

Good morning. Menopause has long been a taboo topic. Talking about it can help women learn more about an overlooked treatment.



Silent suffering

Menopause, for many women, is an unknown — a confusing tunnel to pass through, with limited signage for what to expect.

But one effective treatment has been overlooked for decades, signaling that women's suffering is widely regarded as unimportant, according to the [cover story](#) in today's New York Times Magazine. I spoke with Susan Dominus, who wrote the article, about her reporting and the [reactions it has received](#) from women.

Lauren: I learned more from your story than I've ever learned about menopause. It has been so absent from public discourse.

Susan: I too knew almost nothing going into this. I told a friend I was working on a story about menopause. Her eyes went wide and she just said, "Thank you." And I could tell that what she meant by that was: That's good, because I know nothing.

After I got up to speed, I was constantly bringing the subject up at dinner parties, asking my friends, "Hey, how is your menopause going?" You'd think that would be really inappropriate — except that practically all of the women around my age I spoke to were bewildered, really struggling and eager to talk about it. Yet a lot of them just accepted their uncomfortable reality: years of horrible hot flashes, night sweats, sleeplessness, depression and brain fog as their bodies approached their last menstrual cycles.

But you explain that those symptoms can be managed — that there is a treatment for menopausal suffering that is often overlooked. Why do you think so many in the medical community do not readily offer it?

It's called menopausal hormone therapy, an estrogen and progesterone prescription that comes in various formulations: pills, patches or vaginal rings. It is the single most effective treatment for hot flashes.

The therapy does carry some risk, as do many medications people take to relieve serious discomfort. But many women, if they've even heard of this treatment, regard it as vaguely dangerous. I know I did. We've made that assessment on the basis of what I would call misleading information.

In the early 2000s, researchers who studied the therapy found that it could hurt women's heart health and increase the risk of stroke, clotting and breast cancer. They announced the risks before developing a clear sense of how it affected women of different ages. Most menopause experts now believe that for healthy women under 60 suffering from bothersome hot flashes and night sweats, the benefits of the therapy outweigh the risks.

What do you see as other factors that have contributed to our aversion to talking about menopause?

In 1966 there was this blockbuster book called "Feminine Forever," and the author, a gynecologist named Robert Wilson, talked about menopause as a kind of castration — the start of a woman's desexualization, decline and definitely her inevitable misery.

That shame has held. I remember being 45 and asking an older friend about menopause, and she got really uncomfortable. I was shocked because we were so close. And she just said: "I don't want to talk about it. It feels too personal."

Women also feel reluctant to talk about symptoms because they don't want it held against them in the workplace. That awkwardness and aversion flows through conversations with medical practitioners as well.

Some people may say sexism is the response to the question: Why is menopause so understudied? But is the answer more complicated than that?

It's important to note that menopause is not life threatening. It is part of life. So much energy has been put into studying pregnancy and childbirth, which can be very dangerous and even fatal.

But I do also think that there is some sexism at play. To paraphrase Rebecca Thurston, a leading figure in menopause research, we have a high tolerance for women's suffering. She considers it one of the great blind spots of medicine.

Bewilderment is the operative word for many women, of all ages,

If you're good at anything by the time you're a 50-year-old woman, it's coping.

But I think that, since we went through the collective trauma of Covid, many people have become more open about their health in general. And I have the feeling that talking about menopause more is likely part of that.

I've been moved by how many women have written to me to say they feel seen, or they feel empowered to get help, rather than just suffer. But in a way, the most powerful emails I've received have been from doctors expressing regret about what they did not know all these years — and saying they're encouraging their colleagues, in various fields, to learn more about it.

Susan Dominus is a staff writer at The New York Times Magazine. Her interests are wide-ranging, but she frequently covers the intersection of science and culture.