

# **Defense Advisory Committee on Women in the Services (DACOWITS)**

## **FY25 1<sup>st</sup> Quarter RFI #6**

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?

- No current service-specific research; anticipate Uniformed Services University of Health Science and DHA sponsored research in the future.
- DOD authorized \$500 Million for Women's Health Research in September 2024

6b. What policies and medical protocols exist to assist servicewomen undergoing perimenopause, menopause, and/or hormonal imbalance issues?

- No specific Army policies addressing this topic.
- Tricare.mil addresses care and coverage: Women's Health & Pregnancy websites discuss pregnancy, menopause and conditions of the female organs – 'Our goal is to ensure the health and readiness of all women at every stage of life.'
- Menopause Clinical Practice Guideline (Army and DHA - in development)
- Providers have access to American College of Obstetricians and Gynecologists practice bulletins, committee opinions and literature which are evidence-based medical guidelines to screen and treat women with these concerns.

6c. What research has been done to assess whether servicewomen 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?

- Most research on exposure to military environments and menopause is published by Veterans Health Administration (VHA)
- 2023 study in Journal of General Internal Medicine examined associations of Military Sexual Trauma with menopause and mental health outcomes in women Veterans.

6d. Do any health surveys of servicewomen have any questions related to perimenopause, menopause, and hormonal imbalance issues for women? If so, what are the questions and what are the results?

- Annual Periodic Health Assessment (PHA) includes two relevant Questions:
  - Have you had a total hysterectomy (uterus and cervix removed)?  
Results: In CY23, 2% of 121,331 answered “yes.”
  - Are you postmenopausal and no longer experiencing menstrual cycles?  
Results: In CY23, 3% of 121,331 answered “yes.”
- Women’s health screening forms completed at intakes for OB/GYN clinics assess for changes to menstrual cycles, abnormal uterine bleeding, and vasomotor symptoms.

6e. What is the incidence of onset of perimenopause, menopause, and hormonal imbalance issues in servicewomen by age, race, and ethnicity?

- Army does not compile this data.
- Most women regardless of race or ethnicity, experience menopause between the ages of 40 and 58 with the median age of menopause in North America being 51.

6f. Provide data on the number and percent of servicewomen who have been treated for perimenopause, menopause, and hormonal imbalance issues in the last five years (2018-2023)?

- This information is currently not available.

6g. What menopausal-specific training is provided to health care providers?  
Both general/primary care and women's health specialty providers?

- Five Gynecologic Surgery and Obstetrics residency programs that train Army Physicians.
- Seven Family Medicine Residency programs that train Army Physicians.
- Continuous Medical Education required for Board Certification



6h. Are health care providers trained sufficiently to recognized and diagnose the onset of perimenopause, menopause, and hormonal imbalances issues in servicewomen? Particularly in cases of unusually early onset?

- Yes, Gynecologic Surgeons and Obstetricians are trained to recognize and care for all women who are diagnosed with premature ovarian insufficiency, surgical menopause and medically induced menopause. Several subspecialties, such as Female Pelvic Medicine and Reconstructive Surgery (FPMRS), Gynecology Oncology, and Reproductive Endocrinology receive additional training on early onset menopause during fellowships.

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?

- **Systemic Estrogen** (oral, transdermal and vaginal preparations)
- **Systemic Estrogen and progesterone regimens** (oral and transdermal preparations) - Bijuva, Prempro; Combi-Patch and Climera Pro
- **Local (vaginal) Hormone Therapy** (vaginal cream, ring, tablet), Vaginal Dehydroepiandrosterone (DHEA) and Selective Estrogen Receptor Modulators (SERM) - Ospemifene
- **Nonhormonal options for vasomotor symptoms** – Fezolinetant, Selective Serotonin-Reuptake Inhibitors (SSRIs), Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), Gabapentin, and Oxybutynin

6j. What complementary and alternative medicine (CAM) options, for symptom management, are available in MTFs to support perimenopause and menopause?

- Available complementary therapies for insomnia, vasomotor symptoms, mood and sleep disorders and memory difficulties include exercise, mind-body therapies, dietary changes, spiritual practices.
- Behavioral health counseling, sexual health counseling, pelvic floor physical therapy, sleep disorder evaluation may be available at a Military Treatment Facility or by off-post referral, but these are not specifically dedicated to perimenopause or menopause and are limited by geographic location.

6k. How are servicewomen receiving information and counseling about perimenopause, menopause, and hormonal imbalances issues?

- During well woman visits via physicians, women's health nurse practitioners, and certified nurse midwives.
- By word of mouth in meetings held by Women's Mentorship Group and Women's Health Education Forums