AgeTech Insights

Supporting Brain Health During Menopause: Understanding the Role of Technology

Report | March 2026

CENTRE FOR AGING
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About AgeTech Insights

AgeTech Insights is a market intelligence initiative supporting end users, entrepreneurs, investors, innovators, ecosystem leaders, and policymakers working at the intersection of aging, brain health, and technology. It serves as a national and global knowledge hub that centers the lived experiences of older persons and care partners while identifying opportunities within the rapidly growing agetech market.

Grounded in lived experience through the Centre for Aging + Brain Health Innovation's (CABHI) Leap service, alongside user insights and demographic trends, AgeTech Insights generates actionable intelligence to:

- influence innovation design, uptake, investment, and policy
- support the development of technologies, services, and business models that reflect the real needs of older persons and care partners
- ensure lived experience remains central to how agetech priorities are identified and advanced

This report is a collaborative effort between CABHI and FemTech Canada; the Einstein Lab of Cognitive Neuroscience, Gender, and Health at the University of Toronto; the Galea Laboratory of Behavioural Neuroendocrinology at the Centre for Addiction and Mental Health; the Rajah Laboratory for Brain Health Equity in Aging and Memory at Toronto Metropolitan University; Women's Age Lab at Women's College Hospital; and Women's Brain Health Initiative.

Who is the target audience for this report?
This report is designed for end users, entrepreneurs, innovators, investors, non-governmental organizations, and policymakers seeking to better understand the aging and brain health market in Canada, and who are interested in the potential applications of technology to improve the aging experience (physical, mental, and emotional well-being) for women.

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Contact us:
Are you interested in conducting your own market research or gathering insights about the agetech landscape? Contact the AgeTech Insights team at agetechinsights@cabhi.com to discuss how you can work with our team to build comprehensive market research surveys and reports.

AgeTech Insights is generously supported by the Centre for Aging + Brain Health Innovation. The authors would like to thank CABHI team members Sean Fitch, Adi Rittenberg, Rhea Singer, Kymberly Reid, and Dr. Graham Flick for their guidance and contributions to the development of this report.

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Foreword

CABHI's AgeTech Insights provides market intelligence into the evolving needs and priorities of populations across the lifespan, with a focus on aging, brain health, and technology. By centring lived experience and encouraging co-design approaches, AgeTech Insights aims to connect innovators, researchers, policymakers, and communities to support the development of inclusive and impactful agetech policies, products, and practices.

Menopause represents a critical yet under-addressed period for women's cognitive and mental health, occurring at a life stage when many women remain active in the workforce, caregiving, and community life. While primarily considered a later-life event, menopause can occur at any reproductive age due to surgical removal of the ovaries, premature ovarian insufficiency, and chemotherapy (to name a few). Awareness of menopause-related cognitive and mental health changes is increasing, yet women continue to report limited access to timely, trustworthy, and integrated support. These gaps have implications not only for individual well-being, but also for population health, healthcare system demand, and economic impact, particularly as Canada's population ages. **This report was developed in response to a clear mismatch between women's interest for technology-enabled support and the limited availability of menopause-informed, evidence-based digital solutions that are integrated into care pathways and lifestyle interventions.**

This report is the result of a collaborative effort between CABHI and FemTech Canada; the Einstein Lab of Cognitive Neuroscience, Gender, and Health at the University of Toronto; the Galea Laboratory of Behavioural Neuroendocrinology at the Centre for Addiction and Mental Health; the Rajah Laboratory for Brain Health Equity in Aging and Memory at Toronto Metropolitan University; Women's Age Lab at Women's College Hospital; and Women's Brain Health Initiative.

Each partner contributed their expertise to strengthen the scientific rigour, equity focus, and real-world relevance of the report. Academic research partners —including the **Galea Laboratory**, **Einstein Lab**, **Rajah Laboratory**, and **Women's Age Lab**— ensured that the findings are grounded in current evidence from neuroscience, neuroendocrinology, cognitive aging, and women's health research. Their involvement supports alignment with best practices in evidence-informed care and interpretation.

Women's Brain Health Initiative brought a public health and knowledge translation perspective, supporting the development of accessible and evidence-based information for women across the lifespan. **FemTech Canada** contributed policy and advocacy expertise, helping ensure that the findings of this report reach all women with menopause, including older persons, innovators, and decision-makers working to advance women-centred health technologies.

Awareness of menopause-related cognitive and mental health changes is increasing, yet women continue to report limited access to timely, trustworthy, and integrated support.

The integration of research, policy, and innovation perspectives underscores a shared commitment to improving women's brain health across early- and later-midlife and older adulthood, and reflects the importance of bridging evidence, lived experience, and technology development.

CABHI is proud to work alongside its partners to advance understanding in this area and to support innovators, healthcare systems, and policymakers in responding to identified gaps. Findings such as those presented in this report contribute to informed decision-making, inclusive innovation, and sustained investment in solutions that support women's health and well-being across the lifespan.

