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healthy
women



Aging Smart, Aging Well

How Women Make Decisions About Their Health in the 21st Century



How are **YOU** feeling today?

As health care professionals know, this simple question is one that can lead to important answers, prompting new lifestyle choices, diagnoses, and therapies. And yet, too often this question is not asked. As a result, **many women do not discuss with their health care provider the issues that worry them the most and that impact their quality of life.**

American women are living longer than ever before, with an average life expectancy of 81 years, five years longer than men. Yet, when it comes to their health, many women do not get the care they need. This is particularly true for women as they age into their 40s to 60s—and when they do receive care, it may not serve their top concerns.

Women's health care needs change over time, especially during the transition into, through and past menopause. These changing needs combined with lack of information can lead to confusion and misinformation about effective therapies as well as what conditions they should be screened for and when.

To help clear this confusion and set a course for improving our evolving health care system, HealthyWomen and WebMD joined forces to create a comprehensive survey of midlife women experiencing the various stages of menopause to learn about their health and well-being, including their

concerns about their health conditions as they age. To surface important and previously unseen attitudinal and behavioral trends, we segmented data by race/ethnicity, menopausal life stage—including premenopausal, perimenopausal, menopausal and postmenopausal—socioeconomic factors, geography, and insurance status.

The result is a report that reveals real-life impacts on women's health choices, behaviors, opinions, and experiences. Not surprisingly, there is no one monolithic woman. Rather, our report shows how much we still need to learn about the important factors that influence women as they age.

Through this report our goal is to raise awareness of midlife women's healthy aging needs and promote a national dialogue among patients, their health care providers, and policy makers to address gaps in the important information, screenings, care, and resources that women need to age healthy for decades to come, whether physically, emotionally or sexually.

Together we can continue to bring meaningful change to our health care system to improve care for women at all life stages.



John Whyte, MD, MPH
Chief Medical Officer, WebMD



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Executive Summary

“HealthyWomen and WebMD joined forces to create a comprehensive survey of midlife women experiencing the various stages of menopause to learn about their health and well-being.”

Physical, mental and sexual health vary significantly whether one is premenopausal, perimenopausal, menopausal or postmenopausal. Although a third of respondents rate their physical health as excellent or very good, another third, especially perimenopausal and menopausal women, rate it as fair or poor.

Women rate their mental health better than their physical health, with 44% rating it as either excellent or very good and only 26% rating it as fair or poor. As women progress through stages of menopause, their mental health ratings improve, with postmenopausal women most likely (60%) to rate it as excellent or very good.

In contrast, **sexual health satisfaction decreases as one ages,** with twice as many postmenopausal women rating it as fair to poor as compared to premenopausal women.

Throughout the study, **race and ethnicity play an important role** with differences relating to knowledge, attitudes, and beliefs. For instance, Black women who are in menopause are more likely to rate their physical health much higher compared to White women. Yet, Hispanic women experiencing menopause are more likely to rate their health as fair or poor.

The influence of **socioeconomic factors cannot be ignored** when evaluating women’s health. More education often leads to higher ratings. Women with only high school vocational/technical school education are almost twice as likely to rate their physical, mental and sexual health as fair or poor compared to women with any postgraduate education. Similar trends exist as it relates to household income. When household income is less than \$50,000, women give lower ratings compared to when household income is greater than \$50,000. Income levels above \$100,000 produce the highest rating levels.

Health insurance independently plays a significant role in ratings of health. Women without health insurance were more likely to rate their mental health as fair or poor.

Women are concerned about conditions associated with aging, especially cancer, dementia, and heart disease. Premenopausal women and perimenopausal women are more concerned with cancer, whereas menopausal and postmenopausal women are more concerned about dementia. Significant differences exist by race and ethnicity as well as insurance status. For example, nearly half of Black women say

they are not at all concerned with developing dementia compared to only 18% of White women. Without insurance, a greater concern exists over developing mental illnesses such as anxiety and depression.

The majority of women (51%) say they proactively discuss their health concerns as they age with the largest numbers (59%) seen among menopausal and postmenopausal women. Women also reveal, however, that they don't discuss the concerns they are most worried about or that impact them the most.

More than 25% of women report having anxiety or depression. This increases for women with less education and less household income.

Nearly half of women say they talk proactively to their health care provider about things that concern them, but nearly half do not. Hispanic women are least likely to talk about health risks unless they are experiencing symptoms. Women with lower educational level also take a less proactive approach when discussing their health with their health care provider.

Despite the documented value of health screenings, **work remains to be done to improve knowledge and access.** Women 65 years and older are more likely to have been screened for various diseases while younger women are less likely - including breast cancer, colon cancer, hypertension, diabetes, and mental health.

Women who live in rural areas are more likely to say it has been more than two years since they have had certain types of health screenings. **Women without health insurance are more likely to say they have never been screened** for diabetes, osteoporosis, breast and colon cancer.

Menopause has a significant impact on a woman's well-being. Hispanic women say menopause affects their sexual health while women without insurance say it impacts their mental health. Among women

reporting any menopausal symptoms, nearly a third say they have not talked to a health professional about any of their symptoms. White women are significantly more likely than Black women to discuss symptoms.

Women are more likely to try lifestyle changes and supplements to manage their symptoms versus prescription treatments such as hormone therapy or vaginal estrogen. This may be partly due to lack of awareness, with 37% of Hispanic women and 30% of Black women indicating they are not aware of menopausal hormonal therapy and 46% of Hispanic women and 32% of Black women unaware of vaginal estrogen therapy. It may also be because they believe their symptoms are not severe enough for treatment. A third of women prefer to treat without medication, while 25% are fearful of side effects.

When women have tried MHT but stopped, the most common reason given was that their health care provider recommended stopping. Approximately 25% were afraid it might increase risk of cancer, heart attack or stroke.

Menopause has a significant impact on sexual health and libido. A majority of menopausal and postmenopausal women describe their sexual health as low or very low and more than half say their sexual libido has decreased since experiencing menopause symptoms. This is much more common among White women than Black women. More than half cite weight gain and not being comfortable about their body as reasons.

There are numerous differences in attitudes regarding discussing sexual health. **Although nearly half of women feel very comfortable discussing it with their health care provider, nearly 30% do not feel at all comfortable.** Hispanic women are twice as likely as Black women to say they are too embarrassed to bring up these topics. However, Hispanic women are more likely than Black or White women to say they prefer talking to friends, family or their partner. Black women feel much more comfortable than other groups discussing sexual health topics with their providers.



Survey Results

“Our report shows how much we still need to learn about the important factors that influence women as they age.”

Survey Methodology

WebMD randomly surveyed 3,197 female U.S. residents, aged 18 and older, from September 10-October 24, 2019. Respondents were randomly intercepted throughout WebMD.com and invited to participate in an 11- to 15-minute online survey.

Sample quotas were set for each menopausal group: premenopause, perimenopause, menopause, and postmenopause. For analysis purposes, the total category was weighted by age to be reflective of WebMD age proportions as reported by a verified third-party measurement company (comScore, September 2019).

To address overlap between Hispanic origin with racial categories, respondents who said they were of Hispanic origin were not counted in the Black and White categories so that the racial sub-groups do not include respondents of Hispanic origin.

While the survey collected responses from women of Asian, American Indian/Native Alaskan, and Native Hawaiian/Pacific Islander descent, there was insufficient sample in these sub-groups for reporting purposes.

Respondents had an opportunity to enter a sweepstakes to win one of twenty-five \$100 Amazon gift cards upon completion of the survey.

A statistical significance test at the 95% confidence level was applied to examine effect size difference between cohorts (e.g., menopausal status, race/ethnicity, age, etc.).



Physical, Mental, and Sexual Health Ratings

Q: How would you rate your overall physical, mental, and sexual health?

Postmenopausal women are more likely to rate their physical and mental health as very good or excellent compared to premenopausal, perimenopausal, or menopausal women. Close to 40% of postmenopausal women consider their physical health to be very good or excellent and 60% believe their mental health is very good or excellent.

More than one-third of perimenopausal and menopausal women rate their physical health as fair or poor, which is higher than both premenopausal and postmenopausal women. In fact, only one-quarter of perimenopausal women say their physical health is very good or excellent. Premenopausal women (31%) are most likely to describe their mental health as fair or poor.

When it comes to sexual health, menopausal and postmenopausal women are more likely to rate their sexual health as fair or poor compared to women who are premenopausal or perimenopausal. More than half of premenopausal women rate their sexual health as very good or excellent, while close to half (46%) of menopausal women say their sexual health is fair or poor.

