

Clearing the fog: Learning about menopause through the experiences of 4,500 women aged 40-65



Ben Klein MBA*, Diana Gutierrez PhD*, Lia Harrington PhD, Amelia Paladino BS, Andrea Matthews MBA, and Ben Serbiak MS MBA

Introduction

Menopause is under researched and poorly understood

- Despite 1.3 million women in the United States experiencing menopause each year¹, there is a lack of standardization of care and education, leading to a lack of understanding by patients about their menopause transition
- The menopause transition is associated with substantial morbidity² that can significantly decrease women's quality of life and overall health; however, one survey found that up to 80% of medical residents had limited training in managing menopausal symptoms³

Objective

Gain comprehensive insights into the individual menopause experience

This study aimed to provide a foundational understanding of the patient experience of the menopause transition, thereby addressing their understanding of menopause and its associated symptoms. Furthermore, this study sought to understand the factors that impact women's individual experience of menopause including health and demographic factors. These differences in menopause trajectories and lived experiences can help inform clinicians how to tailor menopause care for patients. This study has helped us to:

- Better understand how women are currently identifying and managing their symptoms
- More holistically study women's unique perceptions around their menopause experience
- Highlight unique menopause experiences of diverse ethnicities

Methodology

An Attitudes and Usage study was conducted among women aged 40-65 in the US, with 4,578 participants.

- Online survey, completion time 25 minutes; fielded August 2021
- Self-reported menopause phase (pre, peri, menopause, post)
- Participants recruited from online panel

Table 1. Demographics of study participants

	In menopause	In perimenopause	Not yet in menopause/Pre-menopause	Post-menopause	Total
Age					
40-44	67 (7.0%)	244 (25.5%)	589 (61.7%)	55 (5.8%)	955
45-49	124 (13.8%)	336 (37.3%)	322 (35.8%)	118 (13.1%)	900
50-54	267 (28.9%)	254 (27.5%)	88 (9.5%)	316 (34.2%)	925
55-60	175 (18.4%)	43 (4.5%)	16 (1.7%)	717 (75.4%)	951
61-65	39 (4.6%)	6 (0.7%)	8 (0.9%)	794 (93.7%)	847
Race					
African American	87 (13.1%)	104 (15.6%)	178 (26.8%)	296 (44.5%)	665
Caucasian (NH)	463 (15.8%)	599 (20.4%)	583 (19.9%)	1291 (44.0%)	2936
Other	43 (13.8%)	53 (17.0%)	86 (27.6%)	130 (41.7%)	312
Spanish/Hispanic/Latino	79 (11.9%)	127 (19.1%)	176 (26.5%)	283 (42.6%)	665

This very large A&U study included 4 distinct domains:

- Lifestyles and attitudes.
- Menopausal symptoms. Both understanding the symptoms a woman is experiencing and understanding the perceived correlation between those symptoms and menopause
 - Women were asked to report which symptoms they experienced in the past year (n=48 symptoms)
 - For analysis, symptoms were grouped into the Menopause-specific Quality of Life Questionnaire (MENQOL4) categories vasomotor, physical, psychosocial, and sexual
- Menopause sources of trust and points of care.
- Knowledge surrounding MHT (menopause hormone therapy) and their openness to learning more.

Results highlights from domains 1, 2 and 4 are presented here. Subsequent data will be presented in the future.

Statistical Methods

Hierarchical linear regression modeling was used to predict symptom count. ANOVA and TukeyHSD was used for continuous data comparisons and Chi-square and Fisher exact tests were used for categorical data comparisons.

