

Menopause Must-Knows in 2024 with the National Menopause Foundation

Hi there. I'm Adele Scheiber, the host of the Your Health Unlocked podcast and the Director of Communications here at the National Women's Health Network.

Menopause is defined as the time of life when a woman's ovaries stop producing hormones and menstrual periods stop. Natural menopause usually occurs around age 50. A woman is said to be in menopause when she hasn't had a period for 12 months in a row.

But for many women, menopause isn't as simple as waking up one day to no periods. It comes with a host of debilitating side effects such as hot flashes, mood changes, joint pain, insomnia, and more. Some of these symptoms can begin years before official menopause, and linger years after. Often, these symptoms are so severe, women end up leaving the work force years before they planned.

To help us understand menopause symptoms and treatments better, and to discuss policy interventions that can help support women with menopause, we sat down with Claire Gill.

Claire Gill launched the National Menopause Foundation in 2019. Its mission is to be a trusted and relatable resource to raise awareness and understanding of menopause through education, activism, and community building. A respected leader in women's health, she serves on a variety of coalitions and working groups promoting the needs of women at midlife. She also hosts The Positive Pause podcast featuring interviews with experts on a variety of topics impacting women's health and well-being.

0:00:01 - Adele Scheiber

Okay, welcome Claire Gill to the your Health Unlocked podcast.

0:00:04 - Claire Gill

Thank you so much for having me.

0:00:06 - Adele Scheiber

So why don't you tell the listeners a little bit about yourself?

0:00:10 - Claire Gill

So my name again is Claire Gill. I am the founder and president of the National Menopause Foundation, and my day job is that I'm the CEO of the Bone Health Anastasia Process Foundation, and so I launched the National Menopause Foundation in 2019. When I realized that there was no education advocacy organization for women at menopause. I thought that was really surprising, given, as many of you might know, there's pretty much a nonprofit for anything, and not having one for women at midlife health, which is such a big transition for all of us, just seemed to me to be a real area of need, and so that's why I find it. But my background is in public relations and marketing, where I worked for the last 20, 25 years, so you're good.

0:00:55 - Adele Scheiber

That's why you're such a good interviewee already. Yeah, so I didn't realize. I mean so you're basically the first of your kind. It sounds like the National Menopause Foundation.

0:01:06 - Claire Gill

Yeah, we're the first fully nonprofit, but fortunately we're not the only one now. The best thing is that so many more people are now talking about menopause and the importance of women's midlife health, and so there are more organizations focused on helping women to manage the symptoms that happen during this normal stage of life.

0:01:25 - Adele Scheiber

So, yes, the stage of life, the big change. There are all kinds of names for this, and actually I just learned there's another word there's perimenopause, right.

0:01:36 - Claire Gill

Yes.

0:01:36 - Adele Scheiber

So can you give us like the 101 on what menopause and perimenopause like actually are?

0:01:43 - Claire Gill

Sure, it's actually all the menopausal transition. I think what we as women normally think of about menopause is that our periods stop and that's right. The day your menstrual cycle stops for a consecutive 12 months, that's menopause. Every day before that is perimenopause and every day after that is postmenopause. But what we experience, the symptoms we experience that again the ones that people know hot flashes, night sweats, brain fog, all of those things that actually begins in what we call perimenopause. It averages a start of about five to seven years before your period actually stops.

0:02:23 – Claire Gill

So, women out there listening who are in their early to mid-40s and you're skipping periods a little bit or you're starting to have these weird symptoms, you are perimenopausal. And again, no one tells us that this menopause what we think of as menopause, actually happens again almost 10 years before our periods stop and some of the symptoms last after our periods stop as well. So again, the postmenopausal. So, we really talk about it as the menopausal journey because it differs for every woman. But every woman will go through menopause, whereas not every woman will choose to be a mom and have that experience. We will all go, like we all went through puberty. We will all go through menopause if you live long enough and you're healthy enough. So, it really is this universal experience, and we should all know more about it.

0:03:23 - Adele Scheiber

Yeah, absolutely Well, and do we know, exactly like five to seven years, Is it just? Is it hormonal? I mean, what are the scientific reasons for these symptoms that people experience?

