



at the UNIVERSITY OF REGINA

The Newsletter

Research Spotlight on Menopause with Dr. Jennifer Gordon, Canada Research Chair in Reproductive Mental Health

Menopause is often discussed in terms of physical changes, but it can also have a psychological impact, with many women seeking guidance beyond medical advice. Dr. Jennifer Gordon, a Canada Research Chair in Reproductive Mental Health and the Principal Investigator of the

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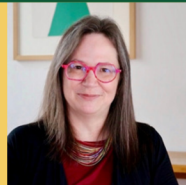
2026 Brain Awareness Week Event
Dementia Care in Canada: Can We Do Better?
Thursday, March 19, 2026 at 6:30 PM
Education Auditorium (EA 106), U of R Main Campus

In recognition of Brain Awareness Week (March 16-20, 2026), the CAH will host an event presenting documentary-style news segments on dementia and long-term care, followed by a panel discussion.

2026 Centre on Aging and Health Distinguished Public Lecture: Don't Panic! It's Just Aging!

Thursday, March 5, 2026 at 6:30 PM
Education Auditorium (EA 106)
University of Regina Main Campus

Speaker: Dr. Sally Chivers
Trent University, Peterborough, ON



We're surrounded by messages that tell us to fear getting old. It's tempting to reassure ourselves by staying active, planning well, and building good connections. These are all very helpful steps to take. But what if we thought about it differently? Drawing from her podcast, Wrinkle Radio, that blends academic insight with personal storytelling, Professor Sally Chivers will explore how fearmongering about grey hair and demographic bulges gets in the way of a meaningful public conversation about understandable fears of growing old. The talk will get to the heart of what can be scary about aging, and why there's no reason to panic.

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Reproductive Mental Health Research Unit, is an authority on psychological issues surrounding menopause and a member of the Centre on Aging and Health. Her insights help us understand not only the challenges, but also the opportunities for growth and resilience during this important life stage.

Dr. Gordon's work advances a nuanced, evidence-based understanding of menopause. Using a biopsychosocial framework, Dr. Gordon studies the effects of hormonal changes both in the menopause transition - which lasts about five years, generally between the ages of 45 and 55 - and postmenopausal period.

Does menopause affect mood, anxiety or cognitive functioning?

"Most of my research related to menopause looks at the impact of ovarian hormones - particularly estradiol - on mental health," Dr. Gordon explains. Studies show that risk for depression increases in the menopause transition, when estrogen fluctuations are at their most extreme, with the highest risk for depression during the late menopause transition. The high highs and low lows of perimenopause have also been shown to trigger irritability and mood changes.

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While many women do report cognitive changes in the menopause transition, it doesn't necessarily translate to objective, measurable changes in cognitive function, such as performing badly on a cognitive test. Any cognitive changes are thought to be relatively mild, temporary, and mostly noticeable by women relative to their own baseline. Research on anxiety in the menopause transition is fairly limited, with a lack of high-quality longitudinal studies, but is an emerging field of research.

While mental health improves for most women in post-menopause, there remains a subset of women who continue to struggle with severe menopausal symptoms.

Following the menopause transition, Dr. Gordon explains that, "hormonal fluctuation decreases, and we see an improvement in mental health overall. Postmenopausal women have better mental health relative to both premenopausal and perimenopausal women." Yet, while mental health improves for most women in post-menopause, there remains a subset of women who continue to struggle with severe menopausal symptoms such as severe hot flashes, night sweats, and resulting poor sleep, which in turn affects their quality of life and mental health.

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When women in late menopause experience more severe sexual dysfunction, such as reduced libido, vaginal dryness, and pain with intercourse, it can also lead to stress in their romantic relationships, further affecting mental health.

Hormone therapy started during the menopause transition or early post-menopause can effectively treat bothersome menopausal symptoms. The Perimenopausal Estrogen Replacement Therapy (PERT) clinical trial, which Dr. Gordon was involved in at the University of North Carolina, found that transdermal estradiol (estrogen patch) successfully treated physical symptoms and, while it is not a first-line treatment for psychological symptoms, had the added benefit of reducing instances of depressive mood in participants. Dr. Gordon notes that the use of hormonal therapy is supported by the Menopause Society, when indicated for physical menopausal symptoms.

