NH Medical
A MONTHLY REPORT ON TIMELY HEALTH TOPICS

NEW HAMPSHIRE UNION LEADER
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THIS MONTH:
WOMEN'S HEALTH

Women's Health

GETTY
Staying on top of routine medical screenings, vaccines and checkups can potentially catch serious diseases in their early stages, making treatment easier.

Ages & Stages

A woman's guide to health screenings, decade by decade

By Krysten Godfrey Maddocks
Union Leader Staff

Most women in their 20s aren't thinking about their risk for colorectal cancer or developing low bone density. However, health care providers say taking care of your health isn't something you should start focusing on at midlife.

Dana Phillips

Dr. Danielle Porbunderwala

Staying on top of routine medical screenings, vaccines and checkups can potentially catch serious diseases in their early stages, making treatment easier.

Women can't truly assess their risk factors if they don't regularly check in with their health care providers and complete the suggested screenings at each stage of their life.

The place to start is with your primary care provider, said Dana Phillips, a nurse practitioner with ConvenientMD Primary Care in Manchester.

"Primary care is where you develop a relationship with your provider. You can see them when you are sick, but it's more focused on prevention and screenings and making sure people are doing everything they need to do so that they don't run into a big health crisis down the road that could have been avoided," she said.

Building a foundation in your teens and 20s

Phillips sees pediatric and adult patients in her primary care practice. She believes women's health education needs to start in adolescence, and should include discussions about preventing urinary tract infections, preventing pregnancy and sexually transmitted diseases and the benefits of getting vaccinated against cervical cancer.

Since a vaccine has been developed to help prevent cervical cancer, children who receive it are able to prevent a potential health hazard down the road, Phillips said.

Dr. Danielle Porbunderwala, a primary care doctor with Delphi Primary Care in Bedford, said it's critical for young women to understand the importance of getting regular cervical cancer screenings.

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No Flavors this week

The monthly NH Medical section takes the place of this week's Flavors section. Flavors, with Our Gourmet, returns next week.

THE GREAT HORMONE DEBATE

What NH providers want women to know

By Kristen Godfrey Maddocks
Union Leader Staff

For years, women have endured hot flashes, mood swings and fatigue in the transition leading up to menopause. Previous studies had warned that treating these symptoms with hormone replacement therapy, or HRT, came with risks that outweighed its benefits, including cancer and cardiovascular disease.

That changed in November 2025, when the Food and Drug Administration removed warnings from hormone therapy products, citing outdated interpretations of a Women's Health Initiative study that overstated the risks of HRT in older women.

Since then, prescriptions for estrogen patches and progesterone cream have skyrocketed. The American Society of Health-System Pharmacists, a professional organization for pharmacists, included 20 brands or dosages of estrogen patches in its most recent list of drugs in shortage. Women now see digital ads that openly promote HRT as a cure for sleepless nights and brain fog.

The dramatic shift has left many women asking their health care providers: Is hormone replacement therapy safe for me, and does it really make a difference?

GETTY PHOTOS
Menopause can affect nearly every part of the body, causing symptoms that range from hot flashes and fatigue to joint pain and brain fog. Experts say women should work with their health care provider to determine whether hormone replacement therapy or other treatments are appropriate.

Sarah Bay

"Even before the black box warning, there was this kind of churning of reinterpreting the same information," said Sarah Bay, a women's health nurse practitioner and certified nurse midwife at St. Joseph Hospital OBGYN & Midwifery, a Menopause Society Certified Practitioner and owner of the practice Hearts & Hands Women's Care, in Peterborough. "The same study in 2002 that said no hormone replacement therapy (is safe) is the exact study that we're using now to say everyone should be on hormone replacement therapy."

The growing buzz around the promise of HRT has created

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Autoimmune Awareness

Persistent symptoms deserve a closer look

By Krysten Godfrey Maddocks
Union Leader Staff

Dr. Mikhail Signalov

Dr. Naureen Mirza

Women are almost twice as likely as men to be diagnosed with an autoimmune disease and make up nearly 80% of those affected.

Many women with symptoms like fatigue or joint pain are often told these issues are just part of postpartum recovery, aging, menopause or stress.

However, New Hampshire doctors urge women to take their symptoms seriously and pursue further testing if their current treatments aren't helping.

