NCT04922385 and Accessible at: https://clinicaltrials.gov/ct2/show/NCT04922385?term=NCT04922385&draw=2&rank=1.

17. Menopause in Cystic Fibrosis: Special Considerations for Bone Health, Menopausal Symptoms, and Treatment

Authors: Haroon, Sarah;Cobb, Crystal;Sufian, Sandy;Jain, Raksha;Maalouf, Naim M. and Putman, Melissa S.

Publication Date: 2025

Journal: Endocrine Practice

Abstract: Cystic fibrosis (CF) is a multisystem autosomal recessive disease arising from mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Dysfunction of the CFTR protein leads to progressive pulmonary disease, pancreatic exocrine insufficiency, and nutritional deficiencies. Survival has significantly increased over the last several decades due to improved pulmonary and nutritional management, including CFTR modulator therapy. The adult CF population now faces new challenges of aging, such as menopause-related symptoms and age-related osteoporosis superimposed on underlying CF-related bone disease. The menopausal transition and early postmenopause are characterized by rapid bone loss and represent a window of opportunity to preserve bone mass. Menopausal hormone therapy may alleviate vasomotor symptoms and improve bone density in appropriately selected people. This review will discuss the current knowledge of menopause and bone health in females with CF, address CF-specific considerations on osteoporosis and menopause treatment options, and explore opportunities for future areas of research.

18. Safety of menopause hormone therapy in postmenopausal women at higher risk of venous thromboembolism: a systematic review

Authors: Hicks, Amy;Robson, Danielle;Tellis, Bianca;Smith, Sally;Dunkley, Scott and Baber, Rodney
Publication Date: Jun 09 ,2025

Journal: Climacteric 1-26

Abstract: OBJECTIVE: Studies have shown that oral estrogen with or without progestogen increases the risk of venous thromboembolism (VTE). Recent data suggest that transdermal estrogen confers little to no increased risk of VTE. There is no systematic review that examines menopause hormone therapy (MHT) use in women with risk factors for VTE. This systematic review therefore aims to summarize the evidence in this population. **METHOD**: The OVID Medline, Embase, PubMed and CENTRAL online databases were searched. A total of 762 studies were screened and 10 were included in the study. **RESULTS**: Six studies were case-control studies, two were randomized controlled trials (RCTs), one was an RCT that contained a nested case-control study and one was a cohort study. Studies were heterogeneous in their definition of menopause, dose, form and route of administration of MHT, and the underlying VTE risk factor being assessed. In women with risk factors for VTE, transdermal estrogen conferred no increased risk of VTE. Oral estrogen alone has the next

safest profile, and oral estrogen plus a progestogen conferred the highest increased risk of VTE. **CONCLUSION**: Transdermal MHT appears safe in women with risk factors for VTE. Oral MHT, notably oral estrogen plus a synthetic progestogen, does increase relative risk. More contemporary data are required to confirm these findings.

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19. **Association of menarche, menopause, and reproductive history with cognitive performance in older US women: a cross-sectional study from NHANES 2011-2014.**

Authors: Hu A.;Xiong L.;Wei H.;Yuan L.;Li Y.;Qin H.;Chen F. and Liu, T.

Publication Date: 2025

Abstract: Background: With the increasing global aging population, cognitive impairment, particularly Alzheimer's disease (AD), has become an escalating public health and economic concern. Recent research has increasingly focused on the relationship between female reproductive factors and cognitive health. This study explores the association between reproductive history factors and cognitive performance in women aged 60 and older in the US, providing insights for the prevention and management of cognitive impairment.
Method(s): We analyzed participants in the National Health and Nutrition Examination Survey (NHANES) between 2011 and 2014. The cognitive performance was assessed by the Consortium to Establish a Registry for Alzheimer's Disease (CERAD) Word Learning sub-test, Animal Fluency test (AFT), and Digit Symbol Substitution Test (DSST), in relation to reproductive history variables like age of menarche, menopause, reproductive span, number of pregnancies, and parity. Statistical analyses included weighted linear regression for continuous variables and weighted chi-square tests for categorical variables, with adjustments for age, BMI, alcohol intake, smoking, PIR, education, race/ethnicity, hypertension, and diabetes.
Result(s): A total of 698 (weighted sample was 25,558,437) women aged 60 years or older were included in the study. Parity negatively impacted cognitive performance, women with >= 5 parity showing reductions in AFT (beta = -2.1, p = 0.032), DSST (beta = -14, p < 0.001), CERAD trial 1 (beta = -0.41, p = 0.031), and CERAD Total scores (beta = -1.3, p = 0.033) all in model 2. Delayed menopause was positively associated with cognitive function, showing improvements in CERAD trial 1 (beta = 1.2, p = 0.002) and total recall (beta = 2.1, p = 0.031) both in model 3. Longer reproductive span was linked to better cognitive function, particularly in immediate recall and processing speed (beta = 0.12, p < 0.001 for DSST) in model 3.
Conclusion(s): Higher parity was negatively correlated with processing speed and memory. In contrast, delayed menopause and a longer reproductive span were positively correlated with global cognition and processing speed. These findings suggest that reproductive factors play a potential role in cognitive aging among older women.

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20. **Association of ultra-processed food consumption with menopausal symptoms in postmenopausal women.**

Authors: Karabiyik D.;Aslan H.;Tari Selcuk K.;Tigli A.;Arslan S. and Ongun Yilmaz, H.

Abstract: This study aimed to examine the relationship between Ultra-Processed Food (UPF) consumption and menopausal symptoms in postmenopausal women. In this cross-sectional study, data of 305 postmenopausal women were evaluated. The data were collected by the researchers through face-to-face interviews between December 2023 and March 2024 using the Introductory Information Form, Frequency of UPF Consumption and Menopause Symptom Rating Scale. Descriptive statistics (number, percentage, mean, standard deviation) and linear regression analysis were used in data analysis. The significance level of statistical tests was accepted as p <.05. The total UPF consumption of postmenopausal women was 56.56 + 116.77 g/day. The mean scores of somatic complaints, psychological complaints, and urogenital complaints subscales of the Menopause Symptom Rating Scale were 9.98 + 2.48, 9.28 + 2.67, and 6.06 + 2.15, respectively. While there was no relationship between daily UPF consumption and psychological and urogenital symptoms, Model 1 (beta:0.129, p <.05), Model 2 (beta:0.141, p <.05), Model 3 (beta:0.167, p <.05) and Model 4 (beta:0.150, p <.05) showed that daily UPF consumption was positively associated with somatic symptoms. In conclusion, the severity of somatic symptoms such as hot flashes, sweating, heart problems, and sleep problems increases as UPF consumption increases in postmenopausal women.

