

UNCLASSIFIED



Defense Advisory Committee on Women in the Services Request for Information

Defense Health Agency

Dec 11, 2024

BLUF

- The Defense Health Agency (DHA) is responding to the December 2024 Defense Advisory Committee on Women in the Services (DACOWITS) request for information on perimenopause, menopause, and hormonal imbalance Issues
- DHA has been asked to provide a briefing in response to one question with multiple components, related to perimenopause, menopause, and hormonal imbalance issues.
- Of note, hormonal imbalance is not, by definition, a clinical diagnosis but rather a broad set of conditions that may cause any number of symptoms and issues in both genders. In this brief, hormone imbalance will be included in transition of hormones identified during perimenopause and menopause.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6a:** What Department of Defense and Service-specific research has been conducted or is ongoing that focuses on perimenopause (the menopausal transition), menopause, and hormonal imbalance issues servicewomen confront? If none, is any future research or study planned?
- **DHA Response:** Some limited studies on menopause have been published through the Uniformed Services University (USU).^{1,2} The Department plans to conduct future research, in accordance with the March 2024 Executive Order to Advance Women's Health Research and Innovation which identified women's midlife health (to include menopause-related) research as a priority. The Department defers to the Military Services/Departments regarding Service-specific research.

1. Tracer H, McKee DL. Hormone Therapy for the Primary Prevention of Chronic Conditions in Postmenopausal Women. Am Fam Physician, 2018 Apr 15;97(8):541-542

2. McDermott MC, et al. Female-Specific Health Care of Military Female-Designated Service Members and Veterans: A Systematic Overview of Reviews. Mil Med, 2024 Aug 30;189(9-10).