"People who are complaining of fatigue generally have fatigue, and generally there's a clear-cut explanation. It can be as simple as their sleep pattern may be dysfunctional," said Dr. Daniel Albert, a board-certified rheumatologist at Dartmouth Hitchcock Medical Center. "But fatigue can be a symptom of an autoimmune disease. They need an evaluation. And I think it's inappropriate to dismiss a patient's symptoms as a general rule. It doesn't help them, it doesn't help you, and it's usually incorrect."

What are autoimmune diseases?

"A simple definition of autoimmunity is when our own body doesn't recognize ourselves as ourselves," said Dr. Naureen Mirza, a board-certified endocrinologist at Elliot Rheumatology Associates in Manchester. "Nature gave us an immune system to fight or attack something foreign — whether that's bacteria, an infection or a malignancy. However, in any autoimmune disease process, our own body is producing antibodies and many other different immune mechanisms that are attacking our own body."

Knowing how and where to explore the root cause of their symptoms can pose a barrier to care. Rheumatologists specialize in diagnosing and treating diseases in which the immune system attacks the body's own tissues, including lupus, rheumatoid arthritis and psoriatic arthritis.

Endocrinologists treat disorders of the hormone-producing glands, such as underactive or overactive thyroid diseases like Hashimoto's disease or Graves' disease.

Other autoimmune diseases, such as celiac disease — a chronic autoimmune disorder in which

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opportunities, drug shortages and even more confusion. Because HRT is an umbrella term used to describe different combinations and dosages of estrogen, progesterone or testosterone, in-depth discussions with a health care provider should guide decision-making, according to local women's health care providers.

Dr. Jacqueline Baselice

"For each patient, you have to individualize it," said Dr. Jacqueline Baselice, an obstetrician and gynecologist with Core Physicians Obstetrics and Gynecology in Exeter. "Each patient is so different in what they're looking for and where they are (in their transition)."

Riding the hormone rollercoaster

Menopause is officially defined as going one year with no menstrual period. Perimenopause, the transition period leading up to menopause, can last anywhere from four to 10 years, according to Dr. Heidi Hallonquist, a board-certified obstetrician and gynecologist at Concord Hospital Obstetrics and Gynecology.

During perimenopause, a woman's hormone levels can fluctuate unpredictably as communication between the brain and ovaries becomes less consistent. These hormonal fluctuations can produce the uncomfortable symptoms women associate with menopause, including irregular or unusually heavy periods, anxiety, difficulty concentrating, night sweats, joint pain, heart palpitations or changes in libido.

Each woman's symptoms vary because their bodies have receptors for estrogen, progesterone and testosterone located throughout the body, Bay said.

"They are in our brain, our skin, our bones, our musculoskeletal system, our cardiac system and our gastroenterology system," she said. "That's why we have weight gain and mood changes and all of the things. It's not just about our ovaries ... it's affecting everything."

Dr. Heidi Hallonquist

Some women experience very few symptoms, while others experience several at the same time. As a result, some women may seek treatment for conditions separately. They may see a cardiologist for heart palpitations or get treated for anxiety by a psychologist without tracing the symptoms back to perimenopause.

Now, women's health care providers are having longer conversations with women about each of these symptoms, according to Emily Kelly, a women's health nurse practitioner at Littleton Regional Healthcare's North Country Women's Health and a Menopause Society Certified Practitioner.

"I think for anyone who is basically mid-40s who's having a lot of symptoms, it should be on a provider's mind that maybe some of the symptoms are related to estrogen decline," she said.

