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The Menopause Queen's Gambit

By [Danielle Friedman](#)

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It was 10 in the morning, and Dr. Mary Claire Haver, an OB-GYN, had already recorded a video in her pajamas on solutions for low sex drive for her combined four million followers on Instagram and TikTok. Now Dr. Haver, 56, was walking briskly on her Peloton treadmill while reading a study on female sexual dysfunction.

It was part of her normal morning routine, but this day, she was being filmed for a documentary series about thriving through [perimenopause](#).

She squatted for the third time with an 85-pound barbell. "I'm not thinking about what I'm going to look like in a bikini," she said to the filmmakers who had gathered in her garage gym. "I'm thinking about what I'm going to look like at 80." With her shiny black hair, dark-rimmed glasses and lithe physique, Dr. Haver looked like the model of youth compared to the "Golden Girls" menopause stereotypes of yore.

Over the course of two days, in interviews at her home in Galveston, Texas, she repeated to me something she'd said to her audience that morning: If women are proactive, they aren't destined to slowly decline after their reproductive years. Their [menopausal years](#) might even be their best years. Or, as she likes to say, "Menopause is inevitable; suffering through it is not." Six thousand women reach menopause every day in the United States, but there are only about 2,300 providers certified in menopause medicine. Many women struggle to find clinicians who are experienced and informed enough to guide them through the transition. The void has been filled by a thriving crowd of menopause influencers, with Dr. Haver at the helm. In the last two years, she has arguably done more to educate women about menopause than any other public figure, through her social media platforms and best-selling book "The New Menopause." She has called out sexism in medicine, demanded increased federal funding for women's health research and called on medical schools to better prepare doctors to care for women beyond their reproductive years. Both publicly and in her private menopause practice, she has crusaded to dispel deep-seated fears about hormone therapy, arguing that it carries a long list of benefits for health and wellness.

On TikTok and Instagram, Dr. Haver comes across as authoritative and empathetic, addressing her followers as if they are not only her patients but also her friends. She speaks with urgency, often against a green-screen backdrop of a published study, breaking down research simply yet emphatically.

But in her efforts to help women navigate menopause today, she has also drawn criticism from menopause medicine's longer-serving guard of doctors for recommending hormones for uses that stray from official medical guidelines and, they say, risk harming women. And she has built a multimillion-dollar wellness business, The 'Pause Life, selling supplements and diet plans in a way that some of her colleagues find ethically questionable. Several longtime menopause specialists and researchers told The

New York Times they believed Dr. Haver embodied both the promise and perils of menopause care's next chapter.

"I think she really is trying to advocate and do the right thing, largely," said Dr. Lisa Larkin, the immediate past president of the Menopause Society, the field's top governing body in the United States, which sets the official medical guidelines for hormone therapy and certifies clinicians to practice menopause medicine. But Dr. Larkin and others expressed concern that when health care providers sell anything — including their own expertise — on social media, important subtleties are lost or compromised. "It's a very slippery slope in medicine."

Dr. Haver hears the concerns, but says she is more interested in helping women. In the hours after the documentary crew left, her home transformed into a kind of menopause central command, abuzz with enthusiasm about upcoming plans. She would meet with the chief operating officer of The 'Pause Life about an upcoming "fat-blasting" challenge, as well as her writing partner to plan out the timeline for her next book, "The New Perimenopause," which she sold for \$1.4 million. She would be interviewed by a health reporter about using GLP-1 medications during menopause, and then deliver a two-hour lecture over Zoom to a group of Drexel University nursing students.

Dr. Haver is, by her own description, living her best menopausal life. "I don't know why God woke up and said, 'I'm going to give you a megaphone and people are going to listen to you,' but here we are," she told me, sitting in her light-filled kitchen that overlooks a bayou. "I just take it with such a responsibility, right?"

Watch out for 'whiny women'

Dr. Haver grew up in a large Catholic family in southern Louisiana, as one of the middle of eight children. Her parents owned a Cajun restaurant and were perplexed and concerned by her desire to forge a career in science and medicine. "Girls in my family did not do that," she said — they got married, "had babies and, you know, they supported their husbands."

The Facts Behind 5 Supplements

Collagen. Collagen is [one of the most abundant proteins](#) in the body and helps form our skin, bones, muscles, tendons and ligaments. As we age, we naturally start reducing its production. Some studies show that taking collagen supplements can reduce signs of aging, increase bone density and improve joint, back and knee pain. But many of these studies are small and funded by the companies behind such products, increasing the opportunity for bias. Certain products also have flaws that reduce the likelihood of their efficacy: Topical creams, for example, are unlikely to make it into the deeper level of the skin where collagen is produced.

