



MENOPAUSE & SPINAL CORD INJURY

Co-creating priorities for clinical practice, research and knowledge translation



The Menopause & SCI/D Collaborative
British Columbia, Canada

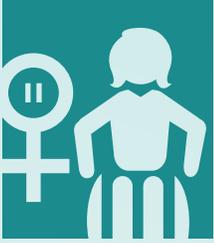
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- **GF Strong Rehabilitation Centre, Vancouver Coastal Health (VCH)**
- **Spinal Cord Injury BC (SCI BC)**
- **International Collaboration on Repair Discoveries (ICORD)**
- **Women's Health Research Institute (WHRI) at BC Women's Hospital and Health Science Centre**
- **Vancouver Coastal Health Research Institute (VCHRI)**

Thanks to our research assistant, **Sally Xuanping Chen** for their work getting the survey up and running.

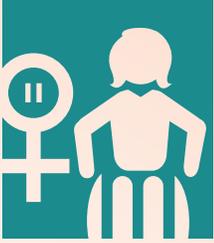
A sincere thank you to our workshop team of facilitators, **Emily Giroux, Alexandra Walters,** and **Parres Holliday**; support person, **Christine Zarowski**, and tech support, **Barry Arana**.

Thank you to **Tamara Rader**, James Lind Alliance advisor for chairing the workshop and for ensuring we aligned with principles and processes of the James Lind Alliance (JLA) Priority Setting Partnership (PSP) throughout the project.

Steering Committee

Finally, a huge thank you to members of the menopause and SCI/D project steering committee:

- **Stacy Elliott**, MD, Sexual Medicine Physician, FASIA; Clinical Professor, University of British Columbia (UBC) Departments of Psychiatry and Urologic Sciences; Principal Investigator, ICORD
- **Kerstin Gustafson**, Medical Director, Menopause and Midlife Health Program at BCWH; Associate Prof. Dept of Ob/Gyn, UBC
- **Karen Hodge**, Clinical Social Worker, SCI Research consultant and person with SCI
- **Shea Hocaloski**, Sexual Health Clinician, Sexual Health Rehab Service, VCH
- **Kate McBride**, Clinical Nurse Specialist, Sexual Health Rehabilitation Program, VCH
- **Rachel Nicoletti**, Sexual Health Clinician, Sexual Health Rehab Service, VCH
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- **Teri Thorson**, Manager, Peer Coaching and Outreach, SCI BC and person with SCI
- **Viet Vu**, DO, ABPMR, Subspecialty in Spinal Cord Injury Medicine, Clinical Assistant Professor, UBC Dept of Medicine, Div PMR, GF Strong Rehabilitation Centre



EXECUTIVE SUMMARY

Menopause affects all aspects of health and wellbeing. The need for improved knowledge and care during this stage of life has drawn increasing attention from the general public, health care clinicians and researchers, to the media. Persons with disabilities need to be part of this conversation. People with spinal cord injuries or disorders (SCI/D) already face increased risks of heart disease, bone loss, bladder problems, and sexual dysfunction. Menopause can further complicate these issues, yet we still know very little about how menopause affects people with SCI/D.

Women with SCI/D not only inspired but led this project. Stories they have shared about their healthcare experiences illuminated an urgent call to action: **to improve the health care experience of women* with SCI/D during perimenopause and menopause.**

* A Note on Terminology

In this report, we use the term 'women'. We acknowledge that not all people experiencing menopause identify as women, however, in our study all participants did identify as women. We recognize this may limit the relevance of study findings to other populations, including persons assigned female at birth who identify as gender diverse.

We also use the term menopause to cover the entire trajectory of perimenopause (stages leading up to menopause AND menopause (one year after the final menstrual period)).

In the summer of 2025, a menopause and SCI/D steering committee was established. With such a limited amount of research available on menopause and SCI/D, the group decided that a priority-setting partnership (PSP) would be the best way to move forward. The aim of the PSP was to identify unanswered questions persons with SCI/D and their care providers have about the topic and then prioritize the top 10 questions.

