Navigating Menopause Together

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Disclosures

- Dr. Saunders is an Up To Date author
- No other disclosures
- Gender specific language such as woman/women/female will be used as reflected in the referenced publications
- We would like to acknowledge the diversity in sex variation, gender identities, and gender expression for those who experience menopause and perimenopause



The New York Times

Study Shows the Staggering Cost of Menopause for Women in the Work Force

Menopause costs American women an estimated $1.8 billion in lost working time per year, according to a Mayo Clinic study published this week. The paper examined how hot flashes, night sweats, mood swings and the myriad other symptoms associated with this time of life affect women in the workplace. It's the largest study of its kind to have been done in the United States.

Menopause At Work: How Leaders Can Provide Support In The Workplace

By Naomi Cahn, Senior Contributor. I write on gender equity in the workplace.

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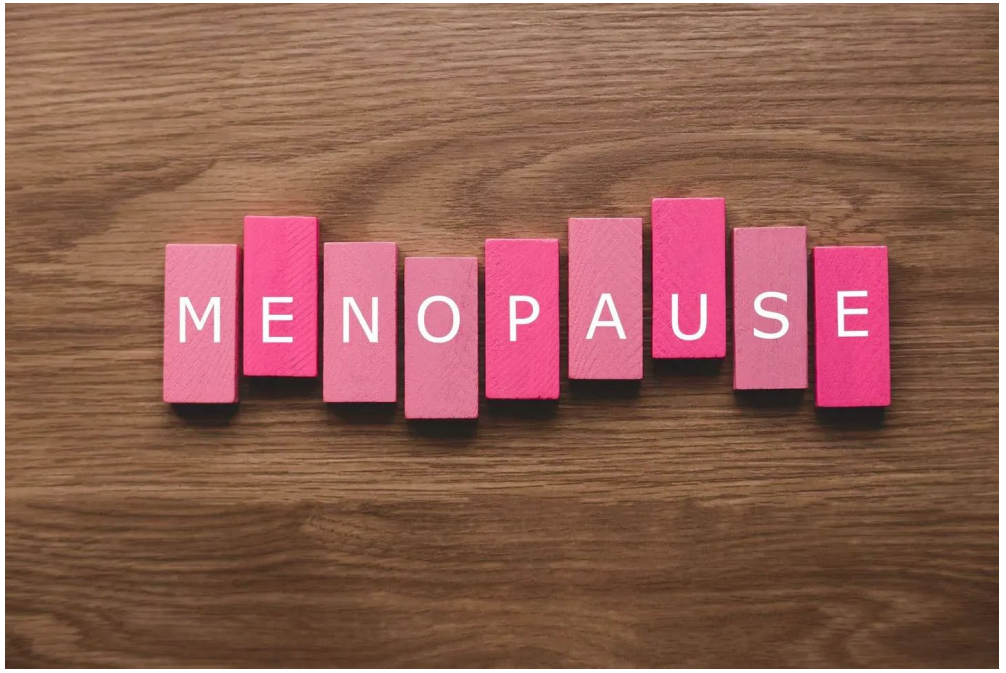


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Forbes

The Menopause Society™

Making Menopause Work.™

Setting the Standard for Modern Workplaces

A practical, evidence-based program to support employees,
equip managers, and guide HR leaders.

HR, Benefits and Organizational Leaders

Join the Early Access Circle

Priority access when Spring 2027 enrollment opens

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Consensus Recommendations

Menopause and the workplace: consensus recommendations from The Menopause Society

1.3 million women enter menopause per year in the US

Average age 51 y/o

Symptoms are common but unequal 75% may experience vasomotor symptoms

What is menopause?

- Defined as 12 consecutive months with no menstrual bleeding
- The "final menstrual period"
- The permanent end of menstruation and fertility
- A normal, natural event associated with reduced functioning of the ovaries
- No standardized lab testing



What is perimenopause?

