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Delanerolle, G., Phiri, P., Elneil, S. et al. (100 more authors) (2025) Menopause: a global health and wellbeing issue that needs urgent attention. The Lancet Global Health, 13 (2). e196-e198. ISSN 2214-109X

https://doi.org/10.1016/s2214-109x(24)00528-x

Menopause: a global health and wellbeing issue that needs urgent attention

Lancet Glob Health 2024
Published Online
December 18, 2024
https://doi.org/10.1016/S2214-109X(24)00528-X

Menopause, whether natural (ie, the permanent cessation of an individuals's menstrual cycle for at least 12 consecutive months, without any other obvious cause), surgical, or induced by medical treatments, is characterised by the permanent cessation of menstruation. Menopause affects all those assigned female at birth, hereafter referred to as "women". Common symptoms include hot flushes, night sweats, joint pain, low mood, vaginal dryness, and sleep disturbances. Menopause is also associated with several long-term health risks, perhaps the most notable of which is cardiovascular disease. Cardiovascular disease is the leading cause of death in women and an important concern during menopause, when low oestrogen concentrations increase risks of coronary artery disease and atherosclerosis. A systematic review from five countries and regions reported that—compared with women who had menopause aged 50–51 years—women with premature menopause (ie, aged <40 years) had a 55% increased risk of a non-fatal cardiovascular disease event, and women with early menopause (ie, aged 40–44 years) had a 30% increased risk.[1] Osteoporosis is another major health concern, leading to fractures and increased rates of disability, particularly within health-care systems that have poor access to bone health services. A study from Sweden reported that women with early menopause (ie, aged ≤47 years) are at an 83% increased risk of osteoporosis, 68% increased risk of fracture, and 59% higher mortality compared with women who had menopause after 47 years.[2] Urogenital atrophy is another common complication of menopause, and it can lead to vaginal dryness, urinary incontinence, and a heightened risk of urinary tract infections.[3]

Despite the severity of acute symptoms and the serious implications of menopause for women's long-term health, access to menopause care varies widely and is particularly scarce in low-income and middle-income countries (LMICs) with little access to health-care professionals with specialist knowledge of menopause.[4] Additionally, cultural and societal factors in some regions can prevent individuals from seeking care, further complicating the management of menopause-related health issues and leading to inadequate support in the workplace and even early retirement.[5] The stigma is such that open dialogue is inhibited in the majority of LMICs and the first-generation migrants from these LMICs to high-income countries (HICs); the paucity of broader understanding and acceptance in society exacerbates the mental and emotional strain of menopause and can lead to social isolation, particularly in these stigmatised contexts.[6,7] The various factors in LMICs that contribute to adverse health outcomes in women with menopause—for effective and timely intervention, to prevent these outcomes—are important to understand.

As life expectancy rises globally, more individuals spend more of their lives in the post-menopausal phase.[8] According to WHO, by 2030, over 1·2 billion women worldwide will be menopausal or post-menopausal.[8] This demographic shift, along with the range and impact of the consequences of menopause, amplify menopause as a global health and wellbeing issue and clarify the need for more effective management and equitable access to care.[8]

The future of menopausal care needs to be inclusive, personalised, and gender-sensitive, addressing unique experiences across all ethnicities and races. Historically, research and clinical guidelines have predominantly focused on cisgender, White women residing in HICs, overlooking the distinct needs of transgender men and women and non-binary individuals, First Nation populations, and people residing in LMICs, particularly those living in rural areas. Given the rapid increase in migration, HIC health-care systems also need to be prepared to better understand the needs of first-generation immigrants. To provide comprehensive support, there must be a greater understanding of intersectional care that accounts for diverse social and cultural influences and considers disease sequelae and their impact on health outcomes. For individuals who are transgender, especially those having long-term hormone therapy or gender-affirming surgeries, the management of hormone levels is a crucial aspect of menopause care.[9] Hormone replacement therapy in all groups must be carefully tailored to balance the physiological and psychological impacts of menopause.

We provide eight key recommendations, supported by latest evidence, for the consideration of policy makers, commissioners, researchers, and clinicians (panel).

See Online for appendix

***Panel:* Recommendations to improve health outcomes for individuals with menopause**

Lifestyle modifications
Encouraging regular weight-bearing exercise, such as walking or strength training, to help reduce the risk of osteoporosis. A healthy diet can further protect bone and cardiovascular health.[10]

Mental health support
Mental health should be a core component of menopause care given the risk of negative psychological impacts that it confers. Cognitive-behavioural therapy has shown initial evidence of helping with management of vasomotor symptoms, mood fluctuations, and sleep issues related to menopause,[7] although further research is required.

Holistic approaches
Alternative therapies, including mindfulness, yoga, and acupuncture, have been studied for their potential to reduce hot flushes, anxiety, and sleep disturbances. Although more research is needed to determine whether these practices provide clinically significant benefits, these approaches can be considered as part of a holistic care plan alongside a health-care plan or as a stand-alone approach.

Culturally competent care
Health-care providers should be trained appropriately, particularly to prevent misgendering and to prevent barriers to accessing menopause care. Culturally competent care should include hormone management, mental health support, and reproductive health counselling.

Personalisation of hormone replacement therapy care
For many individuals experiencing menopause, hormone replacement therapy remains an effective treatment, but the choice of treatment should consider individual factors, such as family history, lifestyle, severity of symptoms, and cultural practices (eg, the use of primrose oil or other non-pharmacological remedies). For transgender men, adjustments to testosterone therapy might be required to manage menopause-like symptoms, such as hot flushes, mood changes, and bone loss. Similarly, transgender women who are taking oestrogen therapy should have their hormone levels monitored to ensure adequate cardiovascular and bone protection.

Peer support groups or social prescribing
Creating safe spaces for all individuals to share their experiences of menopause can provide emotional support and reduce isolation. Peer support groups offer a sense of community and help while navigating the complexities of hormone management and menopausal symptoms.

Conduct comprehensive research
The development of proactive, evidence-based interventions are crucial to improve menopause care relevant to all genders, ethnicities, and races.

Improve accessibility
Improve access of hard-to-reach populations (eg, those in rural regions) with technology, such as artificial intelligence, awareness programmes using electronic health tools, and improved monitoring of symptoms and treatment effects using telemedicine and personalised devices.

Understanding various risk factors, such as lifestyles, environment, and climate
Risk factors, such as lifestyles, environmental exposures, and adverse climatic conditions, aggravate adverse health outcomes in individuals experiencing menopause. Any intervention for individuals with menopause can only be effective if the local risk factors of individuals living in unfavourable conditions are taken into account while designing and implementing the intervention.

Menopause care must adopt an inclusive and personalised approach, as has been done for other conditions, to address the unique needs of both cisgender and transgender populations across global settings and to integrate diverse cultural practices. However, to truly improve menopause care, we must also work towards destigmatising menopause. Destigmatisation requires a global, multisectoral approach with comprehensive research, improved health-care access, practical workplace policies, and coherent messaging and communication to enable a more open and supportive society.

We declare no competing interests. Members of the MARIE collaborative are listed in the appendix.

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