

Menopause

Current Awareness Bulletin

June 2026

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helen.clemow@nhs.net

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Research

1. Menopause and hospital admission with major mental health conditions: A population-based study.

Authors: Atchison, Michelle;Loi, Samantha M.;Reutens, Sharon;Wilkes, Fiona A.;Looi, Jeffrey Cl and Robson, Stephen J.

Publication Date: Jun 01 ,2026

Journal: Australasian Psychiatry

Abstract: Objective To achieve a better understanding of whether menopause has an observable effect on major mental health conditions in midlife for women, we set out to examine population-level effects. We used national data to determine whether hospital admissions for women with severe mental health conditions were affected at the time of menopause. Method We accessed data on hospital separations and admitted days for the financial year 2022-2023, from the Australian Institute of Health and Welfare (AIHW). We descriptively graphed the data by age for people against hospital separations per 1000 population or admitted days per 1000 population. Results Hospital separation rates and admissions for women with major depression and bipolar disorder show peri- and post-menopausal increases, and are relatively higher than for men of the same age, while women with schizophrenia show a peak in the perimenopausal period. Conclusions We have found detectable trends in hospital admissions and admitted days for peri- and post-menopausal women with bipolar disorder and depression that differ in trajectory from men. Further lifespan research is recommended to see if these are longitudinal trends across different age cohorts.

2. Pharmacological and non-pharmacological treatments for chronic insomnia in perimenopausal and postmenopausal women: a systematic review and meta-analysis

Authors: Bruyneel, Marie; Rozenberg, Serge; Sanida, Christina; Demaeyer, Nathalie; Castermans, Emilie and Bruyneel, Anne-Violette

Publication Date: May 30 ,2026

Journal: Sleep Medicine 146, pp. 109040

Abstract: INTRODUCTION: Chronic insomnia is highly prevalent during menopause, with or without vasomotor symptoms, and is associated with significantly impaired quality of life, impaired cognitive functioning, mood disturbances, and increased cardiovascular risk. This systematic review assessed the effectiveness of pharmacological and non-pharmacological treatments (acupuncture, yoga, massage) versus placebo or no treatment for chronic insomnia in peri- and postmenopausal women. The secondary aim was to establish the most effective treatment (pharmacological or non-pharmacological) for menopausal-associated chronic insomnia. **METHODS:** We performed data extraction from PubMed/Medline, EMBASE and CINAHL to include only randomized controlled trials in adult peri-menopausal or menopausal women with chronic insomnia, comparing a pharmacological treatment or a non-pharmacological intervention with placebo, passive control, or active control. The primary outcome was sleep quality, assessed by Pittsburgh sleep quality index (PSQI), insomnia severity index (ISI), or total sleep time (TST). **RESULTS:** Out of 80 identified studies, 24 were included in the qualitative synthesis and 17 in the meta-analysis. Methodological quality was generally good to excellent (mean PEDro score 8.66/10). The meta-analysis showed a significant effect of non-pharmacological treatment on PSQI and ISI, while pharmacological treatments were only effective on PSQI. Neither objective nor subjective TST was modified by the treatments. **CONCLUSION:** Despite several limitations, nonpharmacological interventions, particularly cognitive behavioral therapy for insomnia and techniques reducing sympathetic hyperarousal (acupuncture, yoga, massage), seem to be the most robust first-line options for peri- and postmenopausal women suffering from chronic insomnia, whereas pharmacological

treatments still require longer and better designed studies to establish their long-term efficacy and safety.

3. Fractional CO₂ laser monotherapy versus combination therapy with vaginal oestrogen for genitourinary syndrome of menopause: A prospective observational cohort study conducted over two years.

Authors: Da Silva, Ana Sofia and Taylor, A. Alexander

Publication Date: May 08 ,2026

Journal: Maturitas 210, pp. 108966

Abstract: OBJECTIVE: To prospectively evaluate symptom outcomes following micro-ablative fractional carbon dioxide laser therapy for genitourinary syndrome of menopause, and to explore whether concomitant use of topical vaginal oestrogen is associated with additional improvement. **DESIGN:** Postmenopausal women presenting with symptoms consistent with genitourinary syndrome of menopause were enrolled in a prospective observational cohort study undertaken in routine clinical practice over a two-year period. Participants received fractional carbon dioxide laser therapy either alone or alongside topical vaginal oestrogen. Symptom severity was recorded at baseline and reassessed four weeks after completion of the treatment course using a ten-point visual analogue scale across six symptom domains. **RESULTS:** Seventy-two participants were included (mean age 61 years). Significant improvements were observed across all symptom domains following laser therapy. Painful sexual intercourse demonstrated the greatest reduction, with scores improving from 5.67 to 2.33 ($p < 0.001$). Vaginal dryness, burning, itching, pain, and dysuria also improved significantly ($p < 0.001$). Participants using concomitant topical vaginal oestrogen showed slightly greater improvements in dryness and dyspareunia, although these differences were not statistically significant. **CONCLUSION:** Fractional carbon dioxide laser therapy was associated with significant symptom improvement at short-term follow-up after treatment completion in this clinical cohort. No statistically significant additional benefit was observed with concomitant topical vaginal oestrogen, although confounding by indication cannot be excluded and the study had limited power. Larger randomised sham-controlled trials with longer follow-up are required to determine comparative efficacy and durability of response.

4. Two-Year Real-World Outcomes in Women with Genitourinary Syndrome of Menopause Following Fractional CO₂ Laser Treatment.