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Current State

Women's health represents one of the most significant inequities in the Canadian healthcare system, but also one of the greatest opportunities to strengthen both national health outcomes and economic growth. Gender-based health inequities contribute to a global gross domestic product (GDP) gap of more than $1 trillion (Pichette, 2025). In Canada alone, these losses are projected to exceed $37 billion by 2040 (Lanoue et al., 2025). These economic impacts reflect longstanding structural inequities: **women spend a greater share of their lives in poor health, experience later diagnoses, and remain underrepresented in research and clinical trials** (Lanoue et al., 2025).

Women spend a large part of their lives in early to later-midlife and older adulthood, a period marked by biological and induced transitions that can affect cognitive, mental, and physical health (Avis et al., 2021). Early life menopause and midlife **perimenopause, menopause, and post-menopause represent important yet historically under-researched areas of women's health**, with implications for memory, sleep, emotional well-being, quality of life, and participation in work and daily life (Gilmer et al., 2023). Moreover, women have a higher risk of dementia (Bourzac, 2025) and a higher prevalence of depression compared to men (Salk et al., 2017). **Menopause may be a key contributor to this disparity**, representing a critical brain health window that extends beyond symptom experience to a neurological transition influencing long-term cognitive trajectories and dementia risk (Marioni et al., 2015).

As global populations age, innovators, researchers, policymakers, health systems, and community organizations are increasingly prioritizing brain health and cognitive well-being across the lifespan. At the same time, **digital technologies are transforming how people access information, manage health, and seek support**. Across Canada, adults report high levels of engagement with digital tools for communication, learning, financial management, and health-related activities (Wavrock et al., 2022).

Key definitions

+ **Women:** In this report, "women" refers to people assigned female at birth, based on reproductive anatomy and other physical characteristics.
+ **Menopause type:** Refers to the cause or timing (e.g., natural, premature, or surgical).
+ **Menopause stage:** Refers to the specific phase of hormonal transition, specifically perimenopause, menopause, or post-menopause.
+ **Perimenopause:** The period leading up to menopause, typically starting in a woman's late 40s, when hormone levels begin to fluctuate. Symptoms can include irregular periods, hot flashes, sleep disturbances, mood changes, and memory or concentration difficulties.
+ **Menopause (Spontaneous menopause):** The point in time when a woman has not had a menstrual period for 12 consecutive months, usually occurring at average age 51.
+ **Post-menopause:** Defined as the time *after* a woman has been without a menstrual period for 12 months. It lasts for the rest of their lives. During this stage, menopausal symptoms, such as hot flashes, can get milder or go away.
+ **Menstrual cessation:** The permanent stopping of menstrual periods, clinically defined as occurring after 12 consecutive months without menstruation in the absence of other medical causes. Menstrual cessation marks the biological point of menopause.
+ **Oophorectomy:** The removal of one or both of the ovaries, with the removal of both leading to menopause, often early in life. The removal of both ovaries and the fallopian tubes, often done for cancer prophylaxis, is called a bilateral salpingo-oophorectomy.
+ **Hysterectomy:** A surgical procedure to remove the uterus only, which stops menstruation and may cause menopause if the ovaries are damaged or also removed. When the uterus and the ovaries are removed, it is called a total hysterectomy with oophorectomy.

Technology is increasingly positioned as a potential means of supporting healthy aging and brain health by delivering information, promoting healthy behaviours, and extending support beyond traditional care settings (Sproul et al., 2023; Curtin Wach et al., 2025). As women remain active in the workforce across different life stages, the effectiveness of these tools can influence individual health outcomes, workplace productivity, and broader health-system sustainability. **However, there remains limited evidence on whether existing digital tools adequately address women's needs during the various menopause types and stages**, or whether they are perceived as useful, trusted, and integrated with healthcare systems.

Research suggests that cognitive and mental health changes during all types and stages of menopause are common sources of concern for women and are often intertwined with broader anxieties about aging and long-term brain health (Conde et al., 2021). Despite growing awareness, many women continue to report challenges accessing menopause-informed care and evidence-based resources (Menopause Foundation of Canada, 2022). These gaps may contribute to reduced workforce participation, increased healthcare utilization, and longer-term economic pressures. **Technology has the potential to address these shortcomings for any menopause type and stage**, supporting education, symptom management, and connections to care; however, concerns remain regarding accessibility, trust, clinical endorsement, and alignment with women's diverse lived experiences (Sillence et al., 2025).

Within this context, CABHI conducted a national survey of Canadian women aged 40 and older to examine experiences of cognitive and mental health across perimenopause, menopause, and post-menopause, as well as engagement with digital technologies and healthcare supports. **By centring women's perspectives, this report identifies key needs, gaps, and opportunities related to awareness, symptom management, access to care, and technology use**. The report presents findings on lived experiences, technology adoption patterns, and barriers to trusted support, concluding with actionable recommendations.

This report is intended for innovators, entrepreneurs, healthcare leaders, policymakers, researchers, and ecosystem partners seeking evidence-informed insights to guide the design, evaluation, and implementation of agetech solutions that support women's brain health across the menopause types and stages.

This report recognizes the distinction between sex and gender. While the survey focused on people assigned female at birth and uses the term women for clarity and consistency, menopause-related cognitive and mental health experiences may also affect people who do not identify as women, including trans men, non-binary, Two-Spirit, and gender-diverse individuals. Future research and innovation should explicitly include these populations.

