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Women's Midlife Health Issue Brief

PBGH SHOWCASE

Problem Statement

Women comprise almost half of the U.S. workforce, with over 40% of working women age 45 or older.[1] The majority of women reach menopause between the ages of 45 and 55,[2] meaning that women in the menopause transition represent a large, growing segment of the global workforce. Furthermore, some women experience menopause prematurely (younger than age 45) due to medical interventions, such as removal of both ovaries, chemotherapy or radiation, making the percentage of working women experiencing symptoms of menopause even higher. Unfortunately, many women suffer due to menopause, given it is a condition which is often misdiagnosed resulting in delays or lack of access to evidence-based care.[3] Menopause symptoms can negatively impact a women's overall quality of life and affect workforce participation decisions and productivity.[4,5,6]

This issue brief uses gender-specific language although some individuals who experience menopause may identify differently than the gender and pronouns used in this issue brief.

Definitions

Perimenopause
The stage of life before and just after the transition into menopause, which begins with the onset of irregular menstrual cycles or other menopausal symptoms and extends to include the twelve months after a woman's final menstrual period.

Menopause
A natural part of aging that usually occurs between ages 45 and 55 as a woman's estrogen levels decline. Menopause is signaled by twelve consecutive months since a woman's last menstruation. The menopause transition can last up to twenty years.[7]

Menopause Symptoms

There are many symptoms that a woman may experience as she transitions through perimenopause and menopause. In addition, for many women these symptoms last around 7 years, with some women experiencing symptoms for up to fourteen years or longer.[8,9] The symptoms experienced may include any of the following:[10]

- Menstrual cycle changes, e.g., abnormal bleeding, which can range from light to heavy and be irregular
- Vasomotor symptoms (VMS), e.g., hot flashes and night sweats
- Symptoms associated with Genitourinary Syndrome of Menopause (GSM), e.g., vaginal dryness or burning, painful sex, recurrent urinary tract infections, urinary incontinence, urinary frequency and/or urgency
- Other symptoms that may be associated with menopause:
  - Sleep disturbances
  - Cognitive concerns (e.g., memory, concentration, brain fog)
  - Psychological symptoms (e.g., mood changes, depression, anxiety)
  - Headaches
  - Decreased libido
  - Joint pain/stiffness
  - Weight gain

Each woman's experience with menopause is unique. Symptoms vary in severity, duration and impact[11] as well as across race and ethnicity. Vasomotor symptoms (VMS) (e.g., hot flashes and night sweats) are the most common and bothersome symptoms reported by women, with up to 80% of women reporting these symptoms during the menopause transition.[12,13] Many women also experience genitourinary symptoms of menopause, also known as genitourinary syndrome of menopause (GSM), which affects approximately 27% to 84% of postmenopausal women.[14]

Women of color are at greater risk of worse health outcomes, endure more severe symptoms and experience menopause for longer than white women.[15] More African American women experience vasomotor symptoms (VMS) than white women, and they also have these symptoms for a longer time.[16,17] In the Study of Women's Health Across the Nation (SWAN), African American women experienced vasomotor symptoms (VMS) for about 10 years compared with 8.9 years for Hispanic women, 6.5 years for non-Hispanic white women, 5.4 years for Chinese women and 4.8 years for Japanese women.[18]

Women of color in general also report lower quality of life than white women and may be less likely to receive treatment.[19,20] Women who receive treatment and experience improvements in quality of life are likely to be more highly educated, white and have higher incomes.[21] This means that women of color, and Black women in particular, are facing not only more severe symptoms and for longer but are also not receiving adequate treatment for symptoms.[22]

Impact of Menopause in the Workforce

Experiencing symptoms of menopause can negatively impact women in the workforce. A recent survey of more than 1,000 working women found that four in ten women age 50 to 65 years old stated that menopause symptoms interfered with their work performance or productivity on a weekly basis.[23] Another study found that the severity of vasomotor symptoms (VMS) was positively associated with degree of impairment in work productivity among women aged 40-65 years.[24] Challenges with managing symptoms at work may result in increases in absenteeism with nearly a third of working women ages 45 to 55 reporting they have taken time off work to manage symptoms.[25] Moreover, women who have experienced menopause report that they have taken extended leave or have left the workforce altogether.[26,27] In another recent survey of over 900 working women ages 40 to 55 in the United States, 33% of the women surveyed reported that menopause impacted their work performance and 20% reported having left or considered leaving a job because of symptoms.[28]

Research has also highlighted the impact of depression among women reporting menopausal symptoms: approximately one-third of women who reported experiencing menopausal symptoms with hot flashes also reported depression. These women reported significantly worse quality of life and significantly worse work productivity.[29] For women experiencing menopause and depression, there is evidence for higher health care resource use and costs for employers.[30]

