

Menopause

Current Awareness Bulletin

October 2025

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helen.clemow@nhs.net

Guidelines

1. Genitourinary syndrome of menopause (GSM): recommendations from the Fifth International Consultation on Sexual Medicine (ICSM 2024).

Authors: Simon, James A.;Nappi, Rossella E.;Chedraui, Peter;Clark, Amanda L.;Gompel, Anne;Nasreen, Shaikh Zinnat Ara;Palacios, Santiago and Wolfman, Wendy

Publication Date: 2025

Journal: Sexual Medicine Reviews

Abstract: INTRODUCTION: Genitourinary syndrome of menopause (GSM) encompasses a cluster of sexual symptoms like dyspareunia associated with genital and urinary symptoms like urinary urgency, which may be variably reported in the clinical setting. **OBJECTIVES:** To provide a comprehensive guide for healthcare professionals (HCPs) in sexual medicine, helping them effectively recognize and manage GSM, a very common chronic and progressive

condition with an impact on quality of life and intimate relationships. **METHODS:** An expert committee, invited from seven countries by the 5th International Consultation on Sexual Medicine (ICSM), was comprised of eight researchers and clinicians with expertise in menopause medicine, for the purpose of reviewing and grading the scientific evidence on nosology, etiology, diagnosis, and treatment of GSM. **RESULTS:** Presence of at least one GSM symptom ranges from 14% to 87% in postmenopausal women, with vaginal dryness and dyspareunia being the two most common symptoms. A summary of the recommendations on GSM management deriving from the evaluation of data, subject to its quality published in the scientific literature, is provided. **CONCLUSIONS:** GSM is a relatively new disorder with an expanded definition to further the older long-recognized condition of vulvovaginal atrophy (VVA) in postmenopausal women to include urinary symptoms and anchor the disorder to menopause and the hypoestrogenic state. This new disorder has provided renewed incentives to formalize a significant amount of multidisciplinary research in the last decade. However, many areas ranging from epidemiology to tailored effective and safe treatment options in clinical practice still require in-depth additional investigations. Copyright © The Author(s) 2025. Published by Oxford University Press on behalf of The International Society for Sexual Medicine.

2. Surgical menopause.

Authors: Women's Health Concern [patient arm of the British Menopause Society]

Publication Date: 2025

Abstract: Awareness of the consequences of menopause and the management options available has increased in recent years, however much of the information available focusses on natural menopause. There is less awareness of surgical menopause and its consequences, and a lack of information available for women both before and after the procedure. This fact sheet will improve understanding of surgical menopause, its consequences and evidence-based management strategies

Access: <https://www.womens-health-concern.org/wp-content/uploads/2025/09/37-NEW-WHC-FACTSHEET-Surgical-menopause-SEPT2025-B.pdf>

Research

1. Characterizing the spectrum of distress symptoms in midlife women with perimenopausal depression.

Authors: Nathan M.D.;Bondy E.;Prim J.;Gibson K.;Rubinow D.R.;MeltzerBrody S.;Schiff L.D.;Carey E.T. and Schiller, C. E.

Publication Date: 2026

Journal: Journal of Affective Disorders 392(pagination), pp. Article Number: 120219. Date of Publication: 01 Jan 2026

Abstract: Background: Perimenopausal onset depression (PO-MDD) is a common cause of

distress and functional impairment, though efforts to describe its clinical symptomatology have been limited. We aimed to characterize affective and anxiety symptoms associated with PO-MDD, and to identify clinical correlates of distress, including anxiety, temperament and climacteric symptoms.

Method(s): Baseline data from unmedicated women, ages 44-55, with PO-MDD (n = 49) and without PO-MDD (controls; n = 37) in the late-perimenopause (STRAW -1 criteria) recruited for two studies examining estrogen's effect on brain activation were included. The Structured Clinical Interview for DSM-IV-TR (SCID) was used to confirm PO-MDD diagnosis. Depression and anxiety symptoms were characterized using the Inventory of Depression and Anxiety Scale (IDAS). Clinical correlates of distress were examined using the Schedule for Non-Adaptive and Adaptive Personality (SNAP) and Greene Climacteric Scale (GCS). ANCOVAs were conducted to describe group differences, controlling for race. Pearson correlations examined associations between affective, anxiety, and menopausal symptoms.

Result(s): PO-MDD reported more severe symptoms than controls on all IDAS scales other than traumatic intrusions and appetite gain (all ps < 0.05). PO-MDD participants reported more severe irritability and anxiety on the IDAS, higher negative temperament and lower positive temperament scores on the SNAP, and higher GCS scores compared with controls.

Limitation(s): Limited sample and homogeneity in racial and ethnic distribution.

Conclusion(s): Findings show a broad range of perimenopause-onset distress symptoms beyond depressed mood, including anxiety and differences in maladaptive temperament.

Correlations between IDAS composite scores and anxiety scales highlight the importance of screening for anxiety related distress in this population. ClinicalTrials.gov: #NCT0225517 and NCT03740009.

2. Menopause is associated with faster increases in insulin resistance in women with HIV.

Authors: Abelman, Rebecca A.;Ma, Yifei;Mehta, C. Christina;Yang, Qian;Xia, Fan;Brock, James B.;Alcaide, Maria L.;Sharma, Anjali;Floris-Moore, Michelle;Topper, Elizabeth;Weber, Kathleen M.;Kassaye, Seble G.;Gustafson, Deborah;Grunfeld, Carl;Lahiri, Cecile D. and Tien, Phyllis C.

Publication Date: 2025

Journal: AIDS

Abstract: BACKGROUND: Switching to an integrase strand transfer inhibitor (INSTI) during the menopausal transition has been associated with accelerated increases in visceral obesity, a risk factor for insulin resistance. Whether switching to an INSTI modifies the association of HIV and menopause with insulin resistance is unknown. **METHODS:** From 2006-2019, 389 non-pregnant women with HIV (WWH) (133 who switched to an INSTI [INSTI+]; 256 who did not switch [INSTI-]) and 334 women without HIV from the Women's Interagency HIV study without diabetes or hepatitis C virus were included in the analysis. Mixed effect models evaluated the change in insulin resistance estimated through log HOMA-IR by HIV status by menopausal phase. We then compared trajectories by INSTI group. Menopausal phase was determined by anti-Mullerian hormone, a biomarker of ovarian reserve. **RESULTS:** Compared to women without HIV, INSTI+ WWH in premenopause had non-statistically significant faster annual increases in HOMA-IR (difference in slope: 7.03%(95%CI:-4.99,20.58) whereas INSTI-

WWH had non-statistically significantly faster annual decreases (-1.01%(95%CI:-7.34,5.75). In late perimenopause, INSTI+ and INSTI- had 4.87% (95%CI:-3.59,14.06) and 4.38%(95%CI:-3.10,12.44) non-statistically significantly faster annual increases in HOMA-IR, respectively. In menopause, INSTI+ and INSTI- WWH had 9.18%(95%CI:1.60,17.33) and 11.28%(95%CI:3.27,19.91) statistically significant faster annual increases in HOMA-IR than women without HIV. There was no statistically significant difference between INSTI+ and INSTI- in any menopausal phase. **CONCLUSIONS:** Regardless of switching to an INSTI or not, WWH in late perimenopause and menopause have faster increases in insulin resistance when compared to women without HIV. Diabetes screening and prevention in midlife WWH is imperative.

3. Polycystic Ovary Syndrome and Sleep Disturbance in Postmenopausal Women: Study of Women's Health Across the Nation.

Authors: Alur-Gupta, Snigdha;Sun, Fangbai;Zhang, Heping;Derby, Carol A.;Kravitz, Howard M.;Neal-Perry, Genevieve;Swanson, Leslie M.;Vitek, Wendy S.;Santoro, Nanette and Sammel, Mary D.

Publication Date: 2025

Journal: Journal of Clinical Endocrinology & Metabolism

Abstract: **CONTEXT:** Reproductive age women with polycystic ovarian syndrome (PCOS) are more likely to have sleep apnea and experience sleep disturbances. Since sleep disturbances are known to worsen with age and to impact multiple health outcomes, the sleep experience of postmenopausal women with PCOS is of interest. **OBJECTIVE:** Determine if postmenopausal women with PCOS have persistently worse subjective and objective measures of sleep disturbance. **DESIGN:** Longitudinal and cross-sectional analyses. **SETTING:** Study of Women's Health Across the Nation (SWAN). **PARTICIPANTS:** Women with a history of signs/symptoms of PCOS compared to those without. **INTERVENTIONS:** None. **MAIN OUTCOME MEASURES:** Longitudinal changes in self-reported sleep disturbances (trouble falling asleep, waking up several times at night and waking up earlier than planned), from baseline to 15th SWAN follow-up visit. Actigraphic assessed and self-reported measures at Visit 15 (20-22 years from start of study). **RESULTS:** 83 women with PCOS were compared to 1977 women without PCOS. Longitudinal trends in self-reported sleep disturbance prevalence in women with PCOS plateaued whereas those without PCOS increased through postmenopause. In adjusted longitudinal analyses, women with PCOS who were naturally postmenopausal were significantly less likely to report sleep disturbances compared to those without PCOS. At Visit 15, sleep measures assessed via actigraphy and self-report did not differ between those with PCOS and those without. **CONCLUSIONS:** Longitudinal patterns of sleep disturbances differ between those with and without PCOS. In women with PCOS the prevalence of sleep disturbance remained relatively stable into postmenopause rather than increasing.

4. Diet and Depression During Peri- and Post-Menopause: A Scoping Review.

Authors: Bodnaruc A.M.;Duquet M.;Prud'homme D. and Giroux, I.

Publication Date: 2025

Journal: Nutrients 17(17) (pagination), pp. Article Number: 2846. Date of Publication: September 2025

Abstract: Background/Objectives: While the prevalence of depression increases during the peri- and post-menopausal periods, the potential of diet as both a modifiable risk factor and complementary treatment option has received limited research attention in this population. To address this gap, we conducted a scoping review aiming to map and synthesize the existing literature on diet and depression in peri- and post-menopause.

