

EMPOWERING THE HEALTH OF WOMEN IN MIDLIFE

Midlife for women, typically defined as ages 35-65, is a major life transition full of changes sparked by menopause-related hormone shifts and independent of ovarian aging. Women in midlife experience a range of physical and psychosocial changes that can have immediate and long-lasting health implications, such as challenges with increased responsibilities and stress related to work, managing families, caring for aging parents, changing relationships, and handling financial burdens.¹ Maintaining good health during midlife is a key determinant for wellness later in life.

While much of health care during midlife tends to focus on ovarian aging, providers and patients should recognize that midlife is a critical intervention point to mitigate chronic health conditions and promote longevity. Health care decision-makers must take measures to support and improve midlife health for women. Successful strategies hinge on incorporation of preventive health care and shared decision making, building awareness about midlife health concerns and risk factors, and addressing barriers to accessing providers and treatments across specialties.

A Comprehensive Approach to Midlife Care for Women

PREVENTIVE CARE AND SCREENINGS

An important focus for health care visits during midlife should be screening for cancers, cardiovascular disease, cognitive health, mental wellness, and chronic conditions associated with older age. Providers should deliver routine screenings and address risk factors that are individualized to their female patients based on their medical, lifestyle, and family history, and any reported symptoms – especially those related to menopause.² These preventive care recommendations should also consider each patient's quality-of-life goals and preferences, symptoms, and disease risks, and long-term health implications should be properly explained to each woman.

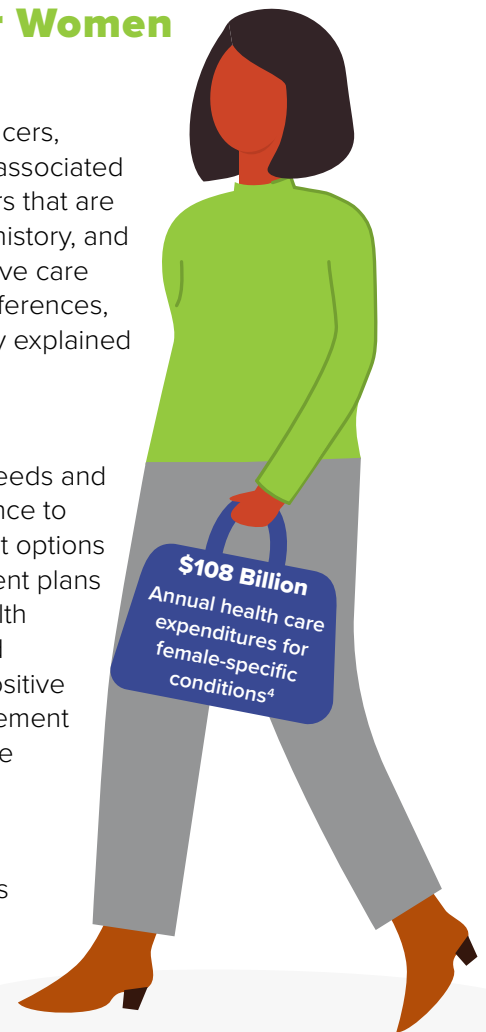
SHARED DECISION-MAKING IN CLINICAL ENCOUNTERS

Given the multitude of biological and social influences on health and the unique needs and roles of women during midlife, health care providers must exercise time and patience to actively engage women in their health care decisions. Discussions about treatment options and potential risks and benefits should be collaborative and aim to identify treatment plans that align patient preferences, values, and needs with health system capacity. Health care policy solutions must support these efforts and make provisions for increased access and coverage for medical appointments, treatments, and specialty care. Positive engagement of women in their health care decision-making promotes self-management and empowerment and assists women in navigating the complexities of health care during midlife and older age.

ACCESS TO AFFORDABLE CARE

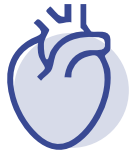
Among adults aged 50-64 in the U.S., women experience disproportionate barriers to accessing to health care, often due to high costs.³ The financial burden is even more taxing for women living in rural communities or from racial and ethnic minority populations. Further, women who are uninsured are significantly less likely to seek medical care, whether due to cost or limited access to specialists.⁴

Early interventions and regular medical care are essential for improving health outcomes, especially among underserved and higher risk populations of women. Increasing access to affordable care makes strides to reduce the incidence and mortality rates of health conditions that increase during midlife, such as cardiovascular disease (CVD) and cancer, and also reduces long-term health care costs and financial toxicity.



Midlife Health Markers

It is important to raise awareness around certain health topics that have significant impacts on midlife health. By addressing the following via preventive care strategies, enhanced shared decision-making, and increased coverage and access, health care providers and policymakers can better support women throughout their midlife years and promote longer health spans and well-being as they age.



HEART HEALTH

Cardiovascular disease (CVD) is the leading cause of death among women in the United States. In fact, more than 44% of women (60 million) are living with some form of heart disease.⁵ Age is a major risk factor for CVD in women and during midlife; changes in cholesterol, lipid profile, lipoproteins, and weight gain associated with ovarian aging also affect women's health.⁶ Health education about blood pressure, insulin resistance, glucose metabolism, and behavioral factors of sedentary lifestyles and nutrition and diet are especially important during midlife.



METABOLIC HEALTH

Changes in fat and skeletal muscle mass, waist circumference, and body fat distribution pose significant potential health risks for women as they age.¹⁰ Hormonal and lifestyle changes associated with midlife contribute to increased insulin resistance, metabolic decline, and altered body composition.¹¹ Proactive metabolic health management may require addressing modifiable risk factors, such as physical activity, diet and nutrition, and stress, which can compound health issues during midlife.



CANCER RISK

As women get older, they should be mindful of the potential risks of cancer, particularly of the breast, endometrium, ovaries, lung, and colon. Women with longer reproductive years (time between menarche and menopause) are at increased risk for developing breast, liver, and endometrial cancer due to higher hormone levels and increased exposure to estrogens that can be carcinogens over the years.¹⁴ Additionally, women who experience menopause after age 55 should be aware of an increased risk for certain cancers and request preventive care screenings.



MENTAL HEALTH

Midlife and the menopause transition are particularly vulnerable times for women who are at increased risk for anxiety or depression. Changes in estrogen hormone levels, menopausal symptoms, and psychosocial factors may contribute to this increased risk of depression and other mental health conditions during midlife.⁷ Women are 1.5x more likely to develop anxiety during perimenopause compared to before, with or without a history of anxiety.⁸ In addition to low mood, even women without a history of depression are 2.5x more likely to receive a diagnosis of depression during the menopause transition than when premenopausal.⁹



CHRONIC HEALTH CONDITIONS

Almost 30% of women in the U.S. report having 2 or more chronic medical conditions.¹² During midlife, many women have or develop new chronic conditions that are associated with worsened physical function and increased disability—and are further complicated by chronic stressors during this life stage.¹³ Properly diagnosing and managing these conditions early, especially alongside complex midlife demands, is crucial to promoting long-term health and wellness.

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