

Menopause

Current Awareness Bulletin

March 2025

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helen.clemow@nhs.net

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Guidelines

1. Expert opinion by the Italian Society of Gynecology of the Third Age (SIGiTE) and the Italian Society of Menopause (SIM) on hormone therapy with bioidentical hormones.

Authors: Lello, Stefano;Capozzi, Anna;Cagnacci, Angelo;Gambacciani, Marco;Pup, Lino Del and Carlo, Costantino Di

Publication Date: Feb 24 ,2025

Journal: European Journal of Obstetrics, Gynecology, & Reproductive Biology 308, pp. 67–69

Abstract: The publication of the study WHI (Women's Health Initiative) represented a critical moment for the management of menopause considering the alarming results about breast cancer and cardiovascular risks. Anyway, several further studies progressively clarified over

time the effective clinical impact of hormone replacement therapy (HRT) among post-menopausal women if adequately started before the age of sixty and no more than ten years after the last menstrual cycle and properly customized according to the major international recommendations. Robust evidence exists on different approved bioidentical HRT (abHRT) but data about galenic composed bioidentical hormone therapy (cbHRT) remain poor. The purpose of this expert opinion is to elucidate the position on Hormone Therapy with Bioidentical Hormones of the major Italian societies dealing with menopause, that is the Italian Society of Gynecology of the Third Age (SIGiTE) and the Italian Society of Menopause (SIM), in order to aware physicians about the suitability of their use. Copyright © 2025. Published by Elsevier B.V.

2. Eligibility criteria for the use menopausal hormone therapy (MHT) in women with medical conditions (II): Endometriosis, neurological and autoimmune diseases.

Authors: Ramirez I.M.;Mendoza N.;Baquedano L.;Sanchez S.;Fasero M.;Otero B.;de la Viuda E.;Calaf J.;Coronado P.;Gonzalez S.;Presa J.;Quereda F.;Jurado A.R.;Nieto V.;Carballo A.;Leal M.A.;Pancorbo M.;Llaneza P.;SanchezBorrego R.;Santamaria A., et al

Publication Date: 2025

Journal: Maturitas 195(pagination), pp. Article Number: 108208. Date of Publication: Aril 2025

Abstract: This project developed eligibility criteria for menopausal hormone therapy in patients with medical conditions beyond those published in a previous report. A new consortium of scientific societies coordinated by the Spanish Menopause Society met to develop recommendations for the use of menopausal hormone therapy in patients with some medical conditions based on the best available evidence. The project was developed in two phases. As a first step, we conducted six systematic reviews and three meta-analyses on the safety of menopausal hormone therapy, addressing six clinical questions related to rheumatoid arthritis, systemic lupus erythematosus, antiphospholipid syndrome, multiple sclerosis, Parkinson's disease, and endometriosis. In the second step, the six systematic reviews and three meta-analyses (one on lupus erythematosus and two on Parkinson's disease) helped inform a structured process in which a panel of experts defined the eligibility criteria according to a specific framework, which facilitated the discussion and development process. The eligibility criteria were defined in accordance with the World Health Organization's international nomenclature for the categories of use of menopausal hormone therapy: * Category 1: No restriction on the use * Category 2: The benefits outweigh the risks. * Category 3: Risks generally outweigh benefits. * Category 4: menopausal hormone therapy should not be used. The quality of evidence was classified as high (A), moderate (B), low (C), or very low (D). For the first time, a set of eligibility criteria, based on clinical evidence and developed according to the most rigorous methodological tools, has been defined. This will provide health professionals with a decision-making tool that can be used to manage menopausal symptoms.

Research

1. The influence of menopause age on gynecologic cancer risk: a comprehensive analysis using NHANES data.

Authors: Abulajiang Y.;Liu T.;Wang M.;Abulai A. and Wu, Y.

Publication Date: 2025

Journal: Frontiers in Oncology 15(pagination), pp. Article Number: 1541585. Date of Publication: 2025

Abstract: Background: Menopause, a natural transition, affects women's health risks, including gynecologic cancers. Early menopause, linked to lower estrogen, may increase cancer susceptibility. This study analyzed NHANES data from 1999 to 2020 for 8,219 postmenopausal women to explore the relationship between menopausal age and gynecologic cancers. We used regression models and RCS models to assess the risk. Methods: This study utilized data from the NHANES spanning 1999 to 2020, focusing on 8,219 postmenopausal women selected through stratified sampling. Variables including socioeconomic factors, health behaviors, nutritional status, and medical history were assessed in relation to participants' menopausal age and gynecologic cancer prevalence. We analyzed the relationship between menopausal age and gynecologic cancers (cervical, ovarian, and uterine) using multiple regression models. Additionally, we employed RCS models to evaluate nonlinear relationships between menopausal age and gynecologic cancer risk. Results: Our findings indicate a significant inverse association between menopausal age and the risk of gynecologic cancers. After controlling for confounding factors such as age, race, BMI, and lifestyle variables, a later age at menopause was associated with a reduced risk of cervical, ovarian, and uterine cancers. The RCS model revealed a non-linear, low-L-shaped relationship, particularly highlighting increased cancer risks at younger menopausal ages. Subgroup analyses demonstrated consistent results across demographic and lifestyle factors, confirming the robustness of the observed associations. Conclusion: This study reveals the link between menopausal age and gynecologic cancer prevalence. Early menopause is a significant risk factor for cervical, ovarian, and uterine cancers. Our findings support tailored cancer screening based on menopausal age, potentially improving preventive care for postmenopausal women.

2. Women's Menopausal Experiences in the UK: A Systemic Literature Review of Qualitative Studies.

Authors: Anto A.;Basu A.;Selim R. and Eisingerich, A. B.

Publication Date: 2025

Journal: Health Expectations 28(1) (pagination), pp. Article Number: e70167. Date of Publication: February 2025

Abstract: Background: Menopause, defined as the cessation of periods for over 12 months, can have a profound impact on women in numerous ways. Understanding women's experiences of menopause can lead to improved care and support during this transformative

period. Objectives: The objective of this systematic review is to identify and summarise published qualitative studies that consider the lived experiences of women with menopause in the UK and to serve as a basis for future research in the field of menopause. Search strategy: EMBASE, MEDLINE and PsycINFO databases were searched initially in March, and then updated in April 2024. Inclusion criteria: Peer-reviewed papers with full text available in English, focused on women experiencing menopause in the UK, studies published from January 2000 to April 2024, qualitative or mixed methods study design with qualitative analysis. Data extraction and synthesis: Two authors independently performed title and abstract screening for eligibility. Conflicting opinions were resolved with a third author. Reviewers familiarised themselves with the data and coded the text line by line. Thematic analysis was utilised to place the codes into broader themes. All studies were assessed using an appropriate quality assessment tool. Main results: Thirty-two studies were included in the review with 3462 participants involved. 173 primary codes were extracted and organised into subthemes and 3 overarching themes. These key themes were the biopsychosocial dimensions of menopause, understanding of menopause and strategies to manage menopause. Discussion: Menopausal experiences documented in the literature are shaped by a range of individual and societal factors. While initiatives to support menopausal women are in place, this review also identifies key knowledge gaps and marginalised groups that would benefit from targeted research and interventions. It emphasises that menopause is not merely a collection of symptoms, but, for many, a pivotal life transition. A deeper understanding of these experiences allows us to more effectively support women through this significant phase of life. Conclusions: This review concluded that the menopausal experience extends beyond physical symptoms, also affecting mental health, personal and professional life, and self-identity. Additionally, menopause is shaped by individual life experiences and various personal factors. Patient or public contributions: The studies analysed in this review contain original data from women in the UK undergoing menopause. The qualitative data delves into their experiences with symptoms, accessing various sources of support from NHS and non-NHS sources as well as alternative therapies.