- A span of time that begins with the onset of menstrual cycle changes and other menopause-related symptoms and extends through menopause (the last menstrual period) to 1 year after menopause.
- Perimenopause is experienced only with spontaneous (natural) menopause, not induced menopause
- " The menopause transition"

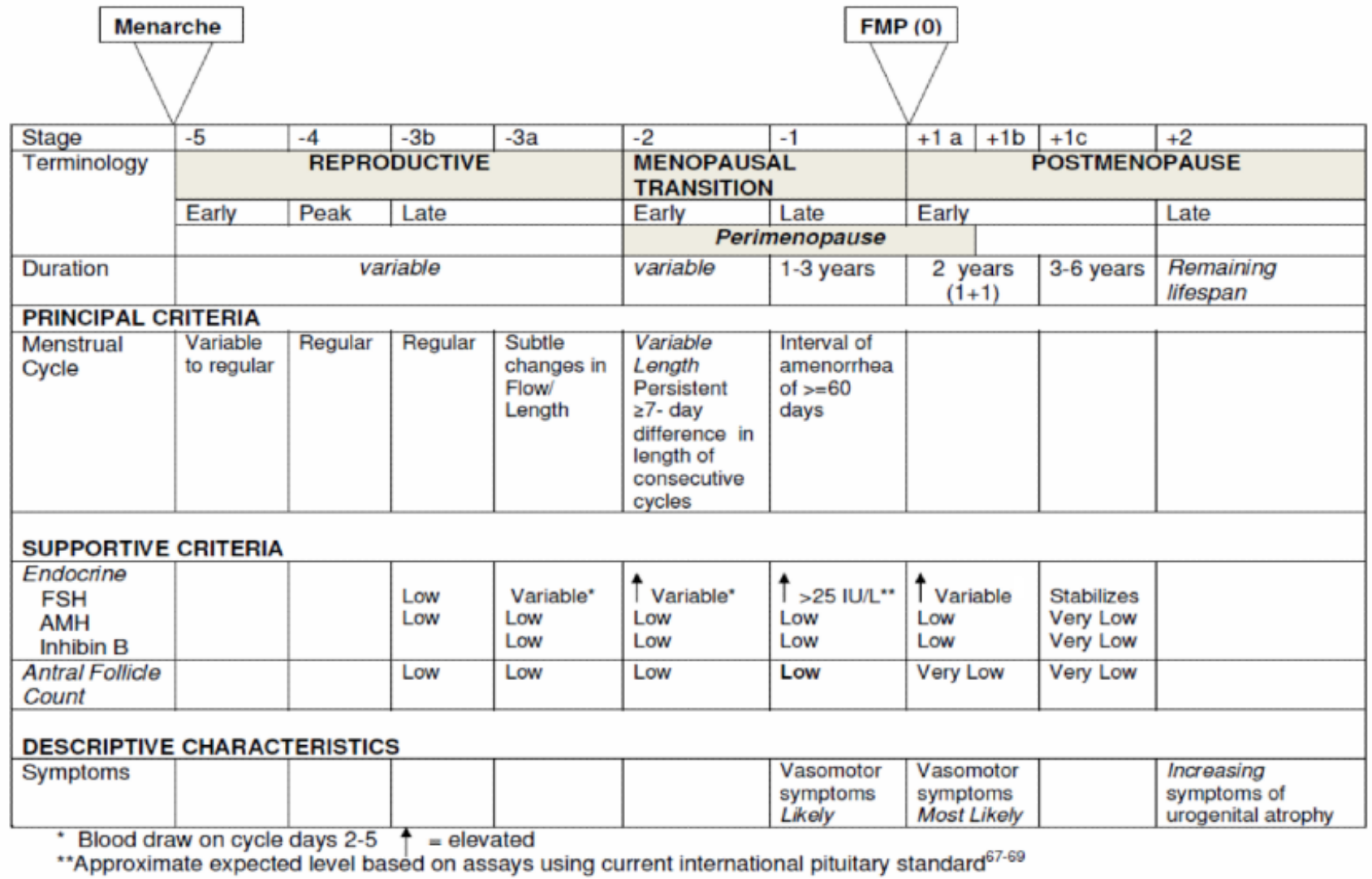
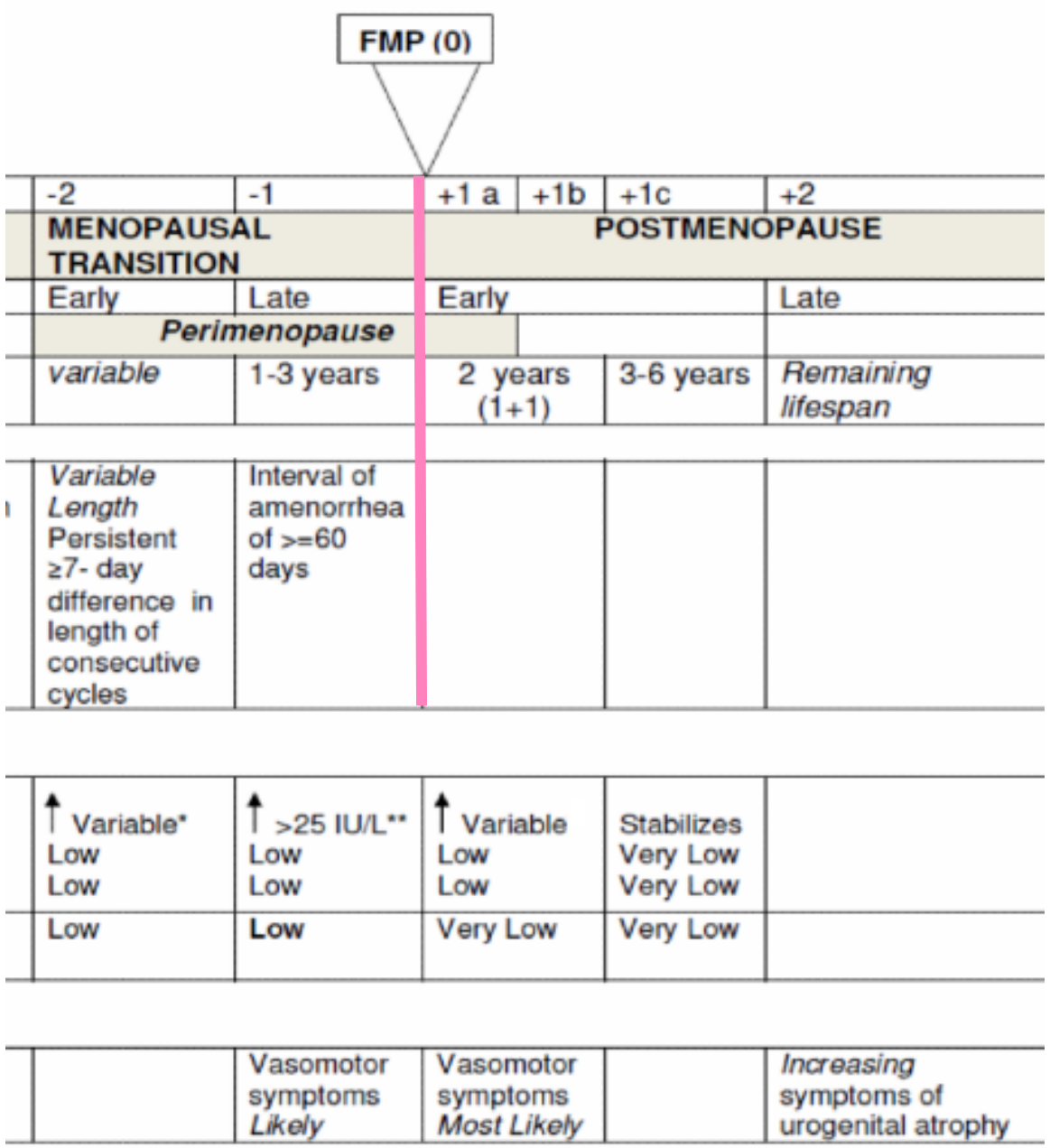