Findings at a Glance

Based on a national survey of **1,420 Canadian women,** this report examines experiences of **cognitive and mental health** changes across menopause types and stages and the **role of technology** in supporting these experiences.

- Menopause-related brain health changes are widely reported and commonly experienced across respondents.
- Support remains limited, both through digital tools and within healthcare systems.
- Although many women report high comfort with technology, adoption of menopause-specific digital solutions is low.
- Perceptions of digital tool effectiveness are mixed, and clinical recommendation or adoption of these digital tools is minimal.
- Overall, the findings highlight gaps between women's needs, available supports, and existing technologies.
- These gaps point to a significant opportunity for agetech solutions that are trusted, menopause-informed, and better integrated into healthcare systems.

High awareness of menopause-related brain health changes

Overall awareness of menopause-related cognitive and mental health changes was high. **Seventy-seven percent** (**77%**) of respondents agreed that symptoms such as memory difficulties, trouble concentrating, mood changes, and sleep disturbances can occur during any type or stage of menopause.

Sleep and cognitive symptoms persist across menopause types and stages

Cognitive and mental health symptoms were common across all menopause types and stages, with sleep disturbances emerging as the most prevalent concern. During perimenopause, **57%** of respondents reported sleep problems. This peaked at **58%** during menopause and remained high in post-menopause (**54%**). Memory difficulties were reported by **32%** during perimenopause, **29%** during menopause, and **40%** during post-menopause. Trouble concentrating ("brain fog") affected **36%**, **33%**, and **27%** of respondents across perimenopause, menopause, and post-menopause, respectively.

High digital comfort but limited technology use

The use of digital technologies to manage menopause-related cognitive or mental health symptoms remains limited. Nearly **half of women** (**49%**) reported not using any digital tools for symptom management, even though **58%** reported being 'very' or 'extremely' comfortable using digital technologies. Among those who reported technology use, engagement focused on general wellness tools rather than menopause-specific digital solutions. The most commonly used tools included fitness or wellness apps and wearables (**28%**), sleep trackers (**18%**), and meditation or mindfulness apps (**16%**), while use of menopause symptom trackers remained low (**4%**).

77% of survey respondents recognize that menopause affects brain health

58% of survey respondents experience sleep disturbances during menopause

49% of survey respondents use no digital tools to manage symptoms

2% of survey respondents receive tech recommendations from healthcare providers

Mixed perceptions of technology effectiveness

Perceptions of technology effectiveness were mixed. Among users, **40%** rated digital tools as 'not at all' or only 'slightly' useful for managing symptoms, and **21%** rated them as 'very' or 'extremely' useful. Using technology to access educational resources about menopause-related cognitive and mental health changes was similarly modest. **Twenty-one percent** (**21%**) of respondents reported using health websites, even fewer reported engagement with podcasts, webinars, apps, or online programs (**5%**), and **26%** reported not using any technology for this purpose.

Minimal clinical integration and ongoing care delivery gaps highlight one of the biggest opportunities for technologies in this space

Integration of digital tools into healthcare practices remains minimal. Only **2%** of respondents reported that a healthcare provider had recommended technology to support cognitive or mental health during any type or stage of menopause. Many respondents also identified gaps in care, including lack of information or education about cognitive changes (**30%**), limited access to providers with specialized menopause training (**24%**), insufficient guidance from healthcare professionals (**27%**), dismissal or minimization of symptoms (**19%**), and difficulty finding trustworthy information (**18%**).

> **Women are aware of menopause-related brain health changes — but support systems, digital tools, and clinical integration have not kept pace.**

Clear opportunity for menopause-focused tech solutions

Overall, these findings show that while women experience a high symptom burden and are comfortable using digital technologies, they are largely relying on tools not designed for menopause (e.g., general wellness apps or sleep trackers). As a result, these technologies often fail to provide adequate support for managing menopause-related health concerns. This gap highlights the **need for menopause-informed, clinically integrated tech solutions that are designed around women's biology and lived experience**, rather than requiring women to adapt to systems and technologies not built for them.

Introduction

What did we do?

CABHI conducted a national survey of **1,420 Canadian women aged 40+** to better understand their cognitive and mental health experiences during perimenopause, menopause, and post-menopause, as well as their use of technology for symptom management and education. The survey was designed to capture both awareness and lived experience of menopause-related cognitive and mental health changes. In addition, the survey explored how women currently manage these changes, their concerns about long-term brain health, and the role technology and healthcare providers play in supporting them.

Questions also examined comfort levels with digital technologies, current use of digital tools for managing symptoms or accessing information, and perceptions of the usefulness of existing digital solutions. Together, these insights help identify gaps between needs and available supports, informing opportunities for innovation, healthcare improvement, and policy action.

