

PREPARING FOR A HEALTHIER MIDLIFE

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“The change”

“End of an era”

“Estrogen depletion”

“Private summers”

ADDRESSING STIGMA AROUND MENOPAUSE AND AGING

Unfortunately, there is a societal stigma associated with aging, particularly for women. Many women may feel discouraged from talking about their menopause symptoms and concerns with other women or with their health care providers.



20% of women wait 12+ months before seeking treatment³

Pregnancy is often celebrated as a transformative life stage, whereas menopause may cause women to feel ashamed and devalued. Consider thinking about menopause as a similar transition to a new phase of life – one that can bring new joys and experiences.

Menopause preparedness prioritizes promoting awareness, education, and empowerment among women beginning as early as 35 years old and their health care providers before the menopause transition begins. Increasing public knowledge about menopause-related issues will help challenge the stigma associated with aging and menopause, and help individuals identify and seek assistance with their menopausal symptoms.

There is also strong clinical trial evidence that women can ‘pay it forward’ with exercise and healthy eating before menopause to avoid excessive weight gain and some of the cholesterol changes that can accompany the menopause transition. Seeking to promote pre-menopause wellness will improve overall health outcomes as individuals transition into postmenopausal life.

Expectations surrounding menopause are often more negative than reality. Shifting the conversation from risks and discomforts to include the potential positive outcomes from menopause, can help reduce the stigma surrounding this natural life stage.

Studies show that women report a number of positive outcomes after the menopause transition, including:

- ▶ A sense of freedom from:
 - inconvenience and discomfort of monthly menstrual cycles
 - mood swings associated with premenstrual syndrome (PMS)
 - concerns with contraception and risk of unintended pregnancy
- ▶ More confidence sexually
- ▶ Feelings of being in tune with their body
- ▶ Feelings of experience, competence, and ability to speak one’s mind

TREATMENT OPTIONS FOR SYMPTOMS OF MENOPAUSE



73% of women are not treating their menopause symptoms³

80% of women experience hot flashes, with an average duration of 10 years⁷



Estrogen plays an important role in body temperature regulation that is typically affected during the menopause transition. As a result, many women may experience various symptoms of menopause which include, vasomotor symptoms (hot flashes or night sweats), sleep disturbance, and brain fog.

Approaches to managing symptoms include:

- ▶ Staying cool with light layered clothing and bedding
- ▶ Cooling devices (e.g., handheld and wearable devices, cooling gel bed toppers)
- ▶ Cognitive behavioral therapy and mindfulness strategies, including hypnosis
- ▶ **Hormone therapy (HT)**
- ▶ Nonhormonal medications approved specifically for VMS (e.g., neurokinin 3 receptor (NK3R) antagonists and neurokinin 1 and neurokinin 3 receptor (NK3R/NK1R) antagonist, low-dose antidepressants)
- ▶ Medications that are typically prescribed for other purposes, but may help manage hot flashes (e.g., low-dose antidepressants, anticonvulsants, hypertension drugs, bladder relaxants)



What triggers your hot flashes?

Some women notice hot flashes when they take in spicy foods, sugar, alcohol (particularly red wine), or caffeine.

Lifestyle Approaches

Adopting healthy lifestyle practices can help you manage your menopause symptoms and reduce your risk for chronic conditions later in life. Quitting smoking, reducing alcohol consumption, eating well, and getting regular physical activity can have vast health benefits throughout the body.

There are many options for managing menopause symptoms with lifestyle approaches, including a variety of ways to stay cool during hot flashes. To learn more, visit the **Wellness Tips for Menopause** section of the SWHR Menopause Preparedness Toolkit.





Complementary and Alternative Approaches

Many women seek alternative therapies and natural remedies for symptoms associated with menopause. Some alternative approaches have demonstrated benefits, whereas others may have become popular with limited research or clinical evidence. Before starting such therapies, it is important to discuss them with your health care provider to ensure they do not pose any risks to your health.

