MENOPAUSE PREPAREDNESS TOOLKIT:

A Woman's Empowerment Guide



Society for
Women's Health
Research

About SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a biological variable in their research. Visit www.swhr.org for more information.

SWHR's Menopause Program

SWHR Science Programs identify research gaps and address unmet needs in diseases and conditions, that exclusively affect women or that disproportionately or differently affect women. The Menopause Program was launched in 2020 to address the impact of menopause and its associated symptoms and comorbidities on women's health. The program engages clinicians, researchers, patients, advocates, and health care decision-makers to explore strategies to address knowledge gaps, unmet patient needs, and relevant policies that present barriers to equitable and quality care for women before, during, and after the menopause transition.

Acknowledgements

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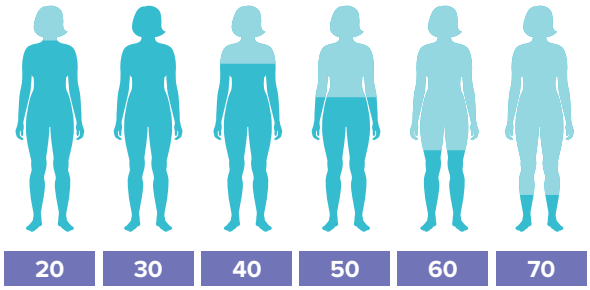
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REPRODUCTIVE AGING AND MIDLIFE

REPRODUCTIVE AGING AND MIDLIFE



ESTROGEN LEVELS BY AGE

REPRODUCTIVE HEALTH ACROSS THE LIFESPAN

Sex Hormones in the Female Body

Estrogen and progesterone are the primary female reproductive hormones, and are typically produced in the ovaries. These two hormones play critical roles in sexual development and reproductive health throughout a woman's life – from first menstruation, through child-bearing years, and into midlife.

As a woman gets older, typically in her late 40s and 50s, there can be large fluctuations and an eventual decline in the production of estrogen from her ovaries, causing changes in her menstrual cycle and body. On average, this menopause transition (also known as perimenopause) can last about 4 years until the production of these hormones eventually stops, along with her menstrual cycles, resulting in menopause.

A woman has reached menopause when her menstrual period has stopped for **12 consecutive months**.

1/3 of a woman's life in developed countries is spent beyond menopause[1]

Menopause is a naturally occurring life stage for all women after a certain age. However, some individuals may experience menopause early (< age 45) due to certain medical conditions or surgical procedures. If younger than age 40, menopause is considered premature.

Well Woman Exams

A woman's wellness visit with a primary care provider or gynecologist is recommended once a year. During these visits, the health care provider may ask questions about your health and medical history, including asking about your menstrual cycle and sexual activity. Routine tests and screenings, such as a breast exam, pelvic exam, HPV test and/or mammogram may be performed.

Regular wellness exams with your health care provider are important opportunities to enhance your overall health. They can help you prepare for your next stage in life, offer essential preventive care education and procedures, and can help diagnose certain medical conditions early, making sure you get the treatment you need for any health issues.

Preventive health screenings recommended for postmenopausal women include:

- **Mammogram every 1-2 years**
- **HPV test for cervical cancer every 5 years**
- **Colonoscopy every 10 years**

Discuss with your health care provider your individual risk for certain health conditions that may adjust the frequency of your screening schedule.

As you enter the menopause transition, wellness exams offer a great opportunity to discuss any new symptoms or concerns with your health care provider. Women do not always recognize signs or symptoms of the menopause transition, so it is important to ask.

Visit the **Talking to Your Health Care Provider** section of the SWHR Menopause Preparedness Toolkit for additional tips and questions to ask during your well woman exams.

MENSTRUAL HEALTH

During a woman's reproductive years, she experiences a monthly discharge of blood and uterine lining, or menstruation, also known as a period.

800 million people menstruate each day[2]

Many women typically experience a period monthly – every 21 to 35 days – with bleeding that lasts 2 to 7 days. While a "normal" period is not the same for every person, you likely have an idea of what is typical for you.

Keeping a Period Diary

Tracking your menstrual cycle is a good way to figure out what is "normal" for you, and as you enter the menopause transition, it may help you identify changes in your period or accompanying symptoms. There are a variety of applications that can assist you in tracking your cycles. Sharing your period diary with your health care provider can give them a more complete picture of your cycles, any accompanying symptoms, their severity, and their impact on your daily life.



It is not uncommon for your period to change over the years. Cycles are typically longer and more irregular in younger women, but might become shorter and more consistent as you get older. As you approach menopause, cycle irregularity can increase due to ovarian hormone fluctuations.



What to Track:

- Start and end date
- Flow — heaviness, changes from usual, how often you change menstrual products
- Cramping/pelvic pain, including severity and impact on ability to function
- Irregular bleeding or spotting between periods
- Late or missed periods
- Gastrointestinal symptoms such as constipation or diarrhea, nausea, vomiting, or pain with urination or bowel movements
- Any changes related to other symptoms like headaches and mood or sleep disturbances

Example Period Tracking Apps:

- Clue
- Eve
- Flo
- Period Tracker Period Calendar (App Store or Google Play)
- Spot On

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

UNDERSTANDING MENOPAUSE

UNDERSTANDING MENOPAUSE



THE MENOPAUSE JOURNEY

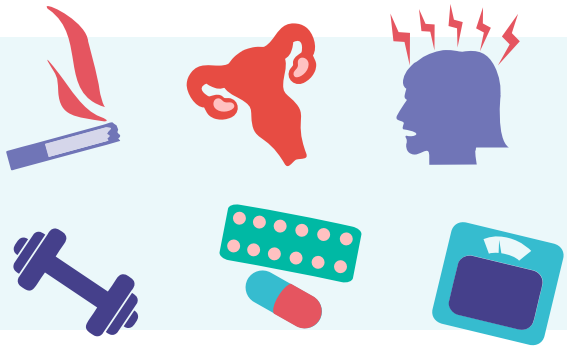
The Stages of Menopause

The transition to menopause is often incremental, with hormonal changes and associated symptoms potentially starting before women begin to notice changes in their menstruation. Changes occurring in late reproductive years or perimenopause can be confusing since it may not be clear that they are related to menopause.

Although the term menopause is often used loosely to describe the entire time frame of midlife changes, there are different stages to menopause.

It is important to note that the beginning of the menopause transition and the time it takes to progress through the stages of menopause vary from person to person. There is no right or wrong way to progress through the stages of menopause.