3. A bio-psycho-social investigation of menopause transition and job satisfaction.

Authors: Atkinson C.; Carmichael F. and Duberley, J.

Publication Date: 2025

Journal: Maturitas 193(pagination), pp. Article Number: 108187. Date of Publication: February 2025

Abstract: Objectives: To examine the implications of menopause transition for job satisfaction within a framework that integrates bio-psycho-social factors and effects. Study design: The study analyses quantitative and qualitative data from a survey of 1684 women in three UK police forces, where growing numbers work during menopause transition within what has been termed a hyper-masculine culture. Results: We evidence that job satisfaction is negatively impacted by experience of menopause symptoms. Attitudes towards age and menopause are also important: job satisfaction is lower for peri- and post-menopausal women with negative attitudes and higher for women with more positive and open attitudes. Some workplace factors such as shift working and the gender balance of the workplace also have a significant impact on the job satisfaction of women transitioning menopause. Conclusion: Our results highlight

the need for human resource practices that go beyond the typical focus on symptoms. Support mechanisms need to address attitudes towards menopause and develop more inclusive workplaces in order to maintain women's job satisfaction and retain them in the workplace during menopause transition.

4. Relationship between night eating syndrome, eating disorders, and menopausal symptoms in climacteric women: a pilot study.

Authors: Ayar, Pelin and Yilmaz, Hacı Omer

Publication Date: 2025

Journal: Menopause

Abstract: **OBJECTIVE:** The aim of this study was to examine the relationship between night eating syndrome, eating disorders, and menopausal symptoms in climacteric women. **METHODS:** In this descriptive study, 90 climacteric women who met the inclusion criteria volunteered to participate. The data for the participants were collected via a face-to-face interview method using a sociodemographic and menopause questionnaire, the Eating Disorder Examination Questionnaire, the Night Eating Questionnaire, and the Menopause Rating Scale, and their anthropometric measurements were recorded. **RESULTS:** Among all participants, 51.1% had night eating syndrome. However, the night eating syndrome ($P = 0.790$) and eating disorders ($P = 0.634$) of the participants did not differ significantly according to the climacteric periods. Menopausal symptoms were found to be higher in perimenopausal and postmenopausal women than in premenopausal women ($P = 0.001$). There were significant positive correlations between eating disorders and both night eating ($r = 0.253$ and $P = 0.05$). **CONCLUSIONS:** Eating disorders were found to be associated with night eating and menopausal symptom severity in climacteric women. There is a need for multidisciplinary studies to measure the risk of occurrence and recurrence of menopausal symptoms and the association with eating disorders experienced by women. Copyright © 2025 by The Menopause Society.

5. A grounded theory study exploring immigrant Muslim women's perceptions and experiences of menopause, hormone replacement therapy and menopause-related healthcare in the UK.

Authors: Baghdadi, Reemanne; Singh, Neil and Gatuguta, Anne

Publication Date: Mar 02, 2025

Journal: Post Reproductive Health 20533691251322823

Abstract: **AIM:** Menopause, a significant life transition affecting all women, is underexplored

among minoritised groups. No United Kingdom (UK) based studies have specifically investigated Muslim women's menopause experiences. This study examines immigrant Muslim women's experiences of and perspectives on menopause, hormone replacement therapy (HRT), and menopause-related healthcare (MRH). **METHODS:** Using constructivist grounded theory, we conducted online, in-depth, semi-structured interviews with participants recruited through the Brighton and Hove Muslim Women's group. The interviews were audio-recorded, transcribed, and analysed through grounded theory coding (open, focused, selective, theoretical). **RESULTS:** Twelve interviews revealed a core theme, 'Regaining Agency', shaped by three interconnected categories: 'Losing Control of My Body', 'Dealing with Menopause Alone', and 'Navigating a Web of Silence'. Women reported physical and emotional challenges, including sleep disruption, cognitive changes, and anxiety, with cultural stigma and limited knowledge compounding negative perceptions and experiences. Health-seeking behaviours varied; while some women viewed menopause as natural, others saw it as a medical issue. Misconceptions about HRT led to hesitancy; however, users reported significant symptom relief. Many encountered barriers to MRH, often facing dismissive and uninformed healthcare providers. **CONCLUSION:** Enhanced education and support for menopausal women, along with mandatory training for general practitioners, are essential to improve the experience of menopausal transition for immigrant Muslim women.

6. Quality improvement project reducing waiting times and improving patients experience using an online questionnaire at a menopause clinic.

Authors: Bruce, Deborah and Adeniji, Yemisi

Publication Date: Feb 26 ,2025

Journal: Post Reproductive Health 20533691251323759

Abstract: Following the launch of the new Electronic Patient Record (EPR) system, Electronic Patient Integrated Care (EPIC) system at Guys at St Thomas NHS Foundation Trust in the autumn of 2023, it was apparent that clinics were taking longer as members of staff were getting used to the new system. In view of the new system launch, there were further delays in roll over of patient information which was recorded on the previous EPR to EPIC which increased time for clinicians to find relevant information and access new referrals as they had to switch to the old system for information gathering. This resulted in lengthy electronic record searches, on top of getting used to the new system, subsequently significantly prolonging the clinic appointment times which had a knock-on effect on clinic wait and ultimately negatively impacting patient's experience. It was therefore felt that introducing and trialling an electronic tool in the form of a questionnaire made accessible within the relevant section in EPIC might attempt to reduce prolonged clinic wait times in our menopause clinic. We developed a detailed and comprehensive menopause clinic questionnaire aimed at gathering the patient's information before the clinic appointment. Overall patients had a positive opinion and good understanding of the questionnaire. We concluded that the questionnaire could be classed as an outpatient improvement process which aims to reduce clinic wait times.

7. The transition to menopause for autistic individuals in the US: a qualitative study of health care challenges and support needs.

Authors: Cusano, Julia L.;Erwin, Val;Miller, Debra and Rothman, Emily F.