Method(s): Studies were identified through Medline, EMBASE, PsycINFO, CENTRAL, Web of Science, and Scopus. After deduplication in Covidence, two reviewers independently screened titles, abstracts, and full texts using predefined eligibility criteria. Data were extracted using standardized forms and presented in tables and figures. Methodological quality was assessed using the Cochrane RoB-2 for intervention studies and NHLBI tools for observational studies.

Result(s): Thirty-eight studies met the inclusion criteria, including 29 observational and 9 interventional studies. Dietary patterns showed the most consistent associations with depressive symptoms, whereas findings for foods, nutrients, and other food components were inconsistent. Most observational studies had a moderate to high risk of bias, while over half of experimental studies were rated as low risk.

Conclusion(s): Although limited by volume and poor methodological quality, existing evidence suggests that healthy diets may be protective against depressive symptoms in peri- and post-menopausal women, while unhealthy diets may increase risk. High-quality cohort studies and clinical trials are needed to guide future research and inform professionals working at the intersection of nutrition, psychiatry, and women's health.

Protocol Registration: osf.io/b89r6.

5. Menopause Impact on Multiple Sclerosis Disability Progression.

Authors: Bridge, Francesca; Sanfilippo, Paul G.; Zhu, Chao; Skibina, Olga; Nguyen, Ai-Lan; Kalincik, Tomas; Buzzard, Katherine; Taylor, Bruce V.; MacIntyre, Jennifer; Hall, Lesley-Ann; Slee, Mark; Macdonell, Richard; Maltby, Vicki; Lechner-Scott, Jeannette; McCombe, Pamela; Butzkueven, Helmut; van der Walt, Anneke and Jokubaitis, Vilija G.

Publication Date: 2025

Journal: JAMA Neurology

Abstract: Importance: Most women with multiple sclerosis (MS) will experience menopause while living with MS. Despite this, the impact of menopause on MS disease trajectory remains unclear.

Objective: To assess whether menopause modifies the risk of disability progression for women with relapse-onset MS. **Design, Setting, and Participants:** This retrospective cohort study used prospective clinical data that were collected within the MSBase Registry. Data were extracted from MSBase on July 1, 2023. These data were analyzed from January 2023 through February 2025. Female participants were recruited from 8 Australian

neuroimmunology specialist centers (1 private practice and 7 tertiary referral centers) from 2018 through 2021. Participants included 1468 women aged 18 years or older who completed dedicated retrospective women's health surveys. Of these, 987 women with relapse-onset MS,

3 or more Expanded Disability Status Scale (EDSS) measurements recorded, and reported menopausal status were included in the primary analysis. The secondary analysis included 209 women with 1 or more EDSS measurements recorded in the MSBase database predate and postdate of menopause onset. **Exposure:** Crude and adjusted Cox proportional hazards models were used to assess the impact of menopause, modeled as a time-varying covariate, on progressive disability milestones. Analyses were adjusted for age at MS onset, baseline disease duration, baseline EDSS score, baseline relapse, and exposure to high-efficacy disease-modifying therapy modeled as a time-varying covariate. **Main Outcome Measures:** In the primary analysis, the main outcome was time to 6-month confirmed disability progression (CDP). The secondary outcome was time to secondary progressive MS (SPMS). The secondary inflection point analysis examined longitudinal changes in EDSS in women who were followed up with throughout their menopausal transition. **Results:** Primary analysis included 583 premenopausal and 404 postmenopausal women with MS. The median age at menopause was 48.5 years. Following multivariable adjustment, menopause was not associated with an increased risk of CDP or SPMS (hazard ratio, 0.95; 95% CI, 0.70-1.29; P = .70 and hazard ratio, 1.00; 95% CI, 0.60-1.67; P = 1.00), respectively. In the secondary analysis, menopause did not represent an inflection point in EDSS worsening following multivariable adjustment. **Conclusions and Relevance:** While reproductive aging may be additive to the effects of somatic aging, these results do not support menopause as the leading factor for disability progression in older women with MS.

6. Feasibility of developing a new tool for assessing vaginal health in women with Genitourinary Syndrome of Menopause; The VAN study.

Authors: Briggs P.;Evans C.;Lane S.;Kiosseva L.;Drury J.;Hillard T.;Panay N. and Hapangama, D. K.

Publication Date: 2025

Journal: Post Reproductive Health 31(3), pp. 163–172

Abstract: Objectives: Genitourinary syndrome of menopause (GSM) is a common condition, yet there is no accessible, objective clinical method with which to make a diagnosis of vaginal changes associated with GSM. We undertook a feasibility study to assess suitability of different objective diagnostic methods and obtained quantitative scores using a new GSM Assessment Tool (NGAT) and vaginal maturation value (VMV). These scores were correlated with patient reported symptoms obtained via a questionnaire.

Study Design: VAginal Health - What's Normal (VAN) Study is a prospective, observational, feasibility study, evaluating NGAT and VMV. Sixty women (12 healthy controls and 48 symptomatic) were recruited and had a baseline assessment. The symptomatic women were offered treatment and had a second assessment 16 weeks later.

Result(s): Compared with control group, symptomatic women had higher NGAT and VMV scores at baseline. After treatment, in symptomatic women, symptoms improved and NGAT scores reduced, while the median value for VMV was unexpectedly reduced.

Conclusion(s): This data suggests that clinical assessment and accurate recording of GSM can be supported by an objective scoring system, particularly in primary care and warrants adequately powered future studies to assess the utility of these methods in clinical and

7. Women's and Health Care Professionals' Experiences of Discontinuing Hormone Replacement Therapy (HRT): A Systematic Review

Authors: Bunnewell, Sarah;Keating, Sabrina;Parsons, Jo;Hickey, Martha and Hillman, Sarah

Publication Date: 2025

Journal: BJOG: An International Journal of Obstetrics & Gynaecology

Abstract: **BACKGROUND:** Hormone Replacement Therapy (HRT) is used to manage menopausal symptoms, particularly vasomotor symptoms (VMS). HRT prescribing rates are rising, but most women will eventually discontinue. **OBJECTIVES:** To explore the experiences of women stopping HRT, why women restart HRT, and the HCPs advising them. **SEARCH STRATEGY:** Embase, MEDLINE, CINAHL, Web of Science and PsycINFO were searched from 2000 to February 2024. **SELECTION CRITERIA:** Quantitative, qualitative and mixed methods studies assessing experiences of HRT discontinuation. **DATA COLLECTION AND ANALYSIS:** Quality was appraised using the Mixed Methods Appraisal Toolkit (MMAT). Data were narratively synthesised with weighted averages reported where possible. **MAIN RESULTS:** Electronic database searches identified 9444 reports, with 74 reports from 69 studies, including 32 213 women and 2943 HCPs. Average age of the cohort analysed was 64.7 years. Discontinuation rate was 51.3%, with average HRT duration of 5.4 years. The majority of women abruptly stopped HRT (62.4%). Common reasons for discontinuation were HCP recommendation (31.2% of participants), fear about risks (26.0%) and preference for a natural approach (25.6%). Common symptoms upon discontinuation were unspecified menopausal symptoms (84.4%), sleep disturbances (51.9%) and VMS (45.4%). Four RCTs compared tapered and abrupt discontinuation; two found abrupt discontinuers had greater symptoms initially, but symptoms were comparable to those experienced by taperers after completion of the tapered withdrawal. Two RCTs found no difference. Average rate of restarting was 20.7%, with VMS commonly cited as a reason. HCPs cited health risks as a reason for discontinuation, and 91.6% recommended tapered discontinuation. **CONCLUSIONS:** This review provides insight into global HRT discontinuation experiences and highlights the need for future research to assess the best approach to discontinuation.

8. Mental health consultations during the perimenopausal age range: a qualitative study of GP and patient experiences.

Authors: Burgin, Jo;Pyne, Yvette;Davies, Anna and Kessler, David

Publication Date: 2025

Journal: British Journal of General Practice

Abstract: **BACKGROUND:** There is an increased risk of mood changes in perimenopause, and evidence that patients and GPs may overlook this association. Evidence also shows that GPs have a lack of confidence in managing perimenopausal symptoms. **AIM:** To examine

clinical consultations for patients in the perimenopausal age range who were presenting with mental health symptoms, and the experiences of GPs providing care to such patients. **DESIGN & SETTING:** A qualitative study was undertaken in one integrated care system in south-west England. It involved 18 women aged 45-55 years, who had consulted with their GP about a mental health symptom in the previous 6 months, and 11 GPs. **METHOD:** Participants were recruited between February 2023 and August 2023. Data were collected through semi-structured interviews, and thematic analysis was used to identify recurring patterns and key insights regarding consultation practices, patient-GP communication, and gaps in education and training. **RESULTS:** Women either did not recognise perimenopause or were uncertain whether it contributed to their mental health symptoms, and felt inhibited or embarrassed about raising the issue. GPs reported using variable approaches to asking about perimenopausal symptoms and acknowledged that there were gaps in their training. Time constraints and the stigma surrounding menopause further hindered consultations. **CONCLUSION:** Addressing mental health symptoms during perimenopause requires a proactive and informed approach in primary care. Improved GP training on menopause, coupled with patient education to increase awareness and confidence, could improve consultations and the management of mental health symptoms experienced during perimenopause.

