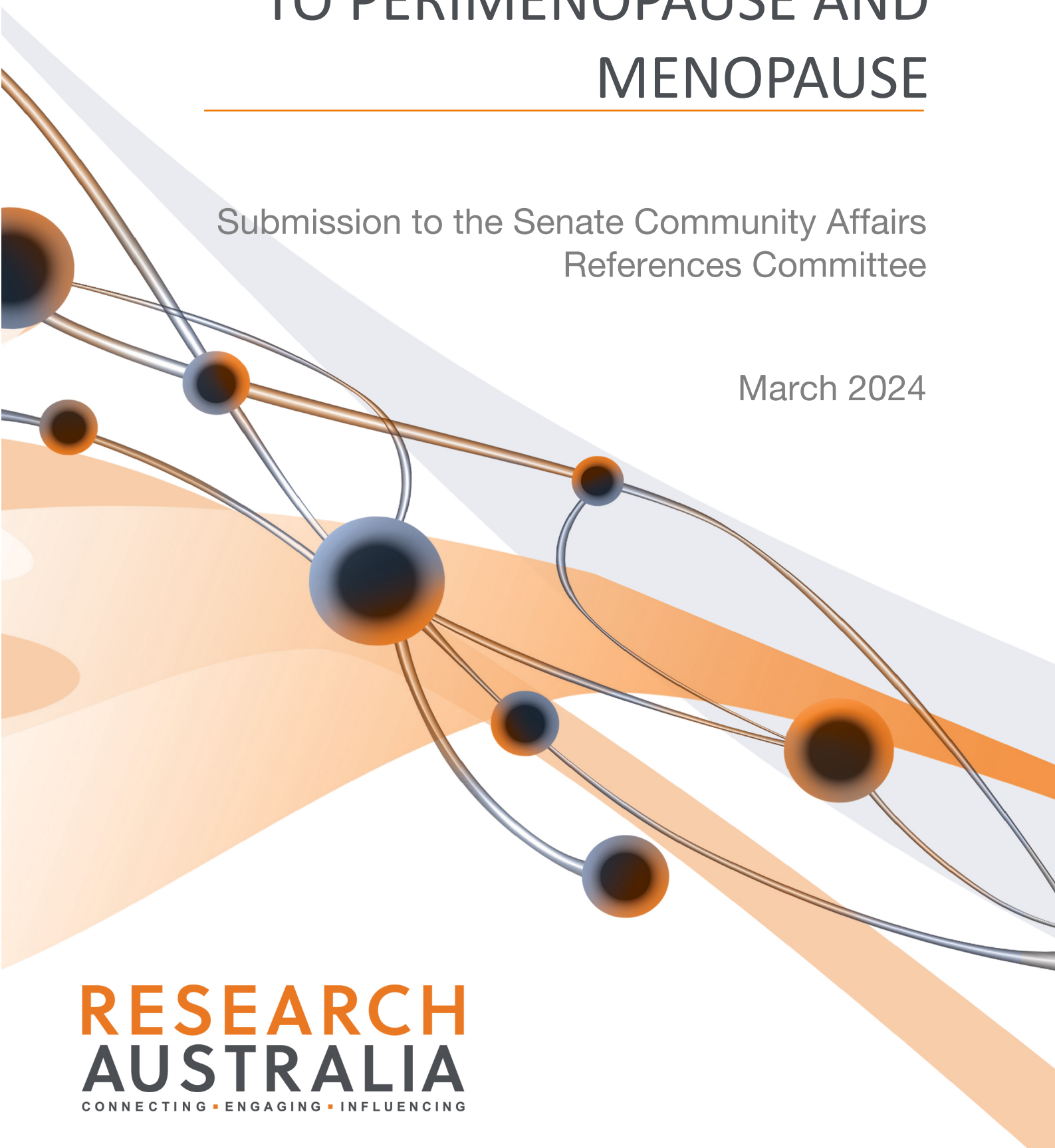
INQUIRY INTO ISSUES RELATED TO PERIMENOPAUSE AND MENOPAUSE

