

Menopause Preparedness

Menopause is marked as the point in time 12 months after a woman's last menstrual cycle, typically in her late 40s or 50s.



1.3 million American women transition into menopause each year. Hormonal changes naturally begin to occur during the menopause transition (perimenopause), which can last up to 10 or 20 years.

Some individuals may experience menopause early due to certain medical conditions or surgical procedures.

Health Impacts of Menopause

Women undergoing the menopause transition may experience:

50-70% of postmenopausal women experience GSM, yet only 6-7% of women are undergoing treatment. When left untreated, GSM can become progressively worse.

Vasomotor symptoms (VMS):

hot flashes • night sweats • brain fog • anxiety • fatigue • sleep problems

Genitourinary syndrome of menopause (GSM):

dryness • painful sex • burning • irritation • urinary incontinence

Increased risk for associated conditions:

bone fracture • cardiovascular disease • diabetes • dyslipidemia • hypertension

VMS occurs in up to 80% of women, with an average duration of 10 years.

Menopausal symptoms and experiences vary widely, and women may experience challenges addressing their symptoms due to gaps in education and clinical care.

Many women experience physical and psychosocial symptoms related to menopause while at work, reducing productivity and job satisfaction. Normalizing workplace accommodations for menopause-related symptoms would reduce stigma and undue burden.

\$2,116 Annual patient costs due to untreated VMS
38% Adjusted presenteeism for women experiencing moderate to severe VMS

Promoting Menopause Preparedness

There is a pressing need to provide transparent and accessible information about menopause to reduce stigma, dispel myths, and prepare women for this life stage in advance. Menopause education should:

- Begin at **age 35**, before symptoms of menopause typically start
- Highlight that menopause is not a disease, but rather a **life stage**
- Replicate the **multifaceted approach** used for family planning and pregnancy education to improve health outcomes
- Include tailored materials for patients, providers, and employers

Research Needs

Menopause affects 100% of women living into late life, yet research is underfunded relative to patient burden.

- Menopause is not included in the top 300 research topics and diseases categories by the National Institutes of Health (NIH).
- In 2020, there were 515 NIH grants related to menopause, compared to 3,448 grants pertaining to pregnancy.



Policy Implications

Accessing certain menopause treatments can be difficult due to dated guidance from government agencies, and many women struggle financially to obtain coverage for therapies that could improve their quality of life.

Access & Cost



In 2017, the U.S. Preventive Services Task Force (USPSTF), gave hormone therapy (HT) a “D” rating and issued a public recommendation against the use of HT for primary prevention of chronic conditions in postmenopausal patients.



Despite criticism from menopause experts outlining the harms of the USPSTF rating and claims that it misinterpreted or misstated research on HT, the majority of health plans, including the Centers for Medicare & Medicaid Services (CMS), use USPSTF recommendations to drive reimbursement decisions.



The USPSTF is currently in the process of reviewing its HT recommendations. Insurance coverage of menopause HT in older women for the treatment of VMS and GSM will likely remain a covered service, as this is for treatment of a medical condition, not for prevention of disease.

Black Box Label



Drugs used for HT are required by the U.S. Food and Drug Administration (FDA) to include a “black box” label warning patients of potential risks of cardiovascular disease and breast cancer. Recent studies, however,

have contradicted the findings that prompted the black box label, and experts have concluded that certain applications of HT are appropriate treatments for menopause symptoms, particularly in low doses and in patients under the age of 60.

Despite academic and clinical commentary calling for revisions to the black box warning, the FDA has yet to change the warning on these products.

Select References

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