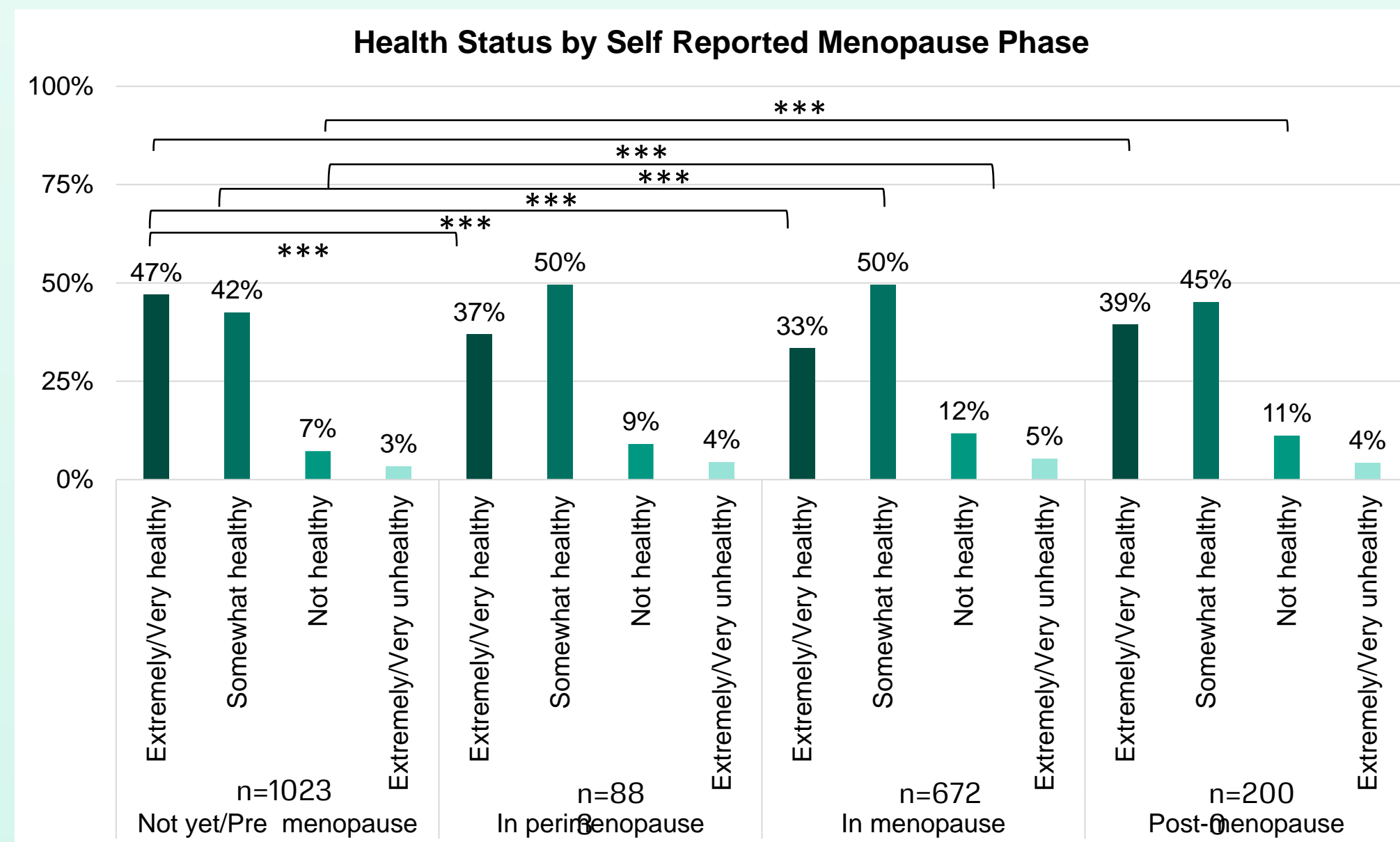


Fig 1: Menopause Phases vs. overall health

