

FINANCIAL DISCLOSURES

The authors are employed by Midi Health, Inc. and receive salary and stock options.

BACKGROUND

Menopausal symptoms profoundly impact quality of life and chronic disease risk¹. With the recent Food & Drug Administration (FDA) removal of the black box warning on menopausal hormone therapy (MHT)², health care services to support women in the menopause transition have seen a resurgence of attention. However, traditional healthcare settings have been slow to adapt to state-of-the-science perimenopause care, with menopausal symptoms often going under-documented and untreated^{3,4}.

Virtual specialty care for midlife women’s health has quickly emerged to fill the gap and provide treatment options for women the menopause transition. Midi Health provides insurance covered virtual health care for midlife women. Board-certified clinicians are expertly trained in women’s health to manage concerns related to midlife hormone shifts. Across the country, more women can engage in healthcare with fewer barriers and more treatment options.

OBJECTIVE

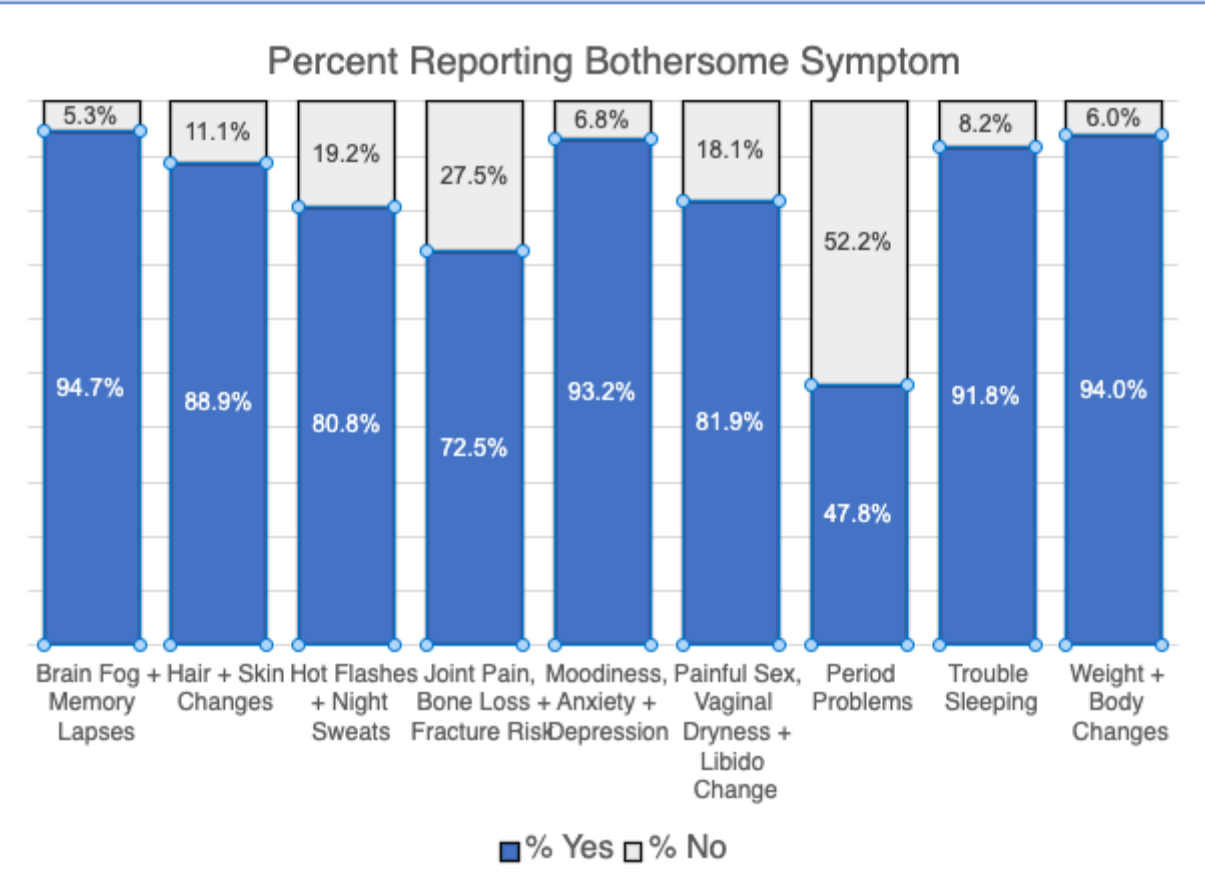
With unique access to a large sample of women across the US, the objective of this study was to identify the perimenopausal symptoms most frequently reported, and explore symptom improvement in the initial months of treatment with specialized perimenopausal care.

METHODS AND MATERIAL

- New patients are asked to rate the severity of 9 symptoms on a scale of 0 to 4 (from "none" to "very severe") using a modified version of the Menopause Rating Scale⁵.
- Symptoms are re-assessed at each follow-up visit.
- De-identified data were extracted from visits between 01/01/2023 to 05/22/2026.
- Follow-up data were included if (1) the patient had at least 3 visits, (2) the initial rating of a symptom was at least a 3 (“moderate”), and (3) the follow-up was at least 60 days after the initial visit .
- Symptom improvement was defined as at least one category shift from baseline to follow-up (e.g., from 3 to 2).

