

Pause for Menopause

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June 12, 2025

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Learning Objectives

1. Discuss the differences and similarities between perimenopause and menopause.
2. Discuss long term consequences of reduced estrogen and impacts to women's health condition.
3. Describe what women are demanding from their insurance.
4. Identify and discuss common symptoms and management of those symptoms
5. Discuss hormonal therapy which includes indications, contradictions, benefits and risks.
6. Understand the impacts of health disparities on women during menopause care.

What is Menopause?

Perimenopause/ Menopause Transition



- Time before menopause when women experience **changes** in **menstrual cycles (irregularity)** and fluctuations in hormone levels.
- The average length of perimenopause is 4 years but can continue for up to 10 years.
- Often accompanied by a **variety of symptoms** that can include hot flashes, sleep disturbances, worse premenstrual symptoms, lower sex drive, troubles with concentration, mood swings, vaginal dryness and others.

Menopause



- Menopause is the **end** of a women's menstrual cycle and fertility. This occurs when:
 - Your ovaries **produce significant less** estrogen and progesterone.
 - Your periods have **stopped** completely for **1 year**.
- Menopause starts on **average** around age 51 when it happens naturally.
- The symptoms of menopause are **unique** to each women. There are up to **36 symptoms** that women have reported related to menopause.

Early Menopause

Premature menopause happens to women **before** age 40¹ and **early menopause** happens **before** age 45.²

Certain Health Conditions

- Autoimmune diseases that involved the thyroid.
- Ovarian insufficiency
- Chronic fatigue syndrome
- HIV/AIDS²



Chemotherapy/Radiation Induced Menopause

- These treatments can damage the ovaries and cause periods to stop temporarily or permanently.
- Not all women who have chemotherapy or radiation will go through menopause.
- The younger a woman is at the time of chemotherapy or radiation, the less likely she is to go through menopause.²



Surgical Menopause

- Surgical removal of both ovaries called an oophorectomy.
- Strong menopausal symptoms since there is a sudden drop in hormones.²



Other Causes

- Missing Chromosomes (ex. Turner Syndrome)
- Family History
- Smoking²

Consequences of Reduced Estrogen

Cardiovascular Disease

- Low estrogen levels can increase the risk of cardiovascular disease, including coronary heart disease.²
- Coronary heart disease rates are 2 to 3 times higher in those who have reached menopause than those of the same age who have not.^{1,2}

Bone Loss

- Menopause increases the risk of osteoporosis because of the decline in estrogen levels, which can lead to bone loss.
- On average, women lose about 25% of their bone mass from the time of menopause to age 60.³
- The highest rates of bone mineral density loss occur one year before menopause onset through 2 years after.
- 1 in 2 postmenopausal women will have osteoporosis, and most will suffer a fracture during their lifetime, leading to pain and decreased mobility.

Body Composition Changes

- Changes in body composition that include **losses** in muscle mass, **increases** in total body fat, visceral fat, and extracellular fluid. It appears as if these body composition changes **begin or accelerate** during the menopausal years.⁴
- Women may gain weight during menopause, with an average gain of 5 to 7 pounds.
- Women who experience natural menopause may have more abdominal fat and less leg fat.⁵

Skin Changes

- Decreased estrogen leads to loss of collagen causing increased skin aging and wrinkles.
- Other changes include dryness, thinner skin, bruising easily, unwanted facial hair and hyperpigmentation.
- Studies show that women's skin loses about 30% of its collagen during the first five years of menopause. After that, the decline is more gradual. Women lose about 2% of their collagen every year for the next 20 years.⁶

Balance

- Estrogen, progesterone, and testosterone affect blood vessels and the brain's balance areas. Fluctuating hormone levels can cause vertigo, dizziness, lightheadedness, and pressure.^{7,8}
- Problems with balance play a role in increased fractures in postmenopausal women.⁷

Why are we talking about menopause?

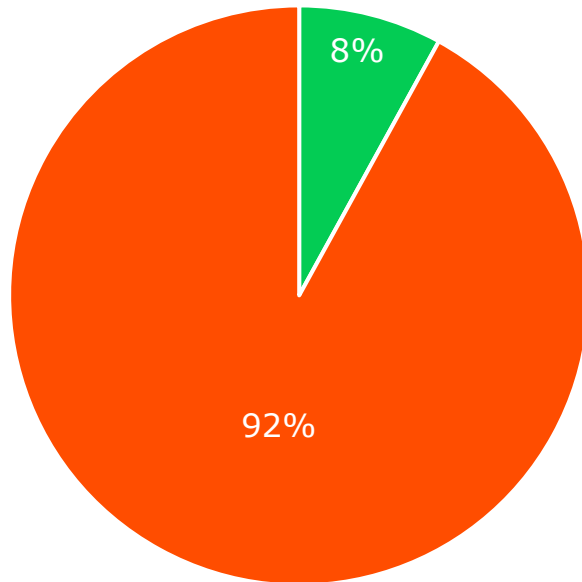


Few Women Receive Timely Diagnoses

Evernorth Study Finds Gaps in Perimenopause, Menopause Diagnosis and Care

An Evernorth study¹ of **1.5 million women** between the ages of 40 and 64 with Cigna Healthcare medical coverage found that more than half had experienced menopause-related symptoms, but only 8% had received a confirmed diagnosis of perimenopause or menopause.

Diagnosis



■ Received Confirmed Diagnosis ■ Did Not Receive Confirmed Diagnosis

Significant knowledge gaps exist in family medicine, internal medicine, and OB/GYN provider post-graduate training in perimenopause and menopause.²

Only 6.8%

of medical residents reported they were prepared to manage menopausal symptoms,

20.3%

did not receive any training on menopause during residency

Midlife Women and Menopause

Did You Know?

- Women spend approximately **half their lives** in menopause.
- Women over age 45 are the fastest-growing segment of the workforce.
- Among women ages 45-64, **17%** of women surveyed have **quit** or **considered quitting** their jobs due to menopause symptoms.
- **20%** noted that their symptoms interfered with their work performance either **daily** or **multiple times** per day.
- **30%** have been **unable to go to work** due to menopause symptoms, but only **25%** of them felt able to tell their manager the **real reason** for their absence.
- **40%** of these women indicate menopause symptoms interfered with their **work performance at least weekly**.