Authors: Dogruel, Telal;Kadirogullari, Pinar;Dogruel, Hikmet Can;Dogan, Umran Karabulut;Comert, Erhan Huseyin and Dogan, Ozan

Publication Date: 2026

Journal: International Urogynecology Journal

Abstract: INTRODUCTION AND HYPOTHESIS: To evaluate the short- and long-term clinical outcomes of fractional CO₂ laser therapy in postmenopausal women with genitourinary syndrome of menopause (GSM), including durability of symptom control and the need for

booster sessions. **METHODS:** This retrospective single-center study included 126 postmenopausal women with GSM who underwent a standardized three-session fractional CO₂ laser protocol. Booster sessions were applied in cases of symptom recurrence. Outcomes were assessed at baseline, 4-6 weeks, 1 year, and 2 years using validated instruments: Patient Satisfaction Score, Michigan Incontinence Severity Index (MISI), Female Sexual Function Index (FSFI) and its subdomains, Vulvovaginal Symptoms Questionnaire (VSQ), and Female Genital Self-Image Scale (FGSIS). **RESULTS:** Significant improvement was observed in all outcome measures at 4–6 weeks, including GSM-related symptoms, sexual function, and genital self-image (all $p < 0.0001$). These benefits were largely sustained at 1 year. Although a slight decline was noted at 2 years, scores remained significantly improved compared to baseline. For example, FSFI lubrication scores improved from 2.97 ± 0.55 at baseline to 4.54 ± 0.49 at 1 year, and both VSQ and FGSIS demonstrated persistent gains at 2 years. Satisfaction scores continued to increase over time. Post hoc analyses confirmed significant differences across all evaluation time points. **CONCLUSION:** Fractional CO₂ laser therapy provides clinically meaningful and durable improvement in GSM-related symptoms in postmenopausal women. While some decline may occur over time, benefits remain superior to baseline, and booster sessions may support long-term maintenance. Fractional CO₂ laser may represent a nonhormonal, symptom-oriented option for carefully selected patients with GSM; however, it should not be considered first-line therapy, and prospective controlled studies are needed to further define long-term efficacy and patient selection.

5. Social Media and Supplements for Menopausal Symptoms: A Content Analysis.

Authors: Eubanks, Allison A. and Shvartsman, Katerina

Publication Date: 2026

Journal: BJOG: An International Journal of Obstetrics & Gynaecology

Abstract: **OBJECTIVE:** To evaluate the role of social media in promoting menopause-related supplements and assess the evidence supporting their efficacy and safety. **DESIGN:** Observational content analysis. **SETTING:** Public Instagram posts using menopause-related hashtags. **POPULATION OR SAMPLE:** A dataset of 1000 Instagram posts retrieved using 10 menopause-related hashtags. **METHODS:** Using a newly created Instagram account, we reviewed the top 100 posts from each of the 10 most popular menopause hashtags. Posts advertising branded oral supplements were categorized by poster type and message intent. The 20 most frequently promoted supplements were analyzed for active ingredients, monthly cost, and evidence-based efficacy. Data was collected in June 2024. **MAIN OUTCOME MEASURES:** Poster background, content category, ingredient profile, product cost, and safety and efficacy data. **RESULTS:** Of 1000 Instagram posts reviewed, 661 (66.1%) promoted branded menopause supplements. Only 18.3% were authored by credentialed clinicians, while most were posted by businesses (30.4%) or non-clinical individuals (51.3%). Among the top 20 advertised supplements, common ingredients such as black cohosh and chaste tree extract showed inconsistent evidence. Nearly half (45%) contained proprietary blends, limiting transparency. The average monthly cost was \$43.49 (USD). **CONCLUSIONS:** Menopause supplement marketing on Instagram is dominated by non-clinicians and often lacks supporting evidence or regulatory oversight. Clinicians should be aware of this online landscape and address supplement use during patient consultations.

6. Factors Associated With Menopause Symptoms: A Systematic Review and Meta-Analysis

Authors: Hoang, Janice;Halliday, Kathryn;Allen, Deborah;Mtika, Wema Meranda;Tranter, Eve;Glover, Grace;Tatnell, Lynn;Hippisley-Cox, Julia;Coupland, Carol;Hillman, Sarah and Hirst, Jennifer

Publication Date: 2026

Journal: BJOG: An International Journal of Obstetrics & Gynaecology

Abstract: **BACKGROUND:** Menopause, marked by hormonal decline and menstrual cessation, is associated with various symptoms. Socio-demographic and behavioural factors may influence symptom type and severity. Understanding these associations can inform better symptom management. **OBJECTIVES:** To identify factors associated with the presence and severity of menopausal symptoms through systematic review and meta-analysis. **SEARCH STRATEGY:** We searched Medline, Embase, CINAHL and Cochrane for studies on demographic, behavioural, or health factors linked to vasomotor, vaginal dryness and joint symptoms in women aged 40-60. **SELECTION CRITERIA:** Studies reporting odds ratios or raw numbers for symptom presence or severity were included. **DATA COLLECTION AND ANALYSIS:** Studies were combined for meta-analysis, reporting odds ratios and 95% confidence intervals. Quality assessment was performed to quantify the risk of bias. **RESULTS:** Of 9228 screened articles, 61 were meta-analysed. Compared with White women, Black women had higher odds of vasomotor symptom presence (OR 1.65, 1.41-1.94) and severity (OR 1.91, 1.10-3.29), and vaginal dryness presence (OR 1.27, 1.10-1.47), while Asian had lower vasomotor symptom presence and severity (OR 0.40, 0.22-0.72; OR 0.55, 0.53-0.56). Higher education (OR 1.31, 1.09-1.56), high income (OR 1.41, 1.01-1.97) and depression (OR 2.36, 1.51-3.70) were associated with increased presence of vasomotor symptoms. Smoking and obesity were associated with both presence (OR 1.63, 1.30-2.04 and 1.35, 1.02-1.78) and severity (OR 1.56, 1.07-2.27 and 1.42, 1.11-1.83) of vasomotor symptoms. **CONCLUSION:** Socio-demographic and behavioural factors, including ethnicity, education, income, smoking, obesity and depression, influence menopausal symptoms, highlighting the need for personalised care. **TRIAL REGISTRATION:** PROSPERO number: CRD42023459154.