- ▶ **Cognitive Behavioral Therapy and Hypnotherapy** are evidence-based approaches that have helped some women reduce the incidence of hot flashes and improve sleep.
- ▶ **Yoga** may be beneficial as a source of physical activity, stress reduction, and improved balance.
- ▶ **Acupuncture** can have a temporary benefit in helping to reduce hot flashes, but there is little definitive evidence about improvements over the long term.
- ▶ **Herbal Remedies** (e.g., sage, black cohosh, and red clover extract). While some women report positive effects from the use of herbal remedies, evidence supporting their efficacy and long-term safety is limited and inconsistent.
- ▶ **Vitamins and Supplements** may help reduce some symptoms, such as taking Vitamin E for hot flash relief. Some women find magnesium to be useful for easing aches and pains, dealing with muscle cramps, and as a relaxant. Always consult your health care provider before taking any new supplements.

Femtech is a growing industry that creates products and services that use technology to support women's health. From cooling devices to nutritional supplements and moisturizers, femtech companies also produce complementary and alternative therapies for menopause symptom relief. Before trying novel health technology, review them using reputable evidence-based sources and talk to your health care provider about your findings.

- ▶ **Phytoestrogens** are estrogen-like compounds found in plants that are taken as supplements or by increasing your plant-based diet. Some women have reported relief from hot flashes with phytoestrogens, but research has had mixed results in determining the effectiveness of phytoestrogens in reducing menopause symptoms.



Hormone Therapy

In the context of menopause, hormone therapy is currently the most effective treatment for menopause symptoms and involves taking hormones when the ovaries are no longer producing estrogen or progesterone sufficiently. If a woman does not have a uterus, she only takes estrogen. This is also referred to as [menopause hormone therapy \(MHT\)](#) by health care providers.

Individuals may choose to take man-made hormones that are chemically and structurally identical to those naturally produced by the ovaries. These are often referred to as “bioidentical” hormones. It is strongly recommended that [bioidentical hormone therapy \(BHT\)](#) approved by the U.S. Food and Drug Administration (FDA) should be taken when natural hormones are preferred for treatment, and non FDA-approved “compounded” bioidentical hormones should be discussed with your medical provider.

During menopause, MHT can be administered two ways:

- ▶ **Systemic** – typically a pill or skin patch that affects the entire body and treats hot flashes and vaginal symptoms; other forms include vaginal rings, gels, creams, and sprays.
- ▶ **Localized** – a cream, ring, tablet, or suppository that is applied directly to the vagina and treats only genitourinary and vaginal symptoms

Treatment Updates: Hormone Therapy Labeling and New Nonhormonal Options

Labeling

Federal actions have changed how menopause treatment options are communicated to patients and clinicians. In 2025, the FDA initiated removal of the broad “black box” warning from both systemic MHT and low-dose vaginal estrogen products. This update reflects a growing evidence base showing that the risks and benefits of hormone therapy are more nuanced than earlier labels suggested and depend on factors such as age, time since menopause, personal health history, formulation, dose, route of administration, and duration of use. For many people, especially those younger than age 60 or within 10 years of menopause onset, these options may be an appropriate option when guided by individualized clinical decision-making.



For low-dose vaginal estrogen, the removal of the boxed warning is especially meaningful. These products are used locally to treat GSM. Because low-dose vaginal estrogen has minimal systemic absorption, prior warnings may have overstated risk and contributed to underuse of an effective treatment. For systemic MHT, **this change does not mean hormone therapy is risk-free or appropriate for everyone**; rather, it supports more accurate, evidence-based conversations between patients and clinicians.

Nonhormonal Therapies

New nonhormonal therapies have also expanded options for treating moderate to severe hot flashes and night sweats, also called vasomotor symptoms. The FDA approved fezolinetant, an oral NK3R antagonist, in 2023 and elinzanetant, a dual NK3R/NK1R antagonist, in 2025. These therapies target pathways in the brain involved in temperature regulation.

