Is it time to “retire” your current gynecologist?

Dr. Ashton Oct. 16, 2024

If you’ve read anything on social media, in magazines, or online recently, **you likely have been inundated with news about menopause. A lot of it is very good—from credentialed sources who cite credible references and explain things in ways that many women may not have heard before.** Some of this information is truly unbiased and comprehensive, presenting ALL the options as well as the pros and cons, so we can make well-informed choices for ourselves. Unfortunately, often due to a sense of bias for one treatment over another, **some information sharers do not communicate women’s options in their best interests,** thus sowing fear or doubt when it comes to treating menopausal symptoms. And unless you’re a medical expert, you could be at a loss to discern fact from speculation or opinion.

So, how is a woman supposed to navigate this upswell of meno-palooza? Specifically, **do you need to dump your long-standing OB-GYN and find a doctor who is “menopause-certified”?** Here’s my dose of honesty on this timely and important question.

First, let’s look at some warning signs that indicate your current doctor may need replacing:

· **SCENARIO #1:** You go to your appointment with a laundry list of menopausal symptoms. Your doctor says, “This is natural, you’ll just have to get through it. Have you considered antidepressants and maybe going on a diet?”
YOUR RESPONSE: Run, don’t walk, to the exit, but not before you request your medical records. Peace out!

· **SCENARIO #2:** You go to your appointment with lots of questions and complaints of difficulty sleeping, brain fog, and midsection weight gain. Your doctor says, “Here’s some sleeping pills. Eat less, exercise more, and just come to terms with this stage in your life.”
YOUR RESPONSE: Same. Time for a new doctor.

· **SCENARIO #3:** Your hot flashes, among other things, are disabling and severe, so you ask about hormone replacement therapy (HRT). Your doctor tells you HRT is dangerous and not recommended.
YOUR RESPONSE: You calmly suggest your doctor read the current medical literature that says HRT is actually safe and effective for the majority of women. Then begin the process of transferring to a new (more current) doctor.

· **SCENARIO #4:** You go to your appointment with two pages of symptoms and questions and ask what treatment options are available. Your doctor explains hormonal, nonhormonal, and complementary options and their associated risks and benefits, and helps you select the best option for you—based on data published in the last 5-10 years, not two decades ago.
YOUR RESPONSE: You’ve got a winner! No change necessary!

There’s also a lot of blatant opportunism in the menopause world right now, with many experts vying for position as a marketer and seller of various approaches. Some of this may be justifiable and may even provide much-needed relief for many women, while some of it may border on the snake-oil level. The reality, though, is, that our healthcare system has a lot of drawbacks and obstacles to manage through as well, and **women have begun to realize they can go outside traditional**

patient-care models to seek information, symptom solutions, and support. Maybe, just maybe, it's not a matter of "either/or," but "AND."

I believe we can supplement our traditional gynecologic care model with services found in the commercial marketplace. Nothing wrong with that. It's just a "buyer beware" proposition. Make sure your information is coming from a credentialed source, not just someone who is "Instagram famous" with a lot of followers, or someone who is locked into an outdated protocol for treating menopause. Your doctor should have an interest and a passion for managing menopause, demonstrated either by being certified by the Menopause Society or through active continuing medical education…or both.

The key is for physicians—in the office and in media—to be current on the latest medical information, data, science, and guidelines. It's no fault of a provider who admits to not being current with the care of menopausal women (although you'll need to evaluate whether this professional is right for you now). It IS the fault of a doctor whose medical recommendations come from 22-year-old info—when the flawed Women's Health Initiative study spread the erroneous message that HRT is "bad" and "dangerous" for women in menopause—and is stuck in 2002.

Here are some red flags that it may be time to find another doctor:

RED FLAG #1: Any doctor who recommends saliva testing of hormone levels. There is zero data to suggest that these values are relevant in guiding treatment. Hormone levels change throughout the day, and saliva is not a reliable way to measure estrogen, progesterone, or testosterone. **Research shows that testing hormone levels in saliva is not accurate and does not match results from blood tests.** Additionally, hormone levels in saliva can differ from one person to another. The vast majority of the time, when doctors recommend salivary testing, it's to encourage more frequent visits and to sell products or treatments that are not FDA-approved.

RED FLAG #2: Any doctor who pushes you to use compounded bioidentical HRT. The American College of Obstetricians and Gynecologists (ACOG) does not recommend this, and neither do I. Here's why.

· **FIRST: There is no official or formal oversight of compounded medications in this country.** This is sad but true. It's literally the wild frontier, which means we have zero means of determining what's in these medications, how strong they are, what other ingredients are present, what the risk of possible contamination is, etc., etc. There are reputable compounding pharmacies out there, and a lot of questionable ones too, so we have no way to know which is which. And **because the FDA has no authority over how compounding pharmacies make these drugs, we truly are rolling the dice with what we get.**

· **SECOND: The term "bioidentical" is a marketing term, not a medical one.** What it refers to are hormones derived from plant sources rather than synthetic or equine sources. There is no evidence that they are are safer or riskier than pharmaceutical-grade hormones, so these compounded products need well-designed formal study.

· **THIRD: It IS possible to get pharmaceutical-grade bioidentical hormones through a regular pharmacy.** I take them myself. There are many options out there, but the one I would recommend and personally take is called Bijuva, a combination of estrogen and progesterone.

· **AND FINALLY: Doctors may receive financial bonuses for referring patients to compounding pharmacies, which smells shady and is, in fact, illegal in many states.** I would only choose a compounded product if there wasn't a pharmaceutical-grade option available, as in the case of low-dose oral minoxidil for hair growth in women.

So, your dose of honesty today: Your gynecologist should be your PARTNER in health—no dictatorship, paternalism, or dismissiveness allowed. She or he should be open-minded, educated, current, and supportive. When you find someone like this, you've hit the lottery!