A sub-group of the steering committee applied to the UBC Behavioral Research Ethics Board for the study: **Perimenopause/menopause and persons with spinal cord injury: Co-creating priorities for clinical practice, research and knowledge translation.**

Principal Investigator

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Project Phases

1



CREATING THE MENOPAUSE & SCI PRIORITY SETTING PARTNERSHIP

- Identify key interest partners
- Form a project Steering Committee

FORMULATING UNANSWERED QUESTIONS & UNCERTAINTIES

- Outline areas of interest in menopause & SCI/D and 'what we know/don't know'
- Create a long list of questions/uncertainties



2

3



EVIDENCE CHECKING

- Verify unanswered questions against published literature
- Establish long-list of questions

INTERIM PRIORITY SETTING

- Survey women with SCI/D and their care providers about what questions are most important to them
- Analyze responses to create a short-list of questions



4

5



FINAL PRIORITY SETTING

- Conduct a consensus building workshop to determine the top 10 uncertainties for menopause & SCI/D

Top 10 Priorities for Menopause and SCI/D

1

How can persons with SCI/D and their care teams tell **the difference between menopause symptoms and SCI/D related symptoms?** (e.g., bladder infections, feeling too hot or cold, spinal cord cysts or autonomic dysreflexia)

2

How does menopause impact **bladder and bowel health/function** for persons with SCI and what are the most effective treatments or preventative therapies?

3

Should treatment for **bone health** (like osteoporosis) be more proactive or different for persons with SCI/D during menopause?

4

How does menopause affect the **heart** in people with SCI/D? What about the risk of **metabolic disease** (obesity, diabetes, high cholesterol)? How can we best prevent issues including mobility problems due to weight gain?

5

How common are **Genitourinary Syndrome of Menopause (GSM)* symptoms** (e.g., vaginal dryness, painful intercourse, urinary issues, and decreased genital arousal) for persons with SCI/D? What's the most effective treatment or preventative therapies for persons with SCI/D?

6

Does the **level and severity of SCI/D** affect how someone experiences menopause? How?

7

What is the best way to **support sexual health and prevent sexual distress** for persons with SCI/D during menopause? (e.g., due to decreased desire, decrease in sexual self-esteem, decreased sexual satisfaction and relationship issues)

8

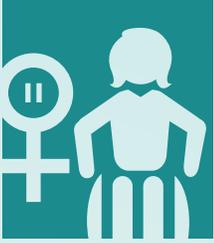
Why and how is sleep affected during perimenopause, menopause, and post-menopause? What are the best ways to manage these **sleep problems and associated fatigue** for persons with SCI/D during menopause?

9

Do persons with SCI/D get more **pressure injuries** (e.g., skin breakdown) during menopause than those who aren't yet in menopause?

10

Does **tone and spasticity** increase due to symptoms of menopause? If so, how does this impact daily life for persons with SCI/D?



BACKGROUND

Why are we talking about menopause and spinal cord injury?

In Canada, the projected number of individuals living with SCI-D by 2030 is 121,000. About 1/3 of these are women and, as age-expectancy increases, we know more individuals will experience menopause¹. Despite this demographic shift, we know little about how menopause intersects with the biological, psychosocial, and environmental realities of living with SCI/D. Furthermore, research on menopause (and women's health generally) has been notoriously underfunded and misinterpreted, leaving clinicians and patients without up-to-date evidence-based information².

Menopause is also uniquely challenging for women with SCI-D because menopause symptoms can be similar or amplify symptoms/health issues associated with SCI/D, such as bladder infections, difficulty regulating temperature, vaginal dryness, and autonomic dysreflexia.

Menopause has the potential to worsen health issues that women with SCI/D already experience

Women with SCI-D face many of the same barriers to menopause care as the general population, including limited symptom awareness, inconsistent guidance from providers, and stigma surrounding menopause—but these challenges are compounded by disability-related factors³. Difficulties with access to care and the complexity of managing multiple health concerns can amplify the impact of menopausal symptoms on daily life.

Understanding how women with SCI-D can best navigate this transition is important for maintaining and improving overall health, independence and quality of life.

Why a priority setting partnership?

Recognizing the need to address the gaps in research, education and clinical care, the Sexual Health Rehabilitation Program at Vancouver Coastal Health, Spinal Cord Injury BC, and BC Women's Hospital came together to oversee a project on menopause and SCI/D.

Our approach was grounded in the **integrated knowledge translation (IKT)** guiding principles for SCI research⁴. These principles call for establishing relationships based on:

trust, respect, dignity, and transparency

remaining flexible and receptive in tailoring the research approach

sharing decision-making

enabling meaningful participation

fostering open, honest and responsive communication

attending to ethical considerations

recognizing and valuing diverse expertise

respecting the practical and financial constraints of all partners.