FIG. 2.

The Stages of Reproductive Aging Workshop + 10 staging system for reproductive aging in women.


FMP (0)
-2
-1
+1 a
+1b
+1c
+2
MENOPAUSAL TRANSITION
POSTMENOPAUSE
Early
Late
Early
Late
Perimenopause
variable
1-3 years
2 years (1+1)
3-6 years
Remaining lifespan
Variable Length Persistent ≥7- day difference in length of consecutive cycles
Interval of amenorrhea of >=60 days
↑ Variable*
Low
Low
↑ >25 IU/L**
Low
Low
↑ Variable
Low
Low
Stabilizes
Very Low
Very Low
Low
Low
Very Low
Very Low
Vasomotor symptoms Likely
Vasomotor symptoms Most Likely
Increasing symptoms of urogenital atrophy

Early menopause

Final menstrual period before 45

Late menopause

Final menstrual period after 54

Induced menopause

Surgical, chemotherapy, radiation

Ex: bilateral oophorectomy

Premature ovarian insufficiency

Menopause that occurs before 40

~1% of women in the US

Symptoms

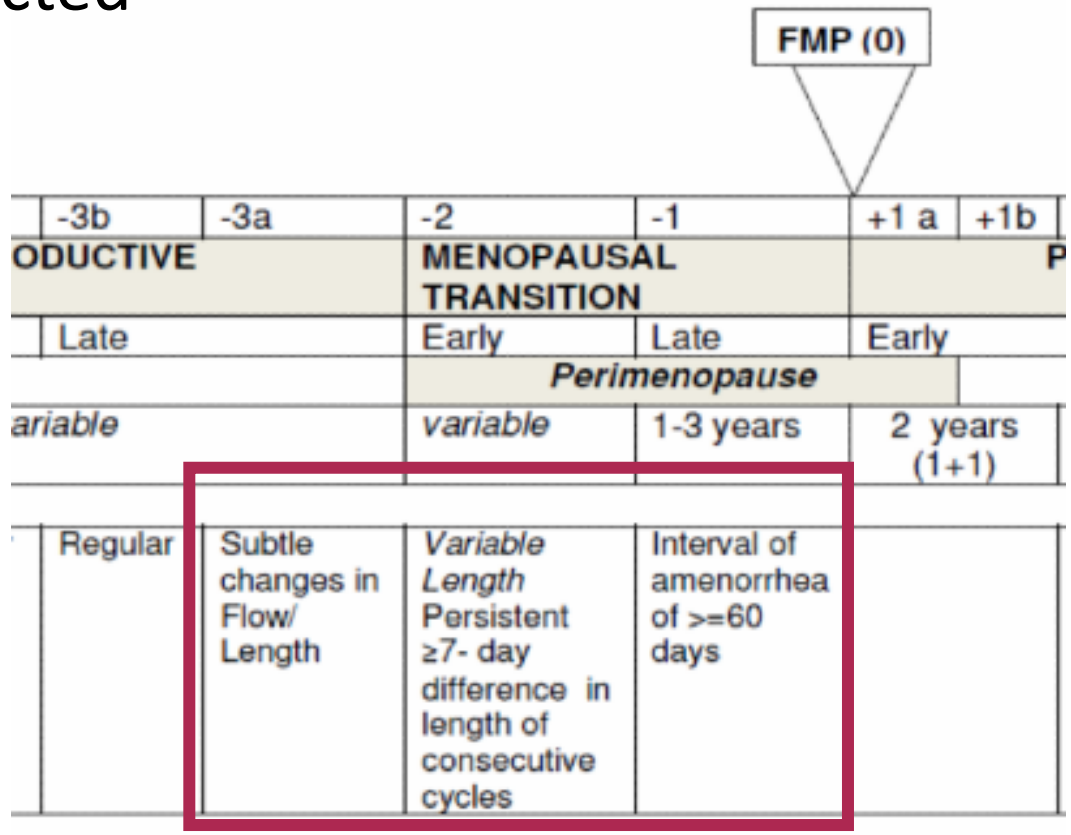
- Hot flashes
- Night sweats
- Vaginal dryness
- Joint pain
- Dry skin
- Hair loss
- Cognitive changes
- Mood changes
- Insomnia
- Sleep disturbances
- Sexual dysfunction
- Body composition changes
- Skin changes
- Hirsutism

Other Symptoms & Changes in Midlife

- Abnormal uterine bleeding
- Loss of lean body mass
- Change in body composition
- Bone Density
- Cardiovascular health

Abnormal Uterine Bleeding

- Expect the unexpected
- LOOP



	FMP (0)				
-3b	-3a	-2	-1	+1 a	+1b
ODUCTIVE		**MENOPAUSAL TRANSITION**			**P**
Late		Early	Late	Early	
		Perimenopause			
ariable		*variable*	1-3 years	2 years (1+1)	
Regular	Subtle changes in Flow/ Length	*Variable Length* Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of >=60 days		