7. Sex, menopause and chronic kidney disease in primary care.

Authors: Izquierdo-Ortiz, Maria Jesus;Gracia-Iguacel, Carolina;Hijazi-Prieto, Badawi;Hernandez-Tuda, Maria Del Carmen;Palencia, Maria Martin;Romero-Cote, Maria;Ortiz, Alberto;Gonzalez-Parra, Emilio;Sanchez-Ospina, Didier and Mas-Fontao, Sebastian

Publication Date: 2026

Journal: Nephrology Dialysis Transplantation

Abstract: **BACKGROUND AND HYPOTHESIS:** Sex differences in chronic kidney disease (CKD) are recognised, but how they change across the menopausal transition-and how this

affects therapeutic opportunities in primary care-remains unclear. **METHODS:** We performed a cross-sectional analysis of 9 526 adults from the ONDAAS primary care study with same-day serum creatinine and urine albumin-to-creatinine ratio (ACR). eGFR was estimated with CKD-EPI 2021 and CKD classified by Kidney Disease: Improving Global Outcomes 2024 eGFR (G) and albuminuria (A) categories. Using age 50 years as a proxy for menopause, we fitted age-stratified logistic regression models for CKD G3-G5 (eGFR : We performed a cross-sectional analysis of 9 526 adults from the ONDAAS primary care study with same-day serum creatinine and urine albumin-to-creatinine ratio (ACR). eGFR was estimated with CKD-EPI 2021 and CKD classified by Kidney Disease: Improving Global Outcomes 2024 eGFR (G) and albuminuria (A) categories. Using age 50 years as a proxy for menopause, we fitted age-stratified logistic regression models for CKD G3-G5 (eGFR **RESULTS:** Women were 56.5% and had higher mean eGFR (84.6 vs 81.1 mL/min/1.73 m²) and lower median ACR (7.0 vs 8.3 mg/g) than men. =50 years, sex differences in CKD disappeared (aOR 1.01, 95% CI 0.87-1.16) and age dominated (aOR 1.13/year, 95% CI 1.12-1.14). In women >= 50, G3a/G3b rose to 11.3%/4.9% and G3-G4 exceeded men (17.6% vs 14.6%) despite lower A2-A3 odds (aOR 0.71, 95% CI 0.62-0.80), suggesting post-midlife eGFR-albuminuria decoupling. KDIGO 2024 eligibility in women >= 50: RASi 12.1%, SGLT2i 18.7%, nsMRA 3.6%, statins 35.2% (substantial opportunities even with A1-A2 albuminuria). **CONCLUSION:** In this primary care population, sex differences in CKD are strongly age-dependent: women are protected before midlife, but this advantage disappears beyond age 50 years, with convergence of CKD G3-G5 risk despite differences in albuminuria. These findings support sex- and menopause-aware CKD screening and guideline-directed renoprotective and cardioprotective therapy in older women even in the absence of overt albuminuria.

8. Bloating During the Menopause Transition: Observations from the Seattle Midline Women's Health Study.

Authors: Kamp, Kendra J.;Callan, Nini G. L.;Mitchell, Ellen S.;Heitkemper, Margaret M. and Woods, Nancy F.

Publication Date: May 27 ,2026

Journal: Journal of Women's Health

Abstract: OBJECTIVE: Across the lifespan, more women than men report abdominal bloating. However, little is known about bloating during the menopause transition (MT). The purpose of this study was to assess patterns of bloating severity during the MT in relation to age, reproductive aging stage, reproductive- and stress-related biomarkers, and stress-related perceptions in a longitudinal cohort study. **METHODS:** This analysis included 291 women from the Seattle Midlife Women's Health Study who provided health diary data and could be classified into reproductive aging stages. A subset of 131 women also provided urine samples, which were assayed for estrone glucuronide, follicle-stimulating hormone, testosterone, cortisol, norepinephrine, and epinephrine levels. Mixed-effects multilevel modeling was used to examine the relationship between bloating severity and age, reproductive aging stages, reproductive- and stress-related biomarkers, and stress-related perceptions. **RESULTS:** In the univariate model, the early MT stage, tension, and anxiety were associated with increased bloating severity, whereas the early postmenopausal stage and testosterone levels were associated with decreased bloating severity. In the multivariate model, both the early and late

MT stages were related to an increase in bloating severity. Age and testosterone levels were associated with decreased bloating severity. Tension was related to increased bloating severity. **CONCLUSIONS:** Tension and anxiety may play a role in increased bloating severity, whereas testosterone levels and age are associated with decreased bloating severity. The MT stage may contribute to bloating through several mechanisms. More research is needed to fully elucidate these relationships.

9. Peri- and Post-Menopausal Hormone Replacement Therapy and Voice Disorder Risk: A TriNetX Study.

Authors: Kayekjian, David;Chun, Warren B.;Nguyen, Shaun A.;O'Rourke, Ashli K. and Meenan, Kirsten D.

Publication Date: 2026

Journal: Laryngoscope

Abstract: OBJECTIVES: The aim of this study was to elucidate the risk of developing voice disorders among peri- and post-menopausal female hormone replacement therapy (HRT) users. **METHODS:** A retrospective cohort study was conducted using the TriNetX Global Collaborative Network. Females aged 40-60 years old were included and stratified into two cohorts: HRT users (n = 16,586) and HRT non-users (n = 248,725) while excluding for head and neck radiation/neoplasms, smoking, benign laryngeal lesions, thyroid disorders, gender dysphoria, and any other systemic hormone use. Voice and resonance disorders (VRD) and dysphonia were separately assessed at 3-month intervals post-HRT initiation after propensity score-matching for age, sex, race, and ethnicity. Odds ratios (ORs) with 95% confidence intervals (CIs) and risk differences (RD) were generated to compare outcomes. **RESULTS:** HRT users had significantly higher odds of dysphonia, but not VRD, within 0-9 months (OR 1.72; 95% CI (1.01-2.95), OR 1.66; 95% CI (0.99-2.79), respectively). For HRT users with elevated BMI, the 1-year VRD incidence was not significantly different than non-HRT users (RD 0.19%, p = 0.069). Overall, the incidence of VRD and dysphonia within 1 year in both groups was < 0.5% and showed no significant difference at most times between groups. **CONCLUSIONS:** HRT may not have any significant clinical impact on the peri- and post-menopausal voice. Although higher odds were noted earlier after treatment, HRT users did not have higher odds of voice issues after 1 year. This study highlights the lack of consensus in literature and urges future research to fully understand the impact of HRT on peri- and post-menopausal voice. **LEVEL OF EVIDENCE: 3:**