0:03:35 - Claire Gill

So the reasons are estrogen. Estrogen is so powerful and it makes us... what makes women powerful is really estrogen, but it's also the ovarian function, the ovary, and I've had some wonderful conversations with scientists and medical experts who talk about the fact that we really shouldn't refer to the ovary as just a reproductive organ, because it impacts the entire female system. And so, when you transition through menopause, again, puberty is when our menstrual cycle starts, where the ovaries are starting to produce eggs, right. So as we're transitioning through menopause, that process is slowing down. The ovary is basically shutting down, and so then all of these symptoms perk up. The same way, we got irritable and had cramps and did all of that when we were younger. It all happens again, but more symptoms, and again it's the power of estrogen. So with the loss of estrogen in our bodies, there are lots of changes. It is why we experience the common ones night sweats, hot flashes, irritability.

I was jumping on another podcast. It was a podcast about divorce and I was like, if you didn't have problems in your relationship earlier and stuff, you might want to wait a minute, because it might be that you're going through this incredible change and don't do anything drastic. See what's happening actually [Adele - Interesting] Because it's a dramatic change, and so the other thing that's really important for women to know is that also with this loss of estrogen are risks for other chronic diseases increases. So again, that power of the ovary and estrogen and its function in the body. So my bone hat on. Women can lose up to 20% of our bone density in the first five to seven years post-menopause. So that's why people think of osteoporosis as this woman's disease. Men do it too, they just don't have the drop in estrogen that we do. But our increased risk of heart disease, increased risk of breast cancer, increased risk of diabetes, all of that happening at midlife is due to the loss of estrogen.

0:05:53 - Adele Scheiber

Well, so that's actually quite surprising. I mean, estrogen has a lot of functions. It sounds like it keeps everything going.

0:05:59 - Claire Gill

It does.

0:06:02 - Adele Scheiber

I mean. So this wasn't on the question sheet, but that's a little scary. And is there anything women can do to kind of manage these symptoms or to kind of treat this huge health event?

0:06:15 - Claire Gill

Yeah, so there's lots of things that we can do to prepare for midlife health, and it's the same things we should be doing throughout our health. Quality, good, nutritional diet, exercise are really, really important to maintaining health throughout the lifespan. They're not going to bring back your estrogen, however, so one of the things that women should know about and speak to their health care providers about is hormone replacement therapy, and it got a huge bad rap about 20 years ago when the government launched the Women's Health Initiative, which was, by the way, one of the first studies looking at women's health across the lifespan.

0:06:57 - Adele Scheiber

And it's hard to believe we were really involved in that. Yeah, yeah, yeah, it was only 20 years ago, right.

0:07:04 - Claire Gill

I just saw something recently, a statistic that said June 30th 2023, was the 30th anniversary of legislation that mandated that women be included in clinical trials, which is only 30 years ago. Prior to that, you could do a clinical trial for anything and you did not have to have women in the clinical trial.

0:07:32 - Adele Scheiber

The year is 2024, everybody that's 2024. Exactly. That's crazy.

0:07:39 - Claire Gill

It really is, and so there is so much we don't know, unfortunately, but we do. And then that study when it was done for a number of reasons which I won't go into, we could do a whole

podcast on it basically said that there was increased risk for women for breast cancer and heart disease if they took hormone replacement therapy.

So I need to make this known to all women. The study now, 20 years later, has been proven false. There were different reasons why it showed that they were looking at a cohort of women who were already post-menopausal by 10 to 15 years. Their control group compared to what's your risk of this versus risk of this. The control group had already been un-estrogened. It's complicated for why it didn't.

But now we absolutely know that there is no increased risk for heart disease or breast cancer if you start hormone replacement therapy at the onset of menopause, which is in our, again average age is 51.

But again, if you're in the late 40s and you're starting to feel it, if you're talking with your doctor about oh my god, I'm having these symptoms and hot flashes and I can't, it's really impacting my life, it can be debilitating. Please, please, please, please, talk to your health care provider about hormone replacement therapy. It is safe. And if you're a clinician and unfortunately this is also true many doctors are still going by the original results of the Women's Health Initiative because there's no big campaign that's been done to say whoops, we were wrong. Here's the new information. I mean the story has been out there, but not in the way that the original story came out, so you might have a doctor who says oh, no, no, no, I'm not prescribing that because of fear of being sued for doing it. Please look for other resources and other clinicians who can help you and who know the current science.

0:09:41 - Adele Scheiber

Well, so you went there, so I'll go there too, right? Which is a lot of our audience, I think is really suspicious of, "big pharma" and I've heard, oh, we're trying to medicate away a natural body function and we don't need that and hashtag granola for life. I mean, what would you say about the relationship of big pharma, hormone replacement therapy, all that? Can you speak to that a little bit from your point of view?