Submission to the Senate Community Affairs References Committee

March 2024



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Cultural and Societal factors	**Research into the complex interplay of perimenopause and menopause with culture, lifestyle factors and the other common challenges of mid life is required to understand how to best support women through perimenopause and menopause and treat and manage the symptoms as needed. This research needs to be sensitive to the particular circumstances of CALD and indigenous populations, rural and regional communities and low income households.**
Understanding symptoms	**We need research to clearly establish the verified symptoms of menopause and perimenopause. (For some of the symptoms regularly attributed to menopause there is little evidence they are caused by rather than accompany menopause.) This research needs to identify the prevalence and range of severity of each of the verified symptoms and identify the other potential underlying causes for each symptom.**
Hormone Replacement Therapy	**Research is needed to identify and address the current gap in our understanding of HRT and other therapies with particular attention to specific subpopulations, including people with lived experience of cancer, those who experience early menopause, and individuals who experience unusual and or severe symptoms.**
A Strategic Approach	Australia needs a strategic approach to menopause research, with the objective of improving the evidence to guide the prevention, diagnosis and effective treatment of the symptoms of menopause and perimenopause and provide appropriate support. **The Minister for Health and Aged Care should charge the Women's Health Advisory Council with identifying research priorities required to achieve this objective, as part of its remit to provide advice on priority issues and progress implementation of the Women's Health Strategy 2020-2030.**
	Research should be funded through a targeted, open call for research from the Department of Health as part of the Government's broader response to the current Inquiry. Tying the research funding to the broader health response, will help ensure the research serves the overall goals of improving health outcomes related to perimenopause and menopause.
	Research Australia recommends that the Committee ask the Government to incorporate the implementation of its response to the Committee's inquiry into a revised Women's Health Strategy, guided by the Women's Health Advisory Council.

	A National Institute for Women's Health Research should be charged with responsibility for implementing the research agenda of a revised Women's Health Strategy. The creation of the Institute would promote a comprehensive and integrated approach to research into women's health, including perimenopause and menopause.

Introduction

Research Australia welcomes to the opportunity to make this submission, which seeks to identify the areas in which further research into perimenopause and menopause is required, and where research is needed to improve the understanding of existing evidence on menopause, perimenopause, among the medical community, individuals, employers and disadvantaged populations.

As our submission demonstrates, our current knowledge of the symptoms of perimenopause and menopause and their prevalence and impact in the Australian community and economy is patchy. This lack of evidence is impairing the response to perimenopause and menopause in Australia. We recommend a more strategic approach to the funding of research into menopause and perimenopause in Australia to address these gaps.

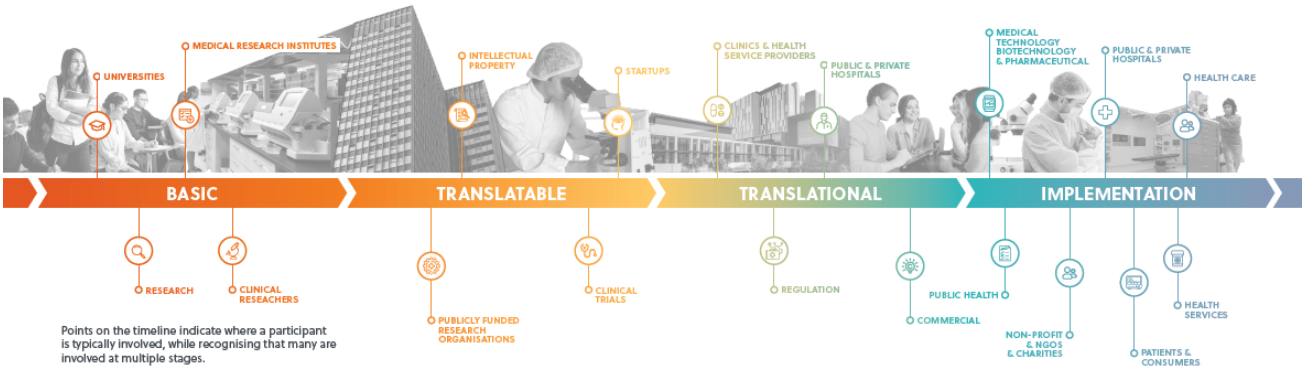
Research Australia gratefully acknowledges the contributions of the following Research Australia members to this submission:

Australia New Zealand Gynaecological Oncology Group, Alison Evans

Edith Cowan University, Dr Yvonne Middlewick

University of Technology Sydney, Professor Debra Anderson

Research Australia represents the entire Health and Medical Research and Innovation pipeline



Identifying and untangling the symptoms of menopause

As the Committee is no doubt hearing from other respondents, individuals' experiences of menopause and perimenopause are different. There is enormous variation in the physical symptoms, the duration and onset of menopause and perimenopause. There is variation in the severity of symptoms, the extent to which they are debilitating for any one individual, and the impact they have on an individual's identity, self-esteem, mental health and wellbeing. There is also variability in how perimenopause and menopause interact with other diseases (chronic and acute) and the impact of lifestyle factors like diet and smoking.[1]

This wide variety of symptoms and the variability of individuals' experience of menopause is generally not well understood by the broader population, those experiencing it and the medical community they turn to for treatment.[2] This creates a challenge to receiving timely and effective treatment and support.

