



Committee Secretary
Community Affairs Committee
Department of the Senate
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Friday 15th March 2024

Re: Submission to the Standing Committee on Community Affairs, Inquiry into issues related to menopause and perimenopause

To the Senate Inquiry Committee,

Thank you for the opportunity to make a submission for this inquiry.

The National Council of Women of Australia (NCWA) is a non-sectarian, not-for-profit, umbrella organisation representing over 140 affiliate organisations throughout Australia since 1896; with broadly humanitarian objectives advocating for the wellbeing of women and girls across metropolitan, regional and rural Australia. Our advocacy work includes the right to physical safety, education at all levels, equal pay for equal work and against violence in the home and public places, and discrimination on the basis of gender, race, marital status, age, or ability.

NCWA applauds the initiative of the Australian Government, and Standing Committee on Community Affairs in seeking submissions for this inquiry into issues related to menopause and perimenopause.

The NCWA Health Advisory believes that if Australia gets menopause and perimenopause right – we could prevent 80% of chronic diseases in women.

Women's health needs a new approach. The focus on reproductive health has led to vast improvements in the management of Polycystic Ovary Syndrome (PCOS) and Endometriosis, maternal mortality, and child health, and annual reductions in rates of breast cancer and declining breast cancer deaths.

However, in Australia, women over 50 have a greater (4x) burden of disability than age-matched men and are more likely to leave the workforce early with almost half who do so, noting the reason to be health related. We need to broaden our approach to include targeting the leading causes of disability, illness and death in women.

This requires a focus on heart, bone and brain for women.

In these areas there is an absence of female specific knowledge, despite the fact women are more likely to have heart disease, dementia, depression, osteoporosis, and osteoarthritis than men. Women's Health has been supported largely by health professionals in Obstetrics/Gynaecology or menopause clinics.

In this submission, the National Council of Women of Australia, on behalf of all members, calls for a:

- Focus on the key reasons that women have poor health (outside the bikini)
- Obtain information on the post-menopause
- Lifespan approach to account for the burden of disease (chronic i.e., 20–30-year prodrome of disease development)

Our members would like to see a reduction in duplicating efforts across the medical and research landscape; we urge a true collaboration with all experts, including lived-experience experts.

We also ask for ongoing commitment to work together to:

- see experts in cardiology, neurology, diabetes, osteoarthritis and osteoporosis in addition to menopause and Obstetrics/Gynaecology.
- educate healthcare professionals on what we know,
- close gaps of knowledge where we don't know, and
- leverage existing resources
- ensure inclusion of all experts in the field and
- establish a dashboard of resources currently in existence before funding any new research.

We strongly recommend the Standing Committee on Community Affairs include in its deliberations going forward a gendered lens to achieve equity in the life and experience of women and girls in rural, regional, and metropolitan Australia.

We invite you to review the below information, prepared by the NCWA Health Advisory team led by Professor Cassandra Szoeké.

We thank you for the opportunity to submit our observations and recommendations and look forward to participating in the public consultations.

Yours sincerely,

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NATIONAL COUNCIL OF WOMEN OF AUSTRALIA SUBMISSION TO THE STANDING COMMITTEE ON COMMUNITY AFFAIRS, INQUIRY INTO ISSUES RELATED TO MENOPAUSE AND PERIMENOPAUSE

The NCWA Health Advisory believes that if we get menopause and perimenopause right – we could prevent 80% of chronic diseases in women.

Women's Health needs a new approach. The focus on reproductive health has led to vast improvements in management of PCOS and Endometriosis, maternal mortality, and child health, and annual reductions in rates of breast cancer and declining breast cancer deaths.

But we are seeing that **women over 50 have a greater (4x) burden of disability than age-matched men and are more likely to leave the workforce early with almost half that do so noting the reason to be health related.** We need to broaden our approach to include targeting the leading causes of disability, illness and death in women.

This requires a focus on heart, bone and brain for women.