9. Platelet-Rich Plasma for Genitourinary Syndrome of Menopause in Breast Cancer Survivors.

Authors: Chen, Anita H.;Trabuco, Emanuel C.;Chumsri, Saranya;Thielen, Jacqueline M.;Cornella, Jeffrey L.;Shapiro, Shane A.;Heckman, Michael G.;Dukes, Reagan E.;Arthurs, Jennifer R.;Blumenfeld, Sophia G. and Yi, Johnny

Publication Date: 2025

Journal: Obstetrics & Gynecology

Abstract: OBJECTIVE: To assess the safety and feasibility of injection of autologous platelet-rich plasma (PRP) into the vagina and posterior fourchette and to evaluate 6-month efficacy for treatment of genitourinary syndrome of menopause (GSM) in breast cancer survivors. **METHODS:** We conducted a prospective, single-arm pilot study of breast cancer survivors (stage 0-III) who reported vaginal dryness with or without dyspareunia. Participants underwent a one-time treatment with 7 mL autologous PRP injected throughout the vaginal canal and posterior fourchette into 35 sites. The primary outcome was to assess safety and feasibility. Secondary outcomes included VMI (Vaginal Maturation Index), VHI (Vaginal Health Index), VAS/VuAS (Vaginal and Vulvar Assessment Scales), DIVA (Day-to-Day Impact of Vaginal Aging questionnaire), FSFI (Female Sexual Function Index), and UDI-6 (Urogenital Distress Inventory-Short Form) scores. Vaginal caliber was measured with silicone dilators. Patient Global Impression of Improvement (PGI-I) was assessed with a 7-point Likert scale. **RESULTS:** Twenty participants were treated; mean $\pm$ SD age and body mass index (BMI) were 53.6 $\pm$ 7.5 years and 27.2 $\pm$ 4.6, respectively. Most had hormone receptor-positive breast cancer (85.0%), and of those, 65.0% were taking an aromatase inhibitor. All participants completed the planned protocol. Treatment adverse events included vaginal spotting, irritation, discharge, burning, cramping, and mild pain, all resolving within 24 hours. No serious adverse events occurred. VAS/VuAS, FSFI, UDI-6, DIVA, VHI, and total scores showed significant

improvement from baseline to 6 months; the VMI change was nonsignificant. At 6 months, 90.0% of patients had an increase in vaginal caliber as measured by change in dilator size, and 95.0% noted improvement of symptoms on PGI-I. **CONCLUSION:** A single treatment of autologous PRP injected diffusely through the vaginal canal and posterior fourchette is safe and feasible. In this uncontrolled pilot trial, at 6 months, treatment significantly improved GSM symptoms, sexual function, urinary symptoms, and quality of life in breast cancer survivors, including those on aromatase inhibitors. **CLINICAL TRIAL REGISTRATION:** ClinicalTrials.gov, NCT04535323; Cancer.gov, NCT04535323.

10. High-Density Lipoprotein Cardioprotection Function Deteriorates as Women Transition Through Menopause: The SWAN HDL Study.

Authors: El Khoudary, Samar R.;Matuk, James;Brooks, Maria;McConnell, Dan;Crawford, Sybil;Wang, Ziyuan;Janssen, Imke and Rader, Daniel

Publication Date: Sep 16 ,2025

Journal: JACC Advances 4(10 Pt 2), pp. 102131

Abstract: BACKGROUND: Women show a rise in high-density lipoprotein cholesterol efflux capacity (CEC) as they traverse menopause. Whether this rise is associated with a lower risk of cardiovascular disease overtime is not clear. **OBJECTIVES:** The authors tested whether CEC association with subclinical vascular health, measured using a composite subclinical vascular health score based on levels of carotid intima-media thickness, carotid-femoral pulse wave velocity, and presence of coronary artery calcium score (>10), varies by time relative to the final menstrual period (FMP). **METHODS:** 279 women (baseline age 51 $\pm$ 2.8 years; 68.5% White) who had CEC and outcome measures were included. The subclinical vascular health measures were related to CEC through a Bayesian hierarchical linear mixed effects model using the latent composite measure as the outcome, and time relative to FMP, CEC, and their interaction as explanatory variables. Differences by racial subgroups were explored. **RESULTS:** Higher CEC was associated with a lower composite subclinical measure of vascular health at the time of the FMP. In both unadjusted and adjusted models, the inferred interaction effect (posterior probability >0.99) implies that the pre-FMP protective association of CEC diminishes after FMP. This was consistent across all components of the composite score. In Black women, the protective association of CEC diminished more rapidly compared to White women (posterior probability >0.90). **CONCLUSIONS:** In women, higher CEC is associated with a lower risk of subclinical vascular health only before menopause. Higher CEC is not a consistent indicator of greater cardiovascular disease protection in women traversing menopause.

11. Differential triage in the postmenopausal bleed clinic; getting it right the first time, effect on single cancer pathway.

Authors: Gokhale L.;Edwards C. and Jones, T.

Publication Date: 2025

Journal: Post Reproductive Health 31(3), pp. 188–196
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Abstract: Objective: To reduce waiting time in PMB clinics, and patient journey on Single cancer pathway.

Design(s): Differential triage based on risk stratification in USC PMB clinics. Patients with true PMB and with unscheduled bleeding on HRT with risk factors triaged to 2WW. Those with unscheduled bleeding on HRT without risk factors to 6WW clinic. Introduced from March 2024 onwards. Data analysed over 4 months.

Setting(s): One stop PMB clinics, Large DGH in Newport, Wales Population: Aneurin Bevan Health board Hospitals with a population of 600,000.

Main Outcome Measure(s): Time to first outpatient appointment.

Result(s): Nine hundred and two referrals. 48.22% were not on HRT. 49.88 % were on HRT. 20.44% were on HRT with risk factors. The first outpatient appointment improved from 17.6% in April to 64.6% ($p < .0001$) in September. Patients breaching the Single Cancer Pathway went down from 11 in April to 2 in September. 88% patients discharged after the FOA. One hundred and ninety-two (21.28%) had a hysteroscopy polypectomy. Forty-four cancers in the true PMB group and 1 cancer in the HRT group. There was no difference in the average BMI between the cancer and benign patients. Patients with endometrial cancer were significantly older ($p < .0001^{***}$).

Conclusion(s): Differential triage has reduced the waiting times in PMB clinics.

12. Lung Function Changes Across the Menopausal Transition: A Longitudinal Analysis of Annual Exams.

Authors: Imai, Ryosuke;Ro, Shosei;Tukpah, Ann-Marcia C.;Suzuki, Takahiro;Kim, Yuntae;Shinozaki, Tomohiro and Fukui, Sho

Publication Date: 2025

Journal: Chest

Abstract: BACKGROUND: Trajectories of pulmonary function across the menopausal transition remain poorly understood. **RESEARCH QUESTION:** How do trajectories of FVC and FEV₁ change across the menopausal transition, and how do their rates of decline differ during the peri- and post-menopausal phases? **STUDY DESIGN AND METHODS:** In this retrospective cohort study, we analyzed women in the St. Luke's Health Check-up Database (2004-2020) with ≥ 1 examination before and after self-reported menopause and with no respiratory disease. Menopausal status was classified into pre-, peri- or post-menopause using a data-driven method. Outcomes included FVC and FEV₁. Annual rates of change were estimated by interrupted time-series and multivariable linear mixed-effects models. **RESULTS:** We included 5,554 women (53,110 visits; median age at menopause 52 years [Q1, Q3: 50, 54]). Median follow-up was 11.0 years (7.0, 14.1) with 10 visits (6, 14). Median FVC and FEV₁ % predicted at menopause were 98.9% (91.2, 106.7) and 97.4% (89.7, 105.1), respectively. Segmented regression placed the pre-/peri-menopause breakpoint 5.0 years before menopause (95%CI 4.8-5.2). For FVC, Relative to the pre-menopausal slope (-1.0 mL/year), the additional decline was -17.5 mL/year (95%CI -19.1, -15.9) during peri-menopause and -18.8 mL/year (-20.2, -17.4) during post-menopause. For FEV₁, the pre-menopausal slope was -19.2 mL/year (-20.2 to -18.3); relative to this slope, the additional decline was -1.5 mL/year (-2.7 to -0.3) during peri-menopause and -0.4 mL/year (-1.5 to 0.7)

during post-menopause. **INTERPRETATION:** The rate of FVC decline increased five years before menopause and persisted at an increased rate of decline thereafter, suggesting that menopausal status is associated with lung-function trajectories in midlife women, while FEV₁ changes were modest.

13. The Role of Dietary Supplements in Modulating Menopause Onset: A Comprehensive Analysis of Nutritional and Lifestyle Influences on Menopause Timing.

Authors: Jebaraj S. and Nlebedim, V.

Publication Date: 2025

Journal: Nutrients 17(18) (pagination), pp. Article Number: 2921. Date of Publication: September 2025

Abstract: Background: The age at natural menopause (ANM) has a significant impact on women's health later in life, although the contribution of changeable dietary and lifestyle factors remains uncertain.

Method(s): We examined data from 3566 participants in the UK Women's Cohort Study, assessing their baseline use of dietary supplements and lifestyle habits. Associations with ANM were evaluated using multivariable Cox proportional hazards models and gradient boosting machine (GBM) analyses. We adjusted our models for factors such as BMI, smoking status, alcohol consumption, physical activity levels, and socioeconomic status.

Result(s): The use of fish oil (HR 0.05; 95% CI 0.02-0.09), vitamin B-complex (HR 0.48; 0.38-0.62), antioxidant mixtures (HR 0.54; 0.38-0.69), and vitamin C (HR 0.75; 0.56-0.93) was linked to a delay in ANM, with all p-values less than 0.05. Folic acid showed near significance (HR 0.81; p = 0.059). GBM analyses highlighted red meat consumption, BMI, educational level, smoking duration, and fish consumption as important indicators.

Conclusion(s): The regular consumption of certain supplements has a connection to later menopause onset, while smoking and red meat consumption tend to predict an earlier onset. These findings underline the potential of lifestyle changes in managing reproductive aging, although further interventional studies are necessary to confirm them.