Cultural and societal factors influencing perceptions and attitudes toward menopause and perimenopause

There is strong evidence of cultural and societal differences in menopause.[3] For example, research has shown Japanese women experience psychological symptoms (anxiety and depression) more and Australian women are more likely to have vasomotor symptoms (night sweats and hot flushes).[4]

Understanding cultural differences in the experience of menopause is critical in a multicultural nation like Australia if we are to provide appropriate education, services and treatment for menopause and perimenopause. However, we do not have a thorough understanding of these differences in the Australian context; this includes a lack of understanding of cultural differences for First Nations communities.

Other societal factors are also at play. For example, research has demonstrated that being overweight and cigarette smoking substantially increase the risk of experiencing frequent or severe vasomotor symptoms.[5]

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[1] http://hdl.handle.net/10453/142388
[2] https://menopausealliance.au/menopause/menopause-misdiagnosis/
[3] Mishra GD, Chung HF, Pandeya N, Dobson AJ, Jones L, Avis NE, Crawford SL, Gold EB, Brown D, Sievert LL, Brunner E, Cade JE, Burley VJ, Greenwood DC, Giles GG, Bruinsma F, Goodman A, Hayashi K, Lee JS, Mizunuma H, Kuh D, Cooper R, Hardy R, Obermeyer CM, Lee KA, Simonsen MK, Yoshizawa T, Woods NF, Mitchell ES, Hamer M, Demakakos P, Sandin S, Adami HO, Weiderpass E, Anderson D. The InterLACE study: Design, data harmonization and characteristics across 20 studies on women's health. Maturitas. 2016 Oct;92:176-185. doi: 10.1016/j.maturitas.2016.07.021. Epub 2016 Aug 4. PMID: 27621257; PMCID: PMC5378383.
[4] Anderson D, Yoshizawa T, Gollschewski S, Atogami F, Courtney M. Menopause in Australia and Japan: effects of country of residence on menopausal status and menopausal symptoms. Climacteric. 2004 Jun;7(2):165-74. doi: 10.1080/13697130410001713760. PMID: 15497905.
[5] Anderson DJ, Chung HF, Seib CA, Dobson AJ, Kuh D, Brunner EJ, Crawford SL, Avis NE, Gold EB, Greendale GA, Mitchell ES, Woods NF, Yoshizawa T, Mishra GD. Obesity, smoking, and risk of vasomotor menopausal symptoms: a pooled analysis of eight cohort studies. Am J Obstet Gynecol. 2020 May;222(5):478.e1-478.e17. doi: 10.1016/j.ajog.2019.10.103. Epub 2019 Nov 6. PMID: 31705884; PMCID: PMC7196035.

And, of course, perimenopause and menopause do not occur in isolation. The interaction between menopause and perimenopause and other common experiences of mid-life are poorly understood. For example, many individuals experiencing perimenopause and menopause may be working as well as managing their home, caring for children and providing support and care for elderly parents; all of which continue to remain predominantly within the domain of women.[6]

To what extent can these factors exacerbate or even cause some of the symptoms often attributed to perimenopause and menopause, such as mood swings, depression and anxiety?

Research Australia submits that research into the complex interplay of perimenopause and menopause with culture, lifestyle factors and the other common challenges of mid life is required to understand how to best support women through perimenopause and menopause and treat and manage the symptoms as needed. This research needs to be sensitive to the particular circumstances of CALD and indigenous populations, rural and regional communities and low income households.

Few symptoms unique to menopause and perimenopause

A complicating factor is that few of the symptoms of menopause are unique to menopause; many of the symptoms attributed to perimenopause and menopause can have other underlying causes.

Symptoms caused or exacerbated by perimenopause or menopause (e.g. hormonally sensitive migraines, joint pain) may be diagnosed as being caused by another condition. Consequently, symptoms of perimenopause and menopause are often not recognised, or menopause is not identified as a cause or risk factor. Alternatively, menopause or perimenopause may be identified as the cause when it is not. Either way, this can lead to ineffective treatment, delayed treatment and unnecessary distress and suffering.[7]

Cancer, perimenopause and menopause

The interaction between cancer, perimenopause and menopause has major implications for the individuals who experience both.

