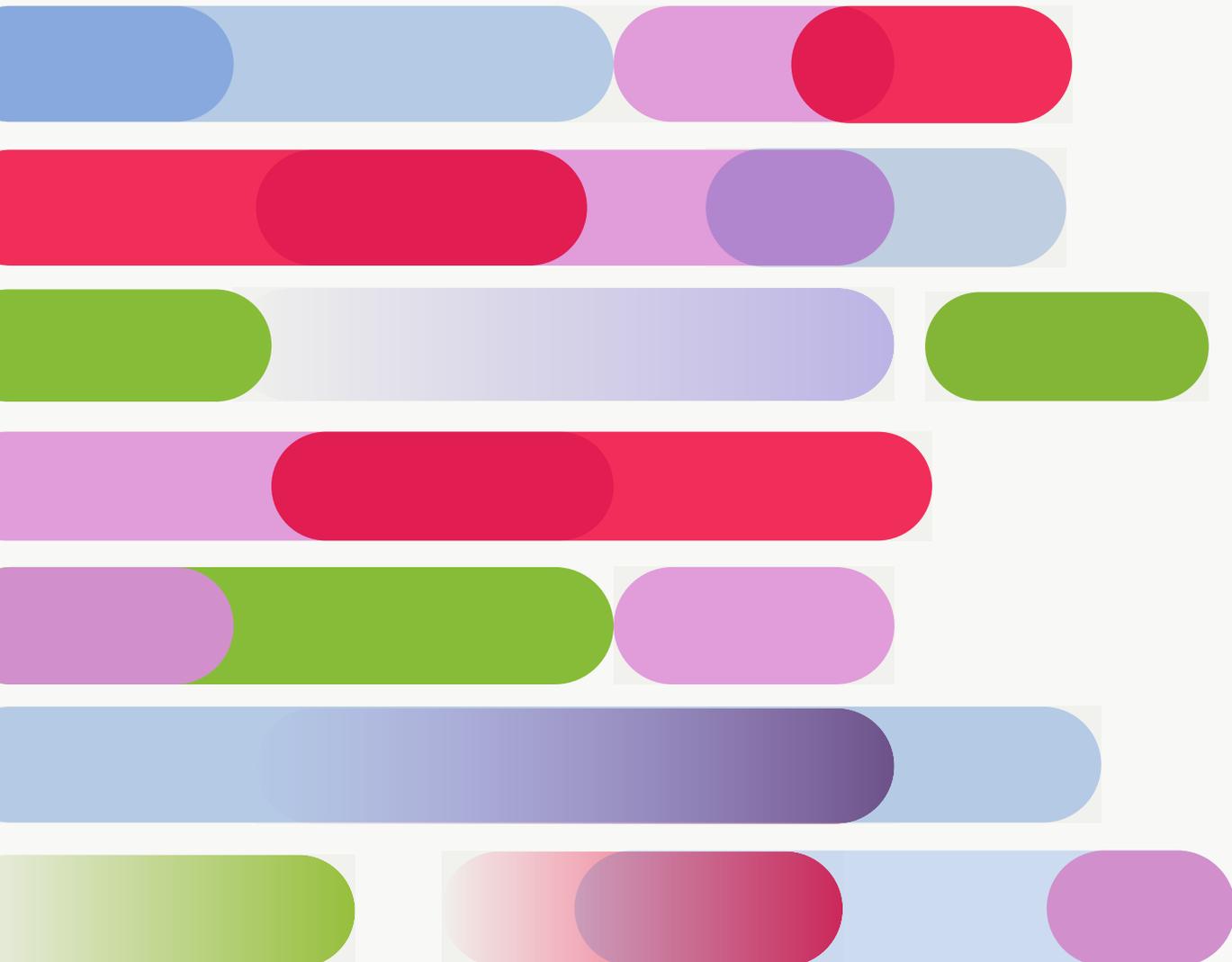




Are Women Getting the Menopause Care They Need?

New research elucidates how women experience menopause today, showing how health-care and insurance providers can come together to provide more equitable, accessible, and comprehensive support.



INTRODUCTION

When Shelly first started to feel like menopause was having an impact on her life, she wasn't prepared. At 53 years old, none of her doctors or nurses had suggested that she look out for signs or symptoms. Even when she brought up her own experiences, both her primary care physician and her ob-gyn sympathized, but they didn't give her any direction beyond suggesting changes to exercise and diet, or using over-the-counter medications. "I had to figure everything out on my own," she says. "But I wanted somebody to pay attention to me."