What psychological tools or practices do you recommend to help women manage changes during this transition?

Psychological tools such as Cognitive Behaviour Therapy (CBT) - including CBT tailored to menopausal symptoms - and Mindfulness-Based Stress Reduction (MBSR) have both proven effective in reducing depressive mood and helping women manage menopausal symptoms. Dr. Gordon notes that while it may seem strange to use a psychological treatment such as CBT for hot flashes, since it's a physical, objective symptom, she explains that CBT helps women reframe these experiences, reducing distress. "Hot flashes are real," she says, "but their



Dr. Jennifer Gordon is a Canada Research Chair in Reproductive Health (U of R Photography)

burdensomeness often depends on how we interpret them and their impact on our lives."

Psychological tools such as Cognitive Behaviour Therapy (CBT) and Mindfulness-Based Stress Reduction (MBSR) have both proven effective in reducing depressive mood and helping women manage menopausal symptoms.

Dr. Gordon's MBSR trial recruited women who were not experiencing depressive mood to participate in a one-hour per

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week, 8-week group intervention that is well-structured, consistent, and is offered in both Regina and Saskatoon. Through the MBSR program, participants learn how to manage stress and incorporate meditation practices, resulting in a decreased risk of depressive mood during the menopause transition. Dr. Gordon's MBSR trial showed that women at high risk for depressive mood - due to factors such as life stress or elevated sensitivity to hormonal fluctuations (which may also be experienced during the premenstrual period or postnatally) - benefited most from the program.

Do cultural attitudes toward menopause shape women's psychological experiences?

The impact of cultural attitudes toward menopause is a significant debate for researchers. Some maintain that North Americans have over-medicalized menopause, encouraging hormone therapy, pushing pharmacological treatments, and discussing menopause in such a negative way that people expect the worst, while others recognize that many women do objectively suffer in menopause and contend that it's important to recognize and treat it. Some healthcare providers are frustrated that women who are good candidates for hormone therapy suffer instead of receiving effective, evidence-based treatment that would improve their quality of life.

Due to the findings of the poorly designed Women's Health Initiative trial, which included women who had already been postmenopausal for several decades, there is a misconception that hormone therapy is dangerous. However, current evidence shows that it is safe and

effective when initiated in the menopause transition or early postmenopausal phase if there are no medical contraindications.

What positive psychological growth or resilience can emerge from navigating menopause?

Dr. Gordon highlights the positives and personal growth that women experience in this phase of life, despite a cultural narrative of women experiencing sadness, or "empty nest syndrome" post-menopause. While there's a tendency for depressive mood to come and go during the menopause transition, following menopause, along with improved mental health, many women report increased freedom, career success, leisure time, strengthened friendships, and improved quality of life.

While there's a tendency for depressive mood to come and go during the menopause transition, following menopause, along with improved mental health, many women report increased freedom, career success, leisure time, strengthened friendships, and improved quality of life.

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"It can be a freeing time," she notes, as women shift from caregiving responsibilities to pursuing personal interests and professional growth. While menopause presents challenges for many women, Dr. Gordon's work shows that evidence-based therapies – psychological or hormonal – can ease the transition, reduce depression, and support renewed and sustained well-being in post-menopause.

Are there any resources that you would recommend for women to help them cope with the changes that occur during menopause?

To support women with changes during menopause, Dr. Gordon recommends the book, *The Cognitive Behavioral Workbook for Menopause*, whose authors include Dr. Sheryl Green of McMaster

University, who is a graduate of the U of R Clinical Psychology program. Green's excellent resource teaches skills relevant to both psychological and emotional symptoms, as well as physical symptoms, such as hot flashes.

Dr. Gordon also recommends Joanne Frederick, a Saskatchewan-based clinician, with gold standard MBSR-training (<https://joannefrederick.ca/>), the Canadian Menopause Society (www.canadianmenopausesociety.org), and the North American Menopause Society (<https://menopause.org/>) as excellent resources.