Publication Date: 2025

Journal: Menopause

Abstract: **OBJECTIVE:** The goal of the current study was to better understand autistic people's experiences with the menopause transition, by focusing on their symptoms, healthcare interactions, and receipt of informal support. **METHODS:** This was a qualitative research study. We conducted one-on-one videotelephone interviews with 21 autistic adults who had experienced, or were currently experiencing, perimenopause in the United States. Data were coded by two independent coders. We used a thematic analysis approach. **RESULTS:** The analysts derived several overarching themes related to perimenopausal symptoms, barriers to healthcare, and informal support networks. Participants reported increased sensory sensitivities during perimenopause and reported that these severely impacted their quality of life. These sensory sensitivities also compounded vasomotor symptoms of perimenopause causing an extreme and overwhelming confluence of symptoms and difficulties. Despite this, many participants felt that their healthcare providers supported them insufficiently. Participants felt unprepared for the intensification of sensory sensitivities during the menopause transition due to a lack of information about perimenopause from healthcare providers and because their social support network members lacked information about perimenopause. **CONCLUSIONS:** Autistic people face unique challenges during the menopause transition, which may include managing sensory sensitivities and navigating healthcare systems. Results highlight the need for education about menopause earlier in life for autistic people. Findings further demonstrate the need for holistic approaches to perimenopausal symptom management and better training for providers on the unique needs of perimenopausal autistic people. Copyright © 2025 by The Menopause Society.

8. A National Survey Study of Cannabis Use During Menopause: Identifying Variables Associated With Recreational, Medical, and Hybrid Use.

Authors: Dahlgren M.K.;Kosereisoglu D.;Sagar K.A.;Smith R.T.;ElAbboud C.;Lambros A.M. and Gruber, S. A.

Publication Date: 2025

Journal: Journal of Studies on Alcohol and Drugs 86(1), pp. 68–74

Abstract: Objective: Previous research has demonstrated different cannabis-related outcomes depending on the goal of cannabis use (i.e., recreational, medical, a hybrid of both), underscoring the need to identify variables associated with specific goals of use, particularly in understudied populations. Method: This report used data from a national survey of menopausal individuals using nonprobability sampling. Respondents reporting current regular (≥ 1 x/month) cannabis use (medical $n = 35$; recreational $n = 61$; and hybrid $n = 102$) were included in multivariate logistic regression analyses examining demographic, clinical (e.g.,

menopause-related symptomatology), and cannabis-related variables associated with the goal of cannabis use. Results: Overall, an increased number of medical conditions was associated with medical and hybrid use relative to recreational use ($p \leq .047$), and greater menopause-related symptomatology was associated with medical relative to hybrid use ($p = .001$). Lower education level was associated with hybrid relative to recreational use ($p = .010$). Lastly, more varied modes of use was associated with hybrid use relative to medical and recreational use ($p \leq .001$). Conclusions: Results suggest that medical and hybrid consumers with more medical conditions and more severe clinical symptoms that are not sufficiently alleviated by conventional treatments may be more open to cannabinoid-based therapies. In addition, because a lower education level is often associated with recreational cannabis use, results suggest that hybrid consumers may begin as recreational consumers who then expand their use for medical purposes. Further, more varied modes of use for hybrid consumers may reflect different product selections based on the goal of use. Future research should investigate the etiology of hybrid cannabis use and predictors of long-term outcomes associated with goals of use.

9. Efficacy and safety of fezolinetant and elinzanetant for vasomotor symptoms in postmenopausal women: A systematic review and meta-analysis.

Authors: de Oliveira H.M.;Diaz C.A.V.;Barbosa L.M.;FlavioReis V.H.P.;Zamora F.V. and Goncalves Barbosa Junior, O.

Publication Date: 2025

Journal: Maturitas 195(pagination), pp. Article Number: 108220. Date of Publication: Aril 2025

Abstract: Objective(s): Menopause, marked by a decline in estrogen, leads to disruptive vasomotor symptoms like hot flashes and night sweats, significantly affecting quality of life. This meta-analysis evaluated the efficacy and safety of fezolinetant and elinzanetant, two neurokinin 3 receptor antagonists, in managing vasomotor symptoms in postmenopausal women. Methods: Data sources were identified by searches in PubMed, Embase, and the Cochrane Central Register of Controlled Trials up to September 2024. The study followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, with the risk of bias assessed using the version 2 of the Cochrane Risk of Bias Tool for Randomized Trials and evidence quality was evaluated using the Grading of Recommendations Assessment, Development and Evaluation approach. Data were pooled using a random-effects model, and statistical analysis was performed using R version 4.4.1. Results: Ten studies involving 4663 patients were included in the analysis. Elinzanetant >100 mg and fezolinetant ≤ 45 mg were the most effective doses for reducing vasomotor symptom frequency and severity. Fezolinetant (MD = -1.38) and elinzanetant (MD = -2.04) achieved ≥ 50 % reductions in vasomotor symptom frequency, with a greater effect in the elinzanetant group. Additionally, elinzanetant improved menopause-specific quality of life. However, higher doses of both drugs were associated with increased adverse effects, with elinzanetant demonstrating a more favorable side-effect profile than fezolinetant. Conclusions: Fezolinetant and elinzanetant are effective options for managing vasomotor symptoms. However, further research is needed to compare these treatments directly and evaluate their long-term safety profiles across different patient populations.

10. A Deeper Look at Office Hysteroscopy in Asymptomatic Postmenopausal Patients: Indications and Outcomes of 822 Cases.

Authors: Distefano R.E.C.;Kenda Suster N.;Blaganje M.;Drusany Staric K.;Palumbo M.;Lukez Podgornik M.;Verdenik I. and Jakopic Macek, K.

Publication Date: 2025

Journal: Journal of Minimally Invasive Gynecology 32(3), pp. 258–264

Abstract: Study Objective: This study aims to assess the prevalence of malignancy and other endometrial pathologies in asymptomatic postmenopausal women referred for office hysteroscopy (OH), identify main referral indications, and assess their relationship with the risk of malignancy. Secondary objectives included evaluating the association between ultrasound variables and malignancy risk and assessing procedure validity, which encompasses duration, feasibility, and patient comfort during OH. Design: Retrospective analysis. Setting: The study was conducted at the Department of Gynecology, Division of Gynaecology and Obstetrics, University Medical Centre Ljubljana, Slovenia's largest tertiary care center. Participants: The cohort consisted of 822 asymptomatic postmenopausal women referred for OH, excluding those with postmenopausal bleeding within the last year. Interventions: Participants underwent OH with or without biopsy. Measurements and main results: The main indication for hysteroscopy was ultrasound abnormalities alone, with remaining indications including a combination of ultrasound and clinical findings. Among the cohort, 97.4% exhibited benign findings, while 2.6% were diagnosed with cancer or precancerous lesions. The analysis revealed that patients with indications based on ultrasound and clinical findings suggestive of malignancy had a higher risk of malignancy compared to those with ultrasound alone. In 387 patients with documented ultrasound variables, inhomogeneous endometrial appearance (OR: 8.2, 95% CI: 2.4-27.9, $p < .001$) and significant liquid content within the uterine cavity (OR: 10.2, 95% CI: 3.6-28.9, $p < .001$) exhibited strong associations with malignancy. Analysis of the procedure revealed a high feasibility rate (87.8%), with a median duration of 13.7 minutes and a median Visual Analog Scale pain score after the procedure of 3/10. Conclusion: The prevalence of endometrial cancer and precancerous lesions in asymptomatic postmenopausal patients is likely low, with most intrauterine pathologies being benign. Our study demises the utility of routine endometrial surveillance for this population in the absence of specific risk factors. A holistic approach, considering individualized assessments and factors beyond endometrial thickness, is crucial in interpreting ultrasonic findings.