21. **Increased incidence of abdominal aortic aneurysm in women with early menopause.**

Authors: Kim, Mi-Hyeong;Cho, Hyung-Jin;Ko, Kyung-Jai;Jun, Kang-Woong;Han, Kyung-Do and Hwang, Jeong-Kye

Abstract: OBJECTIVE: In several countries, including the United States and United Kingdom, screening tests are conducted on men 65 years of age or older who smoke to diagnose abdominal aortic aneurysm (AAA) before rupture. In women, however, the incidence of AAA is low, so screening tests are not cost effective and therefore not recommended. Early detection and treatment of AAA are important for women as they face a four times higher risk of rupture and worse surgery outcomes compared with men. Accordingly, we analyzed how differences in the period of exposure to female hormones affect women's AAA risk to find unique risk factors. **METHODS**: We collected data from the National Health Insurance System database for women aged 40 or older who underwent medical checkups and female cancer tests from January to December 2009 (n = 3,109,509). Those who were menopausal (n = 1,393,271) were included in the study. Participants were tracked until December 2019 to confirm whether AAA was diagnosed. **RESULTS**: There were 3629 cases diagnosed with AAA. A comparison of the AAA and non-AAA cohorts showed a decreasing trend with advancing age at menopause. Compared with women who reached menopause before the age of 40, those who reached menopause after 55 had a 23% lower risk of AAA. Those who experienced more than 40 years of menstruation had a 20% lower risk of AAA compared with fewer than 30 years of menstruation. **CONCLUSIONS**: Women with early menopause face a higher incidence of

AAA, so attention should be paid to early diagnosis.

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22. Menopausal Voice-Related Work Limitation Scale (MenoVWL): Development and Validation.

Authors: La F.M.B.;Ramirez A.M.;Ardura D.;Fiuza M.B. and Polo, N.

Publication Date: 2025

Journal: Journal of Voice 39(3), pp. 850.e11–850.e21

Abstract: Objectives: Menopause has been reported to affect the voice of female professional voice users (FPVUs). The present study aims at the development and validation of a scale to measure self-perceived menopausal voice-related limitation to work in FPVUs, henceforth the Menopausal Voice-Related Work Limitation Scale (MenoVWL).
Method(s): Items were drawn from previous studies on impacts of sex steroid hormones on voice, available validated scales, and in-depth interviews with post-menopausal FPVUs. A preliminary version with 16 items was evaluated by a panel of 15 voice experts. The resulting revised version was filled in online, together with questions on current endocrinological reproductive status and related symptoms, history of amenorrhea, professional occupation, and demographic information. Responses concerning only professional voice users were selected and inclusive and exclusive criteria were applied for correct allocation of participants into pre- and post-menopausal stages within a restrict age range;192 responses were subject to factorial analysis for MenoVWL validation. Cronbach's alpha measured internal reliability. The scale was tested by comparing MenoVWL scores between pre- and post-menopausal FPVUs (98 and 94, respectively).
Result(s): Thirteen items were retained from the expert panel evaluation. Items presented a high Content Validity Index (.94 out of 1) and high Item Acceptance Ratio (86.25 %). Both exploratory and confirmatory factorial analysis rendered one dimension scale with an excellent internal consistency (Cronbach's alpha = .9). The results of a Mann-Whitney test showed a higher MenoVWL score for post- as compared to pre-menopausal FPVUs ($Z = - 2.818$; $P = .005$).
Conclusion(s): MenoVWL is a comprehensive and validated scale with a known factor structure. It constitutes a health care and safety outcome self-perceived measure of value to the early detection of voice-related limitations to work in FPVUs during menopause.

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23. The lipidome and proteome of high-density lipoprotein are altered in menopause.

Authors: Lehti, Satu;Korhonen, Tia-Marje;Soliymani, Rabah;Ruhanen, Hanna;Lahteenmaki, Emilia;Palviainen, Mari;Siljander, Pia;Lalowski, Maciej;Kakela, Reijo;Lehti, Maarit and Laakkonen, Eija K.

Publication Date: 2025

Journal: Journal of Applied Physiology

Abstract: High-density lipoprotein particles (HDL) possess anti-inflammatory, anti-thrombotic, cytoprotective, and anti-oxidative properties, thus protecting against cardiovascular diseases.

Menopause is associated with changes in serum metabolome and HDL size distribution. We analyzed the protein and lipid composition of the HDL particles from pre-, peri-, and postmenopausal women (N=216) with nuclear magnetic resonance and mass spectrometry to get a deeper insight into the composition of HDL in different stages of menopause. Both particle size and composition differed; in perimenopause, the proportion of small HDL particles (8.7 nm on average) was higher, and the proportion of large HDL particles (12.1 nm on average) was lower than in pre- or postmenopause. In perimenopause, each particle size class was enriched with triacylglycerols, and the calculated lipid class ratio of triacylglycerol/cholesteryl ester was the highest within perimenopausal HDL particles. This potentially affects HDL interaction with lipid-modifying enzymes. We also observed directionally opposite associations for HDL cholesteryl ester and unesterified cholesterol with systemic estradiol and follicle-stimulating hormone levels, especially regarding S-sized HDL particles, but not the hormone associations with HDL triacylglycerols. Perimenopausal HDL exhibited a lower proportion of apolipoproteins (apoA-I, apoA-II, apoC-I, apoC-III, apoD and apoE) per particle than premenopausal or postmenopausal HDL. In summary, we found that premenopausal and postmenopausal HDL particles were compositionally similar and differed from perimenopausal ones. We suggest that menopause, and especially the unbalanced hormonal state in perimenopause, are reflected in the lipid and protein compositions of the HDL, which, in turn, may affect the functions of the HDL particle during menopause.

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24. Menopause is associated with a reduction in glomerular filtration rate, independent of body composition and metabolic syndrome.

Authors: Leone A.;Menichetti F.;Sileo F.;Gallosti S.;De Amicis R.;Foppiani A.;Bertoli S. and Battezzati, A.