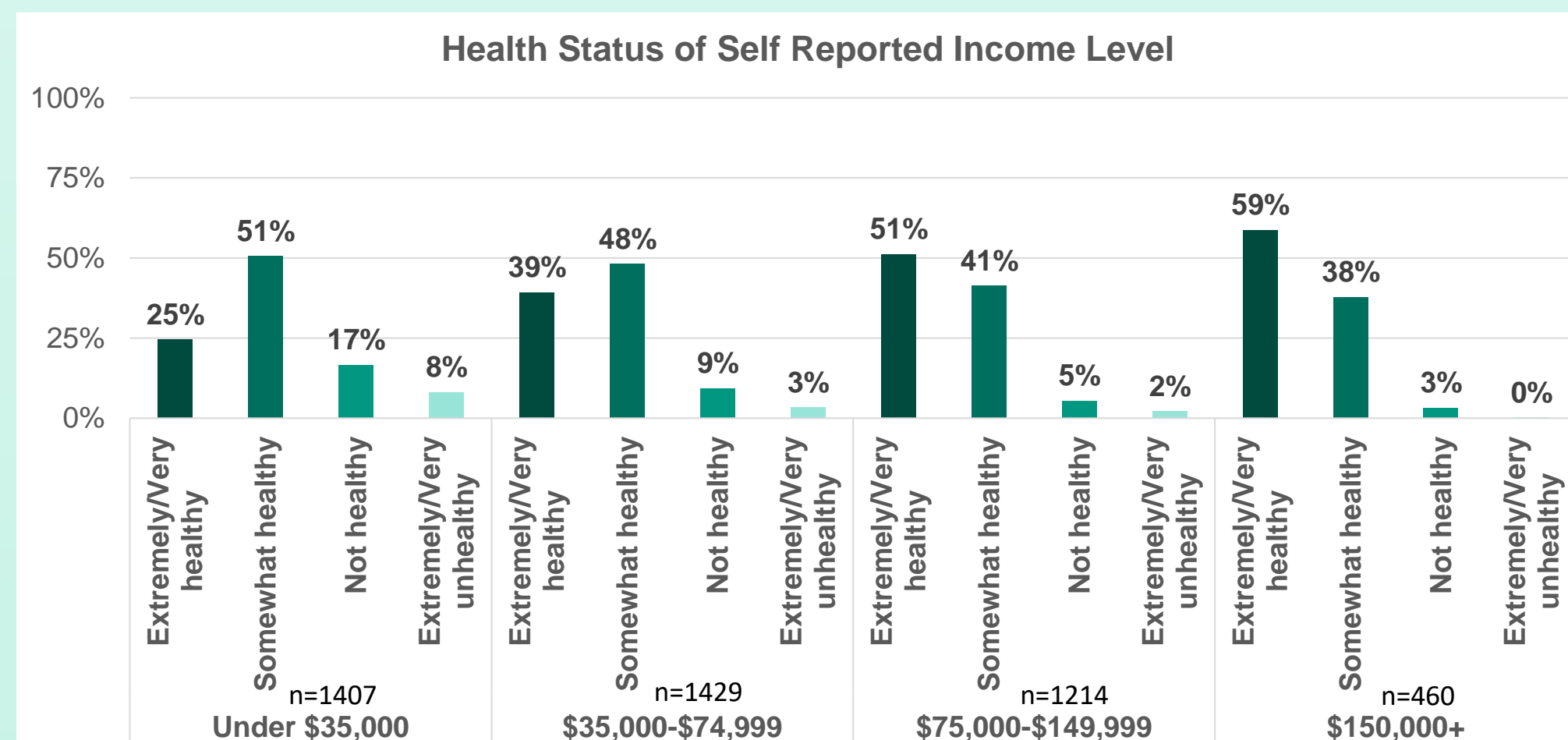


Fig 2: Overall health vs income [rho=0.287, p < .001]