Given the rise of interest in women's health and well-being, as well as the recent wave of headlines about menopause, one might assume that the majority of women are now prepared for this complex stage of life and are readily able to access treatment to relieve their symptoms. Unfortunately, that's not the case: For some women, menopause (and life post-menopause) is still marked by deep confusion, self-consciousness, discomfort, and sometimes outright suffering.

But it doesn't have to be this way. Experts and advocates are rallying to turn the tide on awareness, education, and support for the benefit of women, their communities, their workplaces, and society at large. Access to menopause care often relies on self-advocacy efforts by women, as much as it does on scientific evidence.

Is menopause, a significant health issue that affects [75 million women in the United States](#), getting the level of attention it deserves?

What needs to happen to advance more accessible, equitable, and comprehensive care for women?

To find out, Atlantic Insights—the marketing research team at *The Atlantic*—surveyed and spoke to more than 600 women experiencing symptoms related to menopause. Some 250 physicians and ob-gyns (characterized throughout as “health-care providers”) and 216 executives at major private U.S. health insurers and coverage decision makers (characterized throughout as “health insurance leaders”) were also surveyed as part of the research. Across these three critical groups, we shed light on the menopause landscape today and uncover opportunities for improvement in the future.

AT A GLANCE

95%

of women 40–70 say they've experienced at least 1 symptom of menopause, and 61% of women think menopause warrants medical treatment

79%

of health-care providers think menopause is a significant health issue that deserves more attention, but only 28% of women with symptoms report actually being treated or seeking treatment

83%

of insurance leaders admit their organization needs to update its coverage policies to adapt to advances in menopause treatment

60%

of insurance leaders say they primarily make decisions about menopause care by reviewing physician attestations (i.e. written documentation making the case for treatment), closely followed by prior authorizations (i.e. requiring insurance approvals for a treatment before a patient can access it)

Table of Contents

SECTION 1

Experiencing Menopause Today 4

SECTION 2

Opportunities and Challenges 8

SECTION 3

What Comes Next 12

SECTION 4

About This Research 15



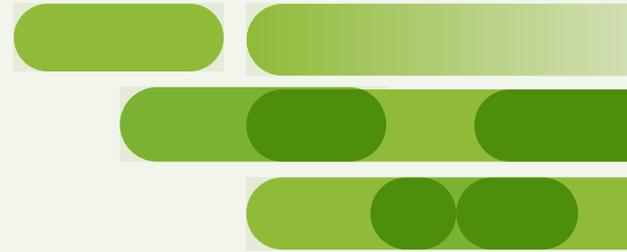


SECTION 1

Experiencing Menopause Today

Women, health-care providers, and health insurance leaders all agree that menopause is a significant health issue, and one that deserves more attention. Despite this, many patients continue to feel frustrated by how difficult it can be to experience disruptive symptoms without a clear path to get education, support and access treatment.

Why is it so hard for women to get relief?



“Menopause is more difficult than it should be.”

Shelly, 53

All women experience menopause, with 95 percent reporting at least one symptom between the ages of 40 and 70. While the cultural zeitgeist may suggest that menopause is a hot topic, most women we surveyed say they felt unprepared for the experience, surprised by symptoms like hot flashes, weight gain, fatigue, sleep disruption, brain fog, and mental health issues including depression and anxiety.

Menopause is defined as the life stage marked by the cessation of menstrual periods for 12 consecutive months, due to the natural decline of reproductive hormones, most commonly occurring between ages 45 and 56.¹ But for 7 to 10 years before that point, and for up to 10 years afterward, menopause-related symptoms can present and persist as estrogen fluctuates and eventually stops being produced.² This means that symptoms may last for one-third or more of a woman’s life³, assuming an 80-year average lifespan—a pretty significant amount of time.

According to the women surveyed, when their own symptoms started occurring, most felt like they didn’t have the information they needed to understand they were menopause-related. In response, they began ad-

vocating for themselves—by searching for information online (78 percent), talking to a health-care provider (71 percent), or turning to friends and family (64 percent). Even after putting in that effort, with the majority of women reporting that their doctors answered their questions, only 28 percent say they’re currently getting treatment for their symptoms, suggesting that many women aren’t finding relief for their most disruptive symptoms.