Magnesium. Though low levels of magnesium [have been associated with various sleep disorders](#), the evidence for the [benefits of taking it for better sleep in supplemental form is thin](#). In fact, most people already have sufficient levels of the mineral, which helps support immune health, blood sugar regulation, and nerve and muscle function. Magnesium is easy to get in foods including nuts, greens, seeds, beans, yogurt and fish.

Vitamin B6. This essential nutrient is involved in a number of chemical reactions that are [important for the proper functioning of the immune and nervous systems](#). As with the other essential vitamins, the body cannot produce B6 on its own, so you can only get it from foods (such as tuna, salmon, chickpeas, poultry, dark leafy greens, bananas, oranges, cantaloupe and nuts) or supplements. Most healthy adults get more than enough vitamin B6 from their diets alone, so B6 supplements are generally not needed.

Melatonin. The hormone [is released by our brains](#) as it starts to get dark outside, making us sleepy. Taking it in supplement form [tricks your body into feeling like it's nighttime](#). Experts urge people to consult

their doctor before taking melatonin, as the supplement does not address underlying health problems, like anxiety and sleep apnea, that may disrupt sleep and require treatment.

Vitamin D. Our bodies need this vitamin for the gut to absorb calcium, which bones need to grow and stay healthy. But [a large study in the United States](#) reported that vitamin D pills taken with or without calcium have no effect on bone fracture rates and a host of other ailments like cancer and cardiovascular disease. Even so, some people, including those with conditions like celiac and those who are deprived of sunshine, however, [may find the supplements useful](#).

But Dr. Haver had been deeply affected by losing an older brother to leukemia when she was nine years old, and becoming a doctor felt meaningful. (She keeps his photo, and pictures of the two other siblings she's lost to illness, in sight while shooting videos, she told me.) She completed medical school in Louisiana, where, like most physicians today, she received only about an hour of instruction on menopause. During her residency in obstetrics and gynecology at the University of Texas Medical Branch hospital in Galveston, she got about six. (Today, only about residencies offer a menopause curriculum.)

As a first-year resident, she was told by a male supervisor in cowboy boots to watch out for WWs — “whiny women,” she said, in an exaggerated Southern accent — who were often in their late 40s and complained of vague, hard-to-pin-down symptoms like [brain fog](#), poor sleep, weight gain, heart palpitations and a vanishing sex drive. The implication, Dr. Haver said, was that these women didn't actually have a serious medical condition; they were merely complainers. The messaging stuck. “To this day, when a patient comes in with multiple vague complaints, I have to walk myself back and say, ‘Listen to her, believe her, this is real,’” Dr. Haver said.

Image

During Dr. Haver's final year as a resident, in 2002, the limited menopause care that existed was diminished even further. That year, researchers overseeing the country's first wide-scale study of health outcomes in postmenopausal women, known as the Women's Health Initiative, abruptly ended their trial of estrogen and progestin therapy, after they saw a very small increase in breast cancer among some participants taking oral estrogen.

The findings are now considered to have been overblown, but headlines about the study had a chilling effect on treatment. “We were giving H.R.T. fairly often,” Dr. Haver said. “By the time I graduated like a month later, it was like, we shall not give it. You're going to hurt someone.”

Nearly overnight, hormones fell out of fashion among menopausal women. By 2007, the number of eligible menopausal women taking them dropped below 5 percent. It had previously hovered around 40 percent.

Not long after, she and her husband, Chris Haver, a project manager at Chevron, decided to make Galveston their home and raise their two daughters there. She joined the hospital staff and built a busy [OB-GYN](#) practice. For 10 years, she oversaw the hospital's [OB-GYN](#) residency program.

It wasn't until 2015, when Dr. Haver went through menopause herself at 48 and experienced crippling hot flashes and insomnia, that she began to question the prevailing belief that, beyond prescribing antidepressants and anti-anxiety drugs, there wasn't many doctors could do to help women feel like themselves again.

“I can't tell you how many times I was told, or I've told patients, ‘This is just what happens,’” she said. “You know, it's tough to be a woman.”

Finally, in early 2016, when she felt she couldn't live another day with her symptoms, Dr. Haver asked for estrogen (and progestin, to protect against cancer of the uterine lining). At first, she said, choosing to go on hormones felt like “throwing in the towel.” But as her symptoms vanished, she felt happier and more

energetic than she had in years — and outraged that women had been deprived of these benefits for so long. The decision would mark the beginning of Dr. Haver’s more renegade approach to treating menopause, including bucking mainstream medical recommendations on hormones.

And in 2023, her approach was bolstered by a larger cultural shift in treatment. Health care providers say that hormones re-entered the national conversation as a viable treatment for menopause symptoms after The New York Times Magazine published an [article](#) by Susan Dominus, titled “Women Have Been Misled About Menopause,” which explained why the earlier research on hormones and cancer risk had been misinterpreted.

