

# Menopause

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**April 2025**

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Contact Helen Clemow at Salisbury NHS Foundation Trust to receive a blend of news and information based on topics discussed at their *Menopause Tea and Talk* sessions:  
[helen.clemow@nhs.net](mailto:helen.clemow@nhs.net)

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## Guidance

**Fezolinetant▼ (Veoza): risk of liver injury; new recommendations to minimise risk**

**Medicines and Healthcare products Regulatory Agency, 10 April 2025**

Fezolinetant treatment is associated with a risk of drug induced liver disease. New recommendations have been introduced to minimise this risk. Liver function should be monitored before and during treatment in all patients taking fezolinetant. Fezolinetant should be avoided in patients with known liver disease or at a higher risk of liver disease.

<https://www.gov.uk/drug-safety-update/fezolinetantv-veoza-risk-of-liver-injury-new-recommendations-to-minimise-risk>

## Research

### 1. Dietary patterns derived using reduced rank regression in postmenopausal women and risk of mortality: A population-based study.

**Authors:** Amiri, Mojgan;Raeisi-Dehkordi, Hamidreza;Steur, Marinka;Grisotto, Giorgia;Rivadeneira, Fernando;Ikram, M. Kamran;Kavousi, Maryam;Muka, Taulant and Voortman, Trudy

**Publication Date:** Mar 07 ,2025

**Journal:** Maturitas 196, pp. 108234

**Abstract: OBJECTIVES:** The menopause transition increases the risk of chronic conditions in women. Given the crucial role of diet in health, we identified dietary patterns that explain variations in factors related to major health concerns in postmenopausal women. Also, we explored their association with all-cause and cardiovascular mortality. **STUDY DESIGN:** This study was conducted on 1814 postmenopausal women from the population-based Rotterdam Study. **MAIN OUTCOME MEASURES:** Dietary patterns were identified using reduced rank regression. Response variables included bone mineral density, body composition parameters, lipid profile markers, insulin resistance, systolic blood pressure, cognitive function, depression, and sleep quality. The associations with risk of mortality were assessed using Cox proportional hazard models. **RESULTS:** The first dietary pattern, characterized by higher intake of vegetables, whole grains, legumes, nuts, coffee, tea, alcoholic beverages, and cheese, explained 2.95 % of the variation in responses, accounted for 12.11 % of the variation in general cognitive function captured by G-factor, 5.62 % in systolic blood pressure, and 4.13 % in bone mineral density, and was correlated with less adiposity, lower blood pressure, lipid markers, and insulin resistance. The second dietary pattern, characterized by higher intakes of processed meat, unprocessed red meat, poultry, eggs, and coffee, and lower intakes of sweets and tea, explained 1.54 % of the variation in responses, accounted for 5.45 % of variation in fat mass percentage, 3.47 % in lean mass index, and 3.29 % in bone mineral density, and was correlated with higher adiposity, insulin resistance, and lipid markers. No associations with mortality risk were identified after adjusting for confounders such as demographics, socioeconomic status, lifestyle, disease history, and medication use. **CONCLUSIONS:** We identified dietary patterns explaining a range of variation in health factors related to postmenopausal health. While these dietary patterns explained a large variation in some of the individual factors, their combined explained variation across multiple risk factors simultaneously was limited and no significant association with mortality risk was observed. This study provides a foundation for future research aimed at identifying optimal dietary patterns, integrating diverse health aspects, to improve health in postmenopausal populations. Copyright © 2025 The Authors. Published by Elsevier B.V. All rights reserved.

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### 2. 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 R.;Singh N. and Gatuguta, A.

**Publication Date:** 2025

**Journal:** Post Reproductive Health 31(1), pp. 33–38

**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.

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

**Authors:** Bruce D. and Adeniji, Y.

**Publication Date:** 2025

**Journal:** Post Reproductive Health 31(1), pp. 41–44

**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.

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#### **4. Fibromyalgia and the menopause transition - what's what? Implications for patient outcomes.**

**Authors:** Clarke J.;Briggs P. and Goebel, A.

**Publication Date:** 2025

**Journal:** Post Reproductive Health 31(1), pp. 50–53

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#### **5. Menopausal symptom burden as a predictor of mid- to late-life cognitive function and mild behavioral impairment symptoms: A CAN-PROTECT study.**

**Authors:** Crockford J.F.E.;Guan D.X.;Einstein G.;Ballard C.;Creese B.;Corbett A.;Pickering E.;Bloomfield A.;Roach P.;Smith E.E. and Ismail, Z.

**Publication Date:** 2025

**Journal:** PLoS ONE 20(3 March) (pagination), pp. Article Number: e0301165. Date of Publication: March 2025

**Abstract:** Background Recent evidence suggests the experience of menopausal symptoms (i.e., perimenopausal symptoms) may be associated with cognitive and behavioural changes. We investigated these two relationships in a sample of postmenopausal females. Design Cross-sectional observational study. Setting Participant data was collected from the Canadian Platform for Research Online to Investigate Health, Quality of Life, Cognition, Behaviour, Function, and Caregiving in Aging (CAN-PROTECT) study. Participants 896 postmenopausal female participants. Methods Menopausal symptom burden was operationalized by summing the total number of recalled perimenopausal symptoms experienced. Cognitive function was measured using the Everyday Cognition (ECog-II) Scale, with higher scores reflecting greater severity. Mild Behavioral Impairment (MBI) was measured using the Mild Behavioral Impairment Checklist (MBI-C), with higher scores reflecting greater severity. A negative-binomial regression model examined the relationship between menopausal symptom burden and cognitive function, while a zero-inflated negative binomial regression model examined the relationship between menopausal symptom burden and MBI symptoms. Models adjusted for age, years of education, age of menopausal onset, type of menopause, and hormone therapy (HT). Age of menopausal onset and use of HT in the two associations were investigated with moderation analyses. Results Greater menopausal symptom burden was associated with higher ECog-II total scores ( $b$  [95% confidence interval (CI)] = 5.37 [2.85, 7.97]) and higher MBI-C total scores ( $b$  [95% CI] = 6.09 [2.50, 9.80]). Use of HT did not significantly associate with ECog-II total scores ( $b$  [95% CI] = -10.98 [-25.33, 6.35]), however, HT was significantly associated with lower MBIC total scores ( $b$  [95% CI] = -26.90 [-43.35, -5.67]). Conclusions Menopausal symptom burden is associated with poorer cognitive function and more MBI symptoms in mid- to late life. HT may help mitigate symptoms of MBI. These findings suggest that the experience of menopause may indicate susceptibility to cognitive and behavioural changes, both markers of dementia.

