

# Transcript

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**Katie Caviness-Crolley** started transcription



**Katie Caviness-Crolley** 0:03

Welcome to medicine made general, where real doctors breakdown real health issues. Whether it's a simple question or a complex concern, we're here to help you take charge of your health with confidence in each of these short info packed episodes, we tackle trending and often confusing medical topics giving.

Giving you exactly what you need to know.

No jargon, just clarity.

I'm your Co host Katie Caviness, crolley communication specialist for the Johns Hopkins division of General Internal Medicine.

I'm joined by my Co host doctor Bimal Asher, the interim director of GIM.



**Bimal Ashar** 0:49

Thank you, Katie. And I want to welcome and I'm really, really excited to have our inaugural. Our first guest on this podcast be Doctor Tina Zhang.

Thank you, Tina, for joining us.



**Tina Zhang** 1:06

Thank you so much for having me.

I am so thrilled to be here today and I'm so honored to be the very first guest.



**Katie Caviness-Crolley** 1:13

We are so excited to have you, Tina, for a little bit of background for our listeners.

You are a Women's Health expert and we do appreciate you taking the time to chat with us today, specifically about menopause, which is just, you know, one aspect of a very multifaceted and complex field that is Women's Health before Bimal and I get started with our.

Questions, though I was hoping you could give our listeners some background on who you are.

What made you interested in Women's Health?

Etc.



**Tina Zhang** 1:42

Absolutely. So I am a very proud general internist and primary care provider here at Hopkins.

I'm an assistant professor of medicine and my area of focus and expertise is in Women's Health, in particular menopause.

I Co, director of Women's Health at our women's Wellness and healthy aging program here at Johns Hopkins and see a lot of menopause consultations and I would also identify as like a clinician educator and very passionate.

About medical education around Women's Health and trying to improve provider education around Women's Health topics, especially around menopause. In terms of my background, how I got into it, I actually wanted to be a gyne.

But unfortunately, I'm the world's clumsiest person and probably could not be a good surgeon.

So instead of pursuing a residency in Obi Guinea, I actually pursued internal medicine.

And I loved, you know, the breath that came with internal medicine training.

But I always had a passion about wanting to care for women across the the spectrum of the lifespan, and so internal medicine allowed me to really care for women.

More holistically, and I think that's what led me to a career in general internal medicine and then specifically focusing in Women's Health.

So I did do a Women's Health track in my internal medicine residency.

And now here I am.



**Bimal Ashar** 3:14

That is fantastic.

And you know, OB/GYN's loss is general internal medicine's gain, specifically Johns Hopkins general Internal Medicine's gain.

So thank you for being part of our family.

I go ahead and get started with just some kind of general questions. Tina, you know, when we think about hot flashes and a lot of my patients as well, you know, they come and they talk about night sweats and hot flashes and. But but menopause is is much.



**Tina Zhang** 3:37

Select.



**Bimal Ashar** 3:42

Greater.

Than that, I wonder whether you could tell us what are some of the other symptoms that women experience when they're going through menopause.



**Tina Zhang** 3:50

Absolutely. And I'm so glad to have the opportunity to talk about menopause today. 'cause, I feel like it's now such a hot topic, pun completely intended here, but I do feel like a lot of patients don't really know besides hot flashes and night sweats.

What else? Menopause. ENT.

And you're right, Bimal.

Hot flashes and night sweats do get all of the attention, but menopause can really impact almost every organ system in the body.

The most common symptoms are hot flashes.

Night sweats. This is gonna occur in about about 80% of women.

But the things that we are often surprised by that can be related to menopause include cognitive changes.

So one of the common complaints we see is just brain fog or feeling like they're forgetting a word or having more difficulty concentrating at work.

Mood fluctuations. So as the hormones fluctuate during the menopausal transition that leads to mood changes. Sometimes patients can see worsening anxiety or depression.

And we see vaginal symptoms is also a very common symptom that we take care of a lot in our clinic.

Vaginal dryness, low libido, painful intercourse, all of those things can really impact women as they go through the transition and then you can see things like joint pain and dry skin and hair loss.

So unfortunately, menopause can really impact the whole body.

