



Menopause and arthritis

Support, strategies, and
solutions

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Presenters



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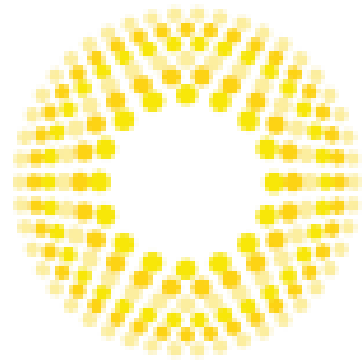


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Special thanks to our event partner:



Menopause Foundation
of Canada

Find more resources at menopausefoundationcanada.ca



Webinar tips

- Use the Q&A section to ask the presenters your questions. Some of the questions will be chosen for the live question period at the end of the webinar.
- Click on the Chat box to connect with other participants and Arthritis Society Canada's chat moderator.
- If you have further issues, email arthritistalks@arthritis.ca





**What are
perimenopause and
menopause?**



**Guidelines for
treatment**



**Self-management
strategies**



Q & A





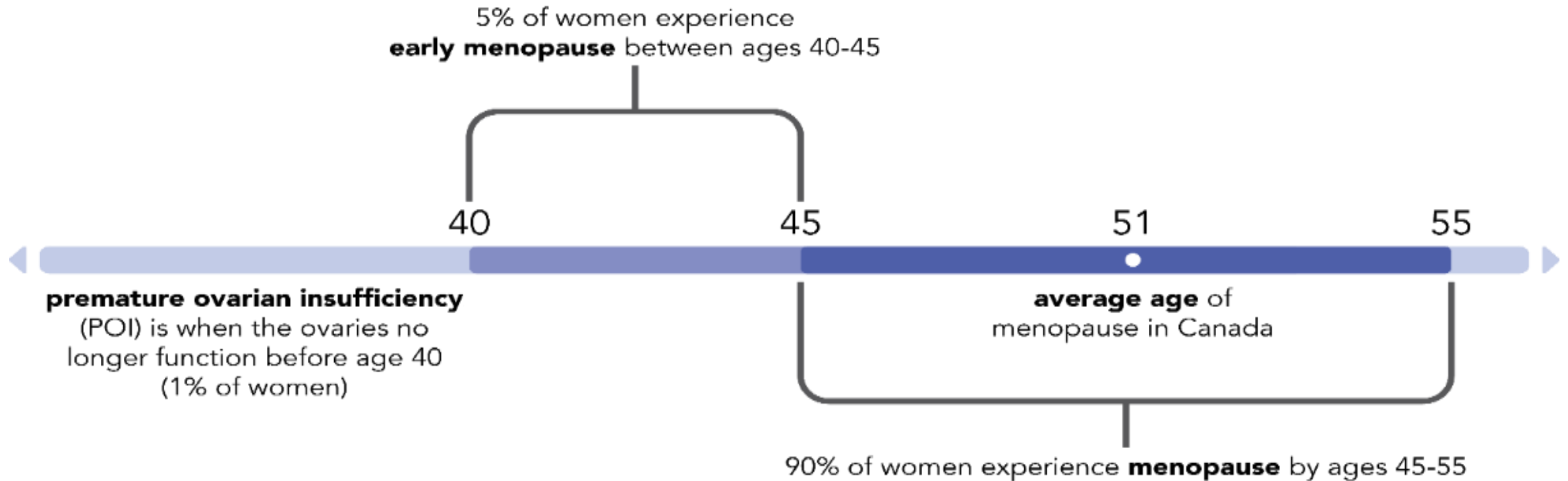
Image by shurkin_son on Freepik

What are perimenopause and menopause?

