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“Amy Alkon is a rigorous evaluator and translator of science, unconstrained by the blinders of medical orthodoxy, with an uncompromising commitment to following the evidence wherever it leads—no matter how inconvenient or controversial. *GOING MENOPOSTAL* is a book that every woman—and every doctor who treats women—needs to read.”

— Robert Lufkin, MD, *New York Times* Bestselling author of *Lies I Taught In Medical School*

GOING MENOPOSTAL

What You (and Your Doctor) Need to Know
about The Real Science of Menopause and Perimenopause

by award-winning investigative science writer Amy Alkon

foreword by Robert Lufkin, MD

HALF THE POPULATION—THE FEMALE HALF—is getting healthcare based on medical myth rather than evidence.

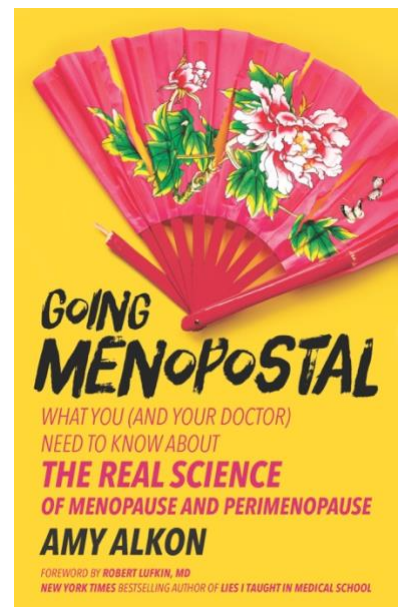
This leaves millions of women in menopause and perimenopause suffering needlessly—undiagnosed and untreated or misdiagnosed and mis-treated.

Doctors mean to do right by their patients. However, award-winning investigative science writer Amy Alkon finds that most gynecology departments lack even one doctor with training and expertise in menopausal and perimenopausal medicine.

In addition, **persistent errors in research frequently go unchallenged**, so even women who *are* properly diagnosed are often given harmful or ineffective treatments instead of those shown to be safe and effective.

This is just the tip of the medical and scientific crisis Amy Alkon exposes in *GOING MENOPOSTAL: What You (and Your Doctor) Need to Know about the Real Science of Menopause and Perimenopause* (May 20).

- **Perimenopause is wrongly viewed by doctors and even researchers as “menopause lite”**—a time of lowered estrogen levels—though estrogen levels often soar, making many women miserably symptomatic.



- **Few doctors know that symptomatic perimenopausal women actually tend to lack progesterone**, and that replacing it with safe, FDA-approved progesterone would alleviate their insomnia, hot flashes, and other suffering while counteracting cell overgrowth that can lead to breast and endometrial cancer.
- **Many doctors deny estrogen to their menopausal patients**, unaware of current research showing that estrogen not only alleviates symptoms but protects against cardiovascular disease (soon to kill 1 in 3 women), bone fractures, metabolic syndrome, and more.
- **Findings from studies done largely on middle-class white women are wrongly applied to black women** and other women of color, ignoring crucial differences, such as generally lower triglyceride levels in black women that can make heart disease harder to detect.

Women cannot wait for doctors and medicine to catch up to the evidence. They need to bring the evidence to their provider—as Alkon did—transforming her HMO from her healthcare *denier* to the provider of the progesterone that gave her her sleep back.

And that’s where *GOING MENOPOSTAL* comes in.

In this meticulously researched book, Alkon translates complex science into clear, everyday language so women can understand what the evidence actually says—and then, instead of simply *hoping* for evidence-based care, they can ask for it.

Of course, simply asking isn’t enough. Alkon presents easy DIY ways women can collect scientifically valid data about their bodies (like by tracking their first-morning temperature to determine whether they’re low on progesterone)—arming them with concrete evidence of a need for treatment that doctors cannot rightfully ignore.

Most vitally, Alkon arms women with the exact words and approach to motivate their doctor to partner with them and treat them appropriately—instead of giving them the “treatment” her favorite bus driver got: told by her doctor to “just wait out” her raging insomnia, night sweats, and hot flashes.

Alkon’s ultimate goal: Empowering *all women* with the science and strategies they need to get the evidence-based care they expect and deserve.

Thank you for taking a look at this exceptional new book.

Would you like to speak with Amy? I’d be delighted to arrange a conversation.

Sincerely,

Jennifer Canzoneri

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About the Book

Title: *GOING MENOPOSTAL*

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What You (and Your Doctor)

Need to Know about

THE REAL SCIENCE

of Menopause and Perimenopause

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Praise for Amy Alkon and *GOING MENOPOSTAL*

“Amy Alkon’s *GOING MENOPOSTAL* is a masterwork of scientific inquiry and clarity, cutting through decades of misinformation and fear around menopause. With her keen scientific mind and her ability to examine clinical and epidemiological evidence honestly, critically, and objectively, she has created a work of great importance for women struggling with menopause and perimenopause.