## **6. 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.

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## **7. Long-term efficacy of CO<sub>2</sub> fractional laser in the treatment of genitourinary syndrome of menopause.**

**Authors:** Favier, Dr Amelia;Donnart, Dr Marion;Oueld Es Cheikh, Dr Eva;Morisot, Adeline;Uzan, Pr Catherine and Canlorbe, Pr Geoffroy

**Publication Date:** Feb 27 ,2025

**Journal:** Journal of Gynecology Obstetrics and Human Reproduction 54(5), pp. 102933

**Abstract:** The aim of this study was to evaluate the long-term efficacy and adverse effects of fractionated CO<sub>2</sub> laser in the treatment of GSM (Genitourinary Syndrome of menopause). This was a retrospective, monocentric, study conducted between January 2017 and July 2023. Forty-six patients receiving 3 sessions of fractional CO<sub>2</sub> laser at 4-6 weeks apart were included. The primary endpoint was the satisfaction of the patient (unsatisfied, neutral or satisfied) 24 months after the treatment. Secondary endpoints were improvement of their

GSM, with the use of a sexual health and quality of life scores (FSFI and SF-12), changes in the use of local treatments and adverse events. A sub-group analysis evaluated patients with a history of breast cancer and patient ongoing antihormone therapy. Twenty-four months after treatment, 41 % (n = 19) patients were satisfied, 21 % (n = 10) patients were neutral, and 38 % (n = 17) patients were unsatisfied. There was a significant reduction in hypoesthesia during intercourse (p = 0.007), vaginal discharge (p = 0.009) and vaginal dryness (p = 0.0003). There was no significant improvement in SF-12, FSFI scores or reduction in the use of local treatments. No serious short- or long-term adverse events were reported. Among patients with a history of breast cancer (n = 26), there was a significant reduction in hypoesthesia during intercourse (p = 0.016), vaginal discharge (p = 0.041) and vaginal dryness (p = 0.0004). The CO2 fractional laser showed an improvement in GSM 24 months after treatment. In the population of patients followed for breast cancer, results were also promising over the long term of treatment. Copyright © 2025. Published by Elsevier Masson SAS.

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## 8. Physical activity accumulated across adulthood and vasomotor symptoms in pre, peri, and postmenopausal women aged 40-48.

**Authors:** Gama-Pinto, Jovenal and Mielke, Gregore Iven

**Publication Date:** Mar 11 ,2025

**Journal:** Maturitas 196, pp. 108245

**Abstract: OBJECTIVES:** This study aimed to examine the associations between physical activity accumulated through adulthood and vasomotor symptoms (hot flushes and night sweats) of menopause in women aged 40-48. **METHODS:** Data from 6569 women in the 1973-78 cohort of the Australian Longitudinal Study on Women's Health (ALSHW) were analysed in 2024. Physical activity data were collected every three years from age 22-28 to 43-48. Participants were classified into low, moderate, and high levels of cumulative physical activity based on their reported activity across the surveys. The main outcome was the occurrence of vasomotor symptoms, specifically hot flushes and night sweats, reported by participants at age 40-48. **RESULTS:** At age 40-48, 21.4 % reported hot flushes (26.6 % low, 20.7 % moderate, 20 % high activity), and 25.5 % reported night sweats (27.7 % low, 24.9 % moderate, 25.0 % high activity). Women with moderate levels of cumulative physical activity from their early 30s to early 40s had 20 % lower odds of experiencing hot flushes than those with low activity levels (OR: 0.80, 95 % CI: 0.67-0.95). This association remained statistically significant after adjusting for sociodemographic factors (OR: 0.83, 95 % CI: 0.69-0.99) but was no longer significant after further adjustment for health-related factors, including alcohol consumption, body mass index, menopausal status, self-rated health, anxiety, and depression. No significant associations were found between cumulative physical activity and vasomotor symptoms for other life stages. **CONCLUSIONS:** Although overall cumulative physical activity levels were not associated with vasomotor symptoms, moderate physical activity levels accumulated from the early 30s to early 40s were associated with lower odds of experiencing hot flushes. Copyright © 2025 The Authors. Published by Elsevier B.V. All rights reserved.

## 9. Relation between pelvic organ prolapse and menopausal hormone therapy: nationwide cohort study.

**Authors:** Jung, Hee-Yeong;Kim, Tae-Ran;Han, Gwan Hee and Yuk, Jin-Sung

**Publication Date:** 2025

**Journal:** Obstetrics & Gynecology Science

**Abstract: Objective:** To analyze the relationship between pelvic organ prolapse (POP) and menopausal hormone therapy (MHT). **Methods:** This retrospective cohort study used Korean National Health checkup and insurance data from 2002 to 2019. The MHT group consisted of women who were prescribed menopausal hormones for more than 6 months from 2002 to 2011. The non-MHT group comprised postmenopausal women who had never used MHT. **Results:** In the non-MHT group, there were 1,001,350 women, while the MHT group had 353,206 women. Tibolone (adjusted hazard ratio [aHR], 0.87; 99% confidence interval [CI], 0.818-0.926) and combined estrogen plus progestin by the manufacturer (CEPM) (aHR, 0.821; 99% CI, 0.758-0.89) were associated with reduced POP risk. The other oral MHT groups and the transdermal estrogen group showed no significant difference in POP risk compared with the non-MHT group (other oral MHT: aHR, 1.045; 99% CI, 0.941-1.161) (transdermal estrogen: aHR, 1.252; 99% CI, 0.731-2.145). Lower body mass index (BMI) ( $\geq 3$ : aHR, 1.916; 99% CI, 1.712-2.144). **Conclusion:** After menopause, tibolone and CEPM were associated with a reduced POP risk compared with non-MHT. Other oral MHT and transdermal estrogen were not associated with the risk of POP.

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## 10. Safety of Fezolinetant for Treatment of Moderate to Severe Vasomotor Symptoms Due to Menopause: Pooled Analysis of Three Randomized Phase 3 Studies.