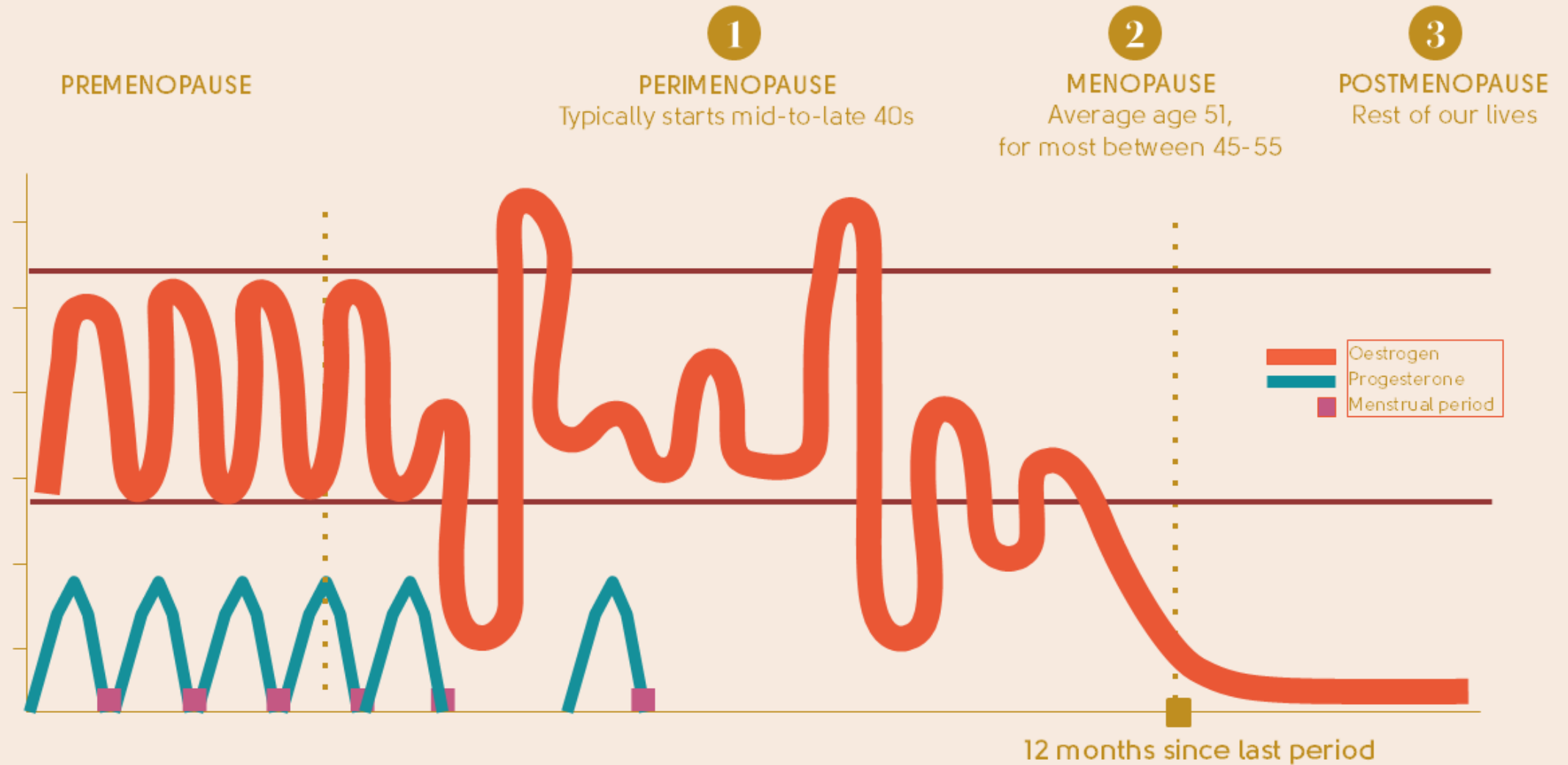


Menopause

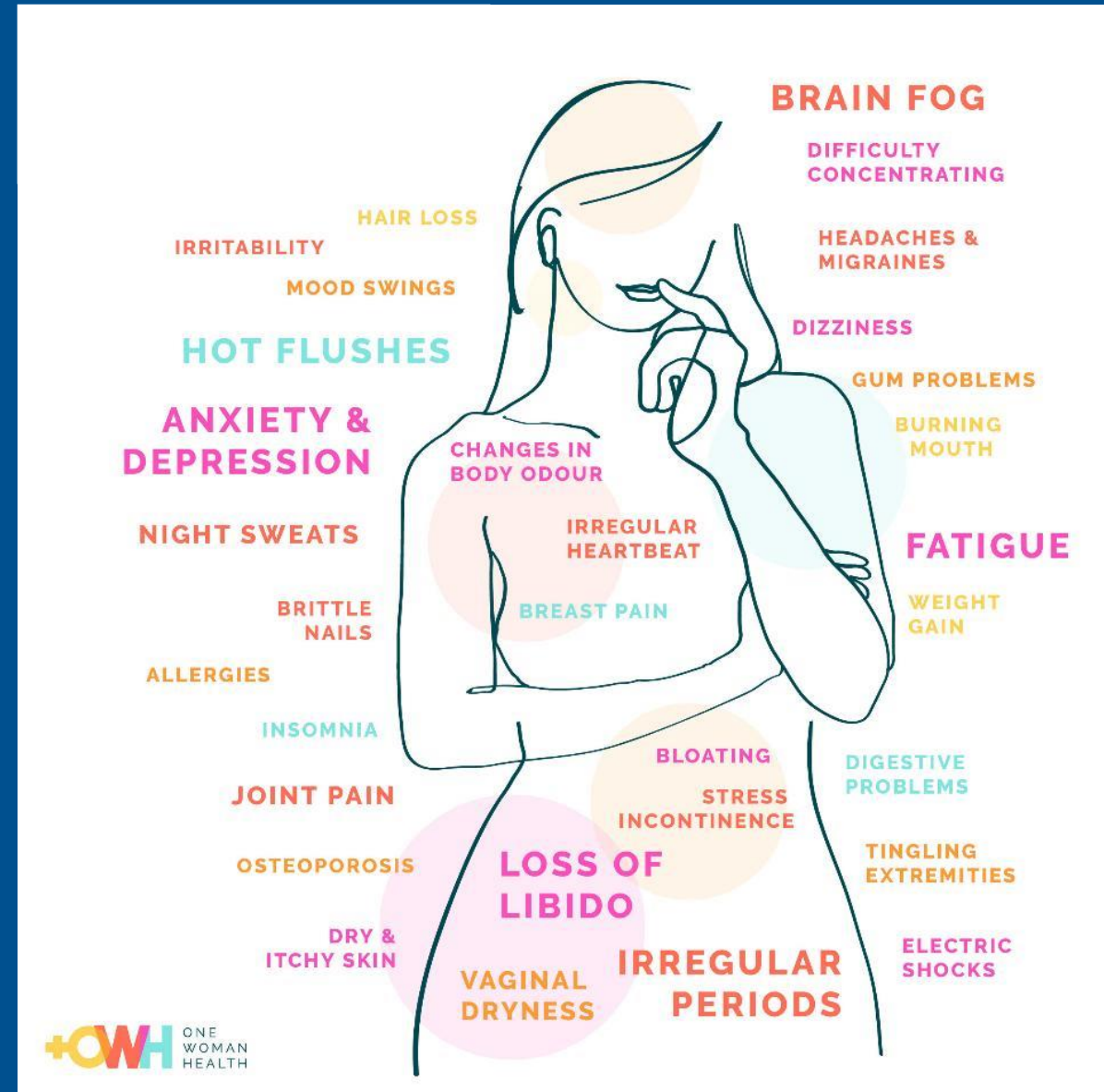
- Menopause defined as the point in time 12 months *after* a woman's last period
- Menopause is normal and natural and will occur to 100% of women who live long enough