There is also research showing that women of color report worse outcomes at work due to menopause. Twenty-four percent of African American women or people of color in comparison to 16% of white women have not pursued a promotion because of menopause symptoms. Furthermore, 63% of African American women or people of color felt like a target of ageism if they shared openly about a menopause experience in comparison to 51% of white women.[31]

Women may not be aware that the symptoms they are experiencing are related to menopause and may not understand that symptoms related to perimenopause/menopause can have long-term impacts on their health and well-being. Therefore, education is a very important part of midlife women's health care and perimenopause/menopause management; a holistic patient care model that emphasizes earlier and more robust education about the menopause transition would prepare women, serve to normalize this phase of life and contribute to a more personalized approach to care.[32] The age of menopause is also a time when there is increased risk for osteoporosis, cancer, cardiovascular disease and diabetes[33,34,35] and the transition into menopause itself can increase a woman's risk of chronic diseases and affect a woman's long-term health. [36,37,38] For example, as a woman's hormones change throughout this transition along with alterations in body composition and measures of vascular health, she may be at a heightened risk of developing coronary heart disease.[39] In addition to these health-related impacts to a woman's life, there are financial considerations as well. Women may seek costly treatment that is either not evidence-based and/or ineffective if they are unaware of the many ways perimenopause/menopause can present.

In addition to a general lack of awareness about menopause symptoms and treatment options, many women experience inadequate diagnosis and treatment due to lack of access to providers trained in women's health. In the United States, there is a substantial shortage of obstetric gynecologist (OB-GYN) providers; half of the counties in the U.S. do not have a single OB-GYN and the American College of Obstetrics and Gynecologists (ACOG) predicts that by 2050 there will be a shortage of well over 20,000 OB-GYNs in the United States.[40] Furthermore, a significant portion of OB-GYNs tend to focus mostly on obstetrics and caring for women who are of childbearing age rather than women who are in midlife and other stages of life. As a result of the growing shortage of providers, many women's perimenopausal and menopausal symptoms go untreated which can have long-term impacts on a woman's well-being and overall quality of life.

Perimenopause and menopause symptoms may impact women's quality of life and work productivity leading to economic impacts for both women and employers. This presents an opportunity for employers to better support women during this life transition. Moreover, a survey of professional women found that there is a strong interest in menopause support from their employers. Over 40% of respondents reported the need for additional employer support for menopause with an even higher percentage of Black and African American women wanting menopause support from their employers than the percentage of white women wanting more support.[41] Better treatment and support for women experiencing symptoms of menopause may reduce absenteeism, encourage retention of female employees and reduce health costs.