11. The range and variation in serum estradiol concentration in perimenopausal and postmenopausal women treated with transdermal estradiol in a real-world setting: A cross-sectional study.

Authors: Glynne S.;Reisel D.;Kamal A.;Neville A.;McColl L.;Lewis R. and Newson, L.

Publication Date: 2025

Journal: Menopause 32(2), pp. 103–111

Abstract: Objectives The aims of the study are to explore the range and variation in serum

estradiol concentration, and to estimate the prevalence of "poor absorption"(women using licensed estradiol doses with subtherapeutic levels), in perimenopausal and postmenopausal women using transdermal estradiol in the real world. **Methods** This is a cross-sectional analysis in a specialist menopause clinic in the UK. **Results** Serum samples were obtained from 1,508 perimenopausal and postmenopausal women. A total of 61.87% were using licensed doses. The median estradiol concentration was 355.26 pmol/L (interquartile range 198.44-646.15 pmol/L). A reference interval for the whole cohort was defined as 54.62-2,050.55 pmol/L. There was substantial interindividual variation across the dose range. Variance was greater in younger women ($P = 0.002$) and gel users ($P = 0.002$). There was a trend toward greater variance in women using higher doses, but the association failed to reach statistical significance ($P = 0.074$). One in four women (24.84%) using the highest licensed dose had subtherapeutic levels (≥ 50 y) and patch users were more likely to have low levels (odds ratio 1.77, 95% confidence interval 1.22-2.62, $P = 0.003$; and odds ratio 1.51, 95% confidence interval 1.18-1.95, $P = 0.001$, respectively). **Conclusions** The reference interval for perimenopausal and postmenopausal women using on-label and off-label doses of transdermal estradiol in the real world is wide, and there is considerable interindividual variation. The number of estradiol users with low estradiol levels (<200 pmol/L) is higher than previously recognized. Measurement of serum estradiol can be helpful to identify women who may benefit from an off-label dose. Dose customization is key to ensure that all women can reap the benefits of HT.

12. Breast cancer patients' experience of menopause care in the UK: thematic analysis of free-text comments.

Authors: Glynne, Sarah;Seymour, Kathy;Reisel, Daniel;Kamal, Aini and Newson, Louise

Publication Date: 2025

Journal: Menopause

Abstract: **OBJECTIVE:** The aim of this study was to explore women's experience of menopause care after breast cancer in the UK. **METHODS:** This study is a thematic analysis of free-text comments in an online survey that asked women about their experience of menopause care after breast cancer. A coding framework was used that mapped comments to eight domains of patient experience (deductive analysis). An inductive approach was used to identify subthemes within each of the eight domains. **RESULTS:** A total of 1,195 women completed the survey. Two hundred twenty-six women (18.9%) left free-text comments in response to questions about shared decision making and patient experience. Most were White (96.9%), university educated (52.6%), and aged 41 to 60 years at breast cancer diagnosis (81.8%). The menopausal symptom burden was high (96.5%, 87.6%, and 75.7% reported physical, psychological, and genitourinary symptoms, respectively). Lack of involvement in shared decision making was the dominant theme ($n = 120$, 53%), followed by issues concerning access to menopause care ($n = 65$, 29%). Lack of information, communication issues, and feeling unsupported were prevalent themes/subthemes. Twenty women (9%) reported a lack of courtesy and respect in their interactions with healthcare professionals. **CONCLUSIONS:** In this study, women's experience of menopause-related breast cancer aftercare was poor. Larger studies are needed to qualitatively explore the experience, unmet needs, and expectations of all breast cancer survivors including women

13. **Abnormal uterine bleeding is associated with fatigue during the menopause transition.**

Authors: Harlow, Sioban D.;Gold, Ellen B.;Hood, Michelle M.;Mukwege, Alain A.;Randolph, John F. and Greendale, Gail A.

Publication Date: 2025

Journal: Menopause

Abstract: **OBJECTIVE:** During the menopause transition (MT), abnormal uterine bleeding, characterized by prolonged (PMB) or heavy (HMB) menstrual bleeding, occurs often. We assessed whether PMB or HMB was associated with fatigue. **METHODS:** We used longitudinal daily menstrual calendar data from 2,329 participants in the Study of Women's Health Across the Nation to identify episodes of HMB and PMB. At seven annual follow-up visits, four symptoms of fatigue were queried (worn out, feeling tired, full of pep, having energy). General linear mixed models with random intercepts for each woman assessed the association between each fatigue variable and PMB or HMB recorded during the 6 months prior to each annual follow-up visit. Models were adjusted for race and ethnicity, age, body mass index, hormone therapy use, depressive and anxiety symptoms, perceived stress, sleep problems, cigarette use, and discrimination. **RESULTS:** After adjustment, reporting three or more episodes of HMB in the prior 6 months was positively associated with feeling tired (odds ratio [OR] = 1.62, 95% CI = 1.11 to 2.38) and being worn out (OR = 1.44, 95% CI = 0.98 to 2.13), whereas three or more episodes of PMB in the prior 6-month window was negatively associated with being full of pep (OR = 0.68, 95% CI = 0.49 to 0.95). **CONCLUSIONS:** HMB and PMB during the MT were associated with increased odds of experiencing three symptoms of fatigue. Greater clinical attention to bleeding changes and associated symptoms, including fatigue and lack of energy, is warranted, as is education of women about potential health consequences of excessive menstrual bleeding during the MT. Copyright © 2025 by The Menopause Society.

14. **The psychometric properties and applicability of subjective cognitive measures used in menopause research: a systematic review.**

Authors: He, Lexi;Jaff, Nicole G.;Kontaris, Emily and Spector, Aimee

Publication Date: 2025

Journal: Menopause

Abstract: **IMPORTANCE:** Many midlife women report cognitive issues when they transition through menopause. These cognitive complaints affect women's mental health and quality of life. However, the current understanding of women's cognitive experiences during the menopause transition has been limited by the lack of validated self-reported cognitive measures. **OBJECTIVE:** This systematic review aimed to identify existing self-reported, or

subjective, cognitive measures used in menopause research and evaluate their psychometric properties and applicability. **EVIDENCE REVIEW:** Three databases, Medline, Embase, and PsycINFO, were searched in March 2024 with no restriction on publication year. Studies investigating women transitioning into postmenopause and with cognitive experiences measured using validated subjective cognitive measures were selected. The assessment of psychometric properties and applicability of included measures was conducted based on their development process and their performance in the menopause studies selected. **FINDING:** Twenty-eight menopause studies involving 15 measures were included. Included measures showed adequate content validity, internal consistency, and construct validity when they were developed, yet other psychometric properties were either poor or not reported. Hence, the overall performance of included measures was generally moderate to poor. Information relating to psychometric properties of included measures in menopause studies was also lacking, indicating doubtful applicability. **CONCLUSIONS AND RELEVANCE:** Poor psychometric properties or the lack of psychometric assessment of existing subjective cognitive measures may indicate doubt or uncertainty regarding their applicability in women transitioning through menopause. This review recommends the use of subjective cognitive measures that assess more than one cognitive domain, as well as further assessment of the psychometric properties of these measures before their use in menopause research or clinical settings, particularly those measures initially developed for clinical practice. It also highlights the need for future development of a subjective cognitive measure for women transitioning through menopause to improve the current understanding of their cognitive challenges. Copyright © 2025 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of The North American Menopause Society.

