



Let's talk menopause and healthy aging!



Today's speakers



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What we'll talk about

- **What menopause is and common symptoms**
- **The impact of menopause on a woman's overall health**
- **Treatment options and holistic midlife care**



Empowered

Renewal

Strong

Resilient

Independence

Healing

New beginnings

Powerful

Wisdom

Respected

Longevity

Sage

Mature



Beauty 2.0

Rebirth



Capable

Holistic

Freedom

Queen

Thriving

Next chapter

Well-being

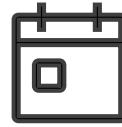
Confident

Menopause by the numbers



More than 62M women
were 50 years or older in the
United States in 2020*

*FOR 50 YEARS OR OLDER STAT: United States Census Bureau. [Age and Sex Composition: 2020](#). May 2023. Accessed September 29, 2025.



About 6,000
women reach menopause
every day*

*FOR 6,000 WOMEN STAT: Mayo Clinic Health System. [Pushing to learn more about menopause](#). November 2021. Accessed September 29, 2025.



Only 20%
of providers are formally
trained in menopause care*

*FOR MENOPAUSE TRAINING STAT: The Menopause Society. [New survey confirms need for more menopause education in residency programs](#). August 2023. Accessed September 29, 2025.



10% of women
will experience early
menopause before the age of
45*

*FOR EARLY MENOPAUSE STAT: Psycheva D, Sullivan A, Hardy R, et al. [Risk factors for natural menopause before the age of 45: evidence from two British population-based birth cohort studies](#). BMC Women's Health. November 2022. 438 (2022). Accessed September 29, 2025.



Almost 40%
of most women's lives
happen after menopause*

*FOR LIFE AFTER MENOPAUSE STAT: Charandabi SM, Rezaei N, Hakimi S, et al. [Quality of life of postmenopausal women and their spouses: a community-based study](#). Iran Red Crescent Medical Journal. March 2015. 17 (3). Accessed September 29, 2025.



Over 50%
of women report menopause
symptoms impact their work*

*FOR MENOPAUSE AND WORK STAT: Bank of America. [Break through the stigma: menopause in the workplace](#). August 2024. Accessed September 29, 2025.