Affecting the workplace

17%

Of women **quit** or **considered quitting due** to menopause

20%

Of women noted symptoms interfered with their **work performance daily**

30%

Of women **were unable to go to work**

40%

Of women noted symptoms interfered with their **work performance weekly**



Source: Stefania D'Angelo, et al. "Impact of Menopausal Symptoms on Work: Findings from Women in the Health and Employment after Fifty (HEAF) Study." International Journal of Environmental Research and Public Health. 24 Dec 2022. <https://pubmed.ncbi.nlm.nih.gov/36612616/>

Why Are Menopausal Women Underserved?

Perimenopause and menopause have historically been undertreated for a variety of reasons, ranging from women “normalizing” their symptoms.

- A 2023 **National Institutes of Health study*** found some of the most common barriers to menopause care include:
 - > Patients’ **lack of knowledge** of the full range of symptoms
 - > **Lack of research** and funding
 - > Substantial differences in providers’ **beliefs and attitudes** toward menopause and lack of confidence in prescribing hormone therapy
 - > Patients feeling that their symptoms are **dismissed** by providers
 - > **Stigma** and embarrassment preventing women from discussing their symptoms

[*Barriers to Accessing Effective Treatment and Support for Menopausal Symptoms: A Qualitative Study Capturing the Behaviours, Beliefs and Experiences of Key Stakeholders - PMC](#)



Patient Feedback

“
On my last visit to the OBGYN I mentioned my periods had become irregular, all she said was yeah you're in the right age for that. I got a **vague answer** with no other support or explanation. I just feel a bit alone in this. - [Ceyvi F. 47](#)

“...vague answer”

“
Probably my weight and vaginal concerns. Just because it's embarrassing and a bit frightening. Talking to a woman about these concerns can sometimes be easier and sometimes harder because it really depends on the practitioner and their bedside manners. Yet I know I will do what is necessary to improve my health regardless of their gender or my comfort level. - [Jacquelin W. 58](#)

“...talking to a woman
...can sometimes be easier”

“I felt a sense of **validation**, because I knew what I was experiencing was real and not in my head. It was nice to finally have a name for it. I also felt a sense of **defeat**, because I wasn't given much hope of getting any relief of my symptoms. - [Paula R. 55](#)

“...felt a sense of defeat”

“
I think sometimes its hard opening up on when Im suffering from depression or anxiety. I'm usually a seemingly happy go lucky person and don't like to look weak. - [Erica B. 43](#)

“...its hard opening up”



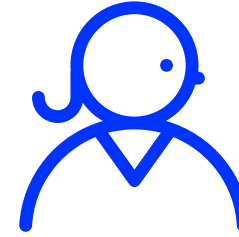
Symptoms and Management

Disclaimer: Medications or treatments reviewed in the presentation is not an indication that it is covered under the benefit. Please check benefits of each member.



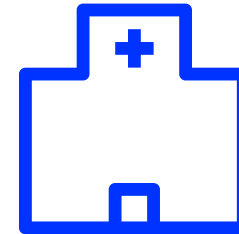
Menopause Care Must Evolve To Meet Women's Healthcare Needs

- An Evernorth analysis of 7.4 million commercially insured people ages 13 to 64 found that while women accounted for **50%** of the covered lives, they represented **53%** of the patients utilizing health care.*
- Until the start of the Women's Health Initiative research study in 1991 and passage of the National Institutes of Health Revitalization Act into law by Congress in 1993, women were not recruited as participants in clinical research to study disease presentations and behaviors specific to women in the U.S.
- This lack of representation has created a significant gap in knowledge about women, who often have different disease symptoms than men.
- Industry studies show that nearly 1 in 4 working women lacked the time to get the care they needed, and 80% of women have delayed care until symptoms worsened or affected their daily lives.



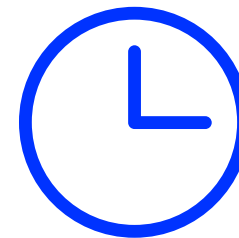
50%

of the **7.4 million** insured patients were women



53%

Of patients **utilizing** health care were women



25%

of working women lacked the time to receive care

* [Health care must evolve to meet the multifaceted needs of women | Evernorth](#)

Vasomotor Symptoms: Hot Flashes or Night Sweats

- **Why Do They Occur?**

- > Hot flashes occur from a **decrease** in estrogen levels. In response to this, your glands release **higher amounts of other hormones** that affect the brain's **thermostat**, causing your body temperature to **fluctuate**.
- > Particularly common at night and referred to as “Night Sweats”

- **This is the most common symptom reported throughout all studies:**

- > **80%** of symptomatic people
- > Only 20-30% seek medical attention

- **Typical presentation of a hot flash:**

- > Sudden sensation of heat centered on the upper chest and face that rapidly becomes generalized
- > Lasts 2–4 minutes
- > Often followed by perspiration, chills, shivering, and a feeling of anxiety
- > Range from 1–2 per day – hourly

"Hot Flashes: What Can I Do?" National Institute of Aging. 30 Sept 2021. <https://www.nia.nih.gov/health/menopause/hot-flashes-what-can-i-do>



Managing Vasomotor Symptoms: Hot Flashes or Night Sweats

Treatment options should always be discussed and managed by the members primary provider or OBGYN.

