Opinion | America lost its way on menopause research. It's time to get back on track.

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Twenty years ago, the National Institutes of Health abruptly terminated research on the effect of hormone therapy on postmenopausal women. The decision resulted in a cascade of harm to millions who have undergone menopause in the United States. And it remains uncorrected two decades later.

More than 1 billion people worldwide will be in menopause by 2025. Today, there are 55 million in the United States alone, nearly 75 percent of whom report not receiving support or treatment for its effects. Among the most debilitating are hot flashes, painful sex, urinary tract infections, and the taxing combination of brain fog, anxiety, depression and insomnia.

It is a private burden that carries a costly public toll. A 2021 survey of more than 5,000 women in the

various stages of menopause revealed that 3 in 5 were adversely affected while on the job, and a third actively hid its effects from colleagues and bosses; almost half said they feared being stigmatized by raising it.

The safest and most effective treatment was swept off the table the moment NIH announced a link between menopausal hormone therapy (MHT) and increased risk of breast cancer and certain cardiovascular diseases. The impact was immediate: Within several years, MHT prescriptions dropped from nearly 40 percent to roughly 5 percent among those experiencing menopause.

It would take more than a decade for the government data to be reassessed, the net result showing that the risks initially reported did not apply equally to younger women or to those whose last period was within the past 10 years. And the positive effects of MHT — including a decreased risk of diabetes, colon cancer and osteoporotic fractures, as well as a 30 percent decrease in death from all causes — never made it into the public discussion. An entire generation subsequently missed out not only on improved quality of life but also these preventive health benefits.

Today, the American College of Obstetricians and Gynecologists, American Association of Clinical Endocrinologists and North American Menopause Society agree that MHT is a safe choice for the vast majority of healthy women with menopausal symptoms. Further research has shown the link to breast cancer to be minimal — statistically less than the risk incurred by working as a flight attendant or by drinking two glasses of wine at dinner nightly — and in the case of those who use estrogen only, there is a decrease in risk.

But we still lack definitive knowledge of whether cardiovascular disease or Alzheimer's are affected by hormone therapy, despite subsequent studies that suggest it is beneficial. And although more recent studies strongly suggest that if treatment is started within 10 years of the last menstrual period or before the age of 60, the risks of hormone therapy are lessened, this information has not made its way into most clinical practices.

For those who have experienced menopause since 2002, the loss adds up to countless hours of productive work time; decades of satisfying and pain-free sex; and the deterioration, collectively, of innumerable tons of bone mass, leading to fractures and debility. Most important, they have lost the agency to decide for themselves the quality of how they age.

As a new generation enters menopause, we are demanding change. One of us (Dr. Malone) brought former first lady Michelle Obama into the conversation. Tracee Ellis Ross got real about perimenopause in a recent profile in Harper's Bazaar. And some companies are implementing menopause-friendly work policies.

But committed CEOs and influencers can bring us only so far. Government must take the lead on needed reforms.

It is imperative that NIH redesign and launch a new comprehensive reproductive-health initiative that

can inform us of the long-term benefits of hormone therapy and accurately assess its risks. Another immediate and solvable target: ending the Food and Drug Administration's "black box warning" on estrogen-only products, even the lowest dose forms, because they are outdated and the risks attributed to them are vastly overstated or nonexistent.

Finally, the medical establishment must give menopause the respect it deserves. While one third of American women are at any time in some stage of menopause, most doctors don't even know how to talk about it, let alone treat it. According to the Mayo Clinic, only 20 percent of postgraduate residents reported their programs had a formal menopause curriculum, and fewer than 1 in 10 residents in family medicine, internal medicine and gynecology told the clinic they felt "adequately prepared" to manage the care of patients in the various stages of menopause. Add to that the well-documented bias against female patients — one that exponentially burdens women of color, as well as trans, intersex and nonbinary people who experience menopause — and a vast information vacuum persists.

When menopause is marginalized — and, worse, the search for therapies and solutions is set aside — the harm is far reaching. We deserve better.