



## Menopause and arthritis

Support, strategies, and  
solutions

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# Presenters



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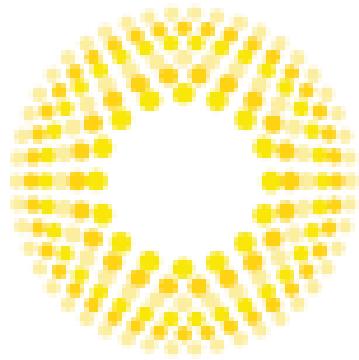


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**Special thanks to our event partner:**



**Menopause Foundation  
of Canada**

**Find more resources at [menopausefoundationcanada.ca](http://menopausefoundationcanada.ca)**



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**What are  
perimenopause and  
menopause?**

**Guidelines for  
treatment**

**Self-management  
strategies**

**Q & A**





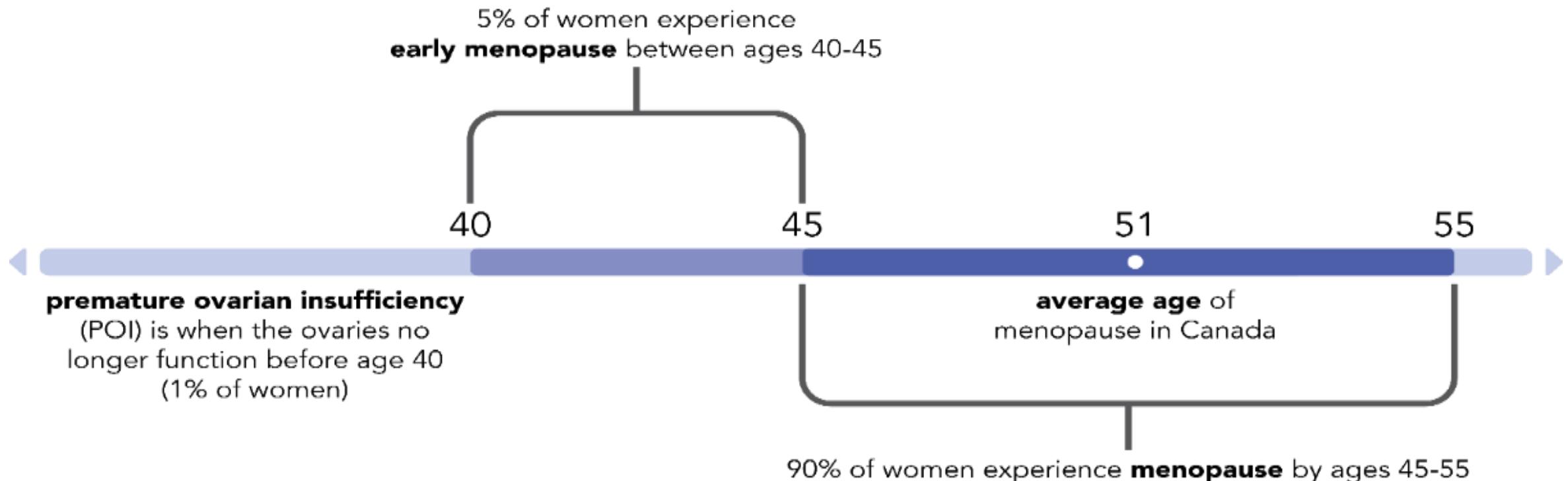
Image by shurkin\_son on Freepik

# What are perimenopause and menopause?

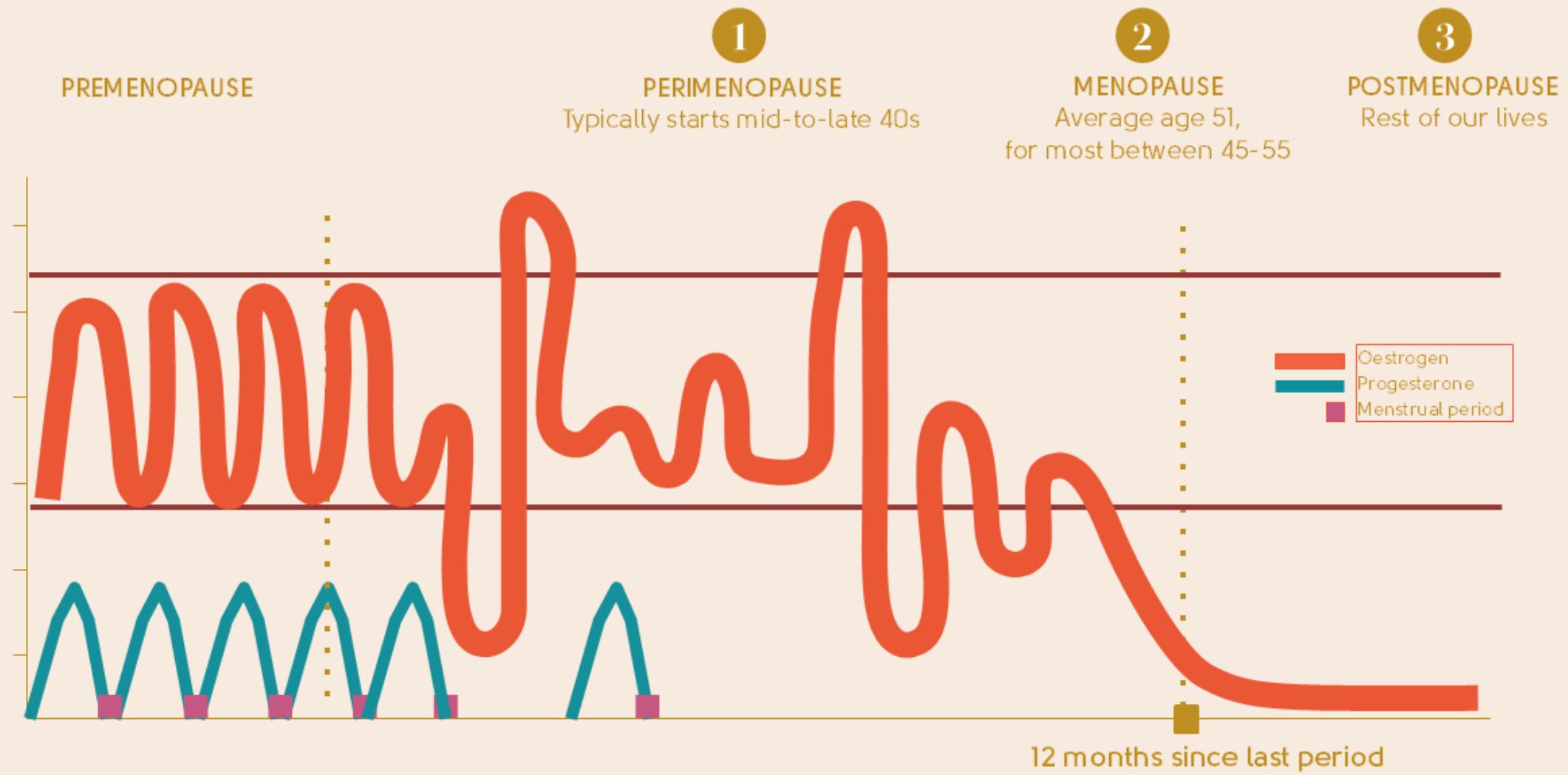


# Menopause

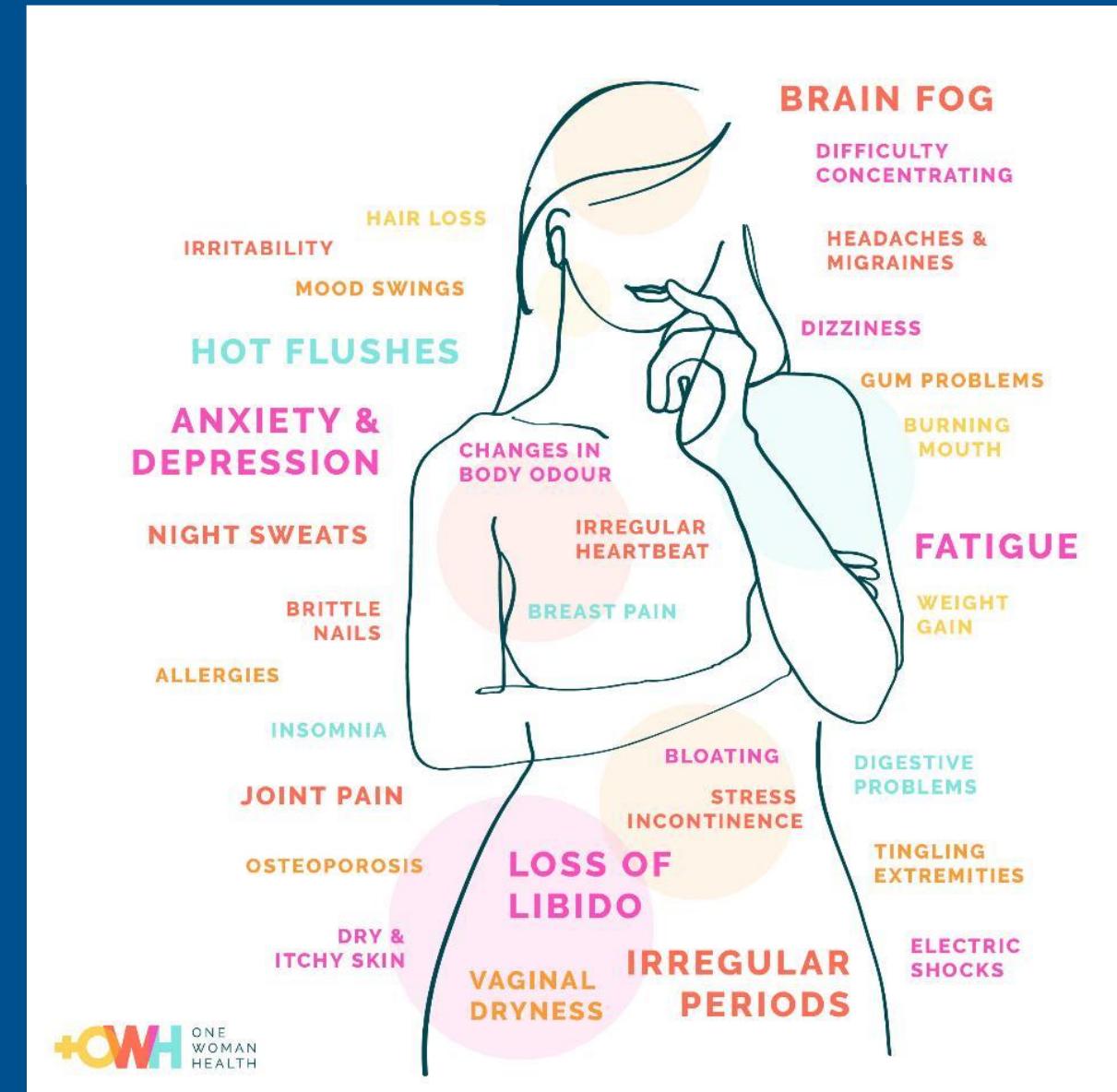
- Menopause defined as the point in time 12 months *after* a woman's last period
- Menopause is normal and natural and will occur to 100% of women who live long enough



# Menopause transition



# Symptoms of menopause



# Health changes during menopause transition



## Increased Fracture Risk

- Bone loss, up to 10%



## Increased Heart Disease Risk

- Body fat increase especially to abdomen
- Cholesterol levels increase
- Worsening blood sugars
- Blood vessels become less flexible





# Menopause and joint health

**Joint and muscle pains are common during the menopause transition and peak around the final menstrual period**

**Symptoms described as:**

- Generalized aching, stiffness or soreness
- Often involving knees, hips, back and shoulder, or hands

