1. **What should Psychiatrist learn about the menopausal transition?**

   **Answer:** Menopause can be a sort of distress to a lot of women and they do not feel understood by a lot of their physicians that they talk about the symptoms to. Often they feel like they have to sneak around and may be they can talk to their gynecologist. Psychiatrist could help their women patients if they could learn more about the menopause.

2. **What is the recommendation for treating major depression during the perimenopause?**

   **Answer:** Although peri-menopausal nuance the major depression during perimenopause does respond to Estro-general placement therapy. Psychiatrist are going to be most comfortable using the drugs that they are familiar and they are efficacious and they work nicely. So we usually start with the serotonergic antidepressants.

3. **Does hormone replacement therapy around the time of menopause cause detectable cognitive harm or cognitive benefit?**

   **Answer:** People have been concerned about, after the women’s health initiative because elderly women who take hormonal replacement therapy do have cognitive decline compared to those who are taking it. But there is no detectable harm from taking hormonal replacement therapy around the time of menopause for hot flushes.

   There is no detectable benefit. We need more studies because the observational data suggests there may be benefit but right now we cannot prove them.

4. **What can psychiatrists use to help patients with hot flushes?**

   **Answer:** Well, the good news is that the psychiatrist are already familiar with the drugs which are very efficacious for the hot flushes, so the serotonergic antidepressants, the SNRI’s, the serotonergic androgenic anti-depressants work very well.