Closing the Gaps in Women's Health: Menopause and Chronic Disease

Sponsored session at the American Medical Women's Association 111th Annual Meeting – *Leading, Thriving, Transforming: Rooted in Purpose, Rising in Power, Committed to Service.*

Panelists:

- **Melissa Simon, MD, MPH, MBA** (George H. Gardner Professor of Clinical Gynecology and Professor of ObGyn Northwestern University Feinberg School of Medicine, Director of the ELEVATE Lab, Vice Chair of Research, Dept of ObGyn, Associate Director for Community Outreach and Engagement, Robert H. Lurie Comprehensive Cancer Center)
- **Teresa Lazar, MD, MSEd** (Director of the OB/GYN Advanced Clinical Experience at North Shore University Hospital, Assistant Professor, Donald and Barbara Zucker School of Medicine Hofstra Northwell)
- **Paul J. Wang, MD** (Director of the Cardiac Arrhythmia Service, Professor of Medicine, Stanford University, Director of Clinical Research in the Stanford Cardiovascular Medicine Division)

Moderator:

- **Eliza Chin, MD, MPH** (AMWA Executive Director)

Session Highlights

This panel highlighted menopause as a critical yet under-addressed phase in women's health, emphasizing its strong connection to chronic disease risk and the need for earlier, more proactive, and equitable care.

Reframing Menopause as a Routine Part of Care

Panelists stressed that menopause should not be treated as an isolated event but as a continuum spanning perimenopause through post menopause. Clinicians should normalize discussions by proactively asking about symptoms during routine visits—treating menopause like a "vital sign." Building trust, using simple open-ended questions, and signaling willingness to listen can help overcome stigma and patient hesitation.

Symptom Recognition and Individualized Care

Menopause presents with a wide spectrum of symptoms, including vasomotor symptoms (hot flashes), irregular bleeding, sleep disturbance, mood changes, vaginal dryness, and urinary symptoms. Because experiences vary significantly, clinicians should prioritize what most affects a patient's quality of life and address concerns over multiple visits when needed. Cultural context and comfort discussing symptoms play a major role in care engagement.

Link to Chronic Disease—Especially Cardiovascular Risk

Menopause marks a turning point for increased risk of chronic disease, particularly cardiovascular disease, the leading cause of death in women. The risk rises after menopause and is influenced by factors such as age at menopause, surgical menopause, and pregnancy-related conditions (e.g., preeclampsia). Other chronic diseases which increase after menopause include osteoporosis, hyperlipidemia, and cancers.

Hormone therapy (HT) remains complex:

- Safer when initiated before age 60 or within 10 years of menopause
- Potential increased risks (e.g., stroke, thromboembolism) in older populations
- Ongoing uncertainty regarding optimal formulations and long-term effects
  Recent regulatory changes (e.g., removal of the FDA black box warning) reflect evolving evidence

Therapeutic Approaches: Hormonal and Non-Hormonal

Hormone therapy is primarily indicated for vasomotor symptoms and bone health, with individualized risk assessment essential. Transdermal estrogen and micronized progesterone may offer more favorable risk profiles. Non-hormonal options (including newer agents) are expanding.

Importantly, panelists emphasized a whole-person approach before pharmacologic treatment, addressing:

- Physical activity
- Nutrition and gut health
- Sleep quality
- Social connection and stress

Basic preventive measures such as calcium and vitamin D supplementation are often overlooked but critical for bone health.

Health Equity and Access Gaps

Significant disparities exist in menopause care. Women from underrepresented groups often experience more severe symptoms and face greater barriers to care. Bias - both implicit and explicit - can lead to under-recognition and undertreatment. Panelists emphasized that menopause care must be integrated into primary care and made accessible, not limited to “boutique” or specialty practices.

Key Takeaways

- Menopause is a major health transition, not just a symptom cluster
- Early, routine conversations are essential to prevention and care
- Cardiovascular and bone health risks increase and require attention
- Treatment should be individualized, multimodal, and iterative
- Lifestyle and psychosocial factors are foundational to management
- Equity must be central - care should be accessible to all women

Overall, the panel called for a paradigm shift: integrating menopause into standard clinical workflows, improving clinician education, and supporting women through a life stage that spans up to one-third of their lives.

This session was sponsored by Bayer and Astellas.