Hormonal Treatment (HT) Options ¹	Non-Hormonal Treatment Options ²	Behavioral Treatment Options	Lifestyle Changes
<ul style="list-style-type: none">Vasomotor symptoms are best managed with systemic HT.Oral and transdermal (i.e., patches, gels, or sprays) estrogen, alone or in combination with progestin, can be used, and have been shown to alleviate vasomotor symptoms.Systemic HT should be given in the lowest dose and for the shortest period possible.	<ul style="list-style-type: none">Vitamin E: In studies, it has shown to cause reductions in hot flash frequencies of 32 and 29%, respectively.FDA has approved the use of Paroxetine (an SSRI antidepressant) to treat hot flashes. Generally, need a lower dose than those with depression. Other FDA Approved treatments include Veozah, Gabapentin, Clonidine, and Oxybutynin. Drug formulary is specific to the plan.You may have heard about black cohosh, DHEA, or soy isoflavones to treat hot flashes. These products are not proven to be effective, and some carry risks such as liver damage.	<ul style="list-style-type: none">Cognitive Behavioral Therapy or CBT – Focus's on how to reduce and control the negative reactions to vasomotor symptoms.Mind-body practices that could include hypnosis or mindful meditation.Exercises that focus on relaxation such as Tai Chi, Pilates or Yoga. Analysis in studies compared with control groups, significantly improve bone mineral density, sleep quality, anxiety, depression, and fatigue in perimenopausal and postmenopausal women.ImageryArt Therapy	<ul style="list-style-type: none">Lowering room temperature.Using fans.Dressing in layers of clothing that can be easily shed.Avoiding triggers (such as spicy foods and stressful situations).Limit caffeine and alcohol.Stay hydrated.Smoking cessation.Sleep hygiene.Try to maintain a healthy weight.

Mood and Cognitive Changes

- **How does perimenopause/menopause impact mood and cognitive changes?**

- > During transition and early menopause hormonal changes can affect the central nervous system leading to changes in mood and cognition.¹

- **Mood Changes²**

- > **Depression**

- 20% of women experience symptoms of depression.
- Depression is 2.5 times more likely during menopausal transition than premenopausal period.
- Patients with prior depression or a mood disorder are at increased risk for depression.

- > **Stress and Anxiety**

- 50% of women experience issues with stress or anxiety related to menopause

- **Cognitive changes³**

- > "Brain fog"
- > Forgetfulness or misplacing items
- > Easily distracted
- > Slowed processing speed/word retrieval challenges

- **Loss of self-esteem and confidence³**

- > Body changes
- > Emotional changes

1 Giulia Gava, et al. "Cognition, Mood and Sleep in Menopausal Transition: The Role of Menopause Hormone Therapy." Medicina (Kaunas). 1 Oct 2019. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6843314/>

2 "Menopause and your mental wellbeing." NHS Inform. 29 Nov 2022. <https://www.nhsinform.scot/healthy-living/womens-health/late-years-around-50-years-and-over/menopause-and-post-menopause-health/menopause-and-your-mental-wellbeing/>

3 Jabeen Begum. "The Emotional Roller Coaster of Menopause." WebMD. 7 Apr 2023. <https://www.webmd.com/menopause/emotional-roller-coaster>



Managing Mood/Cognitive Symptoms

Treatment options should always be discussed and managed by the patient's primary provider or OBGYN.

Hormonal Treatment (HT) Options

- While there's growing evidence to suggest that **hormone replacement therapy (HRT) can relieve emotional symptoms** linked to menopause, **HRT alone is not effective** in treating more severe depression.⁴

Non-Hormonal Treatment Options ₂

- **Antidepressant drug** therapy such as SSRI's like Paroxetine and SNRI's that help with mood and vasomotor symptoms.¹
- **Omega 3 Fatty Acids**⁶

Behavioral Treatment Options

- Cognitive behavioral therapy (**CBT**) can teach you to notice thoughts that make you feel bad and replace them with positive ones.⁴
- **Counselling**
- **Mindfulness**³ or **hypnosis**
- Find a **support group** either online or in-person.
- **Brain challenges**: Try learning a new language or musical instrument, doing puzzles, or taking on new activities like gardening or knitting.⁷
- **Key points to remind yourself:**
- Remember that menopause is a **natural** part of life.
- Think about what you'll **gain** with menopause.
- **Embrace** the freedom that lies ahead.
- Cognitive and memory problems tend to be **temporary**.

Lifestyle Changes

- **Exercise** and **eat healthy**.⁴
- Find a **self-calming skill to practice**, such as yoga, meditation, or rhythmic breathing.⁴
- **Avoid** tranquilizers, caffeine and alcohol.^{2,4}
- Engage in a **creative outlet** that gives you a sense of achievement.
- Stay **connected** with your family and community.
- **Nurture** your **friendships**.⁵

Sleep Disturbances and How to Help

About Sleep Disturbances

- Difficulty sleeping reported in **32-46%** of women during menopausal transition
- **The effects of sleep disturbances:** It can limit productivity in the workplace and affect personal and social relationships and is a risk factor for poor physical, cognitive, and mental health
- **Causes:**
 - > **Hot flashes** can have a significant impact on sleep
 - > Mood changes like **depression** and anxiety
 - > 54% of these individuals (ages 44-56) have sleep apnea, restless leg syndrome, or both
 - > Other medical conditions like urinary issues, thyroid issues, obesity, heart problems, GI issues, etc.
 - > Lifestyle factors like high caffeine intake, smoking, or alcohol intake

Managing Sleep Disturbances

- Talk to your doctor about **Hormone Replacement Therapy**.
- Follow a **regular sleep schedule**. Go to sleep and get up at the same time each day.
- **Avoid napping** in the late afternoon or evening if you can.
- Develop a **bedtime routine**. Some people read a book, listen to soothing music, or soak in a warm bath.
- **Try not to watch television or use your computer or mobile device** in the bedroom.
- Keep your **bedroom at a comfortable temperature**, not too hot or too cold, and as quiet as possible.
- **Exercise** at regular times each day but not close to bedtime.
- **Avoid** eating large meals close to bedtime.



