Welcome and Introductions

Katie: Welcome to Medicine Made General, a podcast for patients brought to you by the Johns Hopkins Division of General Internal Medicine. I'm Katie Caviness-Crolley, and I'm here with two very special guests, menopause experts Dr. Wen Shen and Dr. Tina Zhang. Welcome to both of you. Tina, it's great to have you back on Medicine Made General. For our listeners who may not be aware, Tina, you were our first menopause expert, on episode two. If you haven't already, I highly encourage you to go listen to that episode. Tina, last time you were here, we covered the what and how of menopause. Today we're going deeper: how we talk about it, who to trust, and how care is changing. All of this is very relevant and timely, because October is Menopause Awareness Month.

Before we get into too many questions, Wen, could you tell us more about your role and what drew you to menopause care?

Dr. Shen: After I finished my residency at Hopkins, I went into general practice of OB-GYN. During that year of private practice, I noticed that I was getting a lot of menopausal patients with a lot of menopausal questions and symptoms. This was back in the late 1980s, so we didn't have online information to go to. I pulled out my OB-GYN textbooks, and they included maybe one page of information about menopause. It was mostly about the molecular structures of estrogen and progesterone and what their roles were, but nothing about what menopause was or what it meant to women.

Basically, the only treatment option available at that point was an oral conjugated equine estrogen and a medroxyprogesterone acetate pill. That was pretty much it for treating menopause symptoms back then. And the significance of a lot of menopause symptoms wasn't understood.

When I couldn't find information on how to help my patients, I decided I obviously needed more training, because we hadn't gotten much during mine. So I came back to Hopkins, back into academic medicine, and started focusing on menopause. When I first started, it was still very new, and people couldn't understand why I wanted to do menopause. Hopkins OB-GYN has always been famous for high-risk obstetrics, for oncology, for reproductive endocrinology, but not menopause.

It's been over two decades now, and it's been a very interesting learning experience. So much has been researched and refined. That's what brought me to menopause: there was just so much learning to be done. And to me it's a fascinating topic, because 50% of the world's population is female, and every woman ends up in menopause if she lives long enough. So it's important.

Katie: Absolutely. Thank you for that. I have many questions, but first let's get to Tina. For listeners who may not be familiar with you, could you give a little background too?

Dr. Zhang: Thanks, Katie. I'm an internal medicine provider, and I love that I get to work closely with Dr. Shen, because she's a gynecologist. When we think about menopause, it's so multidisciplinary. I approach menopause from the internal medicine side of things. I'm a practicing primary care doctor, but I also have additional expertise in women's health and menopause in particular. Dr. Shen leads our Johns Hopkins Center for Menopause and Midlife Health, and I co-direct it with her, under her guidance. It's been wonderful to be doing so much women's health and menopause work in my career so far.

Katie: Thank you. And thank you both again for taking the time to walk through what can be a rather complex topic.

Then and Now: What Women Heard 20 Years Ago

Katie: Wen, I wanted to come back to you. When you started doing this work more than 20 years ago (let's rewind a little), what did a woman typically hear when she brought up menopause to her doctor?

Dr. Shen: Twenty years ago, she was most likely to be told, "Well, every woman's going to go through it, so just tough it out." There wasn't a lot of consultation, and there weren't a lot of explanations. It was, "You're no different from every other woman who's gone through it. Just grin and bear it and you'll be done." There was really nothing to be done and that it's a natural phase of life.

And it is a natural phase of life. But it also carries potential medical risk factors that a woman should understand. And for many women, the symptoms are so debilitating that they affect quality of life, the ability to function at work, and relationships with their families. It's more than just hot flashes and night sweats.

How Doctors Are Trained

Katie: Absolutely. Fast-forwarding a little, Tina, over to you. Last time you were on the podcast, you mentioned that we still don't prepare providers well enough to care for women experiencing menopause. What would you say is changing in how doctors are trained, and what role do you see Johns Hopkins playing in that?

Dr. Zhang: That's a great question, Katie. At all levels of learning, there's a push to improve menopause education. I think that's because we're seeing it more in practice, so there's more attention being paid to it. I'm excited that there are a lot more resources and curricula available. I'm also very proud of our work here at Hopkins. Across OB-GYN and medicine, Dr. Shen, I, and a number of our colleagues have been working to improve menopause education at three levels.

At the continuing medical education (CME) level, we've been giving talks to faculty and organizing menopause conferences for providers. Dr. Shen has created a menopause app that has been wonderful, and it's free.

At the graduate medical education (GME) level, we work with our OB-GYN residents and medicine residents, and people rotate with us in our clinics. We also have an academic women's health fellowship, where we train learners who are passionate about women's health and menopause to pursue careers as menopause specialists.

