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Press release

British women's blood pressure rises 75% faster than global average during menopause, new research reveals

Analysis of real-life data from 97,500 British women, reveals rising arterial stiffness and a one-third drop in heart rate variability, highlighting accelerated cardiovascular ageing during the menopause transition.



Paris, France, 11 May 2026 – British women's systolic blood pressure rises 75% faster than the global average across the menopause transition, higher than any other health metric new research by [Withings](#) today reveals. British women walk more, sleep better, and start with lower blood pressure than the global average in early menopause. Their body composition starts from a position that is essentially aligned with the worldwide norm. And yet their blood pressure rises faster than the global

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average and their arterial stiffness climbs. In addition to this their Heart Rate Variability (HRV) declines by a third.

97,500 British women analysed	+75% Rise in blood pressure vs. global avg.	+55% more visceral fat (women vs. men)	43% miss early perimenopause signs
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The Withings research reveals health data collected from the connected devices of 97,500 British women, drawn from a global dataset of 2.5 million women across 11 countries (France, the United States, Germany, the United Kingdom, Spain, Italy, Australia, Sweden, Norway, Denmark, and Finland). The results reveal a striking paradox: British women enter the menopausal transition with the best advantages—the most active with 5,462 daily steps logged, 13% above the worldwide median of 4,840 steps. According to the Withings algorithm British women's median sleep score is 77, a full point above the worldwide 76—but experience the most rapid rise in blood pressure of all the populations studied.

In addition to this, British women tend to declare that they are in the peri-menopause stage at age 49, by that point their blood pressure will have already risen to 125.5, a staggering five points within just a few years as on average it is 120.3 at ages 30–39.

Livia Robic, Women's Health Specialist, Withings: "As a nation, British women are making progress in many areas. But menopause changes the game from within. A woman can weigh the same at 42 as she does at 60, yet her cardiovascular risk profile can be fundamentally different. This data allows women to see what the mirror and the scale don't show. It's about transforming invisible change into visible understanding so women can act sooner, rather than later."

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Key findings of the research at a glance:

- **Blood pressure:** Between 30–39 British women's median systolic blood pressure is 120.3 mmHg – nearly 2 mmHg below the worldwide figure of 122.0. By 60–65, British women read 127.3 mmHg (1.3 mmHg above the worldwide average of 126.0). They finish with worse numbers. This indicates a total increase of +7.0 mmHg across the menopause transition, compared to the worldwide increase of +4.0 mmHg. Overall, British women's systolic blood pressure rises 75% faster than the global average.
- **Fat mass:** +2.9 percentage points rise in fat mass (32.3% to 35.2%), while median weight changed barely 0.5 kg
- **Visceral fat:** the deep abdominal fat associated with metabolic risk – rises from 2.0 (ages 30–39) to 3.1 (ages 60–65), a 55% increase. This is modestly below the worldwide average of 58% but remains the single largest relative change in any body composition metric for British women.

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- **Perimenopause recognition:** 43.6% of women who self-declared perimenopause did so at age 50 or later
- **Activity:** British women's activity peaks between 40-44 at 5,747 daily steps, before declining slightly to 5,687 at 45-49 steps, well above the worldwide average of 5,040. It is after menopause, from age 53 onward, that the decline becomes clear and sustained, both globally and in Britain. Menopause does not discourage women from being active; it is postmenopause that marks the real turning point.

The cardiovascular convergence with female markers systematically approaching those of men reflects the decline in the protective effects of oestrogen during perimenopause. This is the paradox of menopause: starting out thinner does not mean slower internal recomposition. A body that begins with proportionally less fat and more muscle can still undergo—and in the British data, does indeed undergo a faster rate of internal transformation, even at a stable weight.

Women's weight remains stable globally across midlife, with British women showing slightly less pronounced body composition changes

Globally, the median weight of women varies by only 1.3 kg between the ages of 30-39 and 60-65. British women's body composition closely tracks the worldwide pattern, with one notable feature: they start marginally heavier in fat mass percentage and show a slightly smaller total shift, suggesting a body recomposition trajectory that is real but fractionally less dramatic than the global average.