These advances are important because they give people more treatment choices, including options for those who cannot use, are not candidates for, or prefer to avoid hormone therapy. **Patients should discuss all options with a qualified health care provider**, including symptom severity, personal and family medical history, medication interactions, liver health monitoring for neurokinin-targeted therapies, and treatment goals.

You may choose to adopt alternative treatments or combine multiple therapies to achieve similar results.

COMMON IMPACTS OF MENOPAUSE

Becoming aware of the common impacts of menopause and related health concerns can help you understand which symptoms may be worth a visit to your health care provider. Managing your symptoms well and taking steps to reduce your risk for chronic conditions during the menopause transition will set you up for a healthier life postmenopause.

The body may go through a number of changes during the menopause transition. Many menopause symptoms will go away by themselves over time or can be managed with over-the-counter products, a healthy lifestyle, and help from your health care provider and community of support.



Genitourinary Syndrome of Menopause (GSM)

GSM may cause genital, urinary, and sexual changes, such as vaginal dryness, recurrent urinary tract infections, and painful sex that can continue for years after the menopause transition. As opposed to hot flashes, which often get better by themselves over time, if left untreated, this chronic condition can become progressively worse.

Approaches to treating GSM include:

- ▶ Over-the-counter lubricants and moisturizers
- ▶ Pelvic physical therapy and exercise (e.g., vaginal dilators, sexual activity including self-stimulation)
- ▶ Menopause hormone therapy
 - Low dose vaginal hormone therapy, including vaginal estrogen and vaginal DHEA (dehydroepiandrosterone)
 - Systemic MHT if also experiencing VMS
- ▶ Estrogen receptor agonist/antagonist (pill)

27-84% of postmenopausal women experience GSM, yet very few women undergo treatment⁸



Sleep

Hot flashes can make a good night's sleep nearly impossible for some women. However, in some cases trouble sleeping can be due to underlying conditions that develop during the perimenopausal years, such as insomnia, restless leg syndrome, and obstructive sleep apnea.

Approaches to managing sleep disturbances include:

- ▶ Sleep and meditation apps (e.g., [Calm](#), [Headspace](#), [Insight Timer](#))
- ▶ Routine sleep/wake time and reduced screen use before bedtime
- ▶ Reduced caffeine and alcohol consumption
- ▶ Hormone therapy
- ▶ Treatment for underlying conditions such as restless leg syndrome or sleep apnea, if indicated

There are many health apps to choose from. The Federal Trade Commission provides [guidance to consumers](#) on how to select and use health apps while reducing privacy risks.



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:

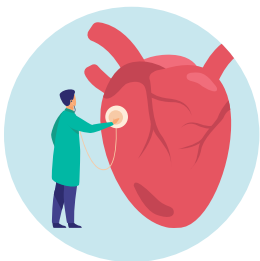
- ▶ Weight bearing exercise, strength training, vibrating platforms
- ▶ Dietary sources and supplements (calcium and vitamin D)
- ▶ Medications for treating osteoporosis, if indicated
- ▶ Menopause hormone therapy, if also experiencing VMS



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

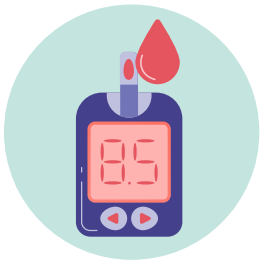
Cardiovascular disease (CVD) is the leading cause of death among women in the United States.¹¹ While the menopause transition increases the risk for CVD, the relationship between CVD and menopause is complex. Aging, together with a number of physiological changes and pre-existing conditions, such as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

Approaches to improving cardiovascular health include:

- ▶ Regular exercise and physical activity
- ▶ Healthy diet and weight management
- ▶ Stress reduction
- ▶ Quitting smoking
- ▶ Reduced alcohol consumption
- ▶ 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)



40% increased risk of experiencing depressive symptoms and diagnoses 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 (over 40 years). 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](#).

Over 30% of new fibroid cases were diagnosed during the perimenopause period, between 45-49 years.¹⁵