“Menopause is more difficult than it should be,” says Shelly, 53, who currently manages her symptoms with exercise and diet modifications, while remaining curious about the options for prescription medications. “I really had to push my doctors to discuss menopause and help me with my symptoms. I had to be my own advocate.”

While 75 percent of women, ages 40-70, believe they shouldn’t have to suffer through symptoms related to menopause, and more than 61 percent believe menopause warrants medical treatment, more than half of women in perimenopause or menopause said they’re still looking for information on how to manage symptoms.

85%

of respondents in menopause report experiencing hot flashes

¹ Peacock K, Carlson K, Ketvertis KM. Menopause. In: State Pearls. Last Updated December 21, 2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507826/>.

² Woods NF, Mitchell ES. Symptoms during the perimenopause: prevalence, severity, trajectory, and significance in women’s lives. *Am J Med.* 2005;118(12 Suppl 2):14-24. doi:10.1016/j.amjmed.2005.09.031. Available from: [https://www.amjmed.com/article/S0002-9343\(05\)00885-5/fulltext](https://www.amjmed.com/article/S0002-9343(05)00885-5/fulltext)

³ Arar MA, Erbil N. The effect of menopausal symptoms on women’s daily life activities. *Menopause Rev.* 2023;22(1):6-15. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10189673/pdf/MR-22-50501.pdf>

74%

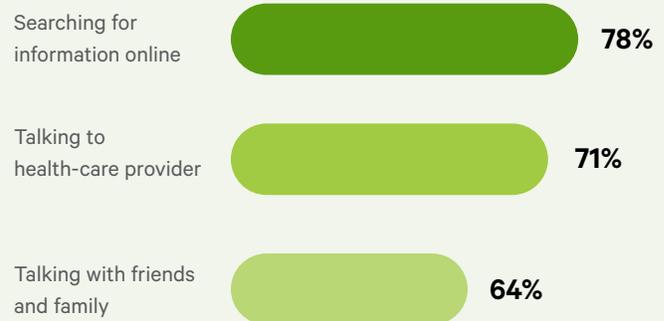
of health-care providers say more patients are proactively discussing their symptoms

Most women (more than 80 percent) who proactively asked their health-care provider questions about menopause say their questions were answered. But if they didn't specifically ask about menopause, chances are low (just 50-50) that the topic would have come up during an annual exam. While 62 percent of health-care providers report proactively bringing up cervical cancer screenings at an age-appropriate time, only half (51 percent) say they proactively bring up menopause at an age-appropriate time.

In addition, half of all health-care providers surveyed say that menopause symptoms are natural for women to experience and that prescription medication isn't required to treat them. The most frequently recommended treatments for menopause today remain exercise and diet changes, followed by over-the-counter medications. Indeed, menopause is an inherently complicated experience, and one that can vary widely among individuals—there are many perspectives among health-care providers on how to manage symptoms, ranging from over-the-counter treatments to prescription options.

According to our survey, the majority of health-care providers (92 percent) say they're satisfied with the prescription medications available for menopause symptoms, but many women don't report feeling the same way; they say they're not getting sufficient relief

How women are seeking out information about perimenopause and menopause



from their most disruptive symptoms. More than half of women in perimenopause (57 percent) and menopause (54 percent) say they're still looking for more information on how to treat symptoms. Moreover, during our in-depth interviews with three women from the survey group, each at a different stage of menopause, all three said they were open to prescription treatments, but none of them have taken any. They listed a range of reasons, including getting shuffled among different doctors who didn't connect their symptoms to menopause, doctors acknowledging their symptoms but not offering direction, and not knowing what their options were.

At the same time, 79 percent of health-care providers say menopause deserves more attention and 83 percent of insurance leaders admit needing to update their coverage policies to adapt to advances in menopause treatment. How do insurance leaders currently assess the needs of women for menopause treatment? In almost equal measures, just over one-third (36 percent) cited clinical studies and just under one third (29 percent) cited direct patient feedback, followed by health-care provider input (18 percent). This suggests that, when it comes to menopause care, if insurance leaders are relying on women's own self-advocacy for treatment almost as much as they rely on evidence-based population data, there's a great need for more research and education.

“I never knew 100% from a doctor that my symptoms were due to menopause, but I knew my body was changing.”

