



Submission to the House of Commons Standing
Committee on Health

Study on Women's Health

Menopause Care in Canada

Submitted by

Canadian Menopause Society / Société Canadienne de Ménopause
(CMS/SCM)

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About the Canadian Menopause Society / Société Canadienne de Ménopause (CMS/SCM)

Canadian Menopause Society / Société Canadienne de Ménopause (CMS/SCM) is a multidisciplinary group of family physicians, specialists and healthcare professionals who are interested in menopausal and postmenopausal health. Our mission is to advance the health of women at and beyond the menopause transition through education initiatives and knowledge transfer. We welcome the experiences and needs of all people who identify not only as women, but also underrepresented gender identities.

CMS/SCM is the hub of knowledge transfer of menopause and related issues. CMS links with menopause practitioners across Canada to share knowledge, advocate for menopausal health, to provide up to date knowledge to the public, and have a unified voice in Canada. We facilitate and support research, education, knowledge translation and public education in menopause.

The Menopause Experience

Menopause is a natural process associated with ovarian ageing and a decline in hormones including estrogen and progesterone. Menopause is diagnosed after 12 months without a period. Menopause can also be induced such as with surgery when both ovaries are removed or with medications such as chemotherapy. The average age of natural menopause in North America is 51 years (range 45 – 55 years), however many women experience menopausal symptoms well before their last menstrual period. The time leading up to the final menstrual period is called perimenopause and is associated with hormone fluctuations leading to menopausal symptoms with or without irregular menstrual periods. Perimenopause can start 4 – 8 years before the final menstrual period. Women who go into menopause early (i.e. before the age of 45) have additional concerns as the loss of estrogen puts them at increased risk of osteoporosis, cardiovascular disease, cognitive issues and early mortality.¹

The menopause experience varies from individual to individual. Up to 75% of women will report some degree of vasomotor symptoms (hot flashes, night sweats). However, menopause is much more than just hot flashes with many women struggling with sleep issues, mood symptoms including depressive symptoms and anxiety, fatigue, cognitive issues, brain fog, vaginal symptoms, musculoskeletal pain and more. In fact, more than 30 menopause symptoms have been identified. Duration of symptoms is longer than what one may expect, between 7 - 8 years reported but in some women it can be 10 years or longer.² Some women continue to have symptoms for years into the postmenopause. It is no wonder that menopause symptoms can greatly affect quality of life and function. Many individuals suffer in silence as they are not getting the care they need.

Impact of Menopause Symptoms

The impact of menopause symptoms when not adequately managed is staggering. In a survey from the Menopause Foundation of Canada (MFC) in 2022 in Canada, one in two women felt unprepared for menopause and 4 in 10 women felt alone during this time.³ The effect of symptoms on work productivity is being recognized worldwide, including in Canada, with a reported \$3.5 billion per year proposed loss to the economy from lost productivity, missed days of work and lost income.⁴ Up to 10% of women will quit their jobs because of severe symptoms that impact their ability to function. With midlife women at the prime of their work life, these numbers are very concerning. Furthermore, untreated moderate to severe vasomotor symptoms has been linked to negative outcomes later in life including cardiovascular disease.⁵

Inadequate Care for Menopause in Canada

With more than 10 million women in Canada currently at the age of perimenopause or post menopause the time is now to ensure there is adequate support for midlife women. Unfortunately, the level of menopause care available in Canada is inadequate and many women are not getting the help they need.³ Menopausal hormone therapy (MHT) is the most effective therapy to manage bothersome menopause symptoms. Guidelines recommend that MHT is safe to consider in women who are less than 60 years of age or less than 10 years since their last menstrual period (and without contraindications).⁶ However, the use of Health Canada approved MHT products in Canada is very low, reported less than 10% of eligible women.⁷ Imagine if 90% of hypertensive patients were not offered safe and accessible antihypertensives. In a recent multinational survey of 8 countries, Canada had the lowest proportion of women using MHT of all the countries in the study.⁸

The reasons for inadequate menopause care are multifold. Unfortunately, there is still a stigma towards menopause and ageing women. There is also fear with the use of MHT from both women as well health care providers. This fear stems from the publicity surrounding the release of the initial results of the Women's Health Initiative study in 2002 showing an increased risk of cardiovascular disease and breast cancer with estrogen and progestin.⁹ More than 20 years later, even with increasing evidence demonstrating the safety of MHT in the right population, there has been little change in overall thinking.¹⁰ This bias has impacted access to menopause care in Canada and around the world. The trivialization of symptoms for a condition that primarily affects females may reflect gender discrimination in our healthcare system.

Issues with menopause care in Canada include:

Lack of access to menopause care: There are only a few specialized menopause clinics across Canada. Many women do not have access to a family physician and those that do, there is often inadequate time to address all the symptoms and concerns in a 10 - 15 minute appointment.

Inadequate knowledge and skills of health care providers (HCP) with menopause:

Primary care physicians and other HCP have little comfort and experience in dealing with menopause this may stem from lack of education at the undergraduate and postgraduate/residency level.

Lack of understanding about menopause: Canadian women have expressed they felt unprepared for menopause. There may not be an awareness on the changes with menopause or how to access evidence-based resources. In addition, there may be resistance from their HCP who may not be willing to start that conversation. In the survey by MFC, only 4 out of 10 women sought medical advice and 72% of these women did not find the advice helpful or somewhat helpful.³ In addition, misinformation and disinformation on menopause is a major issue, women can become vulnerable to using unregulated menopausal products.

Lack of funding for menopause care: Currently, there is inadequate remuneration for health care providers. Menopause care takes time as multiple systems are affected. Cardiovascular disease is the major killer of women after menopause. Many women carry known genetic diseases for cancers that are not identified and could be possibly treated. A menopausal comprehensive assessment would allow healthcare providers to address symptomatology and risks that would improve mid-life women's health and quality of life. Another issue is the cost barriers to proven menopausal therapies which highlights inequity in the system. Many provincial health plans do not provide coverage for the individual therapies that women may need to successfully treat their symptoms.

We recommend the following:

- 1. Improve and coordinate education opportunities nationally for menopause and aging in females at all levels including undergraduate, graduate, post-graduate and continuing professional development for all health disciplines. This includes funding for certified fellowship programs for all health disciplines.**
- 2. Increase funding for research on hormones and aging in women.**
- 3. Establish center of excellence for menopause care across Canada.**
- 4. Promote public education with trustworthy information for women.**
- 5. Promotion of a menopause health assessment to evaluate cardiovascular and genetic risks as well as treat symptomatology of the menopause.**
- 6. Establish a billing code for menopause care.**
- 7. Encourage provinces to fund medications for menopause.**



Canadian Menopause Society sincerely appreciates the opportunity to submit this brief and recommendations to the HESA Committee. We are happy to elaborate on any of these recommendations and collaborate on future initiatives to further women's health.

Yours sincerely on behalf of the Board of Directors of Canadian Menopause Society

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