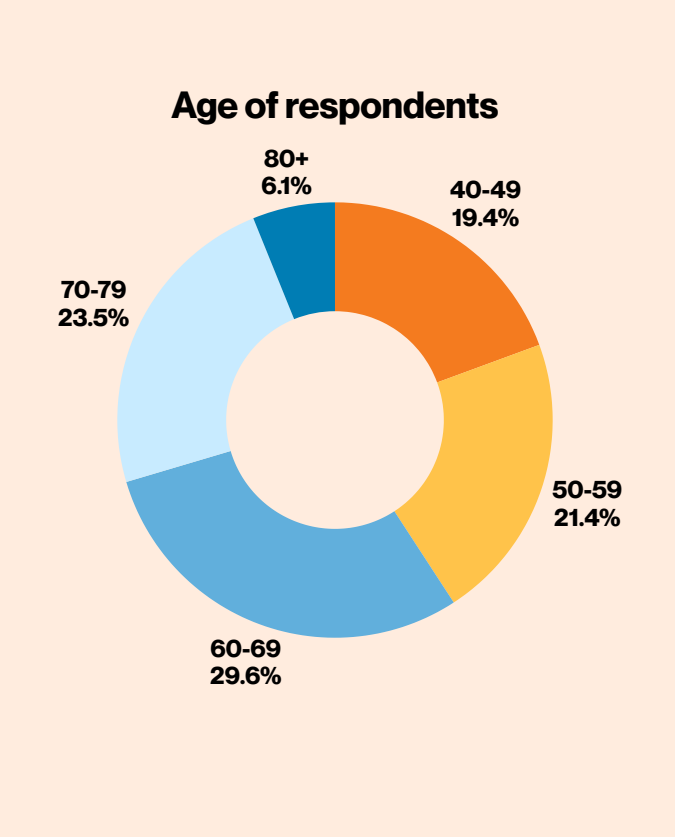
How did we do it?

The survey was administered online and available to women across Canada aged 40+. The survey was open for two weeks and disseminated through CABHI and partner channels to reach a wide representation of Canadian women 40+ currently experiencing perimenopause, menopause, or post-menopause. Respondents completed the survey at one point in time and were asked to complete a questionnaire that took approximately 10 to 15 minutes.

Who did we survey?

Survey respondents reflect a broad cross-section of women aged 40 and older from across Canada, with participants drawn from **eight provinces**.

Respondents ranged in age from **40 to 89 years**, with representation across midlife and older adulthood. Approximately **19%** were aged 40 to 49, **21%** were aged 50 to 59, **29%** were aged 60 to 69, **23%** were aged 70 to 79, and **6%** were aged 80 years and older.



1,420 Canadian women aged 40+

2-week dissemination period

10-15 minute questionnaire

Location of respondents

Alberta **9%**

British Columbia **13%**

Manitoba **3%**

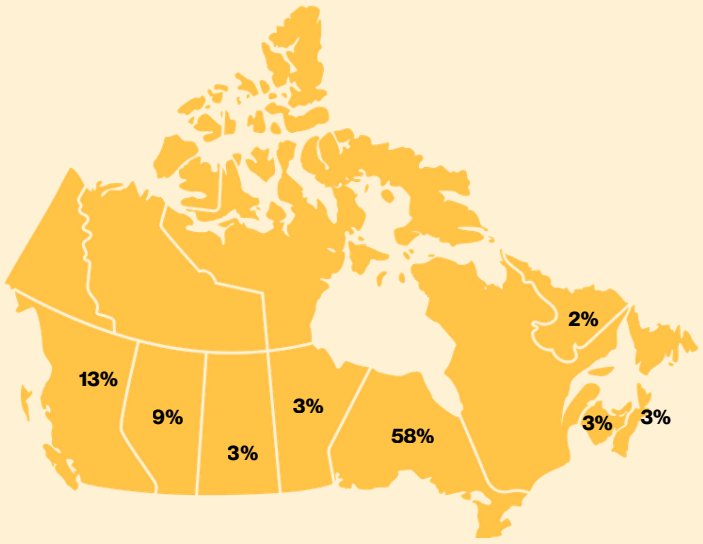
New Brunswick **3%**

Newfoundland and Labrador **2%**

Nova Scotia **3%**

Ontario **58%**

Saskatchewan **3%**



Participants represented all types and stages of menopause. **Twenty percent** (**20%**) reported being in perimenopause, **12%** reported being in menopause, and **67%** reported being post-menopausal.

Among respondents who were in menopause or post-menopause, the average age of menstrual cessation was approximately **49 years**. Most reported spontaneous (natural) menopause (**69%**), **14%** reported menopause due to ovarian removal or hysterectomy, and smaller proportions reported other causes.

With respect to race and ethnicity, the majority of respondents identified as **White** (**83%**), with remaining participants identifying as **Chinese** (**5%**), **Black** (**3%**), **South Asian** (**3%**), **Indigenous** (**2%**), **Latin American** (**1%**), or other backgrounds. In terms of education, **23%** reported high school as their highest level of education, **31%** reported completing a college diploma, **28%** a university bachelor's degree, and **14%** an advanced degree.

Respondents' stages of menopause

20%
Perimenopause

12%
Menopause

67%
Post-menopause

Key Findings

1 Menopause-related cognitive and mental health changes are widely reported and experienced

Why this matters: Awareness is already high, which means the opportunity now lies in action, not recognition.

