Dr. Stephanie Faubion:
A lot of doctors, most doctors actually, most health care professionals, have not had education and menopause management. After the Women's Health Initiative study came out, I think there was just the sense that, well, there's nothing to be done about it and so it wasn't taught anymore in the training programs and so what you have is a generation of medical providers that have not received education on menopause.

LuAnn Heinen:
That's Dr. Stephanie Faubion, professor and chair of the Department of Medicine at Mayo Clinic in Jacksonville, Florida, where she evaluates and treats women with menopausal, hormonal, and sexual health concerns. Dr. Faubion is also the Medical Director of The North American Menopause Society, a group dedicated to promoting women's health through an understanding of menopause and healthy aging. She most recently served as the co-principal investigator on a significant Mayo Clinic study focused on the impact of menopause symptoms on women in the workplace.

I'm LuAnn Heinen and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

While there's historically been a lack of focus on menopause, that tide appears to be changing. Today, Dr. Faubion and I explore how we can better understand the health and human impact of menopause, the contribution of hormone therapy, and how to better support women in this important and productive stage of life.

A warm welcome to Dr. Stephanie Faubion. We are truly fortunate to have a leading voice in menopause here today. I'd like to start out with this quote from Dr. Faubion, “women are driving the conversation around menopause, demanding treatment options, and refusing to be defined by the status of their reproductive organs. Women are not willing to experience their mother's menopause.” So, Dr. Faubion, menopause does seem to be having a moment. What are you seeing?

Dr. Stephanie Faubion:
Well, I'm really happy to see that menopause is having a moment. I don't think I've ever seen this much dialogue around the menopause transition as we've seen in the last one to two years, maybe, but really I think 2023 is the year of menopause, if you will. So, not to belabor the pun, but menopause is hot right now.

LuAnn Heinen:
Is that coming, do you think, from the Gen X, the 43 to 58 year olds who are currently in that perimenopause stage? Is it coming from the older millennials who are pushing into their forties?

Dr. Stephanie Faubion:
That's a good question. I think it's probably largely Gen X right now. I think the baby boomers have experienced menopause for the most part and the youngest baby boomers are now postmenopausal. What we're seeing now are the women starting to go into it are the Gen Xers. So, I think, yes, you're correct about that. They're the ones that are sort of driving this conversation. The oldest of the millennials is now turning 42 this year, so we will be hearing their voices as well.

LuAnn Heinen:
You're the lead author on a 2023 paper in the Mayo Clinic proceedings with an intriguing title, *Impact of Menopause Symptoms on Women in the Workplace*. Now that's practically clickbait for some of us. Can you share an overview of those findings?

Dr. Stephanie Faubion:
Sure, I'm happy to. We looked at women who were receiving primary care at any of the Mayo sites, who were 45 to 60 years of age. These are just women receiving primary care and not seeking care specifically for menopause symptoms and we invited them to be part of a survey on menopause and work. Actually, we just said menopause. We didn't even tell them it was about work. We asked a lot of questions about menopause

symptoms, what were they experiencing, and was it impacting their work environment at all. We asked about missing days of work related specifically to menopause symptoms, missing hours of work, quitting, retiring, or changing a job because of menopause symptoms. What we found was fascinating. We got back over 5,000 surveys and of those about 4,400 women were employed at the time, and we included those women in the study. These women were having moderate menopause symptoms and not necessarily receiving care for them. They also told us that about one in eight or about 13% of them were experiencing an adverse work outcome directly related to their menopause symptoms in their opinion. We found that about 11% of them were actually missing days of work due to menopause symptoms and the mean number of days missed was three. That's staggering. That's a huge amount of work missed related to menopause symptoms. We calculated that in the United States, that loss of days of work came to a dollar amount of about $1.8 billion annually in the U.S. alone and that wasn't even counting missed hours of work or not taking a promotion or quitting or changing a job because of it. So that's really an underestimate of the issue.

LuAnn Heinen:
And not counting presenteeism.