Abstract: Objectives: This study examines the relationship between menopause and glomerular filtration rate (GFR), independent of body composition and metabolic profile, both known risk factors for GFR decline. Study design: Cross-sectional study involving 3918 women aged 40-55 years.
Main Outcome Measure(s): Participants provided information about medical history, menopausal status, and current medication use. Participants underwent nutritional and anthropometric assessments. Blood samples were collected to measure biochemical parameters. Menopause was defined as no menstrual cycle for 12 months or more. GFR was estimated using the EPI-CKD formula, and metabolic syndrome was identified using harmonized criteria. Premenopausal and postmenopausal women were matched by age, body composition, and metabolic syndrome factors to assess the menopause-GFR association.
Result(s): Postmenopausal women exhibited higher fat mass, lower fat-free mass, and reduced GFR compared with premenopausal women. They also had higher rates of hypertension, impaired fasting glucose, and metabolic syndrome. After matching for age, fat mass index, fat-free mass index, and components of the metabolic syndrome, menopause was independently associated with a GFR reduction of 2.32 ml/min/1.73m2 (95 % CI: −3.81, −0.83). Additionally, menopause was linked to a 51 % higher risk of GFR <90 ml/min/1.73m2

(OR = 1.51; 95 % CI 1.12, 2.02).
Conclusion(s): Menopause represents an independent risk factor for GFR decline, beyond the effects related to body composition and metabolic risk factors.

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25. The feasibility and effects of a telehealth-delivered physical therapy program for postmenopausal women with urinary incontinence: A pilot mixed-methods study.

Authors: Lin K.Y.;Chen C.Y.;Wu P.C.;Huang M.H.;Ou Y.C.;Kao Y.L. and Lin, K. H.

Publication Date: 2025

Abstract: Objectives: This study investigated the feasibility and effectiveness of a telehealth-delivered pelvic floor muscle training program for postmenopausal women with urinary incontinence, in comparison with face-to-face pelvic floor muscle training. Stud design: This was a pilot mixed-methods study that included a non-inferiority randomized controlled trial with a nested qualitative study. Community-dwelling postmenopausal women (>40 years) with urinary incontinence were recruited and randomly allocated to 12 weeks of telehealth or face-to-face pelvic floor muscle training. The face-to-face group received supervised training twice weekly, while the telehealth group had eight virtual sessions plus weekly telephone coaching. Main Outcome Measure(s): Assessments at baseline, post-intervention, and three-month follow-up included feasibility, anthropometry, body composition, hand grip strength, functional exercise capacity, physical activity levels, the severity of urinary incontinence, and pelvic floor muscle function (assessed through vaginal manometry, transperineal ultrasound, and digital palpation).
Result(s): Among 55 potential participants, 22 enrolled (40 % consent rate). Attendance was 100 %, with 63.3 % adherence to the home program. Satisfaction was high (very satisfied: 71 % face-to-face, 89 % telehealth). Both groups reported increased confidence in pelvic floor muscle training. Urinary symptoms and pelvic floor function improved in both groups, with benefits sustained at three months. Telehealth pelvic floor muscle training also enhanced grip strength. No significant differences were found between groups.
Conclusion(s): Telehealth pelvic floor muscle training appears to be a feasible and potentially effective alternative to face-to-face therapy for postmenopausal women with urinary incontinence. Larger studies are needed to confirm these preliminary findings and guide future interventions. Trial registration: ClinicalTrials.gov (NCT05970796); date of registration: 29/07/2023.

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26. Midwives' experiences of working with menopause counselling: a qualitative study.

Authors: Lycke A.;Brorsson A. and Andersson, E.

Publication Date: 2025

Abstract: Background: Studies have shown that women are asking for more knowledge and guidance about menopause. The professional competence of midwives encompasses menopause as a potential area of expertise. Midwives have good knowledge of women's health and are used to providing health advice.
Aim(s): The aim was to examine midwives' experiences of working with menopause counselling.
Method(s): Data were collected by using semi-structured individual interviews with 14 midwives who had experience in conducting menopause counselling. The data analysis was carried out using Malterud systematic text condensation.
Finding(s): The data analysis yielded four themes: The midwife can fulfil a need for care; Menopause counselling, a midwifery task; Factors that facilitate; Promote equal menopause care. The midwives felt they were addressing a healthcare need that had previously been unmet. They thought midwives were well suited to perform this task, had good knowledge of women's health and were used to working from a holistic and salutogenic perspective. The midwives perceived certain conditions as essential, structured menopausal counselling, support in the organisation, education at advanced level and established cross-professional collaborations. They also thought an investment in menopause care is needed to promote equal care.
Conclusion(s): This work indicates that midwives with their skills and working methods are well suited to conduct menopausal counselling and thereby could satisfy a healthcare need. Resources needed are investments in menopausal counselling visits by midwives.

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27. **Menopause care for diverse communities: a qualitative study of GP clinician experiences.**

Authors: Mann, Claire;Shah, Lisa;Eccles, Abi;Keating, Sabrina;Dale, Jeremy;Apenteng, Patricia and Hillman, Sarah

Publication Date: 2025

Journal: British Journal of General Practice

Abstract: Background In the UK, there is increasing public awareness of menopause. However, there remain inequalities in its treatment, with lower hormone replacement therapy (HRT) prescribing in socially-deprived areas. Little is known about how health care professionals (HCPs) view and understand this. Aim To explore barriers and facilitators to the provision of menopause care in diverse communities through qualitative interviews with primary healthcare professionals involved in delivering care. Method We purposively sampled 15 HCPs working in patient-facing roles in areas of high deprivation in England (Midlands). 11 individual interviews and 1 focus group were conducted and subject to team-based iterative thematic analysis. Results Three key themes emerged; the context of contemporary primary care, delivering menopause care, and limitations of the current approach to menopause care. HCPs reported experiencing increasing awareness of menopause and request for HRT by women. Cultural and ethnic differences were perceived as impacting on whether women seek menopause care and/or HRT from their GP. HCPs believe women have high expectations of HRT and that discussions around expectations were important. HCPs emphasised the difficulty of remaining up-to-date on menopause care, limited ability to refer to specialists and the impact of patient requests for testosterone. Conclusion HCPs believe that differences in

levels of menopause care across diverse populations experiencing health inequalities reflect differing demands from communities and a lack of time and funding to provide targeted community-based education on menopause and its treatment. Future work should include culturally sensitive and targeted health education for patients and HCPs.

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28. Jazz Dance on Menopausal Symptoms and Psychological Aspects: A Randomized Clinical Trial Pilot Study With Follow-Up.

Authors: Martins J.B.B.;Fausto D.Y.;Sperandio Flores F.;Sonza A.;Matias T.S. and Coutinho de Azevedo Guimaraes, A.

