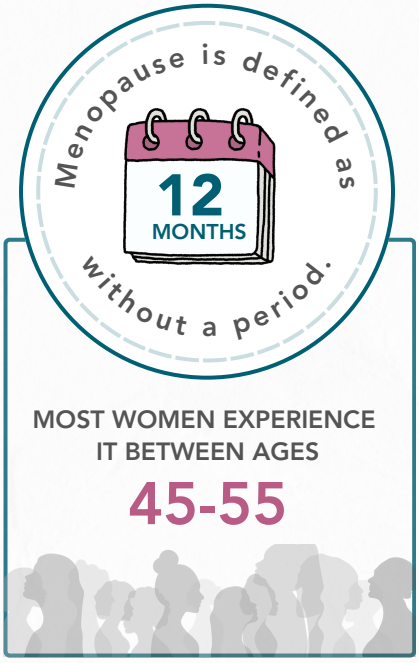
MENOPAUSE: FREQUENTLY ASKED QUESTIONS



Menopause is defined as 12 months without a period. The average age at which women experience menopause in the United States is 52, with most experiencing it between ages 45 and 55.

Postmenopause is the stage after a person has not had a menstrual cycle for 12 months. They will remain in postmenopause for the remainder of their lives.

As women live longer, they spend roughly 40% of their lives in the postmenopausal years, which equates to more than 30 years for most women.[1]

WHAT IS PERIMENOPAUSE?

Perimenopause is the time leading up to menopause. It starts years before menopause, usually when people are in their 40s, but sometimes earlier.

During this phase, the ovaries gradually produce less estrogen, and many people begin to notice changes in their menstrual cycle, such as irregular periods, heavier or lighter bleeding, or skipped months. Other symptoms are also common. (See more information below).
Perimenopause can last 2 to 8 years.

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MENOPAUSE AND SOCIETY

In some cultures, menopause is seen as a positive transition into a respected phase of life, while in others, it may be viewed with stigma or shame. In the U.S., sexist norms that equate women's value with youth and reproduction can lead to silence around menopause, dismissal of symptoms in health care settings, and under-treatment. Meanwhile, ageist attitudes reinforce the invisibility of older women, contributing to a lack of workplace accommodations during menopause, research gaps, and inadequate public health attention to menopause as a critical stage of life.

It is important to to elevate dialogue around the menopausal transition, normalize the experience, reduce stigma, and empower people with knowledge to make informed choices about their health.

WHAT ARE COMMON SIGNS AND SYMPTOMS OF PERIMENOPAUSE AND MENOPAUSE?

While perimenopause and menopause are natural processes that all people with ovaries experience, the transition doesn't affect everyone in the same way. Signs and symptoms can vary from person to person, in the types of symptoms, how intense they are, and how long they last. For some people, symptoms do not stop with menopause but continue into postmenopausal years.

Cultural background, racial/ethnic identity, personal values, lifestyle, and access to information and health care can all shape how someone understands and manages menopause.

Common signs and symptoms include

- Changes in periods
- Hot flashes
- Night sweats
- Mood changes (mood swings, irritability, anxiety)
- Brain fog, difficulty concentrating
- Sleep disturbances
- Dry skin or hair changes

will have some hot flashes or night sweats as they go through perimenopause and menopause. These are known as **vasomotor symptoms**. Most women report hot flashes are moderate or severe.[1,2]

Racial/Ethnic and Cultural Differences in Menopause Symptoms

The Study on Women's Health Across the Nation (SWAN), a national study exploring women's health and the menopause transition, found key differences in the menopause transition across women of different races and ethnicities.[1,2]

- For example, the experience of hot flashes varies by race and ethnicity among women in the U.S. Native American and Black women report experiencing the most frequent and bothersome hot flashes compared to other groups.
- Hispanic/Latinx and Black women reach menopause earlier than White, Chinese, and Japanese women.

Another study of over 68,000 U.S. women participating in an online menopause platform found people identifying as Black, Hispanic, Indigenous, Middle Eastern, or with two or more racial/ethnic identities reported higher symptom severity compared with White women, while Asian and South Asian participants reported lower symptom severity.[3] These experiences seem to be shaped both by race/ethnicity and culture itself, as well as by social and economic status.[3]

More research is needed. In the meantime, to address inequities in the health of perimenopausal and menopausal women, society must address the social determinants of health so that all women can age with optimal health and support.