Best Practice Interventions

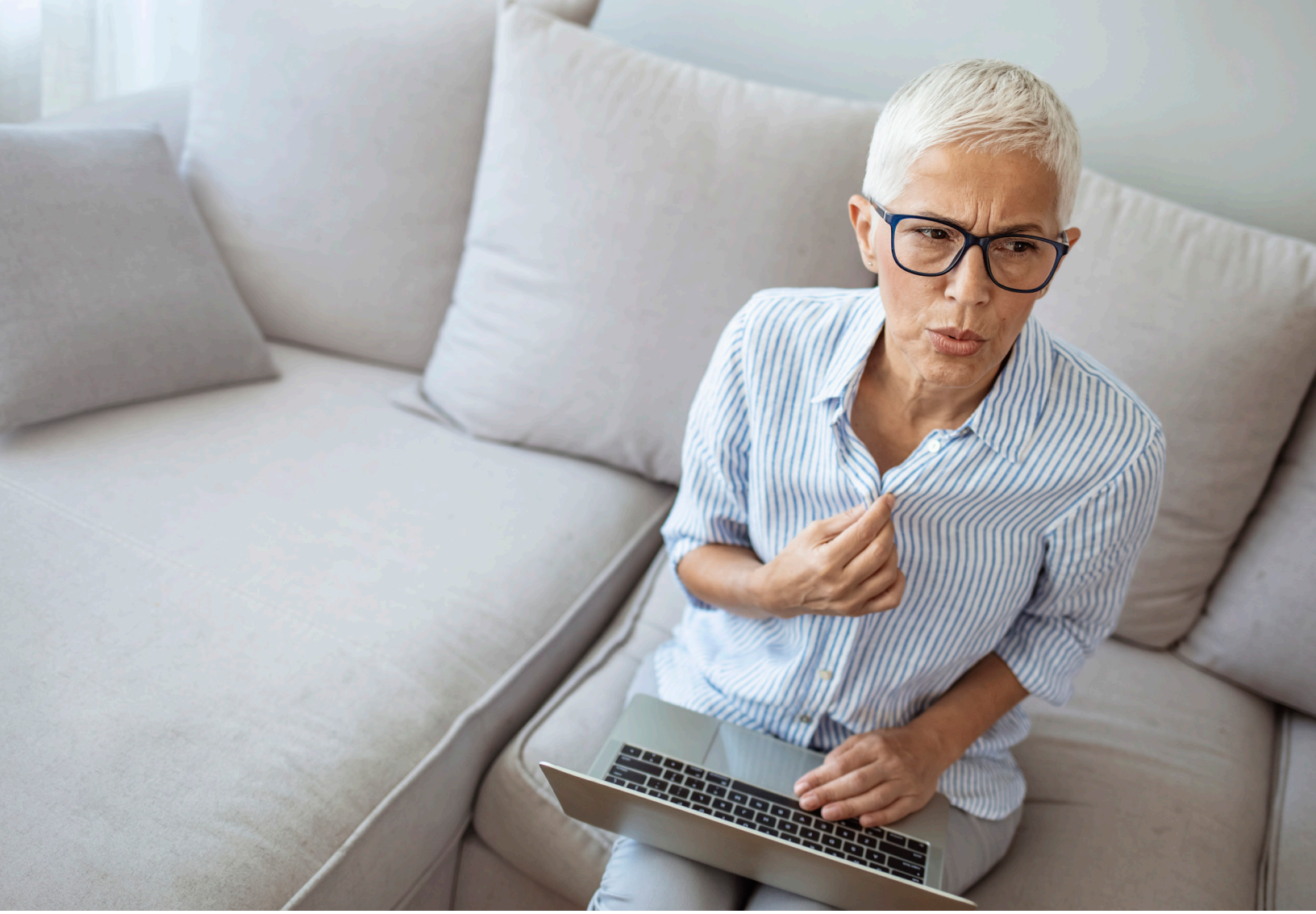
There are many interventions that can improve both quality of life and the symptoms women experience as a result of menopause. First and foremost, education and awareness about menopause and the impacts it can have on a woman's daily life and long-term health is important. Education is also essential to ensure that women are aware of the available treatment options and to clarify their preferences so that they can make informed decisions.[42]

With access to providers that provide evidence-based care of perimenopause and menopause, most women can effectively minimize and manage their symptoms. Treatment options include the following:

- **Hormone therapy (HT):** HT can be a very effective treatment option for vasomotor symptoms (VMS) as well as genitourinary syndrome of menopause and has been shown to prevent bone loss and fracture. Risks associated with use of HT can differ for women. The type of HT, dose, duration of use, route of administration, timing of initiation and addition of a progestogen or not should be considered. Types of HT include the following:[43]
  - **Estrogen Therapy:** Two types of estrogen therapy can be prescribed to women. Systemic estrogen therapy is prescribed to women as oral drugs; transdermal patches, sprays and gels; or as vaginal rings. Local vaginal estrogen therapy is prescribed as a ring, cream, tablet or softgel vaginal insert, and used specifically to treat genitourinary syndrome of menopause (GSM).
  - **Estrogen-Progestogen Therapy:** Progestogen is included in treatment for women who have a uterus because chronic exposure of the endometrium (lining of the uterus) to estrogen increases the risk for endometrial hyperplasia or cancer. Formulations for this combination estrogen and progestogen therapy includes oral pill and patch.
  - **Progestogen therapy:** Progestogens include natural progesterone and synthetic progestins with progesterone-like activity. These hormones may be prescribed alone to treat symptoms when a woman cannot use estrogen, but the most common use is to protect against uterine cancer that may be associated with estrogen therapy. Formulations for this therapy include oral pill and intrauterine device (e.g., the levonorgestrel intrauterine device).
  - **Tissue-selective estrogen complex (TSEC):** Includes a selective estrogen-receptor modulator and estrogen as this combination provides endometrial protection in women with a uterus without the need for a progestogen.
  - **Bioidentical hormone therapy (BHT):** BHT consists of hormones that are chemically identical or very similar to those made in the body by the ovaries. Note: BHT should be FDA-approved; compounding pharmacies offer compounded BHT that is not FDA-approved, which can present safety concerns for women.