Publication Date: 2025

Abstract: To analyze the short-term (one month intervention and post-intervention) and long-term (six-month follow-up) effects of Jazz Dance on menopausal symptoms (somatic, psychological and urogenital), in addition to the psychological aspects in specific (anxiety, depression, mood, stress, and aging perspective), compared to the control group of menopausal women. Randomized clinical trial with early postmenopausal women divided into two groups: Jazz Dance Intervention Group (GIDJ) (n = 23), and control group (CG) (n = 24). The physical exercise group received interventions of two weekly sessions of 60 minutes each, for 16 weeks. The control group received monthly calls, educational lectures, and maintained their usual activities during the intervention period. Assessments with all participants occurred at baseline, after the 1st month, after the interventions, and at the six-month follow-up. The evaluations are assessed by questionnaires and include menopausal symptoms (Menopause Rating Scale), depressive and anxiety symptoms (Anxiety and Depression Scale), stress (Perceived Stress Scale), mood (Brunel Mood Scale), and aging perspective (Sheppard Inventory). There was a significant improvement in GIDJ outcomes post-intervention, such as menopausal symptoms ($p = .001$), psychological aspects (anxiety ($p = <.001$), depression ($p = .016$) and stress ($p = .030$)); in the integrity domain ($p = .011$) for the aging perspective, and in the confusion ($p = .028$) and vigor ($p = .044$) domains for mood. Furthermore, the CG showed significant improvements in the happiness domain at one month of intervention ($p = .043$) from the perspective of aging. Jazz Dance is effective in treating symptoms of menopause, depression, anxiety and stress, especially with an intervention of at least 16 weeks duration.

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29. Distribution of age at natural menopause, age at menarche, menstrual cycle length, height and BMI in BRCA1 and BRCA2 pathogenic variant carriers and non-carriers: results from EMBRACE.

Authors: Mavaddat N.;Frost D.;Zhao E.;Barnes D.R.;Ahmed M.;Barwell J.;Brady A.F.;Brennan P.;Conti H.;Cook J.;Copeland H.;Davidson R.;Donaldson A.;Douglas E.;Gallagher D.;Hart R.;Izatt L.;Kemp Z.;Lalloo F.;Miedzybrodzka Z., et al

Publication Date: 2025

Abstract: Background: Carriers of germline pathogenic variants (PVs) in the BRCA1 and BRCA2 genes are at higher risk of developing breast and ovarian cancer than the general population. It is unclear if these PVs influence other breast or ovarian cancer risk factors, including age at menopause (ANM), age at menarche (AAM), menstrual cycle length, BMI or height. There is a biological rationale for associations between BRCA1 and BRCA2 PVs and reproductive traits, for example involving DNA damage and repair mechanisms. The evidence for or against such associations is limited.

Method(s): We used data on 3,046 BRCA1 and 3,264 BRCA2 PV carriers, and 2,857 non-carrier female relatives of PV carriers from the Epidemiological Study of Familial Breast Cancer (EMBRACE). Associations between ANM and PV carrier status was evaluated using linear regression models allowing for censoring. AAM, menstrual cycle length, BMI, and height in carriers and non-carriers were compared using linear and multinomial logistic regression. Analyses were adjusted for potential confounders, and weighted analyses carried out to account for non-random sampling with respect to cancer status.

Result(s): No statistically significant difference in ANM between carriers and non-carriers was observed in analyses accounting for censoring. Linear regression effect sizes for ANM were -0.002 (95%CI: -0.401, 0.397) and -0.172 (95%CI: -0.531, 0.188), for BRCA1 and BRCA2 PV carriers respectively, compared with non-carrier women. The distributions of AAM, menstrual cycle length and BMI were similar between PV carriers and non-carriers, but BRCA1 PV carriers were slightly taller on average than non-carriers (0.5 cm difference, p = 0.003).

Conclusion(s): Information on the distribution of cancer risk factors in PV carriers is needed for incorporating these factors into multifactorial cancer risk prediction algorithms. Contrary to previous reports, we found no evidence that BRCA1 or BRCA2 PV are associated with hormonal or anthropometric factors, except for a weak association with height. We highlight methodological considerations and data limitations inherent in studies aiming to address this question.

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30. **Implementing a Clinical Risk Assessment Tool to Improve Bone Health in Postmenopausal Women.**

Authors: Mosley B.D.;Platt T. and Brown, T.

Abstract: Objective: To improve staff knowledge of osteoporosis and increase the identification of fracture risk in postmenopausal women by implementing use of the Fracture Risk Assessment Tool (FRAX) in an outpatient setting.

Design(s): Quality improvement project guided using the Plan-Do-Study-Act cycle.

Setting/Local Problem: In a low-income primary care clinic, no standardized fracture risk assessment tool was being used, leading to inconsistency in referrals for dual-energy X-ray absorptiometry (DXA).

Participant(s): Office staff and postmenopausal women ages 50 to 64 years.

Interventions/Measurements: A standardized process was designed to promote appropriate osteoporosis management to improve the assessment, diagnosis, and treatment of osteoporosis in postmenopausal women. Staff training was provided before project implementation. Outcome measures included pre-post Revised Osteoporosis Knowledge Test,

FRAX adherence, and DXA referrals.

Result(s): Staff knowledge improved by 25.8% after completion of staff training. During the 2-month implementation period, FRAX adherence was 96.3% (n = 156) among the 162 eligible women, and 98.6% of DXA referrals (n = 70) were completed for the 71 women identified with a major osteoporotic fracture risk greater than 8.4%.

Conclusion(s): With this quality improvement project, we successfully implemented the FRAX tool in the outpatient setting. Initial high adherence rates for FRAX screenings and DXA referrals demonstrated advancements made in clinical practice to provide evidence-based care to postmenopausal women at the greatest risk for an osteoporotic fracture.

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31. I'm still quite young: women's lived experience of precocious or premature menopause: a qualitative study among Egyptian women.

Authors: Osman Y.M.;ElKest H.R.A.;Awad Alanazi M. and Shaban, M.

Abstract: Background: Precocious menopause, the cessation of ovarian function before age 40, presents complex physical, emotional, and socio-cultural challenges. In settings where fertility is central to a woman's identity, early menopause can lead to stigma, psychological distress, and limited healthcare engagement. Nurses play a pivotal role in supporting affected women through education and empathetic care.

Aim(s): This study explored the lived experiences of Egyptian women diagnosed with precocious menopause, with a focus on physical and emotional challenges, cultural and familial dynamics, coping mechanisms, and interactions with healthcare providers-particularly nurses.

Method(s): A qualitative descriptive design was employed. Fifteen women diagnosed with precocious menopause were recruited through purposive sampling from reproductive health clinics in Tanta city and surrounding areas in the Nile Delta region. Data were collected through semi-structured, in-depth interviews and analyzed using thematic content analysis.

