

MENOPAUSE MATTERS

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The Changing Medical Focus

As women transition from the perimenopause into post menopause , their focus changes from acute symptomatology to less urgent – but no less burdensome – concerns. Immediate relief from vasomotor, sleep and mood intrusions are sought and managed, but a second set of intermediate conditions can then present as the Genitourinary Syndrome of Menopause (GSM) with its attendant anatomical irritations, local symptoms and sometimes infections.

This “self-evident” information is backed by data from real world consultations which reveal that at the first post-menopausal medical examination, 78% of participants were diagnosed with two or more chronic diseases, a figure that rose to 87% in subsequent examinations (REF).

Later, the focus will may shift to non communicable diseases involving the cardiovascular, central nervous and musculo-skeletal systems; the era of multimorbidity. This stage is becoming extended as women live longer and is receiving more attention as diagnostic and therapeutic techniques expand ([Luo et al. Climacteric. 2025; doi:10.1080/13697137.2025.2470449](#)).

Interventions for Bone Health

A 3-year clinical trial studied more than 900 older adults with the metabolic syndrome to assess how weight-loss lifestyle interventions affect bone health ([Vázquez-Lorente et al. JAMA Netw Open. 2025; doi:10.1001/jamanetworkopen.2025.3710](#)). Participants were assigned to either an energy-reduced Mediterranean diet with increased physical activity or to an ad libitum Mediterranean diet without exercise guidance.

The physical activity intervention group showed significant benefits in bone mineral density, particularly at the lumbar spine level. These findings suggest that a structured weight-loss programme combining a calorie-restricted Mediterranean diet with exercise may help mitigate age-related bone deterioration in older women, reducing osteoporotic fracture risks.

The Burden of Osteoarthritis Among Postmenopausal Women

The global burden of osteoarthritis (OA) among postmenopausal women has significantly increased in the past 3 decades. There have been 14 million new cases, 280 million prevalent cases, and 10 million disability-adjusted life years (DALYs) in the latest census ([Xu et al. BMJ Global Health. 2025;10:e017198](#)).

Knee OA was the most burdensome, while hip OA had the lowest incidence. High body mass index was a major risk factor, particularly in high and middle sociodemographic index regions, where BMI-related DALYs exceeded 20%. East Asia and high-income Asia Pacific populations experienced the largest increases in OA burden. The study highlights the need for targeted lifestyle interventions to manage BMI and mitigate OA progression. Monitoring risk factors and implementing policy measures addressing sociodemographic disparities are critical to easing the OA burden among postmenopausal women.

Yoga for Managing Knee Osteoarthritis

A randomised trial from Australia found that a 12-week yoga programme was similar to a strengthening programme for reducing pain in adults with knee osteoarthritis ([Abafita et al. JAMA Netw Open. 2025; doi:10.1001/jamanetworkopen.2025.3698](#)). Both groups experienced clinically relevant pain reductions.

Secondary outcomes showing potential benefits of yoga included improvements in depression, quality of life, patient global assessment, function, and stiffness. The study suggests that yoga could be integrated into clinical practice as an alternative for managing knee OA.

Testosterone & Knee Osteoarthritis

A study from the Netherlands examined associations between testosterone levels and osteoarthritis in those older than 45 years. The findings showed gender-specific effects: in females, higher testosterone levels were associated with lower prevalence of radiographic knee osteoarthritis and reduced chronic knee pain ([Szilagyi et al. Osteo & Cart. 2025; doi:10.1016/j.joca.2025.03.006](#)).

These associations remained significant after adjusting for BMI, lifestyle factors, co-morbidities, and menopausal status. The gender-specific effects suggest testosterone may play different roles in OA development depending on sex and joint location.

Editorial comment. These putative protective effects of testosterone may be encouraging to women using such medication past middle age. The authors do not specify its use in relation to menopausal hormone therapy, which will doubtless be investigated. The Global Consensus Position Statement on the use of testosterone therapy for women may provide some guidelines. Davis SR, et al. Global Consensus Position Statement on the Use of Testosterone Therapy for Women. J Clin Endocrinol Metab. 2019 Oct 1;104(10):4660-4666. doi: 10.1210/jc.2019-01603. PMID: 31498871; PMCID: PMC6821450.

MHT Comparisons in China

A study has compared the effectiveness of oral estradiol valerate versus transdermal estrogen gel in improving quality of life for peri/postmenopausal women ([Tang et al. Gyne Endo. 2025; doi: 10.1080/09513590.2025.2484213](#)). More than 250 women aged 40-55, within three years of their final period, were randomised to receive either transdermal estrogen or oral estrogen, both with micronised progesterone. Menopausal symptoms were evaluated during two years of treatment.

Both treatment groups showed significant improvements in menopausal symptoms compared to baseline. The overall differences between oral and transdermal delivery methods were minimal, though the oral estrogen group showed slightly better results for vasomotor symptoms after 24 weeks. The researchers concluded that both administration routes effectively relieve menopausal symptoms, with comparable efficacy. They noted that menopausal hormone therapy remains underutilised in China despite its benefits, suggesting healthcare providers should consider various factors when counselling patients about therapeutic options to improve their quality of life.

Intentional Weight Loss in the Postmenopause

The Women's Health Initiative in the US examined the association between intentional weight loss, waist circumference reduction, and mortality in postmenopausal women. Data were available of more than 80,000 women between the ages of 50 and 80, over a total of two decades ([Hendryx et al. JAMA Netw Open. 2025;8\(3\):e250609. doi:10.1001/jamanetworkopen.2025.0609](#)).