0:10:08 - Claire Gill

Yeah, sure, so one of the things to think of, too, is that the hormone replacement therapy is, in most cases it's generic now, so there's not making a lot of money off it, right you can get generic

0:10:19 - Adele Scheiber

Oh, so the financial incentive has been removed to a huge yeah. Yeah, it's not like doing.

0:10:25 - Claire Gill

People aren't pushing it because they're making big money off it. And the other thing, I think again why we have this attitude, and your listeners are absolutely right it is a natural stage of life. Some women don't have bad symptoms during the menopausal transition, but please have grace for all of your sisters out there who do, and for many, many women it is debilitating. I have women that have told me their menopausal symptoms were worse than childbirth, that they would rather be giving birth than dealing with what they're dealing with now in menopause. I mean really and I know that's surprising for those who don't feel those symptoms, but it really is, it can be, and I think some people too, don't even realize some of those symptoms that they might be having, that they're like oh, this is just age or whatever. It is. But all of those if you're living with: dry skin that you can't deal with, urinary problems, painful sex, I mean things that we just haven't talked about previously those are all related to the loss of estrogen. So, I also say to women there's no prize for suffering.

0:11:34 - Adele Scheiber

I love that quote.

0:11:38 - Claire Gill

We, we all didn't take that on ourselves yeah.

And and we do that around, think about it we do around childbirth too. We compete with each other around. Well, I had natural childbirth or I took the epidural. Oh my goodness, there's no prize. Do whatever is... works for you. If you can manage your symptoms through diet and exercise and topical things or mindfulness, meditating, yoga, acupuncture, whatever [Adele – yeah], wonderful. But there needs to be knowledge about the fact that it is entirely up to you and that there are generic treatments that will protect your bone

health, your heart health, you know, your breast cancer health and stop those symptoms so you can actually function and do what you need to do in your day. For many of us is raising children, working full-time and taking care of elderly parents.

There's no prize for suffering through menopausal symptoms.

0:12:35 - Adele Scheiber

Preach sister. So we at The Network. We believe so strongly in informed consent right. We believe that women do make good decisions about their health when they have all of the up to date information. So we will be sure to include the updated studies that you were referring to in our show notes, just so that you know taking a position here. But if you guys want to look at what's been, you know, done in, check now.

0:12:58 - Claire Gill

yeah, absolutely Check it out.

0:12:59 - Adele Scheiber

I think twenty years is a long time in the medical world. That's a long time. I'm looking at blog posts right now, from 2017. I was like, well, that's not true anymore. Like you know, what I mean.

So, absolutely so. Thank you for that, for that overview. Now, of course, people don't suffer from menopause or experience menopause in a vacuum, as you just said. Right, women have all of these responsibilities, and it honestly, is somebody who's 34 and is finally gotten out of my hashtag survival 20s and they're now in my like thriving 30s. All of a sudden. It's like oh, my dad lives in the basement. Oh, like I'm married, oh, I have all this. You know what I mean? It seems like we just get more responsibility as we get older, right? So can you talk to me about some of the ways that menopause can kind of throw a monkey wrench in living and working, especially working, and then, like what you know, inequities, people suffer from who are going through menopause.

0:13:55 - Claire Gill

First I wanted to say I totally agree with you. Adulting is hard. I can't remember you know how many times we think, oh my God. I just want to go back to the days where I didn't have to worry about and have all these responsibilities, and that's true. But I also want to say to you and all my younger colleagues out there: every decade gets better, honestly, and it's something that we we honestly didn't talk about as much, and perhaps it's because we're living longer now and so that those post menopause years, or even what people you know consider retirement years, are very different now than they were during our parents or grandparents's generation.

So there's so much to look forward to. Please enjoy whatever period of life you're going through now, but do not fear what comes later, because, honestly, it gets much better. So, we do have, though, like you said, there's a monkey wrench where, here we are, we're at the top of our careers. Many women in their, you know, when we start our 50s or late 40s or 50s, so everything's thriving and, as we said, some women have empty nesting is starting around that time. For me, late motherhood happened for me, so my daughter is just in junior high school, middle school. We have parents to care for as you said

0:15:04 - Adele Scheiber

A famously low effort, age obviously to parent.