Dr. Stephanie Faubion:
Not counting presenteeism. Let's also just take into account that these women were getting primary care at the Mayo Clinic and all of them had access to specialized menopause care at the Mayo Clinic.

LuAnn Heinen:
There you go. It's not a representative sample of working women.

Dr. Stephanie Faubion:
No, not at all. The real story out there is probably much worse.

LuAnn Heinen:
You brought up symptoms. Let's talk about symptoms. So some of the symptoms that the research associates with menopause transition are hot flashes, night sweats, mood changes, and change in sexual function. Can you talk a little bit more about those?

Dr. Stephanie Faubion:
What you're describing is more that menopause transition and women in that transition, this can go on for six to 10 years before a woman actually experiences her last menstrual period. So these symptoms can occur well before a woman is actually in menopause. What you described are a lot of symptoms, but there's some other ones like palpitations and joint aches, which are incredibly common. In fact, the joint aches may be one of the more common symptoms of menopause that we are hearing about now. What you've just described and what I've said is a whole lot of different symptoms that a woman could be in different doctor's offices for. She might be seeing a cardiologist for palpitations. She might be seeing a urologist for her urinary tract symptoms and more frequent UTIs. She might be seeing a gynecologist for the vaginal dryness or the irregular periods or heavy periods. She might be seeing a psychologist or a psychiatrist for her mood issues. She might not even recognize that all of these symptoms are related to the menopause transition and there are many physicians and health care providers that really don't recognize that all of these symptoms tie back to menopause as well. I think we have an education issue both with regard to women and with regard to the providers that are taking care of these women.

LuAnn Heinen:
Wow, so joint aches, they might be seeing an orthopedic, too. I don't think we mentioned that. Who knew that was related to the menopause transition?

Dr. Stephanie Faubion:
Exactly and we're not even sure exactly why that is, but it could be almost a steroid withdrawal phenomenon. There are estrogen receptors all over your whole entire body and so you can imagine those receptors are

screaming a little bit when they don't have any estrogen anymore. That is why we think that some women may have joint aches as a prominent symptom.

LuAnn Heinen:
Wow, that's fascinating. Okay, so menopause transition, does that encompass perimenopause and early menopause or what's the language we should be using?

Dr. Stephanie Faubion:
Yes, that's exactly right. So that menopause transition is when you're starting to have irregular periods that's in the perimenopause timeframe and there's even further distinctions into early and late perimenopause. Then there's that time when you've had your last period, but you don't know it's your last period until you've gone 12 months without a period. And when you've gone a full 12 months without a period, that's when you know you're in menopause. You actually entered menopause right when you had your last menstrual period, but you won't know that for a full 12 months. That's why this terminology is a little confusing, but I think we can refer to all of that timeframe as the menopause transition.

LuAnn Heinen:
Do some of these symptoms come in constellations? You're likely to have certain ones and not others, or is it, if you have one, you're likely to have more or how can you describe the symptoms and how common they are?

Dr. Stephanie Faubion:
There have been people who have tried to study symptom clusters to see if they group together in certain ways, but in general, practically speaking, it's very difficult to predict for one woman or another woman if you have a hot flash problem that you're also going to have joint aches. So we just are not that sophisticated in being able to advise women on what they'll experience. We do know that about 75% of women will have hot flashes or night sweats. Contrary to what we used to tell women a decade or so ago is don't worry about it, they'll last a year or two and you'll be fine. We now know that the mean duration of hot flashes and night sweats is about seven to nine years and a good one-third of women will hot flash for a decade or longer. It's not something that you can typically just wait out if you're having a problem. Women should actually seek care because this could be a longer duration issue.

LuAnn Heinen:
Okay, we haven't discussed brain fog. What is brain fog?