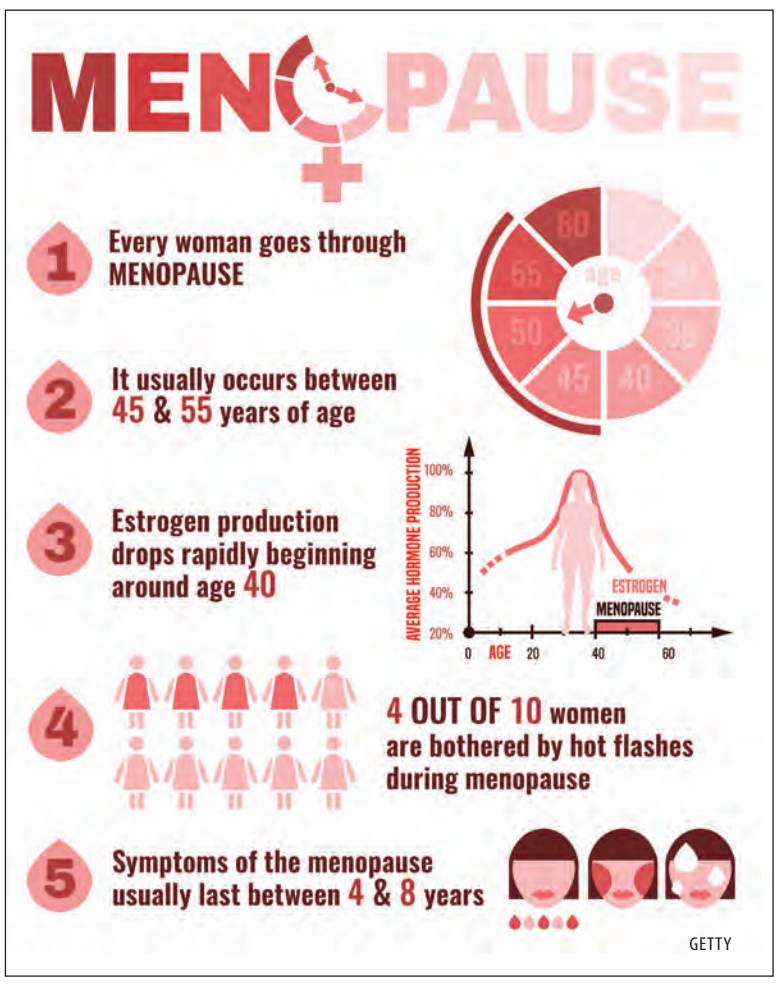
However, Hallonquist said women should not assume every new symptom they're having is related to hormones or menopause. Baselice said she too often sees patients who've begun HRT elsewhere, sometimes without a thorough discussion of whether their symptoms were caused by perimenopause.

"There's so many different things that it could be, and it's not always going to be hormones," she said.

How does HRT work?

Hormone replacement therapy includes different combinations, dosages and delivery systems of estrogen, progesterone or testosterone. Understanding what type of HRT will work best is determined by symptoms and conversations with a health care provider, Bay said.

"When I see patients, I give them a checklist of all of these symptoms. And when I look at the checklist, I can already tell if she's deficient or out of ratio," she said. "So, for example, if you're quick to cry, or teary all the time, that means your estrogen is elevated or you have estrogen dominance compared to your progesterone (levels). You might need a little bit of progesterone and everything settles out."



Blood tests can be helpful, but they can't accurately gauge a woman's hormone levels leading up to menopause, nor are they used to prescribe an exact formulation of any particular hormone, Bay said.

"It would be nice to test estrogen and progesterone with more accuracy, but in the context of menopause care, we do not have good labs for it," she said. "If I see a woman who hasn't had a period in six months, I know it's going to be low, so I don't need to do labs."

There are standard protocols health care providers follow when it comes to prescribing HRT. Women who get a prescription for systemic estrogen, in a patch or pill form, and still have a uterus are also prescribed progesterone or another form of uterine protection. Testosterone, which has not been approved by the FDA to treat women for menopause symptoms, can sometimes be prescribed off-label to help women suffering from low libido. Baselice does not prescribe testosterone as a first-line treatment for every menopausal woman experiencing fatigue, weight gain or brain fog.

"I usually will start people on estrogen and progesterone first," she said. "Online, you'll find that people want to use it to help with their athletic endurance or fatigue or (to boost) overall energy levels."

While some women's symptoms ease right away after beginning HRT, it's not unusual for them to require adjustments to their medications if they aren't getting relief or if treatments introduce new symptoms. HRT also isn't a substitute for taking care of overall health, Kelly said.

"We talk a lot about treating menopausal hormone therapy with estrogen, progesterone or testosterone. However, another big piece of that is your lifestyle stuff," she said. "I spend an equal amount of time with patients explaining menopausal hormone therapy as a disruptive puzzle that you have to put back together again. You really need to optimize hormones and prioritize protein and weightlifting, and resistance training and cardio. One without the other doesn't work quite as well."

