Menopause Education and its Gaps in Medical School Education: What Is Currently Known?

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INTRODUCTION

Menopause is the stage in a woman's life in which she stops menstruating, marking the end of her reproductive years.[1] Menopause is also a normal part of aging and a common health concern encountered by physicians across multiple specialties, including obstetrics and gynecology, family medicine, and internal medicine. As life expectancy increases, women spend a substantial portion of their lives in the postmenopausal period, making menopause management an increasingly important aspect of healthcare.[1]

Beyond common symptoms, menopause is associated with significant long term health considerations, including increased risk of osteoporosis, cardiovascular disease, and reduced quality of life.[2] Effective menopause care requires physicians who are prepared to provide appropriate counseling, evaluation, and evidence based management. Despite its clinical importance, limited research has examined how menopause is taught during medical education, with most studies focusing on postgraduate training.

This review summarizes the available literature on menopause education in medical education and highlights existing gaps in learner exposure, knowledge, and preparedness.

METHODOLOGY

Peer-reviewed literature was identified through **PubMed, Menopause, Embase,** and **Web of Science** and synthesized in a narrative review. Publications evaluating menopause education among medical students, as well as relevant studies involving resident physicians and broader health professions education, were reviewed to summarize the current state of menopause education for future practicing physicians.

RESULTS

- **<u>Current State of the Literature</u>**: A scoping review by **Macpherson & Quinton** identified only 12 empirical studies on menopause education from 758 publications, with just **two involving undergraduate medical education**.[3] Most research focused on resident or practicing physicians, demonstrating the limited evidence available for medical students.
- **<u>Menopause Receives Less Curricular Emphasis</u>** :The only national study evaluating menopause education among third year medical students was conducted by **Schnatz & Marakovits.**[4] Students reported significantly lower educational exposure to menopause compared with other topics such as routine gynecology, preeclampsia, and urinary tract infections (Figure 1).[4]

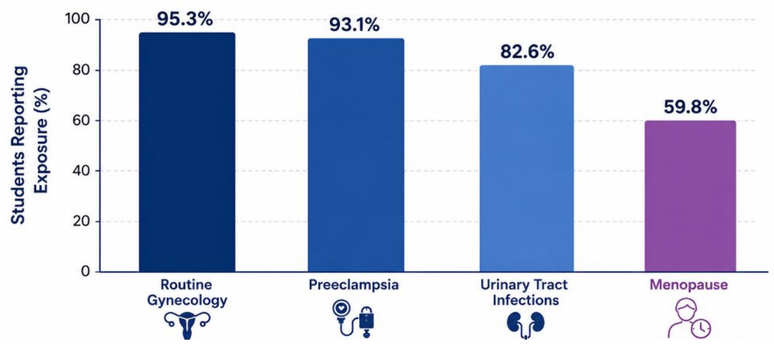

Figure 1. The figure was generated using ChatGPT to compare the reported educational exposure to selected obstetrics and gynecology topics among third year medical students.[3] *Data adapted from Schnatz PF, Marakovits K. Menopause. 2008.*

- **<u>Clinical Exposure Does Not Ensure Preparedness</u>**

O'Hara et al. found that students commonly cared for menopausal patients but reported lower confidence in women's health topics.[5] **Reid et al.** showed that while students recognized menopausal symptoms, many struggled with appropriate management.[6] Students reported increased confidence following dedicated menopause instruction, highlighting the value of structured education.[6]

- **<u>Educational Gaps Extend Beyond Medical School</u>**

Studies across obstetrics and gynecology, family medicine, and internal medicine residents found limited menopause education, low confidence, and a need for additional training.[7] One national survey reported that **20.3%** of residents received no menopause lectures, and fewer than **7%** felt adequately prepared to manage menopausal patients, suggesting these educational gaps may begin earlier during medical school.[7]

DISCUSSION

The current literature demonstrates a **persistent gap in menopause education across medical training.** Despite the frequency of menopause related care, it receives less curricular emphasis than many other core gynecologic topics. Additionally, Clinical exposure alone does not appear to be sufficient to ensure learner preparedness, as students and residents continue to report limited confidence in menopause evaluation and management.

These findings highlight the need for structured, evidence based menopause education within medical curriculum. ***Addressing these knowledge gaps earlier in training may improve physician confidence, preparedness, and the quality of care provided to menopausal patients.***

FUTURE DIRECTIONS

Future efforts should prioritize the integration of structured, evidence based menopause education into medical curricula and assess its impact on learner knowledge, confidence, and clinical preparedness. **Strengthening menopause education early in training may improve physician readiness, promote more comprehensive menopause care, and ultimately enhance outcomes for patients.**

REFERENCES

AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS & GYNECOLOGISTS