[1] Avis NE, Crawford SL, Greendale G, Bromberger JT, Everson-Rose SA, Gold EB, Hess R, Joffe H, Kravitz HM, Tepper PG, Thurston RC; Study of Women's Health Across the Nation. Duration of menopausal vasomotor symptoms over the menopause transition. JAMA Intern Med. 2015;175(4):531-9.
[2] Gold EB, Colvin A, Avis N, Bromberger J, Greendale GA, Powell L, Sternfeld B, Matthews K. Longitudinal analysis of the association between vasomotor symptoms and race/ethnicity across the menopausal transition: study of women's health across the nation. Am J Public Health. 2006;96(7):1226-35.
[3] Kochersberger A, Coakley A, Millheiser L, Morris JR, Manneh C, Jackson A, et al. The association of race, ethnicity, and socioeconomic status on the severity of menopause symptoms: a study of 68,864 women. Menopause. 2024;31(6):476-483.

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MENOPAUSE: MANAGEMENT & RELIEF

There's no one-size-fits-all approach for management and relief of symptoms. A variety of prescription medications are available for controlling menopause symptoms, depending on an individual's level of discomfort and their other health concerns.

HORMONE REPLACEMENT THERAPY (HRT)[4,5]

Can be used for moderate to severe symptoms. For most people entering perimenopause, benefits outweigh risks, but make sure to discuss hormone use with your healthcare provider first.

TYPES:

- Estrogen only: for women who do not have a uterus/had a hysterectomy.
- Estrogen + progesterone/progestin: for women who still have a uterus

  - **How it's given:** Pills, skin patches, gels/sprays, or vaginal creams/tablets/rings.
  - **Benefits:** Proven to relieve menopausal symptoms and increase bone density.
  - **Risks:** Generally low for healthy women under 60 or within 10 years of menopause; also depends on individual health status.
  - **Side effects:** Mild and temporary including breast soreness, light bleeding, bloating, headaches.

OTHER PRESCRIPTION OPTIONS

For people who cannot use hormones, or do not want to, other prescription drugs can also help with hot flashes, night sweats, or mood changes. Talk with a health care provider about your options:

- NK Receptor Blockers: Newer, non-hormonal pills for moderate to severe hot flashes.
- Other classes of medications can also help reduce symptoms, including specific forms of: antidepressants, anti-seizure medicine, and blood pressure medicine.

]4] Taylor S, Davis SR. Is it time to revisit the recommendations for initiation of menopausal hormone therapy? Lancet Diabetes Endocrinol. 2025;13(1):69-74.
[5] American College of Obstetricians and Gynecologists. Practice Bulletin No. 141: Management of menopausal symptoms. Obstet Gynecol. 2014;123(1):202-216. Reaffirmed 2024.

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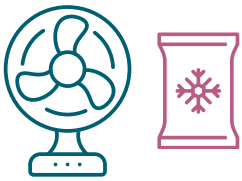
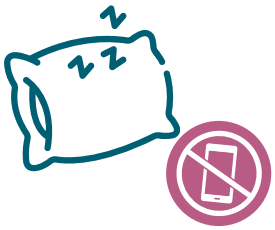
In addition to medical interventions, people experiencing menopause can find relief through mind-body practices and traditional remedies, along with other easy and low-cost methods described below.



Hot flashes & night sweats:

- Keep a fan, ice packs or a cooling pillow nearby
- Sip cold water
- Wear breathable layers of clothing that are easy to remove



Sleep disturbances:

- Create a calming bedtime routine
- Avoid screens and or heavy meals before bed
- Practice relaxation breathing

Mood changes:

- Stay socially connected
- Become involved in activities
- Take time for things you enjoy
- Make your needs a priority

Vaginal dryness & sexual discomfort:

- Use vaginal moisturizers daily, as needed
- Use lubricants during sex
- Talk with your health care provider about vaginal estrogen therapy if over-the-counter moisturizing products are not enough

Each person's menopause journey is unique, but collectively, by expanding education, normalizing the experience, and improving access to effective remedies for bothersome symptoms, women will acquire the awareness, support, and resources needed to ensure a healthy and hopeful transition.