Menopause-related cognitive and mental health changes are well recognized and widely experienced by women. The survey explored both awareness and lived experience of changes related to memory, attention, mood, and sleep. By capturing both beliefs and personal experiences, this section of the survey shows that menopause-related brain health challenges are recognized, shifting the focus from whether these changes exist to how systems, technologies, and policies can respond.

Key learnings

- **Awareness is high**, with 77% of women agreeing that menopause can affect cognitive and mental health.
- **Lived experience of cognitive and mental health changes is common across menopause types and stages**. During perimenopause, 57% report sleep disturbances, 36% report trouble concentrating, and 32% report memory difficulties. These symptoms remain prevalent during menopause, with 58% reporting sleep disturbances, 33% reporting trouble concentrating, and 29% reporting memory difficulties. Symptoms continue into post-menopause, where 54% report sleep disturbances, 27% report trouble concentrating, and 40% report memory difficulties.
- **Emotional symptoms frequently accompany cognitive changes across stages**. During perimenopause, 46% report irritability or mood swings, 34% report depression or low mood, and 34% report anxiety. During menopause, 40% report irritability or mood swings, 31% report depression or low mood, and 29% report anxiety. In post-menopause, emotional symptoms persist, with 18% reporting irritability or mood swings, 26% reporting anxiety, and 24% reporting depression or low mood.

2 Sleep and cognitive symptoms persist across the menopause types and stages

Why this matters: Cognitive and mental health challenges extend well beyond a single stage and require sustained support.

To examine changes in experiences over time, women reported symptoms for perimenopause, menopause, and/or post-menopause, depending on which stages they had already experienced at the time of the survey. This approach highlights how challenges such as sleep disruption and cognitive difficulties often continue throughout the menopause stages, pointing to the need for long-term, menopause-aware tech solutions rather than short-term interventions.

Key learnings

- **Sleep disruption is the most persistent menopause-related symptom,** reported by 57% of women in perimenopause, 58% in menopause, and 54% in post-menopause.
- **Memory difficulties remain prevalent across menopause types and stages**, reported by 32% of women in perimenopause, 29% in menopause, and 40% in post-menopause.
- **Trouble concentrating remains common across all menopause types and stages**, reported by 36% of women in perimenopause, 33% in menopause, and 27% in post-menopause.

3 Concern about cognitive decline is common across menopause types and stages

Why this matters: Menopause is shaping how women think about their future brain health and longevity.

The survey explored how women think about long-term cognitive health by asking about concerns related to cognitive decline, including memory loss and dementia. Follow-up questions examined the reasons behind these concerns. These insights help identify opportunities for early education and prevention-focused approaches.

Key learnings

- **Concern about cognitive decline is widespread across the menopause types and stages**, with 35% of women reporting that they are 'very' or 'extremely' concerned about cognitive decline as they age.
- **Personal experience is a key driver of concern**, with 49% of women who report concern citing noticeable changes in their own memory or thinking.
- **Memory changes rank among the most prominent menopause-related aging concerns**, selected by 28% of women as one of their top three concerns related to perimenopause, menopause, or post-menopause.

4 Non-medical coping strategies dominate, and menopause hormone therapy use is limited

Why this matters: Many women are managing symptoms on their own, often without clinical support.

To understand how women navigate menopause-related cognitive and mental health changes, the survey asked about coping strategies ranging from lifestyle and social approaches to medical and pharmaceutical options. The responses highlight how women are currently managing symptoms and where gaps in support may exist.

Key learnings

- **Lifestyle strategies are the most common approaches**, with 43% of women reporting the use of physical activity or exercise to manage menopause-related cognitive or mental health symptoms.
- **Social support plays an important role**, with 43% of women reporting that they talk with friends, family, or peers to help manage these changes.
- **Medical approaches are less commonly used**, with 74% of women reporting that they have never used menopause hormone therapy to manage menopausal symptoms.

5 Technology remains underused for symptom management and education

Why this matters: Digital comfort is high, but engagement with menopause-specific digital tools remains low.

The survey examined whether women use digital tools to support menopause-related cognitive or mental health needs, both for symptom management and for accessing information. Questions covered general wellness tools as well as menopause-specific technologies, highlighting the gap between digital readiness and real-world use.

Key learnings

- **Use of technology for symptom management is limited among women who have experienced cognitive or mental health symptoms**, with only 9% reporting use of digital tools to support symptom management.
- **Non-use of technology is common**, with 49% of women who have experienced symptoms reporting that they have not used any technology for symptom management.
- **For education and information-seeking, women primarily rely on general health websites** (21%), compared with just 1% using menopause-specific apps or technologies.

6 Perceived value of existing technologies is modest

Why this matters: The challenge is not only adoption of digital tools, but relevance and effectiveness of these tools.

Among women who reported using digital tools, the survey assessed how useful these technologies were for managing symptoms and increasing understanding of menopause-related cognitive and mental health changes. These findings highlight misalignment between available digital solutions and women's needs.

Key learnings

- **Perceived usefulness of technologies for symptom management is modest**, with 40% of women who have used lifestyle or menopause-related tools rating them as 'not at all' or only 'slightly' useful.
- **High perceived usefulness is less common**, with 21% rating technologies as 'very' or 'extremely' useful for managing menopause-related symptoms.
- **Educational technologies (health websites, apps, podcasts, webinars, and online programs) show similar limitations**, with only 20% of women who have used them rating these tools as 'very' or 'extremely' useful for increasing knowledge about menopause-related cognitive and mental health changes.