Bleeding Patterns in Menopausal Transition

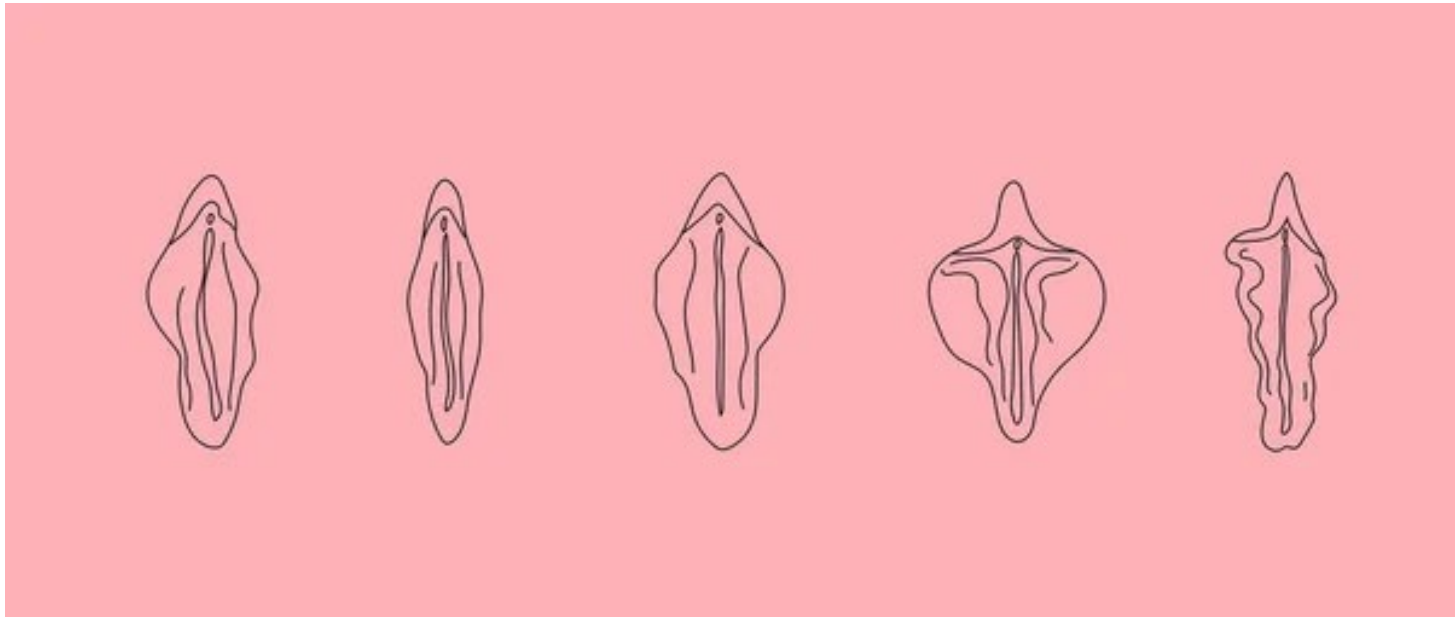
Irregular cycles	Prolonged menses	Heavy menses	Spotting
• ≥60 days	• >10 days	• ≥3 days	• ≥6 days

SWAN

https://pubmed.ncbi.nlm.nih.gov/24735184/

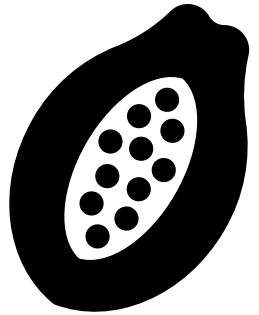
Vulvovaginal health

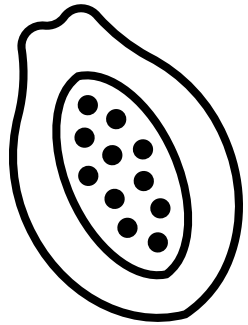
- Estrogen receptors in the vagina, vulva, urethra, bladder
- Responsible for blood flow, collagen, moisture, microbiome, vaginal health

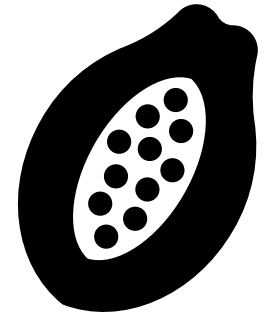


What changes?

Thinning tissue
Loss of elasticity
Loss of rugae (normal ridges in the vagina)
Narrowing of the vaginal canal
Higher pH
Less normal vaginal secretions
Urethra and vaginal opening move closer together







Genitourinary syndrome of menopause

A collection of symptoms and signs associated with decreased estrogen and other sex steroid levels that can involve changes to the labia, clitoris, vagina, urethra, and bladder. The term includes symptoms associated with menopause affecting the vaginal area as well as the lower urinary tract.