10. Hormonal replacement therapy in postmenopausal women ≥ 50 years is associated with the incidence of glaucoma: Evidence from 6576 females in Finland.

Authors: Loukovaara, Sirpa and Haukka, Jari

Publication Date: 2026

Journal: Acta Ophthalmologica

Abstract: PURPOSE: Hormonal replacement therapy (HRT) in postmenopausal women appears to affect glaucoma risk, but findings are inconsistent. We aimed to explore whether

the use of postmenopausal HRT plays a role in glaucoma development in Finland. **METHODS:** The main outcome variable was glaucoma incidence measured by initiation of special reimbursement due to glaucoma. The population-based historic cohort consisted of female participants aged ≥ 50 years whose incident glaucoma was recorded between January 1st, 2015, and December 31st, 2017. The main exposure of interest was postmenopausal HRT with Anatomic Therapeutic Chemical codes G03C (oestrogens), G03D (progestogens), G03F (progestogens and oestrogens in combination). The HRT treatment was initiated during 2001-2010. Frequencies and odds ratios (ORs) with 95% confidence intervals (CIs) were analyzed with logistic regression models, unadjusted and adjusted for diabetes mellitus, hospital district, socioeconomic status and statin exposure. **RESULTS:** Our nested-case-control study involved 1096 cases and 5480 age-matched controls. After adjustment for confounding factors, use of any HRT was associated with an increased risk for the development of glaucoma. The risk was found in estrogen users (adjusted OR, 1.33 [95% CI, 1.17-1.52]), in progestogen users (adjusted OR, 1.25 [95% CI, 1.02-1.53]) and in combinatory estrogen-progesterone users (adjusted OR, 1.19 [95% CI, 1.01-1.39]). In the POAG subgroup, the risk remained in estrogens-only users (adjusted OR, 1.31 [95% CI, 1.10-1.56]). **CONCLUSIONS:** Our data suggests that use of any postmenopausal HRT may increase the glaucoma risk, but in POAG subgroup estrogen-only therapy remained significant. Further research is needed to confirm the associations.

11. Association between menopausal status and physical function: a systematic review and meta-analysis

Authors: Macedo, Pedro R. S.;Macedo, Sabrina G. G. F.;Cavalcante, Ananilia Regina Silva;Salustiano, Maithe Avelino;Lima, Mateus D. A.;Jerez-Roig, Javier and Camara, Saionara M. A.

Publication Date: Apr 22 ,2026

Journal: Climacteric 1-13

Abstract: The aim of this systematic review with meta-analysis was to analyze the association between menopausal status and physical function. This review of observational studies followed the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) statement and was registered in PROSPERO. Searches were performed in the PubMed, Cochrane Library, SciELO, LILACS and Web of Science databases. RevMan 5 was used for meta-analysis. Twenty-six studies were included, and 80.8% showed significant associations between menopausal status and physical function. Compared to postmenopausal women, premenopausal (mean difference [MD] = 2.72, $p < 0.001$) women had stronger handgrip strength in meta-analysis of unadjusted results. Associations remained significant when considering studies with results adjusted for covariates. Results were similar when considering different socioeconomic contexts. Premenopausal women also had stronger pinch and knee extension strength, better performance in the single-leg balance tests with eyes closed and open, and better self-reported physical function and functional limitation due to physical problems than postmenopausal women in meta-analysis with unadjusted results. Meta-analyses of adjusted results were conducted for self-reported measures, but differences lost significance. The menopausal transition seems to be a critical period during which physical function tends to decline, underscoring the importance of implementing healthcare strategies

for women during this phase.; plain-language-summary This study looked at how a woman's stage in menopause, premenopause, perimenopause or postmenopause affects her physical abilities. Researchers reviewed 26 studies and used a method called meta-analysis to combine the results. While most individual studies suggested a link between menopause and physical function, our combined analysis showed that this relationship is complex. Initial findings showed that premenopausal women generally had better physical function, such as grip strength, knee strength and balance, than postmenopausal women. However, when we accounted for chronological aging, many of these differences disappeared. Since postmenopausal women are naturally older, age often explains the decline in physical function more than menopause itself. The main exception was handgrip strength, which remained significantly lower in postmenopausal women even after accounting for age. The study also found that women who underwent surgical menopause (such as through surgery to remove the uterus or ovaries) experienced a slightly greater decline in strength than those who went through natural menopause. These patterns were similar regardless of whether women lived in high-income or lower-income countries. In conclusion, while aging is an important factor in physical decline, the transition into menopause, specifically the loss of muscle strength, seems to be a critical window. Healthcare providers should support women during this period with strategies like strength and balance training to help maintain their independence and health as they age. Language: English

12. Age at First Pregnancy, Adult Weight Gain and Postmenopausal Breast Cancer Risk: The PROCAS Study (United Kingdom).

Authors: Malcomson, Lee;Brentnall, Adam;Renehan, Andrew G.;Pegington, Mary;Harkness, Elaine F.;Southworth, Jake;Evans, D. Gareth and Harvie, Michelle

