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## Women With Surgical Menopause May Exit Workforce Earlier, but Hormone Therapy Could Help

New study suggests that hormone therapy within the early postmenopause years may help women with early or surgical menopause remain in the workforce longer

CLEVELAND, Ohio (October 8, 2025)—Menopause before the age of 45 (known as early menopause) is associated with an increased risk of an array of serious diseases, including cardiovascular disease and osteoporosis. A new study suggests that it may also force women out of the workforce prematurely, although carefully timed hormone therapy may help women remain employed. Results of the study are published online today in *Menopause*, the journal of The Menopause Society.

Early menopause, whether natural or surgical (removal of both ovaries), has already been considered a risk factor for multiple diseases. Women with early menopause are also at higher risk of experiencing more frequent, severe, and prolonged hot flashes and night sweats, as well as depressive symptoms. Premature morbidity and menopause symptoms can be even more pronounced in women who undergo early surgical menopause, which results in the sudden cessation of ovarian function.

Despite extensive research on the health consequences of early menopause, little is known about how it affects other aspects of women's lives, including their ability to maintain and build their careers. A new study involving nearly 1,400 women who had undergone natural menopause, premenopause bilateral oophorectomy, or hysterectomy is one of the first known studies to not only investigate the effect of early and surgical menopause on work function but also the effect of hormone therapy as a mediator.

The researchers used sequence analysis of employment histories to define three different 10-year employment trajectories. Regression analysis was then used to assess associations between timing and type of menopause on employment. Women with early menopause were found to have less flexible working arrangements during this sensitive period. However, early natural menopause did not appear to make a woman more likely to exit the labor market earlier than women with later menopause.

Surgical menopause, in contrast, was found to be associated with an increased risk of labor market exit, especially for women aged 45 years or older at the time of surgery. Hormone therapy was shown to help reduce the risk of labor-market exit for women with both early natural menopause and surgical menopause. Based on the results, the researchers advocate for workplace policies that consider women's diverse menopause experiences.

Study results are published in the article "The associations of early and surgical menopause with 10-year employment trajectories bracketing final menstruation or surgery."

"This study found that early natural menopause and surgical menopause were linked with women's employment trajectories and further suggests that hormone therapy within the early postmenopause years may help women remain in the workforce," says Dr. Stephanie Faubion, medical director for The

Menopause Society. "These findings add to the accumulating evidence that menopause-related symptoms can adversely affect women in the workplace and that targeted interventions may minimize the negative effect on employment."

For more information about menopause and healthy aging, visit www.menopause.org.

The Menopause Society is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women's health and healthcare experiences. To learn more, visit menopause.org.