

Our Menopause Story

Authored by Kerri Devine with Naomi Watts

In the past year, women in or nearing midlife cheered the approval of a new medicine to treat postpartum depression, a second drug for hot flashes, and saw themselves reflected in a mainstream media more willing to portray midlife not as the end of something, but the beginning. This is important progress, but we're still holding our applause.

Many of the 50 million American women approaching menopause have little idea what's coming. We didn't. One of us, at 36 in the height of her Hollywood career, faced dramatic physical and emotional changes that left her confused and isolated in a business where aging is a taboo subject. The second, a communications executive who spent her professional life responding to catastrophes, from corporate scandals to 9/11, found no easy answers for the mental health crisis she faced at age 50 when hormonal shifts took over.

For women who experience perimenopause as we did, the



Kerri Devine (left) is a writer, community builder, and founder of the midlife platform @HotinCharleston. Naomi Watts (right), actress, entrepreneur and founder of Stripes, is Co-Chair of Menopause Mandate US.



Kerri: Green Cat Photography • Naomi Watts: Menopause Mandate US

time leading up to menopause can bring brain fog, anxiety, depression and more than 30 additionally vexing symptoms. The craven irony is that this happens during a period of other ruptures: divorce, the loss of parents, an empty household after decades of caring for others. For working women, midlife changes can introduce a cascade of extra challenges. In healthcare company Biote's 2022

Women in the Workplace Survey, 26% of respondents reported their menopause symptoms negatively impacted their careers and one in 6 said they quit a job or considered leaving due to menopause. Sadly, it is all too common to find women marginalized after exhibiting outsized stress at work, feeling flushed or sweating during a presentation or searching for a word during an important

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meeting. It is this deeply entrenched stigma and its collateral damage that makes menopause one of most pervasive and misunderstood health issues affecting women today. And the consequences aren't just personal, but economic.

The Mayo Clinic estimates menopause related complications cost \$1.8 billion in lost work time annually, \$26.6 billion when medical expenses are factored in. Women are a formidable economic engine with potential for greater contribution when their health and wellness are supported. But this requires proper scaffolding now, not after they have left their jobs. It's time for companies to embrace more compassionate and effective workplace policies, with proper guidance for employees and hiring managers and supportive benefits for the workforce of women they've trained and cultivated through midlife, but are at risk of losing.

Some in the menopause space, these authors included, wonder how American businesses

can be expected to fully meet the needs of women in midlife if our medical communities are falling short. On average, women spend about a third of their lives in perimenopause or menopause, but many physicians spend just hours in specialized training to help patients navigate this passage. We wish for an end to the all-too-frequent stories of women being dismissed by their doctors. Early, comprehensive training in medical school and residency is essential.

Beyond vocal public health experts like Drs. Mary Clare Haver and Sharon Malone, we applaud the many thought leaders who are expanding the cultural imagination around what midlife looks like: broadening our perspective to include women who run meetings and companies, seek hormone replacement therapy, and have active sex lives. But this isn't a casting exercise or brand refresh. It's a national imperative. Institutions of all kinds must do more to educate and equip women and the communities who support them with evidence-based health informa-

tion and access to equitable, professional care, regardless of age, race, ethnicity, socio-economic status, or sexual orientation.

Women tell our stories, run our households, schools, and, increasingly, our companies. They manage our homes and nurture our children. They nursed our communities and families back from the brink of a devastating pandemic. We owe them the changes necessary to address the very real health implications women in mid-life face. Let's have an honest, information-rich conversation about the challenges of perimenopause and menopause and take the measures necessary for all women, no matter who they are or where they come from, to lead confident, healthier and more productive lives. ♦

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