45% of women don't know the difference between perimenopause and menopause prior to experiencing symptoms[3]



Research suggests that the age of natural onset for menopause and the duration of the menopause transition are influenced by a complex set of factors, including:

Health Characteristics

- Smoking status
- Alcohol consumption
- Physical activity
- Weight
- Oral contraceptive use

Sociocultural Factors

- Educational level
- Employment
- Stress
- Trauma

Biological & Medical Influences

- Genetics
- Autoimmune disorders
- Cancer treatments
- Pelvic surgeries



Types of Menopause

Because menopause is characterized by the permanent ending of a woman's menstrual cycles, it is clinically considered permanent loss of ovarian function. Types of menopause are defined by the age at which menopause occurs. These include:

- Premature menopause (before age 40)
- Early menopause (ages 40-45)
- Menopause at the typical age (age >45)

51 - average age of menopause in the U.S.[1]

Pathways to Menopause

Not all paths to menopause are the same, and the cause of menopause may affect symptoms and treatment. Many women experience a "typical" menopause, developing symptoms and the end of menstruation in their 40s and 50s. However, there are a number of reasons a woman may experience menopause earlier (i.e., premature or early menopause). Examples include:

- Chemotherapy
- Radiation
- Damage or surgical removal of ovaries (e.g., oophorectomy)
- Genetic factors
- Autoimmune disorders (e.g., thyroid, adrenal, diabetes)

There are times when a woman may stop menstrual bleeding, for example, after a hysterectomy to remove her uterus. However, if her ovaries are still making hormones, then she is not yet menopausal.

Some women may experience primary ovarian insufficiency (POI), which is the loss of ovarian function before age 40 that may not be permanent. While many women with POI experience irregular periods and fertility issues, this is different from premature menopause because women may continue to have their period and/or become pregnant.

Women who experience premature or early menopause may have increased risk for symptoms associated with menopause and related health problems over the long term. If you have been diagnosed with premature or early menopause, talk to your health care provider about a personalized care plan for your situation. For more information, see the **Managing Your Menopause Care** section of the SWHR Menopause Preparedness Toolkit.

A hysterectomy surgery removes the uterus, which will cause menstrual bleeding to stop, but does not lead to menopause. However, some procedures might involve removing the ovaries, which would affect their hormone production and menopause. Talk to your health care provider about the type of hysterectomy you plan to have (or have had) and how it will impact your gynecologic and reproductive health.

SYMPTOMS OF MENOPAUSE

Every woman will experience menopause differently. Some women transition to menopause with very few symptoms, while others may have a variety of symptoms that come and go, or symptoms that persist and are very bothersome.

Common symptoms associated with menopause:

- **Vasomotor symptoms (VMS)**: hot flashes, night sweats
- Changes in mood and premenstrual syndrome (PMS), irritability, difficulty coping
- Depressive symptoms, increased anxiety
- Sleep disturbances and insomnia (often linked to hot flashes)
- Genital symptoms: vaginal dryness, burning, and irritation
- Sexual symptoms: reduced sexual desire/arousal, poor lubrication, painful sex
- Urinary symptoms: urgency, painful urination, recurrent urinary tract infections
- Brain fog, difficulty with concentration, learning, and memory
- Weight gain, typically around the hips and stomach
- Joint pain
- Heart palpitations

Hot flashes, weight gain, and sleep difficulty are rated by women as their most impactful menopause symptom.[3]

Genitourinary syndrome of menopause (GSM) describes the broad set of symptoms across genital, sexual, and urinary areas associated with menopause. Formerly known as vulvovaginal atrophy and atrophic vaginitis, GSM encompasses urologic signs and symptoms.

Women of different races and ethnicities may have very different experiences with menopause symptoms. The Study of Women's Health Across the Nation (SWAN) reported variations in how long VMS usually last.[4]

4.8 years	5.4 years	6.5 years	8.9 years	10.1 years
Japanese	Chinese	White	Hispanic	African American



Studies have further shown that different groups of individuals may be more likely to report certain symptoms. For example, African American women often report the highest incidence of hot flashes, whereas Hispanic women may be more likely to report vaginal dryness.[5]

Women of color are also more likely to begin **perimenopause** earlier, experience a longer menopause transition, and have more severe associated symptoms.[6]

PREPARING FOR A HEALTHIER MIDLIFE

PREPARING FOR A HEALTHIER MIDLIFE





ADDRESSING STIGMA AROUND MENOPAUSE AND AGING

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

20% of women wait 12+ months before seeking treatment[3]

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

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

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

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

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

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

TREATMENT OPTIONS FOR VASOMOTOR SYMPTOMS

73% of women are not treating their menopause symptoms[3]

80% of women experience hot flashes, with an average duration of 10 years[7]

Estrogen plays an important role in body temperature regulation that is typically affected during the menopause transition. As a result, many women may experience vasomotor symptoms (VMS), such as hot flashes or flushes, night sweats, and sleep disturbance.

Approaches to managing hot flashes include:

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

Lifestyle Approaches

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

What triggers your hot flashes?

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

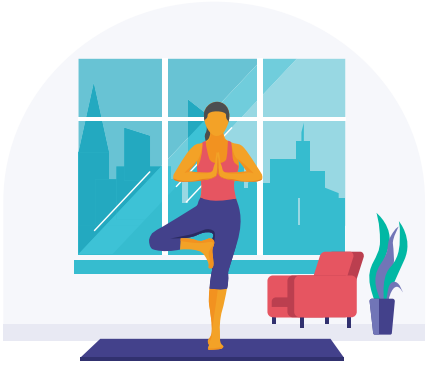
There are many options for managing menopause symptoms with lifestyle approaches, including a variety of ways to stay cool during hot flashes. To learn more, visit the **Wellness Tips for Menopause** section of the SWHR Menopause Preparedness Toolkit.

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

Complementary and Alternative Approaches

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

- **Cognitive Behavioral Therapy and Hypnotherapy** are evidence-based approaches that have helped some women reduce the incidence of hot flashes and improve sleep.
- **Yoga** may be beneficial as a source of physical activity, stress reduction, and improved balance.
- **Acupuncture** can have a temporary benefit in helping to reduce hot flashes, but there is little definitive evidence about improvements over the long term.
- **Herbal Remedies** (e.g., sage, black cohosh, and red clover extract). While some women report positive effects from the use of herbal remedies, evidence supporting their efficacy and long-term safety is limited and inconsistent.



- **Vitamins and Supplements** may help reduce some symptoms, such as taking Vitamin E for hot flash relief. Some women find magnesium to be useful for easing aches and pains, dealing with muscle cramps, and as a relaxant. Always consult your health care provider before taking any new supplements.
- **Phytoestrogens** are estrogen-like compounds found in plants that are taken as supplements or by increasing your plant-based diet. Some women have reported relief from hot flashes with phytoestrogens, but research has had mixed results in determining the effectiveness of phytoestrogens in reducing menopause symptoms.