Since then, some menopause experts have embarked on an aggressive public awareness campaign to educate women about the potential benefits of hormones and dispel blanket fears about their risks in an effort to get more women the help they need. Today, less than 4 percent of eligible menopausal women use hormones approved by the Food and Drug Administration, according to the Menopause Society, suggesting that many millions of women — and particularly those with low socioeconomic status and access to health care — are suffering needlessly.

Earlier this year, Dr. Haver rallied a constellation of about three dozen physician influencers into a group that calls itself the “menopause” and enthusiastically supports one another’s work on Instagram and TikTok. Collectively, they have more than 5 million followers on Instagram alone. The menopauses now converses daily via a WhatsApp group. “We’re constantly sharing articles and asking opinions and talking about complicated cases,” Dr. Haver said. It’s part support group, part advisory board, part hype machine.

‘Nuance doesn’t play on social media’

A theme runs through Dr. Haver’s posts: that women’s bodies need estrogen, progesterone and testosterone — all of which plunge during menopause — to function optimally, and that taking them not only can help with symptoms, but also help prevent cardiovascular disease and dementia and contribute to long-term health and happiness. She also regularly re-shares content from members of the menopause that make these promises and more.

The problem is that studies haven’t definitively proven these claims — at least, the data isn’t considered strong enough for the Menopause Society (or any other medical society) to get on board with the kind of messaging the menopauses is putting forth.

Everyone The Times interviewed agreed that many more women could benefit from hormone therapy. But longtime menopause specialists said they feared the cultural messaging about it had gone too far in the past few months, glossing over the health risks, including for breast cancer and certain cardiovascular diseases, and creating a misguided perception that hormones are essential for a woman’s general well-being as she ages.

The Menopause Society only recommends estrogen for women dealing with disruptive menopause symptoms, or those at a high risk for developing osteoporosis. It also recommends testosterone therapy to treat a low sex drive, though testosterone is not yet approved by the F.D.A. for this use.

It does not recommend estrogen as a first-line tool for improving overall well-being, or for preventing heart disease or dementia for women who go through menopause at the average age. Clinical trial data on using estrogen for these purposes is limited, and the data that does exist is contradictory.

“Nobody in the Menopause Society is gatekeeping hormones. They’re saying, ‘This is what the research shows; this is what the good quality research shows,’” said Dr. Jennifer Gunter, an [OB-GYN](#) and menopause specialist in San Francisco.

For these reasons, in its most recent guidelines, the Menopause Society urged health care providers to drop the term “hormone replacement therapy,” and swap it with “hormone therapy” or “menopausal hormone therapy,” to avoid creating the perception that estrogen, progesterone and testosterone need to be replaced as women age. Unlike people with low levels of thyroid hormones or insulin, postmenopausal women with low levels of reproductive hormones can often live long, healthy lives, said Dr. Stephanie Faubion, the society’s medical director and the director of the Mayo Clinic’s Center for Women’s Health.

Despite this, Dr. Haver’s message has landed — at least with many of the women who follow her on social media or have read “The New Menopause.” “Women with no menopausal symptoms at all are asking for hormone therapy to reduce their lifetime risk of heart disease and dementia,” said Dr. Nanette Santoro, a professor of obstetrics and gynecology at University of Colorado School of Medicine, who has been studying and treating menopausal patients since the early 1990s.

Dr. Santoro said she now also has several women per week requesting testosterone for overall wellness. “Many women are asking for testosterone as if it is essential to their health and well-being,” Dr. Santoro said, when in fact some data suggest testosterone is ineffective in the doses given to women for things like energy, endurance or maintenance of muscle. Dr. Haver and others in the menopause argue that, while there aren’t yet large, long-term studies establishing the unarguable benefits of hormones for disease prevention, there eventually will be, and women shouldn’t have to wait decades for better care — which is how long it could take to gather enough evidence to change official guidelines. She frequently suggests the menopause establishment is conservative in its recommendations, denying women crucial care that is based on promising, if not definitive, evidence.

“I sit in front of patients every day,” she said, and “they just want their lives back.” They may not be experiencing the specific symptoms listed by the Menopause Society, she added, “but there’s been a dramatic shift in their resilience and how they’re managing the day-to-day activities of their lives, and they’re in a struggle.” Every woman’s risks vary depending on her history and genetics. But for many patients — and for Dr. Haver herself — hormones indeed feel like a miracle cure. In her clinic, which charges \$1,500 for an hourlong appointment and doesn’t accept insurance, Dr. Haver discusses all of the risks and complexities of treatment options, including non-hormonal ones. She also couches her recommendations on Instagram and TikTok with disclaimers, and stresses that hormones aren’t right for everybody. But critics of Dr. Haver and the menopause’s stridently pro-hormone therapy messaging argue this fine print gets lost in an online culture that doesn’t reward subtlety. “In medicine, there’s a lot of nuance, and nuance doesn’t play on social media,” Dr. Gunter said. “Her particular shtick is very challenging to address because 75 percent of it is technically correct and the rest comes from a parallel universe,” Dr. Santoro said. “The amount of time and effort I have been spending recently to redirect my patients away from the 25 percent has been astounding.”

