Royal United Hospitals Bath
NHS Foundation Trust

Menopause

Current Awareness Bulletin

November 2025

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

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New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.

  Next sessions: 2nd December 2025 @ 12pm, 22nd January 2026 @ 2pm and 13th February 2026 @ 3pm

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.

  Next sessions: 3rd December 2025 @ 11am, 16th January 2026 @ 10am and 2nd February 2026 @ 11am

- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

  Next sessions: 9th December 2025 @ 1pm, 7th January 2026 @ 2pm and 19th February 2026 @ 3pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

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. **Genitourinary Syndrome of Menopause (GSM)**

Authors: British Menopause Society

Publication Date: 2025

Abstract: This BMS Consensus Statement provides guidance on Genitourinary Syndrome of Menopause (GSM), a chronic and progressive condition due to estrogen deficiency, most commonly associated with the menopause. There is a potential negative impact on all urogenital tissue quality including the vulva, vagina, bladder and urethra. Symptoms may

not become apparent for several years after the menopause and therefore any association is lost, with women accepting symptoms as a normal part of the aging process. There may be reluctance to discuss symptoms with a clinician, and this is likely to be linked with under diagnosis and under treatment. GSM has been described as a silent epidemic with lack of awareness affecting an accurate diagnosis and access to treatment. Whilst vaginal estrogen (also referred to as local estrogen) therapy is the best-known treatment, newer drugs and interventions are now available.

Read online at https://thebms.org.uk/wp-content/uploads/2025/11/09-NEW-BMS-ConsensusStatement-Genitourinary-Syndrome-of-Menopause-GSM-NOV2025-A.pdf

Research

1. **Mechanistic pathways of estrogen mitigating postmenopausal gut dysbiosis.**

Authors: Chaudhary R.;Bansal N.;Sharma S.;Rohilla M.;Chauhan S.;Gupta S. and Bansal, S.

Publication Date: 2026

Journal: Molecular Biology Reports 53(1) (pagination), pp. Article Number: 45. Date of Publication: 01 Dec 2026

Abstract: Estrogen is classically considered an essential hormone signal and exerts profound effects on several physiological and pathological states, including gut health. Estrogen deficiency after menopause in most women leads to increased androgenicity and changes in body composition. It is recommended to manipulate the composition of gut bacteria, which alters gut integrity and hence leads to gut microbiota (GM) dysbiosis. Normally, the gut maintains its epithelial microvilli integrity with the help of intestinal barriers, such as tight junction (TJ) proteins (claudin, occludin, and epithelial cadherin), short-chain fatty acids (SCFAs) (acetic acid, propionic acid, isobutyric acid, formic acid, and butyric acid), and mucin. Estrogen influences the bacteria present in the gut. It appears to safeguard the integrity of the gut by inhibiting the breakdown of SCFAs, TJ proteins, and mucin. This protective mechanism serves to prevent the onset of dysbiosis. The estrobolome specialises in the processing of estrogen, playing a pivotal role in regulating estrogen metabolism within the gut. This imbalance is intricately linked to alterations in the estrobolome and endobolome, thereby influencing estrogen metabolism and availability. The estrogen deficiency and associated expressions of TJ proteins, SCFAs, and mucin advance the progression of postmenopausal-induced gynaecological disorders. However, the alterations in the composition and diversity of GM observed during menopause emphasize the pivotal role of estrogen in shaping the gut environment. Estrogen intricately regulates the estrobolome, TJ proteins, mucin, and SCFAs. Via this review, we have tried our best to enlighten on the detailed mechanisms showing the crosslink between estrogen and gut health.