Emily Kelly

HRT may not be the answer for everyone

The National Menopause Society cites several benefits to HRT, including reduced symptoms of night sweats and hot flashes, relief from overactive bladder, increased bone protection, a lower risk of cardiovascular disease and a lower risk of developing Type 2 diabetes.

Systemic HRT, in which hormones pass through the bloodstream, does pose risks, including blood clots, stroke, breast cancer and uterine cancer. These risks vary depending on the age of the woman and whether she has a uterus; her health history; the type of hormone therapy she receives; and the dosage and delivery method of her treatment. Milder effects of HRT can include breast tenderness, nausea and irregular bleeding or spotting.

"It's a pick your risk, but I think there's a lot of misinformation out there. Women think, 'My grandmother had breast cancer, so I can't do hormones,'" Kelly said. "Yet breast cancer has gone up over the years and menopausal hormone therapy has been minimal."

If a patient has a history of breast cancer that was estrogen- or progesterone-receptor positive, Baselice discourages them from using systemic HRT. She also said she struggles to prescribe HRT to women who had a

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history of deep vein thrombosis while taking a birth control pill. But treatment should be individualized to the patient, she said.

"To me, it's really about individualized care, because some of these patients are suffering with these symptoms. You can try all of the non-hormonal treatments that exist and they don't work as well," she said.

Systemic HRT differs from localized HRT, which does not enter the bloodstream. Vaginal HRT delivers a very low dose of estrogen locally to tissues to treat local dryness, painful intercourse and recurrent urinary tract infections.

"I think it's completely under-prescribed and incredibly important for people for health and basic skin care," Kelly said. "I have patients who say, 'Well, I'm not sexually active. I don't need that.' But they have urgency, frequency, overactive bladder and vaginal dryness. It's hugely beneficial and also decreases UTIs by 50% in postmenopausal women."

Despite the FDA's black box warning removal, some women still find providers who are wary about prescribing HRT, which perpetuates confusion around the safety of the treatments, Hallonquist said.

GETTY

Weight gain is a common concern during perimenopause and menopause. Health care providers say hormonal changes, aging and lifestyle factors can all contribute.

How to advocate for HRT

Women are their own best advocates and should trust their instincts, but it can be difficult for them to feel heard and understood. In some cases, patients may want to make a separate appointment in addition to their annual well-woman exam to ensure they have enough time to discuss HRT treatment options.

"Forty-five minutes is really barely enough time to get through all the things because I spend a lot of time talking to patients and hearing what they have to say and what their particular symptoms are," Kelly said. "You may be sleeping great, but there might be other things associated with perimenopausal or menopausal symptoms that are really bothersome."

As women reach midlife, they may also choose to seek health care providers with a specialty in menopause care and HRT, Bay said.

Many providers choose to become Menopause Society Certified Practitioners, or MSCP, through The Menopause Society, a nonprofit organization that provides providers with the tools and resources needed to improve the health of women during the menopause transition and beyond. Women can search for Menopause Society Certified Practitioners in their area on the organization's website, menopause.org.

"This might be a time where you're going to see someone else in your doctor's office, not the person who did your Pap smears for the last 20 years and caught your babies," she said.

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eating gluten causes the immune system to attack the small intestine — or multiple sclerosis, in which the body's immune system attacks the protective insulation surrounding nerve fibers, may require visits to a gastroenterologist or neurologist.

As a result, women with persistent, unexplained symptoms may ultimately need to see more than one specialist before receiving a clear diagnosis.

Genetic predisposition

Being a woman predisposes a person to autoimmune diseases because of genetic makeup. Women usually have two X chromosomes, while men have one X and one Y. Early in development, each cell in a female turns off one X chromosome to avoid making too much of certain proteins. However, the X chromosome that should be turned off is not always completely silent, which is called "leaky" X-chromosome inactivation, Albert said. This means some women may produce extra immune proteins that make them more susceptible to developing an autoimmune disease.

Family history raises the risk further. Still, most autoimmune diseases are caused by both genetics and environmental factors. Scientists believe genetics accounts for only about 30% of the risk. But if a person already has one autoimmune disease, the risk of developing another is higher.