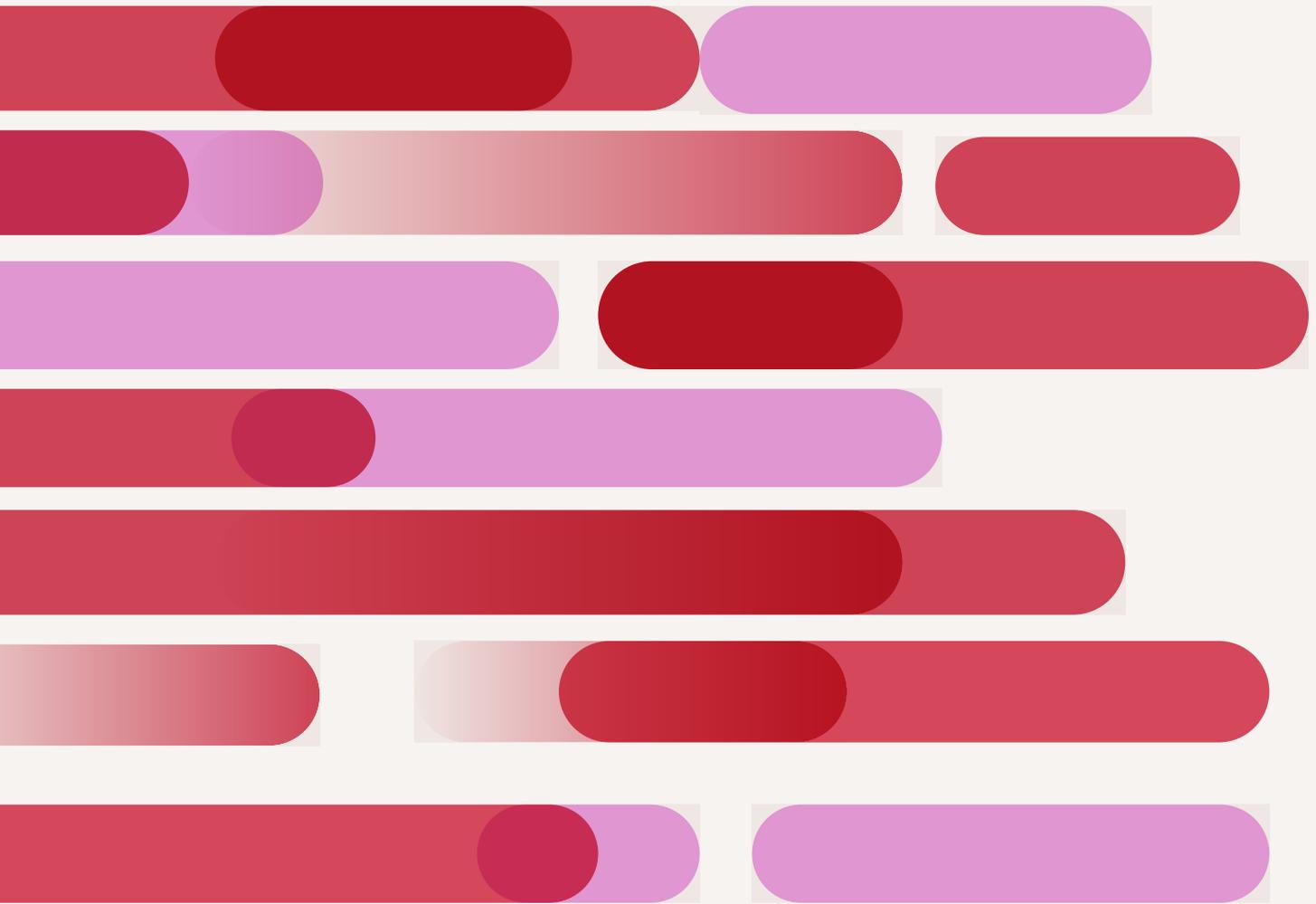
Joan, 60

When asked about the biggest challenge to expanding menopause treatment coverage, insurance leaders named the impact to their own budget in covering medications for patients, followed by regulatory constraints and lacking clinical evidence of efficacy. This research shows a potential opportunity for policy makers, who could mandate that insurance leaders cover multiple treatment options for menopause in an equitable way in order to protect patient choice. Already, some states are leading the way, with bills underway in [California](#) and [New Jersey](#) that seek to expand coverage for treatment of menopause symptoms, and U.S. congresspeople are also working on [national bipartisan legislation](#) related to menopause care.