**Authors:** Kagan R.;Cano A.;Nappi R.E.;English M.L.;Mancuso S.;Wu X. and Ottery, F. D.

**Publication Date:** 2025

**Journal:** Advances in Therapy 42(2), pp. 1147–1164

**Abstract:** Introduction: This study evaluated the safety and tolerability of fezolinetant in women with vasomotor symptoms (VMS) due to menopause in a pooled analysis of data from three 52-week phase 3 studies (SKYLIGHT 1, 2, and 4). Methods: SKYLIGHT 1 and 2 were double-blind, placebo-controlled studies where women ( $\geq 40$  to  $\leq 65$  years), with moderate to severe VMS (minimum average  $\geq 7$  hot flashes/day) were randomized to once-daily placebo, fezolinetant 30 mg or 45 mg. After 12 weeks, those on placebo were re-randomized to fezolinetant 30 mg or 45 mg, while those on fezolinetant continued on their assigned dose for 40 weeks. SKYLIGHT 4 was a placebo-controlled, double-blind, 52-week safety study. Safety was assessed by frequency of treatment-emergent adverse events (TEAEs) and endometrial events. TEAEs of special interest included liver test elevations and endometrial hyperplasia or cancer or disordered proliferative endometrium. Results: Totals of 952 participants receiving placebo, 1100 receiving fezolinetant 45 mg, and 1103 receiving fezolinetant 30 mg took  $\geq 1$  dose of study medication. TEAEs occurred in 55.3%, 62.9%, and 65.4%, respectively; exposure-adjusted results were consistent with these results. Most frequent TEAEs in

fezolinetant-treated participants included upper respiratory tract infection (7.7-8.3%), headache (6.8-8.2%), coronavirus disease 2019 (5.8-6.1%), back pain (3.1-3.7%), arthralgia (2.9-3.2%), diarrhea (2.3-3.2%), urinary tract infection (2.9-3.4%), and insomnia (2.0-3.0%). The incidence of drug-related serious TEAEs and associated treatment withdrawals was low. Elevations in liver transaminases occurred in 1.5-2.3% of fezolinetant-treated participants, were typically asymptomatic and transient, resolved on treatment or discontinuation, with no evidence of severe drug-induced liver injury (Hy's law). Endometrial safety results were well within US Food and Drug Administration criteria. Analysis of benign and non-benign neoplasm controlled for exposure demonstrated no increased risk versus placebo. Conclusion: Pooled data confirm the safety and tolerability of fezolinetant over 52 weeks.

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## **11. A review of menopause in transgender and gender diverse individuals.**

**Authors:** Kelley C.E. and Ariel, D.

**Publication Date:** 2025

**Journal:** Current Opinion in Obstetrics and Gynecology 37(2), pp. 83–96

**Abstract:** Purpose of review This review aims to provide a comprehensive overview of the specific challenges, health considerations, and healthcare needs of transgender and gender diverse (TGD) people navigating menopause, highlighting the intersection of gender identity, hormone treatment, and age-related changes. Recent findings Research on menopause in TGD individuals is lacking, without guidelines to support clinical management. This is the first review of its type to summarize the described impact of the menopausal transition on TGD individuals, the potential long-term risks associated with both gender-affirming hormone therapy and the intersectionality with aging, and how these risks may impact hormone management and overall comprehensive care. Summary By drawing on the shared principles of cisgender menopausal hormone therapy and gender-affirming hormone therapy, providers are well positioned to apply their expertise to support the TGD population during menopause. We recommend using shared decision-making, culturally competent care, and a strong understanding of the biological, personal, and social experiences of TGD people that do not necessarily conform to stereotypically ciswoman experiences.

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## **12. Development and validation of a menopause-specific health literacy scale for middle-aged women.**

**Authors:** Lee, Haein;Kim, Junghee and Lee, Hanna

**Publication Date:** Mar 27 ,2025

**Journal:** Patient Education & Counseling 136, pp. 108762

**Abstract: OBJECTIVE:** This study aimed to develop and validate the Menopause-Specific Health Literacy Scale (Men-HLS) for middle-aged women aged 45-64 years, utilizing an Item Response Theory (IRT) framework and traditional factor analysis. **METHODS:** Based on the four subdomains (access, understand, appraise, and apply) of the integrated health literacy

conceptual model proposed by the European Health Literacy Consortium, we developed 73 preliminary items, combining self-reported (subjective) and performance-based (objective) measures. Content validity was assessed by an expert panel (n=14) and face validity was evaluated by the target population (n=15). Validity and reliability were evaluated using exploratory factor analysis (EFA), confirmatory factor analysis (CFA), internal consistency, and item analysis based on classical test theory and IRT. **RESULTS:** The scale was refined to 45 items following content and face validity assessments and reduced to 35 items through classical test theory-based item analysis and inter-item correlation. EFA removed seven cross-loaded items, resulting in three distinct factors: accessing (ACS), appraising (APR), and utilizing (UTL). The IRT analysis demonstrated high item discrimination, with four items in the UTL subdomain showing moderate discrimination. CFA confirmed a good model fit. The final Men-HLS comprised 28 items (6 for ACS, 9 for APR, and 13 for UTL) and achieved a Cronbach's alpha of 0.91. **CONCLUSIONS:** The Men-HLS is a valid and reliable instrument for identifying health literacy challenges in middle-aged women. Further research is needed to establish its predictive validity through longitudinal data and confirm its measurement invariance across diverse sociodemographic groups. **PRACTICE IMPLICATIONS:** The Men-HLS provides healthcare professionals with a practical tool for assessing the health literacy levels required to manage menopausal symptoms and chronic conditions, facilitating the development of targeted educational resources and interventions for improved health management. Copyright © 2025 Elsevier B.V. All rights reserved.

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### 13. Feasibility of ballistic vs conventional resistance training in healthy postmenopausal women: A three-arm parallel randomised controlled trial.