	Total	Premenopausal	Perimenopausal	Menopausal	Postmenopausal
Physical Health Ratings					
Excellent	9%	10%	6%	9%	9%
Very Good	23%	20%	19%	23%	30%
Good	36%	38%	39%	31%	32%
Fair	24%	23%	27%	27%	22%
Poor	8%	8%	9%	9%	7%
Excellent/Very Good NET	32%	31%	25%	32%	39%
Fair/Poor NET	33%	31%	36%	37%	28%

	Total	Premenopausal	Perimenopausal	Menopausal	Postmenopausal
Mental Health Ratings					
Excellent	18%	16%	14%	19%	24%
Very Good	26%	21%	25%	24%	36%
Good	30%	32%	33%	30%	26%
Fair	19%	22%	21%	22%	13%
Poor	7%	9%	8%	5%	2%
Excellent/Very Good NET	44%	37%	39%	43%	60%
Fair/Poor NET	26%	31%	28%	27%	14%

	Total	Premenopausal	Perimenopausal	Menopausal	Postmenopausal
Sexual Health Ratings					
Excellent	18%	26%	14%	14%	12%
Very Good	22%	27%	21%	19%	18%
Good	26%	26%	31%	20%	25%
Fair	17%	13%	20%	21%	18%
Poor	17%	9%	15%	25%	26%
Excellent/Very Good NET	40%	52%	35%	33%	31%
Fair/Poor NET	34%	22%	35%	46%	44%

Physical, Mental, and Sexual Health Ratings by Race/Ethnicity

When comparing race and ethnicity within each menopause stage, there are some differences in how each group rates their physical, mental, and sexual health. For example, Black women (47%) who are in menopause are more likely to rate their physical health as very good or excellent compared to White women (28%). Hispanic menopausal women (39%) are significantly more likely to describe their physical health as fair or poor compared to Black women (25%).

Black women respond even more positively about their mental health, particularly Black women in menopause with 60% rating their mental health as very good or excellent compared to only 38% of White women.

There are no statistically significant differences in how women of different racial and ethnic backgrounds rate their sexual health.

Physical, Mental, and Sexual Health Ratings by Education

Socioeconomic factors also appear to play a role in how women rate different aspects of their lives. Women with only a high school or vocational/technical school education are more likely to rate their physical,

mental, and sexual health as fair or poor. In fact, 42% rate their physical health as fair or poor compared to 24% of women with any postgraduate education.

Physical, Mental, and Sexual Health Ratings by Household Income

Similarly, women with a household income of less than \$50,000 are more likely to report that their physical, mental, and sexual health is fair or poor compared to women with higher household incomes. Some 40% of women with a household income of less than \$50,000 rate their physical health as fair or poor

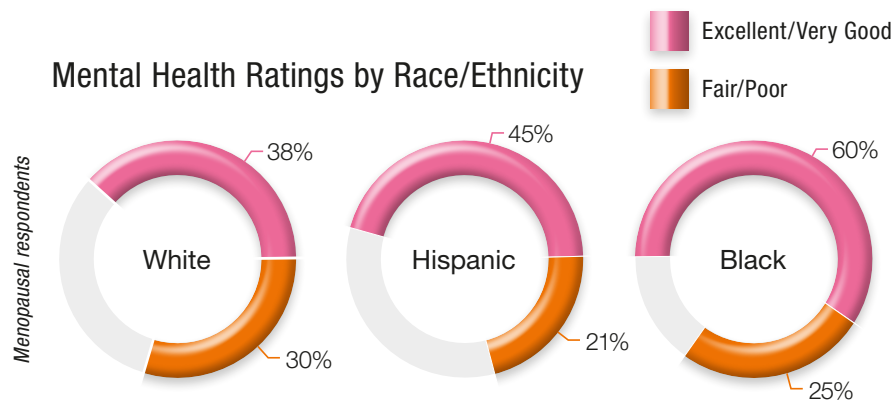
compared to only 24% of women with a household income of \$100,000 or more. Similarly, one-third of women with a household income of less than \$50,000 rate their mental health as fair or poor, but less than 20% of women with a household income of greater than \$100,000 rate their mental health as the same.

Physical, Mental, and Sexual Health Ratings by Insurance Status

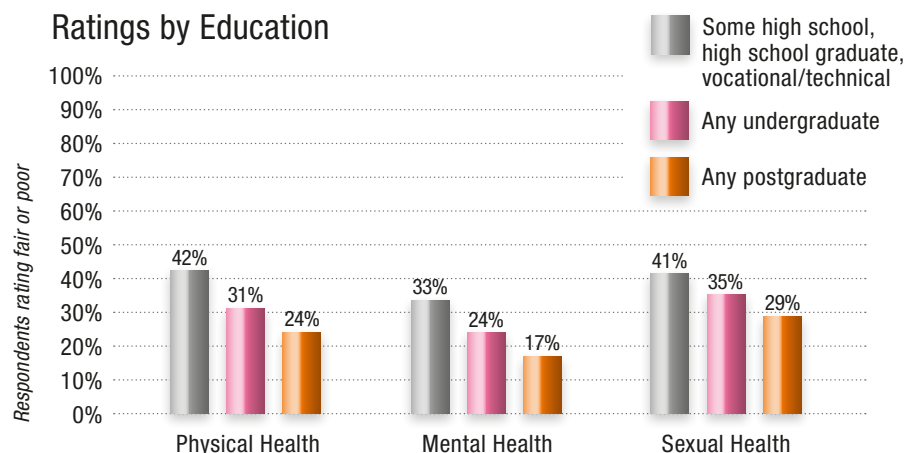
When comparing women with and without health insurance, a significantly greater proportion of women without coverage (31%)

describe their mental health as fair or poor compared to women with health coverage (24%).

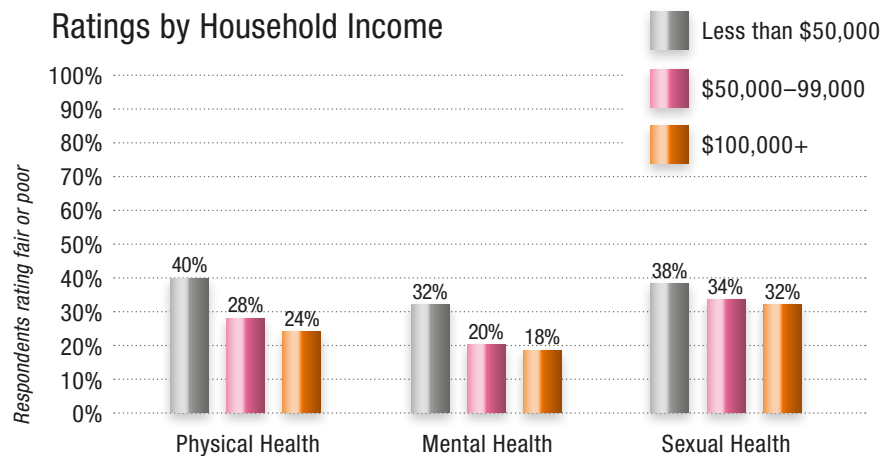
Mental Health Ratings by Race/Ethnicity



Ratings by Education



Ratings by Household Income



What Does Healthy Aging Mean to Women?

Q: What does “healthy aging” mean to you?

Postmenopausal women feel somewhat more strongly about the components of healthy aging, especially when compared to premenopausal women. Nearly 90% of postmenopausal women say being proactive in their health care and treatment options is part of healthy aging compared to 76% of premenopausal women saying the same. Close to 80% of postmenopausal women also say that cultivating relationships and maintaining communication with friends and family is an important part of healthy aging compared to only 65% of premenopausal women.

Perimenopausal (53%) and menopausal (61%) women are more likely to believe that managing symptoms of menopause are part of healthy aging, while only 27% of premenopausal women say the same.

What Does “Healthy Aging” Mean to You?

	Total	Premenopausal	Perimenopausal	Menopausal	Postmenopausal
Eating healthy foods	83%	82%	83%	83%	85%
Living an active life or getting regular exercise	83%	84%	83%	84%	83%
Getting enough sleep	82%	81%	81%	82%	85%
Taking charge of my own health by playing a proactive role in my treatment and health	80%	76%	78%	82%	87%
Maintaining brain and cognitive health through ongoing learning	80%	79%	79%	77%	86%
Practicing prevention (e.g., annual health check-ups)	80%	76%	77%	82%	86%
Reducing stress	78%	79%	81%	78%	76%
Cultivating relationships or maintaining communication with friends and family	68%	65%	64%	67%	78%
Making community connections (e.g., volunteering)	39%	35%	39%	38%	47%
Managing symptoms of menopause	36%	27%	53%	61%	25%
Other	6%	5%	6%	7%	9%
None of the above	1%	1%	1%	1%	0%



Level of Concern with Conditions Associated with Aging

Q: How concerned are you that you will develop any of the following conditions as you get older?

Cancer, dementia, heart disease, and stroke top the list of conditions women are most concerned about developing as they get older.