Symptoms:

- Soreness
- Irritation
- Itching
- Burning
- Pain with sex

Vasomotor Symptoms (VMS) aka Hot Flashes & Night Sweats

By 2025, 21 million US women and 1.1 billion women worldwide will experience VMS

60-80% of women experience VMS at some point during menopause transition (SWAN)

Black women reported VMS most frequently

Women with lower education attainment, lower SES, lower income, report VMS more often

Cigarette smoking increases risk of VMS

In one study, women experienced moderate-severe VMS for median 10 years

Guidelines

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NAMS Position Statement

The 2023 nonhormone therapy position statement of The North American Menopause Society

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NAMS Position Statement

The 2022 hormone therapy position statement of The North American Menopause Society

NAMS Position Statement

The 2022 hormone therapy position statement of The North American Menopause Society

- For women who initiate hormone therapy more than 10 or 20 years from menopause onset or when aged 60 years or older, the benefit-risk ratio appears less favorable than for younger women because of greater absolute risks of CHD, stroke, VTE, and dementia.
- For GSM symptoms not relieved with nonhormone therapies, low-dose vaginal ET or other government-approved therapies are recommended

NAMS Position Statement

The 2022 hormone therapy position statement of The North American Menopause Society

- Hormone therapy is the most effective treatment for VMS and GSM and has been shown to prevent bone loss and fracture
- Risks of hormone therapy differ for women, depending on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is needed
- Treatment should be individualized using the best available evidence to maximize benefits and minimize risks, with periodic reevaluation

WOMEN'S HEALTH

FDA removes menopause hormone therapy black box warnings

Experts implored the agency to balance the treatment's risks and benefits.

November 13, 2025

FDA NEWS RELEASE

HHS Advances Women's Health, Removes Misleading FDA Warnings on Hormone Replacement Therapy

The New York Times

F.D.A. Will Remove Black Box Warnings From Hormone Treatments for Menopause

The benefits of hormone replacement have been underappreciated, Dr. Marty Makary, the agency's commissioner, said on Monday. Critics described evidence for the change as insufficient.

For Immediate Release: November 10, 2025

So, Can You Find It?

FDA Update on Estradiol Transdermal Patch Availability

[9/3/2026] The FDA is aware of reports of patients having difficulty readily accessing their usual estradiol transdermal patches due to increased demand and is working with all six manufacturers to increase supply.

Although availability of certain products or brands may vary by pharmacy or location, estradiol transdermal patches remain available.

What is FDA doing to help increase supply?

The FDA continuously monitors supply and is offering assistance to manufacturers seeking to increase production, including expediting the review of submissions related to increasing supply when appropriate. Over the last year, the supply of FDA-approved estradiol transdermal patches has nearly doubled.

Systemic MHT- Who Is Not a Candidate?

- Unexplained genital tract bleeding
- Personal history of breast cancer or hormone dependent cancer
- History of blood clot
- Active liver disease
- History of MI/Stroke/TIA

Systemic MHT and Risks

- U.S. incidence of breast cancer is 1:8
- Estrogen-progesterone therapy results in a slightly increased risk of breast cancer
- Less than 1 additional case per 1000 women per year of hormone therapy use
- *This is similar to modifiable risk factors such as two daily glasses of wine, obesity, and low physical activity*
- Estrogen alone: may slightly reduce risk

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on estrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink two or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)