Publication Date: 2026

Journal: International Journal of Cancer

Abstract: Adult weight gain (AWG) increases postmenopausal breast cancer risk, whereas an early first pregnancy (FP) is protective. As pregnancy is a key contributor to weight gain, we investigated a potential interaction effect between these two factors on BC risk. We analysed prospective data from 48,417 women in the Predicting Risk of Breast Cancer at Screening (PROCAS) cohort (recruited 2009-2015). A Cox proportional hazards model was used to test for an interaction between first pregnancy age and weight gain on breast cancer risk. After a median follow-up of 6.4 years, 1702 incident breast cancers were identified. Compared to women with an early FP (30%) combined with a late FP (≥ 30 years) (HR: 2.48, 95% CI: 1.82-3.37) or nulliparity (HR: 2.38, 95% CI: 1.74-3.27). Elevated risk was observed even with moderate weight gain (5%-15%). A non-significant positive trend toward an additive interaction was observed for late FP (Relative Excess Risk due to Interaction (RERI): 0.32), whereas the risk in nulliparous women appeared independent of weight gain (RERI: -0.05). Maintaining a stable adult weight and an early first pregnancy are independently associated with a lower breast cancer risk. However, adult weight gain remains a significant risk factor regardless of reproductive history. The combination of high weight gain and late or no pregnancy identifies a high-risk group who could be prioritized for weight-management interventions in cancer prevention settings.

13. The use of conjugated estrogens and bazedoxifene for the management of vasomotor symptoms in premenopausal and menopausal patients with endometriosis: a systematic review

Authors: Mejia-Gomez, Javier C.;Shprits, Elizabeta;Sosea, Carys;Leslie, Brenna;Mathur, Siddhi;Farooqi, Salwa;Chaudhry, Areeba;Bacal, Vanessa;Essalah, Ala;Shaltout, Nada;Shea, Alison;Sermer, Corey;Hojabri, Sara;Wolfman, Wendy;Stancati, Noah and Jacobson, Michelle

Publication Date: Jun 08 ,2026

Journal: Climacteric 1-7

Abstract: **OBJECTIVE:** This systematic review investigated the impact of conjugated estrogens/bazedoxifene (CE/BZA) for treating perimenopausal and menopausal symptoms in patients with a history of endometriosis. **METHOD:** The review followed PRISMA guidelines and was prospectively registered with PROSPERO (CRD42024617174). Without randomized controlled trials (RCTs), the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Case Reports and Case Series assessed methodology and risk of bias. An information specialist completed the search in June 2025 using Ovid MEDLINE, PubMed, Ovid EMBASE, and Web of Science, combining controlled vocabularies and keywords for dysmenorrhea, dyspareunia, endometriosis, perimenopausal, postmenopausal, menopause hormone therapy, Duavive, and CE/BZA. Eligible studies included RCTs, cohort studies, case reports, and case-control studies evaluating CE/BZA for vasomotor symptoms in premenopausal and menopausal endometriosis patients. **RESULTS:** Of 1540 retrieved studies, two coauthors (J.C.M.-G., E.S.) independently screened titles and abstracts, selecting 20 for full-text review. Only two publications met inclusion criteria, one case report and one case series, representing nine patients (four detailed, five additional). No RCTs, cohort, or case-control studies directly addressed CE/BZA in endometriosis. Preliminary narrative evidence suggests pain and vasomotor symptom relief, though findings carry high risk of bias. **CONCLUSION:** Because bazedoxifene antagonizes estrogen receptors and endometriosis is estrogen-dependent, CE/BZA may alter systemic inflammation or endothelial function. Although preclinical models show reduced lesion size, human evidence remains extremely limited and biased, insufficient to assess lesion recurrence or vascular safety. CE/BZA is currently indicated only for postmenopausal vasomotor symptoms; preliminary anecdotal evidence suggests symptom improvement, but large-scale comparative trials are urgently needed to establish safety and efficacy in endometriosis.; plain-language-summary Our systematic review investigated the potential use of conjugated estrogens and bazedoxifene (CE/BZA) to manage hot flashes in premenopausal and menopausal patients with a history of endometriosis. Endometriosis is a common condition where uterine-like tissue grows outside the uterus, causing pain and other symptoms. Managing menopausal symptoms in these patients is challenging because standard hormone therapies can sometimes worsen endometriosis symptoms.CE/BZA is a progesterone-free hormone therapy that combines estrogen with bazedoxifene, a selective estrogen receptor modulator (SERM). While bazedoxifene blocks estrogen's effects in the uterus and breast, its effect on endometriosis lesions is not yet proven in humans. Our review found that there is a significant lack of strong clinical data. We found only one case report and one small case series (nine patients in total). These case-based publications were small, lacked control groups, and did not use objective measures, meaning their findings are very preliminary and carry a high risk of bias. While these few reports suggested that some patients experienced relief from pain and hot flashes, the findings are very preliminary and cannot be

generalized. Currently, the medication is strictly indicated for postmenopausal vasomotor symptoms, not specifically for endometriosis. Well-designed, large-scale randomized controlled trials are needed to confirm the efficacy, safety and long-term impacts of CE/BZA for endometriosis patients experiencing vasomotor symptoms. We conclude that while this is an exciting possible treatment, more research is needed to ensure it does not cause endometriosis to return. Language: English

14. "There is absolutely no facet of my life that it hasn't affected" - Experiences of symptoms during perimenopause.

Authors: Murphy, Miriam; Lane, Aoife; Cuskelly, Geraldine and Heavey, Patricia M.