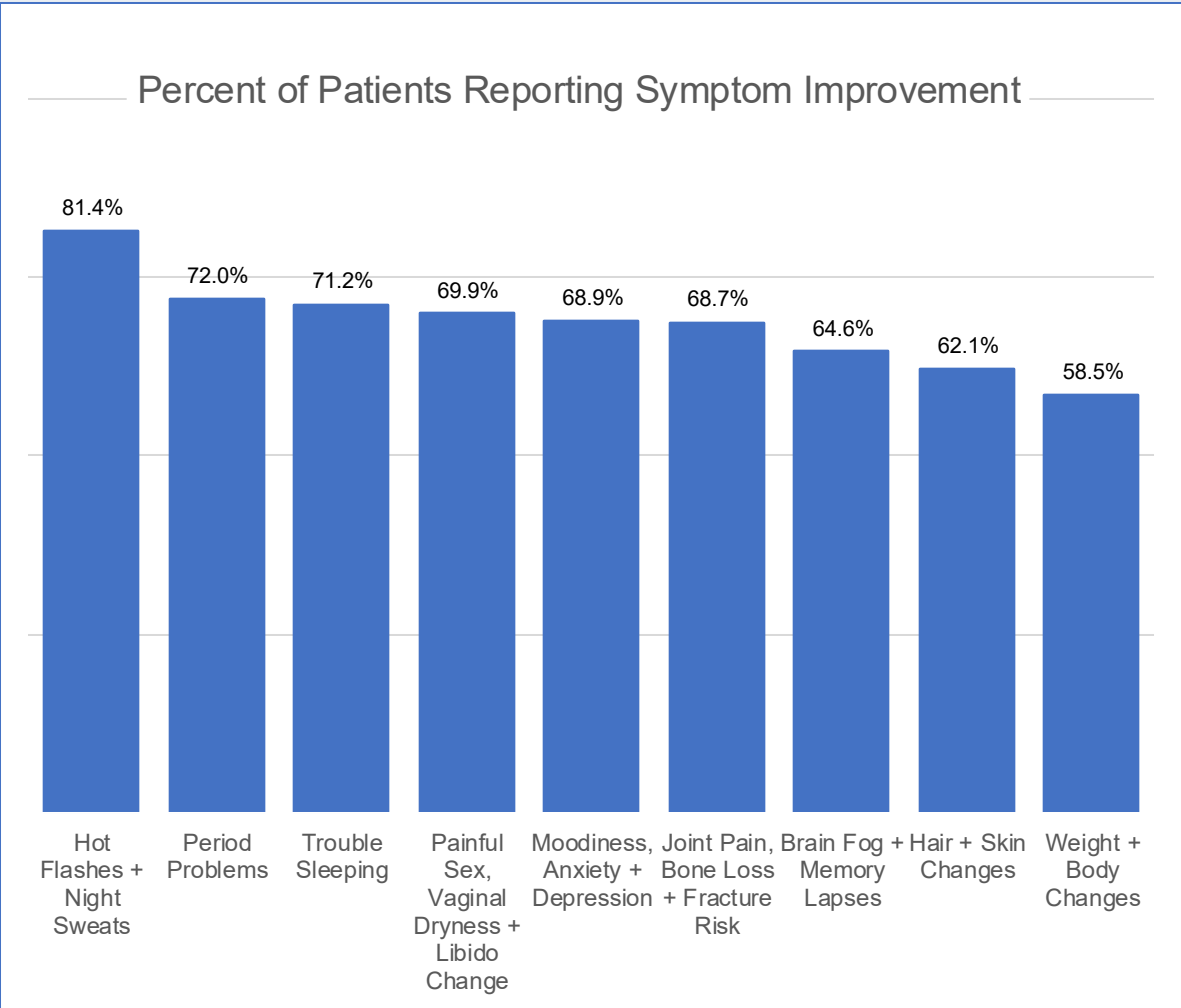
RESULTS

- **322,817** women had an initial visit and completed a symptom rating during the study time frame.
- 84.2% were within the ages of 40-59 years.
- Brain Fog, Weight, Mood, Sleep, and Hair and Skin Changes were bothersome for more patients than Hot Flashes and Night Sweats.



RESULTS

- The majority of patients reported improvement across every symptom



DISCUSSION

- Most therapeutic approaches primarily target vasomotor symptoms. In our large telehealth population, fewer women reported vasomotor symptoms as bothersome compared to cognitive, mood or weight changes.
- These findings highlight the variability of symptom experience in the menopause transition, and the ability to effectively manage diverse symptom presentations at scale through expert virtual care.

REFERENCES

1. El Khoudary SR, Greendale G, Crawford SL, Avis NE, Brooks MM, Thurston RC, et al. The menopause transition and women’s health at midlife: a progress report from the Study of Women’s Health Across the Nation (SWAN). *Menopause*. 2019;26: 1213–1227. [doi:10.1097/GME.0000000000001424](https://doi.org/10.1097/GME.0000000000001424)
2. Makary MA, Nguyen CP, Høeg TB, Tidmarsh GF. Updated Labeling for Menopausal Hormone Therapy. *JAMA*. 2026;335(2):117–118. [doi:10.1001/jama.2025.22259](https://doi.org/10.1001/jama.2025.22259)
3. Bevry ML, Stogdill ER, Lea CM, Taylor KR, Lovaas AM, Bailey KJ, et al. Addressing menopause symptoms in the primary care setting: opportunity to bridge care delivery gaps. *Menopause*. 2024;31: 1044–1048. [doi:10.1097/GME.0000000000002439](https://doi.org/10.1097/GME.0000000000002439)
4. Austin RR, Lalich MB, Song M, Holt JM, Gibson C. Bridging the menopause data gap: a scoping review of status, symptoms, and trends in electronic health records. *Menopause*. 2026 Sep 1. [doi:10.1097/GME.0000000000002868](https://doi.org/10.1097/GME.0000000000002868).
5. Heinemann K, Ruebig A, Potthoff P, Schneider HP, Strelow F, Heinemann LAJ, Do MT. The Menopause Rating Scale (MRS) scale: a methodological review. *Health Qual Life Outcomes*. 2004;2:45. [doi:10.1186/1477-7525-2-45](https://doi.org/10.1186/1477-7525-2-45)

