



## Urinary Incontinence (UI)

- In midlife, about 15% of women have episodes of urine leakage that occur at least weekly, while about 10% have leakage that occurs daily; 25% of women wear protective undergarments for leakage protection.
- UI is not a menopause symptom.
  - Compared to women in the pre- or post-menopause, women in the peri-menopause are as likely to report resolution of infrequent UI (leakage once per month or less) as new onset of infrequent UI.
  - Developing weekly or more frequent UI or reporting having worsening of existing urine leakage in midlife is not associated with menopause or with changes in estrogen levels during the menopause transition. Rather, more troublesome leakage is associated with aging, and other factors, such as weight gain and diabetes.
- Weight gain, in particular gain in the waist-to-hip ratio, is associated with development or worsening of stress UI (leakage with coughing, sneezing, jumping) in midlife. Women who did not gain weight in midlife were less likely to develop or have worsening UI.
- Weight gain and the development of diabetes are associated with development of urgency UI (leakage with a sense of urgency). Women who do not gain weight or develop diabetes are less likely develop or have worsening of UI.
- White women have the highest risk of reporting UI before the onset of menopause. Black and Hispanic women have the highest risk of reporting worsening of UI during and after the menopausal transition.
- Women are more likely to seek treatment for leaking urine the longer they have this condition and the more frequent the episodes of leaking.
- Women who do not seek treatment for urine leakage often report inaccurate beliefs about UI (such as leaking is a normal consequence of aging) or motivational barriers (their provider never asked about them having a leakage problem) as reasons for not seeking treatment.



## Sexual Functioning and Vaginal Health

- Vaginal dryness is related to sexual health. The prevalence of vaginal dryness increases across the menopause transition, from about 15% in premenopausal women to about three times that in late perimenopause and postmenopause.
- Women who have their ovaries removed are 2-3 times as likely to develop vaginal dryness as women who go through natural menopause.
- Women who have less frequent sexual intercourse over time, or have breaks from sexual intercourse, are **NOT** more likely to develop sexual pain than women who have consistent or more frequent sexual intercourse during midlife and beyond.
- For women who have a natural menopause, sexual functioning (a measured combination of sexual desire, emotional satisfaction, ability to climax, arousal, and sexual pain) declines the most in the time frame of 20 months prior to the final menstrual period until 1 year later.
- For women who undergo a hysterectomy (with or without removal of both ovaries) in midlife, sexual functioning begins to decline after surgery.
- Vaginal dryness and pain with intercourse are most related to the menopausal transition. Other aspects of sexual health such as desire, arousal and emotional satisfaction are more related to factors such as older age, fair or poor health, depressive symptoms, and anxiety.
- For women who have a natural menopause, using sexual lubricants in the perimenopausal period is associated with better sexual functioning.
- Being over- or under-weight is **NOT** associated with changes in sexual function across the menopausal transition.
- Breast cancer survivors and women without a history of cancer show similar declines in being sexually active, sexual intercourse frequency, and desire over time. However, among sexually active women, more cancer survivors report vaginal dryness and pain with intercourse.



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