Sleep problems and menopause: What can I do? | National Institute on Aging. (n.d.).
<https://www.nia.nih.gov/health/menopause/sleep-problems-and-menopause-what-can-i-do>

Weight Gain and What Patients Can Do

About Weight Gain

- Perimenopausal women gain an average of **1-1.5 lb** per year as they transition into menopause.¹
- Changes in **hormone regulation** change where your fat is deposited. There is a shift from fat deposition from the **gluteal and thigh areas to the abdominal region**.¹
- **Abdominal adiposity (fat) is linked to** cardiovascular disease and metabolic diseases (e.g., hypertension, high cholesterol, diabetes).²
- **Sixty percent** of adults aren't active enough, and this increases with age.
- You **lose muscle mass**, which lowers your resting metabolism, making it easier to gain weight.²
- The rate at which you can use up **energy** during exercise **declines**.²

Managing Weight Gain

- A **National Institutes of Health** review showed that people who did aerobic activities **every day for 10 or more minutes had 6 fewer inches around the waistline compared to people who didn't exercise**.²
- **Exercises Types for Menopause:**²
 - > *Strength Training*: Builds muscle mass, maintain bone mass and improve metabolism
 - > *Low-Impact Aerobics*: Good for the heart and lungs. Example of choices include walking, swimming, cycling, tennis, and dance.
 - > *Whenever you can*, add activity to your day. Wash the car, play hide and seek with your kids or grandchildren, get in a game of ping pong, etc.
- **Quick Tips:**²
 - > Buy a pair of athletic shoes that are supportive
 - > Find an exercise partner
 - > Stretch before exercising
- **Pair with good nutrition:**²
 - > Whole grains, fruits, vegetables, lean protein, limit processed foods, keep a food diary, do not eat late in the night and eat smaller portions.

Sexual Dysfunction

- Sexual dysfunction can be a major disruptive force. There are four areas in which this may occur: sexual desire, arousal, orgasm, and sexual pain. These problems frequently overlap.
 - > **Sexual desire:** Reduced production of estrogen at menopause causes hot flashes and night sweats. Not having restful sleep might reduce interest in sex.¹ Falling estrogen levels result in vaginal **dryness and thinning** vaginal lining, making penetrative sex **painful**.^{2,3}
 - > **Hormone changes:** These are only part of a complex set of factors that influence sexual activity at midlife and beyond. **Social changes**, such as changing partners (divorce, dating), children leaving home, adult children living at home, or the need to care for aging or ill parents, often take place at this time.³
 - > **Partner sexual problems:** These might also affect desire and factors such as **changes in body image and self-esteem** as well as concerns about aging.³
 - > **Medical problems:** These may result in **low sexual desire**. Some **medications**, such as those used to treat depression, can interfere with sexual function.³

1 Menopause and Sexuality." U.S. Department of Health & Human Services. Office on Women's Health. 8 Jan 2025.

<https://www.womenshealth.gov/menopause/menopause-and-sexuality#:~:text=What%20effects%20will%20menopause%20have,you%20feel%20stressed%20or%20irritable.>

2 James A Simon. "Identifying and Treating Sexual Dysfunction in Postmenopausal Women: The Role of Estrogen." 5 Aug 2011. Journal of Women's Health.

<https://pubmed.ncbi.nlm.nih.gov/21819250/#:~:text=Sexual%20dysfunction%20is%20a%20common,other%20dimensions%20of%20sexual%20function.>

3 "Menopause Topics: Sexual Health." The Menopause Society. 2025. <https://menopause.org/patient-education/menopause-topics/sexual-health>.



Managing Symptoms of Sexual Dysfunction

Treatment options should always be discussed and managed by the members primary provider or OBGYN.

Hormonal Treatment (HT) Options³

- **Estrogen:** Some women with vaginal dryness or pain with sexual activity may benefit from prescription ET, either low doses applied directly to the vulva and vagina, or higher doses taken systemically. Systemic ET affects the whole body, providing relief not only from vaginal dryness.¹
- **Intravaginal dehydroepiandrosterone:** Intravaginal dehydroepiandrosterone is a local vaginal therapy that is beneficial for treating sexual pain caused by vulvar and vaginal changes related to menopause.
- **Flibanserin:** This medication is approved in the United States and Canada to treat low sexual desire in premenopausal women. It works by reducing serotonin activity and increasing the activity of dopamine and is taken daily at bedtime.
- **Testosterone:** There is evidence that testosterone may help with low sexual desire in both perimenopausal and postmenopausal women. Adverse events such as acne and facial hair growth may occur, and long-term risks are still being investigated.

Non-Hormonal Treatment Options²

- **Ospemifene:** The nonhormone oral medication ospemifene (a selective estrogen-receptor modulator) is approved to treat symptoms of genitourinary syndrome of menopause, thus alleviating vaginal dryness and pain associated with sexual activity.³
- **Bremelanotide:** This nonhormone medication, delivered via an auto-injector (like an EpiPen) is approved in the United States to treat low sexual desire in premenopausal women.³
- A sexual aid called **Eros** is available by prescription to treat women with disorders of sexual arousal.

Behavioral Treatment Options

- **Counseling:** our doctor may refer you and your partner to a health professional who specializes in sexual dysfunction. The therapist may advise sexual counseling on an individual basis, with your partner, or in a support group. This type of counseling can be very successful, even when it's done on a short-term basis.
- **Mindfulness**
- Find an online or in-person **support group**.

Lifestyle Changes or Tips for Improving Intimacy

- **Exercise** and **eat healthy**.
- **Reduce stress** as much as possible.
- Try using **water soluble lubricants** such as K-Y Jelly.²
- **Vaginal moisturizers** like Replens and Luvena.²
- **Distraction/Imagery**
- **Communicate** and tell your partner what is comfortable and what is not.²

For sources, see notes below.

Women studied have reported over 25 other symptoms.

