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Social Disadvantage Greatly Amplifies Risk of Mortality in Women With Early Menopause

New study shows that of all social disadvantage variables; unemployment has the strongest association with both all-cause mortality and incident dementia

CLEVELAND, Ohio (Aug. 12, 2026)—Early natural menopause is already associated with a higher long-term health burden. A new large-scale study demonstrates that cumulative social disadvantage—and in particular, unemployment—is strongly associated with an increased risk of all-cause mortality and cardiovascular disease, as well as a marked predisposition to dementia, in women with early natural menopause. Study results are published online today in *Menopause*, the journal of The Menopause Society.

Premature and early natural menopause, which affect roughly 6% of women around the world, occur when a woman's periods stop permanently and naturally (no surgeries or medical treatments) in women aged younger than 45 years. Before the current study, it was already known that premature (women aged <40 y) and early (women aged between 40 and 45 y) natural menopause come with higher risks for all-cause mortality, cardiovascular disease, and dementia. However, the effect of social determinants of health on this risk has not been fully studied.

In this new study, the researchers analyzed data from nearly 20,000 women with early natural menopause (defined as occurring in women <48 y) and divided them into favorable, medium, and unfavorable social-determinants-of-health categories based on how they ranked on 14 different determinants.

Social determinants of health encompass the environmental conditions in which people are born, reside, receive education, work, engage in leisure activities, worship, and age. These factors are increasingly being recognized as primary drivers of health inequities, often exerting a stronger influence on outcomes than clinical care or personal lifestyle choices. Given that social disadvantages tend to co-occur, it's important to assess the effect of combined social determinants of health to quantify their aggregate risk. In order to identify the primary contributors to these adverse outcomes, the researchers also evaluated the independent effect of each social-determinant-of-health variable.

Follow-up was conducted at a median of 10.8 years. The results revealed that socioeconomic disadvantages significantly amplify adverse health trajectories in women with early natural menopause. Of all the disadvantages studied, unemployment exhibited the strongest association with both all-cause mortality and incident dementia. In contrast, no significant association was observed for incident cancer. As a result, the researchers suggest that a comprehensive assessment of social determinants of health be conducted as part of the health management program for early natural menopause.

Study results are published in the article “Combined social determinants of health, mortality, and adverse health outcomes in early natural menopause.”

“This study demonstrates that socioeconomic disadvantages significantly amplify adverse health trajectories in women with premature and early menopause. Disrupting this complex interaction will require a routine, comprehensive assessment of social determinants of health as a fundamental principle in the management of women experiencing premature or early menopause,” says Dr. Stephanie Faubion, medical director for The Menopause Society.

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.