Greater proportions of premenopausal (43%) and perimenopausal (45%) women express concern they will

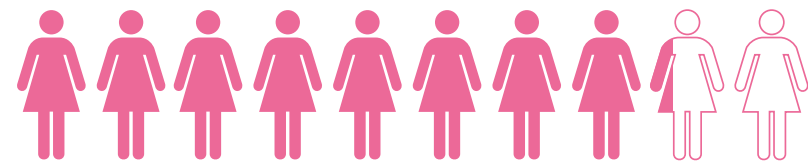
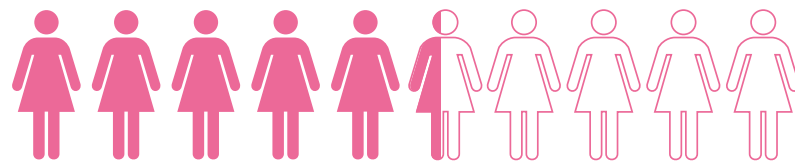
develop cancer, compared to those who are menopausal (39%) or postmenopausal (37%). In contrast, about 40% of menopausal and postmenopausal women say they are moderately or extremely concerned they will develop dementia compared to premenopausal women (34%).

Women without health insurance have greater concern over developing mental illnesses associated with aging, such as anxiety and depression, compared to women with coverage. Interestingly, level of concern for nearly all conditions tends to be lowest among Black women

when compared to White and Hispanic women. The most significant discrepancy in level of concern is for dementia with nearly half (46%) of Black women saying they are not at all concerned with developing dementia, compared to only 18% of White women saying the same.

Level of Concern with Developing Condition (Moderate/Extreme)

	Total	Premenopausal	Perimenopausal	Menopausal	Postmenopausal	No Insurance	Insurance
Anxiety	29%	34%	33%	29%	23%	35%	29%
Bone loss	29%	22%	34%	38%	33%	29%	31%
Cancer	41%	43%	45%	39%	37%	41%	41%
Dementia	36%	34%	36%	39%	40%	38%	37%
Depression	28%	31%	30%	29%	20%	36%	26%
Heart disease	34%	31%	37%	40%	35%	36%	35%
Frequent urinary tract infections	13%	13%	14%	12%	12%	13%	13%
Obesity	28%	23%	32%	32%	30%	30%	29%
Overactive bladder	22%	17%	27%	26%	23%	21%	23%
Stroke	32%	27%	34%	36%	35%	36%	32%
Vaginal atrophy	16%	12%	17%	22%	20%	15%	17%



54% of Black women and 82% of White women report concern for developing dementia.

Patient and Doctor Discussions About Conditions Associated with Aging

Q: Which conditions related to aging has a health care professional discussed with you in the past year?

Despite women expressing concern over certain conditions, only a small percentage have had recent discussions with their health care providers about any of these topics. Only 3% of menopausal and 5%

of postmenopausal women have talked to their health care provider about dementia, despite it being one of the conditions women worry the most about developing. By contrast, about 25% of menopausal

and postmenopausal women have talked to their provider about heart disease despite recent clinical evidence suggesting there is a link between Alzheimer's disease and cardiovascular abnormalities.¹

Premenopausal women (56%) and women without health insurance (58%) are least likely to have talked to a health care professional in the past 12 months about any of the conditions measured in the survey.

Conditions Discussed with Health Care Professional in Past Year

	Total	Premenopausal	Perimenopausal	Menopausal	Postmenopausal	No Insurance	Insurance
Anxiety	16%	13%	18%	18%	18%	13%	17%
Bone loss	14%	6%	11%	21%	25%	9%	16%
Cancer	11%	12%	11%	13%	8%	7%	11%
Dementia	3%	3%	3%	3%	5%	2%	4%
Depression	15%	14%	17%	17%	16%	13%	16%
Heart disease	18%	13%	18%	25%	24%	19%	20%
Frequent urinary tract infections	7%	7%	7%	5%	7%	4%	7%
Obesity	16%	15%	16%	22%	14%	13%	16%
Overactive bladder	6%	3%	7%	10%	8%	2%	7%
Stroke	9%	6%	9%	12%	10%	8%	9%
Vaginal atrophy	5%	2%	4%	9%	7%	3%	5%
None of the above	46%	56%	47%	34%	37%	58%	44%

Self-Reported Diagnoses

Q: Which of the following conditions have you been diagnosed with?

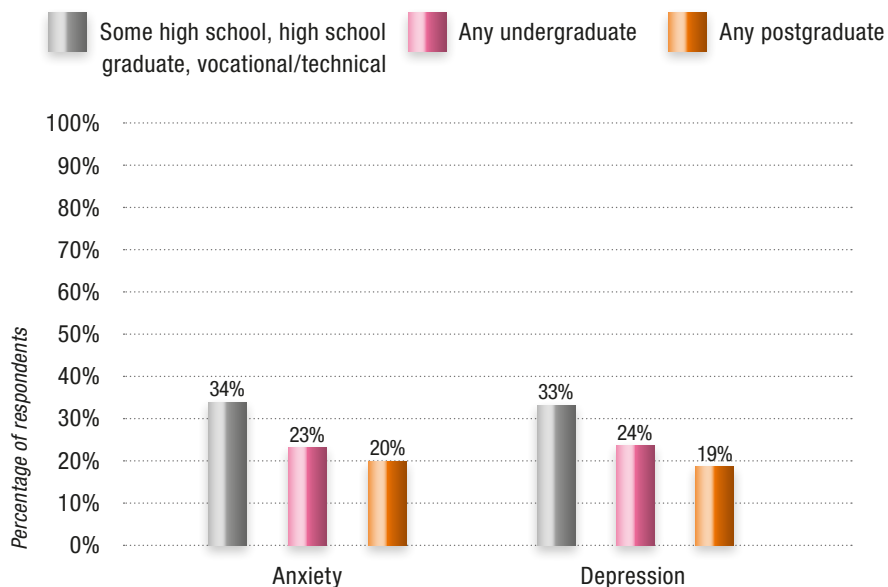
In terms of current diagnoses, more than one-quarter of women surveyed report having anxiety or depression. Premenopausal women (33%) are more likely to say they have anxiety compared

to other menopause stages. Women from lower socioeconomic backgrounds are also more likely to report anxiety and depression compared to those with higher education and household incomes.

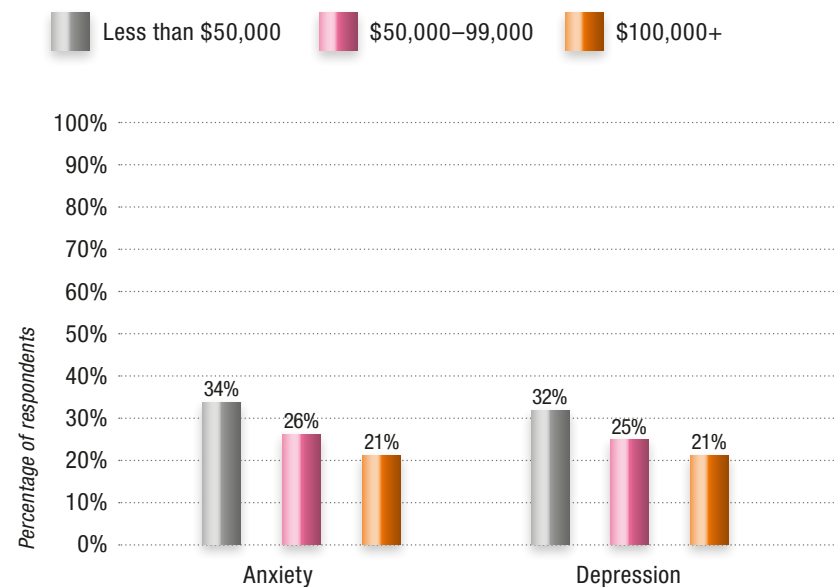
Less than 10% of postmenopausal women surveyed say they have been diagnosed with vaginal atrophy, which is contrary to clinical data citing 50% to 60% prevalence among postmenopausal women.² This may

indicate a low level of familiarity and/or treatment among women as less than 10% of menopausal and postmenopausal women say they have discussed vaginal atrophy with a health care provider in the past year.

Self-Reported Diagnosis of Anxiety and Depression by Education



Self-Reported Diagnosis of Anxiety and Depression by Household Income



2. Stenberg A, Heimer G, Ulmsten U, et al. Prevalence of genitourinary and other climacteric symptoms in 61 year old women *Maturitas* 1996;24:31-36.

Impact Condition Has on Overall Quality of Life

Q: How much of an impact do your condition(s) have on your overall quality of life?