14. Menopause and Inflammatory Bowel Disease: A Systematic Review.

Authors: Kale, Tanvi;Yoo, Linda;Kroeger, Ellie;Iqbal, Arwa;Kane, Sunanda;Shihab, Sara;Conley, Samantha and Kamp, Kendra

Publication Date: 2025

Journal: Inflammatory Bowel Diseases

Abstract: BACKGROUND: Research is limited on the impacts of menopause, defined as the permanent cessation of ovarian function and decline of reproductive hormones, on gastrointestinal symptom severity and disease progression in women with inflammatory bowel disease (IBD). This review synthesizes current evidence on the impact of menopause, menopause transition, and hormonal therapy (HT) on disease activity, IBD and menopause symptom severity, and disease progression among individuals with IBD. METHODS: A

systematic literature review was reported following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and preregistered at PROSPERO (CRD42024564901). Five databases were searched without date restrictions. Data extraction and risk-of-bias assessment were performed independently by multiple reviewers. Results were qualitatively synthesized. **RESULTS:** Of 1667 records, 15 studies met inclusion criteria (5 cohort, 3 case-control, 7 cross-sectional) with IBD sample sizes from 37 to 1367. Evidence on HT and IBD risk was mixed: some studies linked HT to increased ulcerative colitis risk while others found no significant association after adjusting for confounders. Women with IBD experience earlier menopause than healthy control subjects. While most women reported no change in IBD symptoms postmenopause, a minority reported symptom worsening. HT may reduce flare severity. Women with IBD reported more severe vulvovaginal symptoms and had distinct vaginal microbiome profiles compared with healthy control subjects. **CONCLUSIONS:** Few studies have explored the relationship between menopause and IBD. There is a need for continued research on the relationship between IBD disease activity and menopause symptoms to create tailored interventions to improve women's health with IBD across the lifespan.

15. Documentation of menopause-related international classification of diseases codes in the electronic health record in midlife women with menopause symptoms.

Authors: Karam, Jana;Safwan, Nancy;Carter, Rickey E.;Pevnick, Joshua;Berdahl, Carl;Chaudhry, Rajeev;Kling, Juliana M.;Kapoor, Ekta;Winham, Stacey J.;Cole, Kristin;Faubion, Stephanie S. and Shufelt, Chrisandra L.

Publication Date: 2025

Journal: Menopause

Abstract: OBJECTIVE: To evaluate the documentation of menopause-related International Classification of Diseases-10 (ICD-10) codes in the electronic health record (EHR) among midlife women with moderate or greater menopause symptoms receiving primary care. **METHODS:** This cross-sectional study from the Hormones and Experiences of Aging (HERA) cohort included women aged 45-60 years receiving primary care at one of 4 Mayo Clinic sites who completed a one-time survey between March 1, 2021 and June 30, 2021. The survey captured demographic data, menopause symptoms using the Menopause Rating Scale (MRS), health care utilization, and treatment. Women with an MRS score ≥ 12 were included. The primary outcome was documentation of a menopause-related ICD-10 code in the EHR in the 12 months before survey completion. **RESULTS:** Of 5,254 women with completed surveys, 2,414 (49%) had an MRS score ≥ 12 and were included. Among these, 1,519 (63%) reported seeking care for their menopause symptoms in the past 12 months, but only 345 (23%) had a menopause-related ICD-10 code. Women with an ICD-10 code had higher MRS scores (18 [IQR: 14-22] vs 17 [IQR: 14-20]; $P = 0.002$) and were more likely to use systemic hormone therapy (HT; 26% vs 9%; $P < 0.001$), and vaginal HT (20% vs 6%; $P < .001$). **CONCLUSIONS:** Menopause-related ICD-10 diagnosis codes were under-documented in women with significant menopause symptom burden. Those with a code were more likely to report menopause treatment. These findings highlight a critical gap between symptom burden and diagnosis coding in the EHR, underscoring the need to improve identification and management

of menopause symptoms.

16. Collaborative working with secondary care to enable increased provision of menopause care by primary care services.

Authors: Kaul, Veena and Hallott, Debbie

Publication Date: Sep 20 ,2025

Journal: Post Reproductive Health 20533691251372816

Abstract: BackgroundThe vast majority of menopause care is delivered by primary care services; however, in recent years there has been an increase in referrals to secondary care services resulting in longer waiting times for patients.AimFacilitate the delivery of effective and timely menopause care for women without need for referral and long waits at Mid Yorkshire Hospital Teaching Trust (MYHTT). This required collaboration between primary and secondary care services. Methods (1) Development of joint Menopause Care & HRT Formulary. (2) Review of Menopause Referrals to MYHTT. (3) Developing Women's Health Leads network & Women's Health Hub via Microsoft Teams channel. (4) Streamlining management of unscheduled bleeding on HRT. (5) Developed Patient information for Menopause and HRT leaflets in the five most spoken languages in our community. Results Over 70% reduction in referrals to MYHTT to menopause service and over 30% reduction in referrals to post-menopausal bleeding clinics. It demonstrates that our shared learning approach has bridged the gap between primary and secondary care, creating a more supportive and inclusive healthcare environment.

17. Maintaining Balance: Examining Mental Wellness in Black Women During the Menopausal Transition.

Authors: Kemp, Elyria;McDougall, Graham;Liu, Xueyan;Sorapuru, Candice and Jones, Kelly

Publication Date: 2025

Journal: Journal of Racial & Ethnic Health Disparities

Abstract: Black women experience menopause earlier and with more severe symptoms than other racial groups, placing them at heightened risk for mental health challenges during midlife. Despite this vulnerability, they remain underrepresented in mental health care utilization. This research investigates the attitudinal, cultural, lifestyle, and behavioral factors that influence how Black women perceive, seek, and access mental health care during the menopausal transition. Using a mixed-methods approach, the research integrates qualitative interviews (n = 23) and a segmentation analysis (n = 231) to uncover nuanced insights into the lived experiences of Black women and their mental health decision-making. Qualitative findings reveal key themes related to emotional suppression, stigma, cultural expectations, structural barriers, and the role of self-care. The segmentation analysis, performed using K-means clustering, identified four distinct groups-Reluctant Avoidants, Evolving Discerners, Practical Engagers, and Steady Seekers-each with unique orientations toward mental health care. Based on these profiles, this research proposes targeted engagement strategies for

enhancing access to care. The findings contribute to a deeper understanding of the interplay between cultural identities and mental health behavior and highlight the need for improving care delivery for underserved populations.

18. Association Between Magnesium Intake and Migraine Among Pre and Postmenopausal Women: A Cross-Sectional Study.

Authors: Li S. and Zhang, J.

Publication Date: 2025

Journal: International Journal of Women's Health 17, pp. 2747–2758

Abstract: Objective: To investigate whether menopausal status modifies the association between magnesium intake and migraine in women, hypothesizing that hormonal differences between pre-menopausal and post-menopausal women would result in differential responses to magnesium intake.

Background(s): While magnesium's role in migraine management has gained attention, the relationship between magnesium intake and migraine across menopausal status remains poorly studied. This is the first study to compare this association between pre-menopausal and post-menopausal women specifically.

Method(s): This cross-sectional study analyzed 3,248 women from the National Health and Nutrition Examination Survey (1999-2004), which achieved interview response rates of 79-84%. Menopausal status was determined by self-report: pre-menopausal (n=1,412) or post-menopausal (n=1,836). The exposure variable was total magnesium intake (dietary plus supplements); the outcome was self-reported migraine. Covariates included age, race, education, income, body mass index, smoking, drinking, hypertension, diabetes, C-reactive protein, estimated glomerular filtration rate, and calcium intake. Non-linear relationships were examined using piecewise logistic regression.

Result(s): Migraine prevalence was higher in pre-menopausal (31.3%) than post-menopausal women (15.6%). A significant non-linear relationship between magnesium intake and migraine was observed in pre-menopausal women, with odds of migraine decreasing by 36.0% per unit increase in magnesium intake below 325.41 mg/day (OR: 0.64, 95% CI: 0.42-0.98, P=0.042), with no significant association above the threshold. No significant association was found in post-menopausal women. Supplementary weighted analysis validated these findings.

Conclusion(s): Menopausal status may modify the relationship between magnesium intake and migraine. Adequate magnesium intake may be beneficial for reducing migraine risk in pre-menopausal women. Given that over half of American adults fail to meet recommended magnesium intake, these findings have significant public health implications for targeted dietary interventions in reproductive-age women, though prospective validation is needed.

19. Multiple large language models versus clinical guidelines for postmenopausal osteoporosis: a comparative study of ChatGPT-3.5, ChatGPT-4.0, ChatGPT-4o, Google Gemini, Google Gemini Advanced, and Microsoft Copilot.

Authors: Lin C.R.;Chen Y.J.;Tsai P.A.;Hsieh W.Y.;Tsai S.H.L.;Fu T.S.;Lai P.L. and Chen, J. Y.

Publication Date: 2025

Journal: Archives of Osteoporosis 20(1) (pagination), pp. Article Number: 120. Date of Publication: December 2025

Abstract: Summary : The study assesses the performance of AI models in evaluating postmenopausal osteoporosis. We found that ChatGPT-4o produced the most appropriate responses, highlighting the potential of AI to enhance clinical decision-making and improve patient care in osteoporosis management.

Purpose(s): The rise of artificial intelligence (AI) offers the potential for assisting clinical decisions. This study aims to assess the accuracy of various artificial intelligence models in providing recommendations for the diagnosis and treatment of postmenopausal osteoporosis.

Method(s): Using questions from the 2020 American Association of Clinical Endocrinologists (AACE) guidelines for osteoporosis, AI models including ChatGPT-3.5, ChatGPT-4.0, ChatGPT-4o, Gemini, Gemini Advanced, and Copilot were prompted. Responses were classified as accurate if they did not contradict the clinical guidelines. Two additional categories, over-conclusive and insufficient, were created to further evaluate responses. Over-conclusive was designated if AI models provided recommendations not specified in the guidelines, while insufficient indicated a failure to provide relevant information included in the guidelines. Chi-square tests were employed to compare categorical outcomes among different AI models.