Dr. Stephanie Faubion:
Well, brain fog is a term that women have brought into the office, so it is not something that medical providers made up. It's what women tell us and that they feel foggy and they don't feel like they can concentrate and they feel like their memory is not very good. It's this overall sense of memory and concentration issues. When you actually do memory testing on women, as we've done in research circumstances, my colleagues have, they've actually found that women who complain really do have a problem in terms of memory testing and they tend to have issues on verbal memory testing. So, it's real, women are perceiving something that really is happening to them. The good news is that for most women, these symptoms do get better after they get through this menopause transition. That's the majority of women. There may be some women that don't seem to bounce back afterwards and those women may have more issues with social determinants of health, maybe more chronic disease, have HIV, something of that nature to where they may be more vulnerable to these changes and they may not necessarily bounce back.

The other contributing factors that may be playing in are if a woman is sleep deprived, for example, she's having night sweats or insomnia, just plain old insomnia without night sweats is common during the menopause transition as well, or if she's having a mood issue like anxiety or depression, which can also cause difficulty with sleep. We know that maybe treating those other symptoms associated with menopause, the mood, the hot flashes, the sleep disturbance, can help women with this sense of brain fog.

LuAnn Heinen:
Yes, I was wondering about that. Is it independent of those other symptoms? But it's a relief to read that, and I hope you can confirm this, that this type of menopause transition, brain fog, forgetfulness, word loss, is not associated with future dementia. It's not a harbinger, is that right?

Dr. Stephanie Faubion:
It does not appear to be, although we really need longer term studies. We know that maybe a small group of vulnerable women, as I described, may not bounce back as much. What we don't have is the longer-term studies to see if those women actually do go on to have a greater risk of dementia. But we know for the large majority of women that this seems to be a temporary thing.

LuAnn Heinen:
Let's talk about hormone therapy and how many of the symptoms we've discussed does hormone therapy help?

Dr. Stephanie Faubion:
That's a great question. Hormone therapy hasn't really been studied for the whole mirage of symptoms that we get. It has been studied for hot flash management and it's extremely effective. It's the most effective therapy that we have for hot flash management, it reduces hot flashes by about 90 to 95%. It also does help with the mood issues that occur around the menopause transition. It helps with sleep. So, it does help with a lot of the symptoms that occur. The Women's Health Initiative study did also show us that women tend to have fewer joint aches and pains if they're on hormone therapy. We don't know if that translates to a lower risk of arthritis down the line or any less cartilage damage down the line, but we know it does seem to help with joint pain.

LuAnn Heinen:
Let's review who's a good candidate for hormone therapy and you could explain why we don't say replacement anymore, I think that's quite an interesting point, and who should not use it?

Dr. Stephanie Faubion:
We're not calling it replacement therapy anymore because we're not actually trying to replace what the ovary used to make. When we give estrogen after menopause for management of symptoms, it's often a very low dose that is sufficient to take care of the hot flashes and the night sweats and the sleep disturbance. We are not trying to get you back to a 20-year-old ovary and that level of production of estrogen. We are really just trying to manage symptoms. That's why it's important not to use that replacement term because we're really not trying to replace anything. The one circumstance in which we might use the word replacement is when a woman goes through menopause under the age of 40, so that's called premature menopause. For those women, for example, say a 35 year old who either has her ovaries removed surgically or who goes into a spontaneous menopause that early, we do actually want to replace what her ovaries would have made. In that circumstance we would call it replacement, but for the average 50 year or 55 year old going through menopause, it's not replacement therapy. So who's a good candidate? Well, women who are within 10 years of menopause onset and under the age of 60 years and who are having bothersome menopause symptoms, for the majority of those women, the benefits outweigh the risks. Who is not a good candidate for hormone therapy? Those women who are at really high risk for heart disease or have had a heart attack or a stroke or a blood clot or a history of breast cancer, those women are not really great candidates for hormone therapy and when we would first try other non-hormone options for management of their symptoms.

LuAnn Heinen:
I was interested to hear you say women who are at risk of heart disease are not good candidates, because cardiovascular health risk factors go up during the menopause transition. Hormone therapy wouldn't counteract that?