Hormone Therapy

Hormone therapy (HT) is currently the most effective treatment for hot flashes and involves taking hormones when the ovaries are no longer producing **estrogen** or **progesterone** sufficiently. If a woman does not have a uterus, she only takes estrogen.

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

During menopause, HT can be administered two ways:

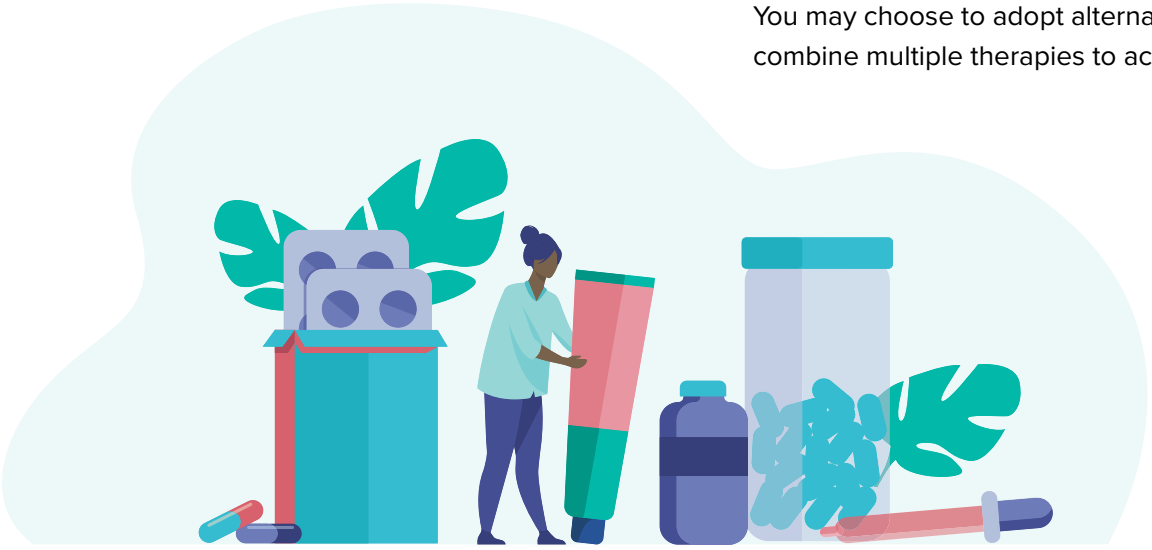
- **Systemic** – typically a pill or skin patch that affects the entire body and treats hot flashes and vaginal symptoms; other forms include vaginal rings, gels, creams, and sprays.
- **Localized** – a cream, ring, tablet, or suppository that is applied directly to the vagina and treats only genitourinary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

Before starting HT, it is important to assess risks of heart and breast health. Systemic HT has been associated with increased risk of cardiovascular disease and breast cancer. As a result, all forms of HT approved by the FDA are required to include a "black box" warning label to inform patients of the potential risks. However, these warnings may not accurately reflect updated research studies indicating the minimized risks of HT for healthy women under age 60, and for women using low doses of vaginal (localized) estrogen.

FDA-approved BHTs have been reviewed for their safety and efficacy. BHTs are different from compounded BHTs (cBHTs), which are custom products made in compound pharmacies. cBHTs may be advertised as more natural or personalized medicines; however, these products are not regulated or approved by the FDA.

All individuals considering HT as a management option should talk to their health care provider about the risks and benefits of HT to determine if it is a good treatment option for them.

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



COMMON IMPACTS OF MENOPAUSE

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

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



Genitourinary Syndrome of Menopause (GSM)

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

Approaches to treating GSM include:

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

50-70% of postmenopausal women experience GSM, yet only 6-7% of women are undergoing treatment.[8]



Sleep

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

Approaches to managing sleep disturbances include:

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

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



Bone Health

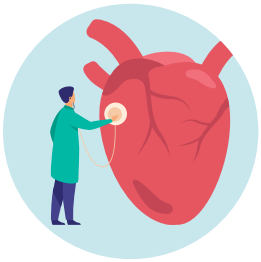
Transitioning to menopause puts women at risk for decreased bone density and higher risk for breaking a bone. When bone density becomes very low, women may be diagnosed with **osteoporosis**, a disease in which bones can break more easily. Bone mineral density can be simply measured by a DXA scan. Although the current screening recommendation is for women over 65 years, discuss with your provider if you are a candidate (i.e., high risk or family history) for an earlier scan.

Approaches to improving bone health include:

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

50% of women over age 50 will break a bone because of osteoporosis[9]

2x more white women experience bone fracture than Black and Asian women in the U.S.[10]



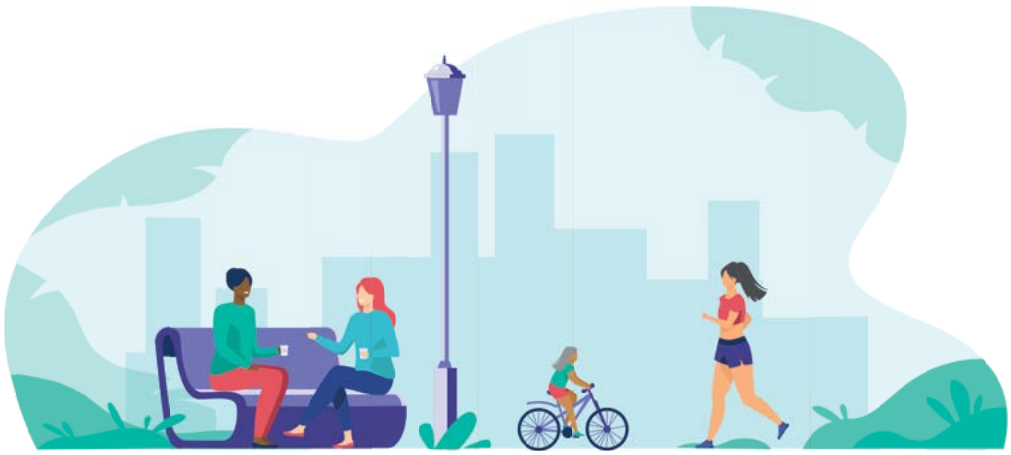
Cardiovascular Health

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

Approaches to improving cardiovascular health include:

- Regular exercise and physical activity
- Healthy diet and weight management
- Stress reduction
- Quitting smoking
- Reduced alcohol consumption
- Treatment of high blood pressure, diabetes, or high cholesterol, if indicated

Although studies have shown no significant increased risk of cardiovascular disease with the use of systemic HT in healthy women under age 60, hormone therapy is not advised as a preventive care option for CVD.[12]





Weight Gain/Diabetes Risk

Menopause affects the body's metabolism, including its response to insulin. Many women gain weight with menopause. Taking in fewer calories and burning more with exercise are often required to maintain a healthy weight. Increasing age, weight gain, and changes in metabolism also increase risk for developing diabetes. Women should speak with their health care providers about diabetes screening and women with diabetes should monitor their blood glucose closely during the menopause transition to ensure they are maintaining and adjusting levels as necessary.