These include:

Breast Soreness	Decreased Libido	Heads/Migraines	Recurring UTIs	Burning or Tingling Mouth
Changes to Taste	Fatigue	Acne	Digestive Issues	Joint pain
Muscle Aches	Electric Shock Sensations	Itchiness	Concentration Issues	Memory Lapses
Thinning Hair	Brittle Nails	Stress Incontinence and Other Urinary Issues (over 50% experiences changes)	Dizzy Spells	Irregular Heartbeat
Allergies	Tinnitus	Depression	Anxiety	Panic Disorders

Hormone Therapy Guidelines for Menopausal Women

Indications:

- Initiation of menopausal hormone therapy (MHT) is a safe option for healthy, symptomatic people who are **within 10 years of menopause or younger than age 60 years** and who **do not** have contraindications to MHT.
- **Can provide relief for:**
 - > Hot flashes
 - > Genitourinary syndrome of menopause
 - > Sleep disturbances
 - > Joint aches/pains
 - > Osteoporosis prevention
 - > Sexual dysfunction

Contraindications:

- Personal history of breast cancer
- Personal history of endometrial cancer
- Coronary heart disease
- Venous thromboembolic event
- Stroke
- Active liver disease

Hormone Therapy Guidelines for Menopausal Women

Types of Hormone Therapy

Systemic and low-dose are the two main types of hormone therapy.¹

- **Systemic therapy:** When hormones are delivered throughout the body via pills, patches, sprays, gels, or a vaginal ring, this is known as **systemic therapy**.
 - > Systemic doses are **absorbed into the bloodstream** at high-enough levels to have significant effects in widespread areas, which is needed to **treat symptoms** of menopause such as hot flashes.
- **Low-dose therapy:** Also called vaginal estrogen therapy (ET) for GSM after menopause, this therapy is administered into the vagina and is effective for both moisturizing and rebuilding tissue. Very little goes into blood circulation, so the risks are far lower.

Benefits of Hormone Therapy¹

- **Reduced symptoms**
- **Vaginal symptom relief** — If you take low-dose oral or transdermal HT, you may need to add a vaginal estrogen to get relief.
- **Ease overactive bladder** — You might see relief from your frequency issues and maybe even recurring urinary tract infections with vaginal estrogen.
- **Protect your bones.**
- **Lower your risk of cardiovascular disease** — If you start HT within 10 years of menopause, you could lower your risk of cardiovascular disease.
- **Reduce your diabetes risk** — Scientific evidence shows women who use HT have a lower risk of developing type 2 diabetes.

Risks of Hormone Therapy^{1,2,3}

- Stroke — Both ET and EPT increase the risk of stroke.
- Blood clots — Risk increases if you take hormones by mouth. The risk may be lower if you use a transdermal estrogen, such as a patch, gel, or spray.
- Uterine cancer.
- Breast cancer
- Cardiovascular Disease
- Unexplained uterine bleeding

← Treatment options should always be **discussed and managed** by the members primary provider or OBGYN. →



¹ "Menopause Topics: Hormone Therapy." The Menopause Society. 2025. <https://menopause.org/patient-education/menopause-topics/hormone-therapy>

² Gina Harper-Harrison, et al. "Hormone Replacement Therapy." StatPearls. 6 Oct 2024. <https://www.ncbi.nlm.nih.gov/books/NBK493191/#:~:text=%5B2%5D%20The%20indications%20for%20hormonal,Osteoporosis%20prevention>

³ "Hormone Therapy for Menopause." The American College of Obstetricians and Gynecologists. 2021 October. <https://www.acog.org/womens-health/faqs/hormone-therapy-for-menopause>

Hormone Therapy Guidelines for Menopausal Women

Considerations

- Women should use the lowest dose for the shortest amount of time needed to keep the symptoms under control.
- Women can use ET for 7 years before the breast cancer risk increases.¹
 - > The risk goes up after 3 to 5 years for women who use EPT. Their risk might be lower if they take micronized progesterone intermittently and start HT early.
- **Estrogen therapy alone** for those who have had hysterectomy.²
- **Combined Estrogen-Progestin** therapy for women with **intact uterus**.¹
- Hormone therapy can cause breast tenderness, nausea, and irregular bleeding or spotting. **These side effects are not serious but can be bothersome.**¹

Stopping Hormone Therapy³

- There is no right way to stop Hormone Therapy.
- Many women **try** to stop HT after **4 to 5 years** because of concerns about a potential increased risk of breast cancer.
- Other women may **lower doses or change** to non-pill forms of HT.
- Hot flashes **may or may not** return after stopping HT.
- Although not proven by studies, slowly decreasing doses of estrogen over several months or even over several years **may reduce the chance that hot flashes will return.**
- If very bothersome hot flashes or night sweats return when stopping HT, **women will need to reassess their individual risks and benefits with their provider.**

Custom-compounded hormones **are not safer or more effective** than approved bioidentical hormones. They are **not tested for safety** and effectiveness or to prove that the active ingredients are absorbed appropriately or provide predictable levels in blood and tissue. **In fact, they may not even contain the prescribed amounts of hormones, and that can be dangerous.**

Health Disparities and Menopause

Although everyone experiences menopause differently, research has suggested that racial disparities can affect the way people experience this phase of life:

- Age at menopause is 1.4 years earlier for women living in areas with less green space compared with women living in highly green areas, which is particularly important given the racial and economic segregation of neighborhoods.¹
- A study found that **Black women** began the menopausal transition on **average 8.5 months earlier** than white women.⁴
 - > Since Black and Hispanic women tend to enter the menopausal transition at an earlier age than white women, **this may increase their risk of postmenopausal heart disease.**⁴
- **Compared with non-Hispanic white women, Hispanic and Native Hawaiian** women tend to **begin the menopausal transition at an earlier age.** Japanese Americans, on the other hand, may begin the transition at a **later age.**⁴
- **African American and Hispanic women** have **hot flashes for more years** than white and Asian women.^{2,4}
- Studies have found that approximately **half of Black women have hot flashes during perimenopause**, compared with **one-third of white women.**⁴
- **Black women** are also **more likely** to experience **sleep disturbances** such as insomnia during the menopausal transition and may have more trouble staying asleep at night.⁴
- New research suggests that **white women are more likely than other groups to experience gastrointestinal (GI) symptoms** during perimenopause.⁴
- Despite evidence suggesting **higher menopause symptom burden among Black women** in community samples, documented menopause symptoms and **hormone therapy were less common** among Black, compared with White, women veterans. Additionally, **Hispanic/Latinx** women veterans had **lower odds of prescribed systemic menopause therapy and yet higher odds of prescribed vaginal estrogen**, despite **no difference** in documented symptoms.^{3,4}

1 Yamnia I. Cortes and Valentina Marginean. "Key Factors in Menopause Health Disparities and Inequities: Beyond Race and Ethnicity." Current Opinion in Endocrine and Metabolic Research. Oct 2022