It's not just a temperature regulation of hot flashes and night sweats.

It can really.

It's a transition of the whole body.



**Katie Caviness-Crolley** 5:22

I've gotcha.

So that's a pretty it's a pretty long list of signs and changes that someone should look out for.

How do you know if you are experiencing those symptoms that it's actually menopause?



**Tina Zhang** 5:35

Yeah. So menopause actually has a a specific definition.

So it's a clinical diagnosis.

It's a retrospective diagnosis, so we define menopause as 12 consecutive months without a menstrual cycle.

But perimenopause, which is that transitional period leading up to menopause, can begin years earlier than that.

So our average age of menopause in the United States, where they actually hit that 12 month mark.

Is actually about 51.

But the PERIMENOPAUSAL transition can start in your mid 40s most likely, and one of the hallmark symptoms that we see is the change in your menstrual cycle.

So initially patients will start noticing that their menstrual cycles become irregular.

Maybe they'll skip a month or the frequency becomes different.

It may become heavier or lighter or further apart.

So that's one of the hallmark things we'll see initially.

That's usually sometimes how patients will present the hot flashes and night sweats like I mentioned is something we see often as well, but it is important as general internist though, to also make sure we're being thorough and ruling out other potential causes of their symptoms as well. But.

As as we roll out the other causes modes of these, what we call vasomotor, symptoms of night sweats and hot flashes in women in their mid 40s.

Early 50s can be usually related to menopause.



**Bimal Ashar** 7:07

So with perimenopause and then and and menopause, I mean is it just an estrogen issue and and so what's actually happening in women's bodies?



**Tina Zhang** 7:20

That's a great question Bimal.

So what's happening is the as a woman ages there, the ovaries are just producing fewer and fewer eggs, and that decline in ovarian function leads to a decline in hormone levels.

It's not.

It's mostly estrogen, but it's not just estrogen. It's also progesterone and other hormone levels get impacted as well, such as testosterone. And so that leads to.

Through the end of menstrual cycles and then as your estrogen levels go down, that can again impact anything from your heart health, your bone density, etc.

So a lot of it is estrogen.

That's probably one of the primary factors of menopause.

But there are other reproductive hormones that are also impacted.



**Katie Caviness-Crolley** 8:11

Quick question, if not a quick question, but to follow up on that, you know, is there a typical timeline for menopause symptoms like specifically, you know, when do they usually start?

When do they stop?



**Tina Zhang** 8:24

Yeah, that's a great question, Katie. And this is probably one of the the facts that I will tell my patients and they're shocked by it.

So like I said, the average age of menopause in the US is 51. I will say on average menopause can start in your early to mid 40s.

But the menopausal symptoms last a very long time. I think you know if you look at the data the the median age, the median duration.

Of menopausal symptoms specifically are hot flashes, night sweats. The median duration is 7.4 years.



**Katie Caviness-Crolley** 9:02

Oh my goodness.

 **Bimal Ashar** 9:03

Wow.

 **Tina Zhang** 9:04

I know.

And there's racial disparities as well.

So we also know based on the data that African American women and Hispanic women can actually have symptoms for even longer, and so that is just kind of what the data shows. But every woman is a bit different. Some patients may have symptoms for less, other patients may.

Have symptoms for longer.

But it's not just a one month situation.

This is a long period of time, and so because of how long these symptoms can go on for years, it can really impact a patient's quality of life.

 **Katie Caviness-Crolley** 9:39

So roughly 7.4 years and maybe more of hot flashes.

Trouble sleeping, brain fog, mood swings.

That's a long time to try and manage those symptoms.

Can you give our listeners any ideas or effective ways that they can manage those symptoms?

You know specifically, not just like going to the doctor, but what can they do at home?

You know, just a wide range of ideas.

 **Tina Zhang** 10:04

Yeah, there's actually a lot you can do. I think as a menopause specialist, I put the treatment into three different buckets.

One is more just kind of lifestyle mind body techniques.

The second bucket is hormone therapy and then the third bucket is our non hormonal treatment options.

But I will say with regards to lifestyle, lifestyle changes go a really long way.

A lot of patients who have, you know, pretty mild symptoms can manage it without medication. So some important things that.