15. Prevalence of menopausal symptoms around the time of the final menstrual period in Japanese women: Data from the Japan Nurses' Health Study.

Authors: Higuchi T.;Ideno Y.;Yasui T.;Kurabayashi T.;Takamatsu K.;Nagai K. and Hayashi, K.

Publication Date: 2025

Journal: Maturitas 195(pagination), pp. Article Number: 108216. Date of Publication: Aril 2025

Abstract: Objective: To characterize various menopausal symptoms by examining their prevalence around the time of the final menstrual period (FMP). Study design: The Japan Nurses' Health Study is a prospective cohort study on women's health. All participants, regardless of their age at the initial survey, were mailed a 4-year follow-up questionnaire that included questions on 21 climacteric symptoms. We analyzed 5189 Japanese women who completed the questionnaire 6 years before to 10 years after their FMP. Main outcome measures: The prevalence of severe climacteric symptoms in the years before and after the time of the FMP (YFMP). Results: Four distinct patterns were identified in the distribution of age-adjusted prevalence ratios by YFMP categories during menopausal transition. The prevalence of Group 1A symptoms (hot flashes, sweats, and poor memory or forgetfulness) was highest at the FMP and this continued through to the postmenopausal period. The prevalence of Group 1B symptoms was highest around the FMP but declined in the postmenopausal period. The independent effect of age was negatively significantly associated with most symptoms in Groups 1A and 1B, which suggested that younger women were more likely to have symptoms if they were in the same YFMP. In Group 2, the prevalence of

symptoms did not increase. In Group 3, severe symptoms were rare. Conclusions: Climacteric symptoms can be characterized according to their prevalence in the YFMP. The improved understanding of symptoms based on when they appear relative to the FMP could enable more detailed management of menopausal disorders and facilitate the prediction of changes in symptoms in Japanese women.

16. Exploring heterogeneity in the associations between menopausal status and depression: a cross-sectional study with a unique analytical approach.

Authors: Islam, Rakibul M.;Rana, Juwel and Davis, Susan R.

Publication Date: 2025

Journal: Menopause

Abstract: OBJECTIVES: The extent to which menopause status contributes to depressive symptoms remains controversial. This study aimed to examine associations between menopausal status and depressive symptoms and the heterogeneity in these associations. **METHODS:** We conducted three consecutive national surveys of community-dwelling Australian women aged 18-79 years between October 2013 and July 2017. Depressive symptoms were measured by Beck Depression Inventory II (BDI-II) score (range 0-63). Symptoms were classified into a binary outcome of minimal to mild (BDI-II score ≤ 20). The average effect (average treatment effect [ATE]) and conditional average effect of the menopausal status on depressive symptoms were investigated by causal forest method. **RESULTS:** The prevalence of MS depressive symptoms in 10,351 participants was 23.7% (95% CI: 22.9-24.5). Compared with premenopause, the BDI-II score was higher for the menopause transition (ATE = 2.43 units, 95% CI: 1.20-3.65) and postmenopause (ATE = 3.03 units, 95% CI: 1.25-4.81). Compared with premenopause, the menopause transition was associated with an average increase in the prevalence of MS depressive symptoms by 6 percentage points (ATE = 0.06, 95% CI: 0.01-0.12). There were no differences in depressive symptoms between the menopause transition and postmenopause. In menopause transition, the BDI-II score was -1.22 units lower and the prevalence of MS depressive symptoms was 5 percentage points lower among employed women compared with unemployed women. In postmenopause, the BDI-II score was 1.75 units higher for unpartnered women compared with partnered women. **CONCLUSIONS:** The menopause transition and postmenopause are associated with a higher BDI-II score and an increased prevalence of MS depressive symptoms compared with premenopause. These associations are favorably modified by paid employment in the menopause transition and unfavorably by being unpartnered postmenopause. Copyright © 2025 by The Menopause Society.

17. A mediating role of visceral adipose tissue on the association of health behaviours and metabolic inflammation in menopause: a population-based cross-sectional study.

Authors: Lankila H.;Kekalainen T.;Hietavala E.M. and Laakkonen, E. K.

Publication Date: 2025

Journal: Scientific Reports 15(1) (pagination), pp. Article Number: 1999. Date of Publication:

Abstract: Fat distribution changes with advancing menopause, which predisposes to metabolic inflammation. However, it remains unclear, how health behaviours, including sleeping, eating and physical activity, or their combinations contribute to metabolic inflammation caused by visceral adipose tissue (VAT). The aim of the present study was to examine whether health behaviours are associated with metabolic inflammation and whether VAT mediates these associations in menopausal women. This cross-sectional study consisted of a sample of middle-aged women (n = 124). Health behaviours were assessed by self-report questionnaire with measures of sleeping, eating (Eating Disorder Examination Questionnaire, EDE-Q), and physical activity behaviours. Metabolic inflammation was measured using GlycA, a composite biomarker of inflammation, and bioimpedance device was used to assess VAT. Structural equation modelling was used to examine the direct and indirect associations of health behaviours with inflammation, as well as the moderation effect of health behaviours on VAT and metabolic inflammation. VAT was directly associated with inflammation. Two indirect pathways were found: eating and physical activity behaviours were both inversely associated with inflammation through VAT, whereas sleeping behaviour was not. Physical activity moderated the association between VAT and metabolic inflammation. The association was stronger in those who were physically less active. Furthermore, eating behaviour and physical activity had an interaction on VAT. Physical activity was negatively associated with VAT among women with normal eating behaviour, but the association was less clear among women with features of disordered eating behaviour. It is possible to impede the menopausal shift to adverse visceral adiposity through increased physical activity and further decrease the risk of metabolic inflammation in menopausal women. The present study offers potential hypotheses for future longitudinal research.

18. Fezolinetant and Elinzanetant Therapy for Menopausal Women Experiencing Vasomotor Symptoms: A Systematic Review and Meta-analysis.

Authors: Menegaz De Almeida A.;Oliveira P.;Lopes L.;Leite M.;Morbach V.;Alves Kelly F.;Barros I.;Aquino De Moraes F.C. and Prevedello, A.

