



Bone Health

Transitioning to menopause puts women at risk for decreased bone density and higher risk for breaking a bone. When bone density becomes very low, women may be diagnosed with **osteoporosis**, a disease in which bones can break more easily. Bone mineral density can be simply measured by a DXA scan. Although the current screening recommendation is for women over 65 years, discuss with your provider if you are a candidate (i.e., high risk or family history) for an earlier scan.

Approaches to improving bone health include:

- ▶ Weight bearing exercise, strength training, vibrating platforms
- ▶ Medications for treating osteoporosis, if indicated
- ▶ Dietary sources and supplements (calcium and vitamin D)
- ▶ Hormone therapy, if also experiencing VMS



50% of women over age 50 will break a bone because of osteoporosis⁹



2x more white women experience bone fracture than Black and Asian women in the U.S.¹⁰



Cardiovascular Health

Cardiovascular disease (CVD) is the leading cause of death among women in the United States.¹¹ While the menopause transition increases the risk for CVD, the relationship between CVD and menopause is complex. Aging, together with a number of physiological changes and pre-existing conditions, such as high blood pressure, elevated cholesterol, obesity, and diabetes, can impact CVD outcomes.

Approaches to improving cardiovascular health include:

- ▶ Regular exercise and physical activity
- ▶ Quitting smoking
- ▶ Healthy diet and weight management
- ▶ Reduced alcohol consumption
- ▶ Stress reduction
- ▶ Treatment of high blood pressure, diabetes, or high cholesterol, if indicated

Although studies have shown no significant increased risk of cardiovascular disease with the use of systemic HT in healthy women under age 60, hormone therapy is not advised as a preventive care option for CVD.¹²





Weight Gain/Diabetes Risk

Menopause affects the body's metabolism, including its response to insulin. Many women gain weight with menopause. Taking in fewer calories and burning more with exercise are often required to maintain a healthy weight. Increasing age, weight gain, and changes in metabolism also increase risk for developing diabetes. Women should speak with their health care providers about diabetes screening and women with diabetes should monitor their blood glucose closely during the menopause transition to ensure they are maintaining and adjusting levels as necessary.

Approaches to managing diabetes risk include:

- ▶ Weight management (physical activity and healthy diet)
- ▶ Medications for treating diabetes, if indicated

Because menopause is only one of many possible contributors to weight gain, treating menopause symptoms will not guarantee weight loss. Talk with your health care providers about holistic approaches to assist you with healthy weight management as you age.



Digestion

Digestive symptoms, such as gas, bloating, heartburn, and constipation, are common during the menopause transition. For many women, these symptoms are related to food moving more slowly through the digestive tract, but for some, the menopause transition might trigger symptoms associated with an underlying gastrointestinal condition like irritable bowel syndrome (IBS).

Approaches to improving digestive health include:

- ▶ Over-the-counter medications for gas or heartburn
- ▶ Treatment for IBS and other gastrointestinal conditions, if indicated



Hair and Skin

During menopause, changes to the hair and skin can include hair thinning or loss, increased facial hair, dry or itchy skin, acne, dark spots, wrinkles, and loss of skin plumpness. Sometimes, pre-cancerous growths of the skin can be confused with changes to the skin during menopause (e.g., dark spots). Make sure to consult a dermatologist with any concerns you may have.

Approaches to promoting healthy hair and skin include:

- ▶ Over-the-counter skincare products (e.g., cleansers, moisturizers, retinol products)
- ▶ Wearing sunscreen
- ▶ Screenings and self-exams for skin cancer



Cognition

Mild cognitive symptoms during menopause, such as forgetfulness or brain fog, are rarely indicators of more serious cognitive decline or disease (e.g., dementia or Alzheimer's disease). However, they might reflect sleep deprivation and stressors that women often experience during midlife, such as balancing work-life and caregiving responsibilities. Overall risk for developing cognitive diseases increases with aging, so taking health-promoting steps during midlife years may reduce risk as you get older.

Approaches to improving cognitive health include similar steps to improving heart health:

- ▶ Physical activity and exercise
- ▶ Healthy diet (including adequate hydration and omega-3 fatty acids)
- ▶ Treatment of high blood pressure, diabetes, and high cholesterol, if indicated
- ▶ Mental and social activity



60% of midlife women report problems with memory during perimenopause¹³



Mental Health

The impact of menopause on mental health can extend beyond common symptoms, such as changes in mood. Women in the menopause transition may develop clinical depression or anxiety. While changes in mental health may be due in part to physiological factors, they may also be worsened by the strain of adjusting to the idea of aging, challenges with managing symptoms and accessing care, and other midlife stressors (e.g., personal and caregiving responsibilities).

A visit with your health care provider about your mental health and wellness offers the opportunity to assess the degree of concern and create a plan of action.

Approaches to improving mental health include:

- ▶ Stress reduction
- ▶ Psychotherapy, cognitive behavioral therapy, or counseling
- ▶ Antidepressants (e.g., SSRIs, SNRIs)
- ▶ Hormone therapy (alone or in combination with antidepressants)



2.5x increased diagnosis of depressive disorder during perimenopause¹⁴



Cancer Risk

Risk for many cancers increases with age, and reproductive hormones play a role in risk of certain cancers. Women who experience menopause later than average (over age 55) have a higher risk of breast, ovarian, and uterine cancer. More reproductive years (41 years or more with your period), regardless of age at menopause, carries additional risk for thyroid cancer.



GYNECOLOGIC HEALTH AND THE MENOPAUSE TRANSITION

Other considerations for women experiencing the menopause transition may involve pre-existing gynecologic conditions and fertility.

Endometrial (uterine lining) Health

Thickening of the uterine lining in response to hormone fluctuations during the menopause transition can contribute to endometrial cancer risk. If you experience bleeding after menopause, regardless of whether or not you are taking hormones, you should immediately consult with your health care provider. Evaluation might include a pelvic ultrasound or tissue sampling of the endometrium.

Endometriosis

The decline in estrogen due to menopause alleviates the symptoms of [endometriosis](#) for most women. However, some women may continue to experience symptoms and hormone therapy may reactivate pain and other endometriosis symptoms. If you have had surgery related to endometriosis, consider discussing the use of alternative hormonal therapies or aromatase inhibitors carefully with your health care provider.

Uterine Fibroids

Symptomatic [uterine fibroid](#) growth can peak during perimenopause and contribute to heavy and irregular bleeding; however, after menopause, there is typically

reduced growth of existing and new fibroids, providing some relief from fibroid symptoms (e.g., pain, pressure, increased urination). Because periods have stopped after menopause, heavy bleeding and painful cramping associated with fibroids should no longer occur.

Fertility

Typically, perimenopause begins at a time when women are experiencing a substantial decrease in fertility due to decreased number and quality of eggs with age (> 40 years old). When cycles become irregular, ovulation still can occur and pregnancy is possible. When a woman reaches menopause, she is no longer able to become pregnant because the egg count is very low and the ovaries have stopped ovulating.

Contraception is indicated until you have not had a period for a full year. If you would like to become pregnant in your 40's, talk to your health care provider. Options for family building for perimenopausal women may include adoption or in vitro fertilization with a donor egg.

For more information about these conditions, see SWHR's [Endometriosis Toolkit](#), [Uterine Fibroids Toolkit](#), and [Women's Resource Guide to Fertility Health Care](#).

30% of new fibroid cases are diagnosed during the perimenopause years.¹⁵