Counsel patients on our regular exercise can be really helpful to reduce your frequency and severity of your hot flashes and night sweats.

Good, good hygiene for sleep.

So, you know, sleep hygiene is really important because we see sleep disturbance as a primary symptom as well of menopause for hot flashes. In particular, we'll counsel patients to dress in layers, avoiding triggers like spicy foods or caffeine can be helpful.

Having a fan in their in their bedroom.

When they're sleeping at night can be really helpful in keeping the temperature down cooler.

That will help with mitigating our night sweats.

There's actually a lot of data also to support the use of cognitive behavioral therapy and hypnosis as well to help manage some of these symptoms.

This is like level one evidence from the menopause society.

So and we have, if it's vaginal symptoms like vaginal dryness or irritation, we have a lot of over the counter remedies we can use like vaginal.

Moisturizers or lubricants that can be really helpful, but I do think it's helpful just to talk to a provider whether it's your primary care doctor, your gynecologist or menopause specialist, just to kind of tailor the approach to to the patient's individual, you know needs and and sy.



**Katie Caviness-Crolley** 11:51

Hmm.



**Bimal Ashar** 11:53

So, Tina, when when I was starting out as a physician, long before you were even probably thinking about medicine?



**Tina Zhang** 11:59

Yes.



**Bimal Ashar** 12:05

When women would go through menopause, they were automatically put on hormone replacement therapy. You know, specifically estrogen and progesterone combinations. And you know then this big large study came out and said, hey.

It may be harmful and your risk for breast cancer, and it probably it could increase your risk for heart problems or certainly doesn't help them like we thought it would. And so we got completely away from prescribing hormones. And but I think things are starting to shift a little bit. And I'm just wondering what the current thinking is regarding, you know, in this kind of relates to the last question about the treatments and and you mentioned H.

It's being a bucket.

You know what is the thinking about hormone therapy today?



**Tina Zhang** 13:00

Bimal, thank you for asking that question.

I think it's a very important one, especially because there's a lot of misconceptions and confusion out there about hormone therapy, and I think hormone therapy, we know for a fact based on the data. And you know what, Hopkins, we love evidence based on the data hormone therapy is.

The most effective treatment for management of menopausal symptoms, in particular hot flashes, night sweats, vaginal symptoms.

Et cetera.

But I think it's really important, impossible to talk out, talk about hormone therapy without talking about the Women's Health initiative that you referred to.

So I would say in the 1980s, nineteen 90s around that time, there was some initial data that was coming out that basically said that not only was estrogen and progesterone effective for managing menopause.

There may be some evidence that estrogen can help prevent chronic diseases.

Things like heart disease, stroke, diabetes and so at that period of time, providers were counseling patients and putting patients on hormone therapy not only for menopause, but to help prevent heart disease down the line.

And so the Women's Health Initiative was this huge landmark trial, 27,000 women that looked at the use of hormone therapy in women.

But the research question that they were looking at was not whether or not it's effective at managing hot flashes.

It was whether it's effective at preventing chronic diseases like heart disease, and unfortunately what they found was that the trial was terminated early.

Because in patients who were in the estrogen and progesterone arm, there's an increased risk of heart disease, stroke, blood clots, breast cancer, etc.

And there was a ton of publicity.

There was a lot of immediate attention and so, you know, patients were terrified.

Providers were scared. And so the use of hormone therapy since that trial came.

Out in 2002, has Hormotherapy has decreased by as much as, I believe, 80% in women in terms of like prescribing it over the the next two decades after after it was.



**Katie Caviness-Crolley** 15:12

Mm.



**Tina Zhang** 15:15

After it came out. But if you look at the trial in detail, the first thing of note that's really important is that the average age of women in that trial was 63, which is 12 years older.

Than the average age of menopause #2 the hormone formulation that were used in that trial.

Specifically, they use conjugated equine estrogen.

They use medroxyprogesterone acetate.

Those are not bioidentical formulations and they're also not our first line treatment options that we use in menopause medicine today.

And so the I will say the principal investigators basically thought that the data from that trial and all the media attention around it, it was being extrapolated inappropriately.