The Importance of Women's Voices and Experiences

In these areas there is an absence of female specific knowledge, despite the fact women are more likely to have heart disease, dementia, depression, osteoporosis, and osteoarthritis than men. Women's Health has been supported largely by health professionals in Obstetrics/Gynaecology or menopause clinics.

National Council of Women Australia believes that the data published by ABS suggests that we need women's health leads in neurology, cardiology, mental health and ageing and representation from national and international experts that align directly with the National Health Policy priority areas for women 2020-2030.

The same number of experts on advisory councils for each of your priority areas of focus: I. Maternal, Sexual and Reproductive, II. Women and Violence, III. Mental Health, IV. Chronic Diseases and V. Healthy Ageing.

There has been a seismic shift in women's health globally moving from a "bikini focus" seeing women more holistically and identifying that knowledge learnt about men is not directly applicable to women. For example, we now understand, at least internationally, that heart disease has entirely different symptoms, presentation, treatment and long-term management and prevention in women compared to men.

It is crucial that locally we have representation of expertise in all the pillars clearly identified as the most important for women's health into the future.

In particular there is a lack of information about the role of hormones on women's vascular, cognitive and mental health. There is also a specific absence of data on these diseases from premenopause into the post menopause when they start to manifest to be able to inform best prevention strategies.

This lack of knowledge is starting to spilt our clinical and academic community.

Supporting Data

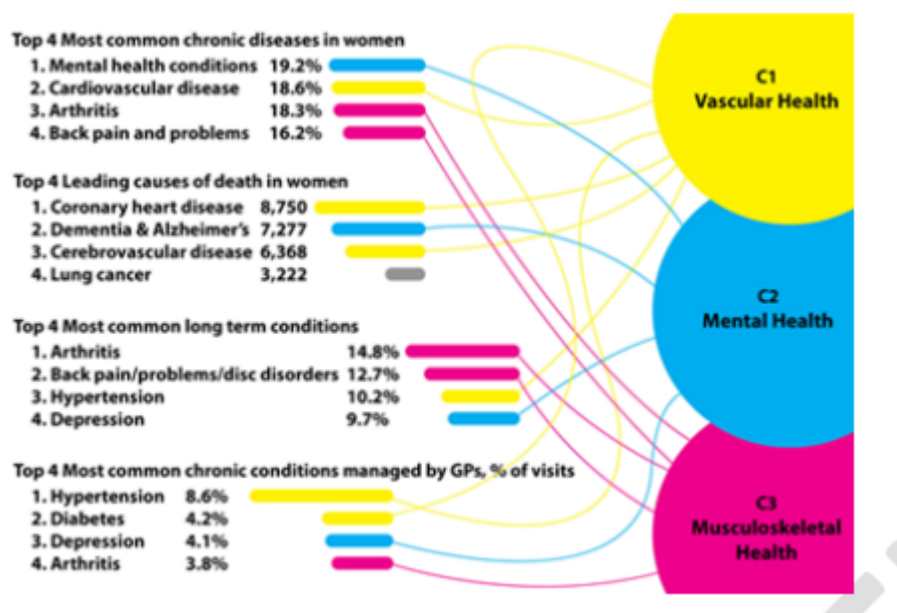
The book, *Secrets of Women's Healthy Ageing: Living Better, Living Longer* (Melbourne University Press 2021), draws from the results of the globally significant Women Health Ageing Project, supported by the Australian Government and philanthropy since 1990.

In layman's terms, this clearly outlines:

- In the 1900s the average age at the time of death was roughly 50 years. The mean age for menopause is 50. Few women survived long enough to become post-menopausal.
- A hundred years later, women live well beyond 80 years and spend a full third of their lives 'post menopause'.

Our government data supports this with chronic diseases of ageing being the most impactful to women's poor health yet 'women's health' investment fails to focus on these and 'women's health' awareness remains focussed on reproductive health or "bikini health".

As per below, the major cause of death illness, disability and poor quality of life in Australian Women are the Chronic Diseases of Ageing.