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

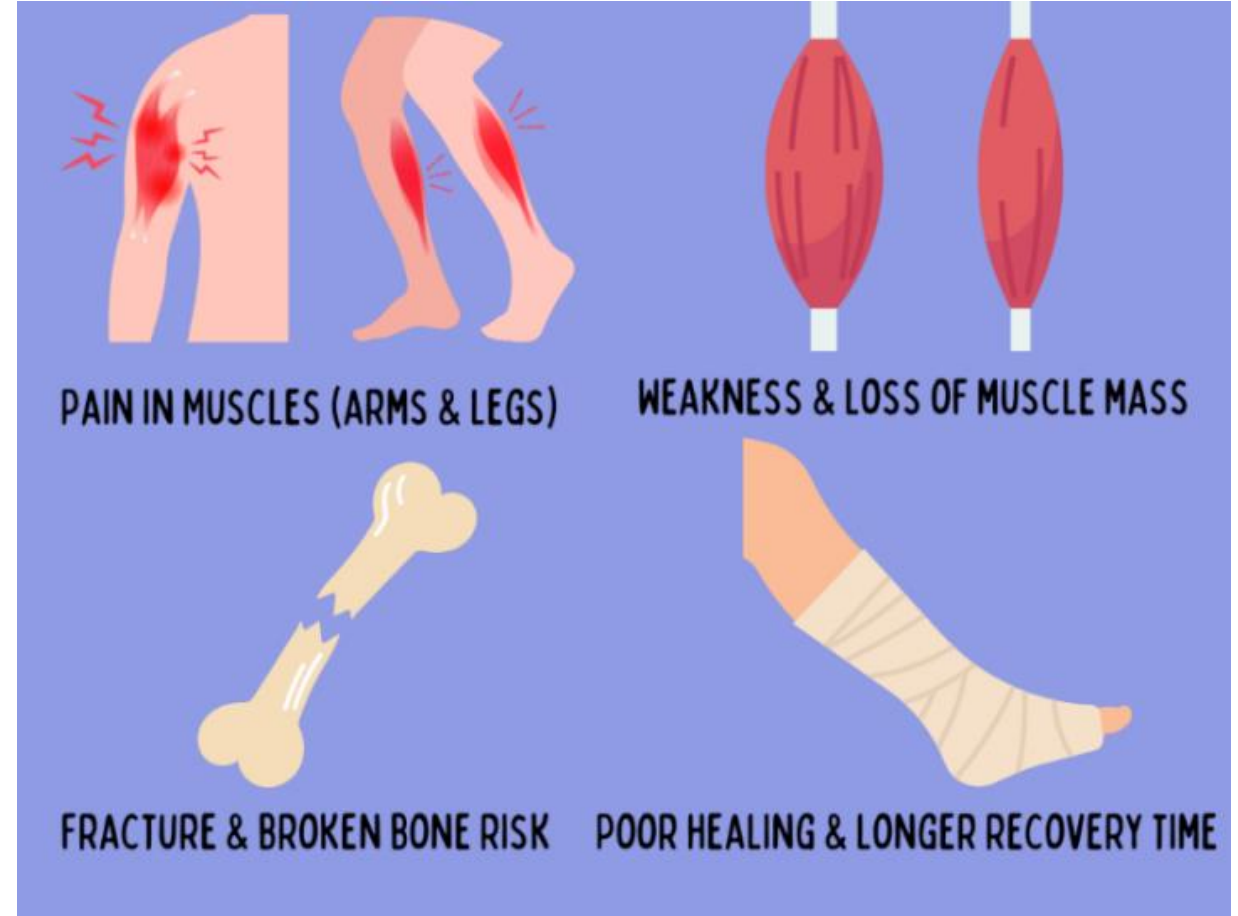
Why?