And at the undergraduate medical education level, we work with medical students, especially those interested in OB-GYN or medicine with a women's health focus, to show them what a career in women's health and menopause medicine might look like. So there's a lot of great work being done that Dr. Shen and I are really excited and proud of.

The Current Conversation Around Menopause

Katie: Thank you for that overview. I think the educational aspect is so important, given how much information we have at our fingertips these days. It can be almost overwhelming at times. I'd like to

hear from both of you: how would you describe the current conversation around menopause? What's better, and what's concerning you? I want to get into online trends specifically, but let's start there.

Dr. Shen: We need policymakers to step up and realize that menopause medicine is a public health need, because the population is aging. The primary cause of death for women over 65 is cardiovascular disease, which is so common and so costly. And there are so many other conditions: Alzheimer's disease, and immobilization from fragility fractures due to osteoporosis. All of these are at increased risk for a woman in menopause and after. So public policy in the area of public health, and education for our learners, are the two prongs we need to advance this. We did it with awareness for breast cancer. We did it with smoking cessation.

I've heard people say, "Isn't that sexist? You're only talking about women." I look at them and say, "Well, did you have a mother? Do you have a wife? Do you have a daughter? Do you want to tell them it's sexist to help improve their heart health, or their bones so they don't suffer a spinal or hip fracture?" So that's my soapbox.

Katie: Absolutely. Tina, anything to add?

Dr. Zhang: To Dr. Shen's point, education and policy are so important, especially now, because the good news, Katie, is that women are finally starting to talk about menopause more. That's so exciting. Women are talking about menopause in a way they weren't even five, 10, or 20 years ago. There's more awareness and more willingness to ask for help, and that's a huge step forward compared to where we were. A lot of that is because we have more research, more data, and more information, but also just more conversation. And social media plays a role: a lot of women are hearing things from friends and family, but also online, and they want to learn more about their health.

I will say, though, that in practice, I wonder if the pendulum is swinging a little too far. Menopause has gone from being ignored to being blamed for every single symptom and issue. And there's now a very large commercialized side to menopause, with supplements, hormone testing, and tests that may not be clinically relevant. I want women to feel empowered, and menopause is getting a lot of great information and attention. But there's this other aspect, commercialization, that we're starting to see more of, and we want to be thoughtful about it.

What Patients Are Bringing In: Commercialization and Red Flags

Katie: You bring up a really good point. I do think it's easy to feel overwhelmed by what we see online, but there are some really positive aspects too. There are things we just didn't talk about growing up, so knowing that other women around the world are experiencing this and talking about it online is a really positive part of the social media conversation. But there are times when it feels like some people are almost cashing in on women's health. So what are the two of you seeing? What are patients bringing into your offices? You hear about hormone balancing, at-home hormone tests, supplements, natural versus prescription. There's just so much out there.

Dr. Shen: That's a great point, and it's a daily battle, because menopause has become so commercialized. Now that corporations realize how much money can be made in menopause, everybody is jumping in. So the first thing I tell patients is, if someone is trying to sell you something and make money off you, those are big red flags. You may choose not to go to their website or read it, but

be very skeptical, because menopause supplements and programs are now a multibillion-dollar business. It's tough. I hear from patients who come in really confused and distraught, not knowing what to do. The first thing to look out for is whether they're trying to sell you something. Then ask them for evidence. Ask whether what they're advising is part of the evidence-based recommendations put out by the International Menopause Society and the Menopause Society. A lot of the time, you'll find that what you're being advised is nowhere to be found in evidence-based medicine. That's another red flag: they're just claiming that these supplements are going to work.

Tina has heard me say this so many times she'd roll her eyes, but when I first started reading about a lot of these programs and what they're peddling, what crossed my mind was "lotions, potions, and eye of newt." I could come up with a salamander-skin product and make mega billions because it'll make your skin wonderful. So be careful.

Katie: Tina, what about you? Are you seeing the same? Any red flags you want to mention?

Dr. Zhang: To Dr. Shen's point, it really is sometimes a daily battle. On one hand, I fully support women doing their research and looking into their options. But a lot of the patients we see in clinic have gone to other providers or other places and come to us because there's an issue or their symptoms aren't well controlled. Some patients come to us directly.

There are misconceptions out there about hormone balancing and about needing bioidentical hormones. Natural doesn't necessarily mean safer. We have bioidentical hormones that are FDA approved, and a prescription drug doesn't mean it's more dangerous. So part of it is counseling our patients on what's available: what "bioidentical" means, what "natural" means, and how to interpret their hormone testing. Some women come to us with a whole slew of labs, and we can sit down and review what it all means.