Approaches to managing diabetes risk include:

- Weight management (physical activity and healthy diet)
- Medications for treating diabetes, if indicated

Because menopause is only one of many possible contributors to weight gain, treating menopause symptoms will not guarantee weight loss. Talk with your health care providers about holistic approaches to assist you with healthy weight management as you age.



Digestion

Digestive symptoms, such as gas, bloating, heartburn, and constipation, are common during the menopause transition. For many women, these symptoms are related to food moving more slowly through the digestive tract, but for some, the menopause transition might trigger symptoms associated with an underlying gastrointestinal condition like irritable bowel syndrome (IBS).

Approaches to improving digestive health include:

- Over-the-counter medications for gas or heartburn
- Treatment for IBS and other gastrointestinal conditions, if indicated



Hair and Skin

During menopause, changes to the hair and skin can include hair thinning or loss, increased facial hair, dry or itchy skin, acne, dark spots, wrinkles, and loss of skin plumpness. Sometimes, pre-cancerous growths of the skin can be confused with changes to the skin during menopause (e.g., dark spots). Make sure to consult a dermatologist with any concerns you may have.

Approaches to promoting healthy hair and skin include:

- Over-the-counter skincare products (e.g., cleansers, moisturizers, retinol products)
- Wearing sunscreen
- Screenings and self-exams for skin cancer



Cognition

Mild cognitive symptoms during menopause, such as forgetfulness or brain fog, are rarely indicators of more serious cognitive decline or disease (e.g., dementia or Alzheimer's disease). However, they might reflect sleep deprivation and stressors that women often experience during midlife, such as balancing work-life and caregiving responsibilities. Overall risk for developing cognitive diseases increases with aging, so taking health-promoting steps during midlife years may reduce risk as you get older.

Approaches to improving cognitive health include similar steps to improving heart health:

- Physical activity and exercise
- Healthy diet (including adequate hydration and omega-3 fatty acids)
- Treatment of high blood pressure, diabetes, and high cholesterol, if indicated
- Mental and social activity

60% of midlife women report problems with memory during perimenopause[13]



Mental Health

The impact of menopause on mental health can extend beyond common symptoms, such as changes in mood. Women in the menopause transition may develop clinical depression or anxiety. While changes in mental health may be due in part to physiological factors, they may also be worsened by the strain of adjusting to the idea of aging, challenges with managing symptoms and accessing care, and other midlife stressors (e.g., personal and caregiving responsibilities).

A visit with your health care provider about your mental health and wellness offers the opportunity to assess the degree of concern and create a plan of action.

Approaches to improving mental health include:

- Stress reduction
- Psychotherapy, cognitive behavioral therapy, or counseling
- Antidepressants (e.g., SSRIs, SNRIs)
- Hormone therapy (alone or in combination with antidepressants)

2.5x increased diagnosis of depressive disorder during perimenopause[14]



Cancer Risk

Risk for many cancers increases with age, and reproductive hormones play a role in risk of certain cancers. Women who experience menopause later than average (over age 55) have a higher risk of breast, ovarian, and uterine cancer. More reproductive years (41 years or more with your period), regardless of age at menopause, carries additional risk for thyroid cancer.



GYNECOLOGIC HEALTH AND THE MENOPAUSE TRANSITION

Other considerations for women experiencing the menopause transition may involve pre-existing gynecologic conditions and fertility.

Endometrial (uterine lining) Health

Thickening of the uterine lining in response to hormone fluctuations during the menopause transition can contribute to endometrial cancer risk. If you experience bleeding after menopause, regardless of whether or not you are taking hormones, you should immediately consult with your health care provider. Evaluation might include a pelvic ultrasound or tissue sampling of the endometrium.

Endometriosis

The decline in estrogen due to menopause alleviates the symptoms of endometriosis for most women. However, some women may continue to experience symptoms and hormone therapy may reactivate pain and other endometriosis symptoms. If you have had surgery related to endometriosis, consider discussing the use of alternative hormonal therapies or aromatase inhibitors carefully with your health care provider.

Uterine Fibroids

Symptomatic uterine fibroid growth can peak during perimenopause and contribute to heavy and irregular bleeding; however, after menopause, there is typically reduced growth of existing and new fibroids, providing some relief from fibroid symptoms (e.g., pain, pressure, increased urination). Because periods have stopped after menopause, heavy bleeding and painful cramping associated with fibroids should no longer occur.

Fertility

Typically, perimenopause begins at a time when women are experiencing a substantial decrease in fertility due to decreased number and quality of eggs with age (> 40 years old). When cycles become irregular, ovulation still can occur and pregnancy is possible. When a woman reaches menopause, she is no longer able to become pregnant because the egg count is very low and the ovaries have stopped ovulating.

Contraception is indicated until you have not had a period for a full year. If you would like to become pregnant in your 40's, talk to your health care provider. Options for family building for perimenopausal women may include adoption or in vitro fertilization with a donor egg.

For more information about these conditions, see SWHR's Endometriosis Toolkit, Uterine Fibroids Toolkit, and Women's Resource Guide to Fertility Health Care.

30% of new fibroid cases are diagnosed during the perimenopause years.[15]

MANAGING YOUR MENOPAUSE CARE

MANAGING YOUR MENOPAUSE CARE



TALKING TO YOUR HEALTH CARE PROVIDER

Some women may be hesitant to discuss their symptoms with their health care provider because they are embarrassed about their symptoms or feel that their symptoms may not be severe enough to warrant medical attention. Do not let these concerns stand in the way of your care – **you should feel confident in your right to address symptoms that are disruptive in your life!** Health care providers can only assist you with issues that you share with them.

Be empowered to advocate for your care and to share with your provider any medical concerns that have not been addressed to your satisfaction. If you think your provider or treatment plan is not working well for you, do not be afraid to consult another provider.

Preparing for a Visit

To help your provider better understand your symptoms and experience, give specific examples of activities that your symptoms prohibit you from doing as well as remedies you have tried to manage your symptoms.