Publication Date: 2025

Journal: Obstetrics and Gynecology 145(3), pp. 253–261

Abstract: **OBJECTIVE:**To assess the efficacy and safety of fezolinetant and elinzanetant for vasomotor symptoms in menopausal women.**DATA SOURCES:**MEDLINE, EMBASE, and Cochrane databases were systematically searched until August 22, 2024. Because the Cochrane Library included all the identified randomized controlled trials (RCTs), it was unnecessary to search ClinicalTrials.gov. The following words made up the search strategy, which was applied to the three databases: fezolinetant, elinzanetant, vasomotor symptoms, and menopause.**METHODS OF STUDY SELECTION:**Only RCTs comparing fezolinetant and elinzanetant with placebo for vasomotor symptoms in menopausal women were included.**TABULATION, INTEGRATION, AND RESULTS:**We extracted the number of patients, mean age, body mass index (BMI), and number of patients who underwent oophorectomy. Data were examined with the Mantel-Haenszel method and 95% CIs. Heterogeneity was assessed with I^2 statistics. R 4.3.2 was used for statistical analysis. Seven RCTs with 4,087

patients were included in the analysis. Fezolinetant and elinzanetant were associated with diminished vasomotor symptom frequency: fezolinetant 30 mg (mean difference 2.16, 95% CI, 1.54-2.79, $I^2=0\%$), fezolinetant 45 mg (mean difference 2.54, 95% CI, 1.86-3.21, $I^2=0\%$), and elinzanetant 120 mg (mean difference 2.99, 95% CI, 1.74-4.23, $I^2=0\%$). Both drugs also showed a decrease in vasomotor symptom severity: fezolinetant 30 mg (mean difference 0.20, 95% CI, 0.09-0.33, $I^2=0\%$), fezolinetant 45 mg (mean difference 0.24, 95% CI, 0.13-0.34, $I^2=0\%$), and elinzanetant 120 mg (mean difference 0.36, 95% CI, 0.26-0.46, $I^2=0\%$). Elinzanetant 120 mg showed a significant improvement in sleep quality (mean difference 4.65, 95% CI, 3.73-5.56, $I^2=0\%$). Elinzanetant 120 mg was associated with the occurrence of drug-related adverse events (11.70% vs 20.75%, risk ratio [RR] 0.57, 95% CI, 0.39-0.82, $I^2=19\%$) and headache (2.54% vs 8.0%, RR 0.32, 95% CI, 0.16-0.64, $I^2=0\%$).

19. Effects of vaginal DHEA on stress urinary incontinence in postmenopausal women with vulvovaginal atrophy.

Authors: Misasi, Giulia;Russo, Eleonora;Montt Guevara, Maria Magdalena;Tomatis, Veronica;Fidecicchi, Tiziana;Luisi, Stefano;Giannini, Andrea;Mannella, Paolo;Caretto, Marta;Pomara, Giorgio and Simoncini, Tommaso

Publication Date: Mar 01 ,2025

Journal: Maturitas 196, pp. 108232

Abstract: OBJECTIVES: To evaluate the effects of vaginal dehydroepiandrosterone (DHEA) on stress urinary incontinence (SUI) and pelvic floor muscle (PFM) function in postmenopausal women (PMW) suffering from vulvovaginal atrophy (VVA). **STUDY DESIGN:** This prospective observational pilot study included 34 PMW with VVA and moderate SUI. Eligibility criteria included no hormonal therapy nor infections. Participants received 6.5 mg/day vaginal DHEA for 12 weeks, and SUI symptoms and PFM function were assessed before and after treatment. **MAIN OUTCOME MEASURES:** Primary outcome was SUI improvement, which was measured using a 3-day bladder diary and the International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form (ICIQ-UI SF). Secondary outcomes included the assessment of PFM function, which was evaluated using the Modified Oxford Scale (MOS). **RESULTS:** After 12 weeks of treatment, there was a statistically significant reduction in SUI episodes ($p < 0.001$). The median ICIQ-UI SF score decreased from 12 to 9 ($p < 0.001$), indicating a significant reduction in urinary symptoms. Additionally, there was a significant improvement in PFM tone, as reflected in higher MOS scores ($p < 0.001$). **CONCLUSION:** Vaginal DHEA treatment has been shown to significantly alleviate urinary symptoms, enhance quality of life, and strengthen PFM function in PMW with SUI and VVA. Further studies are required to confirm these findings and to explore the potential of androgen therapy in the treatment of SUI. Copyright © 2025 Elsevier B.V. All rights reserved.

20. Neurophysiological correlates of subjective cognitive decline in perimenopausal and postmenopausal midlife women at risk for Alzheimer's disease.

Authors: Mosconi, Lisa;Williams, Schantel;Carlton, Caroline;Andy, Caroline;Fauci, Francesca;Zarate, Camila;Boneu, Camila;Ajila, Trisha;Nerattini, Matilde;Jett, Steven;Battista, Michael;Pahlajani, Silky;Fink, Matthew E.;Brinton, Roberta Diaz and Dyke, Jonathan P.

Publication Date: 2025

Journal: Menopause

Abstract: **OBJECTIVE:** This study aimed to investigate neurophysiological correlates of subjective cognitive decline (SCD) among midlife women at risk for Alzheimer's disease (AD). **METHODS:** We examined 156 cognitively normal perimenopausal and postmenopausal women aged 40 to 65 years, with an AD family history and/or apolipoprotein E epsilon 4 genotype, who were not on menopause hormone therapy. Participants underwent neuropsychological testing, health and menopausal symptom questionnaires, and brain volumetric magnetic resonance imaging, arterial spin labeling-magnetic resonance (MR) measuring cerebral blood flow, and 31phosphorus magnetic resonance spectroscopy (31P-MRS) measuring mitochondria high-energy phosphates (adenosine triphosphate [ATP], phosphocreatine [PCr], inorganic phosphate [Pi]). We used multivariable regressions to compare outcomes between participants with and without SCD and to identify the main correlates of SCD status. **RESULTS:** The SCD group (n = 53) exhibited worse verbal memory and executive function test performance (multivariable adjusted P = 0.029) compared to controls (n = 103). On brain imaging, the SCD group showed higher PCr/ATP in precuneus, posterior cingulate, and parietal regions compared to controls (multivariable adjusted P : The SCD group (n = 53) exhibited worse verbal memory and executive function test performance (multivariable adjusted P = 0.029) compared to controls (n = 103). On brain imaging, the SCD group showed higher PCr/ATP in precuneus, posterior cingulate, and parietal regions compared to controls (multivariable adjusted P **CONCLUSIONS:** Among perimenopausal and postmenopausal midlife women, SCD was associated with altered brain mitochondria bioenergetics in some brain regions similarly affected by AD, warranting further investigation. Copyright © 2025 by The Menopause Society.

21. Effectiveness of Low Doses of Semaglutide on Weight Loss and Body Composition Among Women in Their Menopause.

Authors: Nicolau J.;BlancoAnesto J.;Bonet A.;FelixJaume J.J. and GilPalmer, A.

