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Menopause education in the core curriculum

A brief for curriculum committees

THE GAP

6.8% enrolled residents in family medicine, internal medicine, and obstetrics and gynecology residency programs reported feeling adequately prepared to manage women experiencing menopause.[1]

31.3% while 92.9% of program directors strongly agree that residents nationwide should have access to a standardized menopause curriculum.[3]

58% of medical textbooks worldwide never mention menopause.[2]

20.3% of surveyed residents received no menopause lectures at all.[1]

The gap is structural. It is not a disagreement about whether the topic matters.

THE COST

~$1.8B a year in U.S. lost productivity.[4] More than **$5.4B** when career opportunity costs are included, plus **~$25B** in annual direct U.S. medical spend.[5] **~$120B** in global GDP impact.[6] Women aged 45–60, the age range most associated with menopause, make up roughly **30%** of women in the U.S. labor force.[5]

WHAT THE GAP COSTS A PATIENT

Around **75%** of hip fractures occur in women, mostly postmenopausal women at risk for genitourinary syndrome of menopause (GSM). Starting vaginal estrogen in that population can mitigate UTI risk[8] — and many orthopedic surgeons never received the training to know it.[7]

A MODEL EXISTS. NOTHING IS REQUIRED.

EMAS published a position statement in 2022 calling for a menopause education curriculum for healthcare providers, with an example of a broad curriculum.[9] The paper is precise about its status: no standardized curriculum is mandated for undergraduate medical training, and the statement's impact is difficult to measure[9] — a framework, not an accredited standard.