Result(s): A total of 42 clinical questions were evaluated. ChatGPT-4o achieved an accuracy of 88%, ChatGPT-3.5 57.1%, ChatGPT-4.0 64.3%, Gemini 45.2%, Gemini Advanced 57.1%, and Copilot 47.6% ($p < 0.001$).

Conclusion(s): The study reveals significant response accuracy variations across each AI model, with ChatGPT-4o demonstrating the highest accuracy. Further research is necessary to explore the broader applicability of AI in the medical domains.

20. Effects of Traditional Chinese Exercise on Menopausal Symptoms, Bone Health and Mental Health in Perimenopausal and Postmenopausal Women: A Systematic Review and Meta-Analysis

Authors: Liu, Yuanxia;He, Yapeng;Zhang, Qi and Lu, Qunfeng

Publication Date: Sep 19 ,2025

Journal: Biological Research for Nursing 10998004251377748

Abstract: Background: Perimenopausal and postmenopausal women commonly experience vasomotor symptoms, bone loss, and mental health challenges that diminish quality of life (QoL). Although Traditional Chinese Exercise (TCE) has shown benefits in alleviating certain menopausal symptoms, its overall effects on health-related outcomes remain controversial. **Objectives:** This study aimed to systematically analyze the effects of TCE on menopausal symptoms, bone health, and mental health in perimenopausal and postmenopausal women.

Methods: A systematic search was conducted across 7 databases through April 2025 for randomized controlled trials (RCTs) investigating the effects of TCE in perimenopausal and postmenopausal women. Risk of bias was assessed using the Cochrane Risk of Bias Tool 2

(RoB 2). Stata 17.0 was used for meta-analysis, with pooled outcomes reported as standardized or mean differences (SMD/MD) with 95% confidence intervals (CIs). **Results:** Twelve RCTs involving 1,023 participants were included. Meta-analysis showed that TCE significantly reduced menopausal symptoms (SMD = -0.82, 95% CI: -1.41 to -0.22), and depression (SMD = -1.73, 95% CI: -2.49 to -0.98). TCE also improved spine BMD (MD = 0.05, 95% CI: 0.02 to 0.08). For upper limb, thigh, pelvis, trunk, and whole-body BMD, effects remained uncertain due to the limited number of studies. Three studies assessed QoL, and pooled results showed no significant improvement in physical (MD = 4.52, 95% CI: -2.93 to 11.97) or mental component scores (MD = 3.28, 95% CI: -3.67 to 10.23). **Conclusions:** TCE appears to be an effective intervention for menopausal symptoms, spine BMD, and depression. However, its effects on QoL and other skeletal sites remain inconclusive. Larger, high-quality RCTs are warranted to clarify optimal protocols and long-term benefits.

21. Does online information about hormone replacement therapy (or menopause hormone therapy) reflect indications from the British National Formulary and guidance from the National Institute for Health and Care Excellence: a cross-sectional study of UK media.

Authors: McCartney M.;MorganYoung R.;Sullivan F.;Murphy D.J.;Albulushi J. and Larkin, J.

Publication Date: 2025

Journal: BMJ Open 15(9) (pagination), pp. Article Number: e094773 e094773. Date of Publication: 04 Se 2025

Abstract: Objectives To describe: (1) the most visible information (from individuals or organisations) on UK social media regarding hormone replacement therapy (HRT)/menopause hormone treatment for menopause; (2) claims made by these sources for HRT and testosterone outwith the indications specified by the British National Formulary (BNF) and the National Institute of Health and Care Excellence (NICE) (ie, vasomotor instability, vaginal dryness, low mood associated with the menopause and, for testosterone, low libido after treatment with HRT) and for use for the prevention of future ill health and (3) conflicts of interest of commentators. Design Cross-sectional study. Setting Online references to HRT, for use in menopause, in UK online media, comprising Facebook, Google, Instagram, TikTok and YouTube, 30 top ranked hits between 1 January 2022 and 1 June 2023 and Twitter (X) up to 1 May 2024. Methods Identification of the most visible information was performed via online searching with the term 'HRT' using incognito searches within each modality. Statements making claims were identified and analysed as to whether they were congruent with BNF and NICE advice on indications for use. Declarations of interest were extracted from the source or searched for if not apparent using a standardised search strategy. Data were entered into an Excel spreadsheet. Summary and descriptive statistics were used to summarise the results, including description of origin and types of claims, percentage of claims in agreement with NICE/BNF indications, relationship to financial interests and readership data, where available. Results 180 recommendations and/or claims for HRT were examined (30 from each of six platforms), made by professional individuals (53.4%), laypeople (41.7%) and patient, media and professional organisations (4.9%) completing the total. Overall, 67.2% of claims were outside of BNF/NICE recommendations. 139 (77.2%) were associated with a conflict of

interest. In 117 cases, this was a conflict either directly or indirectly related to menopause, through provision of private practice, pharmaceutical industry funding or retail products marketed at the menopause. Conclusions Social media commonly contains claims for HRT outside BNF/NICE guidance. Conflicts of interest by commentators are also common, directly or indirectly related to menopause. Less than a quarter of media contained no commercial conflict. Policymakers should consider means to ensure that non-conflicted, evidence-based information is visible to professionals, patients and the public.

22. The Effectiveness of Lifestyle Interventions, Including Exercise, Diet, and Health Education on Symptoms Experienced During Perimenopause: A Systematic Review of Randomized Controlled Trials.

Authors: McNulty, Kelly Lee;Murphy, Miriam;Flynn, Edel;Lane, Aoife;Muldoon, Annalouise;Kealy, Rosarie;Harrison, Michael;Windle, John and Heavey, Patricia

Publication Date: Sep 23 ,2025

Journal: Journal of Aging & Physical Activity 1-24

Abstract: BACKGROUND: Perimenopause, the transitional period before menopause, is characterized by various physical and psychological symptoms that can impact women's health, well-being, and quality of life. Lifestyle modifications, including exercise, diet, and health education, might help manage these symptoms, but the current evidence is inconsistent. This systematic review aimed to synthesize and identify gaps in existing randomized controlled trials examining the effectiveness of lifestyle interventions on perimenopause symptoms. **METHODS:** This review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Four electronic databases (PubMed, CENTRAL, Web of Science, and Scopus) were searched. Two reviewers independently screened the records for eligibility, extracted data, and assessed study quality using a modified Downs and Black checklist and a strategy based on the Grading of Recommendations Assessment Development and Evaluation working group. **RESULTS:** A total of 25 studies met the inclusion criteria. Nine studies evaluated exercise-only interventions, 12 studies investigated a combined intervention, and five studies focused on health education-only interventions. Notably, no studies exclusively examined diet-based interventions. **CONCLUSION:** The findings suggest that both exercise and health education might offer benefits in managing perimenopausal symptoms. However, due to large between study variances and methodological inconsistencies, evidence-based guidelines for lifestyle interventions during perimenopause remain elusive. Further high-quality research is needed to determine the optimal principles of lifestyle prescription for addressing perimenopause symptoms. **SIGNIFICANCE:** The findings underscore the potential of exercise and health education in alleviating perimenopausal symptoms, while emphasizing the need for more rigorous studies to establish definitive, evidence-based guidelines.

23. Metabolic syndrome and the risk of breast, endometrial and ovarian cancer among postmenopausal women in the UK Biobank.

Authors: McVicker, Lauren;Gunathilake, Kahandhawa Appuhamillage Madhavi Priyangika;Cardwell, Christopher R.;Kunzmann, Andrew T.;Agnew, Heather J.;McIntosh,

Stuart A. and McMenamin, Una C.

Publication Date: 2025

Journal: Cancer Epidemiology, Biomarkers & Prevention

Abstract: Background There is some evidence that metabolic syndrome (MetS) is associated with postmenopausal breast and gynaecological cancer. However, results from previous studies have been inconsistent and varied by definition of MetS used. Methods Using data from the UK Biobank, the association between MetS, according to three definitions, and the risk of breast, endometrial and ovarian cancer was assessed among postmenopausal women with serological biomarker data. Cox proportional hazards regression was used to calculate hazard ratios (HRs) with 95% confidence intervals (CIs), adjusting for a range of confounders. Results In total, 4,791 breast, 820 endometrial and 582 ovarian cancers were diagnosed. For all definitions, MetS was associated with a higher risk of breast (harmonized definition; HR 1.11, 95% CI: 1.04-1.19), and endometrial cancer (harmonized definition; HR 2.18, 95% CI: 1.86-2.55) but not ovarian cancer (harmonized definition; HR 1.08, 95% CI: 0.88-1.31). Assessment of the individual MetS components revealed that only abdominal obesity was consistently associated with breast cancer, whilst all components were associated with a higher risk of endometrial cancer. Conclusions In this cohort, MetS and all MetS components were individually associated with a higher risk of endometrial cancer, but only abdominal obesity was consistently associated with an increased risk of breast cancer. No associations were observed between MetS and ovarian cancer risk. Impact These findings underline the need for further mechanistic research to clarify potential causal relationships and to better inform public health strategies to address the rising obesity-related cancer burden, particularly endometrial in postmenopausal women.