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6b:** What policies and medical protocols exist to assist Service women undergoing perimenopause, menopause, and/or hormonal imbalance issues?
- **DHA Response:** The Department develops policies and medical protocols based on guidelines of national organizations, such as the U.S. Preventive Services Task Force and American College of Obstetrics and Gynecology. In 2024, the Department published a DHA Practice Recommendation “*Perimenopause and Menopause, Edition 1,*” which provides guidance in the management of patients throughout the perimenopausal and menopausal period. In addition, the DoD will be working with the Department of Veterans Affairs (VA) to develop a new VA/DoD Clinical Practice Guideline on perimenopause and menopause, anticipated for publication in FY 26. Screening, recognition, and treatment of perimenopause, menopause, and/or hormonal imbalance is a joint effort between primary care and specialty care (e.g., Gynecologic Surgery & Obstetrics (GS&O), endocrinology, and other specialties) for complex care.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6c:** What research has been done to assess whether Service women may experience earlier or more severe onset of these conditions as a result of military service and/or exposure to uniquely military environments, such as hazardous conditions, lengthy deployments, combat stresses, hazardous materials, and extended high altitude or undersea exposure?
- **DHA Response:** The Department has not, to date, conducted research to assess whether Service women may experience earlier or more severe onset of these conditions because of military service and/or exposure to uniquely military environments.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6d:** Do any health surveys of Service women have any questions related to perimenopause, menopause, and hormonal imbalance issues for women? If so, what are the questions and what are the results?
- **DHA Response:** Service members receive annual health screenings called the Periodic Health Assessment (PHA), which includes a question regarding onset of menopause (*Are you postmenopausal and no longer experiencing menstrual cycles?*). As the PHA is taken by Service women on a rolling basis (at least annually), the results are unique to an individual; the Department has no aggregate data to report.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6e:** What is the incidence of onset of perimenopause, menopause, and hormonal imbalance issues in Service women by age, race, and ethnicity?
- **DHA Response:** Perimenopause and menopause are ubiquitous, normal, natural life transitions that do not require medical intervention unless symptoms become pathologic, impacting daily functioning. Perimenopause, menopause and post- menopause are experienced by all who have ovaries based on age, disease, or surgery. All persons with ovaries will experience menopause, individually, with no definitive onset or physiological markers assisting in a confirmed start/stop time for the transitions. Most women experience menopause between the ages of 40 and 58, with the median age of menopause in North America being 51 years.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6f:** Provide data on the number and percent of Service women who have been treated for perimenopause, menopause, and hormonal imbalance issues in the last five years (2018-2023)?
- **DHA Response:** The Department has no data to report, because there are no definitive onset or physiological markers assisting in a confirmed start/stop time for the transitions. Treatments related to perimenopause, menopause, and hormonal imbalance (e.g., medications, therapy, nutrition, etc.) have multiple indicators that may or may not be related to the diagnosis or treatment of these conditions. Often, treatments aim to ease symptoms and prevent or manage ongoing conditions that may happen with normal aging and not directly related to diagnosis.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6g:** What menopausal-specific training is provided to health care providers? Both general/primary care and women's health specialty providers?
- **DHA Response:** Primary care providers are trained and can assist women in midlife transitions. Specialty care women's health providers (e.g., GS&Os, certified nurse midwives, women's health nurse practitioners) can be consulted for complex cases and assist in addressing increased risks associated with menopause.
- MTF providers may personally access additional training or education through professional organizations such as the North American Menopause Society and DoD training partners, including USU.
- Professional education and training prepares providers for diagnosis and treatment of perimenopause, menopause, and hormonal imbalance. There are no DHA-sponsored standardized, comprehensive training courses currently focused on screening, assessing, referring, and/or treating Service members around menopause.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6h:** Are health care providers trained sufficiently to recognize and diagnose the onset of perimenopause, menopause, and hormonal imbalance issues in Service women? Particularly in cases of unusually early onset?
- **DHA Response:** There is no standard definition as to what entails ‘sufficient training’ on perimenopause and menopause to allow for an assessment of this topic. However, all health care providers receive training on these issues during their medical education and can identify if/when escalation of care is needed. If additional training or certification is desired (e.g., such as becoming Menopause Society Certified Practitioner) it can be obtained on an ad hoc basis. Additional clinical guidance is routinely provided via the previously mentioned DHA Practice Recommendation. DHA also hosted a Clinical Pharmacy Course on menopause and female sexual dysfunction in October 2024.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6i:** What pharmacological treatment options (e.g., hormone therapy, vaginal estrogen, gabapentin, and low-dose antidepressants) are available in Military Treatment Facilities (MTFs) to support perimenopause and menopause?
- **DHA Response:** Hormone replacement therapy is covered through the TRICARE pharmacy benefit. Drugs prescribed for hormone replacement therapy must be FDA approved and prescribed in accordance with labeled indications. Specific drugs, like estradiol cream and gabapentin, are also covered on the TRICARE Uniform Formulary.
- As discussed in previous slides, the symptoms, onset and impact on functionality define interventions, but may not be specific to perimenopause and/or menopause. Multiple medications and modalities are used as adjunct therapy without clear indication of the condition they are supporting.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6j:** What complementary and alternative medicine (CAM) options for symptom management are available in MTFs to support perimenopause and menopause?
- **DHA Response:** Utilization of CAM in MTFs or in Private Sector Care is varied. CAM providers are dependent on MTF staffing and may provide acupuncture and/or chiropractor care, although availability is limited, and services may change. CAM in Private Sector Care may be used to augment or support beneficiary needs.



Perimenopause, Menopause, and Hormonal Imbalance (6)

- **Question 6k:** How are Service women receiving information and counseling about perimenopause, menopause, and hormonal imbalance issues?
- **DHA Response:** Service members can access information about perimenopause, menopause, and hormonal imbalance issues through their own resources, consulting with MTF providers, or electronic resources on Department centralized platforms (e.g., health.mil, tricare.mil, Military One Source).
- Additionally, two mobile applications (Deployment Readiness Education for Service Women, Decide + Be Ready) also provide on-demand access to information and education around these topics.
- The Nurse Advice Line is also available 24/7 for questions on generalized care or appointment opportunities.