7 Technology interest is high

Why this matters: Low adoption of digital tools reflects issues of the tools' lack of relevance, trust, and integration rather than lack of interest.

To better understand the gap between current technology use and potential demand, the survey asked women about their interest in future technologies that could support cognitive and mental health during perimenopause, menopause, and post-menopause. These findings highlight an unmet demand for menopause-informed digital solutions, even among women who are not currently using technology for symptom management.

Key learnings

- **Interest in technology-enabled support is present**, with 39% of women interested in apps that track cognitive function over time and 40% interested in tools that support healthy lifestyle habits.
- **Sleep and emotional well-being emerge as key priorities**, with 39% of women interested in sleep-focused technologies, 35% interested in tools to manage mood and emotional well-being, and 32% interested in personalized educational resources about menopause and brain health.
- **Interest in supportive technology is high**, with 8 in 10 women indicating they would use digital tools to support their brain health across menopause types and stages, despite low current adoption.

8 Healthcare guidance on digital tools is largely absent

Why this matters: Technology remains disconnected from formal healthcare guidance.

The survey explored the role of healthcare providers in supporting menopause-related cognitive and mental health needs, including whether providers recommend digital tools. Additional questions examined broader gaps in menopause-informed care.

Key learnings

- **Clinical recommendation of technology is rare**, with 94% of women reporting that a healthcare provider has not recommended a digital tool to support menopause-related cognitive or mental health symptoms.
- **Access to specialized care remains limited**, with 24% of women reporting difficulty finding healthcare providers who are trained in menopause-related cognitive or mental health issues.
- **Gaps in healthcare guidance are common**, with 27% of women reporting limited support from healthcare providers and 19% reporting that their symptoms were dismissed or minimized.

> ***Women are not told by their health care providers what to expect during menopause, except for the end of their periods. There is no discussion of lack of sex drive, vaginal dryness, difficulty with word recall, hot flashes, etc. This should be a basic part of medical training and discussed with patients as they age.***

Discussion

Cognitive, mental health, and physiological changes across menopause types and stages are an important yet often overlooked contributor to health and economic inequities experienced by women. When these cognitive and mental health changes are not adequately recognized or supported, they can directly affect workforce participation and quality of life, leading to reduced engagement in work, social, and cognitively engaging activities. **Over time, lower levels of engagement are associated with increased risk of later-life cognitive decline and dementia** (Marioni et al., 2015), **contributing to greater demand for healthcare and long-term care services and placing a substantial burden on informal caregivers**, particularly adult children, long before institutional care is required.

Addressing all types and stages of menopause therefore represents a critical and timely opportunity to improve women's health outcomes while advancing innovation and economic growth. **Targeted investment in women's health has the potential to reduce healthcare costs and system burden over the long term, while supporting women's health and well-being across the lifespan and sustaining their participation in Canada's workforce and economy**. This call-to-action is particularly urgent given estimates that unmanaged menopause symptoms **cost the Canadian economy approximately $3.5 billion annually** in lost productivity and workforce participation (Menopause Foundation of Canada, 2023).

This report highlights that **cognitive and mental health changes during perimenopause, menopause, and post-menopause are widely experienced by women**. Concern about cognitive decline is common across all age groups and menopause types and stages, suggesting that cognitive health remains a prominent issue throughout early-midlife and older adulthood. Most participants rely on lifestyle and social strategies rather than medical treatments to manage cognitive and mental health changes, and the use of menopause hormone therapy remains low. Thus, there is a clear **opportunity for healthcare providers to engage in more transparent conversations** about available non-hormonal and hormonal treatment options, including potential risks and benefits, to support informed decision-making.

> ***I feel I can manage the changes happening within my body as I age, but the real challenge is the social context that creates barriers to symptom management and healthy living for women. Unrealistic work demands, managing family responsibilities (caregiving for older adults and young children at the same time), and being told to prioritize 'self-care' make this especially difficult, while struggles are often framed as personal failings rather than a lack of adequate supports. Flexible working environments and reasonable workloads would go a long way toward making life more bearable at this stage of my life.***

While many respondents report comfort with digital technologies, **adoption of technology for symptom management and education is limited, and perceived usefulness is generally modest**. This gap suggests that existing digital tools are not adequately addressing women's cognitive, mental health, and physiological needs or align with their lived experiences during menopause. Notably, healthcare providers rarely recommend technology-based supports, highlighting an opportunity to develop and integrate menopause-informed technologies into routine care and insurance plans. These findings underscore the **need for earlier, more targeted, and more trusted interventions that address cognitive health across menopause types and stages**. Co-designed, lifestyle-oriented, and clinically endorsed digital solutions that respond to women's real-world priorities can improve both adoption and impact, supporting brain health across the menopause types and stages.

