

Is Your Doctor Really a Menopause Expert?

Ten key questions to ask during a menopause consultation to definitively find out if your doctor has a clue when it comes to hormones, hot flashes, and horrible sex.



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Each response is allotted points:

0 -Clueless and/or misinformed

1 - Basic knowledge, but no rock star

2 -You're in the hands of a Menopause Maven

- The more points the better and I will leave it to you to decide what your threshold is for making a beeline for the door before the appointment is over.
- If you have not checked out my post/podcast on HOW to find a clinician who is not clueless, [here is the link](#).
- Let me know if this is helpful, and in the comments, feel free to share responses to questions you have asked clinicians that either infuriated you or simply made you doubt their expertise.
- I initially came up with 20 screening questions, so if I get enough “likes” I will publish Part 2.

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So, strap in. It's time to play...

Is your doctor *really* a menopause expert?

Question #1 **I'm interested in taking hormone therapy to help with my all-day all-night hot flashes and I'd like to learn more.**

o **Answer #1:** *You need to try other things first. Many of my patients take black cohosh. Hormone therapy is a last resort. (Points: 0)*

o **Answer #2:** *I'm happy to consider hormone therapy but it's important to take the lowest dose possible for a very short time. (Points:1-Wrong answer, but at least you will walk out the door with a prescription)*

o **Answer #3 :** *Absolutely. Let's discuss your symptoms, your goals and then figure out if you are a candidate and what your options are. (Points:2)*

2. Over the last year my periods have been irregular. Sometimes I get one every month and sometimes I go 2-3 months. I am having a really hard time with hot flashes, insomnia, and brain fog. What do you recommend?

o **Answer #1:** *If I were you I wouldn't wear white if you don't have a tampon handy. You never know when that next period is going to happen! And you need to wait until you have been a full year without a period before we talk about treatment options. (Points: 0)*

o **Answer #2:** *I am going to give you a prescription for an estrogen patch that will balance your hormones. ((Points:1- and that's generous. But at least they're trying..)*

o **Answer #3 :** *Let's talk about options to get you through perimenopausal hormonal fluctuations. For many women, a low dose birth control pill is a good way to suppress hormonal surges and substitute steady levels of estrogen and progesterone, but there are lots of non-hormonal options as well. (Points: 2)*

3. I am having a ton of hot flashes. How long is this going to go on?

o **Answer #1 :** *Most women only have hot flashes for a couple of years. My wife used to stand in front of the freezer with the door open. That really helped her. (Points: 0)*

o **Answer #2 :** *Longer than you think. Sometimes 5 years or longer. (Points:1)*

o **Answer #3 :** *On average, hot flashes last 7 years, but your ethnic background is a good predictor of what you can expect. Asian women ~5 years, Caucasian women ~6.5 years, Hispanic women ~9 years and Black women, ~ 10 years. (Points: 2)*

4. Other than making me miserable, is there any reason to treat my hot flashes?

o **Answer #1 :** *No, hot flashes are harmless. Dress in layers, carry a fan and before you know it, they'll be gone! (Points-0).*

o **Answer #2 :** *Not really, but if you are not sleeping, you may want to consider taking something since it's important to get a good night's sleep. I can prescribe an SSRI. (Points:1- An SSRI may help, but it is not first line)*

o **Answer #3:** *Hot flashes are not harmless. Persistent moderate to severe hot flashes are associated with cardiovascular disease, sleep, cognitive function issues, mood problems, bone loss, weight and work productivity. There are both hormonal and non-hormonal options to get rid of them. (Points:2)*

5. My mom and grandmother had breast cancer, and I was always told that I should never take estrogen.

o **Answer: #1** *That's correct- if there is **any** history of breast cancer in your family you are not a candidate for hormone therapy. (Points-0)*

o **Answer #2:** *If there is a history of breast cancer in your family it's OK to use vaginal estrogen but you may want to avoid systemic estrogen (Points:0-1 point for at least letting you use a local vaginal estrogen)*

o **Answer #3:** *A history of breast cancer in your family does not mean that you can't take estrogen. But, with your family history you should have testing to make sure you do not have a genetic mutation. Even if you do have a mutation, multiple studies show that taking estrogen will not increase your risk of getting breast or any other cancer. (Points:2)*