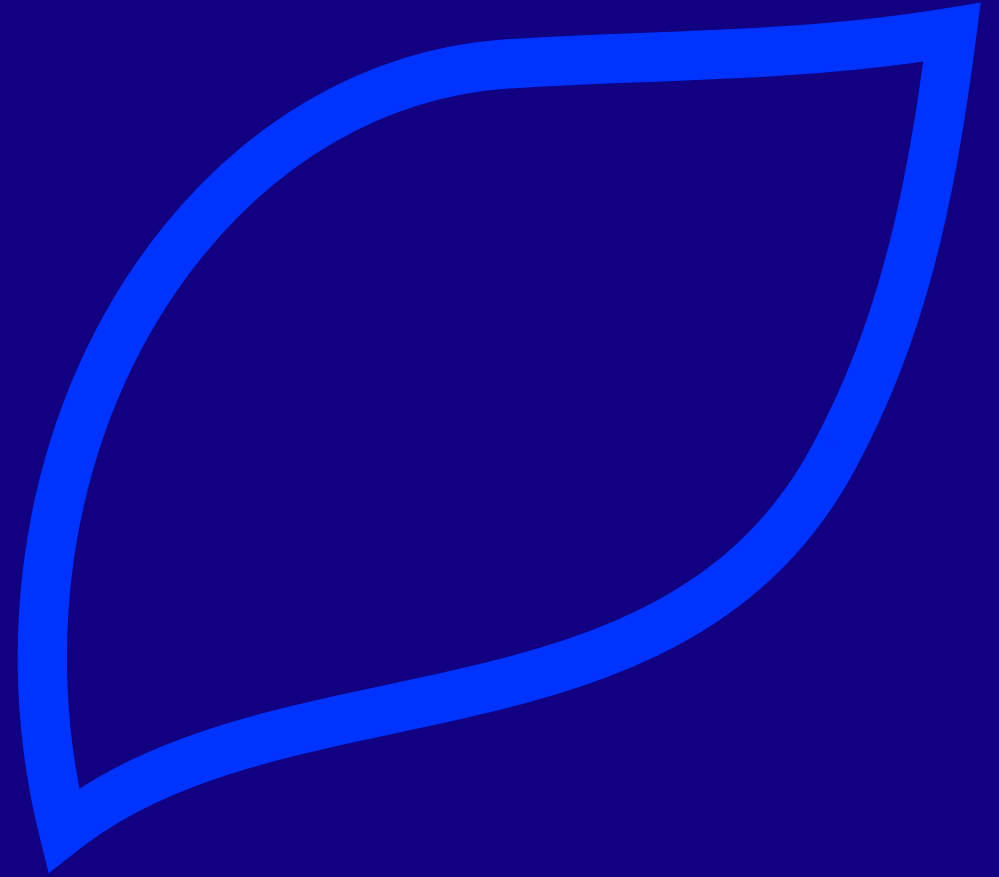
<https://www.sciencedirect.com/science/article/abs/pii/S2451965022000746>

2 "Hot Flashes: What Can I Do?" National Institute of Aging. 30 Sept 2021. <https://www.nia.nih.gov/health/menopause/hot-flashes-what-can-i-do>

3 Anna Blanken, et al. "Racial/Ethnic Disparities in the Diagnosis and Management of Menopause Symptoms Among Midlife Women Veterans." Menopause. 1 Jul 2022. <https://pubmed.ncbi.nlm.nih.gov/35796560/>

4 Morgan Meissner. "What to Know About Racial Disparities in Menopause." Healthline. 14 Sept 2022. <https://www.healthline.com/health/menopause/racial-disparities>


How Can Cigna Solutions Help?






Cigna Healthcare Women's Health Solutions

Support for all stages of life

Sexual Health/Gynecology

- **Well Women Visits¹**
 - **Visana Health Virtual Women's Health Clinic²**
 - **Preventive Care**
 - **Contraceptive Coverage^{1,3}**
 - **Cigna Care Designated OBGYN**
 - **Case Management: Complex Gynecology**
 - **Know Your Lemons® Partnership**
(breast cancer awareness)
 - **Oncology Support**
-  Planned Procedures Hysterectomy Program

Fertility

-  Fertility Benefit
-  Fertility Progyny⁴
-  Fertility Benefit Enhancement






Maternity/Post-Partum

- **Maternity Benefits¹**
 - **Lactation Support & Network**
 - **Cigna Care Designated OBGYN**
 - **Visana Health Virtual Women's Health Clinic²**
 - **High Risk Maternity**
 - **Miscarriage Support**
 - **Pre-Natal Vitamins-Folic Acid^{1,3}**
 - **Healthy Pregnancy App***
-  Other Pre-Natal Vitamins³
-  Cigna Healthy Pregnancies, Healthy Babies⁵
-  Doula Services
-  Pharmacy Post-Partum Depression Support³
-  Planned Procedures Deliveries Program

Menopause

- **Hormone/Non-hormonal Treatment^{1,3}**
- **Cigna Care Designated OBGYNs**
- **Visana Health Virtual Women's Health Clinic²**
- **Pelvic Floor Therapy and Device**
- **Cigna HealthcareSM Well-Being Solution**

Whole Person Care

- Education, Health Tools & Awareness
 - MDLIVE® for Cigna Healthcare
 - Behavioral Health
 - Nutritional Counseling
 - Inclusive Care Designations
-  Lifestyle Management Program
-  Your Health First®
-  Omada® Diabetes Prevention Program
-  Omada® Complete
-  EncircleRxSM for Cigna Healthcare^{3,4}



Cigna Healthcare also offers solutions that address conditions that disproportionately affect women, such as autoimmune disorders, osteoporosis and migraines, which are not reflected here.



1. PPACA required coverage. 2. National in-network provider as of 1/1/25. 3. Requires Cigna Pharmacy Management. 4. Proclaim ASO only. 5. Not available on Facets.

*The App is for educational purposes only. Medical advice isn't provided. Don't use information in this App to diagnose yourself. Always check with your health care provider for information about examinations, treatment, testing, and care recommendations. In an emergency, dial 911 or visit the nearest emergency room. App/online store terms and mobile phone carrier/data charges apply.