Clearly, there are still large gaps to close. While women are trying to advocate for themselves, advocacy alone isn't enough to make lasting change. Health-care providers and insurance leaders say they recognize the need to prioritize menopause, which affects a significantly large population, but they also face real barriers in their own industries when it comes to improving women's access to treatment choices. This begs the question: What are the key benefits of more accessible, equitable, and comprehensive menopause care—for everyone involved—and what's getting in the way?

How insurance organizations are gathering information on the needs and experiences of menopausal women





SECTION 2

Opportunities and Challenges

Health-care providers and insurance leaders are both in the business of helping patients live healthier lives. Why, then, are so many women still suffering from symptoms related to menopause, without equitable access to treatment choices that could offer relief?

What needs to change?

“I think that if more women knew they could access treatment choices, they’d be more apt to see a doctor and get help rather than suffer through the symptoms of menopause.”

Karen, 46

The need for collective action and closer collaboration among key health-care stakeholders is abundantly clear to many women. They believe that better education, research, and support could make it easier for them to navigate the complexities of midlife health—and they want more treatment options to relieve disruptive symptoms. Expanded access to many treatment options, especially when they’re offered earlier in the decline of hormones, could also help women avoid other related health issues like low bone density, diabetes, and cardiometabolic problems later in life,⁴ ultimately benefiting the health-care system.

The survey surfaced three key barriers to treatment: First, a lack of sufficient research and clinical studies on menopause; second, a lack of education for both health-care providers and patients; and third, burdensome insurance processes to access treatment choices that can result in care delays and negative patient outcomes. Currently, 62 percent of insurance leaders say their organization collaborates extensively with health-care providers to inform access to menopause care. While this may seem like a positive sign of collaboration, it may not be so straightforward.

The fact is, health-care providers should be the primary resource for women, but they aren’t always up-to-date on the most recent research—and there are still relatively few clinical studies on menopause. While a recent [executive order](#) called for new actions to advance women’s health research and innovation, which previously accounted for only [10.8 percent of the National Institutes of Health Research](#), there’s a long way to go in this area. In addition, menopause-specific training isn’t common in medical school or required continuing medical education learning for nonspecialized providers. According to a recent study, only 31 percent of OB-GYN residency program directors reported having a menopause curriculum for their trainees.⁵ In addition, [only about half of women in the United States routinely see an ob-gyn](#), with the majority seeing a primary care physician, who is even less likely to be an expert in menopause care.

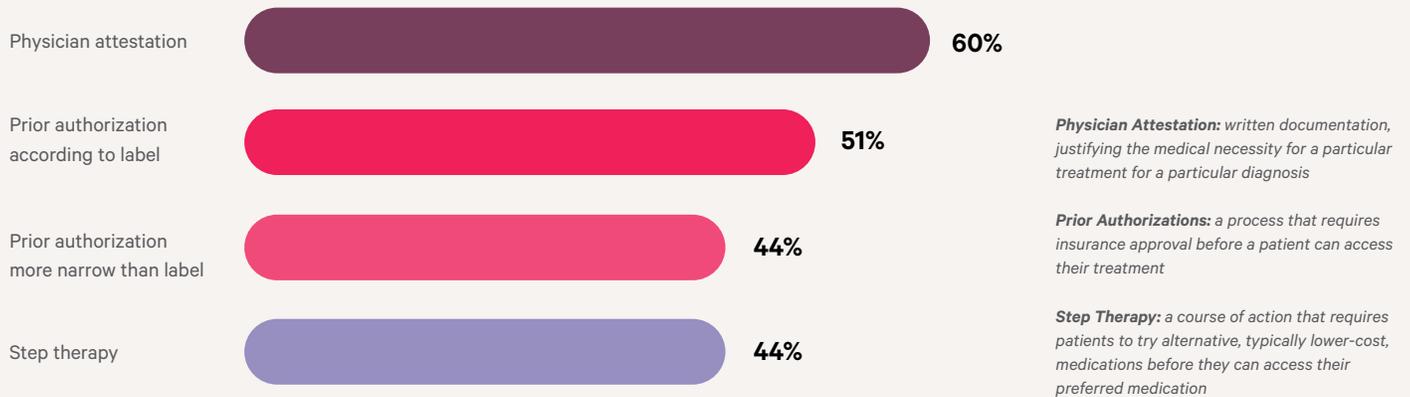
41%

of women say there is not enough information available on how to treat the symptoms of perimenopause or menopause