The James Lind Alliance (JLA) is a non-profit initiative focused on ensuring that health and social care research addresses the real-life priorities of the people affected by it. Its core mission is to bridge the gap between what researchers study and what healthcare users and healthcare professionals actually need to know.

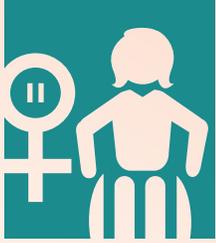
The James Lind Alliance (JLA) Priority Setting Partnership (PSP) offered a structured and well-established framework to guide the project and aligns well with the IKT principles. Recognizing the existing challenges faced by women with SCI/D, leaders in the Sexual Health Rehabilitation Program, and Spinal Cord Injury BC partnered to co-design an initiative focused on menopause and SCI/D.



The Menopause & SCI Collaborative

Top left to right: Viet Vu, Sally Chen, Rachel Nicóletti, Kerstin Gustafson, Nicole Prestley

Bottom left to right: Karen Hodge, Stacy Elliott, Shea Hocaloski, Kate M^cBride (Note: Teri Thorson missing from picture)



THE PROCESS

The project consisted of five phases, as described below, and received approval from the University of British Columbia's Behavioural Research Ethics Board.



Phase 1: Creating the Menopause and SCI Priority Setting Partnership

Key Interest Holder Identification — The first task was to identify who needed to be involved - what individuals/disciplines/groups/ organizations hold a key interest and influence in menopause and SCI/D. In the end, the menopause and SCI/D PSP Steering Committee was comprised of representatives with lived experience of SCI/D, multidisciplinary healthcare professionals, and a knowledge translation expert. Healthcare professionals came from the following backgrounds: nursing, gynecology, social work, sexual medicine, and psychiatry (physical medicine & rehabilitation).



Phase 2: Formulating Unanswered Questions and Uncertainties

Establishing Scope — Based on a combination of lived and clinical experience, the steering committee identified menopause-related areas of interest for women with SCI/D. A recent scoping review of the literature was used to clarify what is known and what is not known about these areas of interest. The uncertainties identified in each category were formulated into a list of draft questions to be used in the prioritization survey.^{5,6}

CARE GAP IN MENOPAUSE		MENSTRUAL CHANGES	VASOMOTOR SYMPTOMS	BONE HEALTH/ OSTEOPOROSIS
SLEEP	BLADDER FUNCTION (UNRELATED TO GSM)	GENITOURINARY SYNDROME OF MENOPAUSE (GSM)	BARRIERS TO ACCESSING CARE	
GASTROINTESTINAL ISSUES		DEMENTIA	SKIN CHANGES	
DEMOGRAPHICS OF PERSONS WITH SCI EXPERIENCING OR WILL EXPERIENCE MENOPAUSE				
CARDIO METABOLIC - CARDIOVASCULAR, DIABETES, OBESITY			JOINT ACHES & PAINS	SOCIO-ECONOMIC FACTORS
SEXUAL FUNCTION	SEXUAL AND GENDER MINORITY CONSIDERATIONS	OVERALL SYMPTOM BOTHER	USE OF HORMONE THERAPY	
	CARDIAC HEALTH	FATIGUE	MENTAL HEALTH	BRAIN FOG



Phase 3: Evidence Checking

A subgroup of the steering committee undertook a secondary round of literature evidence checking to ensure the list of questions formulated were true uncertainties. The result was a list of 13 questions about menopause and SCI/D to move forward for steering committee approval.

This secondary round of evidence checking revealed a JLA PSP project already undertaken on establishing priorities for menopause in the general population⁷. These top 10 uncertainties were circulated to the steering committee to identify opportunities for synergy. The decision was made to add these ten uncertainties identified in the general population to the SCI/D specific survey questions for a total of 23 uncertainties.



Phase 4: Interim Priority Setting (Online Survey)

Following a modified JLA PSP approach, a survey was designed to generate an interim list of menopause-related priorities for people with SCI/D.

The survey included the following fields:

SCI/D-specific menopause uncertainties: Participants were presented with 13 menopause-related uncertainties specific to SCI/D and were asked to select up to ten they felt were most important.

General-population menopause priorities:

The survey included a structured item based on the top 10 menopause uncertainties identified in the general-population. Participants could select up to five of these questions that they felt were also important for people with SCI/D.