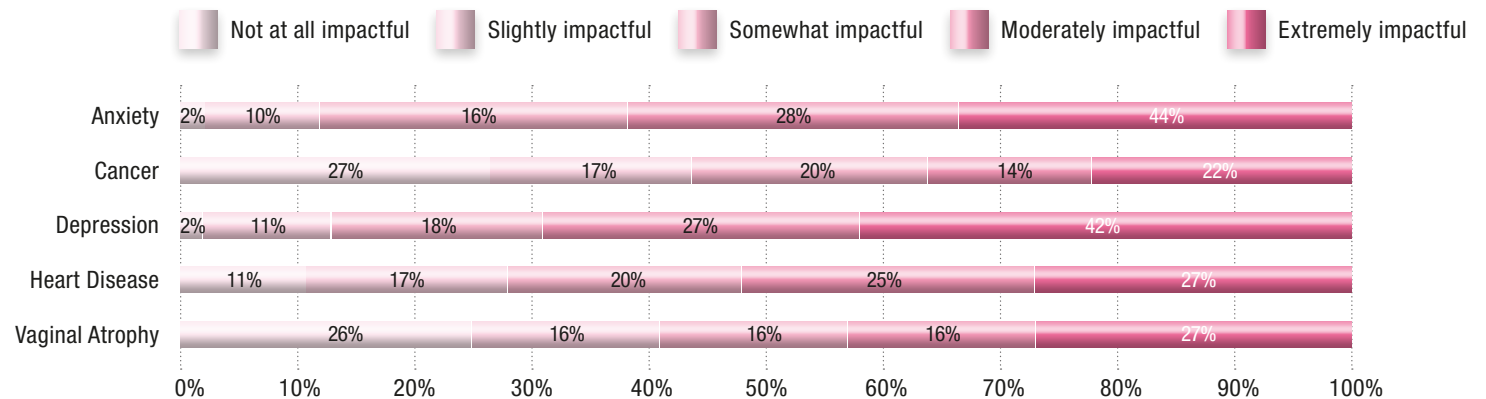
When asked how much of an impact a condition has on their overall quality of life, women suffering from mental health conditions, such as anxiety or depression, are more likely to say it has an extreme impact on their quality of life compared to women

suffering from physical conditions such as heart disease or cancer. For example, nearly three-quarters (72%) of women suffering from anxiety say it has a moderate or extreme impact on their quality of life

compared to only 36% of women who have been diagnosed with cancer who say the same. Women with obesity (63%) or overactive bladder (61%) are also more likely say their condition has a

moderate or extreme impact on their overall quality of life. In contrast, 42% of women diagnosed with vaginal atrophy say their condition has no impact or is just slightly impactful on their overall quality of life.

Level of Impact Condition Has on Overall Quality of Life (Among Respondents Diagnosed with Condition)



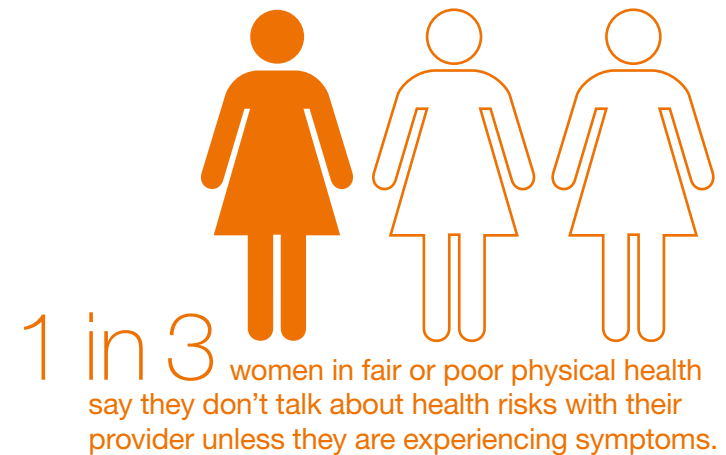
How Women Approach Healthy Aging

Q: To what extent do each of the following statements describe how you approach healthy aging?

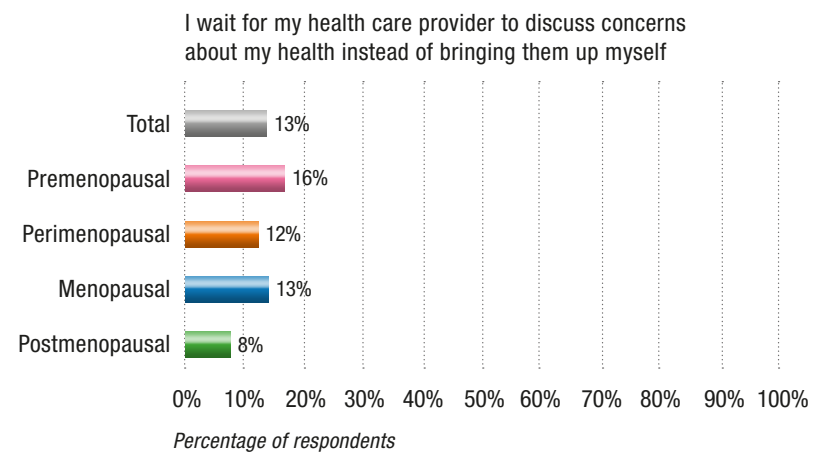
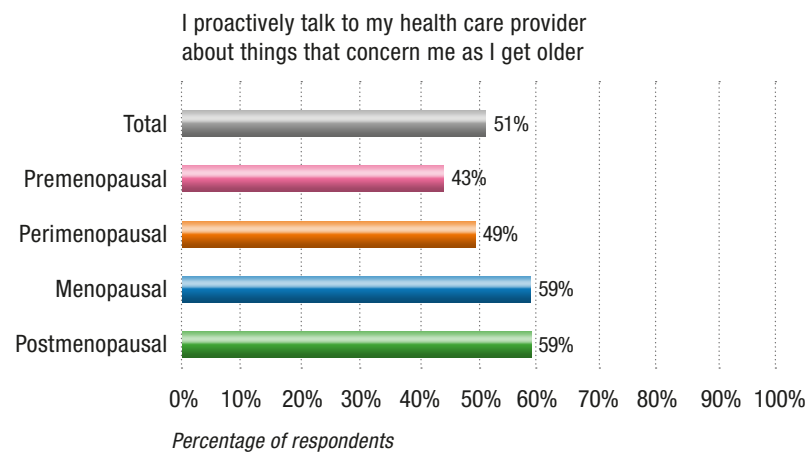
The majority of respondents take a proactive approach with their health, with 51% of women saying that “I proactively talk to my health care provider about things that concern me as I get older” describes them very well or completely. Menopausal and postmenopausal women are most likely to take this proactive approach.

Most women say that the statement “I wait for my health care provider to discuss concerns about my health instead of bringing them up myself” describes them the least.

Notably, a significantly greater proportion of premenopausal women (41%) believe that “aging is a natural process and there’s nothing you can do to stop it” compared to only 24% of postmenopausal women.

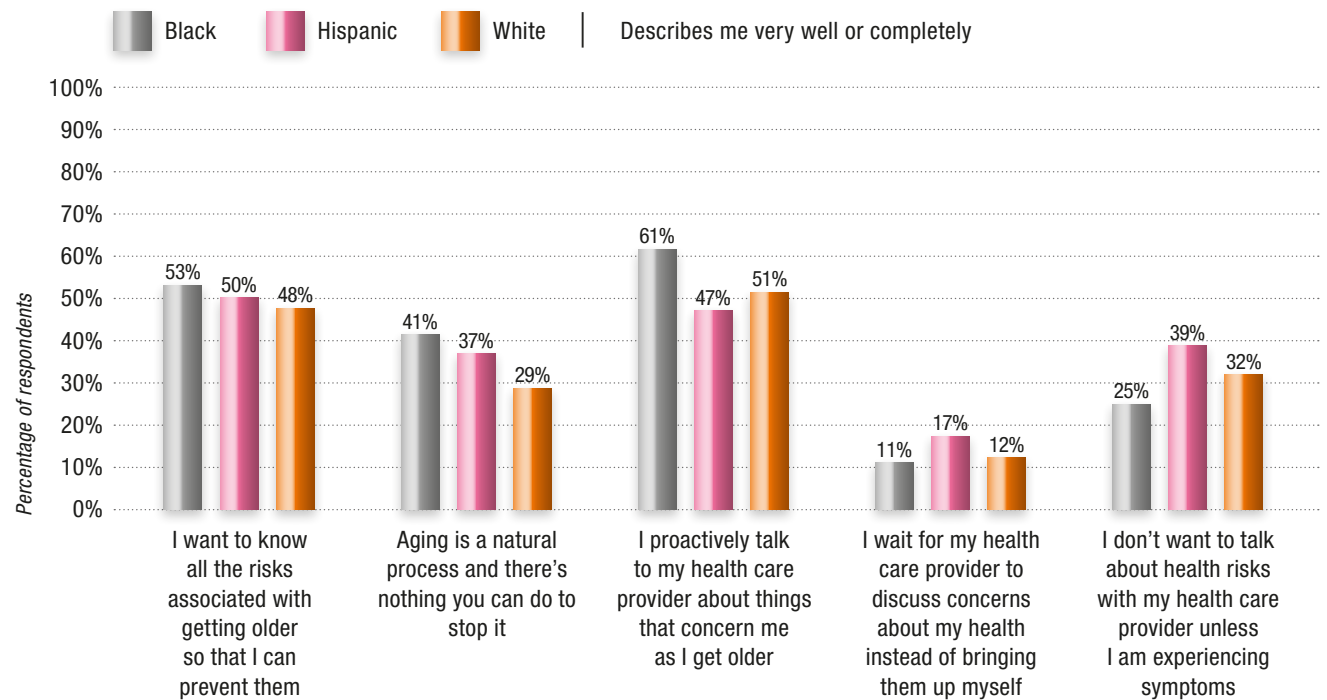


Extent to Which This Statement Describes How Women Approach Healthy Aging (Describes Very Well/Completely)



Approach to Healthy Aging by Race and Ethnicity

Attitudes regarding healthy aging differ by race and ethnicity, with more than 60% of Black women saying they proactively talk to their health care provider about things that concern them as they get older—more than either Hispanic or White women. Hispanic women (39%) are more likely to say they don't talk about health risks with their provider unless they are experiencing symptoms.