The median British woman weighs 69.5 kg at ages 30-39, peaks at 70.3 kg at ages 53-59, and settles at 70.0 kg at 60-65. A total change of barely half a kilogram — yet underneath, fat mass percentage has risen nearly 3 points, muscle mass has dropped nearly 3 points, and visceral fat has increased by more than half.

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Muscle mass percentage declines from 64.2% at ages 30–39 to 61.4% at ages 60–65 – a drop of 2.8 percentage points, closely matching the worldwide 2.9. Bone mass declines from 3.42% to 3.28%, paralleling the global decline from 3.43% to 3.28%.

Visceral fat (the deep abdominal fat associated with metabolic risk) rises from 2.0 at age 30–39 to 3.1 at age 60–65, a 55% increase. This is modestly below the worldwide 58% but remains the single largest relative change in any body composition metric for British women.

Aline Criton, Director of Regulatory and Clinical Affairs, Withings: “Weight is an insufficient indicator of cardiometabolic risk in midlife women. An active woman with a stable weight and no apparent symptoms can still undergo significant internal recomposition that raises her long-term cardiovascular risk profile. Body composition measurement should become a routine component of women’s preventive healthcare from their mid-thirties onward.”¹

Tips on what women can do about it:

- **Adapt your exercise program:** Strength training preserves muscle mass in ways that daily step count alone cannot.
- **Monitor what the mirror doesn't show:** Trends in blood pressure and heart rate variability provide early cardiovascular signals between annual checkups.
- **Early assessment of your body composition:** Measure visceral fat and muscle mass starting in your mid-thirties, before the onset of perimenopause.

Notes to editors

Withings [Body Scan](#) tracks fat and muscle distribution, visceral fat index, bone mass, and hydration over time—capturing the 2.9–point increase in body fat and the 55% increase in visceral fat that a standard scale wouldn't detect. Available from Amazon UK and the [Withings](#) website and through selected retailers Boots, Currys, John Lewis, and Argos while stocks last.

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Withings [ScanWatch 2](#) continuously monitors heart rate variability (HRV), sleep, cardiovascular signals (ECG, SpO2), and activity—detecting the 35% decrease in HRV (43 ms → 28 ms) that invisibly accumulates during sleep. Available from Amazon UK and the [Withings](#) website and through selected retailers Boots, Currys, John Lewis, and Argos while stocks last.

Methodology

Scope of the Study

This analysis is based on a cross-sectional study of anonymized data from users of Withings connected devices, collected between January 2025 and March 2026 in 11 countries: France, the United States, Germany, the United Kingdom, Spain, Italy, Australia, Sweden, Norway, Denmark, and Finland. The reproductive stages (S1–S6) are defined by age ranges inspired by the STRAW+10 framework, based on the European Menopausal Age of 51 years (EMAS), which is not clinically confirmed. S1–S3: reproductive phase (approximately 20–42 years), S4: onset of the menopausal transition, S5: late transition, hormonal decline, S6: post-menopause (after 12 months without menstruation). This is a cross-sectional observational study: comparisons are made between age cohorts, not within the same individual followed over time. The results describe associations within a population of connected users and cannot be generalized to the entire female population.

Download [The Menopause Transition 2026 Report](#).

About Withings

A pioneer in real-life health monitoring, Withings created the first connected scale in 2009 and has continually innovated since then to offer an ecosystem of clinically validated connected objects, used by 12 million people worldwide, as well as by numerous renowned healthcare centers and research institutes. The Withings ecosystem measures over 90 biomarkers. It includes a sleep analyzer that detects sleep cycles, wake phases, and sleep apnoea. It also features hybrid connected

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watches that notably track heart rate and its variations day and night, perform a medical-grade electrocardiogram to detect pathologies like atrial fibrillation, or monitor blood oxygenation. Its connected blood pressure monitors allow for home monitoring of blood pressure evolution, thanks to sharing reliable and exhaustive measurement reports with a doctor, and can integrate a stethoscope to detect at-home valvular heart disease, which is more frequent in cases of arterial hypertension.

To learn more, visit withings.com and contact us on [Facebook](#), [Instagram](#), or [X \(formerly Twitter\)](#).

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