

## Profile

### Rossella Nappi: taking the stigma out of menopause

A few years ago, Rossella Nappi was scheduled to speak at a conference for obstetricians and gynaecologists. "A lot of people were waiting and I was in a rush, as usual", recalled Nappi, who is professor of obstetrics and gynaecology at the University of Pavia (Pavia, Lombardy, Italy) and chief of reproductive medicine at the IRCCS San Matteo Foundation in the same city. The day of the conference was hot and Nappi had come from outside. Inside, everything was air-conditioned. She got onto the podium and said "could you please wait a second? I have to drink a glass of water—I am having a hot flush." Nappi felt a shift in the mood of the room; her words had unsettled the audience. "Everyone was shocked that I had admitted this thing, to being in the menopause. These were OB-GYNs and yet they were shocked", Nappi told *The Lancet Diabetes & Endocrinology*.

"Society keeps this stigma going", continued Nappi. "This idea that if you are a woman who is menopausal, then you are old and you do not function properly. This is why women do not speak about their symptoms and they sometimes think they are going crazy, when, in fact, the things that are happening to them are to do with hormones and can be managed."

Nappi moved into reproductive medicine to counter this prejudice. She had always planned to work in women's health. When she started her career in the mid-1980s, this entailed specialising in obstetrics and gynaecology. "At that time, in Italy, there were no other options. If you wanted to be involved in women's health, you had to be an OB-GYN", explained Nappi. Her passion had always been endocrinology. She loved biochemistry and was fascinated by

steroidogenesis. "I thought, 'OK, I will return to endocrinology, but first I will focus on becoming an OB-GYN.'" Nappi completed her post-doctorate in the OB-GYN specialty in 1994. In the same year, she qualified as a consultant and psychotherapist in sexology.

A PhD in the pathophysiology of reproduction followed, before Nappi finally graduated as an endocrinologist in 2005. Her primary research interest is in how stress hormones interact with the female reproductive system, and how oestrogen in turn influences other hormones, a topic she investigated in the Laboratory of Molecular Endocrinology, CHUL Research Center and Laval University (Québec City, QC, Canada).

Nappi characterises her career as an attempt to delineate how the different phases of a woman's reproductive life, from the first menstruation to the last one, are linked together. "If a woman is prone to hot flushes, we know that she is particularly sensitive to a lack of oestrogen, and that she might be at greater risk of cardiovascular and metabolic complications", said Nappi. "You look in the other direction, and these are the women who were more likely to have problems during pregnancy; you start to see the contours of the journey from adolescence to menopause."

Menopause is a journey that can only be appreciated within the broader context of what women represent to themselves, their families, and society. "You have to put things in a biopsychosocial framework", stressed Nappi. "You are treating something like premenstrual dysphoric disorder, migraine, sexual dysfunction, or a symptom of the menopause and of course you have the physiological and medical side of it, the role of sex steroids

and the impact on quality of life, these are the starting points, but you have to think about the emotional impact and the consequences for the woman who is going through all this." She noted that endocrinology can connect the different specialties, such as neurology, reproductive medicine, and psychiatry, that need to come together to arrive at an understanding of what women's health genuinely means.

But, there can be no progress in women's health without informed and unfettered communication. Nappi, who is currently president-elect of the International Menopause Society, pointed out that reproductive medicine deals with decisions that require serious discussion. "It is not straightforward to decide whether you want to try to have a baby at 40 years old, or to start taking a particular hormone. The counselling aspects are a very important element of the work", she said. She extols the virtues of social media and menopause cafes, where women can get together and make sense of their experiences.

"Women can only do all the things that they are expected to do if they are well-balanced, and hormones contribute to that balance. Yet, we allow a situation where women are put out of balance by something they are not supposed to talk about", said Nappi. "This is not acceptable. It is extremely important that everyone knows that there is nothing wrong with a woman who is depressed after giving birth or has vaginal dryness. There is nothing to be ashamed of in any of this. It is part of being a woman, and the more loudly we speak about these things, the less shame we will feel."

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For more on the **International Menopause Society** see <https://www.imsociety.org/>