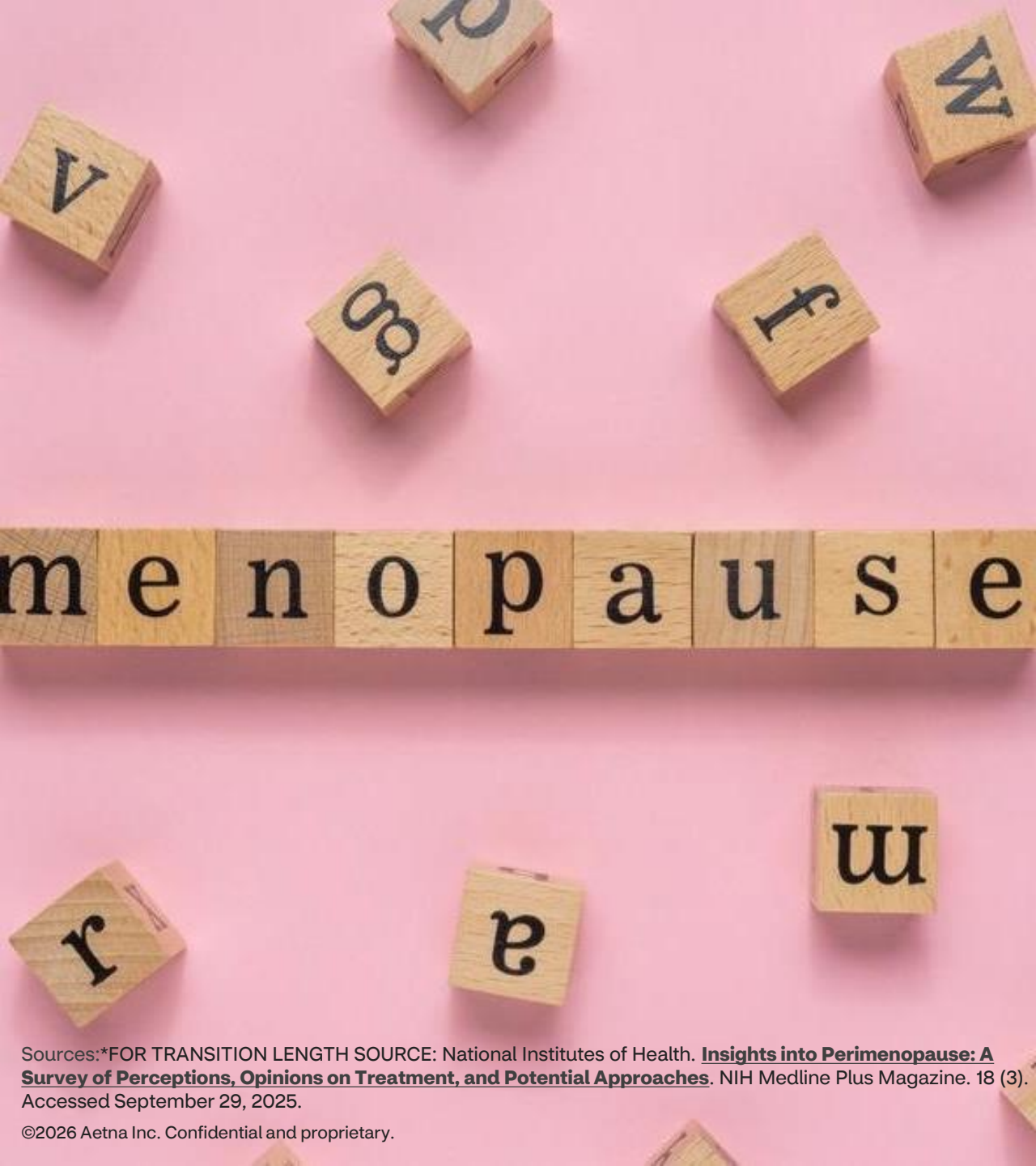
Menopause 101





Myth or fact?

Menopause is a life stage that lasts about one year.