24. Hospitalization in women with psychosis: An age-based proxy analysis for menopause.

Authors: Monteiro Fernandes, Ana;Varino, Filipe;S Silva, Francisco;Baronet, Patricia and Felix Almeida, Filipe

Publication Date: Sep 29 ,2025

Journal: Journal of Psychiatric Research 191, pp. 262–264

Abstract: There is a known association between estrogen levels and psychotic disease severity, with lower estrogen levels associated with a more severe disease course. Estrogens support cognition, increase neuroplasticity, facilitate neurotransmission, and affect the pharmacokinetics and pharmacodynamics of antipsychotic medication, with lower concentrations of these hormones potentially reducing antipsychotics' effectiveness. In this study, we aimed to analyze the different patterns of hospitalization of female patients with psychotic disorders using age as a proxy for menopausal status. Additionally, we investigated differences in antipsychotic use profile, namely clozapine and long-duration antipsychotic administration in these patients under 45 and over 55 years of age. We conducted a retrospective study that included inpatients in the Psychiatry Department of Hospital de Santa Maria, stratifying them by sex and age group (55 years). Direct information about menopausal

status was not collected. Our data showed that females over 55 had higher admission rates than their male counterparts (54 % vs 46 % of our sample >55 years old). The chi-square analysis showed that the relation between gender and different age groups in the admission rate was statistically significant, $\chi^2(2, N = 682) = 19.51, p < .001$, effect size (Fi): 0.169. No significant differences were found in our four subgroups regarding the number of involuntary commitments or clozapine treatment. These data support the evidence on the deterioration of psychotic illness in women after menopause, demonstrating the importance of knowing our patients' hormonal status to offer a more comprehensive treatment plan.

25. Women's experiences of complex menopause following breast cancer treatment: a qualitative study.

Authors: Mulcahy A. and Dowling, M.

Publication Date: 2025

Journal: British Journal of Nursing 34(17), pp. S18–S26

Abstract: Background: After treatment for breast cancer, women can experience menopausal symptoms that are more severe than those of natural menopause. This is termed complex menopause and requires specialist menopause care.

Aim(s): This study aims to describe women's experiences of complex menopause following breast cancer treatment.

Method(s): Using a descriptive qualitative approach, following the COREQ (COnsolidated criteria for REporting Qualitative research) guidelines, 12 women with complex menopause following treatment for breast cancer were interviewed. Data analysis was guided by systematic text condensation.

Result(s): Complex menopause has symptoms that negatively impact women's minds, bodies and personal relationships. All participants received little or no meaningful support from their healthcare providers regarding menopausal symptoms after breast cancer treatment despite health professionals having many opportunities to provide information on what to expect.

Conclusion(s): Women living with and beyond breast cancer need professional support and education to navigate the impact of complex menopause on all aspects of their lives.

26. The associations of early and surgical menopause with 10-year employment trajectories bracketing final menstruation or surgery.

Authors: Peycheva, Darina;Wielgoszewska, Bozena;Zaninotto, Paola;Steptoe, Andrew and Hardy, Rebecca

Publication Date: 2025

Journal: Menopause

Abstract: OBJECTIVES: This study examines the employment trajectories of women experiencing early and surgical menopause over a 10-year period bracketing their final menstruation or surgery, representing for most women the menopause transition. It also investigates the potential mediating role of hormone therapy in early postmenopause in these

relationships. **METHODS:** We used data from 1,386 women in the English Longitudinal Study of Aging (ELSA) who had undergone natural menopause, premenopausal bilateral oophorectomy or hysterectomy. We used sequence analysis of employment histories to define 3 different 10-year employment trajectories. We then carried out regression analysis to assess associations between timing and type of menopause on employment, followed by mediation analysis. Sensitivity analysis was conducted by excluding cases with hysterectomy with preserved ovaries. **RESULTS:** Women with early menopause, compared with those who undergo menopause at 45 or older, are less likely to have flexible working arrangements (part-time work or self-employment) compared with full-time work during this sensitive period (relative risk ratio [RRR], 0.70; 95% CI: 0.51-0.97). However, the likelihood of leaving the labor market compared with working full-time is similar in women with early and later menopause (RRR, 0.95; 95% CI: 0.62-1.41). Surgical menopause, compared with natural menopause, is associated with an increased risk of labor market exit (RRR, 1.45; 95% CI: 1.01-2.32), particularly for women aged 45 or older at the time of surgery (RRR, 1.50; 95% CI: 0.94-2.38). Hormone therapy use may help reduce the risk of labor market exit for women with both early (RRRNATURAL INDIRECT EFFECT [NIE], 0.79; 95% CIBIAS-CORRECTED [BC], 0.58-1.04) and surgical menopause (RRRNIE, 0.73; 95% CIBC, 0.53-1.01). Sensitivity analysis suggests that the potential reduction in labor market exit risk via hormone therapy for early menopausal women holds true only when women with hysterectomy with preserved ovaries are included. **CONCLUSIONS:** Our study highlights that early menopause and surgical menopause, including hysterectomy with preserved ovaries, impact women's labor market trajectories and suggests that hormone therapy within the early years of the final menstruation may help women remain employed. We advocate for further research on the impact of the timing and type of menopause on women's labor market circumstances and for workplace policies that consider their diverse experiences.

27. Chronic pain prevalence and severity in females before & after menopause versus males in a large multi-center database.

Authors: Ricker, Adam;Farley, Nicole;McClure, Jesse J.;Goudman, Lisa;Berwal, Deepak;Khazen, Olga;Telkes, Ilknur;Hani Abdullah, Umm E.;Wilson, Candy and Pilitsis, Julie G.

Publication Date: Sep 20 ,2025

Journal: Pain Management 1-6

Abstract: AIMS: This observational study aimed to explore the prevalence and severity of chronic pain in menopausal-aged females. **MATERIALS & METHODS:** We identified participants in the NIH-sponsored All of Us database with a diagnosis of chronic pain. We examined the severity of pain based on numeric rating scale score (NRS). Among those with chronic pain, we generated four sub-cohorts: females ≥ 51 years old who were menopausal, females 18-50 years who were considered pre-menopausal, and age matched male cohorts. **RESULTS:** The 53,289 participants were separated into four cohorts by age and sex: females 18-50 (10,269), females ≥ 51 (20,182), males 18-50 (4,989), and males ≥ 51 (17,849). Both older females and older males had lower pain levels than the sex-matched 18-50 group ($p = 51$ had higher pain levels than males ≥ 51 (p **CONCLUSIONS:** We found that independent of sex, NRS scores were lower in older adults compared to younger cohorts. Older women

however had more pain than their male counterparts. These findings have implications for the design of patient-tailored therapeutic treatments and warrant further exploration of physiological and psychosocial causes.; plain-language-summary Chronic pain is a major health concern that affects millions of people and interferes with everyday life. Women often report pain more than men and this may be related to hormones as they age, especially around menopause. In this study, we identified participants in a large, diverse national database with a diagnosis of chronic pain to see how age and menopause affect pain levels. We compared 4 groups: older women who were menopausal, younger women who were pre-menopausal, and men in the same age groups. We found that older adults reported less pain than younger adults. However, older women had higher pain scores than men of the same age. This was true across racial and ethnic groups. This may suggest that hormone changes in women may play a role in how pain levels. Understanding this difference can help create more personalized treatment plans. Language: English

28. Menopausal Hormone Therapy and Cardiovascular Diseases in Women With Vasomotor Symptoms: A Secondary Analysis of the Women's Health Initiative Randomized Clinical Trials.

Authors: Rossouw, Jacques E.;Aragaki, Aaron K.;Manson, JoAnn E.;Szmuiłowicz, Emily D.;Harrington, Laura B.;Johnson, Karen C.;Allison, Matthew;Haring, Bernhard;Saqib, Nazmus;Shadyab, Aladdin H.;Rexrode, Kathryn M.;Liu, Longjian;Mouton, Charles P. and LaCroix, Andrea Z.

Publication Date: 2025

Journal: JAMA Internal Medicine

Abstract: Importance: Identification of appropriate patients for treatment of vasomotor symptoms (VMS) with menopausal hormone therapy (HT) is challenging. **Objective:** To assess risk of cardiovascular disease (CVD) due to HT in women with VMS. **Design, Setting, and Participants:** In this secondary analysis of 2 randomized clinical trials of HT, postmenopausal women aged 50 to 79 years from 40 US clinical centers were included. Data were collected from November 1993 to September 2012, and data were analyzed from December 2024 to May 2025. **Interventions:** Conjugated equine estrogens (CEE), 0.625 mg per day, or CEE with medroxyprogesterone acetate (MPA), 2.5 mg per day, vs placebo. **Main Outcomes and Measures:** Atherosclerotic CVD (ASCVD; defined as composite of nonfatal myocardial infarction, hospitalization for angina, coronary revascularization, ischemic stroke, peripheral arterial disease, carotid artery disease, or CVD death). **Results:** Of 27347 included postmenopausal women, the mean (SD) age was 63.4 (7.2) years; a total of 10739 (39.3%) had a hysterectomy, and 16608 (60.7%) had an intact uterus. The median (IQR) follow-up was 7.2 (6.4-8.1) years and 5.6 (4.8-6.5) years for those in the CEE alone trial and the CEE plus MPA trial, respectively. In the CEE alone trial, moderate or severe VMS were present at baseline in 905 (27.6%), 705 (14.7%), and 220 (8.7%) women aged 50 to 59 years, 60 to 69 years, and 70 to 79 years, respectively; in the CEE plus MPA trial, moderate or severe VMS was present in 1225 (22.4%), 649 (8.7%), and 172 (4.8%), respectively. Among women with moderate or severe VMS at enrollment, 3382 (96.7%) recalled having symptoms near menopause onset. CEE alone reduced VMS by 41% across all age groups (overall relative risk [RR], 0.59; 95% CI, 0.53-0.66). However, in the CEE plus MPA trial, VMS reduction was

attenuated with age (age 50-59 years: RR, 0.41; 95% CI, 0.35-0.48; age 60-69 years: RR, 0.72; 95% CI, 0.61-0.85; age 70-79 years: RR, 1.20; 95% CI, 0.91-1.59; interaction P for trend : Of 27347 included postmenopausal women, the mean (SD) age was 63.4 (7.2) years; a total of 10739 (39.3%) had a hysterectomy, and 16608 (60.7%) had an intact uterus. The median (IQR) follow-up was 7.2 (6.4-8.1) years and 5.6 (4.8-6.5) years for those in the CEE alone trial and the CEE plus MPA trial, respectively. In the CEE alone trial, moderate or severe VMS were present at baseline in 905 (27.6%), 705 (14.7%), and 220 (8.7%) women aged 50 to 59 years, 60 to 69 years, and 70 to 79 years, respectively; in the CEE plus MPA trial, moderate or severe VMS was present in 1225 (22.4%), 649 (8.7%), and 172 (4.8%), respectively. Among women with moderate or severe VMS at enrollment, 3382 (96.7%) recalled having symptoms near menopause onset. CEE alone reduced VMS by 41% across all age groups (overall relative risk [RR], 0.59; 95% CI, 0.53-0.66). However, in the CEE plus MPA trial, VMS reduction was attenuated with age (age 50-59 years: RR, 0.41; 95% CI, 0.35-0.48; age 60-69 years: RR, 0.72; 95% CI, 0.61-0.85; age 70-79 years: RR, 1.20; 95% CI, 0.91-1.59; interaction P for trend **Conclusions and Relevance:** In this secondary analysis of 2 randomized clinical trials, among younger postmenopausal women aged 50 to 59 years, both CEE alone and CEE plus MPA reduced VMS without significantly affecting ASCVD risk. In women with VMS 70 years and older, risks for ASCVD were increased in both trials. The findings support guideline recommendations for treatment of VMS with HT in women aged 50 to 59 years, caution if initiating HT in women aged 60 to 69 years, and avoidance of HT in women 70 years and older. **Trial Registration:** ClinicalTrials.gov Identifier: NCT00000611.