These findings underscore that **menopause-related cognitive and mental health changes are not only a quality-of-life issue, but a contributor to the broader health inequities** that limit women's participation in the economy and society at large. The gap between women's needs, available supports, and effective use of technology reflects missed opportunities for prevention, early intervention, and sustained engagement. This gap persists despite a crowded Canadian market for menopause-focused digital tools, in which no clear market leader has emerged, even as larger telehealth platforms increasingly integrate menopause care into their existing services.

Addressing cognitive and mental health concerns during menopause through evidence-informed and accessible digital solutions represents a high-impact opportunity to improve women's health outcomes while reducing downstream healthcare costs. In doing so, **investments in menopause-focused brain health and agetech innovation can help close gender-based health gaps and support healthier, more equitable communities across Canada**.

Recommendations

1 Develop tools to track and manage cognitive, mental, and physiological symptoms

Women express strong interest in menopause-specific technologies that help monitor and manage menopause-related symptoms such as memory changes, attention difficulties, brain fog, and physiological changes. Tools that allow women to track changes over time, recognize patterns, and understand potential triggers could support self-awareness and early action to better brain health and reduce the risk of cognitive impairment that may lead to dementia. Moreover, most digital solutions focus on immediate, acute symptoms like hot flashes, overlooking the need for technology that manages long-term health risks associated with estrogen decline, such as cardiovascular disease, bone density loss, and cognitive decline.

Action:
Design menopause-informed cognitive tools that combine symptom tracking with clear, actionable pathways to care, including education about treatment options and streamlined access to qualified healthcare providers. Menopause-specific digital solutions should function as gateways to care, helping women identify when symptoms warrant clinical assessment, enabling timely referral to menopause-trained providers, and supporting informed discussions about treatment options, including medications where appropriate.

2 Integrate lifestyle support into menopause-focused technologies

Women want tools that support healthy lifestyle habits, including physical activity, nutrition, stress management, and sleep. These are viewed as important levers for managing cognitive and mental health during menopause.

Action:
Build integrated platforms that connect lifestyle tracking with cognitive and mental health insights, rather than offering isolated features.

3 Address sleep as a core component of cognitive and mental health support

Interest in menopause-specific and age-specific sleep tracking and sleep improvement tools reflects the central role of sleep disruption during menopause and its impact on cognition and mood.

Action:
Develop menopause-informed sleep solutions that combine tracking, education, and actionable guidance linked to cognitive and emotional well-being.

4 Expand education on menopause and brain health

Respondents highlight the need for better access to personalized, trustworthy information about menopause-related cognitive, mental health, and physiological changes. Moreover, education gaps persist across the broader ecosystem, including among healthcare providers, employers, and training programs. Education tools for women that explain what changes are common, why they occur, and when to seek additional support would be highly valuable, alongside complementary tools for practitioners and employers that support understanding of menopause-related cognitive, mental health, and physiological changes.

Action:
Develop educational tools tailored to different users—including women, clinicians, and employers—with content adapted to life stage, symptoms, and user goals. Tools should incorporate credible menopause and brain health expertise and be designed for integration into existing health, training, and workplace systems, including recommendation by primary care providers and OB-GYNs.

5 Strengthen access through telehealth and healthcare-backed tools

Women express interest in digital tools that are recommended or supported by healthcare providers, highlighting the importance of clinical credibility. While a growing number of menopause-focused digital health solutions already exist in Canada, uptake remains limited due to gaps in referral pathways by clinicians and integration into routine care and large-scale telehealth platforms.

Action:

Support the integration and scale of evidence-informed, clinically grounded technologies by strengthening pathways for provider recommendation and system-level adoption. Solutions should be embedded within telehealth and routine care workflows, supported by clear clinical guidance, and positioned for coverage within standard insurance and employer health benefit packages.

Report recommendation

Prioritize early, lifestyle-oriented, and cognitively informed technological solutions that are co-designed with women across different menopause stages and delivered through trusted healthcare channels. These recommendations are intended to guide entrepreneurs, innovators, investors, non-governmental organizations, and policymakers in developing tools grounded in women's lived experiences, while also informing system-level decisions related to funding and resource allocation for implementation.

Looking Ahead

Gaps and future opportunities

The findings in this report point to several gaps in how menopause-related cognitive and mental health needs are currently addressed, alongside opportunities for improvement. Limited access to menopause-informed care remains a challenge, as many women report difficulties with finding healthcare providers who have sufficient training or expertise in menopause and brain health. This can delay guidance and leave cognitive and mental health concerns insufficiently addressed across menopause types and stages. For example, in 2013, **67% of surveyed American obstetrics and gynecology residents did not adequately understand hormone replacement therapy for menopause care** (Christianson et al., 2013). In addition, access to menopause care is often constrained by the absence of dedicated insurance billing codes in some provinces, limiting appropriate reimbursement for providers, particularly general practitioners (FP Analytics, 2025). **Expanding menopause-informed training across healthcare providers and developing accessible menopause-informed support tools for women may help bridge this gap**, particularly for those who do not have access to specialist care.

In addition, women frequently describe receiving limited, unclear, or inconsistent guidance when seeking support. This uncertainty contributes to reliance on informal sources and self-directed information seeking. There is thus an **opportunity to develop standardized, evidence-informed resources**, including digital tools, that provide clear and consistent information about menopause-related cognitive and mental health changes and available support options.