Dr. Stephanie Faubion:
Well, that's a very complicated question, because what's also happening during this menopause transition is we're getting older. Our blood vessels are getting older and we know that we're starting to develop disease because of age. So part of this is related to aging. You're correct that a lot of metabolic changes occur in the menopause transition that are actually associated with estrogen loss. We tend to have a worsening of our lipid panel. In other words, our bad cholesterol goes up, the good cholesterol goes down. We tend to gain weight during this time, that's not just related to menopause, that's related to aging as well. If we gain weight, we're at higher risk of metabolic syndrome, we're at higher risk of diabetes. So diabetes risk goes up around this time. Blood pressure tends to go up around this time. All in all, our cardiovascular risk factors tend to look worse. That doesn't mean that we use estrogen to bring them back in line again or to reduce our cardiovascular risk. That is not the case. We do know that the menopause transition is sort of a risk for cardiovascular disease and that women see an increased risk as they go through this transition related to the things that I just mentioned.

LuAnn Heinen:
That's really helpful, because one of the things we discussed earlier is that the biggest sort of health impact of menopause transition is the impact on our cardiovascular health. So big picture, when you look at all-cause mortality and morbidity, cardiovascular health is big. What are the things that can be done or should be done other than hormone therapy?

Dr. Stephanie Faubion:
Yes, thank you for bringing that up. It's important to note that heart disease is still the number one killer of women. We talk about it periodically and then it falls off the radar and it's really, really important for women going through the menopause transition to sort of take stock in their own risk, which as I said may be changing during this time. Women may develop high blood pressure when they haven't had it before. Their lipid panel might have been fine before and now it's not. Again, the weight gain can be a problem and can increase risk of diabetes. It's really important for women to sort of take stock of what their heart risk is at the time and start to modify those factors. Stopping smoking is important no matter how old you are. Maintaining exercise and even increasing exercise a little bit, really watching your diet and trying to avoid weight gain, which is so common during this time, keeping a regular sleep schedule, watching your stress levels. All of those things that everybody knows are good for heart health are also good for brain health.

LuAnn Heinen:
That's helpful. Now let's say the woman who's experiencing natural menopause can't use hormone therapy for whatever reason, history of breast cancer or blood clotting or something like that. They're not getting the benefits of hormone therapy for bone health, for example, and other risk factors. What else is out there?

Dr. Stephanie Faubion:
Again, it's what problem are we trying to solve. If that woman is having hot flashes and night sweats, there are some non-hormone options that are available, including the really recent approval of another class of medications that's nonhormonal, just a week ago. The medication is called fezolinetant. It's an NK_3 inhibitor, and it's working at the level of the brain to stop hot flashes. So if it's a hot flash problem, we have other medications available, including some older drugs like the SSRIs, the antidepressants. Gabapentin has been used. Oxybutynin has been used. There are a number of options available. There are also some non-medication options, including cognitive behavioral therapy, which has some proven benefit for hot flash management. Hypnosis has also been shown to work. So, women have some options if they are unable to use hormones.

LuAnn Heinen:
That's good to know. What barriers need to be removed then when it comes to menopause symptom management, because I have the distinct impression that most women aren't getting access to a Dr. Faubion and to this level of understanding. Why is that? What barriers do we need to overcome to improve this education, the awareness, and access?

Dr. Stephanie Faubion:
Well, I think you just hit it on the head right there. It's education and access. A lot of doctors, most doctors actually, most health care professionals, have not had education and menopause management. After the Women's Health Initiative study came out, I think there was just the sense that, well, there's nothing to be done about it and so it wasn't taught anymore in the training programs. And so what you have is a generation of medical providers that have not received education on menopause. You also look at the curriculum that most educational programs have now and it's so massive. My daughter is actually in medical school right now and the whole topic of genetics is not included in her education. They're expected to know it. They will be tested on it, but it's not taught. If the whole topic of genetics is not taught, then menopause stands a really slim chance of being taught in medical school.

