

# Gen X is over having their menopause and sex concerns brushed aside

Women who came of age during feminism's third wave are pushing back against dismissiveness towards their sexual health

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Dr. Jen Gunter wrote the 2021 bestselling book, *The Menopause Manifesto: Own Your Health with Facts and Feminism*.

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“It’s natural.” “It will pass.”

For decades, many family doctors disregarded women's complaints about hot flashes, night sweats, brain fog and other perimenopause symptoms. There can be even less support when women bring up sexual symptoms – pain during sex, vaginal dryness, a lack of desire. Routinely, GPs suggest these problems are “too complex” to get into during a routine physical.

With Gen X now moving through menopause, more women are pushing back against this type of dismissiveness toward their sexual health. Having come of age during feminism's third wave, they're more outspoken about their sex lives. And through accessible, non-judgmental podcasts, TikTok channels, sleekly marketed menopause summits and celebrity endorsements – from Drew Barrymore investing in a menopause telemedicine start-up, to Naomi Watts's trendy line of hydrating gels – women are becoming more blunt about sex in menopause, rejecting the pejorative concept of an “expiration date.”

“It's Gen X and the women behind us demanding more. They're not going to accept putting up with and pushing through symptoms that could last a decade or more,” said Janet Ko, president and co-founder of the Menopause Foundation of Canada, a non-profit organization trying to fill knowledge gaps around this stage of life.

She and other advocates believe the reluctance to address sexual issues related to the menopause transition stems from ageism: “There is this notion rooted in the devaluing of women as we get older, that somehow you're closing up shop and your sexuality is over. That's not the reality.”

The genitourinary syndrome of menopause (GSM) includes a number of vaginal symptoms, including dryness, burning and irritation, as well as pain during intercourse. For some, solutions can be remarkably straightforward: lubricants during sex, or vaginal estrogen products such as creams, rings, ovules or tablets. Problems with arousal and desire are less simple: They can be tied to hormonal changes, but also related to a host of other contextual reasons, including issues in a relationship, illness, depression or a male partner's erectile dysfunction, common after 50.

Specialists equipped to discuss the sexual health aspects surrounding menopause are few in Canada. Family doctors remain ill-prepared, since the emphasis in medical curriculum has not been on aging women, with most graduating doctors receiving no formal training on the topic. The result is patients often turned away without proper referrals or treatment, some of it very simple.

“Women are asking why isn’t competent menopausal care available through our health care system,” Ms. Ko said.

Michelle Jacobson, an obstetrician gynecologist at Women’s College Hospital in Toronto, says many GPs simply don’t ask women about perimenopausal symptoms. She and other specialists have found that some medical school instructors are still repeating inaccurate material sourced from the Women’s Health Initiative, a large-scale study that scared generations of women and health care providers away from hormone therapies. The flawed guidelines have since been completely revised.

“There’s still a lot of misinformation, even within the educational curriculum,” said Iliana Lega, an endocrinologist and scientist at Women’s College Hospital.

Slowly, pockets of the medical establishment are beginning to respond to women – with much of the push coming from female physicians who’ve witnessed the reticence around menopause firsthand.

Dr. Lega and Dr. Jacobson, both assistant professors at the University of Toronto, offer menopause training to gynecology and endocrinology residents, respectively. The goal is to give trainees experience with patients – including those with sexual issues – so they can provide qualified care once they’re in practice. Dr. Jacobson recently wrote a new menopause curriculum for the Society of Obstetricians and Gynaecologists of Canada. And the two physicians regularly host educational sessions for family doctors.

“But it’s not mandatory, meaning you are only getting people interested in spending time learning this,” Dr. Jacobson said. “It’s hard to reach the ones who say, ‘There, there,’ or, ‘You’ll get through this.’ ”

At Toronto's Mount Sinai Hospital, the waitlist for the specialized Menopause Clinic has ballooned to 1,300 patients, according to director Wendy Wolfman.

"Every woman who lives long enough will become menopausal. Not every woman now becomes pregnant," noted Dr. Wolfman, a professor of obstetrics and gynecology at the University of Toronto who initiated one of the first fellowship programs in mature women's health, training a future generation of menopause specialists through the school and her hospital.

The Sinai Health Foundation is now establishing a Centre For Mature Women's Health to expand the Menopause Clinic and offer research and care related to menopause and sexual medicine, among other areas.

The BC Women's Health Foundation is set to open a mature women's health clinic at BC Women's Hospital next year, said Lori Brotto, a University of British Columbia obstetrics and gynecology professor who holds the Canada Research Chair in Women's Sexual Health.

In a mindfulness and sexual desire group that Dr. Brotto runs, women raise frustrations about doctors who wave away their perimenopause symptoms, including painful sex. Dr. Brotto will point out that topical estrogen is effective for common symptoms like vaginal dryness. "Many women were shocked to hear this, as their own GPs had not mentioned it," she said.

The Royal College of Physicians and Surgeons of Canada should implement mandatory training on vaginal estrogen so family doctors, nurse practitioners, OB/GYNs, urologists, internists and emergency room doctors are all brought up to speed, said Jen Gunter, who wrote the 2021 bestselling book *The Menopause Manifesto: Own Your Health with Facts and Feminism*.

Dr. Gunter, a Winnipeg-born obstetrician and gynecologist, also recommends making vaginal estrogen more accessible through a pharmacist, or over the counter, as the United Kingdom did last year. For rural and remote communities without practising gynecologists, Dr. Gunter wants to see the creation of government-funded, online menopause modules so patients can better advocate for themselves.

Seeking support they're not getting through their doctors, some women find their way to unregulated products. Dr. Gunter warns about questionable treatments such as "vaginal rejuvenation" lasers, touted by companies as a cure-all for GSM symptoms. "You have people spending thousands of dollars for unproven therapies. From a government watchdog standpoint, there needs to be far more intervention here."

Despite the current knowledge gaps about menopause, there is some optimism among specialists about the next crop of doctors. More physicians are using a simple, six-point questionnaire to help train medical students and residents on screening for perimenopause symptoms. Created by Susan Goldstein, a family physician on the board of the Canadian Menopause Society, a non-profit organization of health care professionals, the assessment tool helps doctors consider hormonal therapies and referrals to specialty physicians, including sex therapists.

"With the newer generation, it's already a lot better," Dr. Lega said. "A lot of younger doctors get it – especially younger and middle-aged women doctors."

There is another reason to be hopeful, Dr. Gunter says: For some women, sex gets better with menopause, with PMS, menstrual cramps and fears of pregnancy gone.

"They feel liberated."

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