

Department of the Air Force

One Team, One Fight!

DACOWITS RFI 6 Perimenopause, Menopause, and Hormonal Imbalance Issues



AF/SG

Dec 2024



DACOWITS RFI # 6

- The Well-Being and Treatment (WB&T) Subcommittee will examine ways in which servicewomen are navigating these unique health challenges, current resources available to them, and whether additional resources are warranted.
- The Committee requests a **briefing** from the **Defense Health Agency (DHA) and the Military Services (Army, Department of the Navy, and Department of the Air Force (Air & Space), and Coast Guard**, on the following:
 - a. 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?
 - b. What policies and medical protocols exist to assist servicewomen undergoing perimenopause, menopause, and/or hormonal imbalance issues?
 - c. 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?



-
- d. 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?
 - e. What is the incidence of onset of perimenopause, menopause, and hormonal imbalance issues in servicewomen by age, race, and ethnicity?
 - f. 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)?
 - g. What menopausal-specific training is provided to health care providers? Both general/primary care and women's health specialty providers?
 - h. Are health care providers trained sufficiently to recognize and diagnose the onset of perimenopause, menopause, and hormonal imbalance issues in servicewomen? Particularly in cases of unusually early onset?
 - i. 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?



-
- j. What complementary and alternative medicine (CAM) options, for symptom management, are available in MTFs to support perimenopause and menopause?
 - k. How are servicewomen receiving information and counseling about perimenopause, menopause, and hormonal imbalance issues?



Hormonal Imbalance Issues

a. 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?

- There is a paucity of published research addressing the menopause/perimenopause experience in the military population
- There is no DAF specific, published research related to menopause/perimenopause in Airmen/Guardians
- To further assess the research gap and identify research priorities, the Women's Health and Performance Research Cell at the 711th Human Performance Wing is currently completing a scoping review on Perimenopause and Menopause in the Military



Policies and Medical Protocols

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

- There are no DAF policies specifically addressing service women undergoing perimenopause or menopause
- DHA is responsible for healthcare delivery and therefore would be the owner of any medical protocols



Published Research

- c. 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?**
- There are no DAF specific, published research related to military specific exposures and age of menopause/perimenopause in Airmen/Guardians



Health Surveys

d. 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?

- The Annual Periodic Health Assessment inquiries regarding servicewomen who are postmenopausal or no longer experiencing menses

4. Are you postmenopausal and no longer experiencing menstrual cycles?

Yes (Skip to 7)

No (Continue)

- PHA data (number of servicewomen requesting contraception counseling) is maintained by the DHA at the Armed Forces Health Surveillance Division (AFHSD)



DAF Data and Codes

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

- Incidence of perimenopause and menopause in service women would be tracked only through medical codes (ICD/CPT codes)
- Defer to DHA as the owner of this medical data

f. 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)?

- Treatment of servicewomen for perimenopause or menopause would be tracked only through medical codes (ICD/CPT codes)
- Defer to DHA as the owner of this medical data



Specific Menopausal Training

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

- Obstetrician Gynecologists Physician (OB/GYNs)
 - Receive training in menopause/perimenopause during their specialty training (residency training)
 - Menopause evaluation, diagnosis, and treatment is a tested competency for board certification (initial and maintenance of certification)
- Women's Health Nurse Practitioners (WHNPs)
 - Receive training and/or exposure to menopause care in their initial training
 - Physiology of menopause is a tested competency for board certification
- Physician Assistants
 - May receive exposure to menopause care during their training (GYN rotation)



Specific Menopausal Training Cont.

- Family Medicine Physicians
 - Receive training in menopause/perimenopause during their specialty training (residency training)
 - Menopause topics are a tested competency for board certification (initial and maintenance of certification)
- Internal Medicine Physicians
 - Receive training in menopause/perimenopause during their specialty training (residency training)
 - Menopause (management, risks, and benefits of therapy) is a tested competency for board certification (initial and maintenance of certification)



Health Care Provider Training

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

- Obstetrician Gynecologists Physicians (OB/GYNs) receive training in Premature Ovarian Insufficiency (POI)
- Other providers may have exposure to POI during training and would typically refer patients with such concerns to an OB/GYN
- Provider experience and clinical currency will also impact ability to recognize, diagnose, and manage menopause/perimenopause - providers who do not regularly provide menopause care may be less comfortable providing this care



Pharmacological Treatment Options

i. 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?

- Multiple formulations of Menopausal Hormone Therapy (MHT) are available to service members on the TRICARE Uniform Formulary including:
 - Estrogen, progestin, and combined formulations
 - Oral, topical (patch, gel), vaginal preparations
- Gabapentin and Selective Serotonin Reuptake Inhibitors (SSRIs) are also available on the TRICARE Uniform Formulary



Complementary and Alternative Medicine

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

- Phytoestrogens and herbal preparations (e.g. Black Cohosh, Dong Qui) have insufficient data for their use in treating hot flashes and are not regulated by the FDA
- Vitamin E supplementation has limited data for the effectiveness of treatment of vasomotor symptoms
- Acupuncture has shown no benefit over placebo for vasomotor symptoms
- There is also insufficient data to recommend exercise for the treatment of vasomotor symptoms
- Defer to DHA regarding availability of medical services/treatments in the MTFs



Information and Counseling

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

- Servicewomen may receive information and counseling regarding menopause/perimenopause from their healthcare providers