- 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



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



Table 7.1. Benefits and risks of HT

Benefits

Reduction of VMS

Reduction of sleep problems

Reduction of mood or anxiety problems



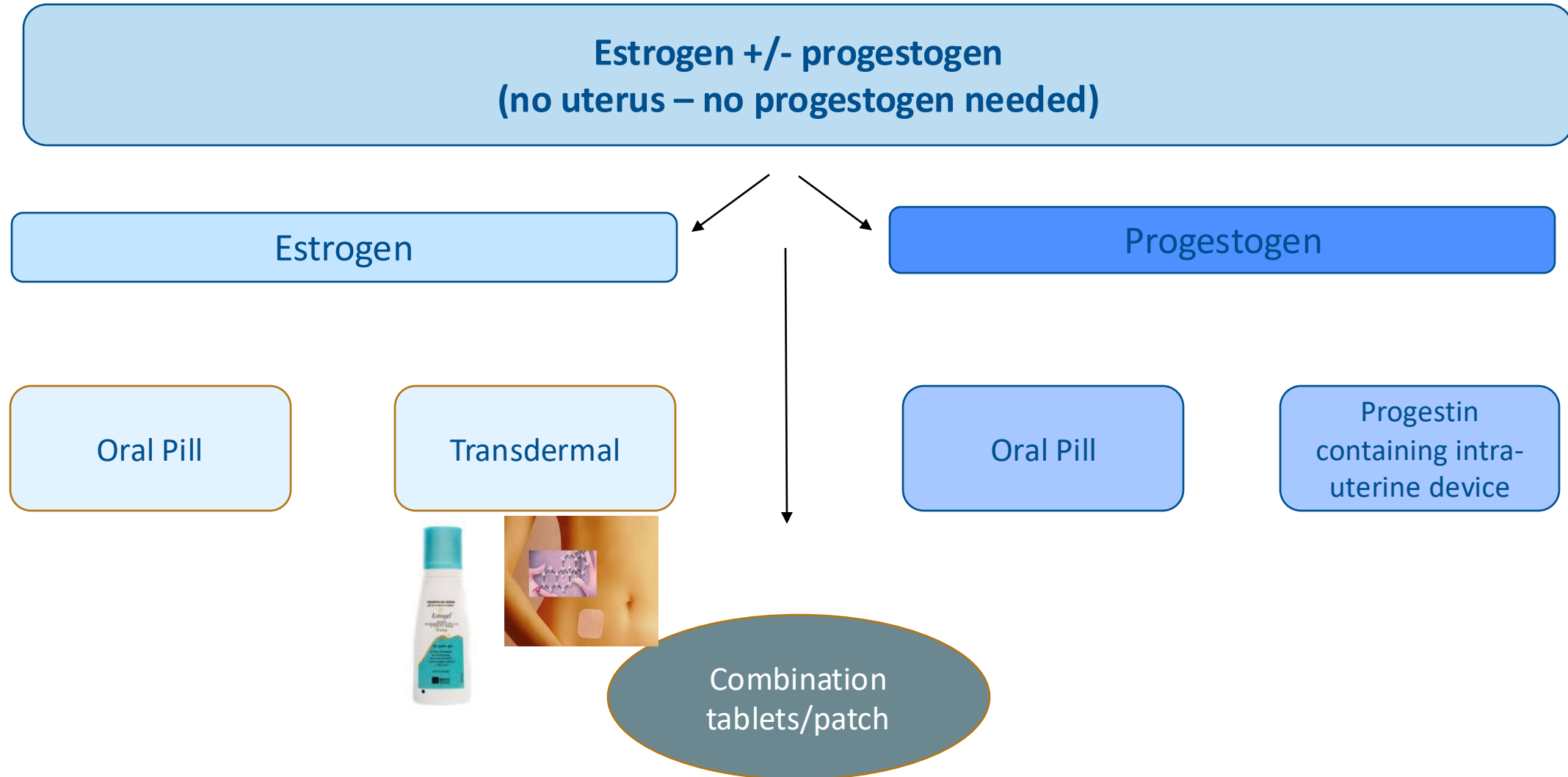
Reduction of aches and pains

Osteoporosis prevention and treatment