Consider bringing the following to your appointment:

- Date of your last menstrual period
- Your history of symptoms (e.g., when they started, duration, triggers, coping and management strategies)
- A record of relevant tests, treatments, and surgeries you have completed
- A list of your current medications and past diagnoses for any medical conditions
- Names and contact information for other health care professionals who provide you with care
- A support person (such as a spouse, family member, or friend) who can help you take notes and advocate for you

QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

Compiling a list of questions before visiting your provider may help you feel more prepared to discuss your menopause experience and plans for symptom management. Questions may vary depending on your stage of menopause and severity of symptoms. Below are some example questions:



- I am experiencing *[hot flashes/low libido/ incontinence/painful sex]*. What can I do to manage them?
- Are the symptoms I am experiencing signs of **perimenopause** or menopause? What is the difference?
- What other symptoms should I look out for during my menopausal transition?
- How long can I expect to experience menopausal symptoms?
- How can menopause affect my long-term health and/or my lifestyle?
- Do I have an elevated risk for a condition like heart disease or osteoporosis? Is there a screening or diagnostic test I should pursue?
- Should I continue taking my method of birth control?
- Can **hormone therapy** help me manage my symptoms? What are the risks and benefits for my particular situation?
- What natural or alternative therapies or lifestyle approaches would you suggest to help manage my symptoms?
- Can you recommend some resources that can help me talk to my partner, family, friends, or even my employer, about my menopause journey?
- What additional resources or support groups do you recommend I pursue?

DECIDING ON A CARE PLAN

While menopausal symptoms do not necessarily require treatment, your provider might prescribe a care plan that includes lifestyle changes, complementary and alternative therapies, and/or medication to help alleviate and manage your symptoms.

When deciding on a care plan with your provider, your plan may incorporate a combination of approaches, which may change over time. You should discuss with your provider(s) which treatments will address your menopausal symptoms and which will address other health related conditions, as well as your personal needs/goals for treatment now and in the future.

It is also important to find out the details of your health insurance coverage for the treatment options you desire to pursue.

Things to consider when creating your care plan:

- Your age
- Lifestyle and activity levels
- Symptom management
- Treatment efficacy and side effects
- Other health risk factors and conditions
- Health insurance coverage

Ask your provider to outline what a follow-up plan for monitoring your symptoms looks like — risks, benefits, and side effects for any medications and therapies, additional screenings or tests, which specialists to consult, how often to schedule a visit, etc.

It is helpful to keep an accurate record or journal of your treatments and how each affects your symptoms and health. A **Menopause Care Journal** is provided in the Appendix of the SWHR Menopause Preparedness Toolkit for you to fill out and take with you when visiting your providers. Share this information with your health care providers so that you can discuss any modifications to your plan that may be helpful or necessary moving forward.

NAVIGATING INSURANCE COVERAGE

It is important that you speak with your health care providers and insurance company to check what is covered by your insurance plan to avoid high out-of-pocket costs. Here are some tips on how to effectively engage with your insurance company.

Be aware of special coverage requirements. Some insurance companies have prior authorization requirements that must be met before they will cover a specific medication, treatment, or procedure.

Talking with Your Insurance Company

Know the details of your insurance policies. Request a copy of your policies that explain:

- Services covered
- Referral processes to see various health care professionals
- Prior authorization processes to receive services or medications
- Premium payment amounts
- Out of network benefits
- Policy expiration date

After talking with your insurance company, it might be helpful to take a list of their approved medications with you to your doctor's visit. This lets your provider know in advance what options are covered, and if they may need time to advocate for a preferred treatment on your behalf.

Understand the financial aspects of your policy.

Insurance plans rarely cover 100% of health care costs, requiring patients to pay the outstanding portion. There are 3 primary out-of-pocket costs:

- Deductible — a preset amount you must pay before insurance kicks in
- Coinsurance — an amount (often a percentage) you must pay for services after a deductible has been reached
- Copayment — a preset, flat fee you must pay for services after a deductible has been reached

While certain medications, such as drugs used for HT, *may* be covered by insurance when prescribed by a provider, they are not necessarily covered. Other medications, such as those used to treat sexual dysfunction, are not covered by Medicare Part D and are often denied by private insurers. Vaginal estrogens can be particularly expensive.

Medicare Part D is an optional plan that provides prescription drug coverage for eligible beneficiaries. The premiums, benefits, deductibles, and out-of-pocket costs vary based on the type of plan, so it is important to check which medications (if any) are covered when consulting with your health care provider.

However, your plan may allow for out-of-network benefits that can help cover part of the cost of care if you submit a claim. If your health care provider informs you certain services are consider out of network, you can call your insurance company's customer care number for more information on your plan's out of network coverage.

$1,649 - average cost of additional medical services per person to treat hot flashes each year[16]



WELLNESS TIPS FOR MENOPAUSE

WELLNESS TIPS FOR MENOPAUSE

MAINTAINING WORK-LIFE PRODUCTIVITY

~44%
women in the workforce older than 45[17]

38%
adjusted presenteeism for women experiencing moderate to severe VMS[18]

$150 billion
menopause-related productivity losses worldwide[17]

Many women are actively working during their menopause transition and for years beyond menopause. Symptoms, such as hot flashes and sleep disturbances, can be difficult to manage in the workplace setting, resulting in substantial absenteeism and productivity losses when working while experiencing disruptive menopause symptoms (presenteeism). Menopausal women in the workforce report challenges concentrating, tiredness, poor memory, feeling low or depressed, and reduced confidence.

Maintaining a healthy lifestyle and a comfortable work environment can both help to reduce symptoms and mitigate their overall impact on your work-life productivity. Keeping a positive attitude that you are not the only woman experiencing symptoms and that they will likely not go on forever can help you endure.

How to Advocate for a Menopause-Friendly Workplace

While you make effort to manage your symptoms, there are some menopause-friendly accommodations that may also help improve your workplace environment and productivity.

Workplace accommodations can include:

- Flexible work hours or alternative work schedules
- Work from home
- Extra or frequent breaks throughout the day
- Time off for medical appointments
- Comfortable workspaces (e.g., temperature adjustable, dedicated rest areas)
- Access to cold water and restrooms, as needed
- Flexible uniforms or adapted dress codes

Your employer is responsible for creating and maintaining a conducive and healthy work environment for all employees, including those going through menopause. If your workplace does not already have certain menopause-friendly accommodations or policies, it might be time to speak with your supervisor or Human Resources department. Although it might be an uncomfortable subject, especially at first, do not be afraid to speak up and advocate for yourself (and other women).

If you are concerned about speaking with your employer, consider easing into the conversation with a trusted co-worker first. Having at least one person in your corner while at work can make all the difference.