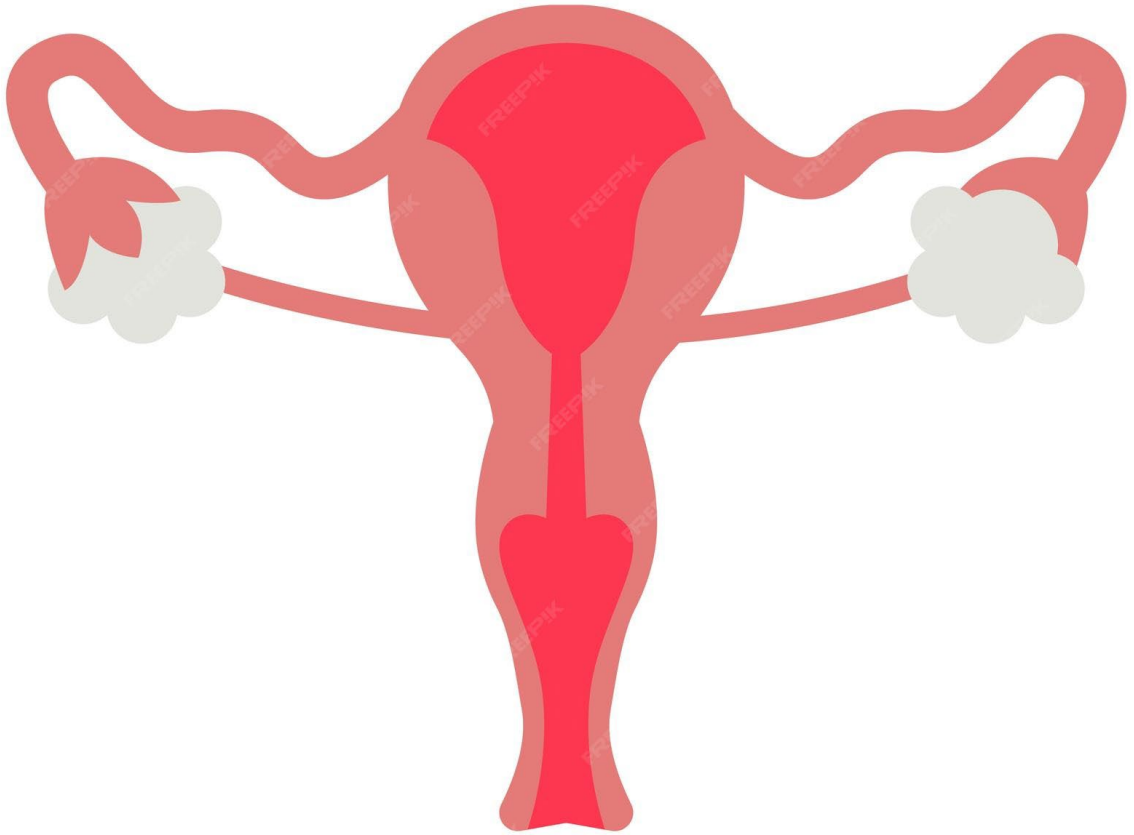


Seven fewer cases in women who take at least 2.5 hours moderate exercise per week



ET vs EPT

- Combined therapy with systemic estrogen and progestin is required in persons with a uterus for endometrial protection
- A progestin is NOT required with vaginal estrogen preparations



Systemic MHT-Progestins

Some evidence that progestin therapy is effective in reducing vasomotor symptoms either alone or in combination with estrogen

Progestin alone is not considered a first-line therapy for the management of vasomotor symptoms

Testosterone is not FDA approved for women in the US, but guidelines exist for use in post-menopausal women for treatment of hypoactive sexual desire disorder

Systemic MHT

A reanalysis of the WHI results in women younger than 60 years and within 10 years of menopause has suggested a possible cardioprotective effect of HT for women in this group

Observational studies suggest that transdermal estrogen may have a lower risk of venous thromboembolism compared with oral regimens

Above 60 years old

- Careful consideration of individual benefits and risks
- NOT for new onset vasomotor symptoms
  - Is something else going on?
- Initiation of MHT >60 years old or >10 years from menopause onset are at higher absolute risks of CHD, VTE, CVA than women initiating MHT in early menopause

What is bioidentical?

Compounded hormone therapy

- Safety concerns
- Minimal to no government regulation and monitoring
- Presence of impurities, lack of sterility
- No data of scientific efficacy and safety data
- No label outlining risks (the package insert)

When is it indicated?

- Allergy to ingredients in government approved formulation

Non-Hormonal Options

- SSRI
  - Paroxetine
  - Celexa (off label)
  - Lexapro (off label)
- SNRI
  - Venlafaxine (off label)
  - Desvenlafaxine (off label)
- Gabapentin (off label)
- Oxybutynin (off label)

Non-Hormonal Options

- Neurokinin Receptor Antagonists
  - Thermoregulatory center of the hypothalamus innervated by kisspeptin-neurokinin B-dynorphin --- "KNDy neurons"
    - Estrogen changes hypertrophy and hyperactivate these neurons
    - Overactivation NK1 and NK-3 receptors
    - Drives vasomotor symptoms

- Fezolinetant
- Elinzanetant
  - Most recently FDA approved!