0:15:10 - Claire Gill

Yes, then then we, you know, we move into again. These hormonal changes start happening and shifting and they do impact, sometimes, you know what we're doing at work. And so the National Menopause Foundation, we partnered with Bank of America on a study to look at that stigma of menopause and the workplace, because it is not talked about. And what we found was there was a really big disconnect between what women thought the culture of the organization was around menopause. I can't possibly talk to my manager about it, or you know, or HR about it. I'll be, I'll be outing myself as far as age, because unfortunately there is ageism in our culture as well, for both men and women.

But it much more impacts women, in my opinion, and I think some of the science will play that out, because again we have these symptoms that are happening that say, oh, the woman sitting fanning herself. Well then, you, you know, again, people are like, oh, she's old, she's doing menopause. Right, I'd like to remind everybody that you know, JLO is going through menopause right now and I don't think there's anything not beautiful and sexy

about her. So, remind, reminder to all of us, right, it's, you know, that that old, what we think of as old, is kind of gone out the window. instat

And, but again, you might be having hot flashes at certain parts in the day, which can be really embarrassing. And again, for some people it just you look a little sweaty, other people feel such heat and such perspiration they would have to change their clothes right. And so those are the levels of things that are happening to women and we need to be able to address that in the workplace. And so, our team again looked at that. Now, the flip side was the HR managers thought, oh, they were very open about it, and they'd be, of course, women could come and take advantage of, you know, things that are available to them to manage the you know their workday, but they're not labeled for menopause. You know, like we now have flexible hours, but how many women you know would take a flexible hour because they are having a hot flash? They don't think it's acceptable to use it for that reason. So that's where the dialogue needs to happen. What do companies already offer that you know, allow menopause to be one of the reasons that women can take advantage of that? versus having to add a lot of things to our workplace policies. And the other thing I think that is really important that we need to address is we have to address how to support women going through menopausal symptoms in the workforce for those who are not in offices, what about those in factories? What about those in hospitality? What about those underrepresented people?

0:17:46 - Adele Scheiber

That's a good point, Right

0:17:46 - Claire Gill

There needs to be policy change there as well.

0:17:52 - Adele Scheiber

The physical jobs, the standing running around, that's right we're flexible.

0:17:56 - Claire Gill

You know change, coming in late to work or leaving work or skipping a day that's not possible for many, and so I think we have a lot of work to do to address what those needs

are for women across the work, you know the lifespan, and then midlife. And one last point, sorry, that I want to make about the workforce thing too is that sometimes women think, oh my God, I can't do this anymore because of brain fog. Really, you lose words. It's interesting. You know exactly what you're talking about, but then you're like what's the word for soap? You know? I... literally like things like that. It's so funny that you lose these words and when it happens to you, you can either laugh about it or you can be like, oh my God. But when that happens to women and they don't know that's a symptom, we start thinking oh my God, I have, I'm getting early dementia, and often women are actually tested for that because they're a health care provider doesn't think, oh, it's brain fog, she's starting a menopausal journey.

0:18:57 - Adele Scheiber

So again, scary moments of like do I have dementia? And it's like way more normal a lot of the time. That's oh boy. Yeah, we always say dementia is not a normal part of aging, but perhaps brain fog is a normal part of menopause. Right?

0:19:08 - Claire Gill

It absolutely is. So, again, before we go down that path and look for Dr Google and get ourselves all worked up and scared, please. We have a checklist, actually on the National Menopause Foundation website of the, we've capped it at 34 symptoms related to menopause where you can track whether or not you're having these symptoms and the intensity of those symptoms and use that to have a dialogue with your clinician about. Hey, this is what I'm experiencing. Can we talk about it? And that's a great way to start that conversation.

0:19:43 - Adele Scheiber

I like that. I, you know, went in doubt. Bring a chart to your doctor, I believe that. Or a friend. I just had eye surgery on this weird thing and my, my husband, came with me to every appointment because I was just too worked up. I was like my full job is thinking about you poking my eye, Do you know what I mean? So checklist friends.

0:20:01 - Claire Gill

It is. It's hard that it's incumbent upon us, but we do have to be our own advocates when it comes to our health care, and it comes to so much in a woman's life, but particularly in health care. And, like you said, I love the idea of just making notes. Or, if you have a checklist from one of these organizations around menopause, please use those again for their free resources. Or, like you said, bring a friend and I tell people that too, when managing any kind of health condition, as you said, because, just as you said, we get so worked up with whatever we're being told. Oh, you need the surgery, or oh, you might have this chronic disease, whatever that the mind just shuts down and we no longer listen or even know what questions to ask, and so it does help to bring your partner or a friend to ask those questions for you while you're digesting the "oh my God. Oh my God. They just told me. You know I have this."