But when it comes to some of the advertisements pushing menopause supplements or at-home hormone tests, I don't know that there's good data to support them. So I counsel my patients to look at what they're promising, what they're selling, and what the evidence is. Some women want to try these things, and I'm supportive of that, but a lot of the time there's just not good data to back them up.

Bringing Online Information to Your Appointment

Katie: Let's say a patient has found so much information online that they're confused, and maybe a little hesitant to enter this next season of life. They've done their research, they come into your office, and they say, "Here's what I found. I want to bring it up." How should they do that? And how do you respond so they don't feel dismissed or unseen?

Dr. Zhang: I love it when patients bring information like that in, because it means they're interested in healthy aging, they want to learn more, and they want our opinion. I love having the time to sit down and review it with them and explain what it means in general, and how to apply it to each patient.

On social media, you'll hear very broad statements, like "Hormone therapy is safe for everyone." Then another person will say, "Hormones are bad for everyone." These blanket, absolute statements are a red flag. Everything should be individualized for patients in menopause medicine. So when patients have questions about something they saw online, I love it when they bring it in so we can sit down, review it, and try to answer their questions and concerns. I'm sure Dr. Shen has thoughts on that too.

Dr. Shen: I agree completely. When a patient comes in having done her research, it's very helpful if she knows exactly which specific concerns or medical conditions we need to address. That way we can launch from very specific topics, rather than spending a lot of time on the basics, and we can really focus on her concerns and issues.

If she comes in specifically asking for hormone therapy but has medical conditions that make it unsafe, I'll explain why her risk factors outweigh any benefits she could gain, and why I don't recommend it. Then there are patients who will convince me. Some of them have done their research, and they'll say, "I understand all that and accept all of it, but I would still like a trial." Then we have a very careful discussion about her risks and what a three-month trial could mean, because the hormone therapy may do her no good whatsoever, in which case it's a moot point. She doesn't need to be on hormone therapy that she could be at risk for.

So it's very much, as Tina said, individualized, woman-by-woman care. And menopause medicine is very time-consuming. That's an issue for a lot of providers, who just don't have that kind of time allotted to them by insurance coverage. That's another place where policy can help: changing the clamp that insurance puts on provider time.

About the Center: The Name, "Midlife," and Multidisciplinary Care

Katie: Thank you both. You both mentioned the need for individualized care, and I wanted to take a moment to ask about the Center for Menopause and Midlife Health. Previously, it was the Women's Wellness and Healthy Aging Program, but it recently underwent a name change. Wen, you're the director, and Tina, you're the co-director. Why the change? Why include "midlife" in the name?

Dr. Shen: When we started, we were advised by certain business people not to put "menopause" in the name, because they were afraid it would stigmatize our program. This was almost 10 years ago, so menopause was not much of a rage yet. And "healthy aging" was nebulous enough that a lot of women mistook it for geriatrics. We do have geriatric patients and are happy to help them navigate whatever issues they have, but midlife medicine is perimenopause and postmenopause. So we are menopause and midlife, focused on the whole menopause experience. That's part of our reason for choosing the new name.

Tina actually came up with it. We were sitting around trying to figure out what to call ourselves. We knew we needed a better name, and Tina came up with that idea, and we said, "That's it. Perfect."

Dr. Zhang: It was a collaborative effort. I just took some words that were floating around and put them together. And to add to what Dr. Shen said, before, we were a program, but we really wanted to be called a center, because this is truly a multidisciplinary center at Johns Hopkins. It doesn't live in just one department. It's multidisciplinary across Hopkins. We wanted to be clear that our work relates to menopause and to midlife health, and that this is a multidisciplinary center trying to provide excellent, individualized care for patients.

Cancer Survivors and the Whole-Woman Approach

Katie: Absolutely. You mentioned the multidisciplinary aspect, which includes general internal medicine. Within that division, there's a cancer survivorship program, and we have so many different things within

this division. What does that mean for patients, especially those who have survived cancer, to be able to come to your center and have all of these resources at their fingertips?

Dr. Zhang: I think it's so important. If you look at the history of our center, it was initially created years ago by Dr. Shen and Dr. Vered Stearns, a breast oncologist. So from the very beginning of this program, there was a lot of focus and emphasis not only on women undergoing menopause naturally, but also on cancer patients and cancer survivors, and people undergoing surgical menopause or chemical menopause.