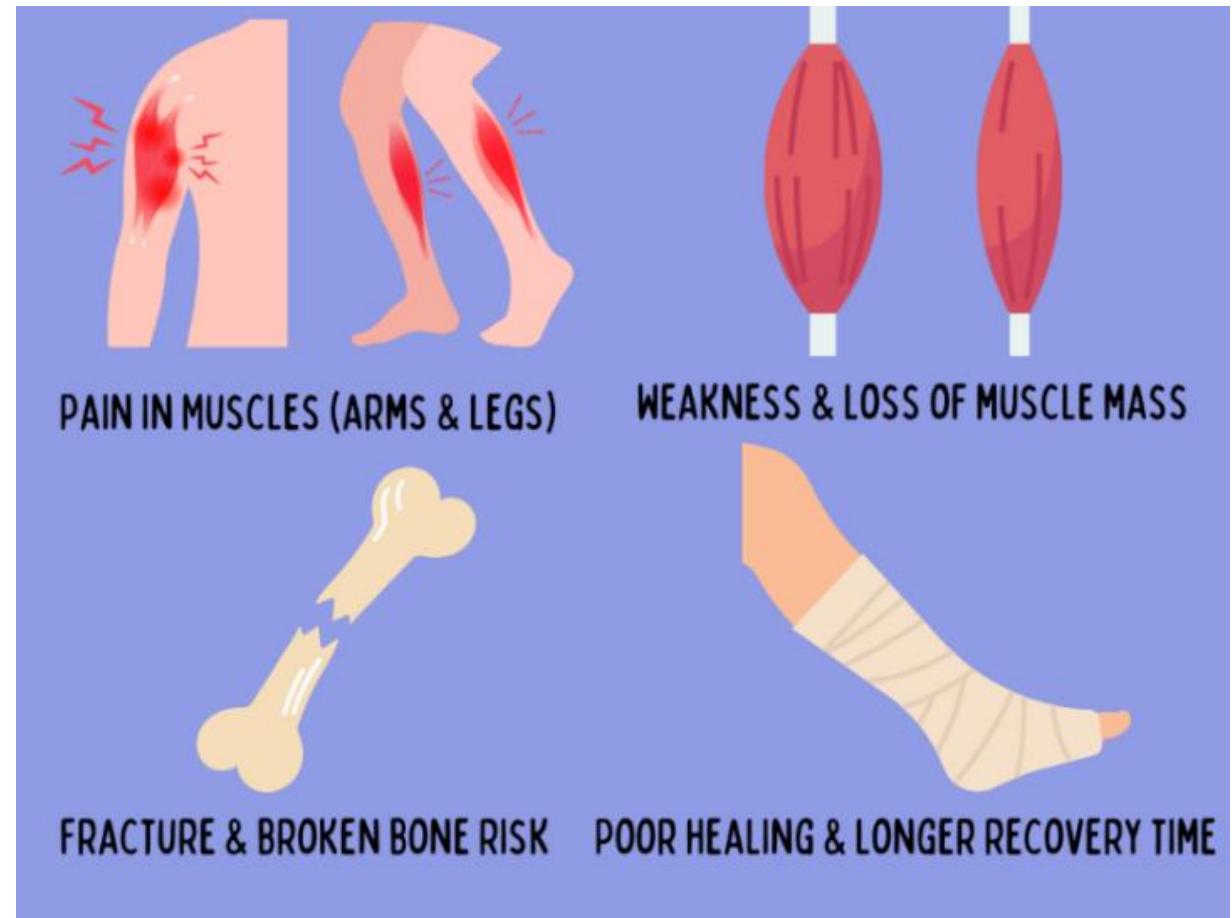
**Why?**

- Estrogen decline
- Inflammation
- Weight gain



# The musculoskeletal syndrome of menopause

- Joint/muscle pains
- Muscle mass loss
- Bone loss
- Increased tendon/ligament injuries



Wright, VJ et al. Climacteric 2024

AlShehri S, Lega IC. Canadian Women's Health Today 2025



# Menopause and arthritis

- Women with known OA and RA may have worsening joint symptoms and more flares during the menopause transition
- Shared symptoms of menopause and RA (i.e. fatigue, stiffness, insomnia) making it difficult to differentiate the cause of symptoms
- Women may feel more pain or symptoms even if tests and exams do not show signs of increased inflammation
- Post-menopausal women have a higher risk of RA, with a 3x higher risk in those with early menopause (age < 45)



# Lalitha's perspective and lived experience

**Menopause isn't "just changing hormones" — for me it affected inflammation, recovery, pain perception, energy, and function**

1. Rapid increase in joint inflammation, fatigue, and pain
2. Loss of agency due to pain, reduced mobility, and extreme fatigue



# Lalitha's perspective and lived experience

**How could I find anchor points during the day to restore agency?**

1. I would walk for 10-15 minutes every day
2. I fueled regularly and ensured omega-3's, fiber, and sufficient protein to help with cravings for sugar
3. I would lie down and practice meditation/breathing that centered around healing



\*I also worked closely with my rheumatologist, doctor, and nurse practitioner to get the right treatment for me.



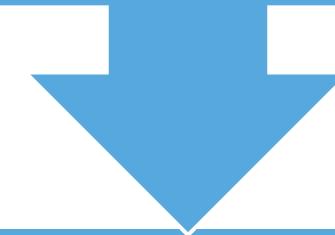


**What treatment options are available?**



# Treatment approach

We don't treat menopause. We treat symptoms of menopause that affect your daily life.