0:20:53 - Adele Scheiber

Right, right, exactly Well. And so, you, you transition so beautifully into you know. I want to know more, a little bit, about the National Menopause Foundation's work, Like what exactly do you do day to day and such.

0:21:05 - Claire Gill

Yeah, so, when we launched, we asked women how they would like to get information and you know about menopause and they said they wanted [Adele – you asked women what they want? (laughter)] right.

We started with a survey and they said they wanted a website, a podcast, a newsletter and a community, a peer community. So, we offer all of those things that you can reach at the National Menopause Foundation and we also then again created some tools. So, we have the checklist tool that I mentioned. We just did it in Spanish, so it's also available in Spanish on our website. I hope to have the whole website translated to Spanish at some point, but right now, the checklist, which is a really important tool, is on there, and we are working and launching a dedicated educational program that the checklist that I mentioned with the different symptoms. We're going to be launching in March a series of educational modules where women can do on demand and about each symptom of menopause. We're starting with the top three. Well, we're talking about starting with like a one-on-one and we just had the conversation what is perimenopause, menopause, explain that. And then vasomotor symptoms, which is the legal, the technical name, the medical name. I should say not legal, but the technical name, the medical name for hot flashes and night sweats. And then sleep disturbance. Huge for women. If you are not sleeping, if you are getting up in

the middle of the night to go to the bathroom. If you have night sweats, if you just wake up for some reason in the middle of the night and can't get back to sleep, that's our friend. Estrogen again impacting our sleep, and then urinary genitourinary symptoms of menopause, and that's everything to do again with bladder leakage and urging need to pee. All of those things, painful sex, all of those things are connected and we're going to do a module on that and women can go through and find out as much information as they want. It'll be video, it'll be downloadable sheets, it'll be little interactive quizzes and then we'll also have links to the research and the science. Remember, we just talked about the Women's Health Initiative and you'll do that. We'll have all that so you can really go as deep as you want to onto those different things, and we're going to do that across all the symptoms of menopause.

And the other thing that I'm really excited about that we just launched is the Women's Midlife Health Policy Institute, and one of the things that I've learned working in women's health over the last decade or more is we need to do consumer education, we need to do clinical education and we need to do policy work, and those three things have to happen at once.

And when you talk about women's midlife health, menopause is a huge part of that, obviously, and we've partnered with Let's Talk Menopause in New York, another nonprofit dedicated to menopause, and we're working on specific activities and legislation to advance menopausal research, to get access to hormone replacement therapy, et cetera. But the Midlife Women's Health Policy Institute is looking at, remember I mentioned all of those things that we become at greater risk for at midlife: heart, cognitive cancer, osteoporosis, et cetera, fibroids, there's so many different things, and bringing together all of those stakeholders to say how can we work together to advance all of midlife women's health and then we do our individual activities. You know, again, menopause on this side, osteoporosis, diabetes, heart, but we need to come together to be strategic about where are their commonalities and priorities that we will do better if we work together on, and so that's really exciting.

0:24:56 - Adele Scheiber

Yeah, well, so you do a lot. Your portfolio is very similar to ours in terms of the spheres of influence and the levers of people. That's right. Yeah, no, that's great.

0:25:15 – Adele Scheiber

So, you kind of you know, you kind of talked about this just now. But if you could wave magic wand tomorrow, what would change overnight about how US policy handles menopause issues and why?

0:25:30 - Claire Gill

I, if I could wave a magic wand, it would be that women would have access to both health care providers who know and have been trained about women's health and that starts in medical school and that they would have access to all of the potential opportunities for treatment of those symptoms.

And besides, you know we touched on hormone replacement therapy, but many women actually can't take hormone replacement therapy or don't do well on it.

But now there are new treatments available that are non-hormonal to address the major symptoms of vasomotor or motor symptoms, and so, again, it can't just be one segment of women who have access to these health care professionals who are listening to them and helping address their needs, whether that be through treatment, through medical treatment or, again, support about diet, support about mental health needs.

You know, all of these things. That needs to be for all women, and it's really also incredibly interesting to me that, in addition to being very personal about how we experience these menopausal symptoms, it is one of the things that actually can be, you know, can be different based on our race and ethnicity, and so those are things that we need to explore more. Why do black women experience symptoms of, you know, hot sweats and hot flashes and night sweats longer and more intensely than White women or Hispanic women or Asian women, you know. Again, there's across all of that, there are these differences that have been studied. We need to know more. And then we need to address right, then we need to address the needs of women based on what they are experiencing. So, again, access to both education, clinical you know providers and treatment.