—**DR. KEVIN B. KNOPF, MPH**, Clinical Assistant Professor of Medicine, University of California, San Francisco

“In *GOING MENOPOSTAL*, Amy Alkon exposes the truth about the medical neglect and mistreatment of women in perimenopause and menopause.

But more than that, she gives you the language and strategies to advocate for yourself with your doctors without antagonizing them, making them partners in your healthcare, so you get the evidence-based care you deserve.”

—**CATHERINE SALMON, Ph.D.**, Professor of Psychology, University of Redlands

“Amy Alkon’s *GOING MENOPOSTAL* is a groundbreaking book that exposes the inequities in medical research and care, which often focuses on white, middle-class women while neglecting the needs of diverse communities.

As a family doctor on Chicago’s South Side, I see how these gaps in care amplify challenges for African American women. This book empowers readers with knowledge, challenges systemic inequities, and gives voice to women who have long been overlooked, fostering a more inclusive approach to women's health.”

—**DR. TONY HAMPTON**, Family and Obesity Medicine Specialist at Advocate Health,
author of *Fix Your Diet, Fix Your Diabetes*

“*GOING MENOPOSTAL* is essential reading for women navigating perimenopause and menopause—critical life stages overlooked by the medical community.

Veteran science writer **Amy Alkon** brings an outsider's objectivity and cuts through outdated advice with a rigorous, evidence-based approach.

Infused with warmth, wit, and compassion, she tackles everything from hot flashes and weight gain to mood changes and insomnia, offering clear, science-backed solutions.”

—**NINA TEICHOLZ, Ph.D.**, author of the international bestseller *The Big Fat Surprise* and science journalist

“In *GOING MENOPOSTAL*, Amy Alkon exposes the inadequacies of traditional menopause care in the United States. Alkon skillfully unpacks the long-standing impact of the Women’s Health Initiative (WHI) and critiques the over-reliance on clinical practice guidelines, which leave little room for individualized care.

A compelling call to action, this work challenges clinicians to move beyond the status quo and empower women with solutions grounded in both evidence and empathy.

—**DR. ANDRÉA SALCEDO**, ob-gyn and Asst. Professor of Gynecology and Obstetrics at Loma Linda University School of Medicine. YouTube: Conscious Gynecology

About Amy Alkon

Amy Alkon is an independent investigative science writer specializing in “applied science”—using scientific evidence to solve real-world problems.

Alkon critically evaluates and synthesizes research across disciplines and then translates it into everyday language, empowering regular people to make scientifically informed decisions for the best of their health and well-being.

For 25 years, Alkon wrote an award-winning, science-based nationally syndicated advice column, distributed by Creators. With *GOING MENOPOSTAL*, Alkon has authored five books—most recently, her “science-help” book *Unfuckology: How to Live with Guts and Confidence* (St. Martin’s Press, 2018).

Alkon is the past President of the Applied Evolutionary Psychology Society, which brings evolutionary science to public policy, education, and medicine.

Alkon has given invited talks to academics on applied science at scientific conferences and to large groups at universities. She has given two TED talks, and the Los Angeles City Attorney’s Office hires Alkon, a State of California-certified mediator, to do behavioral science-based dispute resolution talks and training videos.

Alkon has been profiled in *The New York Times*, *TIME*, *The Washington Post*, *The Independent/UK*, and *Macleans*. Alkon has appeared on numerous national TV and radio shows, including *Good Morning America*, *Today*, NPR, CNN, *Nightline*, Anderson Cooper, *Coast to Coast*, and Canada’s *The Agenda with Steve Paikin*, along with podcasts by Adam Carolla, Joe Rogan, Michael Shermer, Robert Wright, and Scott Barry Kaufman.

Alkon lives in Venice, California. Her website: amyalkon.net



Talking Points for Amy Alkon

GOING MENOPOSTAL

*What You (and Your Doctor) Need to Know about
the Real Science of Menopause and Perimenopause*

“EVIDENCE”-BASED MEDICAL CARE

1. You write that healthcare for menopause and perimenopause, the three-to-10 years leading up to menopause, is the medical field’s most patient-betraying area. Why do so many women get dismissed, misdiagnosed, or flat-out denied treatment?
2. You identify three key myths we believe about our medical care. Could you briefly outline these myths and give us an example of how these misconceptions shortchange and harm women trusting their doctors to treat them?
4. This book is filled with examples of how medicine is failing women in menopause and perimenopause, yet you don’t bash doctors. This is surprising. Who or what is to blame?
5. You explain that a major and unrecognized problem in our medical system involves doctors viewing symptoms as disorders to treat rather than looking deeper. How does this error play out in menopause and perimenopause care?
6. Most women assume their doctor is giving them evidence-based care—but you argue that menopausal medicine, and, in fact, much of medicine, is anything but. Why can’t women rely on their doctors to be up to date on the science? What should medical institutions be doing to fix this?