Those who intentionally lost weight and reduced their waist circumference had significantly lower risks of all-cause mortality, as well as lower cancer and cardiovascular mortality rates. In contrast, intentional weight loss without waist reduction was associated only with lower cardiovascular mortality. The findings suggest that reductions in visceral adiposity, rather than weight loss alone, should be the focus of health interventions for older women. This supports lifestyle changes incorporating diet and strength training to improve body composition and metabolic health. The study challenges the obesity paradox, reinforcing the hypothesis that targeted weight loss may be beneficial when central adiposity is reduced.

GSM & Urinary Matters

Genitourinary Syndrome of Menopause (GSM) can be accompanied by recurrent bouts of urinary tract infections. The aetiology is partially attributed to hypo-estrogenism of the vagina and urethra which reduces the physiological barriers to ascending bacterial colonisation, making acute and recurrent episodes more likely. Courses of anti-microbial medication followed by urinary tract prophylaxis with antibiotics and disinfectants are effective but restoring resistance by “re-estrogenisation” can also have a significant role preventing recurrence.

In a study of more than 20,000 women with vulvovaginal atrophy and recurrent UTIs, prasterone use vaginally was found to be highly effective in lowering UTI prevalence (7% vs 12%), with the greatest reduction observed in women aged between 65–75 years ([Rubin et al. Menopause, 2025; doi:10.1097/GME.0000000000002485](#)).

Prasterone, also known as dehydroepiandrosterone (DHEA), is an endogenous steroid hormone and is a precursor to androgens and estrogens.

Perioperative Surgery Advice for 65+ year-olds

If you or your informed older patients require information about the perioperative care of those over the age of 65 years under-going in-patient surgery, the *American Society of Anesthesiologists* has produced an authoritative document which provides useful and detailed data ([Sieber et al. Anesthesiology. 2025; doi:10.1097/ALN.0000000000005172](#)).

Which Day of the Week would You Choose for Your Operation?

A study of nearly half a million surgical patients in Canada assessed the impact of surgery timing on postoperative outcomes. Patients who underwent surgery immediately before the weekend had a higher risk of mortality, complications, and readmissions at 30 days, 90 days, and one year, compared to those who were operated on after the weekend ([Ranganathan et al. JAMA Netw Open. 2025; doi:10.1001/jamanetworkopen.2024.58794](#)).

Increased mortality risk was also observed. These findings highlight differences in weekend post-operative care quality, warranting further investigation to ensure consistent surgical outcomes.

Female Surgeons Attain Better Outcomes

Female surgeons are more likely to deliver guideline-based surgical therapies and patients treated by female surgeons experience lower mortality rates than those treated by male surgeons ([Wallis et al. JAMA Surg. 2025; doi:10.1001/jamasurg.2025.0857](#)).

These data are supported by research from the US showing that patients aged 65 years or older, also do better if operated on by female surgeons in the short- and long-term ([Ikesu et al. JAMA Surg. 2025; doi:10.1001/jamasurg.2025.0866](#)).

Comparing Two Colorectal Cancer Screening Strategies

The Spanish COLONPREV trial compared two colorectal cancer screening strategies in average-risk individuals aged 50-69: one-time colonoscopy versus biennial faecal immunochemical testing ([Castells et al. Lancet 2025; 405:1231-9](#)). This was a non-inferiority trial that was conducted with over 57,000 participants randomly assigned to either screening method.

Results showed that participation was higher in the faecal immunochemical testing group (40%) compared to the colonoscopy group (32%). Most importantly, faecal immunochemical screening was non-inferior to colonoscopy for colorectal cancer mortality at 10 years.

Dietary & Colorectal Cancer Associations

A study of more than half a million women has concluded that there are associations between diet and the risk of colorectal cancer ([Papier et al. Nat Comm. 2025; doi:10.1038/s41467-024-55219-5](#)).

The following summarises their findings: “We showed a positive association with red and processed meat intake and weaker inverse associations with breakfast cereal, fruit, wholegrains, carbohydrates, fibre, total sugars, folate, and vitamin C. Genetically predicted milk consumption was inversely associated with risk of colorectal, colon, and rectal cancers. We conclude that dairy products help protect against colorectal cancer, and that this is driven largely or wholly by calcium.”

There is also some evidence of a protective effect of dietary yoghurt with researchers stating: “Long-term yogurt intake may be differentially associated with the incidence of proximal colon cancer according to *Bifidobacterium* abundance, suggesting the antitumor effect of yogurt intake on the specific tumor subgroup.” ([Ugai et al. Gut Microbes. 2025; doi:10.1080/19490976.2025.2452237](#)).

Middle-age Diet & Dementia

A long-term study from the UK reveals that midlife metabolic health and diet significantly impact brain health ([Jensen et al. JAMA Netw Open. 2025; doi:10.1001/jamanetworkopen.2025.0171](#)). An elevated waist-to-hip ratio was associated with lower white matter integrity and a poorer cognitive performance. Conversely, improvements in dietary quality were linked to better brain structure and cognitive function.

Nearly half of adults globally are overweight, and these findings underscore the importance of managing diet and weight during middle age as a potential strategy for preventing dementia ([Thanarajah et al. JAMA Netw Open. 2025; doi:10.1001/jamanetworkopen.2025.0181](#)). The research suggests that a substantial percentage of dementia cases may be prevented through the

management of modifiable risk factors in middle age.

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