Thank You!

**Feel Free to Outreach to Brittany Bucks
or Dr. Angela Flippin Trainer**

Resources



Industry Resources: Menopause Symptoms and Management

A round-up of current research on common menopause symptoms, treatment, and information for your patients

Causes of Early Menopause

Mood and Cognitive Changes

Menopause Physiology

Consequences of Reduced Estrogen

Symptoms & Management

Weight Gain

Sleep Disturbances

Vasomotor Symptoms: Hot Flashes or Night Sweats

Hormone Therapy, Non-Hormonal Therapy, Behavioral Therapy and Lifestyle Changes

Hormone Therapy Guidelines

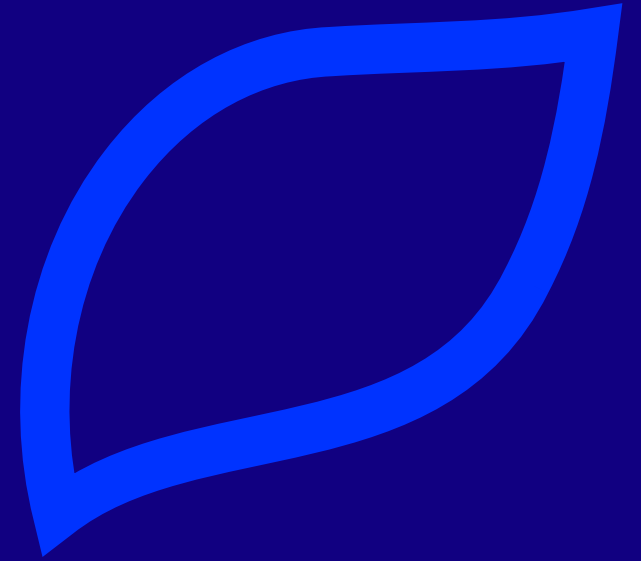
Mood & Cognitive Symptoms Management

Sexual Dysfunction Management

Patient Resources

Cigna Healthcare Wellness Library

Women's Health Organizations



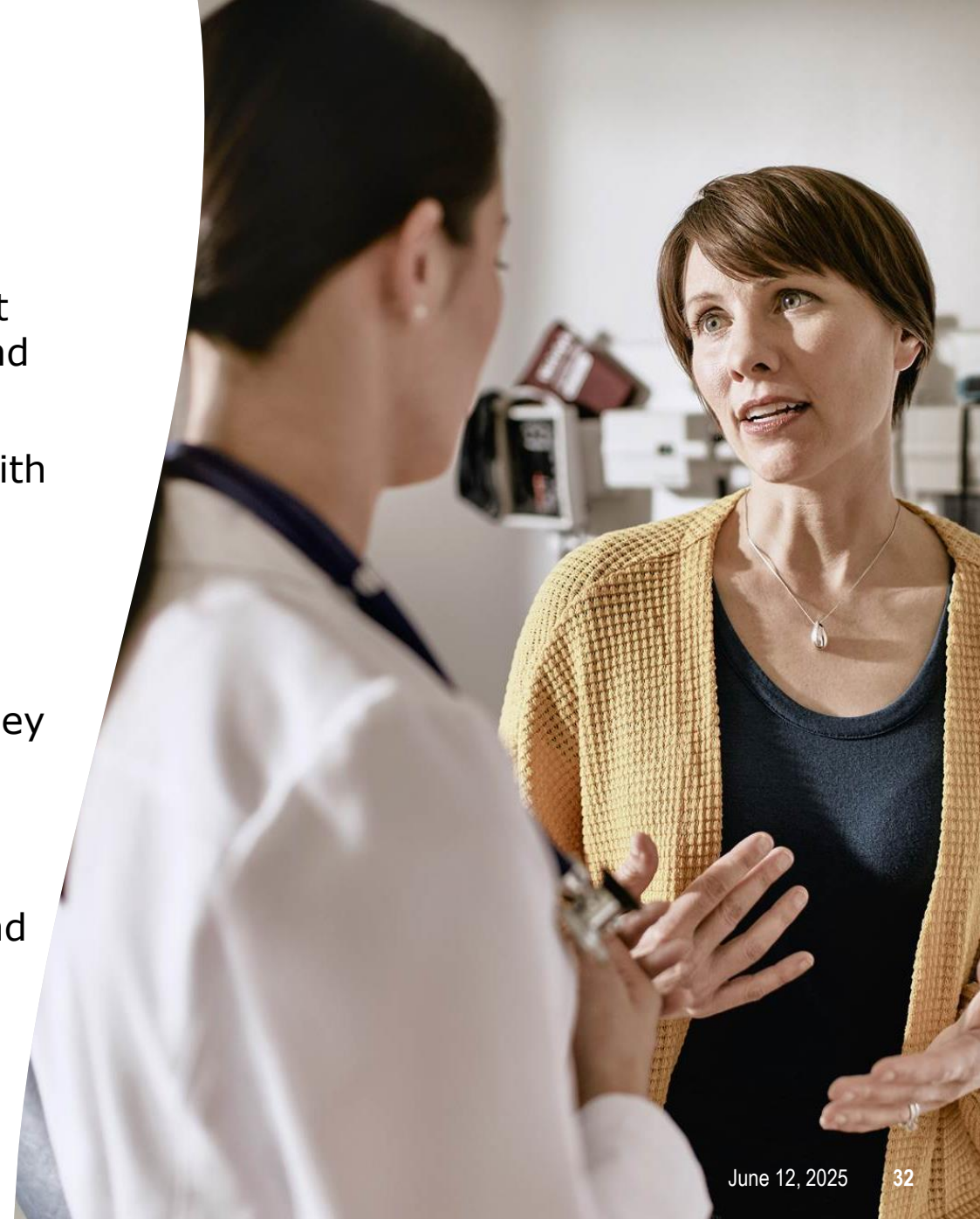
Delays in Menopause Diagnosis and Treatment: Why Is This Important?

