

MENOPAUSE MATTERS

NOVEMBER 2025

Risk-based Mammography Screening

The WISDOM trial represents the first randomised controlled trial evaluating risk-based breast cancer screening, where screening intensity was tailored to individual risk assessments incorporating genetic factors, family history, and breast density ([Esserman et al. JAMA. 2025; doi:10.1001/jama.2025.24784](#)). There were more than 28,000 participants aged 40 to 74 years, followed up for a mean of 5 years.

Whilst the trial demonstrated non-inferiority for cancer stage at diagnosis compared with annual mammography, biopsy rates were not reduced. Since 30% of all breast cancers are found as “interval detections” and not by mammographic screening, this is not surprising ([Zhang et al. JAMA Oncol. 2025; doi:10.1001/jamaoncol.2025.0167](#)).

An editorial highlighted not only the significant non-adherence of participants to screening schedules, but also missed opportunities in chemoprevention uptake, with 10% or less of the most at-risk women using preventive medications despite their proven substantial malignancy-reduction capabilities ([Baxter et al. JAMA. 2025; doi:10.1001/jama.2025.24817](#)).

The authors argue that risk-based screening programmes must be purposefully integrated with specialist-supported chemoprevention services to meaningfully impact breast cancer incidence, rather than focusing solely on earlier detection.

Editorial comment. It is encouraging that risk-based breast screening is non-inferior to “one-size-fits-all” annual mammography in the US. This precision-based approach could prove beneficial in terms of convenience, costs and the psychological and other adverse effects of mammography.

The trial also exposed an unanticipated lack of collaboration on the part of the participants, three quarters of whom were White US citizens. The successes of mammography models are based on regular attendance, recall and follow-up, all of which were questionable in this supposedly motivated cohort of women.

Management of the Genitourinary Syndrome of Menopause

A study of over 1.8 million insured patients with a genitourinary syndrome of menopause diagnosis were followed to examine how many filled a vaginal estrogen prescription ([Gallo et al. JAMA Netw Open. 2025; doi:10.1001/jamanetworkopen.2025.49822](#)).

Less than 10% were given, or availed themselves of this opportunity to receive treatment while women presenting with recurrent urinary tract infections were least likely to fill prescriptions. Those with vulvovaginal symptoms showed higher treatment rates. The findings suggest substantial undertreatment of a safe, effective therapy.

Editorial comment. These data are an indictment of the education and care of women. The missed chance to improve the quality of life in this group reflects poorly on our profession. It is my editorial opinion that menopausal management should be a compulsory topic of instruction at undergraduate, postgraduate and continuing education levels.

There have been over-cautious safety issues in the US that have curtailed wider use of topical estrogens. These have recently been rescinded, and the story is recommended to all interested in real progress - **The FDA's Estrogen Revelation: Time to Prescribe**. [Rubin](#). Medscape. 2025. Please note the SAMS 2025 statement on the removal of the black box warning and its implications.

<https://www.menopause.co.za/wp-content/uploads/2026/01/South-African-Menopause-Society-SAMS-Response-to-FDA-Removal-of-Black-Box-Warnings-on-Menopausal-Hormone-Therapy-MHT.pdf>

Focus on Skin Ageing & Care

A review from the Mayo Clinic examines the skin as our largest organ from the ageing perspective. It discusses the changes our skin undergoes driven by intrinsic factors (hormonal fluctuations, genetic predisposition, cellular senescence) and extrinsic factors (ultraviolet radiation, pollution, smoking, poor nutrition), collectively termed the skin "exposome" ([Wyles et al](#). *Mayo Clin. Proc.* 2025; doi:10.1016/j.mayocp.2025.07.027).

Fundamental biological hallmarks include genomic instability, telomere attrition, epigenetic alterations, mitochondrial dysfunction, and stem cell exhaustion, which impair cellular renewal and dermal structure. Chronic low-grade inflammation ("inflammaging") accelerates ageing phenotypes such as epidermal thinning, reduced elasticity, impaired wound healing, and increased fragility. Clinically, aged skin exhibits easy bruising, trans-epidermal water loss, pigmentary irregularities, and compromised thermoregulation. Lifelong sun protection, nutritious diet, physical activity, and topical interventions maintain skin resilience.