"In lupus patients, there's about a 6% risk of having coexisting celiac disease," Albert said. "And if you have Hashimoto's, which is really quite common, you have an increased risk for lupus."

Women with Hashimoto's disease won't necessarily develop lupus, Type 1 diabetes or eczema, said Dr. Mikhail Signalov, an endocrinologist with St. Joseph Hospital Endocrinology.

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Skin changes, joint pain and fatigue can all be signs of autoimmune disease. Experts say women shouldn't dismiss persistent symptoms as simply stress, aging or menopause.

"It's not the relationship of causality. It's just the explanation that this particular patient has certain genetics that predispose them for autoimmune diseases. But I never say watch for Type 1 diabetes or watch for lupus because you will develop it. You may never develop this ever in your life."

Getting diagnosed

Albert recommends that patients ask their primary care provider to screen them for autoimmunity and for endocrinopathies like thyroid disease. If those tests are negative and symptoms persist, they should ask for a referral to rheumatology, he said. At a rheumatology visit, patients can expect to receive ANA testing, a blood test used to help diagnose lupus or rheumatoid arthritis. Women shouldn't be discouraged from seeking further testing because they don't think their symptoms are severe enough, he said.

"Some people with very serious disorders have very few symptoms, and that can be a barrier to getting care," he said. "If you have lupus or rheumatoid arthritis, the consequences can be very disabling. You definitely want to have those diagnoses made as soon as possible, because of the damage that occurs over time."

The role of hormones

Women often report increased fatigue, joint pain, inflammation and brain fog as they approach menopause, but these symptoms are also common in women who suffer from systemic lupus, Hashimoto's thyroiditis and rheumatoid arthritis. Although some women notice symptoms of these diseases more acutely at midlife, they do not necessarily emerge then, according to Albert.

"It's a topic that is still a very hot area of research. The original hypothesis was that it was primarily hormone-related. The basis of this was that all of these autoimmune diseases that are female-predominant are much more common in an age group that includes women who are of childbearing age," he said. "The newest approach has been to look at the female predominance in a genetic framework."

Mirza said environmental events can also trigger autoimmune disease, but that estrogen does play some role in triggering lupus.

"It could be an infection, it could be a virus, or a certain medication that can trigger autoimmunity. Sometimes stressors such as pregnancy and childbirth play a role," she said. "We rarely see lupus in young girls. It happens around puberty, or after, when their estrogen levels increase. We know that pregnancy may affect how these patients do. Sometimes they'll do OK during the pregnancy, and they will flare at the end of all of those hormonal shifts. We also know when we give estrogen to the patient, it can flare the disease process. So sometimes gynecologists will call us and ask if they should give them estrogen for hormone replacement or birth control."

Weight gain and thyroid

Weight gain is another symptom that women commonly struggle with after age 40. While extra pounds can be a hallmark of perimenopause, they can also be a symptom of Hashimoto's thyroid disease. However, weight gain in and of itself doesn't necessarily mean a person has an underactive thyroid, according to Signalov.

"The problem starts when you lose the thyroid function as a result of the autoimmune disease. In this case, yes, the metabolism slows down. Most of the time I see symptoms such as fatigue and change in hair quality, but not that much weight gain," he said. "Because weight gain is, in the case of severely underactive thyroid, mostly associated with fluid retention, not the formation of fat tissue."

Many women receive later-than-necessary care for underactive thyroid diagnoses after childbirth. Many of Signalov's patients' initial complaints were fatigue, changes in hair quality and poor concentration after delivery.

"It was explained to them as, 'You're a new mom, you should be expected to be fatigued, you should expect to be tired, and you should expect to have some hair changes,'" he said. "I will say no. You should

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GETTY

Joint pain and muscle aches can be symptoms of autoimmune diseases such as rheumatoid arthritis or lupus. Health care providers say persistent or unexplained symptoms should be evaluated rather than dismissed.

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expect to be happy, focused and to start losing weight after the first 12 months to reach your pre-pregnancy weight."

Signalov suggests that women who have recently given birth get tested if they continue experiencing these symptoms.

"It's better to just check the levels and at least make sure that there is no thyroid disease or onset of thyroid problems versus blaming the recent pregnancy for symptoms," he said.