2. **Unveiling the link between menopausal age and cognitive decline in Chinese women: The role of depressive symptoms.**

Authors: Chen, Fei;Wang, Yangyang;Kong, Chuiran;Huang, Jing;Ye, Suni;Song, Linyang;Xia, Honghong and Qiu, Peiyuan

Publication Date: Jan 15 ,2026

Journal: Journal of Affective Disorders 393(Pt B), pp. 120444

Abstract: OBJECTIVES: Previous studies on the relationship between menopausal age and cognitive function have reported inconsistent findings. We aim to investigate the impact of menopausal age on cognitive function in Chinese women, and whether depressive symptoms partially mediate this relationship. **METHOD**: Postmenopausal women from the China Health and Retirement Longitudinal Study (CHARLS) were included. Cognitive function was evaluated using the Telephone Interview for Cognitive Status (TICS) and depressive symptoms were assessed using the Center for Epidemiological Studies Depression (CES-D) scale in all waves. We examine the association between menopausal age and cognitive function using linear mixed-effects model (LMM) and further estimate the mediating role of depressive symptoms on this relationship. **RESULTS**: A total of 7768 postmenopausal women were included, with the median follow-up time of 7.17 years (ranges from 2 to 9 years). Overall, 5.9 % of the participants experienced menopause before age 40, 12.4 % experienced menopause between 41 and 45, and 81.7 % experienced menopause after age 46. The results showed that premature menopausal age (: A total of 7768 postmenopausal women were included, with the median follow-up time of 7.17 years (ranges from 2 to 9 years). Overall, 5.9 % of the participants experienced menopause before age 40, 12.4 % experienced menopause between 41 and 45, and 81.7 % experienced menopause after age 46. The results showed that premature menopausal age (**DISCUSSION**: We found that both premature and early menopause were associated with poorer average cognitive function in Chinese postmenopausal women. Additionally, depressive symptoms partially mediated this relationship.

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

Authors: Nathan, Margo D.;Bondy, Erin;Prim, Julianna;Gibson, Kathryn;Rubinow, David R.;Meltzer-Brody, Samantha;Schiff, Lauren D.;Carey, Erin T. and Schiller, Crystal Edler

Publication Date: Jan 01 ,2026

Journal: Journal of Affective Disorders 392, pp. 120219

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. **METHODS**: 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. **RESULTS**: 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. **LIMITATIONS**: Limited sample and homogeneity in racial and ethnic distribution. **CONCLUSIONS**: 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.

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4. **Identifying the content, capabilities, and design features of a mobile-based cognitive behavioral therapy intervention for managing menopausal symptoms.**

Authors: Pourshahrokhi N.;Hunter M.;Farokhzadian J. and Ahmadian, L.

Publication Date: 2026

Journal: International Journal of Medical Informatics 206(pagination), pp. Article Number: 106163. Date of Publication: February 2026

Abstract: Background and objective: The lack of alignment between a mobile application and the needs of end users, as the first step in the design and development process of a mobile application, can lead to its rejection. Therefore, this study was conducted to determine the design requirements for a mobile-based cognitive behavioral therapy (CBT) application for managing menopausal symptoms.
Method(s): A qualitative study was conducted with twenty-five female participants, comprising health professionals and menopausal women. Data were collected through semi-structured interviews and analyzed using the content analysis method proposed by Lundman and Graneheim. Lincoln and Guba's criteria were applied to ensure the reliability of the data.
Result(s): Three main themes emerged from the interviews: (i) mobile application content, (ii) mobile application capabilities, and (iii) the design features of the mobile application. Twelve categories and 52 subcategories were also identified. The content of the mobile application included the need for credible scientific information about menopause, education on the principles and techniques of CBT, and recommendations for motivation and morale boosting for users. Initial health assessments to identify symptoms, daily symptom tracking, personalized planning, communication, counseling and support, visual reports for monitoring changes, reminders, and customizable notifications were determined as necessary capabilities. Participants' recommendations for the structure and user interface of the mobile application, included information presentation, security, and privacy as essential characteristics of the mobile application.

Conclusion(s): This study identified key information for developing a mobile-based CBT program for managing menopausal symptoms. It also offers insights into the required functionalities when implementing mobile-based interventions.