Health Screenings

Q: When was the last time you had a health screening for colon cancer or cervical cancer?

High blood pressure and cholesterol are the most common types of health screenings reported with 63% of women age 65 and younger and 86% of women age 65 and older saying they have been screened within the past year.

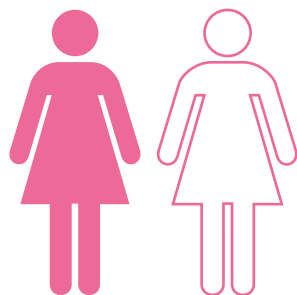
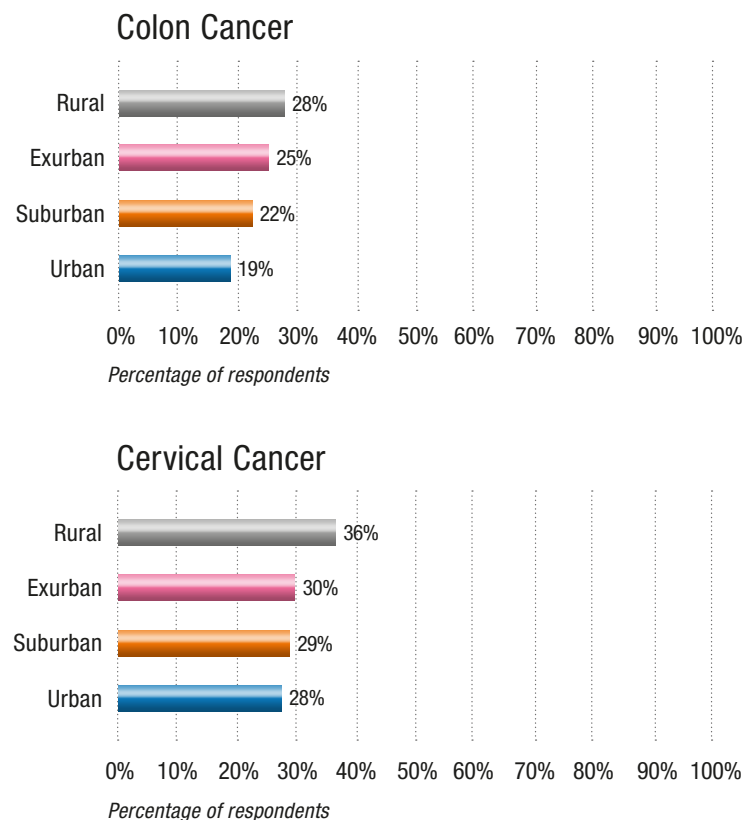
As guidelines for most of these screenings recommend them for women 65 years and older, the majority of older women say they have been screened for breast cancer, diabetes, high blood pressure cholesterol, mental health and osteoporosis within the past two years.

Notably, 61% of women under the age of 65 say they have not been screened for colorectal cancer, despite the U.S. Preventive Services Task Force³ recommending that screening begin at age 50 and the American Cancer Society⁴ recommending starting even earlier, at age 45. Half of women under age 65 say the reason they have not had a colonoscopy is because they believe they have not reached the recommended age for screening, while another 30% say their doctor has not ordered a test or talked about it with them.

Women who live in rural settings are somewhat more likely to say that it has been more than two years since they have had certain types of health screenings, which may be a factor of convenience and accessibility. More than a third of women (36%) residing in rural settings say the last time they were screened for cervical cancer was more than two years ago compared to 28% of women who live in an urban area. Similarly, 28% of women who live in a rural setting say the last time they had a colonoscopy was two years ago, compared to only 19% of urban women.

With the exception of mental health screenings, women without health insurance are significantly more likely than women with insurance to have never been screened for conditions such as diabetes (31%), breast cancer (44%), and colon cancer (79%).

Percentage That Had Screening Two or More Years Ago by Residence Setting



1 in 2 women under age 65 have not had a colonoscopy because they believe they have not reached the recommended age for screenings.

3. https://www.cdc.gov/cancer/colorectal/basic_info/screening/

4. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>

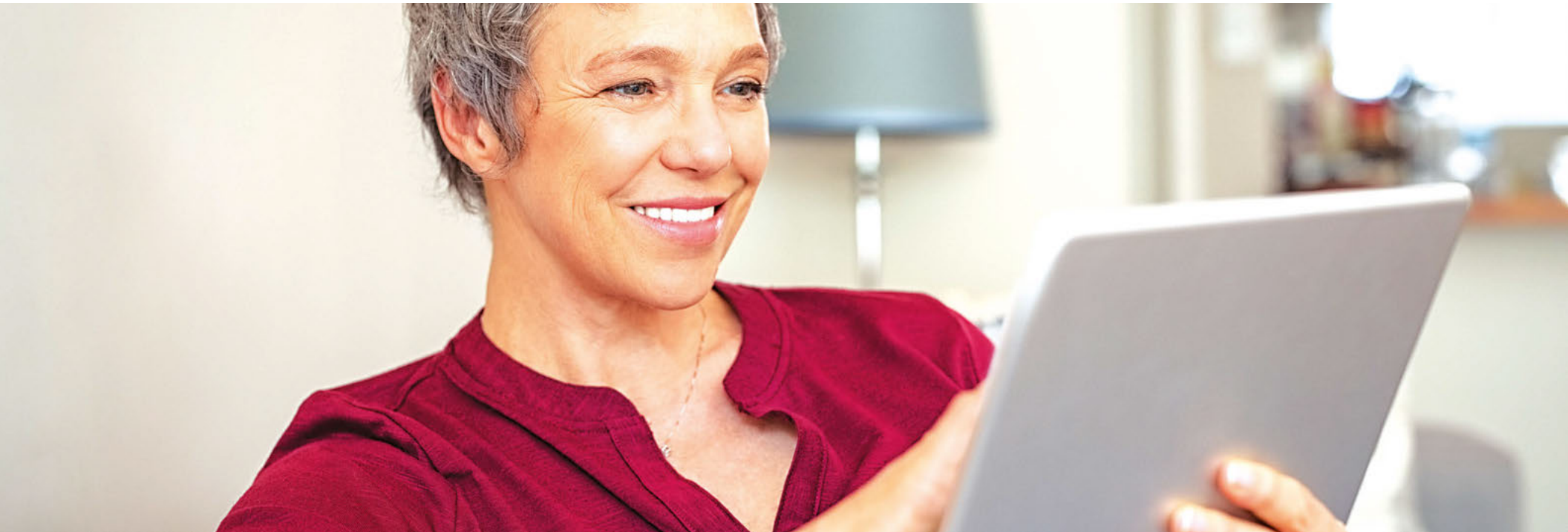
Resources Used When Looking for Healthy Aging Information

Q: What resources have you ever used when looking for information about healthy aging?

Seven in 10 women say they have used health information websites when looking for information about healthy aging, while just under two-thirds have relied on health care providers. The reported usage of health websites may be somewhat amplified as the sample for this survey was recruited online. While about one-quarter use social media networks for health information, this behavior was somewhat higher among women with a high school or vocational/technical school education (29%).



7 in 10 women have used health information websites when looking for information about healthy aging.



Impact of Menopause on Physical, Mental and Sexual Health

Q: How much of an impact has menopause had on your physical, mental, and sexual health?