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



Systemic MHT



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



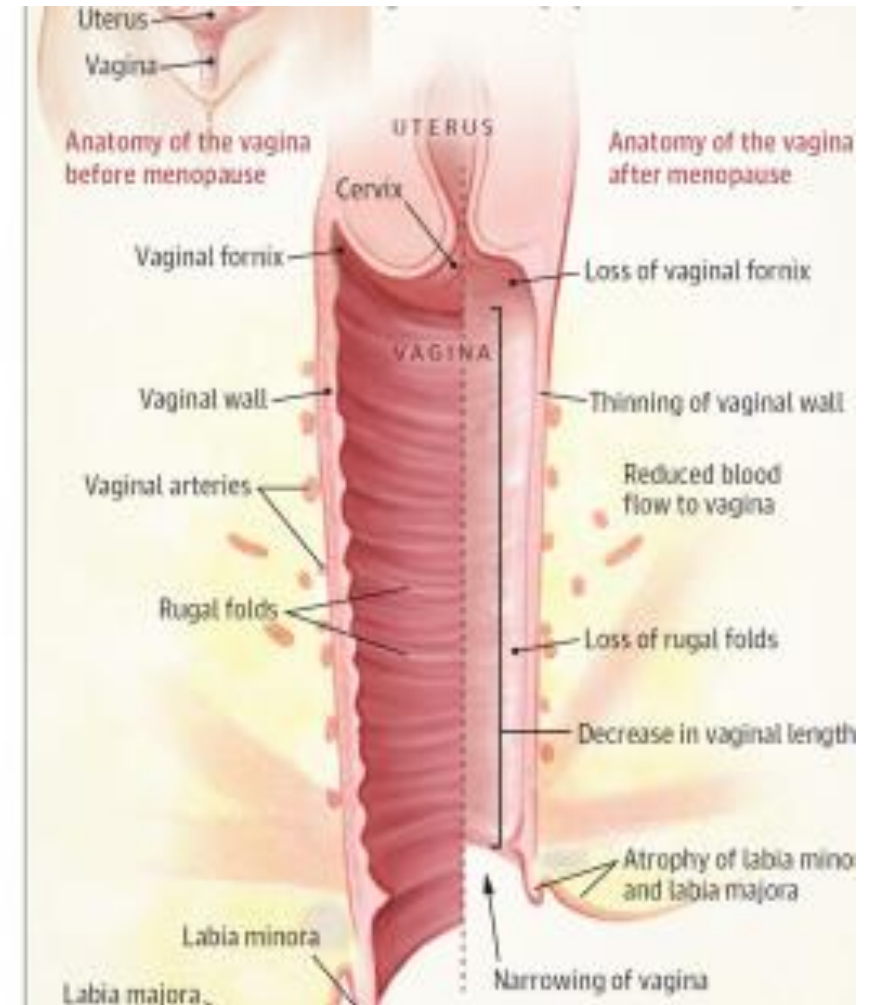
Non-hormonal treatment options

- 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



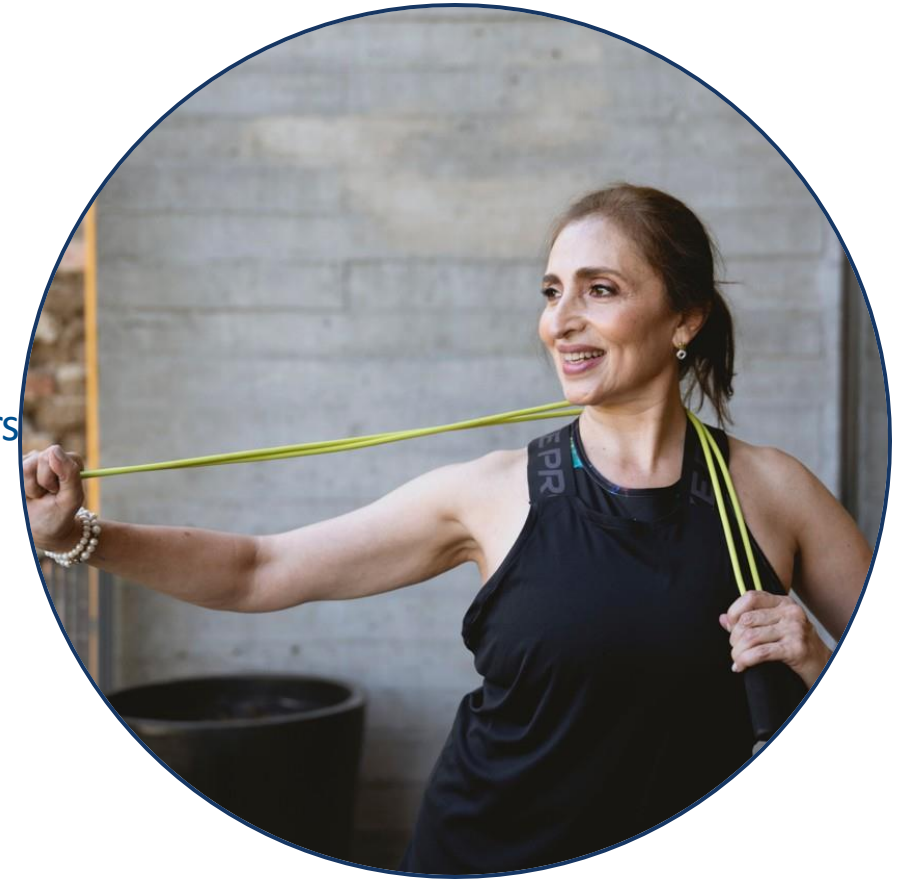
Nutrition and self-care as part of self-management