Publication Date: May 29, 2026

Journal: Journal of Women & Aging 1-16

Abstract: Perimenopause is associated with a wide and diverse range of symptoms. This study aimed to explore the experiences and behaviours of perimenopausal women, with a focus on perception of symptoms, their effect on quality of life, and how women are engaging with others for support. Virtual semi-structured interviews were carried out with 17 Irish women who self-identified as late-stage perimenopausal. Following thematic analysis, 4 main themes and several subthemes were produced. The first theme: "I was very ill prepared"- Unprepared for this stage of life; encompassed women's lack of preparation on entering perimenopause and feelings of confusion or uncertainty. The second theme: "It affects us in so many ways"- The impact of symptoms; explored the effect of symptoms and the complicated interplay between symptoms and other stressful life occurrences. The third theme: "I'm trying to find out as much information as I can"- Information and support seeking; focused on information and support seeking behaviours. The final theme: "It has made me [...] stop and take stock of where I am" - A time for introspective and extrospective reflection. The narratives revealed that factors impacting on symptomatic experience are multidimensional. Symptoms can have a negative effect on many aspects of life, and this is further exacerbated by feeling under prepared and ill-informed. Peer support is important to women during perimenopause and may affect attitudes towards symptoms. There is also a need for sensitivity from medical professionals and individualised support for women who are seeking guidance during perimenopause.

15. Assessing age at natural menopause from self-reported data in a long-running population-based cohort study.

Authors: Pieterse, Isabel J.; Picavet, H. Susan J.; Verschuren, W. M. Monique and Broekman, Birit F. P.

Publication Date: May 29, 2026

Journal: Maturitas 211, pp. 109005

Abstract: **OBJECTIVES:** To assess whether age at natural menopause could be determined through self-report, and evaluate consistency and reproducibility in self-reported age at natural menopause in a long-running population-based cohort study. **METHODS:** We used

longitudinal data from 3394 women participating in the Doetinchem Cohort Study (1987-2017), who reported menstrual status and age at menopause up to seven times over 30 years. We assessed the proportion of women for whom age at natural menopause could be determined, within-person variation across repeated reports, and reproducibility defined as agreement within one year across increasing recall intervals. **MAIN OUTCOME MEASURES:** Proportion determination of age at natural menopause, within-person variation across reports, and reproducibility defined as agreement within one year across increasing recall intervals. **RESULTS:** Age at natural menopause could be determined in 57% of women who reached menopause during follow-up; in the remaining women, this was mainly precluded by hormone use and gynecologic surgery. Among women who had experienced natural menopause, 60% reported age differences of ≤ 4 years across reports. Variation increased with longer recall intervals, with underreporting among women already postmenopausal at baseline. Agreement within one year declined from 62% at 5 years to 45% at 30 years. **CONCLUSION:** For a substantial proportion of women, age at natural menopause is difficult to determine and inconsistently reported, especially over longer recall periods. Accurate documentation of menopausal status, hormone use, and surgical history are therefore crucial for both research and clinical care. Clear definitions and careful prospective documentation of hormone use can improve reproducibility and data quality, enhancing comparability across studies and supporting appropriate female-specific health care.

16. Mixed methods research to support the development of an evidence-based intervention for cognitive symptoms in menopause transition.

Authors: Proctor, Danielle; Hunter, Myra S.; He, Lexi and Spector, Aimee

Publication Date: 2026

Journal: Menopause

Abstract: **OBJECTIVES:** To explore cognitive difficulties experienced during the menopause transition, and preferences for a future psychosocial intervention to support these symptoms. **METHODS:** Mixed-methods study involving an online survey and focus groups with questions around participants' experiences of cognitive difficulties, support, and intervention development. Study posters were promoted through menopause support organizations and the University College London Menopause Mind Lab. Participants were perimenopausal and postmenopausal women, aged 40-60, with self-reported cognitive difficulties. **RESULTS:** Two hundred sixteen peri and postmenopausal women (average age: 51.8 y) participated in the online survey, and 16 in focus groups. Survey data suggested that 93% of participants rated their cognitive difficulties as bothering them mildly to severely, and many felt they needed additional support. Of the participants, 95% expressed an interest in attending a new intervention, with a mix of opinions regarding the practical aspects. There was a preference for the content to include psychoeducation and teaching of strategies, as well as peer and emotional support. For the focus groups, thematic analysis generated ten main themes across two sections. For the experience of menopause, these included: support, menopause awareness, emotional impact, impact on functioning, and menopause symptoms. For the intervention development, these included: impact, content, barriers, cultural considerations, and group characteristics and format. **CONCLUSIONS:** Study findings demonstrate the need for a psychosocial intervention for cognitive difficulties experienced during menopause. Data

from this study will inform the development of an intervention, and further research should focus on testing its feasibility and effectiveness within this population.

17. The effectiveness of psychosocial interventions on physiological symptoms of menopause: a systematic review and meta-analysis.

Authors: Robinson, Kate;Hardy, Rebecca;Melville, Melissa;Saidel, Simone;Desai, Roopal and Spector, Aimee

