

MENOPAUSE MATTERS

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The Menopause Hormone Therapy Climate in the United States

In the United States of America, the quantity of information about health is vast. Health seems to be a battle ground for political, gender, pharmaceutical and financial conflict that is stoked by the ubiquitous presence of the social media and its platforms that strive to grab people's attention.

Attention is a commodity that these platforms seek. It can be measured and carries importance in the number of participants that are attracted – or even addicted. Nowhere is this more intensively pursued than in the competition for young people's screentime and it is the origin of the debates now current concerning adolescent access to cell-phones (*Digital Media, Attention Fracking, and Youth Mental Health*. [Burnett et al. JAMA Pediatr.](#) 2026; doi:10.1001/jamapediatrics.2026.0055).

Editorial comment. The phrase "Attention Fracking" is evocative in that it suggests devious methods of achieving financial advantage, so I find the words appropriate.

Women's health is politically a high profile topic and is central to many media campaigns, so it is not surprising that medications that affect women's health are discussed in the American medical literature. Hormones that are used in contraception, in gender dysphoria and abortion attract reams of print. Estrogen therapy has also received text coverage with the re-labelling of estrogen-containing products with less intimidating wording in the package insert.

Against this background the latest offering is enlightening. It is entitled "*Opportunity for Improved Menopausal Hormone Therapy Prescribing*" [Bartz et al. JAMA.](#) 2026; doi:10.1001/jama.2026.1891. The article addresses the needs of the 55 million women in the US currently living in the postmenopausal life stage. It traces the prescribing history of Menopausal Hormone Therapy (MHT) following the Women's Health Initiative study in the early 2000s, which raised concerns about cardiovascular risk and breast cancer. Subsequent research has since demonstrated that, when initiated within ten years of menopause or before age 60, the benefits of MHT outweigh the risks. The authors note that the FDA removed several black box warnings on MHT, which reflects the updated evidence base*. Labels will now emphasise shared decision-making, acknowledge differences between formulations and routes of delivery, and drop the former guidance to use the lowest dose for the shortest time.

**Editorial comment: Please note the SAMS statement which explains that the removal of the black box warning on low-dose local vaginal estradiol is very welcome but the wholesale removal of the black box warning from systemic estrogen products should use a nuanced approach, "...based on current available evidence, ...when initiating systemic MHT, as a wide range of formulations containing different oestrogens and progestogens/progesterone are available. Care should be taken not to overstate benefits or minimise possible risks."* <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>

The authors argue that this presents a significant opportunity for clinicians to improve menopause care through better education, proactive symptom screening, and more personalised treatment planning. They highlight the expanding range of therapy options — including transdermal, vaginal, and non-

hormonal treatments — and stress the importance of equitable access. Given that women may spend up to 40% of their lives in the peri- and postmenopausal stages, improved clinical engagement in this area is both timely and necessary.

Menopause brain function & menopausal hormonal therapy

A study entitled “*Emotional and cognitive effects of menopause and hormone replacement therapy*” was published recently by: [Zuhlsdorff et al.](#) *Psychol Medicine*. 2026; doi:10.1017/S0033291725102845

It takes data from the UK Biobank which has 125,000 participants and relates middle-aged women’s neuro-anatomy to mental health challenges, emotional symptoms and extrapolates how these are affected by hormone replacement therapy HRT [sic]. The researchers take the absence of menstrual periods as their definition of menopause.

Their findings were that increased anxiety, depression, and sleep difficulties are linked to reductions in grey matter volume in specific areas of the brain. Women using hormone replacement therapy reported greater mental health challenges than post-menopausal women not using menopausal hormonal therapy; however, further analyses indicated this likely reflects higher pre-existing symptom burden rather than a treatment effect. Overall, menopausal hormonal therapy did not appear to mitigate the adverse neurological or psychological effects of menopause.

Editorial comment. Reading these conclusions and accepting the investigators definition of menopause, one could agree that MHT “may be associated with more pronounced mental health challenges, than post-menopausal women not using menopausal hormonal therapy” and readers could be forgiven for reasoning that MHT has detrimental effects on women’s mental health.

However, these are novel findings based on considerable assumptions. Critical appraisal of these deductions must question the following fundamental principles:

- *Is the cessation of menstrual periods for a year a satisfactory definition of “the menopause”?*
- *Is the age of a woman at her menopause transition, and initiation of MHT related to brain gray matter volume?*
- *Are these variables attenuated by MHT use across all comparable groups?*
- *Were women with “high pre-existing symptom burden” and taking MHT, compared with a similar group of women with “high pre-existing symptom burden” who were not taking MHT?*

If these questions are the basis for incredulity by scientists (which they are) then at the very least these findings need to call into question and the investigators conclusion presented at best as “hypothesis generating”.

The harm done by the publication of data that purports to present new information that is attention grabbing can be considerable. If responsible organisations and experts disagree with new finding on a scientific basis these should be distributed widely, so the swing of the pendulum of opinion is not falsely deviated.

Menopause Matters’ editor is indebted to Dr Nicole Jaff for her input into this summary.

Urogynaecology in Geripausal Women

A retrospective study has evaluated the safety of urogynaecological procedures in nearly 500 women with a mean age of 83 years, who were operated on in the last decade ([Kołodziejka et al. J. Clin. Med. 2026; doi:10.3390/jcm15020530](#)).