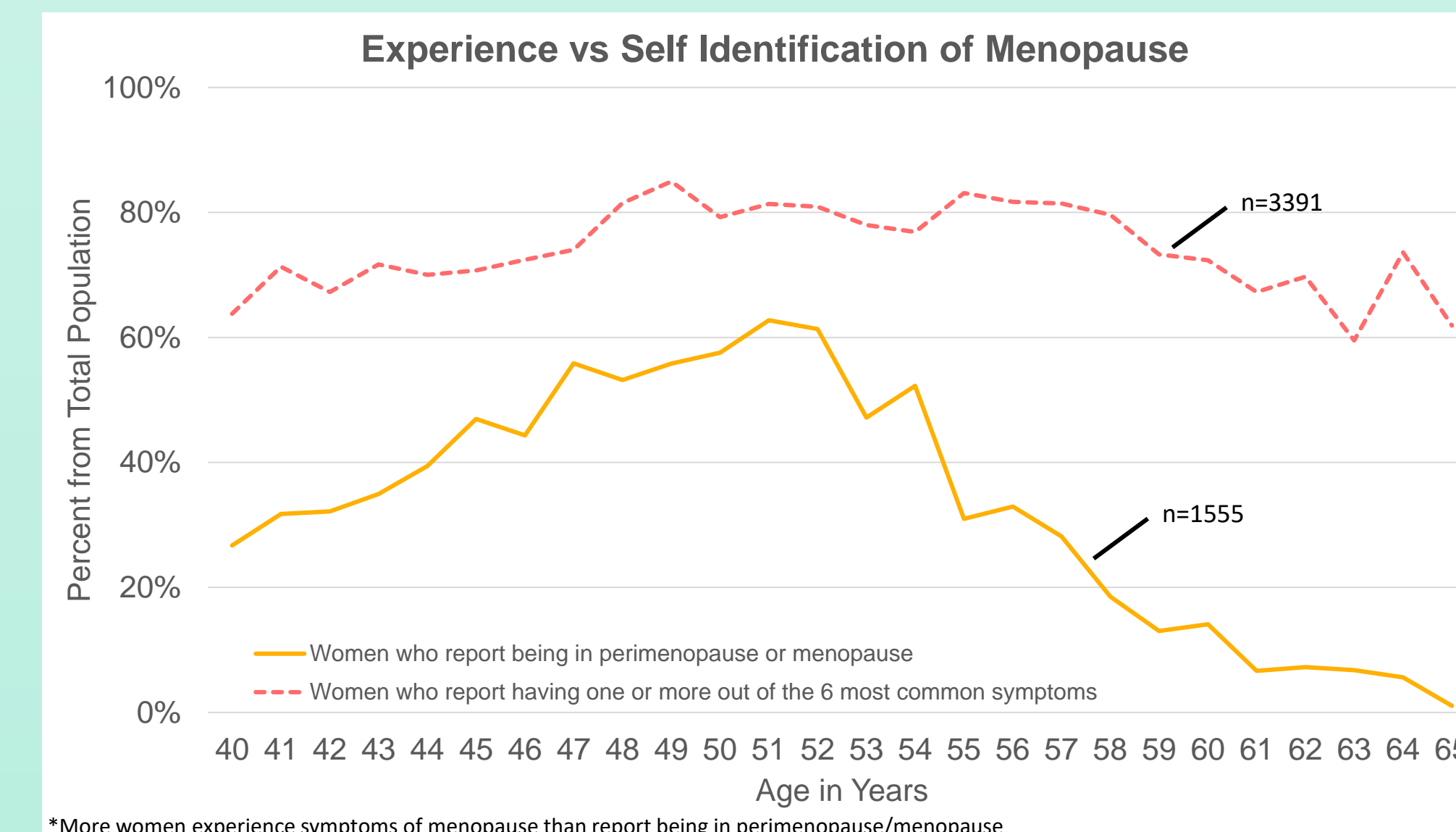


Fig 3: Menopause symptom experience over age [p < .001]