Actually, we did a study on this and the majority of residency programs covering OB-GYN, family medicine, and internal medicine, they received maybe one to two hours of education on menopause during all of their training and only 6% of them said they felt comfortable managing menopause when they got out and that includes OB-GYN residents. So the majority of providers aren't getting what they need in training and so it's really left up to them to either get this on their own or my feeling is what they do is just when the woman comes in, they're going, well, this is temporary and it's going to go away at some point, so just go manage it, rather than digging in and figuring out what's going on. But it's more important than that. Women are suffering. We just determined they're missing work because of this. This is impacting women adversely in many ways, not just at work, but personally, their relationships, their well-being, their quality of life. It really is important that we manage these symptoms. Also, I'm going to flip it on the other side. Women don't necessarily know that all these symptoms are related to menopause, as I mentioned before, and I've actually had women come to see me at the Mayo Clinic not understanding that this whole mishmash of symptoms that they're experiencing relates to menopause. Imagine it would be very scary if you're gaining weight, you're losing hair, you've got palpitations, you're having anxiety attacks, you're sweating at night, and all of this can be scary, right, and it doesn't necessarily seem to fit together. I've had women coming in thinking that something is horribly wrong with them, when it's actually the menopause transition.

LuAnn Heinen:
It's annoying if you think about it kind of big picture and you think that globally women of menopausal age are making a huge contribution to the workforce. I read in the *Lancet* nearly half of paid work in some countries, and around 70% of unpaid work done by women, as the journal put it, they're making an essential societal contribution while society neglects a key stage in their lives. They're experiencing a lot more suffering in misery than they need to.

Dr. Stephanie Faubion:
That's well put. I think one of my colleagues had a great quote that there seems to be a high tolerance for women's suffering, a high societal tolerance for women's suffering. So, yes, I agree with that and we're neglecting an important part of the workforce and this is a key event and many people's lives. Over 50% of the world's population and this is a universal event. It's going to happen to a hundred percent of us if we're lucky enough to live that long. Not everybody is going to have symptoms and there are a few lucky ones that literally just breeze through the menopause transition without anything bothering them. In fact, when I was writing the Mayo Clinic menopause book a few years ago, my mother said, why are you writing a menopause book? And I said, hmm, I never asked you what your experience was like, mom, what was it? And she said, I think I might have had a hot flash once at a cocktail party when I had a glass of wine, and I went, well, okay. She doesn't even get why we need a menopause book. So there are some lucky people who really don't have symptoms, but the majority of women out there do.

LuAnn Heinen:
What would you say about the stigma or it's even been called a taboo. First of all, it starts out when you're 12 and 13, you don't talk about periods, and then I guess you just don't talk about menopause.

Dr. Stephanie Faubion:
I'm not sure it's taboo. I think it has been in the past, but there's still a stigma attached to it. I think in part, you know, pregnancy and lactation occur in younger women, right? The menopause transition is also linked with aging, so I think by definition there's a little bit of a stigma attached to it and many women don't necessarily want to own it because it means they're of a certain age as well. If you look in Google images for menopause, there's usually some hot, sweaty, angry woman who looks old, right? So that's typically the image and really who wants to be associated with that.

LuAnn Heinen:
What guidance would you offer women who are seeking care for this transition? Who is the right provider - by specialty, does it need to be an MD, part of an integrated care team, anybody you can find on telehealth? Where do you start and how early do you start?

Dr. Stephanie Faubion:
Let me start with the second one first. I would submit that women around the age of 35 should receive universal education on menopause, because if you think about it, normal age of menopause is 45 and older. If menopause symptoms can occur 6 to 10 years before your last period, that means we need to back it up to 35. Women 35 and older should be receiving education. Now the question is what kind of provider and I would just say whoever is knowledgeable about menopause and that could be a nurse practitioner, that could be an internist, it could be a family medicine doctor, it could be whatever. But I will tell you, there is no universally educated group. That's a little harder to find. I would suggest that women see their primary care health care professional and if they feel like their symptoms or their concerns or their questions are not being adequately addressed, then they seek information elsewhere. Menopause.org is The North American Menopause Society and has not only good information as evidence-based information, but also a locate a provider tab where women can find someone in their local area that is certified in menopause management. Now that we have telehealth, it may not be that you need someone in your same zip code to take care of you, but wherever that person is, and now that we're out of the public health emergency I would say that whoever that person is has to be licensed in the state where you live if you've never seen them before, but whoever that person is should be knowledgeable in menopause management. The North American Menopause Society offers a certification program that at least guarantees some minimal level of knowledge and menopause management, but that doesn't mean that other people without that certification don't have that knowledge as well. But it's at least a way to sort of gauge whether or not your health care professional has menopause knowledge.