- According to the Evernorth study, delays in diagnosis and treatment have significant implications for women's health, well-being and productivity.
- Discomfort related to underdiagnosed or non-diagnosed menopause symptoms can result in women seeking care and treatment that may not be evidence-based or appropriate.
- Symptoms that go untreated can worsen, leading to unnecessary utilization of health care resources, from diagnostic tests to emergency department visits.
- Undiagnosed, untreated or undertreated menopause negatively affects employers through lower job productivity and performance, higher utilization of employer mental health resources, lost workdays and higher medical expenses.



What You and Your Patients Need to Know

- Menopause is in the spotlight, thanks to new research about the onset, symptoms, and techniques for perimenopause and menopause management.
- Numerous studies continue to emerge linking menopause with increased risk of chronic conditions such as cardiovascular disease, diabetes, osteoporosis and memory loss.
- Historically, women in perimenopause and menopause have been underserved. Industry trends show that women are increasingly demanding more information and support as they transition to perimenopause and menopause.
- Long-standing industry assumptions about the appropriate treatment for menopause are being challenged with new treatment modalities, as perimenopause and menopause and their symptoms gain more attention.



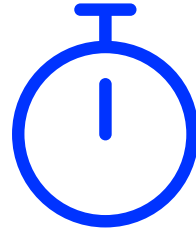
Menopause in the Workplace

A 2023 study by The Mayo Clinic found menopause-related symptoms can have a negative impact in the workplace, with 13.4% of respondents reporting at least one adverse work outcome including:



10.8%

Missed work in the most recent 12 months



5.6%

Cut back on hours in the most recent six months



4%

Experienced more than one adverse work outcome

- Researchers estimated the annual cost associated with lost productivity due to menopause symptoms to be \$1.8 billion in the United States.
- It's also common for employees not to know about the behavioral health benefits available to them. The Evernorth Research Institute's [2024 Health Care in Focus study](#) found such a gap in awareness. While 27% of employees didn't believe their employer-sponsored insurance had behavioral health coverage, 89% of employers said they did offer such coverage.

Addressing Menopause

Women over 45 are the fastest growing segment of the workforce¹

Women seeking care for menopause symptoms²

"I'm not myself – something's wrong – I want to be listened to."

"I don't feel supported, and I don't feel heard."

"A doctor told me I was too pretty to be depressed...and that maybe I should just get a boyfriend."



Impact at work

40% of women indicate menopause symptoms interfered with their work performance at least weekly – 20% said daily¹

17% of women quit or considered quitting jobs due to menopause symptoms¹

Menopausal symptoms

- Anxiety
- Depression
- Brain fog
- Hot flashes
- Insomnia
- Night sweats
- Thinning hair
- Weight gain

1. Impact of Menopausal Symptoms on Work: Findings from Women in the Health and Employment after Fifty (HEAF) Study, 2023 2. dScout User Research. Menopause Express Mission, April 2024. Quotes from women seeking care for menopause symptoms. This example is for illustrative purposes only. It's not an actual Cigna Healthcare customer experience.

Some noted services may vary and are based on benefits and plan designs

* Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Program availability may vary by plan type and location, and are not available where prohibited by law.

Addressing Menopause: Cigna Healthcare Support and Resources

Patient Education/Navigation

- Cigna Healthcare Well-Being Solution: personalized wellness, menopause symptom awareness
- Digital and live navigation with 100% follow-up for behavioral health
- Multiple modalities, including self-driven AI that learns over time and becomes more personalized

Care access

- Robust panel of national provider types – many skilled in menopause
- Virtual access to care via MDLIVE®
- Reducing barriers to care with on-demand, convenient, clinical engagement 24/7/365
- Primary, behavioral, psychiatry, derm
- Pharmacy - Menopausal Hormone Therapy, GLP-1 drug management
- No-cost EAP visits*, unlimited tele-consults
- Lifestyle Management Programs
- Up-to-date menopause training for customer-facing Cigna HealthcareSM clinicians, coaches, and advocates

Plan Benefits

- Evernorth Behavioral Health programs
- Nutrition counseling
- Pelvic floor testing/treatments
- Screenings, lab tests and treatment
- Massage therapy, acupuncture, and testosterone treatment

Menopause is in the Hot Seat

Menopause is finally getting the attention it deserves due to emerging research, provider advocacy and patient demand

- **"Menopause is Finally Going Mainstream"** – *Time* magazine, January 23, 2024
- **"Mid-Life Women are Clamoring for Testosterone. Does It Work?"** – The New York Times, February 6, 2025
- **"Young Women Suffer Menopause Symptoms in Silence, Study Says"** – *U.S. News & World Report*, February 28, 2025
- **"Menopause is Having a Moment"** – *The New Yorker*, March 3, 2025
- **"More than hot flashes: Women raise awareness about menopause symptoms and work"** – *Associated Press*, March 6, 2025
- **Research reveals women take 'substantial' earnings hit during menopause** – *Stanford Report*, March 24, 2025
- **"Supporting Women Executives Through Health Challenges Like Menopause"** – *Forbes*, March 25, 2025



Resources for Your Patients

The [Cigna Wellness Library](#), located on [Cigna.com](#), has a variety of useful articles for your patients on menopause and symptoms management.

- [Menopause](#)
- [Menopause and Perimenopause](#)
- [Menopause and Your Risk for Other Health Concerns](#)
- [Hot Flashes and Menopause](#)
- [Sexuality and Physical Changes with Aging](#)
- [Menopause: Managing Hot Flashes](#)
- [Menopause: Should I Use Hormone Therapy \(HT\)?](#)
- [Soy for Menopause Symptoms](#)
- [Black Cohosh for Menopause Symptoms](#)
- [Emotions and Menopause](#)
- [Stress Management](#)
- [Get Regular Exercise for Mental Health](#)
- [Healthy Eating](#)
- [Healthy Aging](#)
- [Fitness and Exercise](#)



Additional Patient Resources

- **North American Menopause Society** (NAMS)
- **The American College of Obstetricians and Gynecologists** (ACOG)
- **Office on Women's Health**
- **My Menoplan** (NIH funded)