If women are experiencing severe menopausal symptoms, and are early enough in menopause, they may also be good candidates for hormone therapy, which they can speak to their family doctor about.

CAH Relaunching the Pool of Older Adult Research Participants

In an effort to facilitate research in aging and health, the CAH is relaunching its pool of older adult research participants with approval of the U of R Research Ethics Board. Interested researchers who are formally affiliated with the CAH may use the pool to help expand it for future

research. The full procedures are described as follows:

Participant Pool Procedures

1. *Access to Directory*: All individuals must be affiliated with the CAH before they can access the directory. Researchers must have received REB approval for their projects and submit a signed request each time that they wish to access the directory (see #3).

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JOIN THE CENTRE ON AGING AND HEALTH

Applying is quick and easy.

Apply on our website: <https://research.uregina.ca/cah/>
and click on **"Become a Member."**

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Applications for use of the directory should be sent to the Directory Coordinator (Kathryn Smart, Kathryn.Smart@uregina.ca). Researchers are encouraged to acknowledge the limitations of using a directory of volunteer participants in any published reports or conference presentations.

2. *Potential Participants:* Names and contact information of potential participants to be included in the directory will be obtained as follows: CAH researchers will be encouraged to ask older adults (as well as younger adults) participating in aging research whether they are interested in registering with the CAH in order to be contacted by other researchers who require older participants. Each researcher contacting individuals listed in the directory will ask each contacted participant whether they wish to remain in the directory. Researchers will be asked to advise the CAH if they come across any out of date information. The names of any potential participants indicating that they do not wish to remain listed in the directory will be deleted. People will also be able to register with the directory by signing up on the CAH's website, or by contacting the Directory Coordinator directly.

3. *Application for Use of the Directory:* In order to use the directory, researchers must complete an application form and provide a copy of the REB Clearance for

each specific project. The Director of the CAH will reserve the right to refuse access to the directory of participants for cause, or if there is any indication that too many demands are being placed on the individuals in the directory at any one time. Researchers will need to sign the bottom portion of the application indicating that they will only use the names for the specific studies that have been considered by the Directory Coordinator and/or the Director of the Centre. In any instance in which researchers fail to comply with their signed statement (i.e., using the directory without clearance), the matter will be referred to the Office of the VP Research.

4. *Potential Research Participant Sign-Up Procedure:* Once a researcher has received approval to use the directory, he or she will be given access to names and contact information. The researcher will be able to contact them directly via telephone, postal mail, or electronic mail to determine whether that particular older adult is interested and available to participate. Once the required number of participants has been obtained, researchers will be advised in writing that they are expected to destroy any copies of participant names and contact information given to them. If they are given direct access to the directory on the university server, their access will be discontinued by the coordinator at the

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CAH NEWSLETTER ACCEPTING SUBMISSIONS

Your announcements, member and research updates, and CAH-related news items are welcome. Please email submissions to: Kathryn Smart, CAH Administrator at Kathryn.Smart@uregina.ca.

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completion of each project. Researchers given access will be informed that they must abide by the expectations listed herein.

5. *Incentive for Participants:* Individual researchers are responsible for providing remuneration for participants if any is to be given.

6. *Directory Storage and Sharing:* The Directory Coordinator and the CAH will maintain a copy of the Directory on the University server or in REDCap. The file will be password protected. Researchers with approvals as indicated above will be sent an electronic copy of the directory after they confirm in writing that: a) they will delete any and all copies of the

directory once their project has been completed; b) they will only store the directory on a local computer drive (or the U of R server) and not in any external server.

For information about the Directory of Potential Research Participants and the Application Form for researchers, please visit:

<https://research.uregina.ca/cah/about-cah/researchers/>.

If you are interested in joining our list of potential research participants, please visit:

<https://research.uregina.ca/cah/participate-in-research/participants/participant-sign-up-form/>.

Hadjistavropoulos Inducted as Fellow of the Royal Society of Canada and Receives the 2025 CAG Contribution to Gerontology Award

Following his election by the membership of the Royal Society of Canada (RSC), Thomas Hadjistavropoulos, Director of the Centre on Aging and Health, was inducted as a Fellow of the RSC on November 14, 2025 in Montreal. Fellowship with the prestigious RSC is one of the highest research honours in the country, recognizing outstanding



Thomas Hadjistavropoulos is inducted as a Fellow of the Royal Society of Canada

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scholarly or artistic achievements.

