The New Longevity Marker for Women’s Health

6 MIN READ

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The science reframing ovarian health as the key driver of how women age.

For the past few years, longevity has been shaped by a narrow lens built on research models and medical frameworks that were not designed with women in mind and buoyed by a culture obsessed with self-measurement. Despite driving much of the modern wellness economy, women have often been treated as a sidebar rather than the main story of longevity science. That is changing.

For many women, this shift isn't about living forever. It's about living better, staying strong, clear-minded, and fully themselves for as long as possible. At the Global Wellness Institute's 2026 reveal of its top **Wellness Trends**, the first one, *Women Get Their Own Lane in Longevity*, made clear that women are no longer adapting themselves to longevity as it exists. They are redefining it. And part of that reframe is a move away from biohacking and perfection-chasing toward something more grounded and durable: approaches that prioritize resilience and real-life sustainability.

"Women will pull longevity away from this superhuman optimization culture and toward something more human and healthspan-focused," said Dr. Robin Berzin, founder and CEO of Parsley Health. "What I've seen is that women are less interested in a competition to see who can get to 121, and more interested in living their healthiest, happiest, strongest, fullest life now."

The Organ Science Overlooked

While the booming longevity movement has largely been built on male-focused

research and priorities, women's health has mostly been reduced to fertility, pregnancy and a small degree of menopause care. But the focus is shifting, driven by a growing body of research that points to a singular insight: the ovaries play a far more consequential role in how women age than previously understood.

For decades, ovaries were discussed almost exclusively in reproductive terms. And now, they are taking center stage as the chief regulator of women's healthspan and aging. Emerging **research** suggests that ovarian function influences aging across **multiple systems**, heart health, brain function, metabolism, immune regulation, and inflammation. "There's new science looking at the ovary as a driver of our overall aging process and aging velocity," said Dr. Berzin. "As ovaries age and blood flow diminishes, it actually determines the aging velocity of the entire body, metabolically, immunologically, and reproductively."

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Coupled with broader findings in aging research, **estrogen decline** is associated with increased cardiovascular risk, accelerated bone loss, insulin resistance, neuroinflammation, and immune dysregulation. This new awareness is pivotal for the future of women's longevity. As Berzin put it, we are finally "understanding the interplay between your reproductive hormones and your reproductive health and the rest of your health." This is biology in motion, with ovarian hormones and vascular

signaling reshaping women’s health across midlife.

Why Hormone Testing Can’t Wait

If ovarian health is shaping how women age systemically, hormone testing needs to move from reactive to routine. According to Berzin, the message out there is to look at the symptoms and, without testing, prescribe hormones, which she considers irresponsible. Patterns over time matter, she argues.

Hormonal shifts (how estrogen, progesterone, and testosterone levels change across decades) serve as an early signal of ovarian health, metabolic stability, and long-term risk. Perimenopause, when hormones fluctuate wildly, isn’t a reason to avoid testing, according to Berzin. It’s a reason to track. And for estrogen, considered one of our top longevity drugs, understanding the curve over time is powerful information. This repositions hormone testing as preventive care, rather than crisis management—it isn’t about fixing what’s broken but rather learning the story your body is already telling.

Redefining women’s longevity means moving from symptom-focused antidotes to personalized, proactive care, a shift Dr. Berzin sees in her practice.

Let’s look at bone health as an example. While the American College of Obstetrics & Gynecology (ACOG) still recommends DEXA scans **at age 65**, research shows women **lose up to 20 percent of bone density** during perimenopause and menopause, with declines beginning in their 30s. “Waiting until you’re 65, or until you fracture, is insane,” Berzin said.

Know Your Numbers: 3 Markers Worth Tracking

For women in their 30s and 40s, Berzin emphasizes the three most impactful markers:

1. Full-body DEXA and body composition: lean muscle, bone density, visceral fat

(not just weight).

2. Fasting insulin: an early signal of metabolic dysfunction linked to cognitive and cardiovascular risk.

3. Estrogen levels over time: tracking the curve, not a single snapshot.

“Throw away the scale,” she said. “I don’t care what your weight is. I want your body composition—lean muscle, bone density, and fat mass.”

HRT and Strength Training as Healthspan Strategies

Once ovarian health is seen as central to aging, hormone replacement therapy (HRT) takes on a broader role. It’s no longer just menopause relief, but a potential healthspan tool. “Nearly everyone should seriously consider it starting in perimenopause,” puts in Berzin. And that’s with testing, which keeps it individualized, monitored and integrated into a wider longevity strategy.

Hormone-replacement therapy, Berzin is clear, is not a standalone solution. “You can take all the estrogen in the world,” she said, “but if you do not lift, you will not build bone.” In her framework, hormones create the conditions for resilience, but muscle builds the infrastructure.

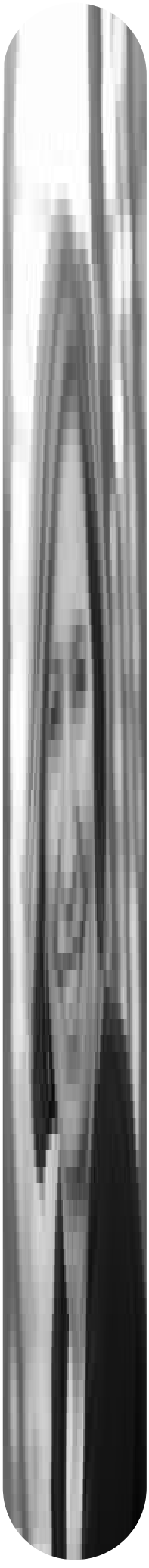
“Outside of estrogen, muscle is really our other top longevity drug,” she explained. Strength training supports bone density, insulin sensitivity, inflammation control, and cognitive health, especially as hormonal protection declines. Taken together, the science, the testing, and the training point to something larger than practices. They suggest a different relationship to time itself.

Perhaps the most telling statement from Berzin had nothing to do with biomarkers. It was about mindset. When it comes to longevity, we need to shift “from ‘I should’ to ‘I get to,’” she says. That line captures what’s truly changing. Women aren’t entering longevity to compete, optimize, or outrun time. We’re entering it to take responsibility

for how we live, now and well into the future. This is about aging with curiosity, care, and on terms that reflect women's biology and women's lives.

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