Available treatments:

Systemic hormone therapy	Non- hormone therapy	Local hormone therapy	Lifestyle measures
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# Indications for starting Menopausal Hormone Therapy (MHT)

MHT is the **first-line treatment for vasomotor symptoms** associated with menopause who are younger than 60 years of age or less than 10 years post-menopause without contraindications.

*(Society of Obstetrics and Gynecology of Canada, 2021)*



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## Contraindications

- Personal history of breast cancer (or hormone sensitive cancer)
- Personal history of heart disease or stroke
- Clotting history



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Treatment duration should be  
individualized

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# Benefits of MHT



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Table 7.1. Benefits and risks of HT

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**Benefits**

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Reduction of VMS

Reduction of sleep problems

Reduction of mood or anxiety problems



Reduction of aches and pains

Osteoporosis prevention and treatment

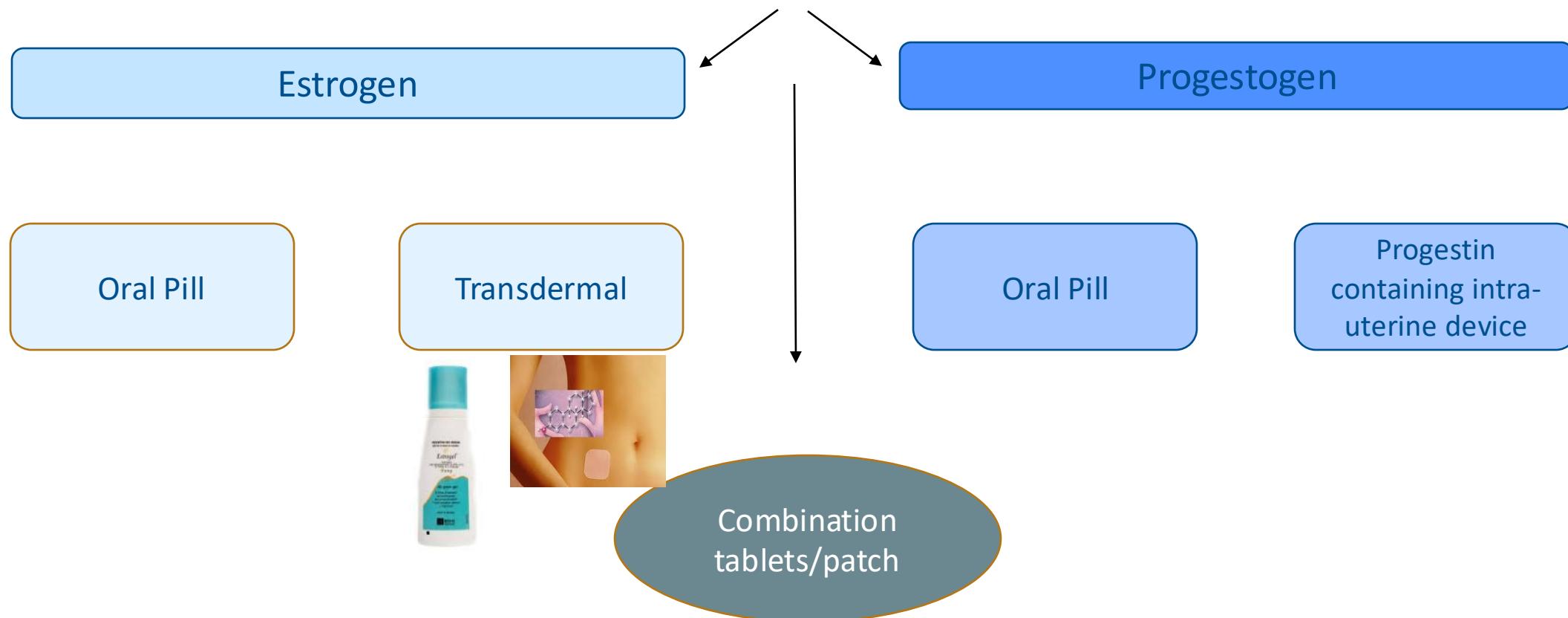
Reversal of vulvar and vaginal atrophy (local ET if such atrophy is the only indication for therapy)

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# Systemic MHT

Estrogen +/- progestogen  
(no uterus – no progestogen needed)