⁴ Hultheen RM, Marlatt KL, Allerton TD, Lovre D. Detrimental changes in health during menopause: the role of physical activity. *Int J Sports Med.* 2023;44(6):389-396. doi:10.1055/a-2003-940. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10467628/>

⁵ Allen JT, Laks S, Zahler-Miller C, Rungruang BJ, Braun K, Goldstein SR, Schnatz PF. Needs assessment of menopause education in United States obstetrics and gynecology residency training programs. *Menopause.* 2023;30(10):1002-1005. doi:10.1097/GME. Available from: https://journals.lww.com/menopausejournal/abstract/2023/10000/needs_assessment_of_menopause_education_in_united.4.aspx

The number one utilization management tool insurance leaders use to manage menopause care



That reality keeps the burden on patients to advocate for themselves and it also puts the burden on physicians to educate themselves. While 93 percent of health-care providers we surveyed say they feel satisfied with the education they received regarding menopause treatment, the majority also say the number one type of resources they use in preparing to discuss symptoms and treatment options with patients is downloadable resources. (These kinds of resources are available from organizations including [Menopause Society](#) and the [Menopause Foundation](#).) In addition, they report getting information on menopause care from self-guided, on-demand learning modules and sales representative office visits.

Even more troublesome, when considering coverage plans for patient-preferred medicines, particularly novel therapeutic options, the majority of insurance leaders (60 percent) say that the primary way they manage menopause care is through physician attestation (written documentation, justifying the medical necessity for a particular treatment for a particular diagnosis). That tool

is closely followed by prior authorizations (a process that requires insurance approval before a patient can access their treatment) and step therapy (a course of action that requires patients to try alternative, typically lower-cost, medications before they can access their preferred medication). A recent report from the [Federal Trade Commission](#) offers more information on the cost implications and the role of pharmacy benefit managers in this process.

All of these processes put a huge burden on patients and health-care providers to advocate for treatments, case by case, which has been proven to cause care delays as well as treatment abandonment.⁶ As the [American Medical Association’s prior authorization survey](#) recently showed: “The PA [prior authorization] process continues to have a devastating effect on patient outcomes, physician burnout, and employee productivity. In addition to negatively impacting care delivery and frustrating physicians, PA is also leading to unnecessary spending (e.g., additional office visits, unanticipated hospital stays, and patients regularly paying out-of-pocket for care).”

⁶ 2023 AMA Prior Authorization Physician Survey. Chicago, IL: American Medical Association; March 2023. Available from: <https://fixpriorauth.org/2023-ama-prior-authorization-physician-survey>. Accessed August 26, 2024.

Opportunities and Challenges

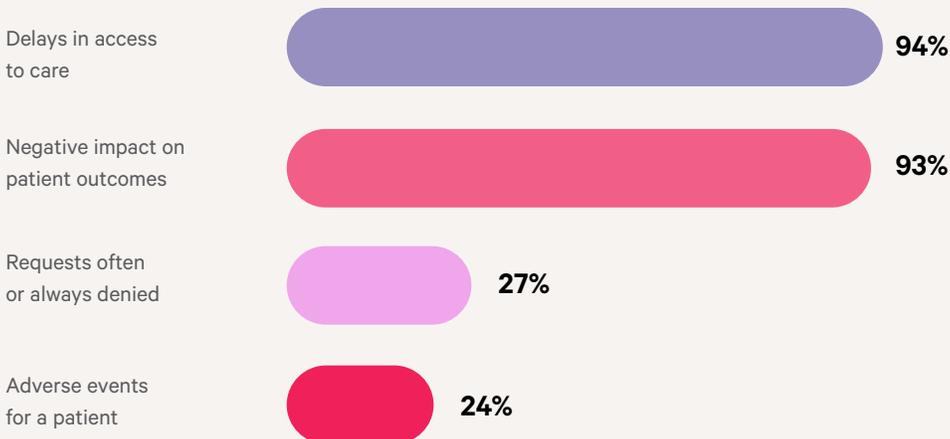
More than half of health-care providers (58 percent) say that the number one barrier to expanding menopause treatment coverage is the out-of-pocket cost burden to the patient. A similar amount (53 percent) say that their patients are not willing or able to pay for the cost of prescription medications. As noted earlier, insurance leaders also cite company-incurred cost concerns as the biggest challenge to expanding menopause treatment coverage, referring to the projected cost of covering a treatment to the insurance company.