0:27:28 - Adele Scheiber

Yeah, I think that's a good, that's a good wish, it's good use of the magic wand I would say. So, you know, I love that you're bringing, you're kind of bringing like class into this conversation, right, because, like, we're talking about not just office workers and I have to admit I have to check my privilege, check it right at the door, because that's immediately my mental model is, I think, of people sitting down and well, clinking clacking away.

But you know, yeah, I just I was just thinking this whole conversation. Now I'm like, yeah, what does somebody who works at an Amazon warehouse do if they've got, you know, a hot flash or whatever? So, I guess I'm going to augment my... this question, which is what advice do you have for men and women in physical jobs, in those jobs specifically, you know, and the people and organizations who want to support them? Like, what advice do you have?

0:28:16 - Claire Gill

So, I hope that women will feel that they can go to their HR department and say this is happening. I would like to, you know, talk about what we can do, you know, to support me and my colleagues on this journey. But it really needs to be top down. So we're focused a lot on the companies and the managers changing the culture so that women feel like they can speak up and that they won't be dismissed or again discriminated against because they've now said "oh, I'm experiencing these menopausal symptoms." I think the way to approach it is to say I'm having these symptoms, I recognize that we have wonderful benefits at XYZ company. Can we talk about how some of these might apply to help me with what I'm experiencing right now? Because I want to be productive, I don't want to miss work, I want to do these things, and I think that would be a way that maybe women would feel a little bit more comfortable going to, you know, hr.

0:29:20 - Adele Scheiber

I love that. That's so solution focused. That's so like. I love the... write that script. Everybody write that down, as you said.

0:29:29 - Claire Gill

But again, then the organizations and those like those of us who are out here to support women. We have to work really hard and really fast to try to help change that cultural aspect and that, and I do. As you've probably seen, there's more celebrities. I mean, I joked about J Lo because I don't know she's the same age I am, but Halle Berry has been on Capitol Hill talking about menopause and what needs to be done and what needs to be changed. There are policies now, for the first time ever, being put forward in Congress to address women's health. What we need now, ladies and those who love women who are going through menopause, is for you to contact your members of Congress to say this is important to me and I want you to support this legislation.

0:30:14 - Adele Scheiber

Yeah, yeah, yeah, we got to, we got to. Grassroots it. Absolutely. And do you have resources at the National Menopause Foundation for how to kind of mobilize in that way?

0:30:24 - Claire Gill

So we do, we do. If you go to the main page of the website, you'll see our Policy Institute page and from there you can see the information about what we're doing. As I mentioned, together with Let's Talk Menopause in New York about the Menopause Research and Equity Act, I know, again, your organization is involved in great things. Society for Women's Health Research is doing great work.

0:30:44 - Adele Scheiber

I think we're helping to write four bills right now. Poor Kristen. Exactly.

0:30:50 - Claire Gill

And so but, but that's really important. So, one, I think, is the getting these bills written and more attention paid to it. For me, and one of the things I'm trying to stress every time I talk about this too, is, we still have to make sure that we stay on point and *we get them passed*, because those of us who work around Washington DC are well aware of the number of bills introduced. So people can say, "I did this."

0:31:19 - Adele Scheiber

I introduced a bill. Yeah, yep.

0:31:21 - Claire Gill

I support women and then nothing happens to that bill. We are not going to let that happen, [Adele - not congressional parties signaling, that never happens, Claire (laughter)]

So we need all of us. It's incumbent upon us now to say there are a lot of priorities out there and we, as women, are responsible for so many of them. The family, the work like again what happens workplace, the societal things, the aging, the caregiving all of those are important, but, ladies, do not be turned off from doing and supporting something that is directly beneficial to you, and that is these legislation initiatives focused on women in midlife.

0:32:05 - Adele Scheiber

Absolutely. Well, Claire. It has been an absolute pleasure. Is there anything else you would like our listeners to know before we end today?

0:32:13 - Claire Gill

No again, just please, please know that this is an empowering time of life and, as much as we talk about the symptoms and all the things we need to address these symptoms, there's so many good things that come from living long enough to enjoy healthy post-menopausal time. So, I look forward to all of you knowing what you need to know and being empowered by the information you're getting to enjoy the journey.

0:32:40 - Adele Scheiber

Absolutely Well. Thank you so much again.

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