**Authors:** Marques, Elisa A.;Caliskan, Ogulcan;Brooke-Wavell, Katherine and Folland, Jonathan

**Publication Date:** Mar 13 ,2025

**Journal:** Maturitas 196, pp. 108246

**Abstract: OBJECTIVES:** Power training has gained attention as a method for enhancing functional performance and mitigating fall risk in older adults, yet its long-term feasibility and safety, particularly in ballistic resistance training, remain underexplored in postmenopausal women. We evaluated the feasibility of 8-month ballistic resistance training compared with conventional resistance training in postmenopausal women. **STUDY DESIGN:** The Resistance Exercise Programme on Risk of Osteoporosis and Osteoarthritis in Females (REPROOF) study was a three-arm parallel group randomised controlled trial at a university lab in the UK. Healthy postmenopausal women (n = 109) were randomised to 30 weeks (2 sessions/week) of lower-body ballistic resistance training, conventional resistance training, or a non-exercising control group. **MAIN OUTCOME MEASURES:** The primary outcomes, collected by questionnaire, were process feasibility, acceptability, perceived exercise efficacy, and adverse events. **RESULTS:** Eighty-two participants completed the trial (75.2 % retention). Both ballistic resistance training and conventional resistance training were well accepted, with most participants rating the intervention positively. No differences in the perceived improvements in physical function and psychological well-being were found between the resistance training groups. Similarly, there was no significant difference in the rate of muscle-related adverse events between the resistance training groups (ballistic, 2.7 per 100 person-weeks;

conventional, 2.3 cases per 100 person-weeks), but the rate was significantly lower in the control group (0.9 cases per 100 person-weeks). No serious adverse events occurred during or within 24 h of exercise sessions. **CONCLUSIONS:** The absence of serious adverse events and the observed positive outcomes confirm the safety, satisfaction, and perceived effectiveness of ballistic resistance training, suggesting its potential for broader application in healthy postmenopausal women. **CLINICALTRIALS:** gov registry ID NCT05889598. Copyright © 2025. Published by Elsevier B.V.

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#### 14. Effectiveness of Hormonal Therapy for Post-Menopausal Women with Hormone Receptor-Positive Advanced Breast Cancer: A Systematic Review and Meta-Analysis of Clinical Trials.

**Authors:** Okwor, Vitalis C.;Okwor, Juliet C.;Ukwuoma, Maryjane K.;Mitha, Sara B. and Nweke, Martins C.

**Publication Date:** Mar 17 ,2025

**Journal:** Medical Principles & Practice 1-26

**Abstract: OBJECTIVE:** Breast cancer (BC) cells exhibit mutations over time, conferring resistance to therapeutic approaches. We attempted to ascertain the efficacy of selected hormonal therapy for advanced BC. **METHODS:** This is a systematic review and meta-analysis of clinical trials. We searched Medline, PubMed, Cochrane Library, Web of Science and others. Studies that investigated the effectiveness of hormonal therapy for HR+ advanced BC were included. The outcomes were progression-free survival (PFS), overall survival (OS) and objective response rate (ORR). A random-effect meta-analysis model was employed. The study protocol was registered with the International Prospective Register of Systematic Reviews: CRD42023431939. **RESULTS:** 21 studies were included in the meta-analysis with an overall sample size of 8482. ORR and PFS between aromatase inhibitors (AI) and other hormonal therapies: selective estrogen receptor degrader (SERD), selective estrogen modulator (SERM) and androgen inhibitors showed no significant difference [OR = 1.122 (0.917-1.374),  $p = 0.263$ ]; [OR = 0.010 (0.000-1.292),  $p = 0.063$ ], respectively. Sub-group analysis showed a statistically significant difference in ORR in favour of patients who received SERM compared to AI [OR = 1.362 (1.033-1.795),  $p = 0.028$ ]. For OS, no significant difference was observed among anastrozole, letrozole and exemestane recipients [OR = 1.718 (0.021-139.128),  $p = 0.809$ ]. **CONCLUSION:** Given the above findings, clinical decisions could be based on factors such as the line of cancer treatment, adverse events, drug dosing, and individual drug benefits. Although newer combination therapies are being adopted, the agents explored in this review are still widely used in clinical practice for HR+ BC. Copyright The Author(s). Published by S. Karger AG, Basel.

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#### 15. The Burden of Poor Reproductive Health in England: Results From a Cross-Sectional Survey

**Authors:** Palmer, Melissa J.;McCarthy, Ona L. and French, Rebecca S.

**Publication Date:** 2025

**Abstract:** **ABSTRACT** Objective To quantify the burden of poor reproductive health in England by age, ethnicity, and financial security. Design Cross-sectional survey. Setting England. Sample 59 332 women and people assigned female at birth aged 16–55 years. Methods The Reproductive Health Survey for England 2023 (RHSE2023) used an online convenience sampling strategy and a self-completion questionnaire. Main Outcome Measures 13 indicators of reproductive health organised into three domains: reproductive morbidities (including endometriosis, fibroids); menstrual health (severely painful and/or heavy periods; menopausal symptoms); and pregnancy-related adverse experiences (pregnancy loss, infertility, unplanned pregnancy) in the last year. Results Compared to the general population, our sample over-represented those with higher education levels and under-represented minority ethnic groups. 28.0% of participants reported at least one reproductive morbidity; 61.9% reported menstrual-related issue(s); and 5.5% reported pregnancy-related adverse experience(s) in the last year, with considerable variation by age. Compiling the three domains, 73.7% reported at least one indicator of poor reproductive health. Inequalities were observed: Black British, Caribbean, and African women had increased odds of reporting reproductive morbidity (aOR: 1.69); heavy and/or severely painful periods (aOR: 1.28); and pregnancy-related adverse experience (aOR: 1.50). Financial insecurity was also associated with poor reproductive health. Conclusions As the first study to simultaneously examine this broad range of indicators of reproductive health within a single sample, we highlight the substantial burden of poor reproductive health in England, with evident ethnic and financial inequalities.