One of Research Australia's members is the Australia New Zealand Gynaecological Oncology Group (ANZGOG), which aims to improve life for women with gynaecological cancer through research.[8] ANZGOG referred Research Australia's call to its members to provide input to our submission to a group of its leaders on the ANZGOG Research Advisory Committee (RAC). These are medical oncologists and surgeons with a strong interest in quality of life for people with a lived experience of gynaecological cancers.

Early menopause can be triggered by a range of factors including radiotherapy and chemotherapy for cancer.[9] The impact of cancer treatment can also exacerbate the symptoms of menopause. 'I do a weekly session in a Menopausal Symptoms After Cancer clinic in Perth. Menopause after

[6] Haines EL, Deaux K and Lofaro N (2016) The Times They Are a-Changing... or Are They Not? A Comparision of Gender Stereotypes, 1983-2014. *Psychology of Women Quarterly* 40(3): 353-363
[7] https://www.cancer.net/blog/2021-08/can-cancer-symptoms-be-mistaken-menopause
[8] https://www.anzgog.org.au/
[9] https://www.menopause.org.au/health-info/fact-sheets/early-menopause-chemotherapy-and-radiation-therapy#:~:text=Chemotherapy%20or%20radiation%20therapy%20can,likely%20to%20affect%20your%20ovaries.

cancer is often associated with more severe and distressing symptoms compared to natural menopause'.[10]

Misdiagnosis of cancer symptoms as being caused by perimenopause and/or menopause can delay critical lifesaving treatment. One ANZGOG RAC member responded, 'I have seen many women diagnosed with endometrial cancer late because they thought irregular bleeding was all 'perimenopause'. Sometimes GPs also told them this was the problem, and I guess it can be hard to work out, but both factors lead to delays in diagnosis.'

We need research to clearly establish the verified symptoms of menopause and perimenopause. (For some of the symptoms regularly attributed to menopause there is little evidence they are actually caused by rather than accompany menopause.) This research needs to identify the prevalence and range of severity of each of the verified symptoms and identify the other potential underlying causes for each symptom.

It is only with this information we can then start to understand how to better diagnose the underlying cause of symptoms in an individual- when is it a symptom of menopause and when is it caused by something else? This is important because it will help ensure the most appropriate treatment is provided as early as possible.

Hormone Replacement Therapy and other treatments

There is significant variation in the medical community in the level of understanding of Hormone Replacement Therapy (HRT), alternatives to HRT and their efficacy and safety.

The risks and benefits of HRT are probably better understood by the public and the medical community now than when HRT was first introduced many years ago, but there are still large sections of both which are influenced by subsequently disproved claims about the cancer risks of HRT. We also need a more nuanced understanding of HRT in various sub populations, including the symptoms for which it can be effective. Cancer patients are a particular case in point.

'As there is considerable controversy around the use of HRT in women with pre-menopausal gynaecological cancer diagnosis in the setting of estrogen receptor expression there is an immediate research question there.

'As a medical oncologist I manage menopausal symptoms experienced by patients with both breast cancer and gynaecological cancers with few resources and or additional specialist care to assist in all aspects of menopausal impact.

'As a provider of risk management advice including oophorectomy for those at genetic risk of gynaecological cancers, again there is much work needed to understand the risks and benefits of

[10] Response from an ANZGOG RAC member to a request to provide input to Research Australia's submission to this Inquiry.

no HRT vs HRT use, and if HRT is used does it completely negate all menopausal symptoms?'[11] 'We also need to better understand the impact on menopausal symptoms of ceasing HRT'[12].

Research Australia recommends research be undertaken to identify and address the current gap in our understanding of HRT and other therapies with particular attention to specific subpopulations, including people with lived experience of cancer, those who experience early menopause, and individuals who experience unusual and or severe symptoms.

Dissemination of evidence

Research will not of itself, improve lives. It is only when the evidence generated by research changes practice that it can have an impact.

We need to develop and disseminate up to date guidelines and information to GPs and other health professionals about the overlap between symptoms of menopause with other conditions including cancer and chronic conditions, and the need to investigate other possible causes. These guidelines also need to account for cultural, societal and lifestyle factors that may influence the symptom experience and the patient's presentation.

Understanding how to best disseminate evidence and communicate with the medical and health care community and the broader community is itself an area for more research and innovation.

A Strategic Approach

The significant gaps in evidence about perimenopause and menopause continue to hamper the effectiveness of Australia's response.