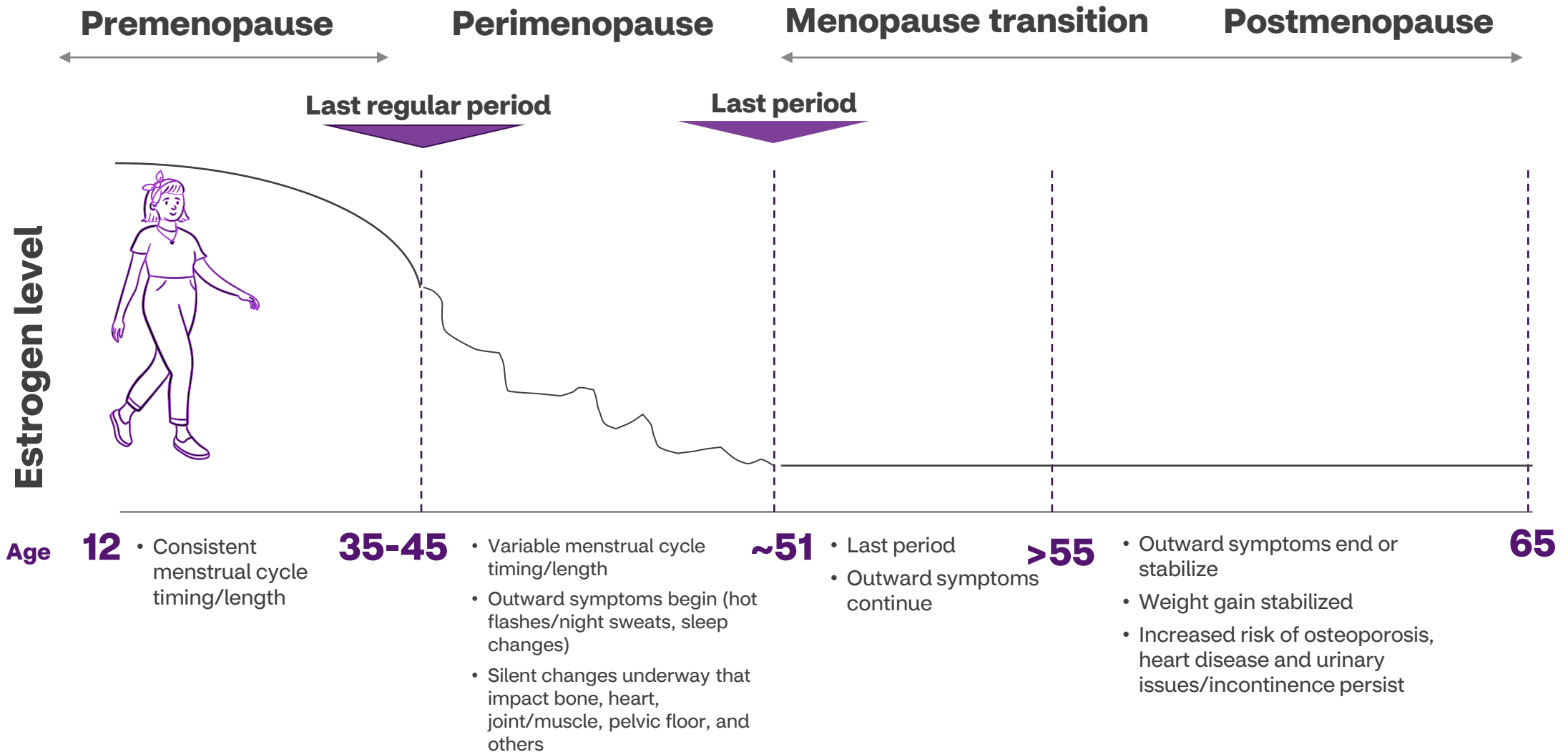
Here's the fact

The menopause transition can last as long as 14 years*.


Sources: *FOR TRANSITION LENGTH SOURCE: National Institutes of Health. **Insights into Perimenopause: A Survey of Perceptions, Opinions on Treatment, and Potential Approaches.** NIH Medline Plus Magazine. 18 (3). Accessed September 29, 2025.

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The menopause transition*



*FOR MENOPAUSE TRANSITION SOURCE: Hickey M, LaCroix A, Doust J, et al. [An empowerment model for managing menopause](#). The Lancet. March 2024; 403 (10430): 947-957. Accessed September 29, 2025.