An associated piece called [Caring for your skin in menopause](#) could be helpful to patients.

Another scenario that patients could be facing is excess skin folding following weight loss, which is real possibility given the wide use of Glucagon-Like Peptide-1 Receptor Agonists ([Lamberg](#). Medscape. 2025 and [Smith](#). Medscape. 2025). This can occur particularly in postmenopausal women who are "[most likely to experience skin laxity](#)" due to loss of collagen and elastin and also due to both age and a decrease in estrogen".

The action of these GLP-1 RA drugs in Dermatology is generally positive ([Patino et al](#). *J Clin Aesthet Dermatol.* 2025;18:42–50 and [Tucker](#). Medscape. 2025

The vulva may also be the region where skin conditions occur post-menopausally, some of which are associated with the lack of estrogen and others with specific pathologies such as lichen sclerosis. Examination of the vulva is mandatory, and to which most women will readily consent ([Kilgore](#). Medscape. 2025).

Exercise & QOL

Exercise offers a non-hormone alternative to endocrine therapy for the relief of perimenopausal symptoms, though research on its effectiveness has been inconsistent. A review examined databases and included 13 randomized controlled trials involving 1,500 perimenopausal and postmenopausal women ([Choudhary et al](#). *Menopause*.2025; doi:10.1097/GME.0000000000002610).

The findings demonstrate that various exercise forms—including aerobic, yoga, Pilates, resistance, stretching, and relaxation exercises—significantly improve sleep quality and psychological well-being in women experiencing the menopause transition, supporting exercise as an effective management strategy.

A study on more than 45,000 women with a mean age of 60 years explored the impact of sedentary behaviors and light physical activity on healthy aging in a cohort recruited as part of the Nurses' Health Study. The study underscores that prolonged sedentary behavior, particularly screen-based activities which significantly reduce the odds of healthy aging. Conversely, engaging in light physical activities, whether at home or at work, enhances the likelihood of aging healthily. Healthy aging was defined as living to at least 70 years without major chronic diseases and with an intact memory, physical function, and mental health ([Shi et al. JAMA Netw Open. 2024;7:e2416300](#)).

The analysis reveals that each additional two hours of daily television watching decreases the odds of healthy aging by 12%, while an equivalent increase in light physical activities at work boosts these odds by 6%. Importantly, replacing one hour of television time with light physical activities or moderate to vigorous physical activity markedly improves the chances of healthy aging. For those sleeping less than seven hours, substituting television time with sleep also proves beneficial.

These findings highlight the importance of reconfiguring daily activities to promote health in older age. Simple lifestyle adjustments, such as reducing sedentary time and incorporating more light or moderate physical activities, can significantly contribute to healthier aging, offering a practical approach to mitigate the adverse effects of ageing on public health.

The ageing benefits of exercise are not confined to physical and social domains, as muscular activity and its release of irisin have strong correlations with cerebral protective mechanisms. Irisin, an exercise-inducible myokine, might be considered a biomarker of efficacy of interventions aimed at preventing or modifying the course of Alzheimer's Disease. At present, the increase of circulating irisin levels induced by physical activity has been demonstrated in healthy subjects participating in aerobic training ([Dicarlo et al. Ann Neurol 2024; doi:10.1002/ana.26946](#)).

This is not the only hormone in play. Another study examined how exercise intensity and sex affect ghrelin levels and appetite in humans ([Anderson et al. J Endoc Soc. 2024;8:bvae165](#)). Researchers observed people undergoing various exercise intensities: no exercise, moderate-intensity exercise at lactate threshold, and high-intensity exercise.