Australia needs a strategic approach to menopause research, with the objective of improving the evidence to guide the prevention, diagnosis and effective treatment of the symptoms of menopause and perimenopause and provide appropriate support.

The Minister for Health and Aged Care should charge the Women's Health Advisory Council with identifying research priorities required to achieve this objective, as part of its remit to provide advice on priority issues and progress implementation of the Women's Health Strategy 2020-2030.

While not seeking to pre-empt the Panel's findings, Research Australia submits the research priorities would include:

- establishing the verified symptoms of menopause and perimenopause and distinguishing these from symptoms which often accompany menopause but have other causes
- causes of early menopause and how these can be mitigated

[11] Response from an ANZGOG RAC member to a request to provide input to Research Australia's submission to this Inquiry.
[12] Perrone, G., Capri, O., Galoppi, P., Patacchioli, F. R., Bevilacqua, E., De Stefano, M. G., & Brunelli, R. (2013). Menopausal Symptoms after the Discontinuation of Long-Term Hormone Replacement Therapy in Women under 60: A 3-Year Follow-Up. *Gynecologic and Obstetric Investigation*, *76*(1), 38-43. https://doi.org/https://doi.org/10.1159/000351104

- understanding the complex interplay of perimenopause and menopause with lifestyle factors and the other common challenges of mid life
- the circumstances and experiences of CALD and indigenous populations, rural and regional communities and low-income households
- the current gap in our understanding of HRT and other therapies with particular attention to specific subpopulations, including people with lived experience of cancer, those who experience early menopause, and individuals who experience unusual and or severe symptoms
- how to best communicate and disseminate the best and latest evidence about menopause and perimenopause to the medical and health community, individuals experiencing perimenopause or menopause, and the broader population.

The Inquiry is also likely to identify areas where knowledge is lacking, and gaps in the provision of information and services. We encourage the Committee to recommend areas where further research is needed.

It is critical that this strategic approach is accompanied by the funding required to implement the research. We currently have several research strategies tied to specific health issues (e.g. diabetes, mental health) with no funding attached, and no mechanism for influencing the existing funding bodies of health and medical research (The National Health and Medical Research Council, Medical Research Future Fund).

The Women's Health Strategy 2020-2030 emphasised the importance of ongoing research to support the Strategy and highlighted some past funding initiatives that aligned with parts of the Strategy but lacked any means of directing research funding to support the Strategy's goals an implementation. (These included research in aspects of menopause.) Therefore, the research required to support these strategies has not progressed as intended, hampering Australia's ability to respond effectively to these critical health issues.

Research Australia recommends the research be funded through a targeted, open call for research from the Department of Health as part of the Government's broader response to the current Inquiry. Tying the research funding to the broader health response will help ensure the research serves the overall goals of improving health outcomes related to perimenopause and menopause.

The Government has convened the National Women's Health Advisory Council, chaired by the Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP.[13] The Council provides an opportunity to bring a more comprehensive and integrated approach by the Australian Government to women's health and research in women's health. Research Australia believes that research into perimenopause and menopause would benefit from inclusion in this more holistic approach.

Research Australia recommends that the Committee ask the Government to incorporate the implementation of its response to the Committee's inquiry into a revised Women's Health Strategy, guided by the Women's Health Advisory Council.

Research Australia further recommends the establishment of a National Institute for Women's Health Research with responsibility for implementing the research agenda of a revised Women's Health Strategy. The creation of the Institute would promote a

[13] Nadia Levin, CEO and Managing Director of Research Australia is a member of the National Women's Health Advisory Council

comprehensive and integrated approach to research into women's health, including perimenopause and menopause.

With so many of the symptoms of perimenopause and menopause shared by other medical conditions, and perimenopause and menopause best viewed in the context of other mid life events and stressors, this approach would ensure that research was comprehensive and fit for purpose.

Conclusion

Perimenopause and menopause are experienced by a large proportion of the human population and yet are still poorly understood. In part this is due to the variation in the lived experience, but also because, like much of women's health, they have been neglected by society and science.

The Committee's Inquiry is an opportunity to address this and comes at a time when women's health issues are increasingly coming to the fore. We believe the greatest opportunity for improvement comes from viewing perimenopause and menopause in this broader health and societal context, and the recommendations we have made are informed by this belief.

Research Australia is pleased to have had the opportunity to make this submission and would welcome the opportunity to discuss any aspect of this submission further.

ABOUT RESEARCH AUSTRALIA

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Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

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Researchers, funders, healthcare providers and consumers to increase investment in health and medical research from all sources.

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government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

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