- **Nonhormonal therapy (non-HT):** These prescription medications can be effective at treating certain menopause-related symptoms. Many women take nonhormonal prescription medications because of personal preference and/or because they are not able to take HT due to medical contraindications.
  - Paroxetine salt is FDA-approved for the management of vasomotor symptoms (VMS) associated with menopause.
  - Classes of medications that show evidence of efficacy in symptomatic menopausal women include:
    - Antidepressants, including selective serotonin reuptake inhibitors (SSRIs) (e.g., fluoxetine and escitalopram) and serotonin and norepinephrine reuptake inhibitors (SNRIs) (e.g., venlafaxine and desvenlafaxine)
    - Anticonvulsants (e.g., gabapentin)
    - Antihypertensives (e.g., clonidine)
    - Neuropathic pain drugs (e.g., pregabalin)
- **Complementary & alternative medicine,** including soy isoflavones, traditional Chinese medicine & herbs (e.g., cranberry, St. John's wort, valerian, vitex).
- **Over-the-counter hormones and dietary supplements,** including topical progesterone and melatonin.
- **Mind-body techniques,** including Cognitive Behavioral Therapy (CBT) and hypnosis.
- **Lifestyle adaptations,** including the following:
  - Eat a well-balanced diet that includes low-fat dairy products, dark green, leafy vegetables and calcium-fortified foods and beverages.
  - Get regular exercise, including weight bearing and muscle strengthening activities (e.g., walking, yoga, Tai Chi, weight training)
  - Avoid hot flash triggers (e.g., caffeine, alcohol, spicy food)
  - Practice relaxation techniques (e.g., yoga, meditation)
  - Keep cool by dressing in layers (e.g., light or wicking clothing), sleeping in cool room (e.g., fan, thermoregulating pillow) and consuming cold drinks.

More information about the treatment recommendations and guidelines is provided by the North American Menopause Society.



Call to Action

Perimenopause and menopause can impact a woman's quality of life and well-being. In addition to her overall physical and mental health, there is evidence that untreated menopause symptoms influence women's workforce participation decisions and productivity. Menopause takes place when many women have reached the peak of their careers and when they are likely in leadership positions, and severe menopause symptoms can disrupt a woman's career and her ability to continue and advance in her role. This impacts women in every industry, but it's important to consider those who may be affected more than others due to the nature of their work or work environment. For example, women who work in an industry in which they are required to wear a uniform or have limited access to restrooms (e.g., bus drivers or line workers) may find it even more difficult to manage symptoms such as irregular or unexpected heavy bleeding or incontinence.

Given that employee retention — especially of experienced workers — is a priority for employers, there is a tremendous urgency and opportunity for employers to act.

Create a Supportive Company Culture and Empower Employees to Recognize and Address Symptoms

It is essential that employers have workplace policies to support women in this stage of life and that employees know about these policies. Employers could create a company menopause policy (example: https://assets-corporate.channel4.com/_flysystem/s3/2020-10/Channel%204%20Menopause%20Policy%202020.pdf) to ensure that workplace policies are implemented to support employees and their families. Policies might include access to flexible work-from-home, earlier or later start times, sickness or leave of absence policies, etc. Employers could also provide occupational health assessments to ensure that employees' physical environments are not making menopausal symptoms worse. Related to this, employers could review how workplace temperature and ventilation is controlled to see how these might be adapted to meet the needs of individuals; this might include making desktop fans available or locating workstations away from heat sources.

Additional considerations may be needed for specific occupations or locations. For example, when uniforms are required, consider if there is flexibility as to optional layers, being allowed to remove jackets or ties and the use of thermally comfortable fabrics. Access to a quiet break room to allow women to manage symptoms like severe hot flashes could also be helpful for women in customer-facing roles or work that requires constant standing or prolonged sitting.

Employers could also provide menopause awareness training to managers to raise awareness, support sensitive conversations and enable managers to provide support, including practical adjustments (such as fans, easy access to bathrooms, uniforms with breathable material, etc.) as needed. Managers could be encouraged to have regular, informal one-on-one chats with employees and encourage them to share any issues that could be affecting their workplace wellbeing.

Employers could offer company information sessions or host a company-sponsored menopause campaign to raise awareness around the connection between menopause and employee well-being, reduce stigma and normalize this period of life for women. Female business leaders could also be encouraged to discuss their experiences with menopause to create inclusivity and empower other women.[44] It's important that women, their partners and colleagues are informed about perimenopause and menopause symptoms in a way that's inclusive and supportive.

To provide an alternative for employees to speak to someone other than their managers, employers could form and promote support groups for female employees experiencing symptoms would be another way to assist in destigmatizing menopause.

Ensure Access to Appropriate Care

Employers should ensure that their Employee Assistance Program (EAP) provider has resources to support employees with menopause concerns. Employers should also work with partner health plans to ensure that provider networks include providers who are adequately trained in women's midlife health, menopause care and/or NAMS certified. Partner health plans should also ensure that women have access to newer therapies in addition to traditional therapies. Employers could also offer third-party women's midlife health solutions for their employees.

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About the Purchaser Business Group on Health (PBGH)

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend $350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

Purchaser Business Group on Health

Endnotes

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