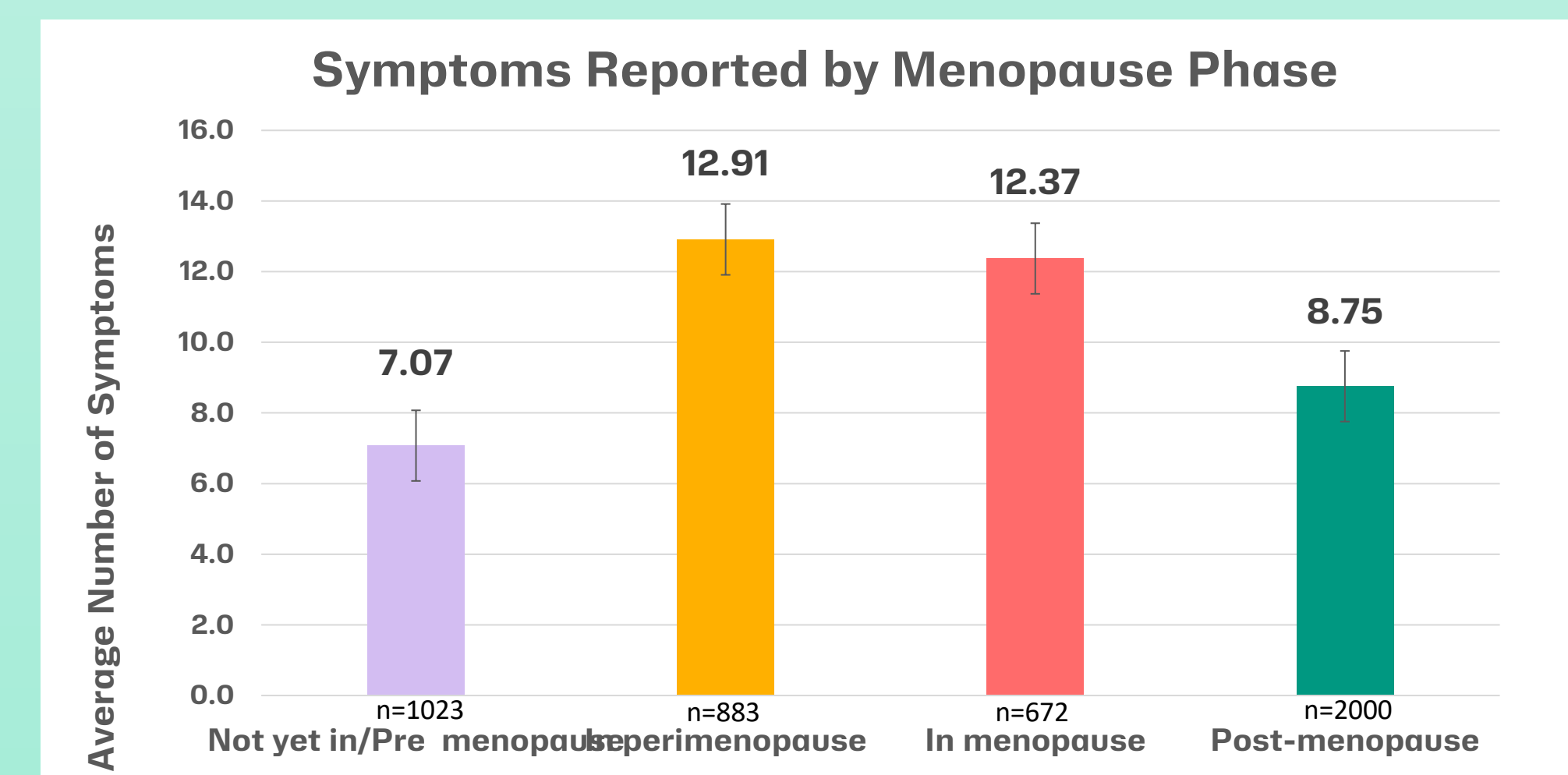


Fig 4: Average number of symptoms by menopause phase

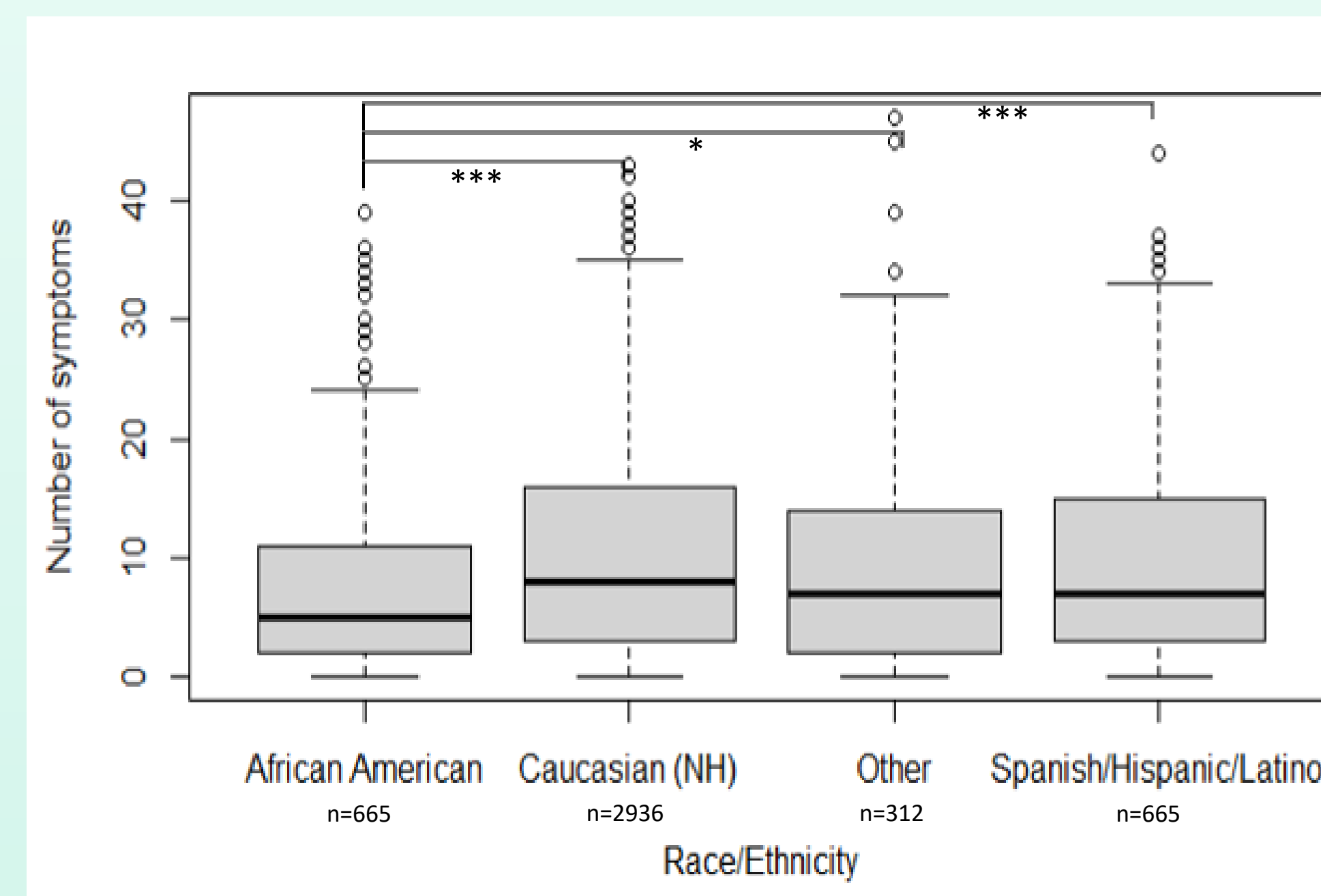


Fig 5: Number of symptoms by race/ethnicity

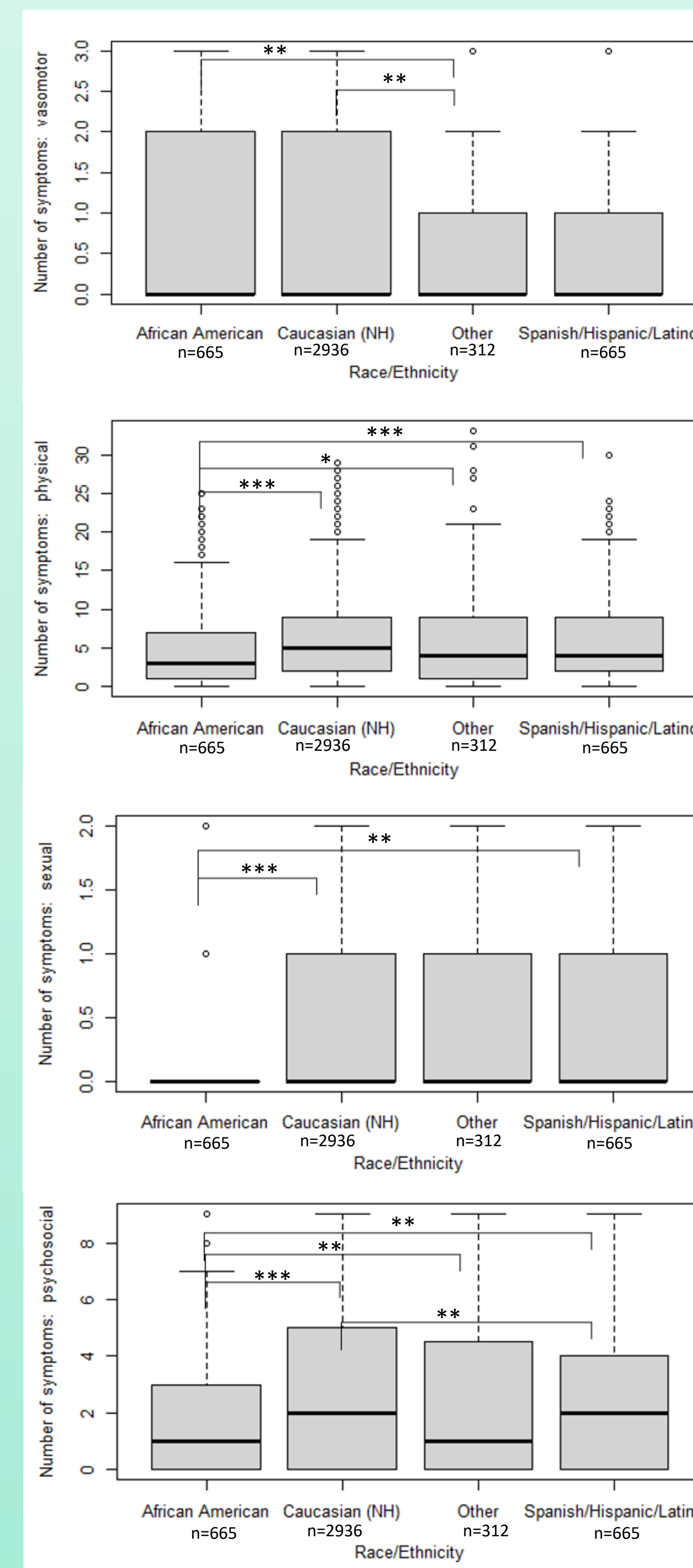


Fig 6: Number of symptoms by category and race/ethnicity

Signif levels: *** <.001, ** <.01, * <.05

Results

- Prior to age 50, the proportion of women experiencing symptoms attributable to perimenopause or menopause is significantly greater than the proportion that self reported as perimenopausal / menopausal
- Over a third of peri/menopausal women 39% and 31% respectively, are experiencing symptoms of menopause that are affecting their quality of life
- Most women report experiencing multiple symptoms, regardless of their ability to self report as being in any stage of menopause.
- Further, most women reported reluctance to seek help, despite impact on quality of life. For example, regarding night sweats:
 - 39% of participants either consulted/sought advice but didn't act or meant to consult/seek advice but didn't, 43% did not seek advice at all, and 17% sought advice and addressed the symptom.
- Top areas where women are lacking proper guidance include, but are not limited to: hot flashes, fatigue, night sweats, brain fog, memory issues, and joint pain