Women's health is under-researched.

- Women were only included in clinical trials since the turn of the century after the National Institute of Health mandate in 2000.
- Female animals were only included in trials since the 2014 NIH mandate.
- Absence of research into the post menopause, as well as perimenopause and menopause
 - A review of scientific literature has found that less than 1% of ageing research looks at the impact of hormones

Perimenopause & Postmenopause Studies

All Australian women (except those who had their ovaries removed before puberty) will go through menopause and will enter the postmenopause. Women are living more than one third of their lives in the postmenopause yet we know almost nothing about it.

Studies of menopause ended after the final menstrual period and studies of ageing recruit participants over 65 (well past the menopause) and fail to obtain any reproductive data.

Internationally only the Study of Women's Health Across the Nation (SWAN) in USA and Women's Healthy Ageing Project (WHAP) in Australia have provided the missing information to look *specifically* at the impact of hormones taken at the time of menopause, and what impact they have on women over 80 (the time when you are at the most risk for dementia).

This is why these two studies combined to make the first ever categories of the postmenopause (Stages of Reproductive Aging Workshop (STRAW) Guidelines[15,16])

Below is a summary of key relevant data.

- There is strong evidence for the **protective impact of estrogen on heart, vessels and brain.**
- Women are protected from heart, bone and brain diseases *before the menopause*.
- Women who have early menopause have been shown to have increased rates of heart disease, mental health disease, bone disease and dementia with earlier onset also demonstrated.
- ABS note that the highest suicide rate for women is in the 45-49 age group [1].
- There is a paucity of studies in the postmenopause.
 - Hormone Data is insufficient as impact on chronic disease requires decades of follow-up (absent in the clinical trial data)
 - Current evidence indicates that younger women who start Hormone Therapy around the time of menopause may obtain significant benefits [2], with improvement in cardiovascular risk and less atherosclerosis [3]
 - The International Menopause Society's consensus statement notes decreased risk of myocardial infarction and all-cause mortality if treatment is initiated around menopause [4]
 - The relationship between hormone therapy use and subsequent cognitive function remains highly contested and of pivotal clinical relevance for women and their health care providers [5]
 - There is only 4-15 years of follow-up for recently menopausal women [6]. Yet, the prodrome, which is the development of then pathological processes for dementia occurs over 30 years.
- Furthermore, women's health postmenopause is critically poor, with
 - Two-thirds of all cases of dementia are women
 - One in three women over the age of 65 will suffer osteopenia and fractures
 - The Australian *hidden hearts* report shows women have poorer outcomes after heart attack, stroke and have the highest burden of heart failure and disease
 - Dementia, heart disease and stroke are the leading cause of death for Australian Women.

Lack of Translation

Numerous government reports and white papers have identified the urgent need for more information on:

- Women's health [7]
- Person-centred, not disease-centred, healthcare – multimorbidity approach [8,9]
- Longitudinal data in individuals from midlife to late life, including into later life (over 80 years) [10,11],

Key risks (absence of information on day-to-day activity, rather than just activity from exercise, the lack of nutritional information, and no "biomedical data". "More data is required" [12]. Despite these dated reports, these gaps remain.

We don't need more reports – women need action.

Adjuvant Health Economic Analysis

The Parliament of the Commonwealth of Australia stated that the ongoing absence of information on multimorbidity, longitudinal data from midlife into later life, and in particular longitudinal data with biomedical data as impediments to address the chronic disease epidemic in Australia.

There have been specific calls to rectify these gaps:

“There are a collection of well-described chronic diseases which need to be examined over the life course and with consideration of the interactions they have with other concurrent diseases, risks and the impact on social wellbeing as well as the social drivers which create morbidity in order to effect change” [13].

The economic, community and individual costs of not addressing this urgently will be devastating and, as parliamentary documents indicate, unsustainable [14].