Publication Date: 2025

Journal: Metabolic Syndrome and Related Disorders 23(1), pp. 70–76

Abstract: Background and Aims: Menopause is a complex period in women's life, when weight gain and predisposition to obesity are frequent. Moreover, even during menopause transition, women begin to lose lean mass up to 0.5% and, therefore, an increase in the percentage of fat mass with central distribution and an increased risk of metabolic syndrome. Despite lifestyle habits remain the cornerstone in this period, their long-term effectiveness is a challenge. In this sense, GLP-1 analogs have shown their efficacy in improving weight loss and other cardiovascular risk factors. Methods: To assess the effectiveness of low doses of semaglutide on body weight and composition for 4 months during menopause compared with premenopausal women. Results: Baseline weight and body mass index were significantly greater among postmenopausal women (95 ± 23.4 vs. 86.4 ± 12.8 kg and 35.9 ± 7.3 vs. 32.9 ± 4.7 kg/m²; P = 0.02 and P = 0.03, respectively). Fat mass was higher among postmenopausal women (45.2 ± 17.1 vs. 38.2 ± 9.8 kg; P = 0.03). The percentage of fat mass and lean mass

were comparable between the two groups ($43.2 \pm 8.1\%$ vs. $40.9 \pm 7.1\%$ and 29.6 ± 5.5 vs. 32.4 ± 8.4 kg; $P = 0.2$ and $P = 0.08$, respectively). After 4 months of semaglutide 1 mg, either weight loss (5.9 ± 5.2 vs. 4.5 ± 3.5 kg; $P = 0.1$) or percentage of weight loss ($5.8 \pm 4.7\%$ vs. $5.1 \pm 3.2\%$; $P = 0.4$) were comparable. Furthermore, both fat mass loss in kilos (4.1 ± 4.5 vs. 3.1 ± 3.7 kg; $P = 0.3$) and lean mass loss (-0.4 ± 1.7 vs. -1.1 ± 3.7 kg; $P = 0.1$) were similar between the two groups. Conclusions: Despite a greater initial weight and fat mass among postmenopausal women, after 4 months of treatment with semaglutide 1 mg, either fat mass loss or weight loss were similar to premenopausal women.

22. Virtual reality for menopause symptom management: opportunities, challenges, and next steps.

Authors: Safwan, Nancy;Suchak, Karisma K.;Liran, Omer;Kingsberg, Sheryl A.;Spiegel, Brennan M. R.;Shufelt, Chrisandra L. and Faubion, Stephanie S.

Publication Date: 2025

Journal: Menopause

Abstract: IMPORTANCE AND OBJECTIVE: Menopause is the natural cessation of ovarian function, typically occurring at a mean age of 52 years in the United States. Vasomotor symptoms (VMS; hot flashes and night sweats) affect over 75% of midlife women and typically last 7 to 9 years, with only 54% seeking medical attention. Although hormone therapy is the most effective treatment for VMS, : Menopause is the natural cessation of ovarian function, typically occurring at a mean age of 52 years in the United States. Vasomotor symptoms (VMS; hot flashes and night sweats) affect over 75% of midlife women and typically last 7 to 9 years, with only 54% seeking medical attention. Although hormone therapy is the most effective treatment for VMS, **METHODS:** A comprehensive literature review was conducted through PubMed and Medline databases. The search focused on keyword combinations related to VR, artificial intelligence, and menopause symptoms. **DISCUSSION AND CONCLUSION:** The search yielded one study specifically targeting symptoms related to menopause. A pilot study (n = 42) evaluating an immersive VR and artificial intelligence intervention based on CBT and mindfulness techniques for managing hot flashes in women with breast or ovarian cancer demonstrated a significant reduction in frequency of hot flashes ($P < 0.01$) and improvements in sleep quality, mood, anxiety, stress, and overall quality of life. However, these women experienced hot flashes that might have been associated with their cancer diagnosis or treatment rather than relating specifically to menopause, potentially limiting the generalizability of the findings to women with menopause symptoms. Although VR has shown effectiveness in delivering CBT for other conditions, there remains a significant gap in research on its specific use for menopause-related symptoms. Copyright © 2025 by The Menopause Society.

23. Evaluating the Efficacy of Combined Intravaginal Estriol Therapy and Kegel Exercises in Managing Menopausal Atrophic Vulvovaginitis.

Authors: Serbanescu L.;Rotar V.;Brezeanu D.;Mirea S.;Ionescu E.V. and Ionescu, P.

Publication Date: 2025

Abstract: Background: This is a prospective study. Atrophic vulvovaginitis (VVA), a prevalent condition resulting from estrogen deficiency after the menopause, is characterized by symptoms such as vaginal dryness, itching, burning, dyspareunia, and urinary discomfort. Standard treatment involves systemic estrogen replacement therapy (HRT) and localized estrogen treatments, such as estriol. However, many women with moderate-to-severe VVA may not fully benefit from estrogen therapy alone. Non-hormonal adjunctive treatments, such as pelvic floor exercises (e.g., Kegel exercises), are being explored to enhance clinical outcomes. Objectives: This study investigates the combined effect of local estriol therapy and Kegel exercises in improving VVA symptoms in postmenopausal women. Methods: Fifty postmenopausal women diagnosed with VVA were enrolled and divided into three severity groups: mild, moderate, and severe. All participants received estriol therapy (0.5 mg vaginal tablets daily for 10 days each month) for the first three months. Following this, Kegel exercises were introduced for an additional three-month period, alongside continued estriol therapy. Symptom improvement was evaluated after six months, with outcomes categorized as complete remission, partial remission, or no remission. Results: Significant improvements in symptom remission were observed, particularly in the moderate and severe groups. In the mild VVA group, 81.82% achieved complete remission with combined therapy compared to 68.18% with estriol alone. In the severe group, complete remission was observed in 40% of patients receiving combined therapy compared to 20% with estriol therapy alone. These findings suggest that Kegel exercises enhance the effectiveness of estriol by improving local blood circulation, which facilitates better estrogen absorption and distribution. Conclusions: The addition of Kegel exercises to local estriol therapy significantly improves symptom remission rates, especially in moderate and severe VVA cases. This approach offers a promising strategy for managing postmenopausal VVA, particularly in cases that do not fully respond to estrogen therapy alone.

24. Oral Health Care Among Women in Perimenopause or Menopause: An Integrative Review.

Authors: Thomas N.;Peters K.;Reilly K.O.;Sousa M.S. and George, A.

Publication Date: 2025

Journal: Journal of Midwifery and Women's Health 70(1), pp. 17–31

Abstract: Introduction: Women in menopause are at a higher risk of developing oral health problems, affecting their overall quality of life. Several studies have identified the role of health care providers in addressing women's oral health needs across various phases of their lives, yet a review in the area of perimenopause and menopause has not been undertaken. Therefore, the aim of this review was to explore current evidence regarding the oral health knowledge, attitudes, and practices of women in perimenopause or menopause and their health care providers. Additionally, guidelines and recommendations to inform strategies for oral health promotion are included. Methods: A systematic search was carried out across 5 databases. Inclusion criteria included articles published in English that examined at least one study outcome: oral health knowledge, attitudes, and practices of either women in

perimenopause or menopause or of health care providers or guidelines around oral health care. Qualitative, quantitative, mixed-methods, and experimental studies with survey components were included with no restrictions on publication period, quality, or setting. Results: A total of 12 articles met the inclusion criteria, with a majority being of poor quality and mostly from low-income and middle-income countries. Overall findings indicated that there was a lack of knowledge and limited practices in maintaining oral hygiene and visiting the dentist among women in perimenopause or menopause. Health care providers exhibited poor attitudes in advising the importance of periodic dental check-ups and informing oral health changes during this period. There were also insufficient guidelines to adopt care for women and guide health care providers in their practice. Discussion: Women in perimenopause or menopause have limited oral health knowledge and unmet oral health needs. Appropriate guidelines and supportive strategies are required to assist health care providers in providing comprehensive care and encouragement to women in perimenopause or menopause to improve their oral health.