Experiences of dismissal or minimization of symptoms further compound these challenges. A substantial number of women report feeling that their cognitive, mental health, and physiological concerns are not taken seriously, which can undermine trust in the healthcare system and delay care-seeking. **Care models and technologies that validate women's experiences, normalize menopause-related changes, and support self-advocacy may help foster more productive, informed, and trustworthy conversations between women and healthcare providers**.

While many participants rely on lifestyle and social strategies to manage cognitive and mental health changes, this pattern should not be interpreted as a lack of interest in medical care or treatment options. Instead, these findings point to **persistent structural barriers within the healthcare system that limit timely access to appropriate menopause care**. Few women report receiving recommendations for technology-based supports from healthcare providers, which reduces awareness and uptake of potentially beneficial tools. **Supporting the development and clinical integration of trusted digital solutions that providers can confidently recommend may strengthen care pathways and improve access to evidence-informed support**. Together, these gaps and opportunities reinforce the need for more transparent, women-centred approaches to menopause care that integrate cognitive health, leverage trusted guidance, and align with women's real-world experiences and priorities.

Finally, approximately 85% of respondents in the current survey identified as White, meaning the sample does not fully reflect the diversity of the Canadian population. This limitation reflects a broader evidence gap across the healthcare ecosystem, where under-served groups are consistently underrepresented in research and innovation (Lanoue et al., 2025). Together, these gaps highlight a systemic evidence shortfall and an **important opportunity for future work to more intentionally engage and represent diverse communities**.

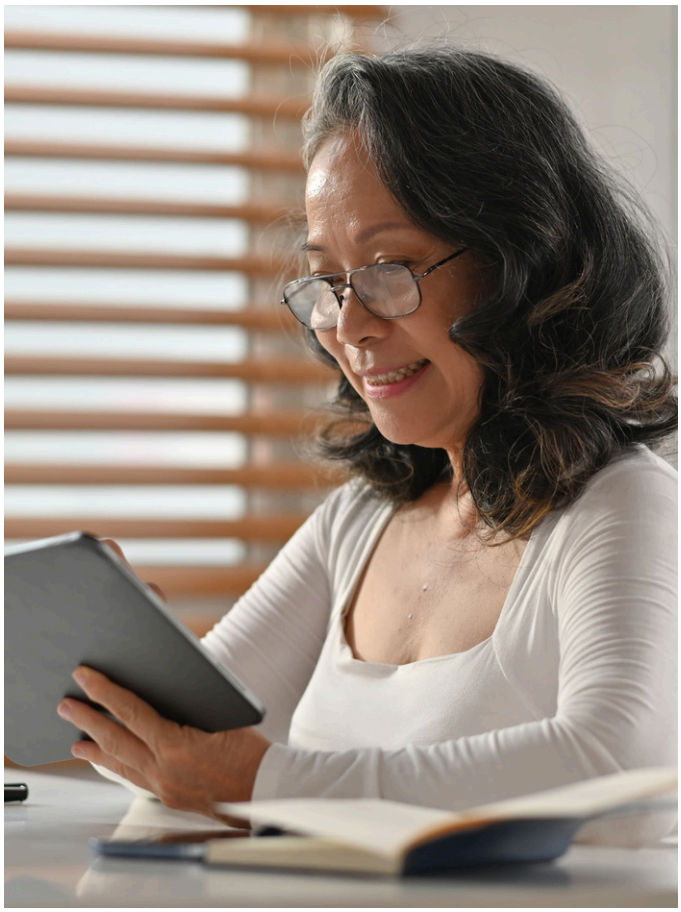
Summary

The findings and recommendations of this report underscore the importance of addressing cognitive, mental health, and physiological concerns, as well as other long-term health concerns, as a core component of menopause care. Women's experiences reveal a clear gap between growing needs and the limited availability of menopause-specific, effective, trusted, and integrated digital solutions. This **gap has implications not only for individual well-being, but also for healthcare system demand and spending**, as unmanaged cognitive and mental health concerns can contribute to increased healthcare utilization over time.

Despite reporting high levels of digital comfort and a strong interest for menopause-specific technology-enabled support, women describe limited adoption of existing tools when awareness is low, access is uneven, or connections to healthcare pathways are lacking. This mismatch between **demand and supply** points to a significant missed opportunity: **while menopause-specific digital solutions exist, they are not consistently reaching the target population, underscoring the need for wider distribution and stronger integration into public healthcare systems and employer insurance benefits**.

The recommendations in this report point to a clear direction for future innovation. **Effective solutions should be menopause-informed, cognitively focused, and grounded in women's lived experiences**, while being tailored to diverse needs across life stage, identity, ethnicity, and education. Moreover, technologies that integrate cognitive symptom tracking, education, lifestyle and sleep support, and opportunities for social connection, while being **endorsed or supported by healthcare providers**, are more likely to achieve uptake and impact.

By focusing on early, lifestyle-oriented, and co-designed approaches, innovators and health systems have an opportunity to support women's brain health across menopause stages and improve quality of life. Addressing menopause-related cognitive and mental health through.



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