# Bioidentical hormones

- "Bioidentical hormone" is a MARKETING term
- Bioidentical hormones have the exact chemical structure of hormones your body makes
- Many Health Canada approved hormones ARE bioidentical
- *Custom-compounded* bioidentical hormones refer to hormones made by a specialized pharmacy
  - Do not undergo same safety and regulatory oversight
  - No evidence that safer or better, unless being used due to allergens
  - Not generally recommended by any guidelines or medical societies



# MHT and joint symptoms

- Joint pain is currently NOT considered an indication for starting MHT
- Some studies report that joint pain improves after starting MHT, but not consistent among all studies
- No studies have evaluated the role of MHT on symptoms and disease activity for women with RA/OA
- Decisions about starting MHT should be based on validated menopausal symptoms and not joint pain alone



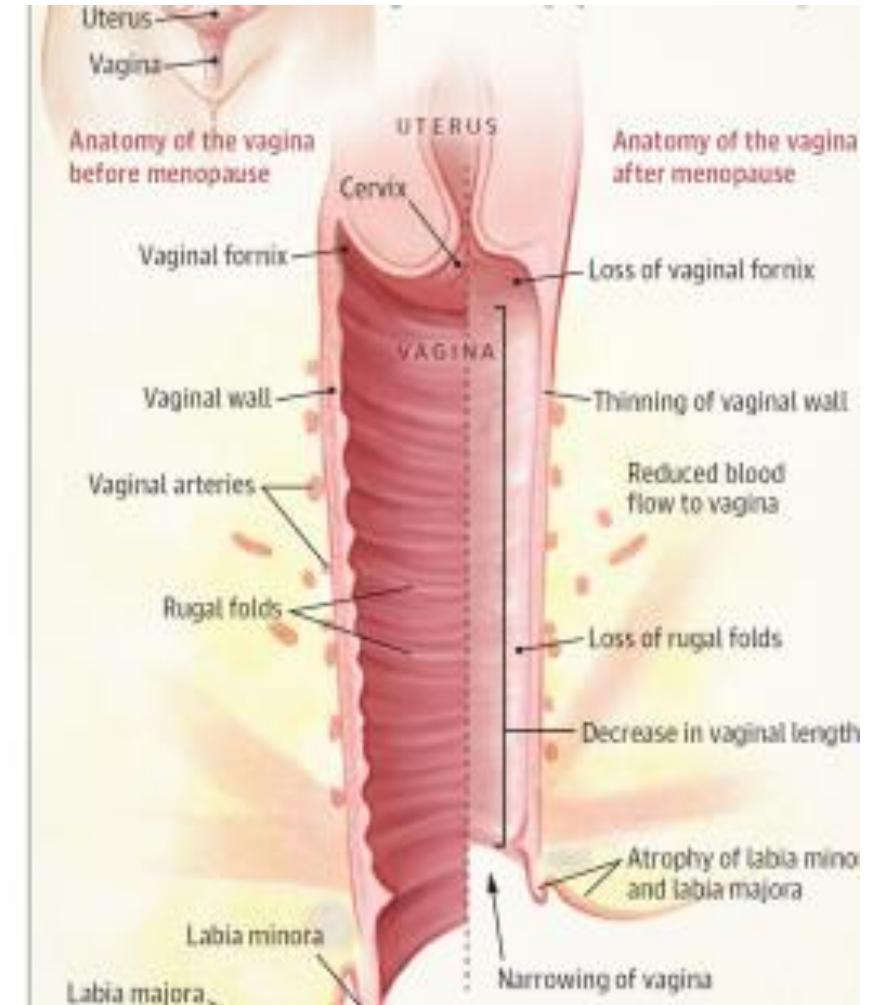
# Non-hormonal treatment options

- Non-hormonal treatments exist that can improve hot flashes, mood, and sleep
  - Certain antidepressants, Gabapentin
  - Newer drug available that acts on brain centers that cause hot flashes (i.e. Fezolinetant)
- These can be good options for those who cannot take MHT or prefer not to, but they are somewhat less effective and don't have as many secondary benefits



# Local treatments for vaginal and urinary changes after menopause

- Vaginal dryness, pain with penetration, urinary frequency and urinary tract infections are common symptoms after menopause
- A local, low dose estrogen is a very effective treatment for these symptoms
- Local estrogens can be started at any age and can be continued for life