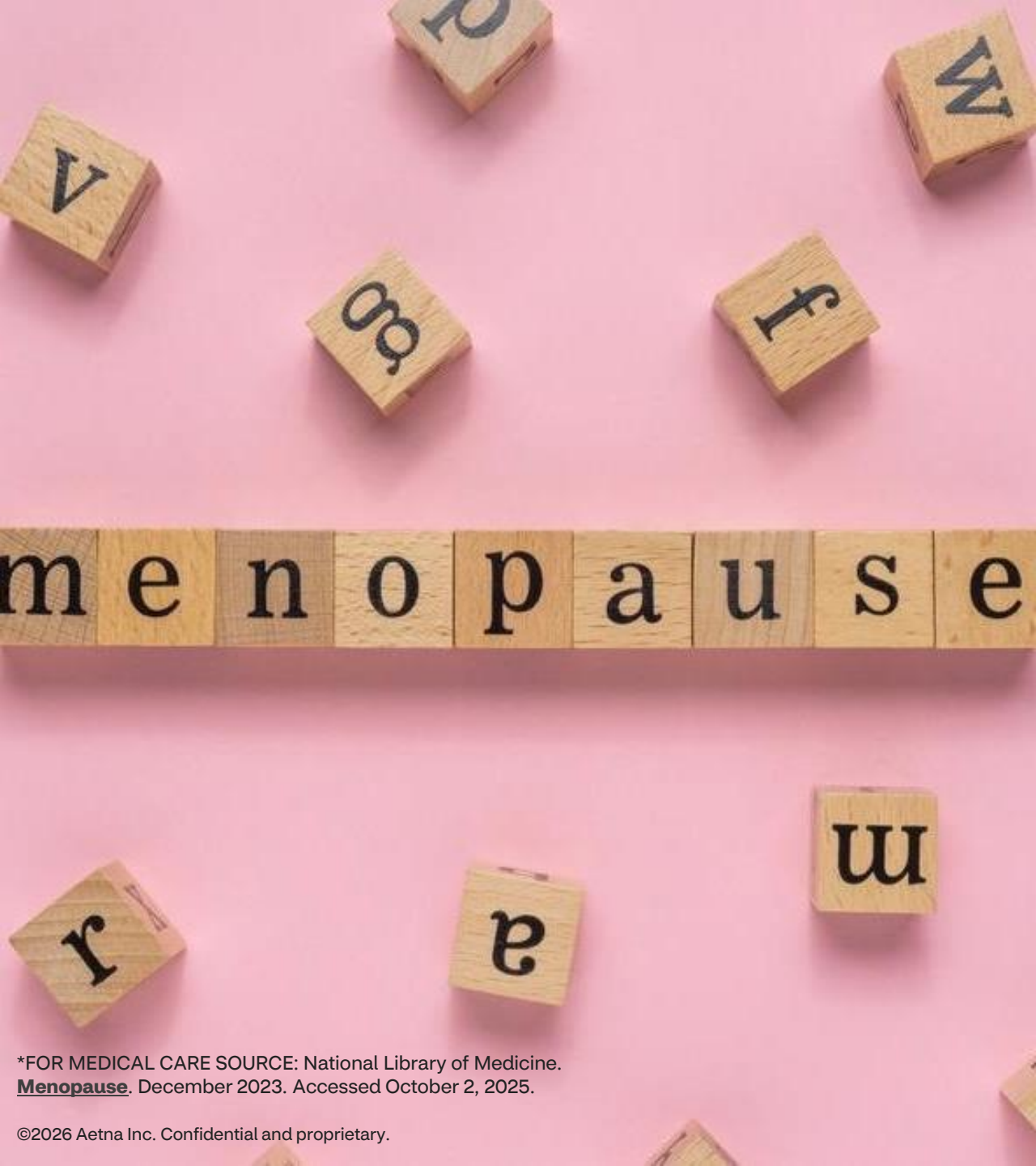
**How is
menopause
experienced?**





True or false?

Hot flashes are the #1 symptom that drive women to seek medical care during menopause.



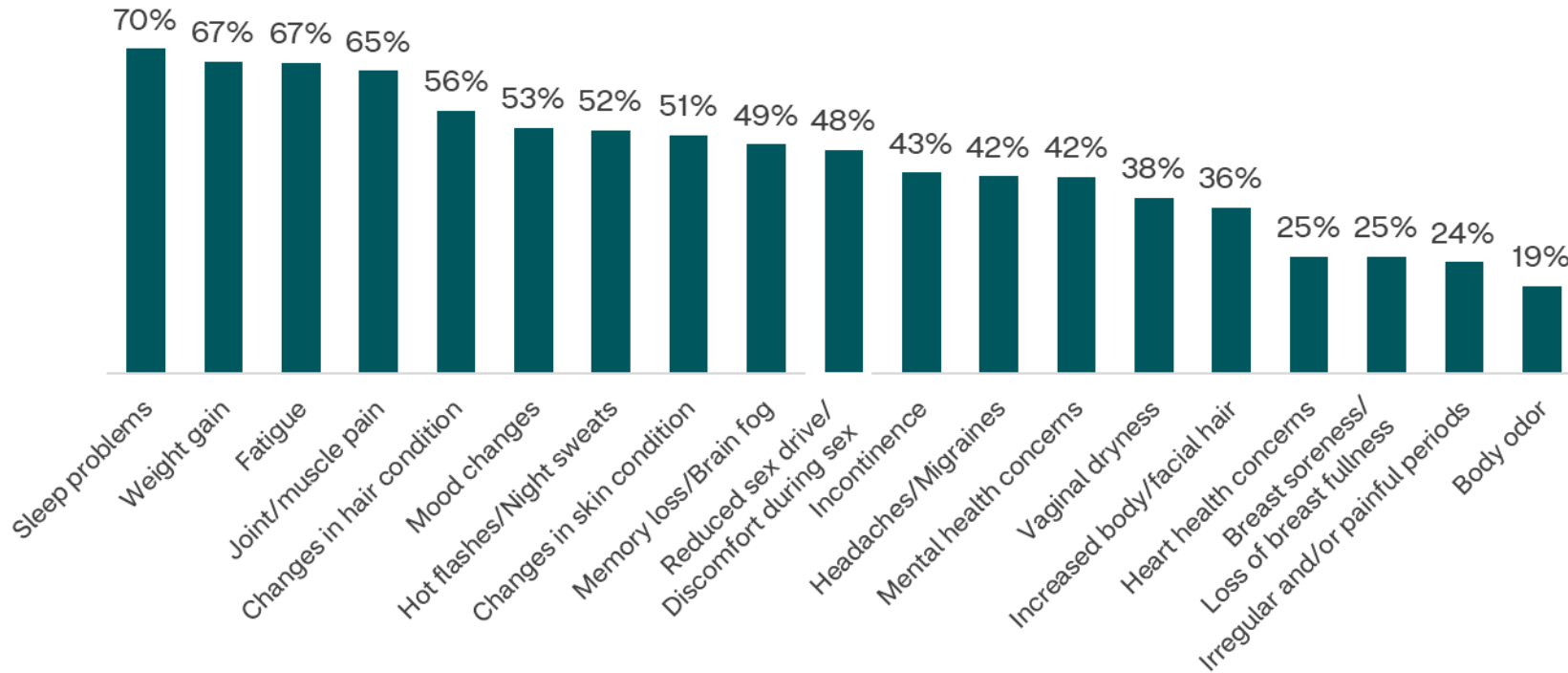
It's complicated...