To manage women under the age of 6 under the age of 60.

So they did follow up analysis. They separated.

Based on age group and what they found actually is that in women less than 60 in the estrogen only arm, there was actually a reduction in heart disease, a reduction in stroke risk, a reduction in breast cancer risk. And so as a result, now in menopause medicine our.

Guidance.

Guidelines that we follow basically state that in women who are overall healthy and don't have any contraindications who are less than the age of 60 or within 10 years of menopause onset, the benefits of hormone therapy actually outweigh the risks.

Associate with hormone therapy. That being said, it.



**Katie Caviness-Crolley** 16:48

Hmm.



**Tina Zhang** 16:50

Not one-size-fits-all, so we have to look at risk factors like their own medical history, family history, etc.

But for many, many women.

They were able to get hormone therapy, but they couldn't.

Because of some of this confusion about the data from the Women's Health Initiative and I think now there's a big turning point.

And now that we know more, I think a lot more women are going to be able to get care and be able to feel better from menopausal symptoms, from the hormone therapy. And I know that was a long answer, but it was. It's complicated.

But I hope that was helpful.



**Bimal Ashar** 17:24

And I'm just gonna so and the doses that they use now are that you use now is lower than what was included in those studies.



**Tina Zhang** 17:33

Yeah. So we we use lower doses in general to to start, but the primary difference, number one is the the type of estrogen that was used is not the bioidentical formulation that we use now. And same thing with the progesterone, the the progestogen that was used is also.

Not what we use currently.

And #2 the formulation is different.

So now we know that there is some evidence to support.

The safety of a transdermal estrogen option versus oral may have higher risk and that was not something that was kind of, you know, they didn't look at that in detail in the Women's Health Initiative.

So there's just more and more data out.

That's kind of supporting the safety of hormone therapy in patients who don't have contraindications for it.

**BA** **Bimal Ashar** 18:22

Right, great.

 **Katie Caviness-Crolley** 18:24

That's an. That's a really excellent summary and just the way you broke that down, I I appreciate that.

I guess so. What would you say to a listener who hears you know that breakdown and is still feeling, you know, they either can't do hormone therapy or they don't want to?

What are some alternatives?

What are options for people who can't or don't want to do that route?

 **Tina Zhang** 18:46

Absolutely. We have a whole toolkit of non hormonal treatment options and I will say you know, at Hopkins in particular in our general internal medicine division, one of our great programs is that we take care of cancer survivors.

And so I see a lot of patients who are coming in with, you know, estrogen receptor positive breast cancer or have some reason why they can't be on hormone therapy. And we have so many non hormonal treatment options.

That have evidence to support the use of them in menopause. The main ones that you'll probably see being used are antidepressants.

The FDA approved one is called BRISDEL, but there's also medications like Lexapro and Celexa.

So all of these antidepressant medications can be used off label for helping with managing hot flashes, and it can help with mood as well.

We also have medications, our neuropathy.

Agents like gabapentin can be super helpful for night sweats at night, and in addition to that it has a sedating effect.

So it helps patients who are having sleep to help them sleep. And then we have a lot of really great, you know, non hormonal vaginal creams and gels that we can use for for their genitourinary syndrome of menopause as well.

And then we have the newest medication that came out.

FDA approved in 2023. It's called bezelinitent.

It's a Neurokinin 3 receptor antagonist that's probably, you know, the new kid on the

block.

But it is very effective for managing night sweats and hot flashes and something that we're starting to use more and more in practice.



**Katie Caviness-Crolley** 20:33

Great.



**Bimal Ashar** 20:33

So you know that that's fantastic.

I you know so much information packed into a a very short period of time there.

So you know, one of the things that that that I think a lot of women feel is that they feel a little unprepared.

When menopause hits and and even a little embarrassed to talk about it.

So I was wondering if what would you say to that person, that woman who? Who says?

Who feels a little overwhelmed or alone in that experience?



**Tina Zhang** 21:08

I think that is such an important question Bimal. It comes up a lot in conversation. I think the most important thing that I counsel my patients about is that menopause is a natural biologic transition.

And yet we do not prepare women appropriately enough to to be ready for this transition. Number one. And #2, we do not prepare providers.