Getting treatment

Autoimmune diseases don't go away on their own. Once women receive a diagnosis, they can begin the path to treatment and healthier lives. In the case of rheumatoid arthritis, there are now medications that not only stop joint pain but can stop irreversible joint damage, Mirza said.

Those diagnosed with Hashimoto's disease will need to take medication indefinitely to help restore normal thyroid hormone function. In some cases of Graves' disease, patients are able to wean off medications.

"The beauty of Graves' disease is that it becomes more dramatic during presentation and treatment, but there is a chance of remission — and the patient going off the thyroid-suppressing medication and maintaining a normal thyroid function," Signalov said.

Misinformation about autoimmune diseases can make it frustrating for women to seek a diagnosis in the first place. Even though there are lab tests for autoimmune diseases, they can be inconclusive, further preventing patients from getting the correct diagnosis and care.

Autoimmune diseases cannot be cured by reducing stress or eating special diets. Most patients need to treat their disease even when they aren't experiencing an active flare-up.

"There are a lot of myths, misconceptions and dismissals of patients' complaints," Albert said. "And all of that makes people have persistent and unresolved problems for long periods of time before they get appropriate care. Validating people's complaints and exploring them appropriately is the best way to move forward rather than being dismissive."

GETTY

Healthy habits such as regular exercise, strength training and proper nutrition play an important role in women's health at every stage of life, in addition to recommended screenings and routine preventive care.

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The HPV virus is the main cause of most cervical cancers. At age 21, women should begin getting regular Pap smears to screen for HPV, even if they've received the HPV vaccination series. Along with that exam, Porbunderwala suggests that women get STD screenings for chlamydia and gonorrhea, which can be done at the same time as a Pap test.

"The reason why that's important is that if someone had untreated chlamydia or gonorrhea, (it) could have bad fertility implications later on, with damage to the fallopian tubes," she said.

During their 20s, women often consider longer-term birth control options and their own fertility goals.

"Whether they're here for just a physical or a general visit, we always ask, is that something that fits into their life right now? What are your beliefs on it?" she said.

In addition to these screenings, young women should also get their blood pressure and cholesterol checked. If they are looking at starting a family soon, they should begin taking a prenatal vitamin to increase their folic acid supply, which decreases the chance of developing neural tube defects in the embryo, Phillips said.

Continuing healthy habits in your 30s

During a woman's 30s, poor nutrition habits could begin impacting overall health. That's why women should continue to avoid eating processed foods and be sure to get enough fiber and protein, Phillips said.

It's also not the time to stop exercising.

"The more sedentary people are when they're young, they are setting themselves up for prediabetes, cardiac disease and obesity," she said. "I really harp on diet and exercise. I know people hate hearing about it — but it is our medicine."

Women with a history of heart disease in their family should let their provider know so they can start monitoring cholesterol levels more closely. Those who have a family history of diabetes should also get their fasting blood sugar checked, too. If you have a history of breast cancer or other inherited disorders, it might mean getting mammogram or colorectal cancer screenings earlier, Porbunderwala said.

Both providers suggest women continue to get cervical cancer screenings and take prenatal vitamins. Many women in their 30s are seriously thinking about starting a family, and it's important to talk to your provider to understand your fertility goals, Porbunderwala said.

"That's a big deal because somebody who just turned 30 might have a completely different timeline in mind, but then you speak about her family history and find out her mother stopped getting her period at 35," Porbunderwala said. "That's when I might say, 'Hey you might follow the same path.' Family history can impact those discussions."

Critical screenings begin in your 40s

Women should get their first annual mammogram at 40 to screen for breast cancer, and their first colon cancer screening at 45, Phillips said. They should also be assessed for cardiovascular risk, which includes measuring body mass index, and testing lipid (fat) levels and A1C, a blood sugar test.

Women who are not at high risk for colon cancer may be able to screen using the at-home Cologuard test in lieu of undergoing a more invasive colonoscopy. Those with negative colonoscopy results won't need another one for 10 years. If you receive a negative Cologuard test result, you will need to test again three years later.

"Sometimes there is a barrier for scheduling colonoscopies and the like, but we want to get you screened," Porbunderwala said. "That's when Cologuard is absolutely a dependable test. It's just going to be at shorter intervals than a colonoscopy."