Menstrual changes are the main driver for seeking medical care; however, problems with sleep are the most common complaint.*

*FOR MEDICAL CARE SOURCE: National Library of Medicine. Menopause. December 2023. Accessed October 2, 2025.

Women experience many different symptoms during menopause*

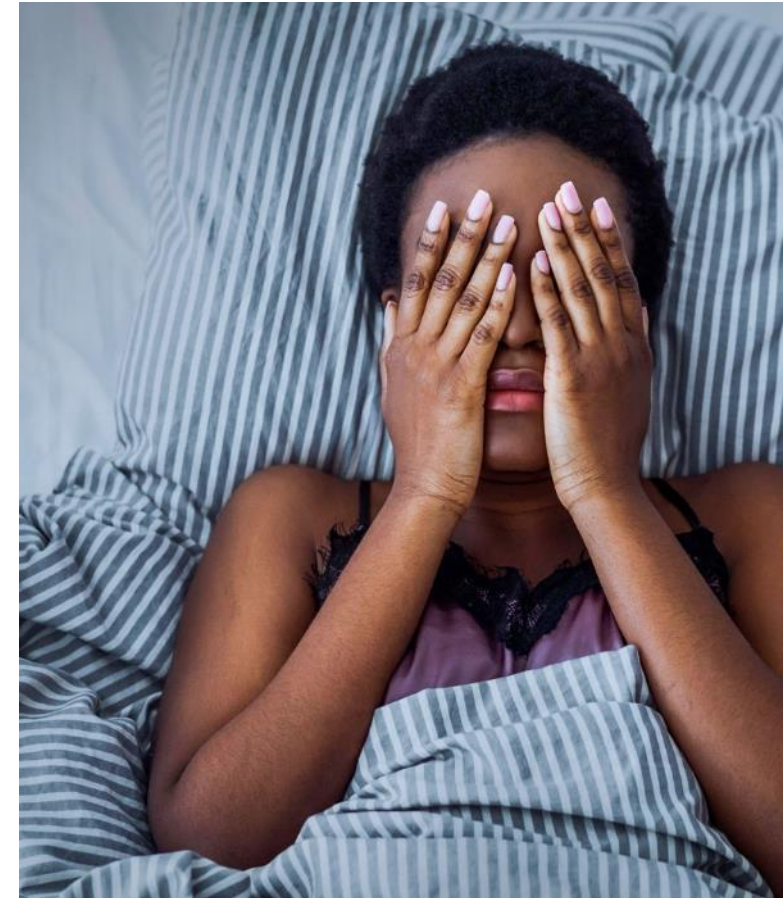
Menopause symptom type for women surveyed who experience symptoms



*Women had to have at least two symptoms or one severe symptom to participate in the survey.

*FOR SYMPTOMS SOURCE: National Library of Medicine. [The impact of menstrual symptoms on everyday life](#). June 2019. Accessed October 3, 2025.

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Symptoms are highly variable

- 90% of women have menstrual cycle changes
- Only 20% have no symptoms
- Avg of 8.7 symptoms for women with multiple symptoms
- >90% of women say symptoms impact quality of life
- 60% say symptoms are severe



**Symptom deep dive
and management
strategies**





Vasomotor Symptoms (VMS) also known as hot flashes and night sweats

- Hot flashes are sudden feelings of warmth in the upper body primarily affecting the head, face and neck that typically last 1-5 minutes followed by chills.
- On average, women experience 4-5 hot flashes per day.
- Hot flashes begin in the brain's thermostat. Special chemical messengers in the brain send signals to blood vessels to flush, causing hot flashes.*
- Hot flashes disturb sleep, mood and well-being*
 - Women with more severe VMS tend to report depressive symptoms, and women who are depressed can find VMS harder to manage.

*FOR HOT FLASH INFO SOURCE: Study of women's Health Across the Nation. **SWAN fact sheet: hot flash fact sheet**. 2025. Accessed September 30, 2025.