To be comfortable and knowledgeable managing patients who are going through the the transition.

And so I think the most important part of my conversation is really just validating their concerns, reassuring them that they are not alone.

This is a natural progression of aging and that they don't have to suffer silently.

We have so many different options to help them.

Every woman's going to go through this, but they experience it in different ways.

But the more we can talk about it, the more empowered patients feel.

And I think that just having that conversation and validating that they are not alone is is actually really powerful.

When I see patients.



**Katie Caviness-Crolley** 22:13

It's it sounds like, you know, I mean it's it's obviously a lot physically and there's a lot of physical changes that happen over several years.

But you know the emotional aspect of it too.



**Tina Zhang** 22:24

Hmm.



**Katie Caviness-Crolley** 22:24

How? If you were speaking, you know, to a patient, how would you speak with them and just say, you know, here's what you can do to take care of your health during and after menopause, not just physically, but emotionally as well.



**Tina Zhang** 22:36

I think the number one, the most important thing is to know that they do not need to suffer silently.

Again, we have resources to help them and what they're going through is is a natural transition, but it it can last a long time and and it can really not be fun.

And then I really encourage them to think about, you know, what brings them joy and what is going to be really helpful for their their health long term.

So things like.

Exercise. You know, eating a healthy diet.

At prioritizing sleep, staying connected socially with family and friends, and finding time that to do things that they really enjoy, to bring joy to their lives.

I think that is is really a really helpful and important aspect of the transition of healthy aging. And so things like therapy support groups, you know, spending time with loved ones can be really grounding during this this transition that can be kind of difficult for a lot of.

Women.



**Katie Caviness-Crolley** 23:39

Oh, e-mail, I think you're muted.



**Bimal Ashar** 23:44

Tina, I want to thank you, not only for doing this podcast with us. This I mean this has been fantastic, but I want to thank you for helping educate not only patients but our students and our residents and our fellows and starting a program that that does all this. The work you've done is phenomenal. I do have one final question and it's a very general question. So if you could clear up one myth or misunderstanding about menopause, what would that be?



**Tina Zhang** 24:15

Oh, that's a great question.



**Katie Caviness-Crolley** 24:17

A great question.



**Tina Zhang** 24:19

'Cause there's so many myths I want to clear up, I would say as a concluding thought, though, I think what I would say is that I really want every woman to know that it's not.

It's not just about surviving the transition or just getting through it.

They can really thrive during this menopause transition.

We are more than our reproductive years.

Our best years do not just end.

And at menopause and we have a lot of ways to help women go through the transition and really thrive.

So I think you know, obviously here at Hopkins we have a lot of wonderful resources to support women going through this transition or who want to just learn more.

But there's also national societies.

There are other great institutions who are really all here to support women, to thrive during during this transition.



**Bimal Ashar** 25:11

Fantastic. Thank you.



**Katie Caviness-Crolley** 25:12

It's excellent.

Yeah. Thank you so much.

Thanks for joining us.

This has been so informative.

I learned so much and I think.

People listening are going to learn a lot too.



**Tina Zhang** 25:25

Thank you.



**Katie Caviness-Crolley** 25:25

So thank you.



**Tina Zhang** 25:27

Yes, thank you so much, Katie.

Thank you Bimal for having me.

I had a wonderful time speaking with you about menopause.



**BA** **Bimal Ashar** 25:35

Have you back in the very near future to talk about other topics?



**Katie Caviness-Crolley** 25:40

Yeah, we could do a series of these.



**Tina Zhang** 25:41

Great.



**Katie Caviness-Crolley** 25:43

There's so much we could cover.



**Tina Zhang** 25:45

I look forward to it.



**Katie Caviness-Crolley** 25:45

I did just want to.

Oh yeah, I did. Just want to say thank you to our listeners for tuning in to medicine made general.

We hope you found this conversation helpful. You know, here at Johns Hopkins, Gim we're not just about advancing medical knowledge. We're committed to making healthcare accessible for all. If you'd like to support our efforts, visit charitable giving at Hopkins Gim to learn more.

Until next time, stay informed. Stay healthy.