Publication Date: 2026

Journal: BMC Women's Health

Abstract: BACKGROUND: Menopause is a transitional life stage marked by the end of menstruation, during which approximately 80-90% of women experience persistent symptoms such as vasomotor symptoms, musculoskeletal pain, fatigue, and sleep disturbance. While menopausal hormone therapy is effective for some symptoms, non-pharmacological psychosocial interventions are increasingly recommended as alternatives or adjuncts. This review evaluates the efficacy of psychosocial interventions for managing physiological menopausal symptoms. **METHODS:** Six databases were systematically searched from inception to October 2024 for randomised controlled trials evaluating psychosocial interventions for menopausal women with physiological symptoms. Outcomes were grouped into nine categories, including sleep quality, insomnia, pain, fatigue, urogenital symptoms, sexual functioning, and vasomotor symptoms (classified as frequency, bothersomeness, and severity). Primary analyses used post-intervention data, with sensitivity analyses based on change scores. Effect sizes were expressed as Hedges' g. The protocol was preregistered on PROSPERO, CRD42024572869. **RESULTS:** 28 randomised controlled trials involving 2,887 women were included, of which 24 were included in the meta-analysis and four synthesised narratively. Psychosocial interventions produced medium-to-large reductions in the bothersomeness of hot flushes and night sweats at short-term follow-up (Hedges' g = - 0.60 to - 0.87) and medium-term follow-up (g = - 0.50 to - 0.77), while effects on symptom frequency and severity were smaller. Significant improvements were observed in sleep quality (short-term: g = - 0.77 to - 1.04; medium-term: g = - 0.46) and insomnia (short-term: g = - 1.77 to - 2.48; medium-term: g = - 1.56 to - 1.79). Psychosocial interventions did not demonstrate improvements on sexual functioning or urogenital symptoms. Intervention dose varied across studies, and retention rates were high (mean = 86.7%), indicating good feasibility. **CONCLUSION:** Psychosocial interventions, particularly cognitive behavioural therapy, were associated with improvements in menopausal symptoms, with the strongest and most consistent effects observed for vasomotor symptom bothersomeness and sleep outcomes. These findings support psychosocial approaches as valuable non-pharmacological options, either alone or alongside pharmacological treatments. Future research should focus on tailoring interventions to individual needs, assessing whether benefits are maintained long-term, and examining whether effectiveness varies across different stages of menopause.

18. What Happens to Endometriomas After Menopause? A Non-Invasive Follow-Up Focusing on Ultrasound Features and Clinical Changes.

Authors: Russo, Consuelo;Pisante, Ambra;Fabrizi, Francesca;Selntigia, Aikaterini;Monaco,

Giulia;Nocita, Elvira;Yacoub, Veronica;Soreca, Giorgia;Ercoli, Alfredo and Exacoustos, Caterina

Publication Date: 2026

Journal: Journal of Clinical Ultrasound

Abstract: OBJECTIVES: To describe the longitudinal ultrasound features and clinical course of ovarian endometriomas in postmenopausal women, aiming to improve diagnostic accuracy and guide follow-up strategies. **METHODS:** This retrospective observational study included postmenopausal women with at least one ovarian endometrioma identified by transvaginal ultrasound (TVUS) and monitored for a minimum of 24 months at the University of Rome Tor Vergata (2018-2023). All had a known premenopausal endometriosis detected by TVUS at our Unit. Clinical and ultrasound assessments were conducted at baseline and at 12 and 24 months, recording changes in TVUS characteristics and symptoms. Endometrioma size was classified using the #Enzian classification. **RESULTS:** Forty-one postmenopausal patients (mean age 53.5 ± 6.4 years) were included. A total of 45 endometriomas were analyzed, mostly unilocular (100%), with a typical “ground glass” echogenicity (75.6%) and classified as #Enzian O1 (82.2%) at the first postmenopausal scan. A significant early dimensional reduction occurred between pre- and postmenopause: the mean maximum diameter decreased from 29.0 ± 15.2 to 20.6 ± 9.7 mm ($p = 0.002$), and the mean diameter from 24.5 ± 13.1 to 17.9 ± 8.9 mm ($p = 0.006$), with continued decline at 12 and 24 months ($p < 0.05$). In contrast, morpho-structural changes emerged later during follow-up, with the proportion of cysts showing wall irregularities rising from 11.1% in premenopause to 38.6% at 24 months ($p = 0.003$). Vascularization remained minimal throughout. All serum epithelial tumor markers stayed within normal ranges, no suspicious or malignant transformations were observed, and pain symptoms remained stable during follow-up. **CONCLUSIONS:** Ovarian endometriomas in postmenopausal women exhibit a benign evolution, characterized by early dimensional regression and later structural remodeling without malignant features. Regular ultrasound surveillance remains essential to recognize benign morphologic changes, avoid unnecessary surgery, and promptly identify lesions requiring further evaluation.

19. The mind, body, sexuality triangle in the postmenopausal period: evaluation of menopausal attitude, depression, and sexual life quality.

Authors: Sahin, Sevil;Aydin, Emine Ilkin;Dikmen, Rukiye and Unsal, Alaettin

Publication Date: 2026

Journal: BMC Women's Health

Abstract: BACKGROUND: This study investigates the attitudes of postmenopausal women toward menopause and various related factors and assesses levels of depression and quality of sexual life. **METHODS:** This cross-sectional study was conducted between March and December 2023 in a public hospital in Turkey with a total of 160 menopausal women. Data were collected through face-to-face interviews using structured questionnaires. Menopause Attitude Assessment Scale (MAAS), Beck Depression Inventory (BDI) and Sexual Quality of Life Questionnaire were used as data collection tools. **RESULTS:** The study group's ages

ranged from 42 to 75, with a mean age of 54.76 ± 5.42 years. Their scores on the MAAS varied from 6 to 48, averaging 26.71 ± 8.14 . Women with mild menopausal symptoms tended to hold more positive attitudes toward menopause. No significant correlation was found between the BDI and the MAAS scores ($r = -0.129$; $p = 0.104$). However, a positive correlation emerged between positive menopausal attitudes and higher sexual quality of life ($r = 0.287$; $p = 0.001$). In multivariable analysis, Beck Depression Inventory scores ($\beta = 0.285$, $p < 0.001$) and quality of sexual life scores ($\beta = -0.271$, $p < 0.001$) were found to be independently associated with MAAS scores. **CONCLUSION:** This study suggests that menopausal attitudes in postmenopausal women may be associated with sexual quality of life and depression levels. However, causal inferences cannot be made due to the cross-sectional design.