Across a woman's health-care journey, out-of-pocket medical costs are estimated to be disproportionately higher compared to men, even when excluding pregnancy-related expenses. But according to a [study from Deloitte](#), these gender-based financial disparities, which are often referred to as a "pink tax," hurt everyone by placing a financial burden on the whole health-care system. Given that women between the ages of 40-50 are increasingly vital to the workforce, not covering treat-

ment options for the symptoms of menopause could have adverse effects on the economy.⁸

A recent [study from the Mayo Clinic](#) estimated the staggering cost to be \$1.8 billion in lost work time per year and \$26.6 billion annually when medical costs are included, in the United States alone. With this in mind, when making decisions about menopause care, insurance leaders might consider the valuable opportunity to redesign coverage in a way that makes more treatment choices more affordable and accessible for all aging women. Based on demographic trends, there are going to be a lot of them in the near future: By 2050, [estimates from McKinsey](#) suggest that the number of people over the age of 65 will grow from 9.4 to 16.5 percent of the world's population. Given this rise in life expectancy at such a large scale, as another [report from McKinsey](#) shows, closing the gap in women's health care, which includes menopause-related care, could potentially boost the global economy by \$1 trillion annually.⁹

Effects of prior authorization, according to AMA prior authorization survey⁷



⁷ 2023 AMA Prior Authorization Physician Survey. Chicago, IL: American Medical Association; March 2023. Available from: <https://fixpriorauth.org/2023-ama-prior-authorization-physician-survey>. Accessed August 26, 2024. Note: This data is not specific to menopause care, but speaks to the issue at large.

⁸ Deloitte. Closing the cost gap: Strategies to advance women's health equity. Rethinking benefit coverage and affordability. Available from: <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/womens-health-equity-disparities.html>. Published 2024. Accessed August 26, 2024.

⁹ Ellingrud K, Pérez L, Petersen A, Sartori V. Closing the women's health gap: A \$1 trillion opportunity to improve lives and economies. McKinsey Health Institute. Published January 17, 2024. Accessed August 27, 2024. Available from: <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies>



SECTION 3

What Comes Next

As millions of women continue to experience menopause each year, they shouldn't have to suffer. By working together, health-care providers, insurance leaders, and policy makers can remove the existing barriers to provide more evidence-based information and more equitable access to treatment options.

How can we work together to advance menopause care?

“There are things you can do to help yourself feel better, as long as they’re well communicated and understood.”

Joan, 60

As of 2024, three-quarters of women say they shouldn’t have to suffer through menopause, and more than half (53 percent) think their ob-gyn should be able to manage their symptoms better. That’s a shift in attitude compared to past generations, when the topic of menopause was more widely considered taboo and women were more likely to suffer in silence. But wanting relief and getting it are two different things: Despite asking for help, many women still face barriers to accessing treatment options.

Clearly, the burden for adequate menopause care remains on women advocating for themselves. While it’s critical to listen to women and validate their experiences, requiring them and their physicians to demand care, case by case, rather than relying on evidence-based population data and shared decision-making models,¹⁰ isn’t a sustainable way forward. It’s costly, inefficient, and ineffective. It can also jeopardize the health of women who are waiting to access the treatment of their choice.

A better way forward is for health-care leaders to prioritize education, research, and support for women in and approaching menopause. Health-care providers need ongoing education about the latest understanding of and advances in menopause care, and clinical studies should continue to be expanded in this area. In addition, insurance leaders and policy makers need to help make menopause care more consistently and equitably accessible. As noted earlier in this report, research shows that unsupported menopause symptoms can cause roughly \$1.8 billion in missed work time and increase employers’ health-care costs. Women’s concerns about this issue shouldn’t be minimized and their treatment options shouldn’t be restricted. Instead, a woman, together with her informed health-care provider, should be able to access the products that are most appropriate for her distinct medical needs. It’s our responsibility to empower more women with more accessible, equitable, and comprehensive treatment choices, benefitting individual women as well as the systems and communities that depend on their well-being.

