

MENOPAUSE MATTERS

JUNE 2025

Olive Oil & Breast Cancer Protection

An Italian study has investigated the relationship between olive oil consumption and breast cancer risk. Researchers analysed data from 11,000 women and conducted a systematic review of existing literature ([Ruggiero et al. Eur J Cancer.224.115520.2025](#)).

The findings showed that higher olive oil consumption (>3 tablespoons daily) was associated with reduced breast cancer risk, particularly for hormone receptor-negative cancers. Each additional tablespoon per day was linked to a two thirds lower risk of estrogen receptor-negative breast cancer. However, results for overall breast cancer risk were inconclusive.

The systematic review revealed mixed results: case-control studies suggested protective effects, while prospective studies showed no consistent association. The research indicates olive oil may offer some protection against specific breast cancer subtypes.

Should You Ask About Cannabis Use?

Should you ask your patients about their use of cannabis?

If your consultation includes questions concerning your patient's habits, then the answer is "Yes" as cannabis is the fastest growing recreational drug in Western societies. According to a study in the US of people over the age of 65 years, a marked trend for increased use "was observed among females, those of White race, those with a college or postgraduate degree, annual income of \$75 000 or more, married status, and residence in a state with legalized medical cannabis" ([Han et al. JAMA Intern Med. 2025. doi:10.1001/jamainternmed.2025.1156](#)).

The biggest issue about cannabis use is the lack of evidence concerning its adverse effects. The rise in its consumption has been relatively recent so long-term data are not available, and research is complicated by a lack of knowledge of strengths ingested. It is known that THC content is found in increasing concentrations, but dosages are seldom indicated on labelling or declared by suppliers. This leaves the medical profession in a quandary, as epitomised by the editorial:

"Ensuring Older Adults Using Cannabis Are Not Left High and Dry" by [Stall et al. JAMA Intern Med. 2025. doi:10.1001/jamainternmed.2025.1120](#)

There are reports of the detrimental effects of cannabis intake, an example of which concludes: "chronic cannabis smoking and THC ingestion were associated with endothelial dysfunction similar to that observed in tobacco smokers, although apparently occurring via distinct mechanisms." *Association of Endothelial Dysfunction With Chronic Marijuana Smoking and THC-Edible Use* ([Mohammadi et al. JAMA Cardiol. 2025. doi:10.1001/jamacardio.2025.1399](#)).

Is AUB a Metabolic Disorder?

Is abnormal uterine bleeding (AUB) a metabolic disorder linked to hyperinsulinaemia?

In the United States the prevalence of the condition has risen with increased BMI changes in women and is now the most common reason for benign gynaecologic consultations. It costs the country more than \$34 billion dollars in health costs per year ([Salcedo et al. Menopause. 2025; doi:10.1097/GME.0000000000002548](#)).

Apart from hormonal and anatomical causes of excessive cyclical loss, the uterus can be perceived as an end organ affected by pathological processes found in obesity-related cardiovascular disease states. The research work presented shows the biochemical pathways may underlie the association, with hyperinsulinaemia and glucose intolerance aggravating a possible cause of menorrhagia.

This avenue is worth pursuing when treatment for other causes is contemplated.

It is also worth noting that during the menopause transition, heavy or prolonged bleeding is specifically associated with three symptoms of fatigue; namely feeling tired, worn out or experiencing a lack of energy ([Harlow et al. Menopause. 2025; doi:10.1097/GME.0000000000002525](#)).

Weight Gain in Midlife

Many women between the ages of 40 and 65 are concerned about changes in their weight. It is a multi-layered topic and gaining weight is sometimes seen as a challenge of ageing, social, hormonal and cognitive domains. If a patient wishes to engage with the subject with the assistance of an authoritative scientific review, then the following article is recommended:

Weight Gain in Midlife Women. [Hurtado et al. Curr Obes Rep. 2024;13:352-63; doi:10.1007/s13679-024-00555-2](#)

The authors state that the “Purpose of review: To summarize the evidence and clinical implications of weight and body composition changes during midlife in women and provide an overview of weight gain prevention and management in this population.”