Result(s): Participants reported significant disruption to self-identity and emotional well-being, compounded by cultural stigma and family pressures. Coping strategies included spiritual beliefs, peer support, and self-advocacy. Experiences with healthcare providers were mixed; nurses emerged as key figures in providing psychosocial support and education.

Conclusion(s): Findings underscore the need for culturally sensitive, nurse-led interventions to address the unique needs of women with precocious menopause. Enhancing nursing education and integrating psychosocial care into reproductive health services can improve health outcomes and quality of life. Clinical trial number: Not applicable.

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32. Intravaginal prasterone for urinary urgency in postmenopausal women without urodynamic detrusor overactivity.

Authors: Pautasso, Stefano;Mancarella, Matteo;Novara, Lorenzo;Carignano, Silvia;Chiado Piat, Francesca;Testa, Francesco;Luppi, Francesca;Bounous, Valentina Elisabetta;Ferrero, Annamaria and Sgro, Luca Giuseppe

Abstract: OBJECTIVES: Symptoms of an overactive bladder are frequently reported in women with genitourinary syndrome of menopause. Despite a frequent association with detrusor overactivity, urodynamic assessment does not always reveal this condition, which suggests a leading role for increased bladder mucosal sensitivity due to hormone deprivation in producing urinary symptoms. The present study assessed the effects of intravaginal prasterone on urgency symptoms in those patients receiving treatment for concurrent vulvovaginal atrophy. **STUDY DESIGN**: This was an observational cohort study on 21 women with genitourinary syndrome of menopause, including urgency symptoms, without detrusor overactivity on urodynamic assessment. Patients received intravaginal prasterone 6.5 mg daily and were reassessed at 12 weeks. **MAIN OUTCOME MEASURES**: Urinary symptoms and their impact on the quality of life were evaluated through the Urogenital Distress Inventory (UDI-6) and Overactive Bladder short-form (OAB-Q SF) questionnaires; secondary outcomes included urinary frequency and prevalence of urgency or incontinence as recorded in a voiding diary, and scores on a visual analogue scale (VAS) for vaginal discomfort. **RESULTS**: A significant improvement in urinary symptoms was observed in the scores on both the UDI-6 (57.1 +/− 20.7 vs 30.2 +/− 22.7, $p < 0.001$) and the OAB-Q SF (61.3 +/− 19.7 vs 35.7 +/− 22, $p < 0.001$); a significant improvement was also reported in terms of better quality of life, diminished VAS scores, and a reduction in incontinence and daily and nocturnal frequency. **CONCLUSIONS**: Women complaining of urgency related to genitourinary syndrome of menopause with no urodynamic evidence of detrusor overactivity may benefit from treatment with intravaginal prasterone.

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33. Managing menopause transition in the workplace: The double-edged sword of flexible work.

Authors: Potocnik K.;Steffan B. and Zheng, S.

Abstract: Despite a growing body of literature around menopause at work, our understanding of how menopause symptoms may impact employees over time is limited. Using a longitudinal sample of 679 cis-women, we predicted that the changes in the severity of psychological and physical menopause symptoms would lead to changes in burnout and perceived job performance over a period of 6 months. Drawing from resource theories, we further explored whether the usefulness of flexible work may moderate these relationships. Our findings showed that women who experienced greater intensification of menopause symptoms experienced an increase in burnout, and women whose symptoms became less intense experienced a decrease in burnout. We also found that those who found flexible work more useful experienced a positive change in their perceived job performance, despite suffering from the intensified physical symptoms. Those who perceived such flexible work to be less useful, however, did not exhibit a significant change in their performance over time. In-depth

qualitative findings on a sub-sample of 53 women provided nuanced explanations for these results, including exposing a double-edged sword of working flexibly to manage menopause symptoms and potentially detrimental unintended consequences of flexible work during menopause transition.

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34. Effect of bisphosphonates on periodontal diseases in menopausal and postmenopausal women: A systematic review and meta-analysis.

Authors: Qin L.;Wu X.;Wu K.;Mai H. and Wang, P.

Abstract: Purpose: To systematically evaluate the effect of bisphosphonates on periodontal diseases in menopausal and postmenopausal women.
Method(s): Databases (PubMed, Embase, Web of Science, Cochrane Library databases, Chinese Scientific and Technological Journal database, Wan Fang Data, China Biomedical Literature Database, and Chinese National Knowledge Infrastructure) were searched from inception to July 2024, languages are Chinese and English. Randomized controlled trials (RCTs) reporting the effect of bisphosphonates in menopausal and postmenopausal women with periodontitis were included. The risk of bias was performed using the Cochrane collaboration tool. The primary outcome was clinical attachment loss (CAL), and the secondary outcomes were probing depth (PD) and gingival index (GI). The analysis of the data was performed using Rev Man 5.3 and Stata 16.0.
Result(s): The meta-analysis incorporated four studies that fulfilled the inclusion criteria. In evaluating the efficacy of bisphosphonates against control treatments, there was high heterogeneity observed in CAL (P = 0.0002; 12= 85%) and PD (P< 0.00001; 12 = 93%) within the study groups. Meta-analysis showed a significant improvement in CAL gain (MD = - 0.57 mm; 95% CI = -1.04 to -0.11 mm; P< 0.05), PD reduction (MD = - 0.50 mm; 95% CI = -0.96 to -0.05 mm; P< 0.05), and GI reduction (MD = -1.11; 95% CI = -1.22 to -1.01; P< 0.00001) for bisphosphonate treatment vs. bisphosphonate-naYve therapy. (Am JDent 2025;38:33-38).

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35. Variations in the prevalence of premature and early menopause in low and middle-income regions: a cross-sectional study.

Authors: Ross, Sydney and Juarez, Sol P.

Abstract: OBJECTIVE: This study aimed to examine differences in premature and early menopause across various regions in low and middle-income countries (LMICs). **METHODS**: Data for 55 LMICs from the Demographic and Health Surveys (2013-2023) were classified into nine regions. Proportions of premature (aged : Data for 55 LMICs from the Demographic and

Health Surveys (2013-2023) were classified into nine regions. Proportions of premature (aged : Data for 55 LMICs from the Demographic and Health Surveys (2013-2023) were classified into nine regions. Proportions of premature (aged **RESULTS**: The proportion of women in premature menopause ranged from 1.58% in the European and Eastern Mediterranean regions to 6.87% in Southern Africa. For early menopause, proportions ranged from 4.92% in the Eastern Mediterranean region to 15.21% in the Americas. The Eastern Mediterranean region had systematic lower odds across menopause categories, even after the adjustments for relevant covariates. **CONCLUSION**: Significant variation exists in the proportion of the different age at menopause categories within LMIC regions. Higher proportions of premature and early menopause were found in all LMIC regions compared to those reported in current literature from high-income countries. A global health perspective on menopause is urgently needed, especially in relation to the increased disease risks with early and premature menopause, such as cardiovascular disease.