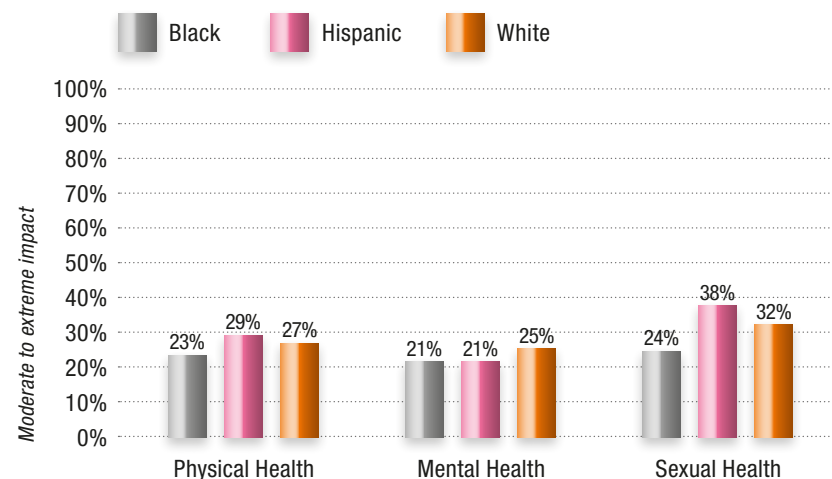
Women in the menopausal stage are most likely to say that menopause has had a moderate or extreme impact on their overall wellbeing. A somewhat greater proportion of menopausal women believe menopause has had a significant impact on their physical (40%) and sexual health (41%) compared to their mental health (36%).

Significantly more Hispanic women (38%) believe menopause has had a moderate or extreme impact on their sexual health compared to Black women (24%). And women without insurance coverage (39%) believe menopause has been very impactful on their mental health compared to women with insurance (23%).

Impact of Menopause on Physical, Mental, and Sexual Health

	Total	Perimenopausal	Menopausal	Postmenopausal
Physical Health				
Not at all/Slightly impactful	50%	44%	35%	63%
Moderately/Extremely Impactful	27%	28%	40%	19%
Mental Health				
Not at all/Slightly impactful	56%	47%	43%	70%
Moderately/Extremely Impactful	24%	30%	36%	15%
Sexual Health				
Not at all/Slightly impactful	50%	49%	39%	57%
Moderately/Extremely Impactful	32%	30%	41%	29%

Impact of Menopause on Physical, Mental, and Sexual Health by Race/Ethnicity



First Signs of Menopause

Q: As best as you can recall, how did you first know that you were going through menopause?

The majority of women say they first knew they were going through menopause when they started having hot flashes and/or night sweats and when their periods became irregular.

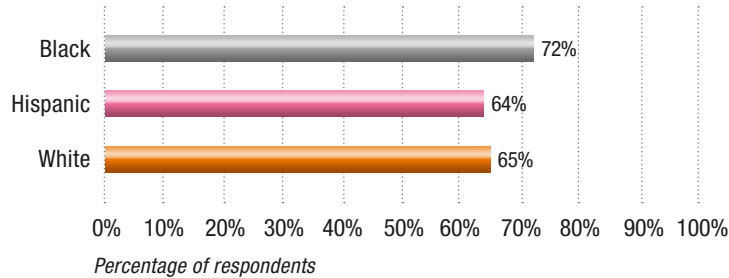
Hispanic women (45%) are more likely than White women (34%)

to say one of the first signs was weight gain. Significantly higher proportions of Black (27%) and Hispanic women (31%) cite thinning hair as one of the first signs of menopause as compared with White women (21%).

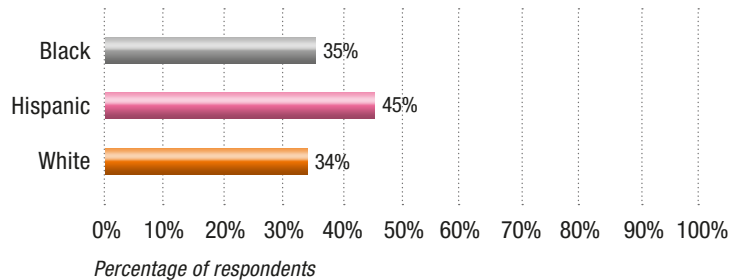


First Signs of Menopause

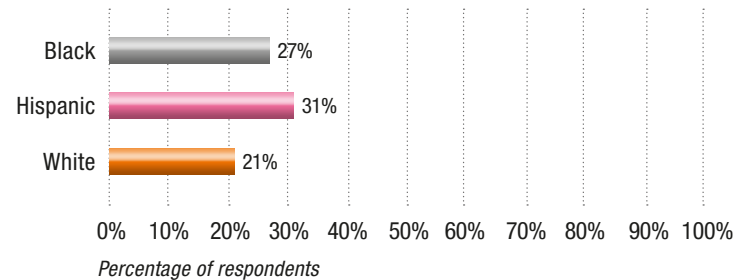
Hot Flashes / Night Sweats



Weight Gain



Thinning Hair



Menopause Symptoms and Doctor Discussions

Q: Which menopause symptoms affect you the most?

Roughly 3 in 4 perimenopausal and menopausal women are experiencing six or more symptoms associated with menopause.

Around 30% of postmenopausal women are not currently suffering from any menopausal symptoms. Hot flashes are most commonly reported by both perimenopausal and menopausal women. Menopausal women are more likely than either perimenopausal or postmenopausal

women to say they are experiencing symptoms related to their sexual health, including vaginal dryness (39%) and painful intercourse (23%).

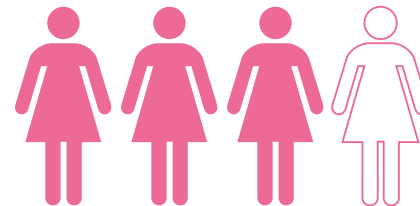
Among women experiencing three or more menopausal symptoms, about half who are having heavy or extended menstrual bleeding say it is the symptom affecting them the most. Women also report that weight gain (44%) and hot flashes (42%) are

affecting them the most relative to other symptoms.

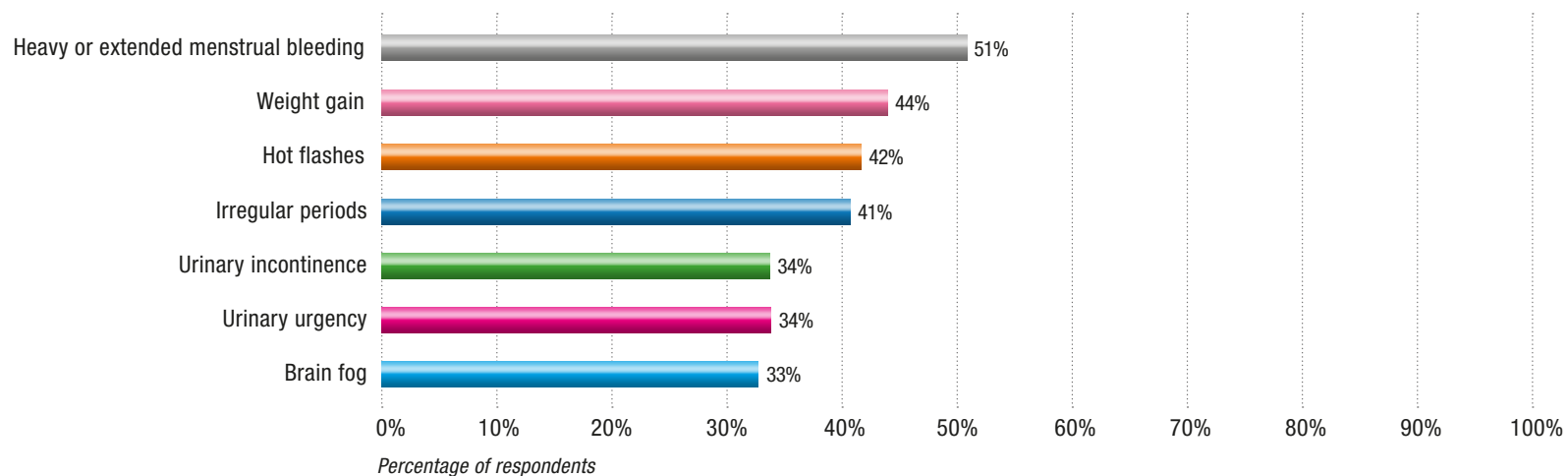
Despite an overwhelming majority of perimenopausal and menopausal women reporting six or more menopausal symptoms, more than one-third (35%) of perimenopausal and nearly one-quarter (24%) of menopausal women say they have not talked to a health care professional about any of their symptoms.

When it comes to doctor discussions, White women are significantly more likely than Black women to have discussed symptoms affecting their cognitive (e.g., brain fog, fatigue, mood swings, panic attacks) and sexual health (e.g., painful intercourse, vaginal dryness).

3 in 4 perimenopausal and menopausal women are experiencing six or more symptoms associated with menopause.



Menopause Symptoms Affecting Women the Most (Ranked 1 out of top 3)



Menopause Treatments

Q: What is your experience with treating menopause symptoms?