LuAnn Heinen:
If the licensure requirements are met, a physical exam isn't necessary. So telehealth works fine, it sounds like.

Dr. Stephanie Faubion:
Well, with the caveat that women still need an annual breast exam and mammogram and they still need regular pap smears. There are some things that have to be done in person, but it doesn't necessarily need to be concurrent with a menopause visit.

LuAnn Heinen:
I think that starting at the age of 35 is an eyeopener too, and it makes me realize that we're missing a big opportunity to impact women's health and the health trajectory if we don't get on this and address the menopause transition pre symptom.

Dr. Stephanie Faubion:
Yes, you're exactly right, because again, if women aren't even accurately identifying a lot of their symptoms as related to the menopause transition and then how are we going to fix that problem unless we improve education?

LuAnn Heinen:
What thoughts would you have for employers and how they can best support women approaching and going through the menopause transition?

Dr. Stephanie Faubion:
Well, first I think employers need to recognize that this is an important thing to do. It's important for their employees, it's important for their bottom line. Recognition that they do need to take some action is the first thing. I think it's a multi-pronged approach. I think they need to educate employees, so the women. They need to also educate their managers and supervisors on how to even have a conversation about menopause that's sensitive and culturally sensitive and informed. I think that's the first step. It's also important to note that working women may not want to disclose their menopause status to their managers or supervisors. Women shouldn't have to talk about it at work, but they should be able to if they want to. And if it's affecting their work, they should have access to care, whether that's through an employee assistance program, for example. Some of the symptoms may be able to go into existing pathways that employers have, for example, the mood symptoms. Most employers have pathways for employees who are struggling with mood issues. It may be that some of these issues that women experience during this time can just flow through normal pathways. But also, as you mentioned, there may need to be some workplace accommodations, for example, more control over the temperature or access to breaks or some flexibility in schedules, those sorts of things. But the bottom line is women need to be able to talk about it at work and have somebody on the other end that is able to have a conversation.

LuAnn Heinen:
Although there was information in your paper, *Impact of Menopause Symptoms on Women in the Workplace*, and you said that it's potentially an unrecognized reason for the leaky leadership pipeline and the lack of women in senior leadership positions, so it is in the company's interest to make sure that this is addressed.

Dr. Stephanie Faubion:
Yes, that's a really scary thought, isn't it? I have personally spoken to women who are in their fifties and saying that they're either getting out of a leadership position or they weren't going to take one because they were afraid that their symptoms would limit them and that they wouldn't be able to perform to the level that they wanted to. That women are even thinking that is a little scary and that if they might be retiring early, they're compromising their retirement, they're potentially even jeopardizing their financial health later on. I think there are so many downstream implications that we need to consider here.

LuAnn Heinen:
Well, thank you so much for these thoughts. Thank you so much for your time, Dr. Faubion.

Dr. Stephanie Faubion:
Well, thank you for having me. It's been a great discussion.

LuAnn Heinen:
I've been speaking with Dr. Stephanie Faubion at Mayo Clinic in Jacksonville, Florida, where she serves as professor and chair of the Department of Medicine. Her goal is to help women and their care providers access evidence-based information to improve menopause management and increase understanding of available treatment options. See the North American Menopause Society website for more information and a directory of providers who specialize in perimenopause, menopause, and healthy aging in women.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health, with Connected Social Media. If you liked the conversation, please leave us a review.