- **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





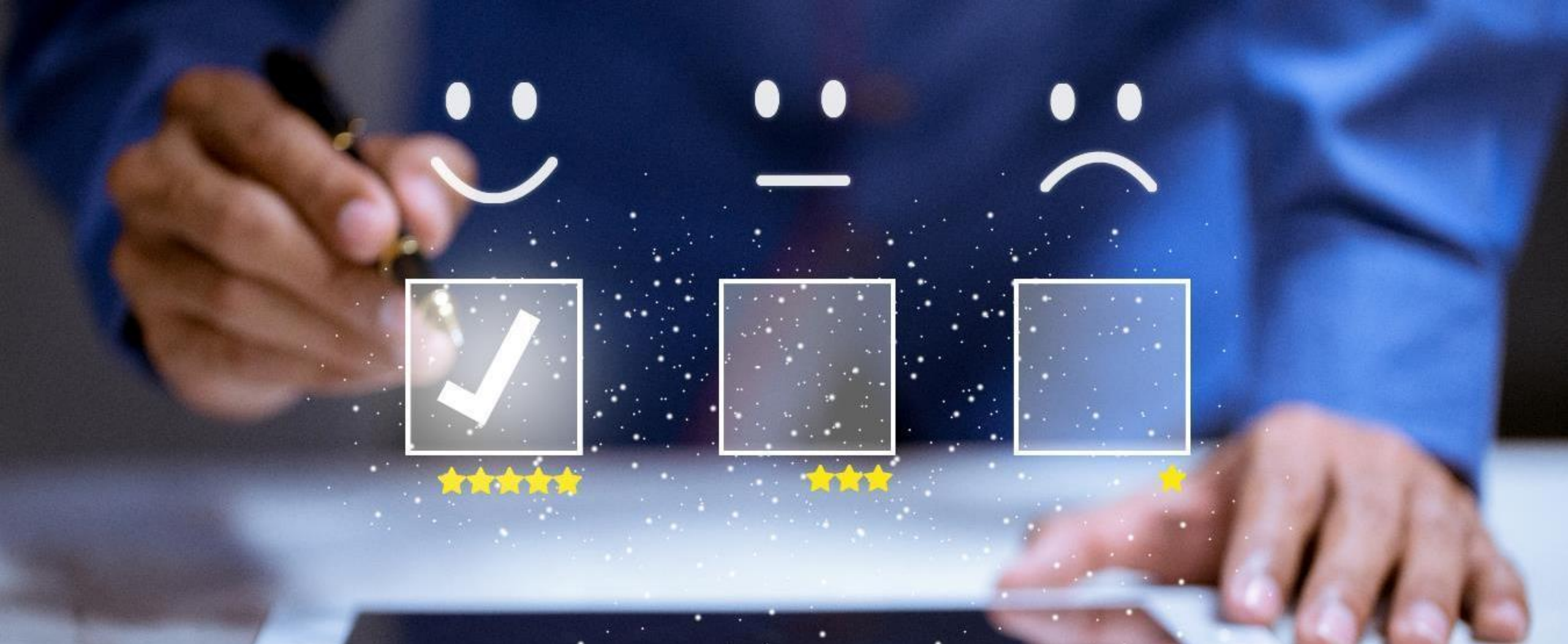
**Q: What excites you about future research
in menopause and arthritis?**





Questions





Tell us what you think...



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