
Bree Collaborative | Perimenopause and Menopause

April 8th 2026 | 2:30-4PM

Hybrid

MEMBERS PRESENT VIRTUALLY

Nicole Saint Clair, MD, FACOG (chair), Regence
Karin Inderbitzin, RN, BSN, WA HCA
Annelise Gaaserud, MD, Kaiser Permanente
Carolyn Halley, MD, Healthpoint
Asher Strauss, PsyD, Kinwell

Josephine Young, MD, Premera
Naomi Busch, MD, Seattle Menopause Medicine
Janice Tufte, Hassanah Consulting
Jamie Kowatch, RD, CDCES
Drew Oliveira, MD, WHA

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative

WELCOME AND INTRODUCTIONS

Beth reviewed the agenda for the day and asked for a motion to approve the minutes from January and February

- Action: Motion to approve March minutes
- Outcomes: March minutes approved

PRESENT& DISCUSS: RECOGNITION & ASSESSMENT EVIDENCE REVIEW

Beth transitioned the group to review the draft evidence review for the recognition & assessment focus area. The following was reviewed:

- Definitions of Menopause
 - WHO: Menopause is one point in a continuum of life stages for women and marks the end of their reproductive years. After menopause, a woman cannot become pregnant, except in rare cases when specialized fertility treatments are used.
 - ACOG: Menopause is the time in your life when you naturally stop having menstrual periods. Menopause happens when the ovaries stop making estrogen. Estrogen is a hormone that helps control the menstrual cycle. Menopause marks the end of the reproductive years. The average age that women go through menopause is 51 years.
 - IMS
 - Perimenopause: the time from the onset of cycle irregularity through until 12 months after the final menstrual period.
 - Menopause transition: the time from onset of cycle irregularity until the time of the final menstrual period
 - Post-menopause: starts 12 months after the final menstrual period
 - Surgical menopause: the removal of both ovaries
 - Early menopause: menopause before the age of 45 years (may not be appropriate in all populations)
 - POI: cessation of ovarian function before the age of 40 years (may not be appropriate in all populations)

- Symptom Clusters: Khalaf, A., Mathew, R., & Nayak, S. G. (2025). Exploring symptom clusters across the menopausal stages: A systematic review and meta-analysis. *Sexual & Reproductive Healthcare*, 45, 101137. <https://doi.org/10.1016/j.srhc.2025.101137>
 - Systematic review grouping menopause symptoms into somatic, vasomotor, psychological, and sexual clusters – somatic symptoms showed significant difference between perimenopause and post-menopause.
- Cultural Perceptions and Support: Whelan, É., Dempsey, M., & Chi, C. V. Y. (2026). Cultural differences in women’s experience of menopause: A qualitative review. *Journal of Cross-Cultural Psychology*, 57(X), 1–23. <https://doi.org/10.1177/00220221261418307>
 - Review of qualitative literature around cultural narratives and healthcare preferences shape menopause experiences – some viewing menopause positively and others negatively and the importance of neutral, assumption free discussions
- Assessment Tools and Symptom Severity: Heinemann, K., Rübiger, A., Potthoff, P., Schneider, H. P. G., Strelow, F., Heinemann, L. A. J., & Thai, D. M. (2004). The Menopause Rating Scale (MRS) scale: A methodological review. *Health and Quality of Life Outcomes*, 2, Article 45. <https://doi.org/10.1186/1477-7525-2-45> & L. Honermann, L. Knabben, S. Weidlinger, N. Bitterlich AND P. Stute (2020): An extended Menopause Rating Scale II: a retrospective data analysis, *Climacteric*, DOI: 10.1080/13697137.2020.1775808
 - Several symptom rating scales exist and are used in practice, including MRS and Green Climacteric Scale
- STRAW+10 Criteria: American Society for Reproductive Medicine. (2012). Executive summary of the Stages of Reproductive Aging Workshop +10: Addressing the unfinished agenda of staging reproductive aging. <https://www.asrm.org/practice-guidance/practice-committee-documents/executive-summary-of-the-stages-of-reproductive-aging-workshopd10-addressing-the-unfinished-agenda-of-staging-reproductive-aging-2012/>

Discussion

- Discussed necessity to provide discrete definitions for the phases from perimenopause through post-menopause, but also wanting to ensure public-friendly language in our patient-facing material
 - Some balance between ACOG definition of menopause and IMS definitions is warranted when speaking to different audiences
 - Need to acknowledge individual variability (e.g., those with PCOS, those with history of hysterectomy, etc.) who do not fit within standard definition
 - Remove menopause transition – too much overlap with perimenopause
- Need for individualized, integrated physical and behavioral health approach, considering nutrition, lifestyle factors, social drivers of health, and individual symptom experiences
- Group aligned around use of validated symptom assessment tool for assessing and monitoring symptom severity and response to treatment over time

REVIEW & REVISE: RECOGNITION & ASSESSMENT GUIDELINES

Beth transitioned the meeting to review and edit the draft guidelines. The following is a summary of the discussion

- Symptoms can occur and persist before, during and after menopause, which should be clearly explained.

- Changes in rising LDL, fasting blood glucose (FBG) and blood pressure may be specifically menopause related and occur in overlap with menopause symptoms through midlife
- Any bleeding after 12 months of amenorrhea warrants medical evaluation
- Hormone therapy is one of several options and management should be tailored to individual needs and preferences
- STRAW 10+ Criteria applications and limitations
 - Some concern that it may be too complicated for primary care providers to navigate
 - Criteria applied when menstrual patterns fit the model, and can be used as a tool for patient education
 - Does not capture experiences of individuals with irregular cycles or those on hormonal treatments

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Saint Clair invited final comments or public comments, then thanked all for attending. The workgroup's next meeting will be on **Wednesday, May 13th from 2:30-4PM PST.**