Fellows are chosen by their peers for their outstanding contributions and impact, and induction places them among a distinguished community that has shaped Canada's intellectual and cultural heritage for close to 150 years.

Dr. Hadjistavropoulos was recognized for his pioneering research and contributions to the development of innovative behavioural methods, used worldwide to recognize, evaluate, and treat pain in older adults with dementia that severely limits their ability to communicate. He was also recognized for his important theoretical and empirical work on the psychosocial determinants of the pain experience.

The RSC hosted an induction ceremony on November 14 to welcome the 2025

Fellows and Members of the RSC College as part of the Celebration of Excellence and Engagement on in Montréal, Québec.

We are also pleased to share that Dr. Thomas Hadjistavropoulos was honoured with the Canadian Association of Gerontology (CAG) Contribution to Gerontology Award, which was presented at the CAG Annual Scientific & Educational Meeting on October 25 in Montreal.

To learn more about Dr. Hadjistavropoulos's research and work, his May 17 TEDx talk, "Research Lost in Translation: Can Social Media Help Improve Dementia Care?", is now available on YouTube: <https://www.youtube.com/watch?v=-3d7Vobfj2I>.

Welcome to New Aging Studies M.A./M.Sc. Students

The Centre on Aging and Health is pleased to welcome new Aging Studies graduate students to the University of Regina!

The Aging Studies graduate program is a two-year interdisciplinary M.A./M.Sc. program supported by faculty members from the faculties of Arts, Nursing, Kinesiology and Health Studies, Social Work, the Faculty of Nursing, and the Johnson Shoyama Graduate School of Public Policy.

A warm welcome to:

-Chelsea Lorenz
(Bachelor of Science in Nursing) supervised by Dr. Abigail Wickson-Griffiths (Nursing).



Chelsea Lorenz

-Alina Wong (Bachelor of Arts in Psychology) supervised by Dr. Natasha Gallant (Psychology).



Alina Wong

We wish you much success in your studies!

APPLY FOR THE M.A./M.SC. AGING STUDIES PROGRAM

**“Seniors make up the fastest growing age group...
By 2051, about one in four Canadians is expected to
be 65 or over.”**

– *Statistics Canada*

- Exciting inter-disciplinary, research-oriented graduate degree program.
- Provides research training and specialized gerontology knowledge to health professionals and students.
- Emphasizes both the physiological and psychosocial aspects of aging.
- The collaboration of the Faculty of Arts, the Faculty of Kinesiology and Health Studies and the Faculty of Social Work and coordinated by the University of Regina’s Centre on Aging and Health.

Admission Requirements:

4-year undergraduate degree in areas such as, nursing, kinesiology, psychology, social work, health studies, sociology, biology, or a health professional degree .

Applications Due: March 31st, 2026
(for Fall 2026 Admissions)

For More Information:

Dr. Natasha Gallant
Program Co-coordinator
306-585-4219
Natasha.Gallant@uregina.ca

Dr. Abigail Wickson-Griffiths
Program Co-coordinator
306-337-2132
Abigail.Wickson-Griffiths@uregina.ca

Kathryn Smart
CAH Administrator
306-337-8477
Kathryn.Smart@uregina.ca

Apply now for the 2025/2026 CAH Small Grants Research Award!

Amount Available: \$1,500
Application Deadline: January 31, 2026

This award is intended to fund pilot projects or other work aimed to lead to the preparation of a major national application in the area of health and aging.

To apply, or for more information, visit:
<https://research.uregina.ca/cah/about-cah/cah-grants-programs/>
or contact cah@uregina.ca or 306.337.8477

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University of Regina Unit & Researcher Rates (per page):
Full: \$100 Half: \$50 Quarter: \$35
Corporate Rates (per page):
Full: \$150 Half: \$100 Quarter: \$85

Contact CAH Administrator at: 306.337.8477
or cah@uregina.ca for more information.



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