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## **16. Age of menopause, healthy lifestyle and cardiovascular disease in women: A prospective cohort study.**

**Authors:** Pant A.;Gibson A.A.;Marschner S.;Liao L.P.;Laranjo L.;Chow C.K. and Zaman, S.

**Publication Date:** 2025

**Journal:** Heart 111(6), pp. 262–268

**Abstract:** Background Menopause is a timely opportunity to screen for cardiovascular disease (CVD) and intervene with healthier lifestyles. We investigated the association between premature/early menopause and the likelihood of CVD and whether a healthy lifestyle is associated with a lower likelihood of CVD in menopausal woman. Methods The Sax Institute's 45 and Up Study prospectively recruited participants aged  $\geq 45$  years ( $n=267\,357$ ) between 2005 and 2009 (New South Wales, Australia). Our study included women without prior CVD and reporting menopausal age at baseline. Primary outcome was new-onset CVD (self-reported heart disease/stroke) based on survey data at Wave 2 (2012–2015) and/or Wave 3 (2018–2020). Logistic regression models assessed the associations of premature (age  $<40$  years) and early (age 40–44 years) menopause with CVD, compared with menopause between 50 and 52 years, adjusting for sociodemographic and clinical variables. Healthy lifestyle adherence was assessed using a score of five factors: smoking, physical activity, sitting, sleep and diet. Results We included 46 238 women (mean age  $62.1 \pm 8.2$  years), with 5416 (11.7%) cases of CVD over 15-year follow-up. After adjustment, the odds of CVD was higher in women with premature menopause (OR 1.36, 95% CIs 1.17 to 1.59;  $p<0.0001$ ) and early menopause

(OR 1.15, 95% CI 1.03 to 1.28;  $p=0.013$ ) compared with menopause between 50 and 52 years. Among all women, high (score 9-10) versus low (score 0-5) healthy lifestyle adherence led to 23% lower odds of CVD (OR 0.77, 95% CI 0.68 to 0.86;  $p<0.0001$ ), and in women with premature menopause, led to 52% lower odds of CVD (OR 0.48, 95% CI 0.30 to 0.77,  $p=0.0022$ ). Lifestyle effect did not significantly differ between menopause categories (interaction,  $p=0.71$ ). Conclusion Women with premature/early menopause are at higher likelihood for CVD. Lifestyle modification is associated with consistent reduction of the likelihood of CVD in women and should be encouraged across the life course.

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## **17. TO DETERMINE WHETHER VAGINAL PH CAN REPLACE SERUM FSH AS A MARKER FOR MENOPAUSE.**

**Authors:** Parihar P.;Raina P.;Majotra N. and Sharma, S.

**Publication Date:** 2025

**Journal:** International Journal of Medicine and Public Health 15(1), pp. 898–901

**Abstract:** Background: Menopause is diagnosed retrospectively since its confirmation occurs 12 months after cessation of menstruation. The diagnosis of menopause is confirmed by serum FSH levels  $\geq 40$  IU/L. Studies have focused on vaginal pH  $\geq 4.5$  to be diagnostic of menopause, as it is a simple, non-invasive and inexpensive test. Objective: To determine whether vaginal pH can replace serum FSH level as a marker for menopause. Materials and methods: This cross sectional descriptive study was conducted in randomly selected 200 females with menopausal symptoms. Vaginal pH was measured with a pH strip and blood was assayed for serum FSH levels using chemiluminescence technique. Statistical tests were used to determine the correlation between both in diagnosing menopause. Results: The study was conducted on 200 females with menopausal symptoms. Vaginal pH value  $\geq 4.5$  had a sensitivity of 100% and FSH  $\geq 40$  IU/L had a sensitivity of 99.36% in detecting post menopausal status. Vaginal pH and FSH were positively associated by Pearson Chi-Square test ( $p<0.001$ ) and McNemer test ( $p=0.180$ ). Pearson's correlation coefficient and Spearman's rho tests showed that these two parameters were positively correlated. Conclusion: It was concluded that vaginal pH is simple, accurate and cost effective tool that can be used as an alternative to serum FSH level in diagnosing menopause.

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## **18. Patient Satisfaction With Rapid Access Hysteroscopy Clinics for Postmenopausal Bleeding-A Single Centre Observational Study.**

**Authors:** Patel, Sanskruti;Oyston, Charlotte;Sowden, Katherine;Coffey, Julia and Askew, Catherine

**Publication Date:** 2025

**Journal:** Australian & New Zealand Journal of Obstetrics & Gynaecology

**Abstract: BACKGROUND:** Endometrial cancer (EC) is the leading gynaecological cancer and is increasing in incidence. The Counties Manukau area has higher rates of EC than the rest of

New Zealand. Hysteroscopy is the gold standard for the investigation of those with risk factors for EC. To reduce time to diagnosis, our service developed a rapid access clinic (RAC) where hysteroscopy occurs at the first specialist clinic (FSA) visit. **AIM:** To describe patient experience and satisfaction with the RAC. **METHODS:** Postmenopausal patients referred to the RAC were invited to participate in a survey about their experience. Survey responses were summarised, with patient satisfaction, acceptability of FSA and procedure in the same appointment, and pain scores considered as primary outcomes. **RESULTS:** The RAC had 194 attendances over 6 months and 74/112 approached patients consented to participate in the survey (approached response rate 66%). All patients surveyed reported high satisfaction with their care, and all were comfortable having the FSA and procedure in the same appointment. 57% described pain of hysteroscopy equal to or less than a menstrual period. **CONCLUSION:** The results indicate that the RAC is well received by our postmenopausal patients, including higher risk ethnicities, and aligns with existing literature. These findings support the continuation of the outpatient hysteroscopy service and can aid in providing accurate counselling, patient expectations and reproduction of similar service models across other gynaecology units. Copyright © 2025 Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

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### **19. Mediation of the effect of prenatal maternal smoking on time to natural menopause in daughters by birthweight-for-gestational-age z-score and breastfeeding duration: analysis of two UK birth cohorts born in 1958 and 1970.**

**Authors:** Peycheva D.;Li L.;Fewtrell M.;Silverwood R. and Hardy, R.

**Publication Date:** 2025

**Journal:** BMC Women's Health 25(1) (pagination), pp. Article Number: 32. Date of Publication: December 2025

**Abstract:** Background: Prenatal maternal smoking, lower birthweight, and shorter breastfeeding duration have all been associated with an earlier age at menopause in daughters. We estimated the extent to which birthweight-for-gestational-age z-score and breastfeeding duration mediate the effect of prenatal maternal smoking on time to natural menopause in daughters. Methods: Using pooled data from two prospective birth cohort studies – the 1970 British Cohort Study (n = 3,878) followed-up to age 46 years and the 1958 National Child Development Study (n = 4,822) followed-up to age 50 years – we perform mediation analysis with inverse odds weighting implemented in Cox proportional-hazards models. Results: Prenatal maternal smoking was associated with lower birthweight z-scores [ $\beta$ : -0.29; 95% CI -0.34, -0.24] and reduced breastfeeding duration [RRR< 1 month: 0.90; 95% CI 0.79, 1.02; RRR $\geq$  1 month: 0.66; 95% CI 0.59, 0.73 relative to women who were never breastfed]. Greater z-score for birthweight [HR: 0.96; 95% CI 0.91, 1.01] and longer breastfeeding duration [HR $\geq$  1 month: 0.84; 95% CI 0.74, 0.96] were associated with lower hazards for earlier age at natural menopause. The total effect of prenatal maternal smoking on the time to natural menopause in daughters was estimated as a HR of 1.13 [95% CI 1.02, 1.24]. Birthweight z-score and breastfeeding duration jointly explained an estimated 14% of the total effect [HRNIE: 1.02; 95% CI 0.99, 1.05]. Conclusions: The consequences of smoking during pregnancy on the earlier experience of natural menopause in daughters may partly be offset by intrauterine growth and longer breastfeeding duration to the extent that they mediate