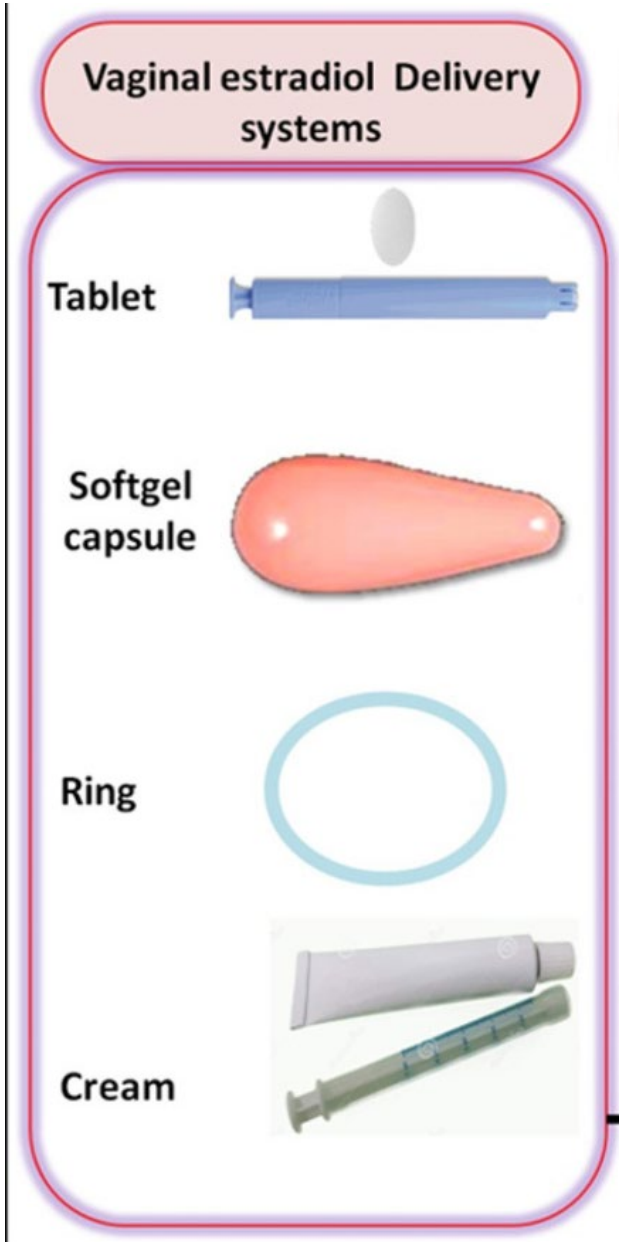
Non-Pharmacological Options

- Cognitive behavioral therapy
  - Level I evidence (highest)
- Clinical hypnosis
  - Level I evidence
- Weight Loss
  - Level II-III evidence
  - Additional health benefits
- Stellate ganglion block
  - Level II-III evidence
  - More data coming?

Non-Pharmacological Options

What about supplements?

- Conflicting evidence
- Few studies, small studies, poorly designed studies
- Safety concerns
- NOT recommended for treatment



Vaginal Estrogen Options

PRESS RELEASE

ACOG Expands Recommendations for Management of Menopause Symptoms

OCT 15, 2026

FDA NEWS RELEASE

FDA Approves Once-Weekly Generic Hormone Therapy Patch for Women

For Immediate Release: October 20, 2026

The U.S. Food and Drug Administration yesterday approved the first generic of Climara Pro (estradiol and levonorgestrel transdermal system, 0.045 mg per day/0.015 mg), a transdermal hormone therapy patch for women with an intact uterus applied once a week. The approval aligns with FDA's Public Health Pillar: Increasing Access to Affordable Medicines & Medical Products.

What Can **We** Do?

- Treat your menstrual cycle like a vital sign
- Normalize the experiences of people experiencing menopause and perimenopause
- Increase learning and awareness of both symptoms and treatment options
- Use reliable resources for information

Additional Resources

The Menopause Society - Menopause.org

Podcast: Ovary Active

Menopause Manifesto by Dr. Jennifer Gunter

Womenlivingbetter.org

Estrogen Interrupted by Drs. Rebecca Dunsmoor-Su and Amy Voedisch

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