During this decade, women can expect to undergo profound hormonal shifts, particularly as they reach their mid-40s. While some still have regular menstrual cycles, others report perimenopause symptoms such as hot flashes, brain fog, trouble sleeping and irritability. That's when it's important to talk to your provider about their physical symptoms and moods.

Women shouldn't immediately assume these symptoms can be attributed to low hormone levels, Porbunderwala said.

"It really becomes a discussion based on your history, because is there another reason why you're having brain fog? Is it time to check your thyroid?" she said.

Staying strong in your 50s

The Centers for Disease Control and Prevention suggests that women get a shingles vaccine at age 50, even if they've had the chicken pox or have been vaccinated for chicken pox. The two-part vaccine is given two months apart and does not require any booster shots.

More recently, the CDC

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suggested women begin receiving annual lung cancer screenings at age 50 if they smoke or have a history of smoking. Former smokers must have a 20 pack-year smoking history (a pack a day for 20 years or two packs a day for 10 years) or have quit within the past 15 years.

Women should get screened annually until age 80 until they been smoke-free for 15 years or develop a health condition that severely limits life expectancy or their ability to undergo lung surgery, according to the CDC.

"It's becoming a really important screening because there are certain nodules that we could find that look a little suspicious, and the minute they change, we can take action," Porbunderwala said.

During your 50s, it's still critical to stay up to date with mammograms and start paying attention to bone health. That includes getting adequate calcium, vitamin D and engaging in exercise that includes weight resistance, Phillips said.

"I always screen annually for vitamin D levels because people in New England are chronically very low," Phillips said. "If we don't have enough vitamin D, we're not going to metabolize calcium efficiently, and then that's going to cascade into potential bone loss."

Although most women don't typically begin getting bone density screenings until age 65, women with family members who have suffered fractures should consider getting a DEXA scan (dual-energy X-ray absorptiometry) earlier. This noninvasive imaging test measures bone mineral density and assesses your risk of bone fractures.

"If your mother had a hip fracture, that could count as a risk factor," Porbunderwala said. "Or if they themselves had multiple fractures throughout their adulthood that could not be explained, they should get screened earlier."

Women who take steroids long-term or who have a very low body weight might also consider getting a DEXA screen earlier.

Phillips said she suggests bone scans for average-risk women once they are post-menopausal, which could be as early as their 50s.

Beyond 60: Staying protected and proactive

When women reach age 60, most have gone through menopause and can stop getting regular Pap smears once they reach 64; however, they should continue getting mammograms every two years through age 74, according to the CDC. The guidelines for colorectal cancer screenings also recommend that women be screened through age 75.

Women at average risk also can start DEXA screenings for bone density, and may not need another one for another 10 years if they are not at risk, whereas high-risk individuals will need one every one to two years.

If they haven't already received one in their 50s, providers often recommend women get their pneumonia vaccine at that time. These vaccines can help protect against diseases caused by pneumococcal bacteria, including pneumonia and meningitis as well as ear and sinus infections.

"Let's say somebody has no medical conditions and they just turned 65. Age 65 is when you can get your pneumovax — Prevnar 21 is the newest one. And that one's essentially a one and done," Porbunderwala said.

Even if you're up to date on all of your vaccines and screenings, women should contact their provider right away if they experience chest pain, abnormal bleeding or sudden changes in bowel habits.

If you're having chest pain or shortness of breath, you should go to the emergency room immediately, Phillips said.

"But any changes in mood or severe changes in energy levels should be investigated," she said. "Any new lumps or bumps that are seen or felt should also be investigated."

Both providers emphasize that it's never normal for post-menopausal women to experience vaginal bleeding.

"For postmenopausal women, any bleeding out of the blue has to be taken very seriously when it comes to concerns for endometrial or cervical cancer," Porbunderwala said. "A complete change in bowel habits sometimes will warrant another colonoscopy, because that raises our concerns."

Forming a trusting relationship with a primary care provider can help women feel more comfortable getting the screenings and care they need to stay healthy at each stage — but the pathway to good health is formed ultimately by our own healthy habits, Phillips said.

"Healthy habits are the pinnacle of maintaining our well-being," she said. "Sleep, diet, hydration and minimizing exposures to potential infectious disease. I know it sounds corny, but I encourage women to treat your body like a temple and give it what it needs to thrive."

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