the risk of earlier menopause. However, since the extent of mediation by birthweight z-score and breastfeeding duration is small, other factors, including the direct effect of maternal smoking in utero, may play a more important role.

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## **20. Common and unique menopause experiences among autistic and non-autistic people: A qualitative study.**

**Authors:** Piper M.A. and Charlton, R. A.

**Publication Date:** 2025

**Journal:** Journal of Health Psychology (pagination), pp. Date of Publication: 2025

**Abstract:** Autistic people face both similar challenges to non-autistic people as they navigate menopause and additional unique challenges. Semi-structured interviews with 15 autistic and 14 non-autistic adults (assigned female at birth), explored experiences of menopause. Thematic analysis was carried out for the autistic and non-autistic groups separately. Analysis yielded four overarching themes: information about menopause, experiences of menopause, medical support for menopause and backdrop to the menopause. Each of these contained subthemes which indicated both shared and unique experiences between the groups. Both groups reported a lack of information about menopause, endured negative psychological changes during menopause and experienced menopause alongside other important life events. Autistic people faced unique challenges during menopause, including medical professionals not accommodating autistic differences, uncertainty-induced anxiety and the lifelong impact of living without an autism diagnosis. This study highlights the need for tailored care for this group during the menopause transition.

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## **21. Hysterectomy or not for borderline ovarian tumor in menopause?.**

**Authors:** Raimondo, Diego;Raffone, Antonio;Maletta, Manuela;Restaino, Stefano;Arcieri, Martina;Driul, Lorenza;Travaglino, Antonio;Perrone, Anna Myriam;Fagotti, Anna;Mascilini, Floriana;Malzoni, Mario;Falcone, Francesca;Bogani, Giorgio;Ferla, Stefano;Landoni, Fabio;Berretta, Roberto;Ceccaroni, Marcello;Cicogna, Stefania;Pantano, Francesco;Trojano, Giuseppe, et al

**Publication Date:** Apr 09 ,2025

**Journal:** Gynecologic Oncology 196, pp. 152–159

**Abstract: BACKGROUND:** The role of hysterectomy for borderline ovarian tumor (BOT) among postmenopausal women is still unclear. **OBJECTIVE(S):** To assess the impact of hysterectomy on survival outcomes in postmenopausal women with BOT. **STUDY DESIGN:** This study was a national, multicenter, observational, retrospective, cohort study including all consecutive eligible postmenopausal patients who underwent primary surgery for BOT in 20 Italian centers from January 2005 to December 2017. Patients were divided into two groups: hysterectomy group vs no-hysterectomy group. Primary outcome was disease-free survival (DFS) at 5 years of follow-up; secondary outcomes were overall survival (OS) and disease-

specific survival (DSS) at 5 years of follow-up, hazard ratio (HR) for recurrence, death of any cause and death due to BOT, peri-operative complications rates. **RESULTS:** 483 patients were included, 144 (29.8 %) women in the no-hysterectomy group and 339 (70.2 %) in the hysterectomy group. Recurrences were significantly more common in the no-hysterectomy group compared to hysterectomy one (8.3 % vs 2.7 %;  $p = 0.012$ ). The 5-year DFS rate was lower in the no-hysterectomy group than that in the hysterectomy one [92.4 % vs 98.5 %;  $p = 0.007$ ]. At univariate analyses, women who underwent hysterectomy showed HR of 0.312 (95 %CI:0.131-0.740;  $p = 0.008$ ) for recurrence. At multivariate analysis, hysterectomy was found to be an independent protective factor for recurrence (HR: 0.253, 95 %CI:0.103-0.618,  $p < 0.003$ ). **CONCLUSIONS:** In postmenopausal women with BOT, hysterectomy is associated with a decreased risk of recurrence, while it does not affect the risk of death from any cause or death due to the disease. Based on these findings, hysterectomy should be routinely integrated into the surgical staging of BOT in postmenopausal women. Copyright © 2025 Elsevier Inc. All rights reserved.

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## 22. Update of the impact of menopausal hormone therapy on breast cancer risk.

**Authors:** Siitonen, Heli;Joensuu, Johanna;Savolainen-Peltonen, Hanna;Gissler, Mika;Ylikorkala, Olavi and Mikkola, Tomi S.

**Publication Date:** Mar 11 ,2025

**Journal:** European Journal of Cancer 220, pp. 115340

**Abstract: BACKGROUND:** We assessed menopausal hormone therapy (MHT) -related invasive breast cancer (BC) risks among more recent MHT users to compare this data with older national and international data. **METHODS:** We identified in this nationwide cohort study MHT users ( $n=357\,928$ ) in 1994-2019 from the medical reimbursement register and age-matched non-users ( $n=351\,735$ ) from the national population register and followed them for the occurrence of invasive BC with the aid of the Finnish Cancer Registry. The unadjusted BC risks were calculated as odds ratios (ORs) and 95% confidence intervals (CIs). **RESULTS:** During a median of 18 years and 13 million person-years, 23 571 MHT users (6.6 %) and 17 192 non-users (4.9 %) were diagnosed with invasive BC ( $p < 0.001$ ), and the median detection year was 2011. Ever use of estrogen-only therapy for 5-9 years (OR 1.61; 95 % CI 1.51-1.71) or tibolone for  $\leq 10$  years (1.30; 1.02-1.67) was accompanied by smaller risk elevations than use of estrogen-progestogen therapy (EPT) for the same duration (1.82; 1.76-1.88 and 1.98; 1.91-2.06). Dydrogesterone-EPT for 5-9 years was associated with a smaller risk increase (1.32; 1.12-1.55) than other EPT regimens (1.76-2.16; 1.62-2.30). The BC risks remained elevated 5-10 years after cessation of MHT with most of the regimens. **CONCLUSIONS:** Despite possible changes towards safer MHT prescribing, our data collected largely in early millennium show at least as large BC risk elevations in MHT users as seen in older studies. Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.