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36. **Navigating Menopause at Work: A Rapid Review and Narrative Synthesis of Psycho-Educational and Behavioral Interventions to Support Menopausal Women in the Workplace.**

Authors: Ryan S.;Charter R.;Ussher J.;Perich T.;Power R. and Sperring, S.

Publication Date: 2025

Abstract: A rapid review with narrative synthesis explored holistic and digital workplace interventions supporting menopausal women's health literacy, well-being, and symptom management. Six databases were searched in July 2023, yielding 4087 results; eight studies met inclusion criteria. Interventions targeted women and included health education (n=4), psychological approaches (n=2), and exercisebased programs (n=2). Education improved knowledge and selfefficacy; cognitive behavioural therapy and meditation reduced symptoms; exercise enhanced quality of life and work ability. All interventions were positively received. Findings highlight the need for co-designed, multi-level workplace strategies to address the impact of menopause on women's well-being, work participation, and support needs. Copyright © 2025 The Author(s). Published with license by Taylor & Francis Group, LLC.

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37. **Virtual reality for menopause symptom management: opportunities, challenges, and next steps.**

Authors: Safwan N.;Suchak K.K.;Liran O.;Kingsberg S.A.;Spiegel B.M.R.;Shufelt C.L. and Faubion, S. S.

Publication Date: 2025

Abstract: Importance and Objective: Menopause is the natural cessation of ovarian function, typically occurring at a mean age of 52 years in the United States. Vasomotor symptoms (VMS; hot flashes and night sweats) affect over 75% of midlife women and typically last 7 to 9

years, with only 54% seeking medical attention. Although hormone therapy is the most effective treatment for VMS, <4% of women currently use it, primarily due to safety concerns. There is evidence that cognitive behavioral therapy (CBT) is an effective management strategy for VMS. Virtual reality (VR) has shown promise in delivering an immersive form of CBT for various medical conditions, including acute and chronic pain, sleep, and mood disorders, potentially overcoming barriers such as access and cost while improving quality of life. This narrative review aims to summarize the existing literature on VR for managing menopause symptoms.

Method(s): A comprehensive literature review was conducted through PubMed and Medline databases. The search focused on keyword combinations related to VR, artificial intelligence, and menopause symptoms. Discussion and

Conclusion(s): The search yielded one study specifically targeting symptoms related to menopause. A pilot study (n = 42) evaluating an immersive VR and artificial intelligence intervention based on CBT and mindfulness techniques for managing hot flashes in women with breast or ovarian cancer demonstrated a significant reduction in frequency of hot flashes (P < 0.01) and improvements in sleep quality, mood, anxiety, stress, and overall quality of life. However, these women experienced hot flashes that might have been associated with their cancer diagnosis or treatment rather than relating specifically to menopause, potentially limiting the generalizability of the findings to women with menopause symptoms. Although VR has shown effectiveness in delivering CBT for other conditions, there remains a significant gap in research on its specific use for menopause-related symptoms.

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38. **The effect of menopause on the associations between dietary intake and the 20-year incidence of cardiovascular disease in women: the ATTICA cohort study (2002-2022).**

Authors: Sigala E.G.;Chrysohoou C.;Barkas F.;Liberopoulos E.;Sfikakis P.P.;Pitsavos C.;Tsioufis C. and Panagiotakos, D.

Abstract: Objectives: The purpose of this study was to elucidate associations between incident cardiovascular disease and dietary risk factors in women classified by their menopausal status. Study design: The ATTICA Study is a prospective cohort study initiated in 2001-2002 with a representative sample of 3042 adults (mean age 45 years) from the Attica region (Greece); follow-up examinations were performed after 5, 10, and 20 years Of the participants, 1528 (50.2 %) were women, of whom 65 % had not experienced menopause (35 % were in postmenopause at baseline). The sample for the present analysis comprised the 1001 women who had undergone cardiovascular assessment at the 20-year follow-up. Dietary habits were assessed through a validated food frequency questionnaire; the MedDietScore (range 0-55) evaluated adherence to the Mediterranean dietary pattern.
Main Outcome Measure(s): Cumulative fatal and non-fatal incidence of cardiovascular disease.
Result(s): Compared with women before menopause, postmenopausal women had an unfavorable risk profile for cardiovascular disease -including dietary habits- at baseline

examination, which was not fully explained by age. At the 20-year follow-up, postmenopausal women exhibited a higher cumulative incidence of cardiovascular disease (post-menopause: 813/1000; before-menopause: 71/1000; p-value = 0.011); age-adjusted analysis revealed that postmenopausal women had a 4.38 times (95 % CI 2.08, 9.21) higher risk of cardiovascular disease, compared with their counterparts. Higher MedDietScore was associated with a significant reduction in the 20-year risk of cardiovascular disease, with more prominent associations observed among postmenopausal women.

Conclusion(s): These findings highlight the urgent need for targeted public health initiatives to encourage preventive dietary strategies in women from an early age.

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39. **Menopause apps: Personal health tracking, empowerment and epistemic injustice.**

Authors: Sillence E.;Osborne A.K.;Kemp E. and McKellar, K.

Publication Date: 2025

Abstract: Objective: The majority of work in FemTech has focused on menstrual tracking apps but menopause apps are growing in popularity potentially offering greater empowerment for peri and post-menopausal women. Surprisingly little is known about women's actual experiences of using these apps, and how they relate to the epistemic injustice often experienced in relation to menopause. Therefore, the aim of this study is to investigate the role menopause apps play in women's experience of empowerment and epistemic injustice.
Method(s): We collected qualitative data, through an online reflection exercise and interviews, from 29 peri and post-menopausal women in the United Kingdom who had experience of using menopause apps.
Finding(s): The analysis identified two themes (1) Acquiring more knowledge on menopause and (2) Apps as a tool for communication. Women used apps to find out more about menopause symptoms and to track their personal health data. 'Armed' with evidence, the apps were used as a tool to combat epistemic injustice often experienced by women in healthcare settings. Women felt empowered by using the apps with an increased sense of confidence and knowledge about their own menopause experience.
Conclusion(s): Our findings add to the discussions around empowerment in women's health and the potential role of digital technology in supporting knowledge and decision-making. The findings also shine a light on the current debate around the medicalisation of menopause and suggest that understanding how healthcare professionals engage with menopause apps will be important in developing a more holistic picture of FemTech in healthcare.

