TRULY FLAVIUS

THE MENOPAUSE ADVOCACY KIT

An Insider's Guide to Navigating Dismissal,
Tracking Symptoms, and Asking for the Care You Deserve.

PREPARE • TRACK • ASK • FOLLOW THROUGH

Written by Petula "Truly" Flavius, MHA

Educational resource • Not medical advice

WELCOME & AUTHOR'S NOTE

Dear Reader,

If you have ever walked out of a healthcare appointment feeling dismissed, invisible, or unsure whether your symptoms were taken seriously, this kit is for you.

I have spent more than 20 years working in healthcare and hold an MHA. After a surgical hysterectomy brought an abrupt menopause transition into my own life, I also learned what it feels like to search for answers while navigating a complex healthcare system.

My goal here is not to tell you which treatment is right for you. It is to help you arrive at your appointment prepared: with a clear symptom history, focused questions, current information, and a plan for follow-through.

A note about the 2025-2026 FDA changes: On November 10, 2025, the FDA requested major labeling changes for menopausal hormone therapy (MHT), including removal of cardiovascular disease, breast cancer, and probable dementia language from boxed warnings. On February 12, 2026, FDA announced approval of updated labeling for an initial group of products. Important risks and precautions still remain in product labeling, and systemic estrogen-alone therapy retains a boxed warning about endometrial cancer for people with a uterus.

A boxed-warning change does not mean hormone therapy is risk-free, appropriate for everyone, or recommended to prevent dementia or cardiovascular disease. Treatment decisions should be individualized with a qualified clinician.

Be your own informed advocate,

Petula "Truly" Flavius, MHA

How to use this kit: Read the FDA update, complete the 7-day tracker, circle your top 3 concerns, and take the appointment checklist with you.

THE FDA MENOPAUSE HORMONE THERAPY UPDATE

Keep this page on your phone or print it for your appointment. Use it to start an informed discussion - not to demand a particular prescription.

What changed?

On November 10, 2025, the FDA requested labeling changes for menopausal hormone therapies. The requested boxed-warning changes included removing risk statements about cardiovascular disease, breast cancer, and probable dementia. The FDA also requested removal of the 'lowest effective dose for the shortest duration' language from boxed warnings.

What did NOT change?

• Hormone therapy still has potential risks, contraindications, and precautions.

• For systemic estrogen-alone products, the boxed warning about endometrial cancer remains relevant for people with a uterus.

• FDA did not say hormone therapy should be used to prevent memory loss, dementia, heart attack, or stroke.

• Age, time since menopause, symptoms, medical history, route of therapy, and whether you have a uterus all matter when discussing benefits and risks.

A useful appointment question

"I saw the FDA's 2025-2026 menopausal hormone therapy labeling updates. Can we review what those changes mean for my symptoms, health history, and treatment options?"

Related reading

Worried about memory changes? Visit the Women’s Health & Midlife Resources section at trulyflavius.com and read “Is It Menopause Brain Fog or Dementia?”. The article explains memory concerns in greater context and links readers back to this Advocacy Kit for appointment preparation.

Verified FDA sources

FDA - Nov. 10, 2025: HHS Advances Women's Health, Removes Misleading FDA Warnings on Hormone Replacement Therapy
FDA - Nov. 10, 2025: FDA Requests Labeling Changes Related to Safety Information to Clarify the Benefit/Risk Considerations for Menopausal Hormone Therapies
FDA - Feb. 12, 2026: FDA Approves Labeling Changes to Menopausal Hormone Therapy Products

Always check the current FDA-approved labeling for the specific product being discussed.

SPEAKING SCRIPTS FOR THE EXAM ROOM

Firm does not have to mean confrontational. These scripts keep the conversation specific, documented, and centered on shared decision-making.

IF YOU HEAR...	TRY SAYING...	WHY IT HELPS
"Brain fog and forgetfulness are just part of getting older."	"I understand age can affect memory, but this change is new for me and is affecting my daily functioning. Can we review possible causes, including menopause-related factors, sleep, medications, mood, thyroid issues, nutrient deficiencies, and anything else you think should be evaluated?"	Describes functional impact without assuming one cause and invites an appropriate evaluation.
"Hormone therapy is too dangerous."	"I know the FDA changed menopausal hormone therapy labeling in 2025-2026. Can we review the current benefits, risks, contraindications, and whether any options are appropriate for my individual history?"	Keeps the discussion current while recognizing that treatment decisions are individualized.
"I don't feel comfortable prescribing estrogen."	"I respect your clinical judgment. Would you document the reason it is not recommended for me and explain the alternatives? If this is outside your area of practice, could you refer me to a clinician with menopause expertise?"	Creates a clear care plan without implying that a clinician is obligated to prescribe a requested medication.

For more context about memory changes during the menopause transition, read “Is It Menopause Brain Fog or Dementia?” in the Women’s Health & Midlife Resources section at trulyflavius.com.

7-DAY MENOPAUSE SYMPTOM TRACKER

Track what you experience for one week before your appointment. Rate each symptom from 0 (none) to 5 (severe/disruptive). Add specific examples in the notes column.

Name: _____ DOB: _____ Week of: _____

Menopause context (optional): Natural menopause / Perimenopause / Hysterectomy / Ovaries removed / Unsure

Symptom	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Notes / triggers
Brain fog / memory								
Sleep disruption								
Fatigue								
Joint / muscle pain								
Mood changes								
Hot flashes / night sweats								
Heart palpitations								
Headache / migraine								
Other: _____								

Functional impact: What became harder at work, at home, while driving, managing medications, handling finances, communicating, or completing familiar tasks?

Safety note: New severe headache, chest pain, fainting, one-sided weakness, trouble speaking, severe shortness of breath, or sudden confusion may require urgent medical evaluation rather than waiting for a routine menopause appointment.

YOUR APPOINTMENT PREP CHECKLIST

Complete this the night before your visit.

☐ Bring your symptom tracker
Circle the 3 symptoms affecting your life the most.

☐ Bring a medication and supplement list
Include doses, patches, creams, over-the-counter products, and when you take them.

☐ Know your surgical history
If relevant, bring the operative/pathology report showing whether the uterus, cervix, and/or ovaries were removed.

☐ Write your goal for the visit
Example: “I want to understand what may be causing these symptoms and review evidence-based treatment options.”

☐ Write your top 3 questions
Put the most important one first in case the appointment is short.

☐ Ask about benefits AND risks
If discussing hormone therapy, ask how your personal history changes the risk-benefit conversation.

☐ Clarify the follow-up plan
Know what happens next: testing, treatment trial, referral, follow-up date, or symptoms that should prompt earlier care.

MY TOP THREE QUESTIONS

1. _____

2. _____

3. _____