MIS-TREATING MENOPAUSE AND PERIMENOPAUSE

7. You make a stunning but supported claim in *GOING MENOPOSTAL*: Most menopause- and perimenopause-related appointments with gynecologists or primary care doctors violate medical ethics. What exactly is happening in these appointments, and why is this the case?
8. Most doctors treat menopause and perimenopause as if they’re basically the same, but you say that’s a huge mistake. Why does it matter?
9. This book is filled with examples of how medicine is failing women in menopause and perimenopause, yet you don’t bash doctors. This is surprising. Who or what is to blame?
10. There’s a massive misunderstanding about hormone therapy risks, thanks to the 2002 Women’s Health Initiative trial (WHI). What did that study get wrong and why, and what are the ongoing negative consequences from that for women’s health today?

11. You write about your own transformation from being deeply skeptical of medications to realizing that the evidence supported hormone therapy. What changed your mind?

12. Estrogen gets all the attention, but its partner hormone, progesterone, is largely ignored by doctors and researchers—despite playing a crucial role in perimenopause. What are the effects when women don't get enough progesterone during perimenopause?

13. Women in menopause and perimenopause are often prescribed antidepressants when they are actually in need of hormones. How did we get here—and what should women do if their doctor pushes them toward mental health meds for their symptoms instead of hormone therapy?

14. You acknowledge in the book that a number of women won't or can't use hormone therapy. You say it's especially important for them to eat and exercise in ways that directly address the physiological changes of menopause. What makes these targeted approaches more effective and efficient than generic "healthy lifestyle" advice that we all get all the time?

15. One of the longest-running, serious errors in medical research is treating progesterone and synthetic progesterone knockoffs called progestins as chemically interchangeable. What are the serious and unnecessary risks imposed on women prescribed progestins instead of FDA-approved progesterone, which is biologically identical to what our bodies produce?

16. Tell us about the common occurrence of women going to their doctors in menopause and perimenopause, seeking treatment, and then being told to just tough out their symptoms.

SYMPTOMS, SYMPTOMS

17. Many women start experiencing horrible sleep disturbances during perimenopause. How do the origins of these sleep issues differ from regular insomnia? It turns out there's a treatment—but few doctors know about it. What is it, and why is it so often overlooked?"

18. Your book challenges the idea that hot flashes are just an annoying symptom. How are they harmful to women's health?

19. The bone erosion called osteoporosis takes off in menopause. You argue that osteoporosis is not actually a disease but a risk factor that's been turned into a medical condition. Why is this distinction so important—and what are researchers and doctors getting really wrong about bone health?

20. You say the scanners for bone density are essential for health—of pharmaceutical companies selling drugs called bisphosphonates.

21. You explain that women are advised by their doctors and medical institution websites to do exercise to prevent osteoporosis like walking that does little or nothing to benefit bones. Why is this advice so wrong for improving bone strength and preventing fracture, and what should women do instead?

22. You talk about being filled with inexplicable rage during perimenopause. Tell us about the emotional issues many women experience and why. How can they manage them?

LONG-TERM HEALTH

23. During the course of the book, you initially saw hormone therapy as symptom relief alone but, as you dug through the research, you came to understand it as protective for health in a number of areas. Tell us about that.
24. Women are terrified of breast cancer—but you say that’s distracted them from the real threat. What’s the biggest killer of women, and why aren’t we talking about it?
25. The biggest breakthrough in ovarian cancer research isn’t even about the ovaries—it’s about the fallopian tubes. Why does this discovery change everything for women’s cancer prevention?
26. Doctors are still pushing unnecessary hysterectomies for fibroids, leaving women without crucial organs they actually need. What should women know before agreeing to surgery?
27. Contrary to the distortions of the Women’s Health Initiative trial, research you cite shows that estrogen, in the right doses and at the right time, can be a powerful force for good, protecting our brains, hearts, bones, skin, bladder, and even vaginal lubrication.
28. There’s been serious neglect of women of color in menopause and perimenopause research and medicine. Tell us about that and how this leads to overtreatment, undertreatments, or no treatment at all in these populations.
29. Tell us about inflammation and insulin resistance and why preventing them is an essential focus for long-term health.

OLD IS THE NEW BLACK

30. Tell us about the “invisibilizing” of menopausal women and the stigma and negative societal perceptions associated with menopause and aging.
31. In your final chapter, you highlight the confidence, evolution, and unexpected power that many women find in their 50s and beyond. You close *GOING MENOPOSTAL* with the idea that menopause can be a beginning, not an end—if we choose strength and ferocity. How does this translate into real-world power, reinvention, and an unstoppable second act?