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40. **Menopause and work performance: a systematic review of observational studies.**

Authors: Taylor, Sasha;Callahan, Brooke;Grant, Julia;Islam, Rakibul M. and Davis, Susan R.

Publication Date: 2025

Abstract: IMPORTANCE: Most Australian women will experience menopause while in paid employment, and many workplaces are introducing menopause-related policies. However, the quality of the evidence for the impact of menopause on women's work outcomes is unclear. **OBJECTIVE**: To systematically review the published literature that has examined the impact of menopausal status and symptoms on work ability and productivity. **EVIDENCE REVIEW**: A systematic review of English-language peer-reviewed literature. Data sources included Ovid MEDLINE, EMBASE, PsycINFO, CINAHL, and Scopus databases searched from inception to 14 November 2024, Google Scholar, and reference lists of included articles. Eligible studies included a formal process to identify menopausal status; a robust questionnaire or validated tool for assessing menopausal symptoms; a comparator group by menopausal status, symptom presence or severity; assessment of work outcomes by a validated tool; and a sample size of at least 100 women. Two authors selected the articles for inclusion and extracted the data from the included studies. The risk of bias was assessed using the modified Joanna Briggs Institute critical appraisal checklist for cohort studies and the modified Hoy tool for cross-sectional studies. **FINDINGS**: Of the 40 articles retrieved for full-text review, 10 met the inclusion criteria. Nine studies were cross-sectional and one was longitudinal. Menopausal status was not consistently related to work ability. The presence and severity of VMS and other menopause-related symptoms may impact work outcomes, but findings were mixed. A number of adverse employment, socioeconomic, and personal factors were independently associated with lower self-reported work ability in studies that examined such factors. Each included study was limited by a high risk of bias in at least one assessed domain, and only 6 of the studies adjusted for confounders. Heterogeneity in study design and analysis precluded a meta-analysis. **CONCLUSIONS AND RELEVANCE**: Menopausal status alone was not consistently associated with work outcomes. Evidence for an adverse impact of menopausal symptoms on work ability is mixed and may be confounded by other factors impacting on women's work outcomes at midlife. Rigorously designed studies that assess the potential factors impacting work ability in midlife women are needed to ensure robust evidence underpins menopause-related workplace policies.

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41. **Physiotherapists' perceptions on the management of musculoskeletal conditions in women of perimenopausal and menopausal age: a qualitative focus group study.**

Authors: Turner, Kate;Crampton, Jennifer S. and Dobbin, Nick

Publication Date: May 26 ,2025

Journal: Physiotherapy Theory & Practice 1-14

Abstract: BACKGROUND: The perimenopause and menopause are characterised by a reduction in estrogen that can affect tendons, fascia, cartilage, pain perception, and inflammatory processes, which may contribute to musculoskeletal pain. It is largely unknown if this is considered by physiotherapists when managing patients with musculoskeletal conditions. **OBJECTIVE**: To explore UK physiotherapists' perceptions of managing women of perimenopausal and menopausal age presenting with musculoskeletal conditions. **METHODS**: Using an interpretative qualitative phenomenological approach, eleven physiotherapists participated in semi-structured focus groups. The data were transcribed and analysed using reflexive thematic analysis. **RESULTS**: The three broad themes that relate to the overall research question included: 1). Knowledge, knowledge construction, and knowledge sharing;

2). Attitudes toward menopause in a changing healthcare landscape; and 3). How knowledge and attitudes combine to impact patient management. Our results indicate that knowledge of the perimenopause and menopause was limited to some common symptoms primarily drawn from personal experiences or nonscientific sources, and that this knowledge is rarely shared with others. Some participants indicated some, but limited, consideration of the menopause when managing musculoskeletal complaints. However, all participants agreed that the menopause should receive greater attention in musculoskeletal management in practice, education, and from key organisations to improve diagnoses and patient management. **CONCLUSION**: This study provides insight into physiotherapists' perceptions of the perimenopause and menopause in musculoskeletal care. It highlights the importance of constructing knowledge from evidence-based sources, transferring knowledge to patients and colleagues, and understanding the menopause within a changing healthcare landscape to improve patient outcomes.

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42. **Efficacy of Fractionated Carbon Dioxide Laser for the Treatment of Genitourinary Syndrome of Menopause: A Systematic Review and Meta-analysis.**

Authors: VizanChaguaceda R.;LeirosRodriguez R. and HernandezLucas, P.

Abstract: OBJECTIVE: To evaluate the short-term effectiveness of fractional CO_2 laser for the treatment of genitourinary syndrome of menopause. DATA SOURCES: Systematic review was performed of PubMed, Scopus, Web of Science, Cinhal, MEDLINE, and ClinicalTrials.gov. METHODS OF STUDY SELECTION: The included studies had to meet the following criteria: 1) The sample consisted exclusively of women diagnosed with genitourinary syndrome of menopause; 2) at least one group in the sample underwent treatment with fractional CO_2 laser; 3) the control group received simulated fractional CO_2 laser therapy, topical hormonal treatment, or a topical gel lubricant; 4) the studies evaluated outcomes related to sexual function, urinary symptoms, or the quality of the vaginal epithelium; and 5) the study design was a randomized controlled trial. The exclusion criterion specified that participants should not have a history of any type of cancer or prior treatment with a different type of laser. TABULATION, INTEGRATION, AND RESULTS: Two reviewers independently screened articles for eligibility and extracted data. Difference in mean differences and their 95% CIs were calculated as the between-group difference in means divided by the pooled SD. The I^2 statistic was used to determine the degree of heterogeneity. The 11 articles included in the review had a group receiving fractional CO_2 laser therapy and a control group receiving simulated fractional CO_2 laser, topical hormonal treatment, or topical gel lubricant. The meta-analyses indicated that fractional CO_2 laser is effective for improving sexual function through increased sexual desire, arousal, lubrication, orgasms, and sexual satisfaction; reducing pain during sexual activity (standardized mean difference 0.51, P=.021); and improving urinary function by reducing the frequency and magnitude of urinary leakage and frequency of urination (standardized mean difference 0.51, P<.001).
CONCLUSION(S): Fractional CO_2 laser is associated with statistically significant improvements in the short-term treatment of sexual and urinary symptoms but not vaginal epithelium quality. The clinical significance of these changes is unclear.