*FOR SLEEP AND MOOD SOURCE: Hickey M, LaCroix A, Doust J, et al. **An empowerment model for managing menopause**. The Lancet. March 2024; 403 (10430): 947-957. Accessed September 29, 2025..

Sleep disturbances

- Half of women report sleep problems during perimenopause.*
- Hot flashes and night sweats cause wakeups during the night, but even women who don't have hot flashes say their sleep is worse.*
- These symptoms that disturb sleep can affect daytime function, including mood and concentration.

*FOR SLEEP PROBLEMS SOURCE: Study of women's Health Across the Nation. **SWAN fact sheet: sleep during the menopausal transition**. 2025. Accessed September 30, 2025.



What can help?

- Watch sleep hygiene.
- Talk with your provider about causes of poor sleep and how addressing menopause symptoms like hot flashes can help.

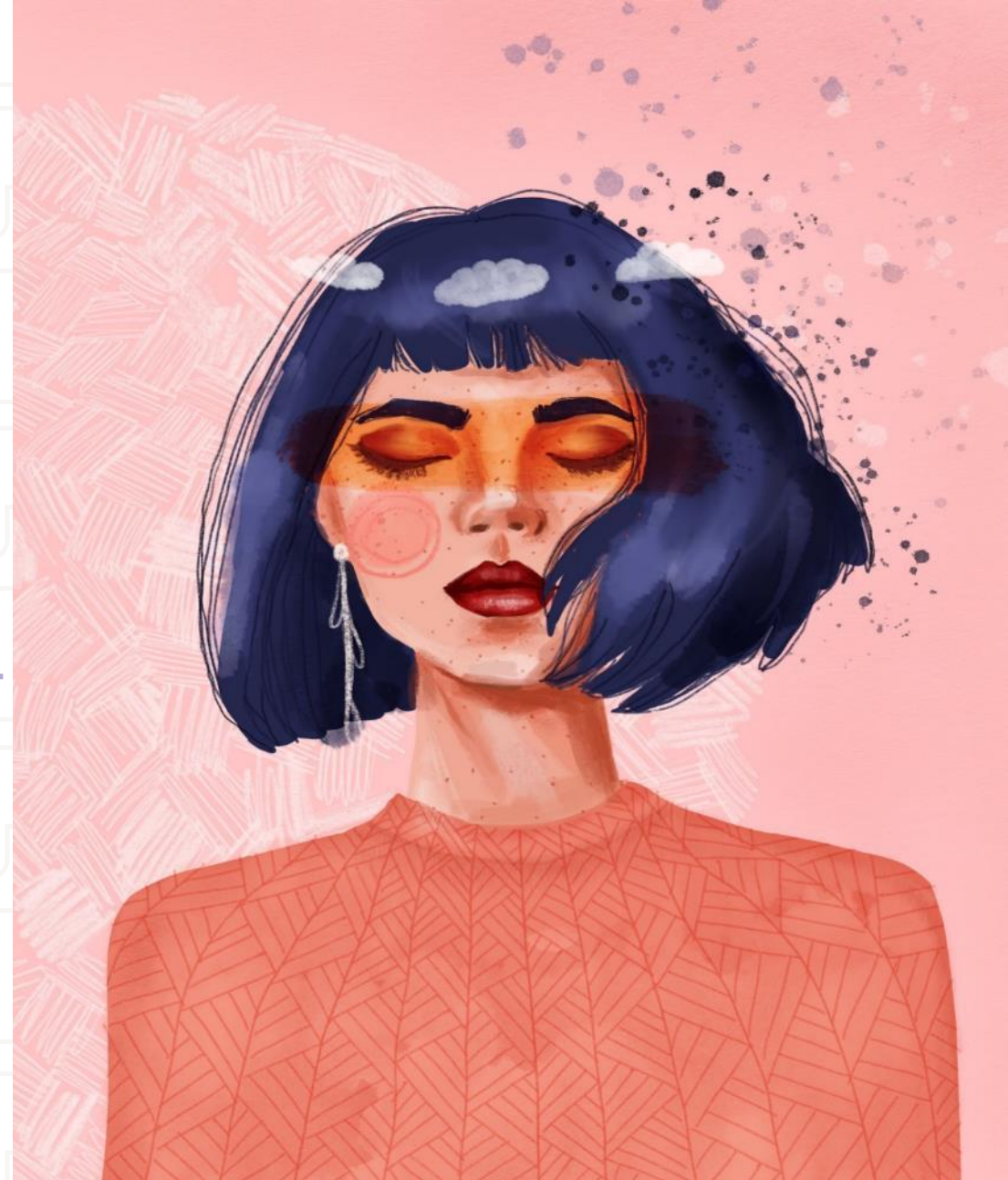
Memory and cognition also known as brain fog

- About 2/3 of women report memory complaints such as forgetfulness during menopause transition.*
- Changes are generally mild, temporary and not clearly linked to long-term cognitive decline.
- Since the brain is rich in estrogen receptors, falling estrogen levels during menopause cause difficulties with cognition.

