

Lozen Advisory LLC

Private Advisory for Women Executives

lozenadvisory.com | hello@lozenadvisory.com

Performance Protection

The cognitive disruption of perimenopause lands specifically in verbal memory, verbal fluency, and attention: exactly the functions your practice depends on. That specificity matters for how you structure the response.

One. Pre-load the retrieval window. Stop pushing harder.

Research confirms that you will need more time and effort to maintain the same level of daily performance during this transition. The tactic is not to compensate in the moment. It is to reduce what you are asking your retrieval system to do on the spot.

Before a deposition, a client call, or an argument, prepare one page:

- The three points you must land
- The names in the room
- The outcome you are driving toward

You are not scripting. You are loading the context before the window opens.

Two. Audit your calendar against your cognitive window. Stop working more.

The research is consistent: verbal memory, verbal fluency, attention, and executive function are all affected during the menopausal transition. They are not uniform across your day. You can identify a sharper window.

That window gets:

- Depositions
- Client calls
- Arguments

Administrative tasks, internal meetings, and low-demand obligations move out of it. You stop scheduling against convenience and start scheduling against your actual cognitive output.

Three. Treat sleep as a clinical variable. Stop sleeping less.

Sleep deprivation during the menopausal transition directly impairs memory, attention, information processing, and executive function. CBT for insomnia (CBT-I) produces substantially larger reductions in menopause-related insomnia than hormone therapy, antidepressants, yoga, and exercise in clinical trials.

CBT-I is not a wellness intervention. It is the evidence-based standard of care for this specific problem. If your sleep is disrupted, this is the first clinical variable to address. It has a treatment that works.

Four. Treat your healthcare like a case you are building.

Black women and women of color face documented dismissal rates three to four times higher than white patients for identical symptom presentations. Longer diagnostic timelines. Pain undertreated. Physical symptoms attributed to stress without investigation.

When you manage a health condition without workplace disclosure, effective medical treatment becomes your professional insurance policy. Every month without effective treatment is a month managing symptoms and performance risk simultaneously.

Screen every new provider with three questions:

- What is your experience treating this condition in Black women or women of color?
- How do you respond when a patient tells you something is not working?
- What is your process if initial treatment does not resolve my symptoms?

A provider who says "I treat all my patients the same" is a red flag. That response ignores documented disparities and produces worse outcomes. You are looking for a provider who acknowledges the gap and works around it.

Five. Build your performance protection file.

Documentation is not about building a case against your employer. It is about protecting your professional standing under conditions where perception can shift before performance actually declines. Two records belong in this file: your medical record and your performance record.

Your medical record.

After every appointment, document the symptoms you reported with specificity, the provider's response in their words if possible, tests ordered or declined and the reason given, and the treatment recommended. Send a same-day follow-up email to your provider confirming what was discussed. Request your chart notes after any appointment where you felt dismissed. If the notes do not accurately reflect what you reported, submit a written correction and ask for confirmation it was added to your record.

Your performance record.

Keep a private log of your output, decisions, and client outcomes on a consistent cadence. It belongs to you and goes nowhere. If a performance conversation ever occurs, you enter it with evidence rather than memory. If it never occurs, the log cost you nothing.

The work continues.

What you received today is the foundation. The MAPS BlueprintSM is a structured private advisory process built specifically for women navigating health transitions in hierarchical and competitive environments. It goes deeper on everything covered here.

Visit lozenadvisory.com to learn more and book your session.

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