

Why Women Aren't Getting Adequate Menopause Care (And How To Ensure You Do)

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Wondering if Your Doctor Really Understands Menopause?

If you've ever walked out of an annual physical clutching a generic handout while still wondering why night sweats drench your sheets or why your heart races during Zoom calls, you're not alone. For many women, menopause care still misses the mark.

***Fewer than 20% of U.S. primary care physicians receive formal menopause training** — meaning misdiagnoses, antidepressant prescriptions, and a frustrating sense that “everything looks fine” are all too common.*

(Source: [The Menopause Society](#))

“Women tell me they’ve seen three clinicians and still feel unheard,” says **Dr. Maria Wright, MD, MSCP**, an internist at [Concierge Medicine of Cincinnati](#). “But hormones during perimenopause can swing wildly day to day—normal labs do not erase real symptoms.”

What You'll Find in This Article

If you're navigating menopause—or suspect you're in perimenopause—and feel let down by your provider, this article is for you. We'll cover:

- Why standard care often falls short
- What menopause-trained providers do differently
- What questions to ask your doctor
- Helpful resources for further reading

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The Biology Behind the Symptoms

Menopause isn't a single event; it's a hormonal rollercoaster. Estradiol, progesterone, and other hormones **don't simply decline**; they ricochet.

- One week, estradiol may spike, causing irritability and insomnia.
- The next, it crashes, leaving joints aching and energy depleted.
- **More than 30 symptoms** that include memory issues, hot flashes, palpitations, and bladder urgency can appear in unpredictable waves.

Yet the **average primary care visit lasts just 10 minutes**. That's barely enough time to review a chart, much less evaluate complex symptoms that span cardiology, psychiatry, dermatology, and gynecology.

"Menopause is a systems topic, not a single-organ issue," explains **Dr. Lindsey Cassidy, MD, MSCP**, founder of [Lindsey Cassidy, MD & Associates](#). "When we have 45 minutes together, we can map symptoms over time, order targeted labs, and craft a personalized plan."

4 Ways Standard Care Often Gets Menopause Wrong

1. One-and-Done Hormone Labs

Hormones like estradiol and follicle-stimulating hormone (FSH) **fluctuate wildly**, especially in perimenopause. A single "normal" result can lead to dismissive care, leaving women in limbo.

2. Antidepressants Without Evaluation

Mood swings and poor sleep often trigger depression screenings, resulting in **SSRI prescriptions**. But estrogen plays a major role in mood via serotonin and GABA pathways. Without assessing hormones, this approach treats symptoms, not causes.

3. Overlooking Vaginal & Urinary Changes

Genitourinary Syndrome of Menopause (GSM), which includes vaginal dryness, painful sex, and frequent UTIs, is **rarely addressed**. Most patients don't realize local estrogen or DHEA can provide targeted relief.

4. Prescribing Statins Before Hormone Therapy

Estrogen decline impacts LDL ("bad") cholesterol, often leading to statin prescriptions. But **hormone therapy** may be a safer and more effective first-line approach for some women.

“We see women whose real symptoms were dismissed for years,” says one Ms.Medicine provider. “By the time they get to us, they’re not just frustrated, they’re losing trust in the entire system.”

How Menopause-Certified Providers Deliver Better Care

All Ms.Medicine clinicians who manage menopause are **Menopause Society Certified Practitioners (MSCPs)**, meaning they’ve undergone advanced training in hormones, sexual health, bone density, and more.

Here’s what that expertise looks like in action:

Charting a Full Symptom Matrix

You complete a detailed questionnaire that maps symptom timing, triggers, and intensity. Patterns often emerge even before labs.

Running a Broad Lab Panel

Beyond estradiol and FSH, MSCPs check thyroid function, ferritin, A1c, vitamin D, and inflammation markers, helping rule out overlapping conditions like anemia or insulin resistance.

Offering a Tailored Treatment Menu

This could include:

- Bioidentical hormone therapy
- Non-hormonal prescriptions (e.g., oxybutynin for hot flashes)
- Testosterone for low libido
- Pelvic floor physical therapy
- Evidence-based supplements

Providing Unhurried, Ongoing Support

With 30+ minute follow-ups, secure messaging, and quick adjustments, concierge medicine provides support when you need it, not months later.

“A teacher with migraines needs a different approach than a breast cancer survivor managing hot flashes,” says **John Waters, ANP-BC, MSCP**, of [The Cove Concierge Medicine](#). “Certification prepares us to personalize care that truly fits.”

Questions to Ask Your Current Doctor

Not sure if your provider is equipped to support your menopause journey? Ask:

- **How many menopause patients do you treat monthly?**

- Are you certified by [The Menopause Society](#)?
- What hormone and non-hormone options do you offer?
- Will we reassess if treatment doesn't help?
- Can I reach you between visits for support?

If your doctor's answers are vague, dismissive, or unfamiliar with menopause-specific care, it may be time to explore second opinions from MSCPs.

Helpful Resources for Deeper Learning

- [The Menopause Society](#) – Latest research, patient tools, and provider directory
- [NIH – Menopause Basics](#) – Science-backed info on symptoms and treatment
- [Find a Certified Provider](#) – Locate MSCPs near you

Also see: [Best books on menopause](#) for patient-recommended reads.

Menopause Can Be a New Beginning

Menopause doesn't have to feel like a mystery. With the right support, it becomes a trackable, manageable transition, one where you feel informed, validated, and in control.

Ms.Medicine's concierge model ensures that every woman has time, tools, and access to experts trained specifically in women's midlife care. If you're ready to feel better, we're here to help.

Learn more about our approach to menopause care.