Before meeting with your supervisor or HR, consider preparing a list of your symptoms, how they affect your ability to function at work, and treatments or actions you are taking to address them. You may also want to ask your health care provider for a letter describing your menopause symptoms. You can use the **Menopause Care Journal** provided in the Appendix of the SWHR Menopause Preparedness Toolkit to help prepare for this conversation.

Productive conversations with your employer and colleagues about your menopause experience can help them to better understand and support your needs, and decide what types of accommodations you or others might need going forward.



MINDFULNESS & WELLBEING DURING THE MENOPAUSE TRANSITION

For many women, adjusting to the menopause transition can be a stressful time as they learn to cope with physical symptoms, adjust to the idea of aging, and handle other midlife stressors (e.g., responsibilities at work, home, and socially).

A Mindfulness Approach to Menopause

Women are **1.5x** more likely to develop anxiety during perimenopause compared to before.[19]

Up to **60%** of women with a history of depression will experience depression during midlife.[20]

Some women may experience anxiety or depression for the first time during perimenopause. Other women with pre-existing, well-managed anxiety or depression may find that they need to make adjustments to maintain a healthy menopause transition.

15-30% of women experience symptoms severe enough to be considered a depressive disorder during perimenopause.[21]

However...

The risk for depression appears to decline about **2 years after** a woman's final menstrual period.[22]

And...

In the UK, older adults (ages 65-79) report higher levels of happiness and life satisfaction than other adult age groups.[23]

The most common risk factors for depression during menopause are:

- Previous history of depression, particularly hormonally sensitive depression
- Psychosocial and relationship problems (e.g., traumatic life events, abuse, loss of a loved one, financial stress)
- Substance and alcohol misuse

Depressive and anxiety symptoms can be difficult to separate from other menopausal symptoms, such as temporary mood changes, brain fog, and the effects of poor sleep.

It might be a hot flash.

A hot flash can be easily misinterpreted as a panic attack because the symptoms can be very similar. One way to tell the difference is if you experience shortness of breath – which typically only occurs with panic attacks.

Common symptoms of anxiety and depression may include:

- fatigue
- dizziness
- chills
- nausea or reduced appetite
- heart palpitations
- chronic sweating
- feelings of sadness or hopelessness
- trouble concentrating
- irritability
- panic attacks
- sleep disturbances
- loss of interest or pleasure in activities

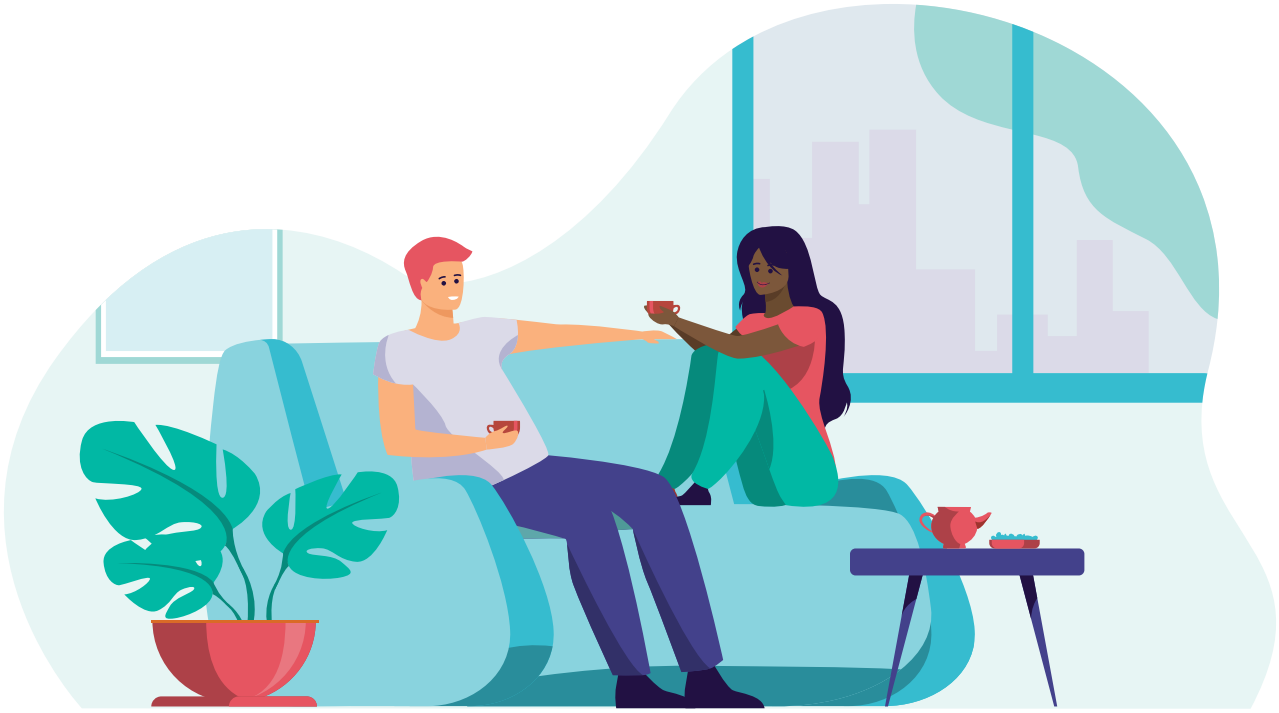
Support During the Menopause Transition

If your symptoms begin to interfere with your daily activities, talk to your health care provider early and often, so that you can determine lifestyle and treatment options to help manage your symptoms.

Only **1** in **25** women discuss menopause symptoms with a mental health provider.[3]

Only **17%** of women speak to their significant other about their menopause symptoms.[3]

It can be difficult to discuss aging, menopause, and mental health challenges given the pressures of modern society and social media. However, speaking out about the challenges you face, particularly in midlife, and finding support networks through family, friends, and advocacy organizations can assist you throughout the menopause transition. Connecting with communities of support via online forums or in-person can help reinforce that you do not have to go about this alone.



LIFESTYLE TIPS FOR MANAGING MENOPAUSE SYMPTOMS

Menopause and associated symptoms can have widespread impact on your overall quality of life, including your personal, professional, sexual, social, and career life. However, there are several lifestyle approaches you can take to promote a healthy midlife, manage your symptoms, and improve your work-life productivity.



Healthy Diet

Studies have shown that the frequency and severity of menopause symptoms can be influenced by diet. Consuming foods that are low-fat, plant-based, and rich in calcium and soy may help to reduce vasomotor symptoms. You may also notice that certain foods (e.g., spicy and processed foods) and alcohol trigger your symptoms. A balanced diet can also reduce your risk for certain health conditions that become more common after menopause, such as weight gain, which is associated with diabetes, heart disease, and even some cancers. Ensure you're consuming a variety of essential vitamins and nutrients for long term health.