20. Perimenopause and menopause in the military: a scoping review.

Authors: Segovia, Laura M.;Cox, Susan;Matthews, Shannel;Bailey, David Garon;Phillips, Angela K. and Huffman, Sarah

Publication Date: 2026

Journal: Menopause

Abstract: IMPORTANCE AND OBJECTIVE: Military service shapes the health and wellness of its members through a complex interplay of factors. These dynamics may influence the perimenopausal and menopausal experiences among military servicemembers. The objective of this scoping review is to identify and analyze literature on perimenopause/menopause in the military, explore geographical differences in menopausal experiences, and highlight knowledge gaps to guide future research studies and policy development. **METHODS:** CINAHL, Embase, PubMed, Scopus, and Web of Science databases were searched from inception until September 2024. The results were reported using PRISMA-ScR. **DISCUSSION:** Eighteen articles were included in this scoping review. Most studies were conducted in the United States (83%), among veterans (67%), and focused on a variety of outcomes. The major themes addressed in the articles included participant menopausal knowledge, menopausal hormone therapy, experience of menopause, and resources. **CONCLUSIONS:** This scoping review systematically synthesized the evidence to offer a comprehensive overview of perimenopausal and menopausal research in a military context. Several gaps were identified, leading to the establishment of focused priorities for future research.

21. High-intensity resistance and impact exercise in menopausal women: a systematic review of intervention reporting quality and training content

Authors: Tortoli, Emanuele;Riccio, Gennaro;Mattii, Elisa;Ghezzi, Simone;Giovannico, Giuseppe and Cioeta, Matteo

Publication Date: 2026

Journal: Osteoporosis International

Abstract: BACKGROUND: High-intensity resistance and impact training (HiRIT) has emerged as a promising strategy to counteract bone loss and functional decline in peri- and

postmenopausal women. However, heterogeneity in intervention design and inadequate reporting limit reproducibility and clinical applicability. The Consensus on Exercise Reporting Template (CERT) provides a standardized framework for evaluating the completeness of exercise intervention reporting. Therefore, this review aimed to assess the reporting quality of HiRIT interventions using the CERT and to describe the key characteristics and training content of the implemented protocols. **METHODS:** A systematic review was conducted following PRISMA guidelines and registered in PROSPERO. Six electronic databases were searched up to June 2025. Original studies investigating HiRIT interventions in peri- or postmenopausal women were included. Reporting quality was assessed using the 19-item CERT checklist by two independent reviewers. **RESULTS:** Thirty-nine studies involving 3349 women (mean age 57.6 years) met the inclusion criteria. The mean CERT score was 14.3 out of 19, indicating moderate to good reporting quality. Exercise description, supervision, intervention structure, and equipment were consistently reported, whereas motivation strategies, home-based components, and detailed individualization were frequently omitted. Four progression-related CERT items were adequately reported in approximately two-thirds of the studies. Commonly prescribed exercises included the overhead press, squat, leg press, deadlift, and high-impact jumping tasks. **CONCLUSIONS:** HiRIT trials in peri- and postmenopausal women generally report core exercise components adequately, but important gaps remain in the reporting of progression, individualization, and behavioral support strategies. Improving the completeness and transparency of exercise reporting through consistent use of frameworks such as the CERT is essential to enhance reproducibility, facilitate clinical implementation, and optimize exercise prescription for bone health in this population.

22. Association of sleep duration and quality with age at natural menopause: results from NHANES 2005-2018.

Authors: Xie, Qin;Zhu, Yanan;Chen, Bo;Zhang, Yajun;Zhao, Meng;Lan, Yanli;Quan, Xiaozhen and Yang, Xuezhou

Publication Date: 2026

Journal: BMC Women's Health

Abstract: BACKGROUND: While sleep is closely related to menopause, existing research has primarily focused on the impact of menopause on sleep, leaving the influence of sleep patterns on the timing of menopause largely unexplored. This study aimed to investigate the associations of sleep duration and quality with age at natural menopause. **METHODS:** This study included women with complete data on sleep patterns and natural menopausal age from the National Health and Nutrition Examination Survey (NHANES) cycles 2005-2018. Logistic and linear regression models, progressively adjusted for demographic, lifestyle, and health-related covariates, were used to examine the relationships of sleep duration and quality with menopausal age, analyzed both as categorical (early/late menopause) and continuous variables. Restricted cubic splines were applied to assess nonlinear associations. Subgroup analyses and alternative menopausal age classifications were also performed. **RESULTS:** A total of 2,157 women were included. Compared with medium sleep duration (7-9 hours), short sleep duration (7-9 hours), short sleep duration (= 28 and those without hormone use. Interestingly, poor

sleep quality was positively associated with late menopause among women with ≥ 3 live births and no history of oral contraceptive use. **CONCLUSIONS:** Short sleep duration and poor sleep quality may be associated with early menopause, with evidence of nonlinear relationships and subgroup heterogeneity. In certain populations, poor sleep quality may also be linked to later menopause. These findings highlight the complex role of sleep in reproductive aging, requiring prospective studies to clarify causal pathways.

In the news

MENO-kit: UK's first evidence-based menopause workplace toolkit launches to help employers better support women at work

4 June 2026

<https://www.wellbeingofwomen.org.uk/news/meno-kit-uks-first-evidence-based-menopause-workplace-toolkit-launches-to-help-employers-better-support-women-at-work/>

“In partnership with Lancaster University, Wellbeing of Women have launched MENO-Kit, the UK's first evidence-based menopause workplace toolkit, which translates more than a decade of academic research into practical, accessible guidance for employers.”

Misinformation about perimenopause on social media ‘putting women at risk’

Nicola Davis, 25 May 2026

The Guardian <https://www.theguardian.com/society/2026/may/25/misinformation-about-perimenopause-on-social-media-putting-women-at-risk>

“Misinformation about perimenopause is putting women at risk of unintended pregnancies, unnecessary medication and missed diagnoses, experts have said.

Awareness of menopause and treatments such as hormone replacement therapy (HRT) has been raised by efforts including a prominent documentary by Davina McCall.

But as a growing number of women encounter misleading information on social media, there are concerns that some could be led to false conclusions that can obscure real underlying health difficulties.”

Sources used:

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

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