What can help?

- Address sleep problems – modify sleep habits, use sleep apps or talk with your PCP
- Manage hot flashes
- Address underlying mood and anxiety issues
- If memory changes come on suddenly, talk with your PCP

*FOR MEMORY DATA SOURCE: Study of women's Health Across the Nation. [SWAN fact sheet: memory and cognition during and after the menopausal transition](#). April 2023. Accessed September 30, 2025.





Weight gain, muscle loss and impact on your pelvic floor

- Reduced hormone production, decreased level of activity and other factors cause loss of muscle.
- Losing muscle mass slows the rate of metabolism, causing more weight gain.*
- Menopause weight gain as much as 1-1 ½ pounds/year.
- Muscle is usually lost is around the mid-section, so that's where the fatty tissue goes (“menopause belly”).
- Weight gain stabilizes post menopause.
- Loss of muscle tone also contributes to loss of strength, flexibility and risk of falls.
- Lower estrogen reduces strength and flexibility of connective tissues, impacting your pelvic floor. This may lead to conditions like urinary incontinence, recurring UTIs and pelvic organ prolapse.

What can help?

- Moving more – 150-200 minutes moderate exercise/week
- Adding strength exercises 2x/week
- Working with a physical therapist that specializes in pelvic floor
- Eating less ~ 200 fewer calories a day
- Increasing elements of a plant-based diet; cutting out sweets

*FOR MUSCLE MASS SOURCE: Jupil KO, Young-Min Park. **Menopause and the Loss of Skeletal Muscle Mass in Women**. February 2021. Accessed October 3, 2025.



Skin and hair changes

Skin: Lower estrogen levels cause collagen losses (30% in first 5 years) leading to:

- Loss of elasticity – sagging/ wrinkles
- Loss of water retention– dryness
- Thinner skin – bruising
- Fragile skin – age spots
- Increased risk for skin cancers

Hair:* Estrogen promotes hair growth, follicle density and fullness. Lower levels lead to:

- Hair thinning / sensitive scalp
- Hair dryness, less oil
- Easy breaking
- Loss of hair follicles – bald spots
- Growth of facial hair

What can help?

- Sunscreen SPF 30
- Hats/sunglasses to protect fragile skin around eyes
- Moisturizer
- Dermatologist for skin checks
- Hair and scalp serums
- Nutrient rich diet and supplements (Vitamins A,B, C and D, folic acid, biotin)
- Reducing hair treatments that dry out hair and avoiding tight ponytails
- Prescription medicines available to promote follicle growth (i.e. Rogaine® for women)

*FOR HAIR CHANGES SOURCE: Breastcancer.org. [Menopausal hair changes](#). January 2024. Accessed September 30, 2025.

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Sexual health: Let's talk about it

Loss of estrogen during menopause impacts sexual health
– *it's not in your head*

- Between 10% and 40% of postmenopausal women report symptoms such as dryness, irritation or itching, and painful intercourse.*
- Unlike vasomotor symptoms, these genitourinary symptoms tend to start *after* menopause and can persist into older age.

What can help?

- Talking about it. Asking a provider about options.
- Lubricants
- Estrogen therapy

*FOR SEXUAL HEALTH DATA SOURCE: Hickey M, LaCroix A, Doust J, et al. **An empowerment model for managing menopause**. The Lancet. March 2024; 403 (10430): 947-957. Accessed September 30, 2025.

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Treatment options for Vasomotor Symptoms (VMS)

What is menopausal hormone therapy?

Menopausal Hormone Therapy (MHT) is also referred to as Hormone Replacement Therapy (HRT) and is the most effective treatment to reduce hot flashes

Key facts:

- HRT is both estrogen and a combination of estrogen/progesterone therapy.
- Prior to 2002, the use of HRT in the U.S. was 40% in women.
- However, a Women's Health Initiative (WHI) study that was originally researching whether HRT was beneficial in post-menopausal (ages 60+) women in preventing heart disease found a higher risk of stroke and increase in breast cancer.*
- As result, HRT prescribing dropped quickly to only 5% in the U.S. and since then there's been an absence of menopause solutions and training.