**What self-management options are most effective?**



# Nutrition and self-care as part of self-management

- **Eat regularly**
  - Steadies energy levels
  - Under-eating worsens fatigue, pain, and muscle loss
- **Prioritize protein**
  - 20-40 grams per meal
- **Omega-3 fatty acid foods or a supplement**
  - Salmon, sardines, herring, or a supplement
- **Be fiber-forward**
  - Women = ~25 grams/day
  - Oats, chia seeds, ground flax, quinoa, beans/legumes, edamame, green peas, and more



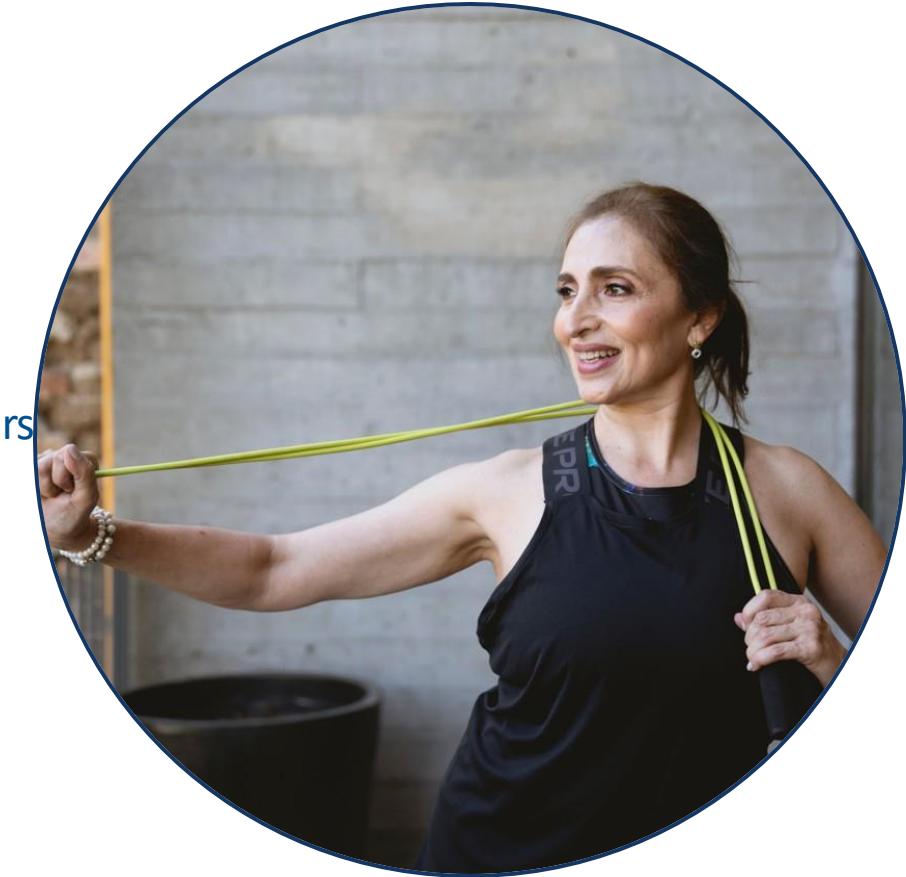
# Nutrition and self-care as part of self-management

- **Don't fear carbs!**
  - We need energy for executive functioning
  - Prevents overeating on simple carbs later in the day
- **Include colour 3x/day**
  - Support immune function and oxidative stress reduction
- **Beware of overly restrictive menopause diets**
  - Too low in fiber, carbs, and nutrients
  - Extreme elimination diets
  - Supplement-heavy protocols



# Nutrition and self-care as part of self-management

- **Taper or avoid alcohol**
  - Worsens sleep architecture
  - Contributes to neurotransmitter imbalance
  - Can affect inflammation
- **Make sleep your best-friend**
  - Are you getting 7-8 hours?
  - Why not? Insomnia, **stress**, sleep apnea, night sweats, mood disorders, pain, restless leg syndrome, nocturia, and more
  - Solidify bed-time routine
- **Stress management**
  - Dedicate minimum 20 minutes to self-care
    - Strength-training, walking, deep breathing, guided meditation, massage, reiki, yoga
  - Reduce decision fatigue with anchoring habits
  - Say NO





**Q: What excites you about future research  
in menopause and arthritis?**





# Questions





**Tell us what you think...**



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