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## 23. Efficacy of Fractionated Carbon Dioxide Laser for the Treatment of Genitourinary Syndrome of Menopause: A Systematic Review and Meta-analysis.

**Authors:** Vizan-Chaguaceda, Raquel;Leiros-Rodriguez, Raquel and Hernandez-Lucas, Pablo

**Publication Date:** 2025

**Journal:** Obstetrics & Gynecology

**Abstract:** **OBJECTIVE:** To evaluate the short-term effectiveness of fractional CO2 laser for the treatment of genitourinary syndrome of menopause. **DATA SOURCES:** Systematic review was performed of PubMed, Scopus, Web of Science, Cinhal, MEDLINE, and ClinicalTrials.gov. **METHODS OF STUDY SELECTION:** The included studies had to meet the following criteria: 1) The sample consisted exclusively of women diagnosed with genitourinary syndrome of menopause; 2) at least one group in the sample underwent treatment with fractional CO2 laser; 3) the control group received simulated fractional CO2 laser therapy, topical hormonal treatment, or a topical gel lubricant; 4) the studies evaluated outcomes related to sexual function, urinary symptoms, or the quality of the vaginal epithelium; and 5) the study design was a randomized controlled trial. The exclusion criterion specified that participants should not have a history of any type of cancer or prior treatment with a different type of laser. **TABULATION, INTEGRATION, AND RESULTS:** Two reviewers independently screened articles for eligibility and extracted data. Difference in mean differences and their 95% CIs were calculated as the between-group difference in means divided by the pooled SD. The I2 statistic was used to determine the degree of heterogeneity. The 11 articles included in the review had a group receiving fractional CO2 laser therapy and a control group receiving simulated fractional CO2 laser, topical hormonal treatment, or topical gel lubricant. The meta-analyses indicated that fractional CO2 laser is effective for improving sexual function through increased sexual desire, arousal, lubrication, orgasms, and sexual satisfaction; reducing pain during sexual activity (standardized mean difference 0.51,  $P=.021$ ); and improving urinary function by reducing the frequency and magnitude of urinary leakage and frequency of urination (standardized mean difference 0.51,  $P<.001$ ). **CONCLUSION:** Fractional CO2 laser is associated with statistically significant improvements in the short-term treatment of sexual and urinary symptoms but not vaginal epithelium quality. The clinical significance of these changes is unclear. **SYSTEMATIC REVIEW REGISTRATION:** PROSPERO, CRD42023435636. Copyright © 2025 by the American College of Obstetricians and Gynecologists. Published by Wolters Kluwer Health, Inc. All rights reserved.

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## 24. Menopause, Perimenopause, and Migraine: Understanding the Intersections and Implications for Treatment

**Authors:** Waliszewska-Prosol, Marta;Grandi, Giovanni;Ornello, Raffaele;Raffaelli, Bianca;Straburzynski, Marcin;Tana, Claudio and Martelletti, Paolo

**Publication Date:** 2025

**Journal:** Neurology & Therapy

**Abstract:** Migraine affects women three times more often than it does men, and various mechanisms may explain this incidence, including the key role of female sex hormones. Fluctuations in the levels of these hormones and their feedback control regulate the menstrual cycle, pregnancy, puerperium, perimenopause, and menopause. They can influence the occurrence and severity of migraine throughout the reproductive period. Of particular importance seems to be the perimenopausal period, which is associated with an increase in

migraine, especially menstrual migraine, which is considered more disabling and less amenable to treatment than non-menstrual attacks. This article reviews the available evidence documenting the relationship between perimenopause, menopause, and migraine and diagnostic considerations in an attempt to determine the management of these periods of a woman's life. Special considerations, future directions, and unmet needs for perimenopausal and menopausal migraine are also discussed. Copyright © 2025. The Author(s).

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## 25. The effectiveness of mindfulness-based interventions on menopausal symptoms: A systematic review and meta-analysis of randomized controlled trials

**Authors:** Wang, Hongjuan;Wang, Hui;Kwok, Jojo Yan Yan;Tang, Siyuan and Sun, Mei

**Publication Date:** Apr 05 ,2025

**Journal:** Journal of Affective Disorders 381, pp. 337–349

**Abstract: BACKGROUND:** Menopause, a crucial transitioning stage for women, can significantly impact mood and wellbeing. We aimed to systematically examine the effectiveness of Mindfulness-based interventions (MBIs) on health outcomes, including menopausal symptoms, quality of life (QOL), sleep quality, anxiety, depressive symptoms, stress, mindfulness levels, and female sexual function index. **METHODS:** Eight databases were searched from inception to November 4, 2024 for randomized controlled trials. Two researchers independently selected, extracted, and appraised trials using the Cochrane Collaboration's 'risk of bias' tool. Meta-analysis, subgroup analysis, leave-one-out sensitivity analysis, and meta-regression were performed using Stata 18.0. The Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) was used to assess the quality of evidence. **RESULTS:** A total of 19 studies (1670 participants) published between 2011 and 2024 were identified. Of these, 18 studies were included in the meta-analysis. Compared with control group, The pooled analysis demonstrated that MBIs had statistically significant effects on menopausal symptoms (SMD, -2.10; 95 % CI, -3.49 to -0.70), QOL (SMD, -0.88; 95 % CI, -1.67 to -0.09), sleep quality (SMD, -0.92; 95 % CI, -1.65 to -0.20), anxiety (SMD, -1.03; 95 % CI, -1.42 to -0.66), depressive symptoms (SMD, -0.91; 95 % CI, -1.30 to -0.53), stress (SMD, -0.85; 95 % CI, -1.55 to -0.15), and mindfulness levels (SMD, 1.19; 95 % CI, 0.35 to 2.02). The overall quality of evidence for all pooled estimates were graded as low and moderate due to methodological limitations and small sample size. The low attrition rate (6 %) and relatively high adherence rate (79 %) highlight the acceptability of MBIs. **CONCLUSIONS:** This systematic review and meta-analysis support using of MBIs to improve health outcomes in menopausal women. Rigorous randomized controlled trials with extended follow-up are needed to elucidate the mechanisms linking MBIs to menopausal health and strengthen evidence for clinical application. Copyright © 2025 Elsevier B.V. All rights reserved.