29. Use of radiofrequency ablation of the vaginal canal for genitourinary syndrome of menopause: A prospective cohort study with 12-month follow-up.

Authors: Rothenberger R.W.;Kopinga E.;Dell J.;Moore R.D.;Miklos J.R. and Karram, M.

Publication Date: 2025

Journal: Menopause 32(9), pp. 858–863

Abstract: Objectives: To determine the 12-month efficacy of radiofrequency ablation of the vaginal canal in reducing the symptoms of genitourinary syndrome of menopause (GSM). Method(s): We conducted a multicenter prospective case series of women with GSM as confirmed by Vaginal Health Index Score (VHIS). Participants received three treatments of radiofrequency ablation 4 weeks apart with follow-up to 12 months posttreatment. The primary endpoint was VHIS at 6 months post-treatment. Secondary endpoints included visual analog scale (VAS) pain score with procedures; provider ease of use; VHIS at 3 and 12 months; Urogenital Distress Inventory-6 (UDI-6); Female Sexual Function Index (FSFI); 12-Item Short Form Health Survey (SF-12); Patient Global Impression of Improvement (PGI-I) scale; and VAS scores associated with overall genitourinary pain, vaginal burning, dysuria, dyspareunia, and pruritis at 3, 6, and 12 months were also collected. Result(s): From 2021 to 2024, 25 participants were enrolled, with 21-23 participants included in the various analyses due to missing data. Treatments were found to be high in ease of use and low in VAS pain score. An improvement in VHIS score was seen from baseline to 3 months after the last treatment (11.7+/-1.7 vs. 17.4+/-3.5, P<0.001) with continued significant positive association between treatment and improvement with respect to baseline at 6 and 12 months (18.0+/-3.3, P<0.001 and 18.8+/-3.1, P<0.001). Significant positive associations

between treatment and improvement in UDI-6 to 12 months post-treatment and in FSFI to 6 months post-treatment were seen. FSFI returned to baseline by 12 months. No adverse events were encountered by any participant during this study.

Conclusion(s): This study suggests that radiofrequency ablation of the vaginal canal by the MorpheusV applicator is a safe and effective intervention for GSM to 12 months post-treatment.

30. Results of a patient survey exploring skin symptoms in a menopause clinic.

Authors: Salih H.;Schaedel Z.;Hum O. and DeGiovanni, C.

Publication Date: 2025

Journal: Post Reproductive Health 31(3), pp. 159–161

Abstract: Background: The menopause leads to a reduction in circulating estrogen and progesterone levels, which trigger physiological changes in women. This includes cutaneous changes where these hormonal receptors are present and potential deterioration of previously diagnosed dermatoses. We suspect that the prevalence of skin, hair, vulval and oral symptoms experienced during the menopausal time may be underestimated and may not be considered associated with the menopause in presenting patients.

Method(s): A survey was conducted to investigate the dermatological symptoms experienced by women attending a menopause clinic. The Dermatology Life Quality Index (DLQI) was also recorded for each patient.

Result(s): A high prevalence of skin, hair, vulval and oral symptoms was reported by participants, and these symptoms appear to have an impact on quality of life.

Conclusion(s): These findings highlight the need for research into the management of these symptoms, including the role of hormone replacement therapy amongst other treatment modalities.

31. Microablative and non-ablative laser and radiofrequency treatment of genitourinary syndrome of menopause: A randomised controlled trial with four different energies.

Authors: Slongo, Helena;Henriques, Dulce C. P.;Ongaratto, Alexandra P. N.;Machado, Helymar C.;Triglia, Renata M. and Juliato, Cassia R. T.

Publication Date: Sep 25 ,2025

Journal: Maturitas 202, pp. 108737

Abstract: OBJECTIVE: This study compared the effects of four different types of energy treatments on women with genitourinary syndrome of menopause. **MATERIAL AND METHODS:** Four-arm single-blind randomised clinical trial, with 48 postmenopausal women with genitourinary syndrome of menopause. Participants were randomised into four groups: Group 1 received sessions of non-ablative Er:YAG laser; Group 2 received sessions of microablative CO2 laser; Group 3 underwent sessions of non-ablative radiofrequency; and Group 4 received sessions of fractional microablative radiofrequency. The primary outcome was the assessment of symptoms of genitourinary syndrome of menopause correlated with

vaginal histological analysis at baseline and 1 month after the end of treatment. Secondary outcomes included sexual function and urinary symptoms, treatment satisfaction and major adverse events. **RESULTS:** All treatment modalities demonstrated significant improvement in dryness ($p < 0.001$) and dyspareunia ($p < 0.001$) measured by visual analogue scales and in vaginal symptoms assessed with the International Consultation on Incontinence Questionnaire-Vaginal Symptoms ($p < 0.001$), with no significant differences between groups. All treatment energies resulted in significant increases in tissue thickness ($p < 0.001$), layer number ($p < 0.001$), and collagen quantity and depth ($p < 0.001$), with no significant difference among the groups. **CONCLUSIONS:** Both microablative and non-ablative energies, whether utilizing laser or radiofrequency, are effective treatments for the symptoms of genitourinary syndrome of menopause, with histological correlations observed and no notable differences in efficacy between modalities. **CLINICAL TRIAL REGISTRATION:** Registered in REBEC (Registro Brasileiro de Ensaios Clínicos; Brazilian Registry of Clinical Trials). Trial registration number RBR-5vw3vpg. The protocol can be accessed at <https://ensaiosclinicos.gov.br/rg/RBR-5vw3vpg>. Copyright © 2025. Published by Elsevier B.V.

32. Endometrial Biopsy Versus No Endometrial Biopsy with a Normal-Appearing Cavity During In-office Hysteroscopy for Postmenopausal Bleeding: A Randomized Controlled Trial.

Authors: Tunney D.E.;Yambasu D.S.;Gyawali D.I.;Gaughan D.E.;O'Dwyer D.V.;Harrity D.C.;Reidy D.F.;Ahmed D.R.;Molphy D.Z.;Asandei D.;Salameh D.F. and Burke, D. N.

Publication Date: 2025

Journal: Journal of Minimally Invasive Gynecology 32(10), pp. 914–920

Abstract: Study Objective: The objective of this study was to evaluate pain scores in patients with postmenopausal bleeding (PMB) and an atrophic cavity who underwent an endometrial biopsy compared to those who did not at office hysteroscopy.

Design(s): Single-center, single-blinded randomized control trial. The trial was registered prospectively (ClinicalTrials.gov ID NCT05378152).

Setting(s): The office hysteroscopy service in an academic and tertiary referral hospital in Dublin, Ireland.

Patient(s): Women with PMB who attended an office hysteroscopy and had an atrophic cavity on a hysteroscopic evaluation were included. A sample size of 76 was determined to show a 2-point difference in pain scores (Visual Analog Scale [VAS]), assuming 90% statistical power and a 5% level of significance.

Intervention(s): Women were randomized to either endometrial biopsy (group 1) or a sham procedure (group 2). The primary outcome was to compare pain scores after the intervention using a 100 mm VAS. Secondary outcomes included differences in follow-up patterns between groups.

Measurements and Main Results: A total of 169 women with PMB were recruited over an 18-month period; 87 were excluded on the basis of hysteroscopic findings during the procedure. There were 44 patients in group 1 (biopsy) and 38 patients in group 2 (sham). A significant difference in pain scores after the intervention was noted with a mean VAS score of 54 mm (± 3 mm) in group 1 and 30 mm (± 5 mm) in group 2 ($p < .0001$). There was no significant

difference noted in follow-up patterns between either group.

Conclusion(s): The performance of routine endometrial biopsy after a normal hysteroscopy with atrophic findings, in women referred with PMB, has been shown to result in higher pain scores. Further studies are needed to consider the role of endometrial biopsy in this context.
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33. Tales from the photovoice clinic: Menopause experiences of Black and Chinese women in the United Kingdom.

Authors: Waigwa S.;Briggs P.;Pickard S.;Amini E. and Wilkinson, J.

Publication Date: 2025

Journal: Post Reproductive Health 31(2 Special Issue: Nutritioand Menopause) (pp 132-139), pp. Date of Publication: June 2025

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.

Method(s): 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.

Result(s): 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.

34. Conceptualizing Black Feminist Womanist Gerontology: Applying a Critical Framework for Research on Black Women in Menopause.