A less challenging alternative is **Midlife Weight Gain in Women: Understanding Hormonal Impact and Tailored Treatment Approaches.** [Gallegos. Medscape. 2025](#)

Multiple Sclerosis & MHT

Multiple Sclerosis (MS) is an autoimmune disease that affects the central nervous system with the individual's immune system targeting the myelin of nerve fibers, causing inflammation and scarring. It has a 3:1 female to male predominance and presents in adulthood with symptoms that include fatigue, numbness, tingling, muscle weakness, vision problems, balance and coordination issues, cognitive difficulties, and bladder dysfunction.

There have been encouraging advances in the treatment of episodes of symptoms ([Vermersch et al. NEJM.2024; doi:10.1056/NEJMoA2309439](#)) and the question of augmenting remissions with hormonal therapy at the time of the perimenopause has been raised previously ([Bove et al. Neurology. 2016; doi:10.1212/WNL.0000000000003176](#)). Experts in MS management are now debating hormone use again and its ability to add quality of life for their patients ([Bosworth. Medscape. 2025](#)).

Support for Fezolinetant Therapy

The DAYLIGHT study evaluated fezolinetant's effectiveness in treating moderate to severe vasomotor symptoms in women unsuitable for hormone therapy ([Shapiro et al. Menopause. 2025; doi:10.1097/GME.0000000000002532](#)). This 24-week, placebo-controlled trial demonstrated superior efficacy across multiple response thresholds. At 24 weeks, significantly more women achieved considerable reduction or a complete elimination (22% vs 10%) of bothersome symptoms.

Benefits emerged as early as the first week, with sustained improvements throughout the study period with enhancements of quality-of-life measures and sleep disturbance scores compared to placebo. The study concluded that fezolinetant provides clinically meaningful improvements for women with moderate to severe menopausal vasomotor symptoms who cannot use hormone therapy, offering an important therapeutic alternative with robust response rates across multiple outcome measures.

Women & Post CABG Surgery

A systematic review analysed survival outcomes after coronary artery bypass grafting (CABG) compared to the general population. The authors examined outcomes for 142,000 patients over 20 years and found both men and women who underwent CABG had worse overall survival expectations than the general population ([Kirov et al. Am J Cardiol. 2025; doi:10.1016/j.amjcard.2025.06.007](#)).

However, a time-sensitive analysis revealed no survival difference in the first ten years post-surgery. Beyond the first decade survival deteriorated compared to the general population, with men experiencing slightly worse outcomes than women. The authors suggest this late decline may result from graft occlusions. The findings indicate CABG provides comparable life expectancy to the general population for the first decade, but long-term survival advantages diminish over time, especially in men.

Exercise & Cancer Survival

A randomised trial involving 900 patients with resected colon cancer researched whether a three-year exercise program improves outcomes compared to health education alone ([Courneya et al. NEJM. 2025; doi:10.1056/NEJMoa2502760](#)).

Follow-up after 8 years showed the exercise group had significantly better disease-free survival (80% vs 74%) and overall survival (90% vs 83%). Exercise reduced the risk of disease recurrence, new cancers, or death by 30% and death alone by 37%. While musculoskeletal side effects were more common in the exercise group, the study provides the first definitive evidence that structured exercise after colon cancer treatment significantly improves long-term survival outcomes.

Editorial comment. Is there any reason not believe benefits would be similar for other cancer survivors?

The article summarised above has very recently been published and I consider it proof of a fundamental aspect of future oncological treatment. I will watch for further support for the concept and report accordingly.

I believe the use of physical applications in the management of all neoplasm will become routine. This begs the question of how muscular activity achieves this effect. This point and the question of screening for colorectal neoplasms will be enlarged upon in next month's issue of Menopause Matters.

Athol Kent

Email address atholkent@mweb.co.za

Menopause Matters is a monthly review of matters menopausal that have recently appeared in the journals. These summaries and opinions do not necessarily reflect the views of the South African Menopause Society. Any clinical decisions made on the data presented are exclusively at the reader's discretion. Chatbots may have been used to assist with the production of some of the summaries.