



Healthy Her

*Menopause Is Not a Specialty.
It Is a Shared Responsibility.*

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Medicine is organized by specialty. Menopause is not. And that disconnect is exactly where we are failing our patients.

A woman does not experience menopause through the lens of cardiology, endocrinology, gynecology, or psychiatry. She experiences it as a whole-body transition, one that affects how she sleeps, thinks, metabolizes, moves, and feels. Yet, when she enters the healthcare system, her care is fragmented across silos that were never designed to manage something this interconnected. The result is both predictable and unacceptable.

The problem is not a lack of expertise. It's a lack of integration coupled with a lack of knowledge about menopause specifically, and women in general.

- Hormonal decline
- Bone loss
- Metabolic shifts
- Mood changes
- Sleep disruption
- Genitourinary symptoms

Each of these domains are well described within their respective specialties. But menopause does not present in parts. It presents as overlap. And so what happens, is that instead of integration, patients encounter:

- A cardiologist addressing blood pressure
- An endocrinologist addressing weight or glucose
- A psychiatrist addressing mood
- A gynecologist addressing hormones
- A primary care physician trying to hold it all together

No one is wrong. But no one is fully correct either, and no one is also connecting the dots. Further complicating the picture is our traditional structure of working in silos, that have in part, furthered the creation of the blindspot of menopause.

There is no doubt that specialization has advanced medicine in extraordinary ways. But in menopause care, when we operate within silos:

- Symptoms are treated in isolation rather than as part of a physiologic pattern
- Opportunities for early intervention are missed
- Patients are referred repeatedly without resolution
- Care becomes reactive rather than anticipatory

A patient with fatigue, poor sleep, weight gain, and brain fog may leave with:

- A sleep aid
- A nutrition referral
- A mental health evaluation

But never a unifying explanation. The fact of the matter is that menopause is a systems-level event, not defined by a single organ. It is driven by hormonal changes that affect:

- The brain (cognition, mood, thermoregulation)
- The cardiovascular system (vascular function, blood pressure)
- Metabolism (insulin sensitivity, fat distribution)
- The musculoskeletal system (bone density, muscle mass)
- The genitourinary system (vaginal and urinary health)

This is not a list of comorbidities. It is a coordinated physiologic transition. And it is time for a coordinated clinical response. This is quietly evident as female mid-life patients having long experienced these gaps, have begun a navigation of menopause care administered by telehealth companies that have stepped into the gap, and sit outside of the health system.

They are:

- Seeking answers
- Comparing experiences
- Sharing symptoms across communities
- And finding validation. "I'm not crazy!"

This is exploding because what they often find in clinical settings is fragmentation:

- "That's not my area."
- "You should see someone else for that."
- "Your labs are normal."
- "Hormones will give you cancer."

The message, intentional or not, is that their experience does not fit neatly into the system. So they leave the system seeking and finding both answers and relief. Ultimately, this is not about ownership. It's about alignment. Menopause does not need a single "owner." It needs aligned physicians.

Every specialty has a role:

- Primary care: recognition, coordination, longitudinal management
- OB/GYN: hormonal expertise and symptom management
- Endocrinology: metabolic and hormonal complexity
- Cardiology: vascular and long-term risk
- Psychiatry: mood and cognitive impact
- Rheumatology: arthritis, frozen shoulder
- Orthopedics: bone mass and muscle protection
- Urology: chronic UTIs and vaginal atrophy

Breaking silos does not require restructuring the entire healthcare system. It requires alignment for a shared understanding. It requires education across disciplines. It requires centering the patient experience. A shift in mindset and communication. We must recognize patterns, just as we have been taught in training and medical school. Several seemingly disconnected symptoms in a single patient, are probably not 7 separate problems, but a single process. Might menopause be the underlying driver?

Patients are not thinking in specialties. So neither should we. Menopause education should not be confined to one field. It should be integrated into:

- Internal medicine
- Family medicine
- Cardiology
- Psychiatry
- Endocrinology
- OB/GYN
- Urology
- Rheumatology
- Orthopedics

There is an opportunity in front of us. Menopause represents a rare moment in medicine:

- A predictable transition
- A highly engaged patient population
- A window for prevention, optimization, and education

If approached collectively, it becomes an opportunity to:

- Improve quality of life
- Reduce long-term disease burden
- Strengthen patient trust in the healthcare system

If approached in silos, it remains fragmented, inefficient, and incomplete.

Menopause is not a specialty. It should not be a referral destination. It should not be a side conversation. It is poised to become a shared responsibility across medicine. The physicians who recognize this, who step outside of traditional boundaries and connect the dots, will not only provide better care.

We will redefine it.