Authors: Wallace, Brandy Harris;Baker, Tamara A. and Ford, Cassandra

Publication Date: 2025

Journal: Gerontologist

Abstract: Recent scholarship has questioned the lack of culturally responsive, theory-guided research addressing the connections between aging, minority communities, and what is needed to advance health equity. Models that utilize traditional theories of aging often do not

account for cultural context that undergirds the aging experience, and this is especially the case for older Black women. To understand the ways in which Black women thrive, we must consider various approaches that define their well-being. Dichotomizing aging into concrete categories as healthy/unhealthy may unintentionally isolate this group where aging successfully presents as a contradiction, thus perpetuating further marginalization. It is important that scholarship and intervention projects reflect cultural humility in dissemination. Therefore, we propose Black-Feminist-Womanist Gerontology, a curation of thought that creates a foundation by which Black women survive, live, and age, despite the 'gold standard' of aging being dominated by white ethnocentric context that pathologizes older Black women's lived experiences. In this forum article, we summarize the principles of Black Feminist-Womanist Gerontology, a culturally relevant model for studying Black women's health as they age. Factors of the model and recommendations of its use will be discussed and applied to the study of Black women in menopause.

35. Effects of different physical activity interventions on depressive symptoms in menopausal women: a systematic review and network meta-analysis.

Authors: Wang H.;Li S.;Zhang X.;Zhu Y.;Huang Q.;Guo K.L. and Li, D.

Publication Date: 2025

Journal: BMC Public Health 25(1) (pagination), pp. Article Number: 3088. Date of Publication: December 2025

Abstract: Background: Depression in peri- and post-menopausal women burdens families and health systems. Physical activity is recognized as a complementary therapy for menopausal depressive symptoms, but prior studies lack direct comparisons of intervention types. This network meta-analysis fills this gap by evaluating multiple physical activity modalities via direct and indirect comparisons, establishing an evidence-based hierarchy to guide clinical decisions and provide actionable guidance for managing depression in these women.

Method(s): A systematic search across four databases (PubMed, Cochrane Library, Embase, Web of Science) identified randomized controlled trials (RCTs) on physical activity for depression in peri- and post-menopausal women. Search timeframe: database inception to April 2025. Two independent researchers selected studies, extracted data, and assessed quality via the Cochrane Risk of Bias Tool. We conducted frequentist network meta-analyses (Stata/SE 15.1) integrated direct and indirect evidence. Surface Under the Cumulative Ranking Curve (SUCRA) ranked interventions by efficacy probabilistically, with higher values indicating superior outcomes.

Result(s): Twenty-three RCTs were ultimately included in the meta-analytical synthesis. The results demonstrated superior therapeutic efficacy of aerobic exercise in alleviating depressive symptoms among peri-and post-menopausal women (SUCRA = 78.7%), closely followed by multi mode motion (SUCRA = 78.1%). Stretching exercise and mind-body exercises also achieved clinically meaningful improvements, with respective SUCRA values of 72.6% and 45.4%.

Conclusion(s): Our findings show aerobic exercise, multimodal motion, and stretching best reduce depressive symptoms in peri- and post-menopausal women. Clinicians should prioritize aerobic exercise; multi modal motion programs (combining aerobic and stretching) may boost adherence for those seeking variety. Despite physical activity's proven antidepressant effects,

key challenges include developing theory-based strategies to support long-term adherence, especially amid menopausal physiological changes that hinder consistent exercise. Trial registration: This study has been registered on PROSPERO (CRD420251026378).

36. Effectiveness of nonpharmacological interventions for menopause-related insomnia: A systematic review and Bayesian network meta-analysis.

Authors: Wang Z.;Yang H.;Li S.;Cheng L.;Yuan Y.;Bai Y.;Su J.;Li Y.;Wang T. and Xu, Z.

Publication Date: 2025

Journal: Maturitas 202(pagination), pp. Article Number: 108713. Date of Publication: November 2025

Abstract: Background: Nonpharmacological therapies are widely used to improve the sleep quality of menopausal women experiencing insomnia. It is necessary to clarify which of the nonpharmacological therapies studied in randomized controlled trials are most effective and comprehensively evaluate their impacts.

Method(s): We conducted a systematic search across PubMed, Embase, the Cochrane Central Register of Controlled Trials, and the Web of Science from their inception until May 25, 2025. To analyze and visualize our results, we utilized the "BUGSnet" and "JAGS" packages within the R statistical software. Employing a random-effects model, we calculated effect sizes as mean differences (MD) for continuous outcomes. Furthermore, we performed a quality assessment of our study using the RoB2 tool.

Result(s): Out of 1925 studies screened, 44 were included in the final analysis. The findings revealed that, compared with a control condition, relaxation, cognitive behavioral therapy, mindfulness, aromatherapy, acupuncture, massage, yoga and exercise all significantly improved sleep quality. The MD values ranged from -5.61 (95 % CrI: -8.70 to -2.50) for mindfulness to -2.40 (95 % CrI: -4.19 to -0.62) for exercise. Mindfulness was also the most effective based on SUCRA.

Conclusion(s): Relaxation, cognitive behavioral therapy, mindfulness, aromatherapy, acupuncture, massage, yoga and exercise all significantly improve sleep quality and mindfulness is the most effective.

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37. Does exercising during peri- or early post-menopause prevent bone and muscle loss: A systematic review

Authors: Whitman, Patrick W.;Alexander, Christina J.;Kaluta, Leah;Burt, Lauren A. and Gabel, Leigh

Publication Date: Sep 16 ,2025

Journal: Bone 201, pp. 117650

Abstract: INTRODUCTION: The highest rate of bone and muscle loss occurs during the menopause transition. Yet, most clinical exercise trials have excluded peri- and early post-menopausal female participants. This systematic review aimed to determine (1) the effects of

exercise on bone and muscle health during the menopause transition; and (2) which types of exercise are most effective for preventing bone and muscle mass loss during the menopause transition. **METHODS:** Articles were retrieved from five electronic databases (MEDLINE, Embase, CENTRAL, CINAHL, and SPORTDiscus). Inclusion criteria included: (1) randomized controlled trial (RCT); (2) 45-to 60-year-old and peri- or early post-menopausal females; (3) reported bone mineral density (BMD) or lean mass. **RESULTS:** Six studies met inclusion criteria; two evaluated peri-menopausal and four investigated early post-menopausal female participants. All studies had low quality of evidence, and high risk of bias. Strength training, endurance training, and Tai Chi did not improve areal BMD (aBMD) or lean mass during peri-menopause. Strength training and walking benefited total body, hip, spine, femoral neck, and trochanter aBMD and lean mass during early post-menopause. When grouped by exercise type, strength training improved aBMD at all sites but not all strength training studies showed improvements in lean mass. Walking improved total hip aBMD only. **CONCLUSION:** Due to the limited number of studies and variety of interventions, it remains inconclusive which training method is optimal to prevent bone and muscle loss during the menopause transition. Future strength training RCTs should include longer duration interventions that compare effects between peri- and early post-menopausal female participants. Copyright © 2025 The Authors. Published by Elsevier Inc. All rights reserved.

38. The impact of the emotional freedom technique on sleep quality and overall quality of life in postmenopausal women - A randomized controlled trial.

Authors: Yazar, Merve;Unal, Esra and Bayir, Berna

Publication Date: Sep 16 ,2025

Journal: Health Care for Women International 1-20

Abstract: Managing sleep quality in postmenopausal women is important in terms of improving quality of life. In this study the authors aimed to assess the impact of the Emotional Freedom Technique (EFT) on sleep quality and overall quality of life in postmenopausal women. Participants were randomly assigned to the intervention group ($n = 29$) or the control group ($n = 29$). Post-intervention analysis revealed increased Subjective Units of Experience Scale and Menopause-Specific Quality of Life Questionnaire scores in the intervention group. However, no significant differences were found in overall Pittsburgh Sleep Quality Index scores. Our findings suggest that a 4-week EFT intervention did not significantly enhance overall sleep quality but notably improved subjective sleep quality, sleep latency, sleep duration, sleep disturbances, daytime dysfunction, menopause-specific quality of life and emotional well-being in postmenopausal women. EFT is recommended as a nonpharmacological approach for nurses applicable to clinical and public health settings.

In the news

'Marginalised and menopausal' women given spotlight

Jenny Rees, 10 October 2025, *BBC News*

"When the menopause enlightenment happened, non-white women were still not part of the conversation," says Bami Adenipekun.

The 49-year-old equity consultant said she considers her brain now to be "more fantastic than it's ever been" and celebrates her "most powerful season".

But she said it took her a long time to realise symptoms such as memory issues were due to the menopause, following cancer treatment in her mid-30s.

While research is limited, studies have shown women from ethnic minority backgrounds experience menopause differently to white women - and this will be explored at a "marginalised and menopausal" event in Cardiff later this month.

<https://www.bbc.co.uk/news/articles/c0ezv14r2pxo>

The menopause: is psychology doing enough?

Jennifer Gledhill, 7 October 2025, *The Psychologist (British Psychological Society)*

"We may be talking a lot about the menopause, but, asks Deputy Editor Jennifer Gledhill, can psychologists offer more support during this transitional time?"

<https://www.bps.org.uk/psychologist/menopause-psychology-doing-enough>

Beyond the Hype: Reclaiming Menopause with Evidence, Equity, and Empathy

Claire Mann, Neelam Heera and Nina Kuypers, 5 October 2025, *BMJ Evidence-Based Nursing Blog*

"This blog marks the first in a series designed to shine a spotlight on the topic of menopause throughout October and in view of World Menopause Awareness day on 18th October 2025. [...] Welcome to our blog – a conversation between us about evidence related to menopause and health inequalities relevant for nurses in practice today."

<https://blogs.bmj.com/ebn/2025/10/05/beyond-the-hype-reclaiming-menopause-with-evidence-equity-and-empathy/>

Menopause Exchange Newsletter

Issue 105 Summer 2025

- Coming off HRT
- Insomnia at the menopause
- All about diabetes
- Skincare ingredients for the menopause

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

Sources used:

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