6. I have hot flashes and would prefer to take something that is non-hormonal.

o **Answer #1 :** *If you go to Gwyneth Paltrow's GOOP site there is a lot of helpful information about non-hormonal options. (Points: Subtract 5)*

o **Answer #2 :** *Black cohosh is my #1 choice for hot flashes. Estroven™ is another terrific option. (Points:0)*

o **Answer #3 :** *There are many non-hormonal options scientifically proven to reduce the severity and number of hot flashes including a new FDA approved non-hormonal medication, fezolinetant (Veoza). (Points:2)*

7. What are the benefits of transdermal estrogen compared to oral estrogen?

o **Answer #1** -*Estrogen is estrogen. Other than convenience, it really doesn't matter. Have you thought about taking some black cohosh? (Points:0)*

o **Answer #2** - *I'm not 100% sure, but I think there might be less risk of a blood clot if you use a patch. (Points:1)*

o **Answer #3** - *Because a transdermal estrogen is not metabolized by the liver, there are multiple benefits. For example, there is less chance of developing blood clots, gall stones or increasing cardiac markers. It also will decrease triglyceride levels whereas an oral estrogen may increase triglyceride levels. And bonus, you might even get a boost to your libido! (Points:2)*

8. I had a blood clot when I was pregnant, but I was told I could use transdermal estrogen. What are my options?

o **Answer #1** - *Are you crazy? I will not prescribe any kind of estrogen for you. Way too dangerous. (Points:0)*

o **Answer #2** - *OK, I will give you a prescription for a patch. (Points:1- correctly prescribes a transdermal estrogen, but only offers a patch))*

o **Answer #3** - *Transdermal options include patches, gels, a spray and a vaginal ring. Let's talk about pros and cons to see which is most appropriate for you. (Points:2)*

9. Do I need hormone levels or any special testing before I start hormone therapy?

o **Answer #1 :** *Definitely! I am going to need those baseline levels to determine proper dosage. And we will have to repeat them regularly to see how you are doing. (Points: 0. If a Dutch test is suggested, subtract 2)*

o **Answer #2 :** *There is generally no reason to get baseline hormone levels before starting hormone therapy, but I can get some levels if you want. (Points:1- not necessary, but not harmful.)*

o **Answer #3 :** *There is generally no reason to get baseline hormone levels before starting hormone therapy. Let's talk about your symptoms, goals and menstrual history to determine your best option.* **(Points:2)**

10. Since I have been in menopause, I seem to get a lot more urinary tract infections. Any suggestions?

o **Answer #1 :** *You are probably having too much sex. I will give you an antibiotic to take every time you have intercourse.* **(Points:0)**

o **Answer #2 :** *You are probably having too much sex. I am going to refer you to a urologist, you may need a cystoscopy.* **(Points:0)**

o **Answer #3 :** *This is often a symptom of genitourinary syndrome of menopause. Let me examine you to see if that is the case. If so, a local vaginal estrogen, DHEA or ospemifene will prevent or significantly reduce recurrent urinary tract infections.* **(Points:2)**

BONUS QUESTION!

11. I'm having difficulty having an orgasm. I never did before. Is this a menopause thing and is there anything I can do about it?

o **Answer #1 :** *Wow, so sorry to hear that. (sympathetic look) But an inability to have an orgasm is a normal consequence of aging and there isn't anything you can do about it. Maybe try a glass of wine before you have sex to relax you?* **(Points:0)**

o **Answer #2 :** *Honestly, this isn't something that is usually treatable. Taking estrogen might help* **(Points:0-1- at least they are trying...)**

o **Answer #3 :** *This occurs in roughly 50% of women post menopause and can be a consequence of hormonal changes, vascular changes, neurologic changes in the clitoris and many common medications. The best way to wake up your clitoris is to subscribe to **Come Again: The Essential Guide to Post Menopause Sexuality and Orgasm** which is launching on Dr. Streicher's Substack in 2025.* **(Points:100)**