These calls have not just been national, a world health organisation (WHO) report called for longitudinal studies, the best way to examine timing [15], to determine therapeutic windows to establish effective interventions, intensity and starting age, in order to delay the chronic diseases of ageing [16].

Studies of women that continue past menopause into the postmenopausal transition are lacking. **Yet women now live a third of their lives in the post menopause.** We need to recognise that these issues have been identified locally, nationally and globally as limiting progress in women’s health – and yet remain unaddressed due to the complex nature of having such a dataset of longitudinal prospective information on women from before menopause into ageing - which obtained measures not just on reproductive health, but also on chronic diseases of ageing alongside lifestyle and care-giving information.

The National Council of Women Australia, on behalf of all members, call for a

- Focus on the key reasons that women have poor health (outside the bikini)
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IDENTIFY - Identify key therapeutic windows for female health.

WHAT – Identify key female specific risk factors midlife to late life that

- Predict healthy ageing
- Predict risk for mental health diagnosis
- Predict risk for cognitive decline
- Predict increase healthcare utilization
- Lead to prescription for
 - Depression
 - Anxiety
 - Hypertension (high blood pressure)
 - Hypercholesterolaemia (high cholesterol)
 - Diabetes

UNDERSTAND – the impact of hormones midlife to late life on:

- healthy ageing
 - mental health
 - cognitive decline
 - vascular health
- healthcare utilization and prescribing data

WHY - HEALTH ECONOMIC PROOF Multimodal population risk modelling of healthcare utilisation

HOW - Evidence-based delivery inclusive of service providers, policy implementers, advocacy and community on equal footing with academics and clinicians.

STRATEGY - Provide strategies to improve women's health using:

- Female Health Risk Scores identify those at risk of health issues decades ahead to allow early intervention and prevention.
 - Female Sub-Scores
 - Mood Risk Score
 - Vascular Risk Score
 - Cognitive Decline Risk Score
 - Bone & Balance Risk Score

WHO - Identify areas of need, such as:

- Female Specific 45–49-year-old Health Check Parameters
- Female-Specific program implementations and evaluation

National Council of Women of Australia believes that the following areas require stronger attention:

Work and Remuneration and Workplace Patterns [17]

- About a quarter of women retire early, before age 55, and 45 per cent of them do so due to sickness, injury or disability.
- Women between the ages of 44 to 55 years are twice as likely to have a mental health claim when compared to men in a similar age bracket.
- Women make up 67 per cent of part-time workers and are nearly three times more likely to use a flexible working arrangements to manage caring responsibilities than their partners (80 per cent compared to 28 per cent).
- There has been almost no research about the contribution of menopause and health risk factors to these statistics Gender Pay Gap.
- Early retirement estimates
 - more than \$500,000 in lost earnings and more than \$50,000 in superannuation.
 - 26.8% of women retire before the age of 55 and with 40% less super than their male counterparts.

Women are Carers [18]:

- 54 per cent of families reported the main person looking after children was a woman, and 40 per cent of families reported equal sharing of responsibility.
- Only 4 per cent of families reported that a man usually or always looks after the children.
- Even in these cases, when asked “who plans/coordinates child activities”, it was usually or always a woman (78 per cent of the time).
- 79.9 per cent of one parent families are single mothers.
- The load on carers is well documented to have significant mental and physical health consequences.

NCWA wants to see in these initiatives is a way to consolidate resources.

We have an opportunity to shift the dial in Australian women's health. We urge the Government for ongoing commitment to work together to:

- see experts in cardiology, neurology, diabetes, osteoarthritis and osteoporosis in addition to menopause and Obstetrics/Gynaecology.
- educate healthcare professional on what we know,
- close gaps of knowledge where we don't know, and
- leverage existing resources
- ensure inclusion of all experts* in the field and
- establish a dashboard of resources currently in existence before funding any new research.

*In this submission NCWA has defined **experts** as either healthcare experts published in the area of interest or lived experience as bringing equal, albeit different, expertise.

= END SUBMISSION =