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## 26. Women's experiences and expectations during the menopause transition: a systematic qualitative narrative review.

**Authors:** Wood K.;McCarthy S.;Pitt H.;Randle M. and Thomas, S. L.

**Publication Date:** 2025

**Journal:** Health Promotion International 40(1) (pagination), pp. Article Number: daaf005. Date of Publication: 01 Feb 2025

**Abstract:** There is an increased research focus on the menopause transition. However, this literature is still largely focused on quantitatively surveying women about their menopause symptoms, with less qualitative focus on women's lived experiences of menopause. This includes the impact of menopause on women's daily lives, how they seek information and support, and their perceptions of societal attitudes towards menopause. This article presents a narrative review of qualitative studies (2014-24) conducted with women aged 45-60 years that focused on the lived experience of menopause. Four themes were constructed from 12 papers using reflexive thematic analysis. Menopause was considered a natural and normal part of the ageing process, with many positives, including new beginnings and elevating women's status as elders in their communities. However, some women found menopause challenging in the context of other factors occurring in midlife. This included a lack of access to information about their symptoms and what they were experiencing. Specific challenges related to mood changes also impacted women's identity and social connections with others. Women's negative experiences were influenced by stigma and gendered social stereotypes about ageing. Improving the theoretical and methodological quality and coherence of qualitative research, with independent funding for these studies, would strengthen the literature relating to women's lived experience of menopause. As well as the individual and social determinants of women's experiences, it is important that research also considers the impact of the framing of menopause, and how economic, commercial, and political determinants may intersect to influence women's experiences of the menopause transition.

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**27. Prevalence and impact of vasomotor symptoms due to menopause among women in Canada: A subgroup analysis from an international cross-sectional survey of Women with Vasomotor Symptoms Associated with Menopause (WARM Study).**

**Authors:** Yuksel N.;Todorova L.;Scrine L.;Rea C. and Bouchard, C.

**Publication Date:** 2025

**Journal:** Menopause 32(1), pp. 38–44

**Abstract:** Objective: The aim of the study was to assess the prevalence of postmenopausal vasomotor symptoms (VMS) and the impact of VMS and related treatment patterns among perimenopausal and postmenopausal Canadian women. Methods: A subgroup analysis of data from a cross-sectional online survey of women aged 40-65 years conducted November 4, 2021, through January 17, 2022, evaluated the prevalence of moderate/severe VMS among postmenopausal Canadian women. The analysis also assessed survey responses from perimenopausal and postmenopausal Canadian women with moderate/severe VMS who completed the Menopause-Specific Quality of Life questionnaire, Work Productivity and Activity Impairment questionnaire, and the Patient-Reported Outcomes Measurement Information System Sleep Disturbances-Short Form 8b and answered questions about treatment patterns and attitudes toward treatments. Results: Of 2,456 Canadian postmenopausal women, 360 (14.7%; primary analysis) reported moderate/severe VMS in the

previous month. Perimenopausal and postmenopausal women with moderate/severe VMS (n = 400; secondary analysis) reported negative impact on overall quality of life (mean total Menopause-Specific Quality of Life questionnaire score: 4.3/8). VMS impaired overall work and daily activities by 30.2% and 35.7%, respectively. Overall mean (SD) Patient-Reported Outcomes Measurement Information System Sleep Disturbance-Short Form 8b score (scale 8-40) was 28.5 (6.9), confirming sleep disturbances in this population. The majority of women (88% of the total cohort) sought advice, but about half were never treated. Most women had positive or neutral attitudes toward menopause. Conclusions: In a survey conducted in Canada, moderate/severe VMS were reported by 14.7% of postmenopausal women and were associated with impairment in quality of life, work productivity, daily activities, and sleep in perimenopausal and postmenopausal women.

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## **28. A randomized controlled trial to evaluate a novel dual laser therapy for vulvar lichen sclerosus: exploratory study assessing the impact of menopausal status.**

**Authors:** Zivanovic I.;Gamper M.;Fesslermeier D.;Bischofberger H. and Viereck, V.

**Publication Date:** 2025

**Journal:** Menopause 32(3), pp. 228–233

**Abstract:** Objective A randomized controlled trial showed that Neodymium:YAG/Erbium:YAG laser therapy was safe and significantly improved clinical outcomes and subjective symptoms of vulvar lichen sclerosus (LS). Most improvements were similar to those after the recommended first-line therapy with topical steroid. In this exploratory study, we wanted to analyze the impact of menopausal status on perception and treatment outcome. Methods Sixty-six women with clinical lichen sclerosus were assigned to the laser or the steroid arm (2:1). Participants of the laser arm received four laser treatments with a follow-up of 6 months after treatment initiation. Clinical objective (LS score) and subjective outcomes (vulvovaginal symptoms questionnaire [VSQ], symptom visual analogue scale [VAS] score, patient satisfaction) were evaluated. Results Nineteen of the 66 study participants were premenopausal, 47 postmenopausal. At baseline, premenopausal women were significantly younger (39.4 vs 67.4 yr,  $P < 0.001$ ), only a few applied local estrogen (16% vs 74%,  $P < 0.001$ ), and their VSQ score was higher (9.58 vs 7.32,  $P = 0.015$ ) indicating more severe vulvovaginal symptoms. Laser therapy objectively led to similar clinical improvements for pre- and postmenopausal women (-2.62 vs -2.23,  $P = 0.437$ ), but subjectively to a significantly higher improvement of the VSQ score in postmenopausal women (-4.13 vs -1.08,  $P = 0.005$ ). Postmenopausal women were more satisfied with laser therapy than premenopausal women (71% vs 46%,  $P = 0.002$ ). Conclusion Compared to premenopausal women, postmenopausal women experienced a lower subjective burden of the disease and a better subjective improvement after laser therapy. Perceptions and expectations are age-dependent and should be considered when treating women with lichen sclerosus.

## **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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