- Two-thirds of women who are not yet in menopause or perimenopause would like to understand more about MHT
- Number of self-reported symptoms depends on demographic and environmental factors
 - Across races: Higher perception of symptom impact and lower perception of overall health predictive of higher number of symptoms [only significant finding for African American and Spanish/Hispanic/Latinos]
 - Racial/ethnic Other: Living with a partner, smoking, and having a family doctor predictive of more symptoms. Higher income and education associated with lower symptoms
 - Racial/ethnic Caucasians: Being separated/divorced/widowed, unemployed and having a family doctor associated with increased number of symptoms whereas greater MHT awareness associated with decreased symptoms
- The menopausal experience differs for women across racial/ethnic groups
 - African American women report experiencing significantly fewer menopausal symptoms than all other races. Additionally, the types of menopausal symptoms women report experiencing differ by race/ethnicity

Table 2. Statistically Significant Differences across Racial/Ethnic Groups by Symptom Category

	African American (AA)	Caucasian (C)
Caucasian (C)	#Symptoms (C > AA) Physical (C > AA) Sexual (C > AA) Psychosocial (C > AA)	
Spanish/Hispanic/Latino (H) ⁱ	#Symptoms (H > AA) Physical (H > AA) Sexual (H > AA) Psychosocial (H > AA)	Psychosocial (H > C)
Other (O) ⁱ	#Symptoms (O > AA) Physical (O > AA) Vasomotor (O < AA) Psychosocial (O > AA)	Vasomotor (O < C)

ⁱNo significant differences were found between Racial/Ethnic groups "Other" and "Spanish/Hispanic/Latino"

Discussion and Conclusions

- In many cases, women may be ignoring their symptoms of perimenopause and not getting the help they need
- Improved awareness via patient, provider and community education could contribute to close the gap, helping women feel more supported and empowered on this journey.
- Clinicians should consider the contextual factors around each woman's journey including race, access to care, income, education, and perceived symptom burden. The finding that racial/ethnic groups with primary care doctors and higher level of education report higher number of symptoms suggest that increased education through physicians or elsewhere may help women to properly identify menopausal symptoms
- Perimenopausal women can poorly recognize perimenopause symptoms which may be a burden to seeking or initiating therapies
- There is potential benefit to clinicians initiating MHT into the conversation earlier in the menopause journey and educating patients who may benefit