Baseline measurements revealed that females had significantly higher levels of total ghrelin than males. Both sexes showed a reduction in ghrelin levels after high-intensity exercise compared to moderate and control conditions. However, only females demonstrated a significant decrease in ghrelin with high-intensity exercise. Notably, participants reported higher hunger scores following moderate-intensity exercise. These findings suggest that high-intensity exercise may more effectively reduce ghrelin levels and alter hunger.

There are a large number of articles attesting to the advantages accrued to older citizens from different forms of exercise – for example:

- *Is 112 the New 10 000?—Step Count and Dementia Risk in the UK Biobank.* [Planalp et al. JAMA Neurol. 2022; doi:10.1001/jamaneurol.2022.2312](#)
- *Association of Daily Step Count and Intensity With Incident Dementia in 78 430 Adults Living in the UK.* [Cruz et al. JAMA Neurol. 2022; doi:10.1001/jamaneurol.2022.2672](#)
- *Powering Through Daily Activities in Older Age—Will Power Training Replace Strength Training in Later Life?* [Lo et al. JAMA Netw Open. 2022; doi:10.1001/jamanetworkopen.2022.11631](#)
- *How Old Is Too Old to Start Strength Training?* [Hyson. Medscape 2023](#)
- *Vegetable Gardening and Health Outcomes in Older Cancer Survivors A Randomized Clinical Trial.* [Denmark-Wahnefried et al. JAMA Netw Open. 2024;7\(6\):e2417122](#)
- *An Hour of Walking Per Week May Boost Longevity in Elderly.* [Splete. Medscape. 2022.](#)

This is clearly a strategically smart time to set your patients' physical activity goals.

Flu Vaccine Efficacy in the Elderly

Two European trials compared high-dose versus standard-dose inactivated influenza vaccine in a quarter of a million adults aged greater than 65 years ([Johansen et al. Lancet. 2025; 406:2425-34](#)). High-dose vaccine demonstrated superior protection against hospitalisation for influenza or pneumonia (relative vaccine effectiveness 9%). Secondary benefits included reduced cardiorespiratory hospitalisation, laboratory-confirmed influenza hospitalisation, and all-cause hospitalisation. All-cause mortality rates were similar between groups.

Serious adverse events occurred with comparable frequency. These findings suggest high-dose influenza vaccination could yield substantial public health benefits in older adults given wide vaccine eligibility.

Can the New European Guideline Give Menopause a Makeover?

The European Society of Endocrinology (ESE) has issued [a new clinical practice guideline](#) intended to bring consistency and balance to menopause care across Europe, where access and approaches remain highly variable. Published last month in the *European Journal of Endocrinology*, the document lays out clear, evidence-based steps for diagnosis and management, emphasising a “middle way” for menopausal hormone therapy (MHT) alongside lifestyle and nonhormonal options ([Callari. Medscape. 2025](#)).

Why it matters: Up to one in four postmenopausal women experience symptoms severe enough to disrupt work and daily life, yet care remains uneven. Europe is ageing and demand is rising: [About 10% of women in Europe](#) are 45-60 years old, which translates to roughly 25 million people navigating perimenopause or postmenopause. The new guidance targets primary care, gynaecology, and endocrinology to standardise practice, reduce unnecessary testing, and support appropriate, individualised MHT use.

“One in four postmenopausal women experience debilitating symptoms, they don’t function fully in their workplace or in their social lives, and all doctors should be able to help them in the best way they can.”

Joint Replacement Surgery – Prehabilitation

An intensive 18-week lifestyle medicine programme significantly improved outcomes following hip or knee replacement surgery in high-risk osteoarthritis patients ([Frellick. Medscape. 2025](#)).

The study of 300 participants compared patients receiving intensive lifestyle intervention versus standard care. The intensive group demonstrated markedly fewer surgical site infections (3% vs 9%) and reduced persistent postoperative pain (10% vs 25%) at 90 days. Patients with BMI >45 or chronic diseases were mandatorily referred, with 77% choosing the intensive programme. Researchers noted osteoarthritis links to chronic systemic inflammation from modifiable lifestyle factors. The intervention shows promise for replication across surgical specialties, potentially reducing complications whilst generating cost savings.

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