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Menopausal Women Misdiagnosed: Experts Call for Better Medical Training and Updated FDA Warnings

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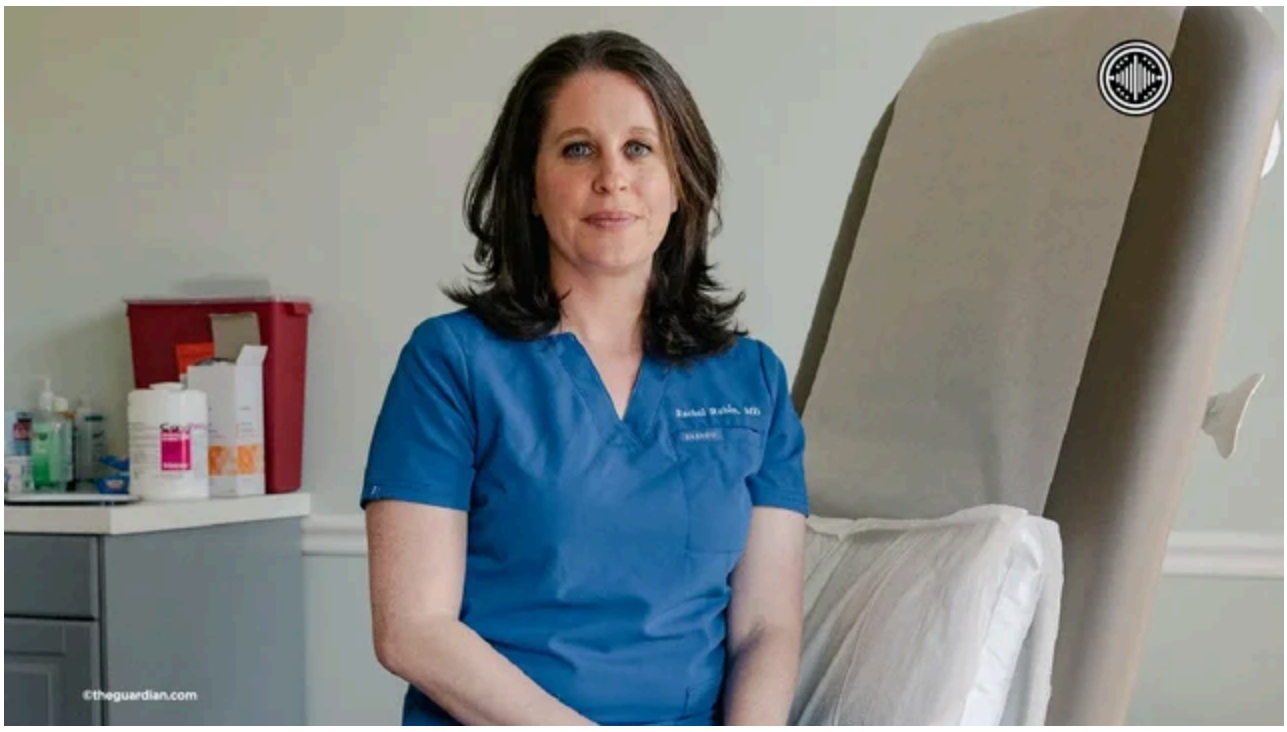

A growing number of medical professionals are raising concerns over the misdiagnosis of women experiencing menopause or perimenopause, arguing that poor medical training and outdated guidance on hormone therapy are causing serious delays in proper treatment. Instead of receiving hormone therapy, many women are incorrectly prescribed antidepressants that address symptoms but not the root cause.

Leslie Ann McDonald, a personal trainer from the Philadelphia area, endured years of exhaustion, joint pain, sleep disturbances, and brain fog. Despite repeatedly telling her

doctor she wasn't depressed, she was prescribed antidepressants at just 36 years old. After nearly a decade and several therapy sessions, McDonald finally received an accurate diagnosis: perimenopause, the transitional phase leading up to menopause. Hormone therapy, not antidepressants, was what she truly needed. Now 46, McDonald reflects, "I thought, 'I don't feel depressed, but I feel terrible.' I was miserable and willing to try anything, even if I didn't think that's what I needed."

According to women's health experts, McDonald's experience is far from unique. Over one-third of women in menopause or perimenopause are prescribed selective serotonin reuptake inhibitors (SSRIs) like Zoloft (sertraline), Prozac (fluoxetine), or Wellbutrin (bupropion). Data shows antidepressant use nearly doubles during these years. Experts warn that these medications often treat surface-level symptoms rather than addressing hormonal imbalances, potentially leaving women worse off.

Part of the issue lies in medical education. Many medical schools provide insufficient training in menopause care, leaving doctors ill-equipped to recognize the signs and administer appropriate treatment. Additionally, widespread misinformation about estrogen therapy further limits options for women.

Estrogen therapy, commonly prescribed for menopausal symptoms, has been under scrutiny due to long-standing warnings from the Food and Drug Administration (FDA). These include risks of breast cancer, strokes, blood clots, and probable dementia. However, many experts now argue that these warnings are outdated, especially when applied to topical estrogen products that are used in much smaller doses.

Last week, physicians and researchers urged an FDA panel to reexamine and revise these cautionary statements. While the FDA has yet to issue a new ruling, the delay has real-world consequences. Women are left in limbo, often misdiagnosed or untreated, due to risk-averse guidance that doesn't reflect the latest science.

"These women aren't mentally unstable, they aren't depressed," said Maryon Stewart, a leading menopause educator and founder of Femmar Corp., which advocates for non-pharmaceutical lifestyle interventions. Stewart recently surveyed over 1,000 women in the United Kingdom regarding their menopause experiences. "It's tragic what women go through to try to feel better."

As the conversation around women's health continues to evolve, advocates hope renewed attention will bring about meaningful change, starting with improved medical education and a reevaluation of hormone therapy regulations. For many women like McDonald, such changes could mean reclaiming their well-being and finally receiving the care they deserved from the start.