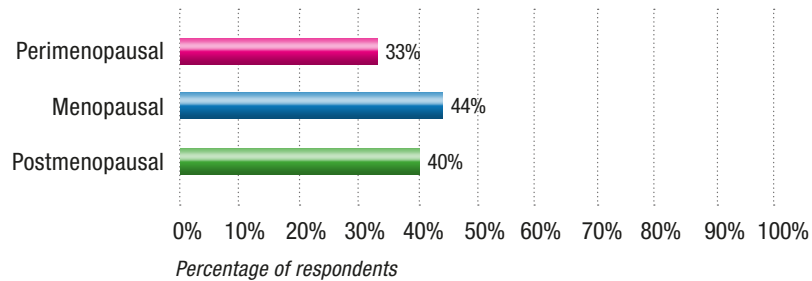
Women are more likely to make lifestyle changes (45%) or using vitamin supplements (37%) to manage their menopause symptoms. Although more than half of all women are aware of prescription treatments, such as menopausal hormone therapy (MHT) and vaginal estrogen therapy, 10% or less are currently using these methods.

Hispanic and Black women have less awareness of menopause treatment options compared to White women. Nearly 40% of Hispanic women and 30% of Black women indicate that they are not aware MHT is a treatment for menopause while 46% of Hispanic women and 32% of Black women say they are not aware vaginal estrogen therapy

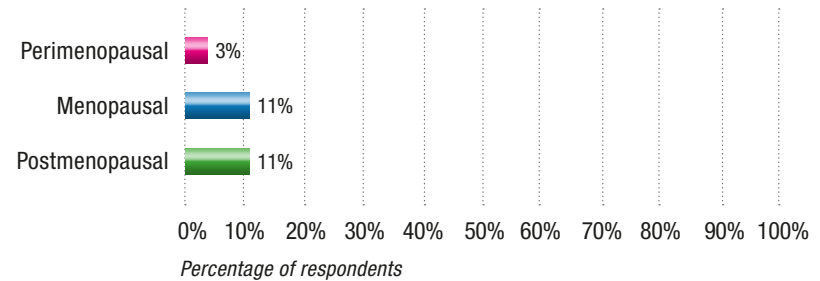
is a treatment option. Black and Hispanic women also tend to be less aware than White women of over-the-counter products and herbal/natural supplements to help alleviate menopausal symptoms.

Methods Currently Being Used to Treat Menopause Symptoms

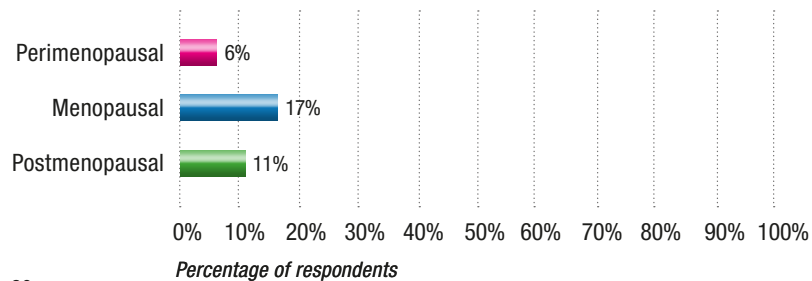
Vitamin Supplements



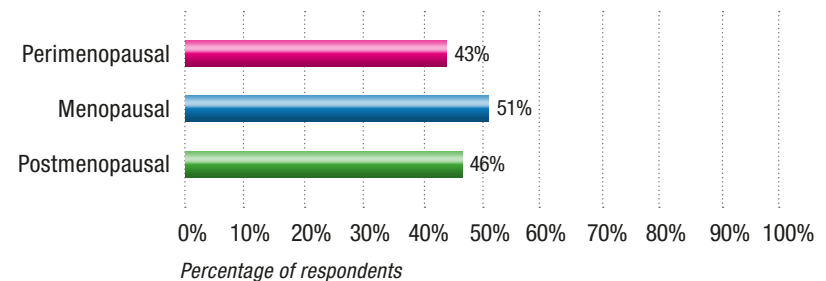
Vaginal Estrogen Therapy



Menopausal Hormone Therapy



Lifestyle Changes



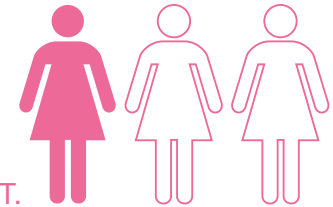
Reasons for Stopping Menopausal Hormone Therapy

Q: Which of the following factors best explains why you stopped using MHT to treat your menopause symptoms?

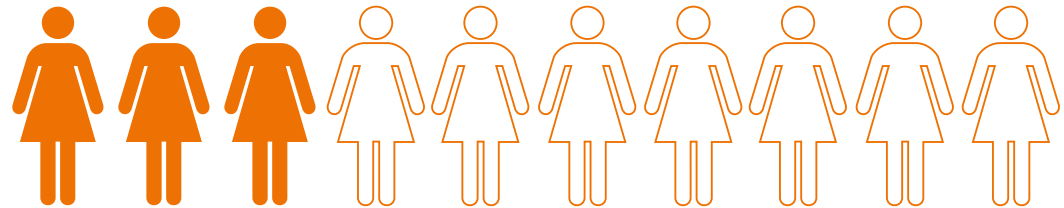
Among women who report that they have tried menopausal hormone therapy (MHT) in the past but are no longer using it, one-third says the top reason for their decision is because their health care provider recommended that they stop taking

MHT. Nearly 3 in 10 women also say they were afraid MHT would increase their risk of getting cancer while one-quarter thought it would increase their risk of heart attack or stroke.

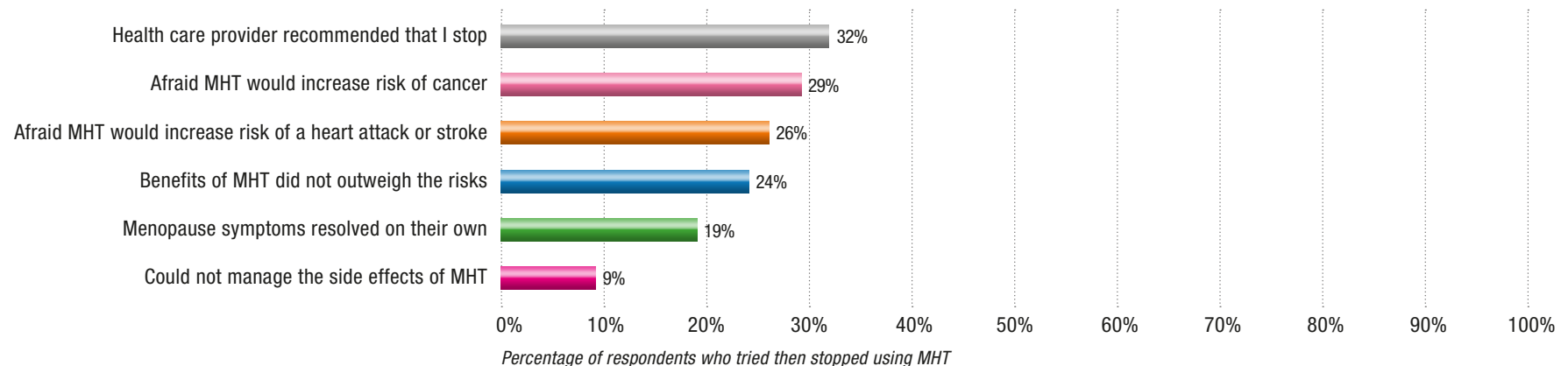
1 in 3 women were advised by a health care provider to stop taking MHT.



3 in 10 women were afraid MHT would increase their risk of cancer.



Reasons for Stopping Menopausal Hormonal Therapy (MHT)

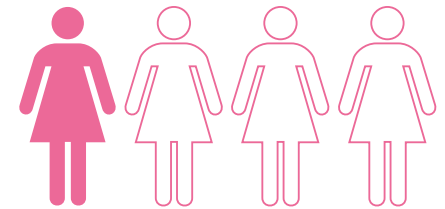


Reasons for Not Trying Menopausal Hormone Therapy

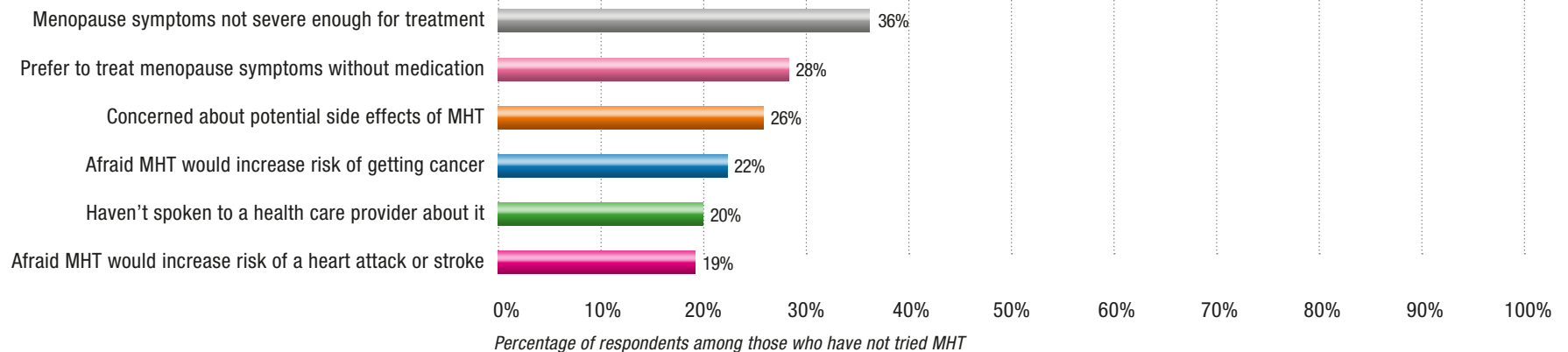
Q: Which of the following factors best explains why you have not yet tried menopausal hormone therapy (MHT) to treat your menopause symptoms?