The number 1 way insurance leaders assess the needs of women experiencing menopause



75%

of women say they shouldn't have to suffer through the symptoms of menopause

¹⁰ Hickey M, LaCroix AZ, Doust J, Mishra GD, Sivakami M, Garlick D, et al. An empowerment model for managing menopause. *Menopause*. 2024;403(10430):947-957. doi:10.1016/S0140-6736(23)02799-X. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02799-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02799-X/fulltext)

REFERENCES

- Hill K. The demography of menopause. *Maturitas*. 1996;23(2):113-127. doi:10.1016/0378-5122(95)00968-X. Available from: [https://www.maturitas.org/article/0378-5122\(95\)00968-X/pdf](https://www.maturitas.org/article/0378-5122(95)00968-X/pdf)**
- Peacock K, Carlson K, Ketvertis KM. Menopause.** In: State Pearls. Last Updated December 21, 2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507826/>.
- Woods NF, Mitchell ES. Symptoms during the perimenopause: prevalence, severity, trajectory, and significance in women's lives. *Am J Med*. 2005;118(12 Suppl 2):14-24. doi:10.1016/j.amjmed.2005.09.031. Available from: [https://www.amjmed.com/article/S0002-9343\(05\)00885-5/fulltext](https://www.amjmed.com/article/S0002-9343(05)00885-5/fulltext)**
- Arar MA, Erbil N. The effect of menopausal symptoms on women's daily life activities. *Menopause Rev*. 2023;22(1):6-15. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10189673/pdf/MR-22-50501.pdf>**
- Hulteen RM, Marlatt KL, Allerton TD, Lovre D. Detrimental changes in health during menopause: the role of physical activity. *Int J Sports Med*. 2023;44(6):389-396. doi:10.1055/a-2003-940. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10467628/>**
- Allen JT, Laks S, Zahler-Miller C, Rungruang BJ, Braun K, Goldstein SR, Schnatz PF. Needs assessment of menopause education in United States obstetrics and gynecology residency training programs. *Menopause*. 2023;30(10):1002-1005. doi:10.1097/GME. Available from: https://journals.lww.com/menopausejournal/abstract/2023/10000/needs_assessment_of_menopause_education_in_united.4.aspx**
- 2023 AMA Prior Authorization Physician Survey.** Chicago, IL: American Medical Association; March 2023. Available from: <https://fixpriorauth.org/2023-ama-prior-authorization-physician-survey>. Accessed August 26, 2024.
- 2023 AMA Prior Authorization Physician Survey.** Chicago, IL: American Medical Association; March 2023. Available from: <https://fixpriorauth.org/2023-ama-prior-authorization-physician-survey>. Accessed August 26, 2024.
- Deloitte. Closing the cost gap: Strategies to advance women's health equity. Rethinking benefit coverage and affordability.** Available from: <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/womens-health-equity-disparities.html>. Published 2024. Accessed August 26, 2024.
- Hickey M, LaCroix AZ, Doust J, Mishra GD, Sivakami M, Garlick D, et al. An empowerment model for managing menopause. *Menopause*. 2024;403(10430):947-957. doi:10.1016/S0140-6736(23)02799-X. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02799-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02799-X/fulltext)**

ABOUT THIS RESEARCH

In July 2024, we surveyed 1,038 women, 40-70, 622 of whom were in the life stages of perimenopause, menopause, or post-menopause. Additionally, we conducted three in-depth interviews with women in various stages of menopause, including Karen, 46, in perimenopause; Shelly, 53, in menopause; and Joan, 60, in post-menopause. This portion of the research was executed by Suzy.

In addition, we surveyed 250 health-care providers, comprised exclusively of general physicians (74 percent) and ob-gyns (26 percent), and 216 health insurance leaders, all qualified as director+ job titles with 10+ years of experience in the industry. This portion of the research was executed by Cint.

DISCLAIMER

This content is made possible by our sponsor. Bayer provided the funding for this research to be independently conducted. The perspectives and observations made in this report are the perspectives and observations of the sources quoted and the Atlantic Re:think team. The report is created by Atlantic Re:think and is independent of The Atlantic's editorial staff. These are not a reflection of Bayer's position or opinion.

SPONSOR CONTENT