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5. **Understanding the challenges of using digital health technologies for menopause information.**

Authors: Sillence E.;Osborne A.K.;Claisse C. and Durrant, A. C.

Publication Date: 2026

Journal: Patient Education and Counseling 142(pagination), pp. Article Number: 109375. Date of Publication: January 2026

Abstract: Objectives: Many women feel underprepared for the menopause and a lack of knowledge can impact on menopause experiences. Digital health technologies (DHT) are a popular way of enabling access to information on women's health topics including menopause and, while studies have suggested a number of positive outcomes from their use, there is limited research on the challenges that women face when using these resources.
Method(s): Sixteen women who identified as going through the menopause engaged with digital sources of menopause information (websites, podcasts and online groups) over a number of weeks recording their thoughts and experiences before taking part in an in person focus group. A thematic analysis of the data focused on the overarching challenges women faced in using DHTs for menopause information.
Result(s): Individuals see the benefit in using DHTs for menopause information although a number of key challenges were identified. These were captured in four themes: 'Information is overwhelming', 'the individual nature of menopause', 'evaluation of resources is complex' and 'digital resources are only part of the picture'. Conflicting information around menopause and the wide range of content creators can exacerbate difficulties in evaluating resources and the individual nature of menopause is not always well represented in digital resources.
Conclusion(s): Women still need more comprehensive menopause information that incorporates but is not solely digital in nature. Future research should consider how best to support women's evaluation of resources and their lifelong learning about menopause.
Practice implications: Healthcare professionals (HCPs) remain women's preferred source of information about menopause and should ensure the individual nature of menopause remains at the fore front of discussions. HCPs should be aware of the variety of digital resources available and to signpost such resources appropriately to women.

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6. **The effect of leisure-time physical activities on bone mineral density in postmenopausal women: Systematic review and meta-analysis.**

Authors: Siyahtas A.;Sayin E.U. and Kurnaz, D.

Publication Date: 2026

Journal: Archives of Gerontology and Geriatrics 140(pagination), pp. Article Number: 106054.

Date of Publication: 01 Jan 2026

Abstract: The aim of this systematic review and meta-analysis was to evaluate the impact of leisure-time physical activity (LTPA) on bone mineral density (BMD) in postmenopausal women. The protocol was developed according to PRISMA guidelines and registered in PROSPERO. Searches were conducted from January to February 2025 across PubMed, The Cochrane Library, EBSCO, Web of Science, PsycINFO, Scopus, National Thesis Center, TR Index, and Turkiye Clinics search engines. The methodological quality of the studies was assessed using the RoB-2 tool. Data were pooled through meta-analysis, and certainty of evidence was appraised using GRADE. 13 findings of 12 studies with a total sample size of 9836 were included in the meta-analysis. BMD across multiple anatomical sites remained stable in intervention groups, but declined in controls, although differences were not statistically significant ($p > 0.05$). Subgroup analyses suggested varying effectiveness by activity type, ranking them as follows: Structured physical activity modalities > Tai Chi > Pilates = Handball > Step/Dance. Intervention duration appeared most favorable at 6 months, followed by 3, 12, and 9 months. LTPA does not significantly increase BMD overall in postmenopausal women, yet may help maintain bone mass and exert localized benefits depending on activity type and duration. These findings underscore the potential role of structured exercise in mitigating age-related bone loss, although further high-quality trials are warranted.

In the news

Major NHS update brings menopause into routine health checks

GOV.UK press release, 23 October 2025

- New government drive to make menopause advice a part of free health checks will help millions of women get the care they need
- Menopause questions and help to be included in routine NHS health checks for the first time nationally, raising awareness of symptoms and giving women the confidence to seek help
- Marks major shift in women's healthcare as government overhauls outdated systems as part of mission to build an NHS fit for the future

https://www.gov.uk/government/news/major-nhs-update-brings-menopause-into-routine-health-checks

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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