- **You can use the Menopause Care Journal provided in the Appendix of the SWHR Menopause Preparedness Toolkit to keep a record of what foods help and/or trigger your symptoms.**



Vitamins & Nutritional Supplements

As with any life stage, a healthy diet can ensure you do not have any nutritional deficiencies. Vitamins and other supplements may not be necessary if you are careful to obtain what you need naturally through your diet. It is important for menopausal women to get enough calcium and vitamin D. If you cannot meet your nutritional needs with dietary changes, speak with your health care provider about whether you need a vitamin or supplement.

- **Femtech companies are fulfilling many unmet needs in women's health; however, watch out for supplements or products that claim to magically alleviate symptoms. Be sure to seek information from reputable, evidence-based sources and always consult your health care provider before trying any new treatments or medication.**



Exercise & Weight Management

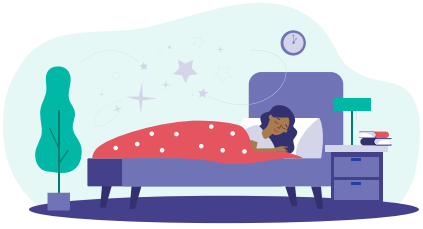
Weight gain during your midlife and the menopause transition is very common. Nonetheless, it is important to maintain a healthy weight and level of activity to manage menopause symptoms and lower your risk for cardiovascular disease, diabetes, and cancer. Not only can exercise help you stay physically fit, but it can also improve your overall mood and sleep. Whether a short walk or a full body workout, try to get yourself moving most days of the week. Resistance training or weights carry added benefit of improving strength, bone health, and helping to keep weight off.

- **A Monthly Goals Worksheet is provided in the Appendix of the SWHR Menopause Preparedness Toolkit. Consider designing a goal around prioritizing exercise or creating other healthy habits.**



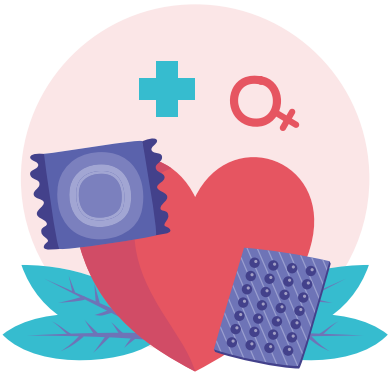
Stress Management

Managing menopause symptoms and the midlife transition can be stressful. Finding ways to manage your stress is important for alleviating your symptoms, reducing your risk for other medical issues, and adjusting to this new life stage. There are many stress-reducing and mindfulness activities that you can practice (e.g., yoga, meditation, acupuncture). Some suggested meditation apps are listed in the **Toolkit Quick Links and Resources** section. Take some time to figure out what works for you, and what fits with your needs and goals. If your anxiety is worsening despite applying stress management techniques, contact your health care provider.



Sleep

Prioritizing sleep is important, especially if you are experiencing sleep disturbances due to menopause. You might find it helpful to create a nightly routine. Sticking to a consistent bedtime, reducing screen time an hour before bedtime to help wind down, and avoiding caffeine, alcohol, and nicotine late in the day can also help improve your sleep.



Sexual Health

Some women feel uncomfortable discussing the details of their intimate life; however, sexual health is important to overall health and is appropriate to discuss with your health care provider. If you are experiencing genitourinary symptoms, such as vaginal dryness, loss of sexual desire, difficulties with arousal or orgasm, or painful sex, that impact your sexual health, you should discuss your symptoms with your provider. There are a variety of lifestyle options to help alleviate symptoms – some are as simple as using vaginal lubricants and moisturizers or engaging in pelvic floor exercises, or your provider may be able to refer you to an expert in sexual medicine. Having open conversations with your partner about your symptoms and challenges is also important to address your sexual health and intimacy needs.

~6,000 women reach menopause each day[13]

▶ **See the Menopause Conversation Guide of the SWHR Menopause Preparedness Toolkit for more information on how to approach this topic with your partner.**



Community of Support

Connecting with other women who are also journeying through menopause can help you feel supported during this transition. You can also gain some insight as to how others have dealt with similar experiences.

▶ **For more information on menopause support organizations, see the Toolkit Quick Links and Resources section in the Appendix of the SWHR Menopause Preparedness Toolkit.**

MENOPAUSE CONVERSATION GUIDE

You are not alone! Menopause is a life stage that every woman will eventually experience. While it might be an uncomfortable topic to discuss at first, reaching out to your partner, friends, and family for support can help with the menopause transition. Talking to your friends and loved ones about your experience will also help them to better understand and support your needs going forward. Below are some helpful tips for talking to those in your life:

Start small.

Choose one trusted friend or family member to test out articulating your menopause experience.

Share your experience.

Try to talk about your menopause symptoms and how they affect your day-to-day life. Make sure to also discuss goals and successes along your journey.

Communicate openly.

The more transparent you can be about your experience, the better the opportunity your loved ones will have to understand and adapt with you throughout your journey.

Ask for help.

Express what you need or how they can help – whether it is in the moment of a hot flash or general support.

Only 9% of women speak to their mothers about menopause[3]

Couples' Conversation

Many women experience symptoms that impact their sex life during and after the menopause transition – from lowered libido to vaginal discomfort. You may find that what worked for you and your partner previously, is no longer effective.

Did you know? You can still become pregnant during perimenopause. Although menstrual cycles may be irregular, if you are sexually active and do not want to become pregnant, you will need to continue using some form of birth control until you are postmenopause.

It is important to try and discuss symptoms you are experiencing with your partner. Having an open and honest conversation, though potentially uncomfortable, will allow you both to better navigate your menopause transition and evolving sexual health.

Some topics to discuss with your partner include:

- Your desire for sex (e.g., changes since entering the menopause transition)
- Symptoms that can affect your sexual experience (e.g., vaginal dryness, irritation)
- Your partner's sexual health and possible concerns
- Methods to mitigate to your genitourinary symptoms (e.g., longer foreplay, using extra lubrication)
- Ways to change up your sex routine, if interested (e.g., more spontaneity, romance)
- Exploring physical intimacy without intercourse (e.g., massage, cuddling)
- Other ways to express intimacy (e.g., emotional, intellectual, spiritual)

Your sexual health challenges may not be resolved right away. Be patient and communicate as you try new ideas and navigate sexual changes together. If problems persist, or if you need extra support, talk to a health care provider about your concerns. Consider taking your partner with you to your consultation, and hold them accountable if they aren't following through or listening to you.