The way we think about menopause for cancer patients or survivors is a little different, and how we manage them is a little different. Maybe hormones are not the best option, so we have to look at the other things in the toolkit. But these are women who are still going through the menopausal transition, some naturally and some induced by treatment, and many of their symptoms are actually more severe than those of someone going through natural menopause. So for Dr. Shen and me, it's really important that we're providing good care for patients who may have even more significant menopausal symptoms than the rest of the patient population.

Dr. Shen: As we went on, we broadened our scope, and we now see lots of healthy women.

But what's important about being seen by a menopause expert who understands the multidisciplinary nature of menopause is that your menopause experience is addressed as more than just "bikini medicine," more than hot flashes, night sweats, vaginal dryness, and breast health. As I said before, it includes a total evaluation of your cognitive, endocrine, cardiovascular, and bone health, the whole list. She is the whole woman, with multidisciplinary needs.

How to Schedule an Appointment

Katie: For someone who wants to schedule with your center, what's the best way to reach you? Phone number, website, referral: what does that look like? Anything else? Tina?

Dr. Zhang: We have a wonderful patient navigator, who is also our program coordinator, Kate Pisano. Honestly, we could not do this without her, right, Wen? We would be struggling without Kate. It's actually very rare to have a coordinator who is also a patient navigator and can really help patients get scheduled.

For listeners who may be interested in seeing one of us or one of our colleagues, the website has information on how to contact our patient navigator, who can get you scheduled that way. Patients can also get a referral to see us in particular, and can schedule by calling Hopkins Central Scheduling. Dr. Shen and I are just two people on this podcast, but we are a big group. We have a lot of wonderful colleagues in OB-GYN and in medicine who are all seeing menopause patients, and we would all love to see patients who are interested. We offer in-person and video consultations.

Dr. Shen: And that speaks to what we were saying about education, which is a huge goal on our part. We're really happy about how we've been able to grow menopause medicine at Hopkins. We now have a large group of internists, gynecologists, and other specialists who are part of our group, and that helps us provide the kind of care patients need.

Preparing for Your Appointment

Katie: For someone who wants to get the most out of an appointment with your center, what would you suggest they do to prepare, or ask while they're there?

Dr. Shen: One thing I'd really like is on our website. We have a list of questions and answers, and one of them is, "What should I expect when I come, and what should I do to prepare?" One thing I find really helpful is that a woman has had an up-to-date exam with her primary care doctor as well as her gynecologist. A lot of women get their Pap tests with their primary care doctor, and that's great. But having updated information on Pap tests, mammograms, DEXA reports, colonoscopy, and baseline blood tests, and having had that physical exam, gives us a baseline to start with. If any red flags show up, we would know to address them in the setting of menopause.

Katie: Tina, anything to add to that list of things to prepare?

Dr. Zhang: I totally agree. The more tests that are done ahead of time, the more efficient the visit will be. Going back to the concept of individualized menopause medicine, it's important for us to know a patient's cardiovascular risk. It's important for us to know that her most recent mammogram was benign before we start hormone therapy, and then to monitor her moving forward. So the more of those tests she can get done ahead of time, the better.

It also helps to come up with a list of your current symptoms and your questions. And set expectations that maybe not every single question can be addressed at the initial consultation, but we'll try our best and make sure we can schedule a follow-up to continue the conversation.

Closing Thoughts

Katie: Great. Thank you both. As we wrap up, I wanted to give you both a chance: was there anything I didn't specifically ask about that you wanted to mention, or one thing you want our listeners to remember before we finish this episode?

Dr. Shen: Going back to our original name, "healthy aging," I say that a lot to the patients I see. What I hope to accomplish in treating her menopause is to allow her to have healthy aging. Women are living longer now, into our 80s, and as research has shown, a lot of women live until their 80s in very bad health, with severe morbidities. That's no way to live. If we're going to live that long, we want to be as healthy as possible.

Katie: What about you, Tina?

Dr. Zhang: I totally agree with Dr. Shen. We focus so much on the perimenopause and menopause transition, but the goal is to remember that menopause is a natural aging process, and we're trying to get women aging in a healthy way so they can enjoy the post-menopause years, of which there will be many for most women.

My one thing is this: with all of this great conversation around menopause, in medicine, on social media, and between friends, I would encourage people to continue to advocate for themselves, but to be cautious and thoughtful about the information they see. Make sure it's evidence-based and not made up of absolute, blanket statements. And come see a menopause provider if you have any specific concerns or questions.

Katie: Thank you both. Those are very thoughtful approaches, and I appreciate you taking the time to join us on Medicine Made General. Thank you to our listeners. This has been Medicine Made General from GIM at Johns Hopkins. Thank you for tuning in to our podcast. We hope you find this conversation helpful. Until next time, stay informed, stay healthy.