Updated guidance:

- Recently, reanalysis of the study shows that providers should consider the following to safely prescribe HRT:
 - Should be personalized to your situation, preferences and medical history
 - Age (start in perimenopause, but not started past age 60)
 - Lowest dose for the shortest period of time to relieve symptoms
 - Administrative options: skin vs. oral (i.e. patches, creams, gels vs. pills)

Who should not take menopausal hormone therapy?

- Estrogen sensitive cancers (i.e. breast or ovarian)
- History of stroke, venous thromboembolism or pulmonary embolism or TIA
- Active or recent arterial thromboembolic disease (i.e., angina and myocardial infarction)
- Acute liver disease
- Elevated triglycerides

*FOR WHI STUDY SOURCE: Rossouw JE, Anderson GL, Prentice RL, et al. **Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial.** JAMA. 2002 July 17; 288(3): 321-33.

What about the use of testosterone and bioidentical hormones?

- No FDA-approved **testosterone** formulation for managing menopausal symptoms
- **Compounded bioidentical hormones** are not FDA-approved and aren't tested for safety or effectiveness
- Currently, one bioidentical hormone therapy (Bijuva®) is **FDA approved** (not compounded)

Call to action: Speak with a provider who is trained in menopause medicine





Myth or fact?

Once symptoms ease,
the impact of
menopause lessens.



It's complicated...

Mid-life health is broader than menopause health.

Fluctuating estrogen levels have **broad impact on our bones and cardiovascular health** years beyond the end of hot flashes.*

*FOR SYMPTOM SOURCE: Dunham, Samantha M. **Five Menopause Myths You Should Stop Believing Now.** NYU Langone Health, 2023 Feb 7. Accessed September 30, 2025.

 North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

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Holistic midlife health



Focus on bone health

As a result of the declining estrogen, menopause significantly speeds up bone loss, increasing osteoporosis risk.

Bone density screening (DEXA*) recommendations:

- All women beginning at age 65
- Women at risks for fracture (steroid use, thyroid disease) at age 60

What can help?

Calcium

- After menopause, 1,200 mg of calcium per day is recommended

Vitamin D

- To ensure adequate calcium absorption, a daily intake of 800-1,000 IU of vitamin D is recommended, either through sun exposure or through diet or vitamin supplementation

Bisphosphonates and other meds

- Bisphosphonate medications are considered first line pharmacologic treatments for postmenopausal osteoporosis by preserving bone mineral density

Weight bearing, strength training and balance work

- Exercising for 45 to 60 minutes three times a week maintains bone strength

*FOR DEXA DATA SOURCE: Yong, Eu-Leong; Logan, Susan.
Menopausal osteoporosis: screening, prevention and treatment.
Singapore Medical Journal. April 2021. Accessed October 3, 2025.

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Cardiovascular and lipid changes

Menopause causes hormonal changes which have widespread impacts.

Risks and symptoms

- Changes in estrogen levels result in higher LDL cholesterol levels and HDL levels fall – raising the risk of heart disease.*
- Research indicates symptoms like hot flashes are associated with an increased risk of subclinical atherosclerosis, a precursor to cardiovascular disease.*
- The frequency and intensity of hot flashes have been linked to poorer health of blood vessels, further connecting menopausal symptoms to cardiovascular risks.*

*FOR RISKS AND SYMPTOMS SOURCE: El Khoudary S, Aggarwal B, Beckie T, et al. **Menopause transition and cardiovascular disease risk: implications for timing of early prevention.** American Heart Association Journal. November 2020. 142 (25).



Heart disease is the #1 killer of women

Important Phone Numbers

Health Concierge:

1-833-690-1037 (TTY: 711)

Eligibility and Enrollment Support Center:

1-855-859-0966

CVS Caremark[®] (Pharmacy):

1-888-321-3124

24-Hour Nurse Line:

1-800-556-1555 (TTY: 711)

THANK YOU!

A group of people are sitting on a rocky mountain slope, looking out over a fjord and jagged mountains at sunset. The scene is bathed in the warm, golden light of the setting sun. The people are dressed in outdoor gear, including jackets and hats. The background features a calm body of water and sharp, rocky peaks under a clear sky.

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