Sometimes it may help to seek assistance for your sexual health and intimacy needs from a licensed professional who specializes in sex therapy. You can search for a provider in your local area through the American Association of Sexuality Educators, Counselors and Therapists or the International Society for Women's Sexual Health.

APPENDIX

APPENDIX

GLOSSARY

Estrogen – A sex hormone primarily made in the ovaries that is responsible for the development and regulation of the female reproductive system and secondary sex characteristics

Endometriosis – A gynecological disease in which tissue similar to that which lines the uterus grows outside the uterus where it does not belong

Genitourinary syndrome of menopause (GSM) – The broad set of genital, sexual, and urinary symptoms associated with menopause and the loss of estrogen in the body

Hormone therapy (HT) - A medical treatment for menopausal symptoms that involves replacing hormones that the body's ovaries are no longer producing; also known as hormone replacement therapy

HPV test – A screening test that looks for high-risk types of human papillomavirus (HPV) infection in the cervix that can lead to genital warts and cervical cancer

Hysterectomy – Surgical removal of the uterus. A partial or subtotal hysterectomy removes the upper uterus, and a total hysterectomy removes the uterus and cervix sometimes with the ovaries (oophorectomy) and fallopian tubes (salpingectomy).

Mammogram – A cancer screening test that uses low energy x-rays to identify abnormalities in breast tissue

Menopause – A life stage, typically in a woman's late 40s or 50s, defined once 12 months have passed after the last menstrual cycle. Surgical procedures that damage or remove the ovaries can also result in the onset of menopause, regardless of age.

Menstruation – Monthly vaginal bleeding resulting from the shedding of uterine lining that on average, lasts 3–7 days; also known as a period or menses

Oophorectomy – Surgical removal of one or both ovaries

Osteoporosis – A condition in which bones become weak and brittle, often resulting in bone fractures of the wrist, spine, and hip

Pelvic exam – A physical exam of the vagina, cervix, uterus, fallopian tubes, ovaries, and rectum

Perimenopause – The transitional time (typically lasting 4-8 years) when the body experiences the natural decline in reproductive hormones, resulting in the end of a woman's menstrual cycles; also known as the menopause transition

Presenteeism – The loss in productivity when an employee is not fully functioning in the workplace because of an illness, injury, or other condition

Primary ovarian insufficiency (POI) – A chronic condition characterized by the loss of normal ovarian function before age 40; also known as premature ovarian failure

Progesterone – A female sex hormone made in the ovaries that plays an important role in the menstural cycle and pregnancy

Uterine Fibroid – A nonmalignant growth composed of smooth muscle and fibrous connective tissue in the uterus

Vasomotor symptoms (VMS) – Menopausal symptoms involving temperature regulation, including hot flashes and night sweats

TOOLKIT QUICK LINKS & RESOURCES

Period Tracking Apps

- **Clue:** https://helloclue.com
- **Eve:** https://glowing.com/apps#eve
- **Flo:** https://flo.health/
- **Period Tracker Period Calendar:**
  - **App Store:** https://apps.apple.com/us/app/period-trackerperiod-calendar/id896501514
  - **Google Play:** https://play.google.com/store/apps/details?id=com.popularapp.periodcalendar
- **Spot On:** https://www.plannedparenthood.org/get-care/spot-on-period-tracker

Sleep and Meditation Apps

- **Calm:** https://www.calm.com
- **Headspace:** https://www.headspace.com
- **Insight Timer:** https://insighttimer.com

Federal Trade Commission: Guidance on Health Apps

https://www.ftc.gov/sites/default/files/u544718/flo_health_app_infographic_11022020_en_508_0.jpg

Menopause Education Resources

- **Hormone Health Network - Menopause Map:** https://www.endocrine.org/menopausemap/index.html
- **Let's Talk Menopause:** https://www.letstalkmenopause.org
- **Menopause: Unmuted Podcast:** https://www.menopauseunmuted.com
- **National Menopause Foundation:** https://nationalmenopausefoundation.org
- **Red Hot Mamas:** https://www.redhotmamas.org

Navigating Insurance

- **Consumer Assistance Program:** https://www.cms.gov/cciio/resources/consumer-assistance-grants#statelisting
- **Employee Benefits Security Administration:** https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa

Prescription Discounts

- **GoodRx:** https://www.goodrx.com
- **RxSaver:** https://www.rxsaver.com
- **Singlecare:** https://www.singlecare.com

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MENOPAUSE CARE JOURNAL

Keeping a menopause journal allows you to share a more complete picture of your experience with your health care provider.

This journal allows you to keep track of your menopause symptoms and relevant details, such as when they occur, duration, severity, effects on your ability to function, and your treatment actions and results. With a better understanding of your menopause experience, you and your health care provider can design and/or adjust a care plan tailored to your needs and goals.

Examples of Symptoms:

- **Menstrual changes** (irregular periods, heavier or lighter periods)
- **Vasomotor symptoms** (hot flashes, night sweats)
- **Genitourinary changes** (vaginal dryness, frequent urination, painful sex, loss of libido)
- **Sleep disturbances** or **insomnia**
- **Cognitive challenges** (difficulty concentrating, memory lapse, headaches)
- **Mood changes** (irregular mood swings, depression, anxiety, irritability)
- **Physical changes** (hair loss, brittle nails, itchy skin, weight gain, bloating, joint pain)

Symptoms Severity Rating:

1-2	3-4	5-6	7-8	9-10
Minimal/Mild	Uncomfortable	Distracting/ Distressing	Intense	Unmanageable

Functional Ability Rating:

0 ..... **5** **10**

Unable to Function — Fully functional

Relief Rating:

0 ..... **5** **10**

No Relief — Complete Relief

Notes:

Month & Year: _____

Day	Symptom(s)	Duration	Severity [1-10]	Ability to Function [0-10]	Medication/ Treatment [Name, Dose]	Relief [0-10]
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
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30						
31						

MONTHLY GOALS WORKSHEET

Using the Monthly Goal Setting worksheet below, write down your most important goals for the month and fill in the action steps that you will perform each day to achieve those goals. At the end of the month, reflect on the 4 weeks and note your accomplishments and how you can make adjustments for next month.

Areas to consider setting goals include:

- Exercise
- Diet
- Mental health
- Career
- Relationships (family, friends, romantic)
- Spiritual
- Finance
- Personal development
- Recreation and hobbies
- Menopause education

Month & Year: _____

Goal: _____

Action Steps:	Completed?	Notes:
• _____	☐	
• _____	☐	
• _____	☐	

Goal: _____

Action Steps:	Completed?	Notes:
• _____	☐	
• _____	☐	
• _____	☐	

Goal: _____

Action Steps:	Completed?	Notes:
• _____	☐	
• _____	☐	
• _____	☐	