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43. **Tales from the photovoice clinic: Menopause experiences of Black and Chinese women in the United Kingdom.**

Authors: Waigwa, Susan;Briggs, Paula;Pickard, Susan;Amini, Elham and Wilkinson, Jane

Publication Date: May 28 ,2025

Journal: Post Reproductive Health 20533691251346293

Abstract: Background Menopause is one of many critical life course points that may require intervention in relation to lifestyle changes, health and wellbeing. It is therefore important that menopausal women are supported especially considering possible health inequalities and inclusion issues. While there is increasing recognition for such support, little is known about the experiences of ethnic minority women living in the United Kingdom, who are thought to be less engaged and less likely to seek support, but those who try to seek support experience dissatisfaction. Methods This study explored menopause experiences of Black and Chinese heritage women aged over 40, living in the Northwest, England. Photovoice methodology was utilised including a four-phase process: introductory meeting with participants, taking of photos, selection of photos and discussions about the photos. Ten women participated and provided photos that conveyed their experiences with menopause. Photographs and transcripts from discussions were then analysed thematically. Results Nine overarching themes were identified across the data: Menopause and management of symptoms including self-care, diet management, exercise, community and menopause and the life course including religion and beliefs, work, family and ageing. These themes captured the challenges and expectation of interacting with healthcare providers, alternative methods of managing menopause, significance of community and focus on the life course.

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44. **Menopause, Perimenopause, and Migraine: Understanding the Intersections and Implications for Treatment.**

Authors: WaliszewskaProsol M.;Grandi G.;Ornello R.;Raffaelli B.;Straburzynski M.;Tana C. and Martelletti, P.

Publication Date: 2025

Journal: Neurology and Therapy 14(3) (pp 665-680), pp. Article Number: 104512. Date of Publication: June 2025

Abstract: Migraine affects women three times more often than it does men, and various mechanisms may explain this incidence, including the key role of female sex hormones. Fluctuations in the levels of these hormones and their feedback control regulate the menstrual cycle, pregnancy, puerperium, perimenopause, and menopause. They can influence the occurrence and severity of migraine throughout the reproductive period. Of particular importance seems to be the perimenopausal period, which is associated with an increase in migraine, especially menstrual migraine, which is considered more disabling and less

amenable to treatment than non-menstrual attacks. This article reviews the available evidence documenting the relationship between perimenopause, menopause, and migraine and diagnostic considerations in an attempt to determine the management of these periods of a woman's life. Special considerations, future directions, and unmet needs for perimenopausal and menopausal migraine are also discussed.

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45. Associations between reproductive health factors and sociodemographic characteristics and the severity of moderate to severe postmenopausal depression: a secondary analysis of randomized controlled trial data.

Authors: Wang, Xiao;Zhang, Qinge;Wang, Gang and Zhou, Jingjing

Publication Date: 2025

Journal: Menopause

Abstract: OBJECTIVES: The cessation of the menstrual cycle is associated with numerous physiological changes and symptoms, with depression being common during perimenopause and postmenopause, causing significant impacts on one's life. The objective of this study was to explore the relationship between the severity of moderate to severe postmenopausal depression and reproductive health factors, as well as sociodemographic characteristics. **METHODS**: This secondary analysis is based on data from a randomized controlled trial conducted at both a psychiatric hospital (Beijing Anding Hospital) and a general hospital (Beijing Chaoyang Hospital) between April 2013 and September 2017. The original randomized controlled trial employed a multicenter, randomized design over an 8-week period to evaluate depression and associated clinical characteristics. Of the 189 women screened, 5 did not meet the inclusion criteria, leaving 184 eligible for this secondary analysis. The study group consisted of 184 postmenopausal women. Depression was the primary outcome, measured by a 24-item Hamilton Depression Rating Scale observer-rated scale. Quick Inventory of Depressive Symptomatology-Self-Report was used for sensitivity analysis and was considered a secondary outcome. The visual analog scale (VAS) primarily assesses physical pain symptoms. The patient's basic sociodemographic characteristics and reproductive-related information are considered secondary indicators. **RESULTS**: Linear regression analysis revealed that a lower age at menopause (β = -0.380; P < 0.001), married/partnered (β = -3.028; P = 0.001), higher body mass index (BMI) (β = 0.744; P < 0.001), higher VAS (β = 0.126; P < 0.001), and have chronic physical diseases (β = 2.335; P = 0.015) are significantly associated with more severe depressive symptoms in moderate to severe postmenopausal depression. Logistic regression analysis revealed that BMI [odds ratio (OR) = 1.156; 95% CI: 1.012-1.32], VAS (OR = 1.04; 95% CI: 1.017-1.063), and being single (OR = 3.658; 95% CI: 1.618-8.27) were significantly associated with an increased risk of severe depressive symptoms in postmenopausal participants, while age at menopause (OR = 0.857; 95% CI: 0.765-0.96) emerged as a protective factor. **CONCLUSIONS**: Our findings indicate that an earlier age at menopause, being single, the presence of concomitant physical illnesses, a higher BMI, and more severe pain symptoms are associated with increased severity of moderate to severe postmenopausal depression. These results contribute to raising awareness of moderate to severe depression among postmenopausal women and underscore the importance of early diagnosis through targeted screening efforts.

In the news

ADHD Impairment Peaks in Menopause, According to ADDitude Reader Survey

ADDitude, 12 May 2025

"Half of women surveyed called memory problems and overwhelm "life-altering" in their 40s and 50s, and 83 percent reported experiencing some ADHD symptoms for the first time in perimenopause and menopause."

https://www.addituemag.com/menopause-symptoms-adhd-survey/

The Sattva Collective aims to help women through menopause

Asian Image, 24 May 2025

"The Sattva Collective, a newly registered Community Interest Company (CIC) will provide 'culturally sensitive support, education, and community for women often overlooked in both mainstream and cultural health conversations'.

Founded by Midlife and Menopause Coach, Kiran Singh, the organisation is the first initiative of its kind in the UK to centre the experiences of South Asian women during this deeply personal and often stigmatised life stage."

https://www.asianimage.co.uk/news/united_kingdom/25189057.sattva-collective-aims-help-women-menopause/

Preventing urinary tract infections after menopause: What every woman should know

The Conversation, 1 June 2025

"After menopause, urinary tract infections (UTIs) can be more frequent, yet most Canadian women (82 per cent in a recent survey) don't realize the two are associated.

At the Sex, Gender and Women's Health Research Hub, our team's advocacy aims to increase awareness and highlight proven strategies to help prevent UTIs for women later in life."

https://theconversation.com/preventing-urinary-tract-infections-after-menopause-what-every-woman-should-know-255762

Menopause Exchange Newsletter

Issue 104 Spring 2025

- The menopause in the workplace

- Pelvic health at the menopause

- HRT and cardiovascular health

- Plant oestrogens

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Sources used:

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