YNNE SHUSTER ’80 has been teaching patients and primary care physicians about women’s health issues for the past 14 years as a lecturer and editor, on top of her job as an internist at Mayo Clinic in Rochester, Minnesota. During that time she has watched with frustration as women take cues about health treatments from popular culture. And she has seen primary care doctors become reluctant to give advice, considering the conflicting information they receive on women’s health issues.

Last July, Shuster left her primary practice to become director of the new Women’s Health Clinic at the Mayo Clinic in Rochester. The clinic is among only a handful of clinics nationwide dedicated to the issues of menopause, hormone replacement therapy and women’s sexual function, all of which are gaining attention as the population ages and new treatments are trumpeted.

Shuster heads a team of 15 professionals, including gynecologists, internists, a sex therapist and clinical nutrition providers who offer an integrated practice where women can get advice, lifestyle recommendations and treatments that are both mainstream and alternative.

Shuster majored in sociology at St. Olaf and earned her medical degree from Mayo Medical School. She is married with two sons. In addition to her work as a physician, she is associate editor of Mayo Clinic Women’s HealthSource, a newsletter for women at midlife and beyond, and co-editor of the Women’s Health Information Center at MayoClinic.com.
What inspired you to push for a women’s health clinic at the Mayo Clinic? As a primary care physician, I learned from my women patients about the changes they experienced in their bodies with menopause. They told me things that weren’t in textbooks. Women’s experiences of menopause and hormone therapy are often different from what doctors are taught. Also, women typically don’t know that they can get medical help for concerns with sexual function. Our clinic provides a setting where women can feel comfortable talking about sexual or midlife health concerns.

What does the clinic offer that women can’t get elsewhere? We bring together gynecologists, internists and other experts who are passionate about women’s midlife health issues. If you go to a gynecologist and an internist separately, you may get conflicting recommendations. At this clinic, we integrate the different approaches and focus on each individual woman’s needs, incorporating the latest scientific advances as well as a holistic approach.

Describe your holistic approach. Women’s menopause treatment typically has focused on getting relief from hot flashes. A lot more is going on in menopause. Women start developing an increased risk of heart disease, cancer and osteoporosis. They may gain weight and experience sleep problems, mood changes, and muscle and joint aches. It is important for the physician to review the patient’s heart disease and cancer risks, calcium intake and bone density, exercise and nutritional issues, as well as her emotional health, family and work issues, and overall health goals.

What concerns women most about menopause? They ask: “Is hormone therapy right for me?” and “What are the alternatives to estrogen?” Women are seeking information about natural, bio-identical compounded hormones popularized by celebrities.

What are “bio-identical hormones”? When doctors talk about bio-identical hormones, they are referring to drugs or hormones produced commercially to be chemically exact duplicates of naturally occurring hormones. These are made available in well-tested, government-approved, brand-name prescription drugs. When most women refer to bio-identical hormones, however, they’re talking about so-called natural hormones — compounded products mixed up individually at pharmacies and made of chemically bio-identical hormone products. Unfortunately, there is no way to test whether an individually mixed dose is correct for a woman. Despite that, these natural hormones are advertised as being safer and more natural than commercial hormone products. Women tend to believe that they must be safer than traditional, FDA-approved hormone therapy. There is an appeal to taking what is most natural, and some women get fewer side effects from them.

You sound skeptical. I am. There’s no proof that they’re safer or more effective, and there is less quality control than there is for FDA-approved hormone products. After I go over the pros and cons of the different choices, women often choose FDA-approved bio-identical hormones.

What have you learned from your female patients about hormone therapy? I’ve learned what a difference estrogen therapy makes in many women’s lives. It can offer women relief from hot flashes, sleep difficulties and mood swings. In internal medicine the focus has been on the side effects and risks, so women are scared to use estrogen.

In that case, do you recommend hormone replacement? Hormone therapy needs to be individualized. The answer is so different for each woman. We review each woman’s medical issues, health history and life goals, and help her decide what’s right for her.

What alternative medical treatments do you use for alleviating menopausal symptoms such as hot flashes? Some alternative treatments women try for hot flashes include acupuncture, meditation, dietary soy, the herb black cohosh, Vitamin E and a number of other supplements. Unfortunately, none works as well as estrogen, and most don’t work much better than placebos when studied in clinical trials.

Non-hormonal prescription medicines most often given to help with hot flashes include antidepressants such as venlafaxine and paroxetine. Regular exercise and a healthy diet also help.

Is difficulty with sexual function related to menopause? Menopause is a hormonally vulnerable time when sexual concerns may emerge, but women can have sexual health concerns at any time of life. When asked, 40 to 50 percent of women of all ages say they have sexual concerns such as loss of desire, discomfort with sex and changes in arousal. Sexual function can change, for example, after a pelvic surgery, with taking certain medicines such as anti-depressants, or because of family and relationship issues. We evaluate all areas — medical, emotional and relational — to help women with their sexual concerns.

Our culture tends to focus on men’s sexual concerns. Do you see this changing? Since the advent of drugs to enhance sexual performance for men, sexual issues have been discussed more openly. Sexual health has become a quality of life issue, and women do want to talk about it. Women as well as men want to address sexual concerns, particularly if they previously enjoyed this intimacy with their partner and now have lost interest in it or are no longer able to enjoy it.

What lifestyle changes prevent problems in menopause? Eating a low-fat diet, high in fiber and plentiful in fruits and vegetables, can decrease the weight gain associated with menopause, and it also helps reduce the risk for heart disease and certain cancers. Lifting free weights, using resistance bands and developing core body strength, such as with Pilates, help prevent changes in aging muscles and joints. Constant stress also takes a toll on health. Most women need to work on healthier ways to deal with stress.

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