The authors grouped their patients under the name of Geripausal Women and most had comorbidities, predominantly hypertension (85%) and diabetes (20%). Pelvic-organ prolapse was the leading indication (50%), followed by stress urinary incontinence (35%) and overactive bladder (25%). Surgical management was undertaken in 95% of prolapse cases, mainly via vaginal native tissue repair, with the trans-obturator sling most frequently used for incontinence. Intraoperative complications occurred in fewer than 2% of cases, postoperative complications were predominantly minor, and no procedure-related deaths were recorded. These findings support the safe provision of urogynaecological surgery in elderly women, with diligent preoperative assessment that prioritises frailty and comorbidity over chronological age.

Editor's note. The term Geripausal is new to me. It sounds contrived but maybe it draws attention to an at risk group that have not been offered the care they warrant. Perhaps our urogynaecological colleagues will pronounce on this issue?

Obesity and Associated Risks

Malignancies

Overweight and obesity account for around 10% of new cancer diagnoses annually in high-income countries, and up to 50% of certain cancers including endometrial malignancies ([Shen et al. JAMA. 2026; doi:10.1001/jama.2026.1114](#)). Twelve cancers are currently classified as obesity-related in which excess adipose tissue drives cancer development through multiple mechanisms: oxidative stress, DNA damage, chronic inflammation, altered hormone production (elevated estrogen and leptin, reduced adiponectin), immune suppression, and gut microbiome disruption. Bariatric procedures and GLP-1 receptor agonists producing greater than 10% weight loss have shown modest reductions in cancer incidence, suggesting meaningful weight loss may attenuate cancer risk.

Severe infections

An estimate has been made and published concerning the effects obesity has on a person's risk of suffering from severe infections. The data were derived from a cohort of more than 65,000 people in biobanks in the UK and Finland ([Nyberg et al. Lancet. 2026; doi:10.1016/S0140-6736\(25\)02474-2](#)).

Compared to those of a healthy weight, the hazard ratios for either fatal or non-fatal severe infection among individuals with any obesity was 1.7. For those with class III obesity (≥ 40.0 kg/m²) there was a three-times higher risk of infection-related hospital admissions or death.

Dementia Risk & BMI

A general population study examined whether a high BMI causally increases the risk of vascular dementia ([Nordestgaard et al. J Clin Endo & Met. 2026; doi:10.1210/clinem/dgaf662](#)).

Observationally (U-shaped) and genetically (linearly), high BMI is associated with a higher risk of vascular-related dementia, an association partly mediated through high blood pressure. This suggests that high BMI and high blood pressure are important modifiable risk factors for dementia prevention.

Orgasm at Any Age

According to Masters and Johnson's four-stage model of the human sexual response, orgasms occur at the height of sexual arousal and are followed by a period of inhibition or refractoriness. This process is usually preceded by genital stimulation which results in the release of hormones in the brain and a reflex physical reaction by pelvic and abdominal musculature. For researchers to gain insights into these events, there are a number of circumstances to be considered for the study of the hormonal and physical aspects in women of different ages.

The endocrine levels require blood sampling of neuro-transmitting hormones produced in the brain giving rise to the pleasure and the satiety feelings of ecstasy and refractoriness. These are endorphins and serotonin, and both are released at orgasm and act by triggering prolactin production from the anterior pituitary. Sudden elevated levels of prolactin are thus the transient biomarkers of orgasm. There is also simultaneous production of oxytocin and opioids giving rise to heightened pleasurable sensations. Other sex hormones circulating need also to be sampled to assess the effects of estrogen, progesterone and other ovarian endocrine activity.

Concurrently there are a series of pelvic floor contractions under the control of spinal and brainstem reflexes which characterise feelings of climax and release in response to orgasm sensation. These muscular actions can be objectively monitored using vaginal or anal plethysmography to gain insights into the correlation of physical and hormonal activities.

Modern investigation of orgasmic activity was enhanced by the development of non-genitally stimulated orgasm (NGSO) techniques built on research into orgasms known to occur during sleep, after exercise, or as a result of fantasy or tactile stimulation of erogenous skin. "NGSOs can be induced in women by entrained pelvic floor muscle contractions that likely stimulate pudendal, hypogastric, and/or pelvic nerve fibers directly. NGSOs can be produced by fantasy, stimulation of erogenous zones, hypnosis, and by rhythmic "circular" contracting and flexing of the pelvic floor musculature" (Pfaus et al. *Int J Sex Health*. 2026; doi:10.1080/19317611.2025.2608697 see also Pfaus et al. *Sex Med*. 2022; doi:10.1016/j.esxm.2022.100496).

A postmenopausal volunteer was able to induce non-genitally stimulated orgasms, followed by Pilates control sessions, with blood samples taken before and after activity which showed prolactin levels rising by more than 100% baseline following the respective NGSOs, while other hormones remained unchanged. Biofeedback confirmed orgasms occurring at short intervals. These findings suggest prolactin increases accompany NGSOs regardless of reproductive status, offering potential therapeutic applications for women with orgasm difficulties.

In another article a sexologist expanded on the concept as follows: "There is increasing consensus that orgasm is not exclusively a peripheral phenomenon dependent on genital stimulation, but a complex neurophysiological process in which the central nervous system plays a determining role. Neuroimaging studies have shown that during orgasm, multiple brain areas involved in pleasure, emotion, memory, and autonomic regulation are activated, such as the limbic system, hypothalamus, and prefrontal cortex. This reinforces the idea that orgasm is an experience constructed through the interaction between bodily stimuli, cognitive processing, emotional context, and expectations, and not merely a reflex response." (Carpallo. *Medscape*. 2026).

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