A growing menopause empire

Dr. Haver is a true believer in what she’s selling — literally and figuratively — on social media and through The ’Pause Life, where she oversees a staff of two full-time and around 18 part-time employees. She follows her own dietary advice and takes the supplements she sells. She said she wanted to offer women the tools to thrive in the same way she has. But her business ventures also put her at odds with [official medical guidelines](#), which discourage physicians from selling their own products to patients.

Dr. Haver’s entry into the menopause marketplace began in late 2016, with a diet she designed in an attempt to lose the 20 pounds she’d gained during her menopause transition. After scouring nutrition

research and getting certified in culinary medicine, a nutrition-based program for people already in health care, she lost the weight and turned her program into a \$79 online course. Soon it was bringing in as much money as she earned from her medical practice, she said. The course has now been downloaded more than 100,000 times.

Before long, an editor at Penguin Random House reached out about turning the program into a book. In January 2023, “The Galveston Diet: The Doctor-Developed, Patient-Proven Plan to Burn Fat and Tame Your Hormonal Symptoms” was released, and swiftly became a best seller.

If she were to write “The Galveston Diet” today, she said, she would write it differently: no before-and-after photos, less focus on restricted eating, more focus on being strong. Her understanding of fat itself has evolved, she said. She regrets contributing to what she now understands as diet culture, reinforcing cultural ideas that thinness equals health. She now regularly explains to her patients that body size and weight — which are often a reflection of subcutaneous fat, or the fat right under our skin — are not always correlated with health. It’s the fat that surrounds our organs, called visceral fat, that can increase one’s risk for disease. And yet, through *The ’Pause Life*, she still hosts regular Belly Fat Blast challenges, in which she encourages her followers to limit sugar and alcohol, prioritize sleep and stress-reduction, eat healthily and exercise for 28 days. The goal is really to reduce visceral fat, she said, and encourage women to take care of themselves — but the marketing suggests otherwise. “It’s a terrible name,” she said. “I know.”

Dr. Haver began her supplement business in the lead-up to the publication of “The Galveston Diet,” as she worried that sales of her diet course would decrease. At the time, she was also regularly recommending a stable of supplements to her patients and followers — to help them fill gaps in what they were getting from food, she said — and she thought, “I can make a better product that my people who are coming to me for nutrition information will love.” As with hormones, she trusted her review of the limited research that exists. “I’m like, as long as you sell products that have decent evidence behind them, that are high quality, that are tested, that I would give my children, I’m OK,” she said.

But the F.D.A. only lightly regulates dietary supplements, and relatively little robust research has been done on them, so it’s this business that draws the strongest criticism. “I personally believe that supplements are kind of the road to hell in medicine,” because of their lack of regulation and unfettered promises, Dr. Gunter said. When a doctor promotes a supplement’s benefits based on limited evidence, she said, her feeling is, “why should I trust you on anything else?” In early October, the nonprofit organization Truth in Advertising issued a [consumer alert](#) about menopause supplement claims, and urged [more than 100 brands](#) to review their marketing. This list included *The ’Pause Life*, noting that its website “includes, among other things, claims that its supplements can help treat anxiety and muscle pain, help improve cognitive function and reduce fatigue.” In response, Dr. Haver said she had hired a consultant to give *The ’Pause Life* website a close review and remove anything that doesn’t comply with the group’s recommendations. “We want to do this right,” she said.

A fight for the future of menopause care

At the Menopause Society’s annual meeting in Chicago last month (August 2024), Dr. Faubion, the group’s medical director, said she heard numerous whispers from members about what they perceived as a social media-driven disinformation crisis that was promoting solutions lacking in evidence. “I’ve never heard this level of alarm and concern,” Dr. Faubion told *The Times*.

The (Menopause) Society’s leaders also told *The Times* that the stakes had never been higher, since more clinicians were seeking its certification to practice menopause medicine than ever before, and they

wanted to ensure they were practicing what they considered evidence-based care. And so, in recent weeks, the Menopause Society has taken steps to try to discourage physician-influencers and their followers in the medical community from routinely making recommendations that don't align with its guidelines. On Sept. 30, 2024 the group released a [statement](#) to its members urging clinicians to »stick to the script.

Additional Articles:

[Women Have Been Misled About Menopause](#)

[Feb. 1, 2023](#)

[How Long Does Menopause Last?](#)

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[How to Exercise During Menopause](#)

[Aug. 21, 2024](#)

[How Menopause Changes the Brain](#)

[Nov. 21, 2023](#)