25. Unraveling sleep quality in menopausal women: objective assessments and self-reported experiences - a mini-review

Authors: Wang, Lixia;Xiao, Yi;Luo, Min and Huang, Rong

Publication Date: Mar 11 ,2025

Journal: Climacteric 1-11

Abstract: Sleep is a cornerstone of health, playing an integral role in both physiological and psychological functions. However, it is vulnerable to a variety of factors including menopause. According to available research, the onset of the menopause transition may not necessarily worsen sleep architecture and could even enhance it, leading to conflict between assessment of subjective and objective sleep complaints. This discrepancy highlights the complex relationship between subjective and objective sleep quality. Understanding this relationship remains challenging due to the limited number of longitudinal studies and small sample sizes. This review explores findings from both subjective and objective sleep assessments in menopausal women and examines the impact of menopausal hormone therapy on sleep quality.

26. Treating the perimenopause in the UK Armed Forces: a mixed-methods review exploring the confidence of GPs.

Authors: Willman, Antony Sean and King, Kate

Publication Date: 2025

Journal: Bjgp Open

Abstract: BACKGROUND: Access to high quality perimenopause (PMP) care for UK Armed Forces (UKAF) personnel is crucial, given the increasing proportion of women aged 40-55 in the service. However, owing to the lack of exposure of GPs to the PMP in defence primary health care (DPHC), there are concerns about the confidence in PMP management,

particularly in prescribing hormone replacement therapy (HRT). **AIM:** To assess the confidence of GPs working in DPHC in the management of the PMP. **DESIGN & SETTING:** This study employed a mixed-methods approach and included all GPs (uniformed and civilian) working in DPHC. **METHOD:** A cross-sectional survey gathered quantitative data on demographics, views on PMP care, and self-rated confidence levels in managing the PMP among defence GPs (DGPs). Semi-structured interviews of purposefully sampled responders were thematically analysed to explore these issues further. **RESULTS:** There were 164 responses from 542 DGPs (response rate 30.3%). The majority of responders expressed confidence in managing the PMP but reported lower confidence levels in prescribing HRT for younger women and initiating testosterone. Factors influencing confidence included recent PMP continuing professional development (CPD), GP sex, and exposure to PMP cases. Semi-structured interviews provided deeper insights into GP characteristics, CPD, and awareness of the PMP. Women's health hubs providing PMP care and experiential education were strongly supported. **CONCLUSION:** The study identified gaps in confidence among DGPs, particularly in certain aspects of PMP management, similar to those found in NHS GPs. CPD and case exposure were important predictors of confidence, with strong support for regional women's health hubs to optimise PMP care. Further research is warranted to explore strategies for bridging confidence gaps and improving PMP care delivery within the UKAF context. Copyright © 2025, The Authors.

27. Health inequality and improvement gap in the prevalence of gynecological cancers among perimenopausal women globally, 1990-2019.

Authors: Yang C.;Zou J.;Luo X.;Ou Y.;Wang X.;Guan Q.;Zeng F.;Liang D. and Lin, X.

Publication Date: 2025

Journal: BMC Public Health 25(1) (pagination), pp. Article Number: 590. Date of Publication: December 2025

Abstract: Background: Perimenopausal women are a high-risk group for gynecological cancers; however, the spatiotemporal heterogeneity in prevalence and its association with socioeconomic development have not been fully explored. This study aimed to analyze the global burden of cervical, ovarian, and uterine cancers among perimenopausal women, examine health inequalities, and investigate their relationship with socioeconomic levels. Methods: We assessed the disease burden of gynecological cancers in perimenopausal women using the 2019 Global Burden of Disease study (GBD2019) data, utilizing prevalence and Years of Life Lost (YLL) rates. Health inequality and frontier analyses were performed based on age-standardized prevalence rates for cervical, ovarian, and uterine cancers, coupled with associated socio-demographic index (SDI) data. Results: Over the past thirty years, global prevalence rates of cervical, ovarian, and uterine cancers among perimenopausal women have risen, while the number of YLLs has declined. Correlation analysis with the SDI showed that ovarian and uterine cancer prevalence rates positively correlated with SDI, whereas cervical cancer prevalence was inversely related to it. Moreover, the burden of these cancers demonstrated marked inequalities in relation to SDI, with cervical cancer disparities intensifying-the absolute value of the inequality slope index rose from 100.98 in 1990 to 170.17 in 2019. Ovarian cancer experienced a slight decrease in inequalities, while uterine cancer saw a significant increase, with its inequality slope index

jumping from 176.51 in 1990 to 226.01 in 2019. Additionally, there existed regional health disparities in the disease burden of ovarian cancer among perimenopausal women; notably, in regions where YLLs rates for ovarian cancer were increasing, economically developed areas actually exhibited a decline. Conclusion: Globally, the prevalence of gynecological cancers in perimenopausal women showed an increasing trend. The health inequality gap for cervical and uterine cancer has widened, while disparities in ovarian cancer are particularly pronounced across regions. There remains scope for improvement in managing the prevalence of gynecological cancers among perimenopausal women across countries with varying SDI levels.

In the news

Update – Subcutaneous Hormone Implant Therapy

21 February 2025, British Menopause Society

“Further to the BMS News Alert issued on 20 February 2025, the MHRA has now provided the British Menopause Society with information about the availability of subcutaneous hormone implants.”

<https://thebms.org.uk/2025/02/update-subcutaneous-hormone-implant-therapy-2/>

Swab test could help UK women avoid invasive checks for womb cancer

4 March 2025, Denis Campbell

“A new swab test could help hundreds of thousands of women a year in the UK who may have womb cancer avoid having an often painful invasive procedure to detect the disease.”

<https://www.theguardian.com/society/2025/mar/04/swab-test-could-help-uk-women-avoid-invasive-checks-for-womb-cancer>

The unspoken agony of vaginal dryness: ‘I had to give up four jobs in four years’

16 February 2025, Polly Hudson

“Recently, there has been much more discussion of menopause. But one debilitating condition, experienced by 80% of women, remains shrouded in secrecy and misunderstanding”

<https://www.theguardian.com/society/2025/feb/16/the-unspoken-agony-of-vaginal-dryness-i-had-to-give-up-four-jobs-in-four-years>

Menopause Exchange Newsletter

Issue 103 Winter 2024-25

- Stages of the menopause
- HRT questions you forgot to ask
- Menopause urogenital problems
- Looking after your feet at the menopause

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Sources Used:

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