The most common reason why women who are aware of MHT but have not yet tried it is because they believe their menopause symptoms are not severe enough for treatment. Nearly 30% of these women also say they would prefer to treat their symptoms without medication and one-quarter have concerns about potential side effects.

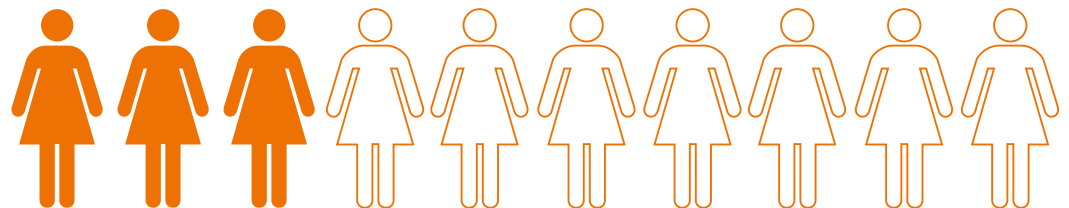
1 in 4 women who haven't tried MHT have concerns about the potential side effects.



Reasons Women Have Not Yet Tried Menopausal Hormonal Therapy (MHT)



3 in 10 women who haven't tried MHT would prefer to treat their symptoms without medication.



Sexual Health and Libido

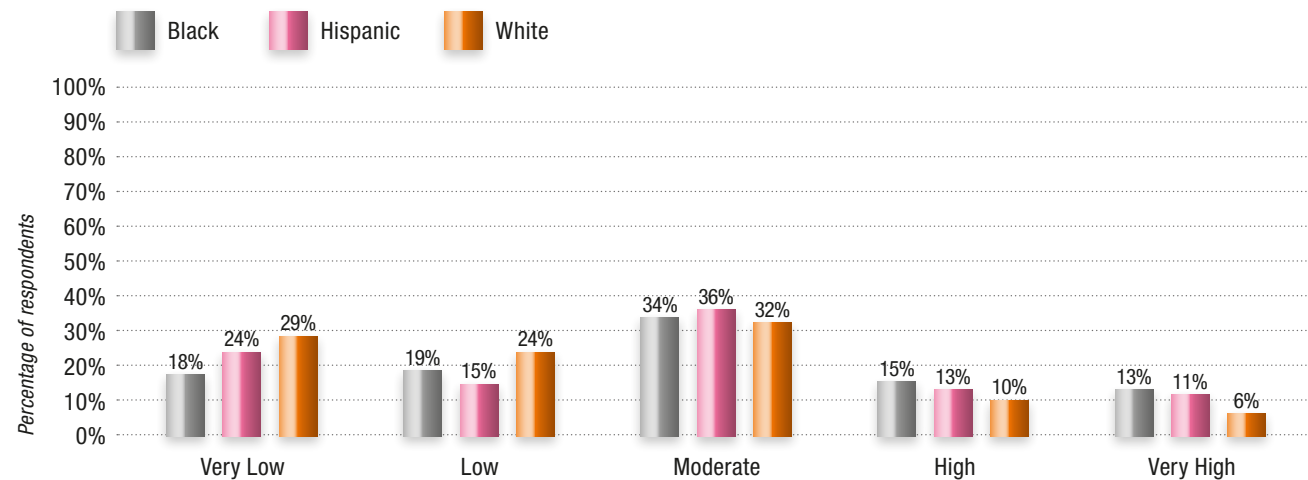
Q: Since you began experiencing menopause symptoms, has your level of sexual activity changed?

Roughly 6 in 10 menopausal and postmenopausal women describe their sexual libido as low or very low and more than half of women say their sexual libido has decreased since experiencing menopause symptoms. More than half (53%) of White women describe their sexual libido as low or very low compared to only 37% of Black women.

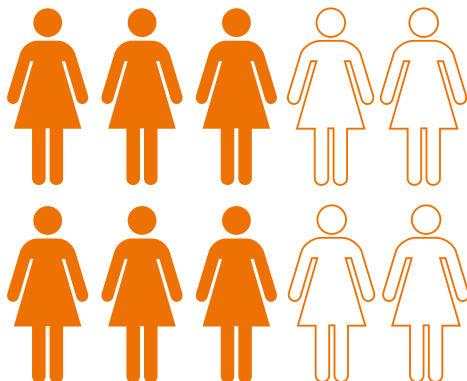
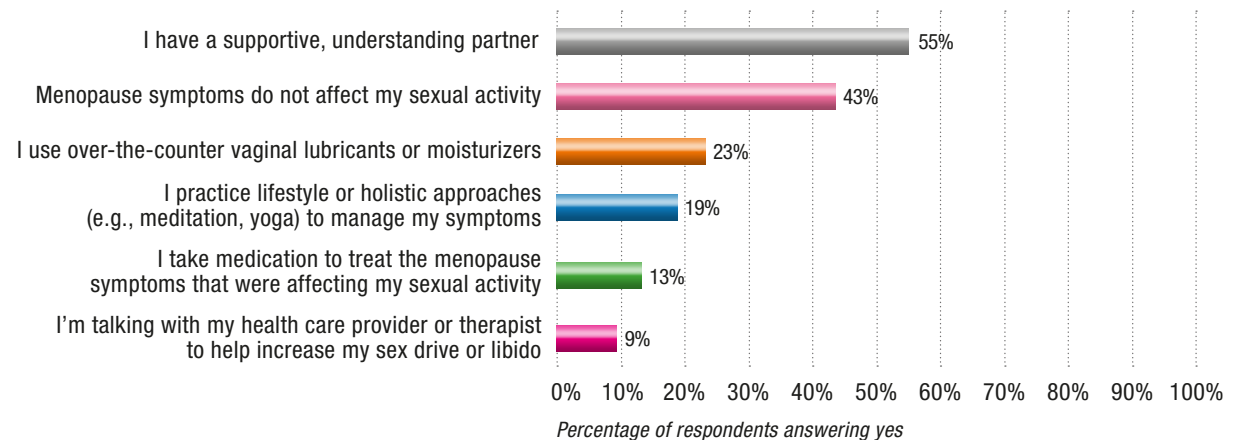
While only a fraction (5%) of women say their sexual desire has increased since menopause, the primary reason is due to having a supportive partner who understands what they are going through.

Nearly 9 in 10 women say the reason why their libido has decreased since menopause is simply because they have a lower drive. More than half cite weight gain and not feeling comfortable about their body as other reasons.

Sexual Libido by Race/Ethnicity



Reasons Why Sexual Activity Has Increased Since Experiencing Menopause Symptoms



6 in 10 menopausal and postmenopausal women describe their sexual libido as low or very low

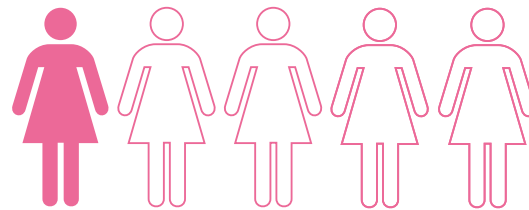
Attitudes About Discussing Sexual Health Topics with Health Care Providers

Q: How well does the statement describe how you approach speaking with your health care professional about your overall sexual health?

Half of women say they are very comfortable talking about sexual health with their health care provider. Menopausal women have the most confidence, with 39% saying this statement describes them completely.

There are some differences when looking at these findings by race and ethnicity. For example, 1 in 5 Hispanic women say they are too embarrassed to bring these topics up, which is twice the ratio of Black women who say the same (10%). Hispanic women are more likely than Black or White women to say they prefer talking to friends, family, or their partner. By contrast, 63% of Black women say they are very comfortable talking about these topics with health care professionals, which is significantly higher than both Hispanic (49%) and white women (46%).

Women who describe their sexual health as fair or poor have different attitudes about how they approach talking to their doctors about sexual health topics. For example, nearly 60% of women who rate their sexual health as very good or excellent say they are very comfortable talking about sexual health with their health care provider, while less than half (44%) of women who rate their sexual health as fair or poor say the same.



Nearly 1 in 5 women who rate their sexual health as fair or poor do not have a health care provider with whom they feel comfortable discussing sexual health topics.



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