- Study strengths include 1) very large sample size of menopausal women in the US, 2) including a racially diverse sample, and 3) breadth of menopause related topics studied
- Study limitations include self-identification of menopause stage by participants

References

- Peacock K, Ketvertis KM. Menopause. [Updated 2022 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507886/>
- Aggarwal N, Mehta M, Chawla N. Menopause management: A manual for primary care practitioners and nurse practitioners. J Midlife Health. 2022 Jul;13(Suppl 1):S2–S51. doi: 10.4103/jmh.jmh_85_22. Epub 2022 Jul 22. PMID: PMC9490892.
- Kling J, M., MacLaughlin, K. L., Schatz, P. F., Mara, K., Hilsack, K. S., & Fabian, S. S. (2019). Menopause management knowledge in postgraduate family medicine, internal medicine, and obstetrics and gynecology residents: A cross-sectional survey. Mayo Clinic Proceedings, 94(2), 242–253.
- Jacqueline E. Lewis, John R. Hilditch, Cindy J. Wong. Further psychometric property development of the Menopause-Specific Quality of Life questionnaire and development of a modified version, MENQOL-Intervention questionnaire, Maturitas, Volume 50, Issue 3, 2005, Pages 209–221, ISSN 0378-5122.

Funded by Kenvue. We would like to acknowledge the BrandGym for support in fielding this research and analysis