Free-text input (optional): Participants were invited to submit additional questions or describe their experiences with menopause and SCI/D in free-text fields.

To be eligible for the survey, participants had to be living in British Columbia, 18 years or older and identify as:

A person with a spinal cord injury or disorder (SCI/D) who is assigned female at birth and identifies as cisgender, non-binary, trans, or otherwise gender diverse

A healthcare provider who works with people with SCI/D or people going through menopause

A leader in health care or in a related community group

Survey Results

In total, 80 people responded to the survey. Half (n=40) identified as people with SCI/D and half (n=40) identified as healthcare professionals who either specialized in rehabilitation or in women's health. Respondents ranged in age from 18 to 80 years, with more than 70% between the ages of 40 and 59 years of age. At the end of the survey, participants had the option of applying to participate in the final priority setting process, which consisted of a two-day online workshop.

Survey responses from both groups were analyzed together by a subgroup of the Steering Committee. Qualitative themes from the open text responses were incorporated. A list of 19 uncertainties were refined from the survey responses and presented to the Steering Committee for validation.

Phase 5: Final Priority Setting (Workshop)



The goal of the workshop was to build consensus and come to a final agreement on a list of the top 10 uncertainties in menopause and SCI/D, for the purpose of prioritizing future research and knowledge translation.

The workshop was conducted over two online meetings (via Zoom) and attended by 22 participants: including representation by 12 women with SCI/D and 10 healthcare professionals from different disciplines, including pharmacy, nursing, psychiatry, sexual medicine, gynecology, psychology, social work, occupational therapy, and sexual health. (Note, one participant is both a woman with SCI and a health care professional).


TWO ONLINE
MEETINGS


12 WOMEN
WITH SCI/D


10 HEALTHCARE
PROFESSIONALS

AND ONE WOMAN WITH SCI/D IS ALSO A HEALTHCARE PROFESSIONAL

Participants were assigned to one of four groups with representation of healthcare professionals and women with SCI/D. Guided by facilitators, the groups discussed the shortlist of questions and agreed upon a priority order. On day 2, individuals were assigned to different groups and the process was repeated. The ranked order of all four groups was collated and presented to all workshop participants, resulting in the agreed-upon top 10 priorities for research and knowledge translation. For a complete list of how the 19 questions were ranked, see Appendix A.

Although there was strong consensus about many important topics, some questions had more inconsistency in rankings across the four groups. For example, for the question: “*What lifestyle changes benefit people at different stages of menopause? How can people with SCI/D be supported to make these changes?*” two groups ranked this in the top 10 but the question ended up in 12th position. The fact is, all of the questions are important and ones many people would like answered by research in the future.

Workshop Evaluation Results

Our workshop evaluation was completed by 17 of the workshop participants (9 women with SCI/D and 8 healthcare professionals). There was a high level of agreement that the process was fair, transparent and that there was equal participation from people at the workshop with different perspectives.

Some participants were surprised that certain questions did not make the top 10 but accepted the sticky process of consensus building, for example, *“I was surprised that mental health topics were not as high priority but again I am glad that patient perspectives shaped the top 10”*.

Participants differed in their opinions on the length of the workshop with some stating they felt that the workshop goals could have been achieved in a shorter time frame, and others suggesting more time would have been beneficial. Ambiguity in the meaning of each top 10 priority was identified as a barrier for two participants with one stating *“Some of the priorities were open for a lot of interpretation which made it difficult at times to prioritize”*.

In other questions, participants were asked to evaluate the effectiveness of the process and whether objectives of the workshop were met. Again, mainly positive responses as shown here in Figures 1–3.

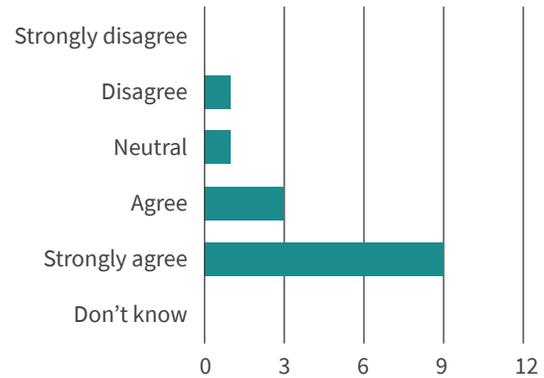


Figure 1. The process was effective in helping the group to identify and agree upon the top 10 priorities

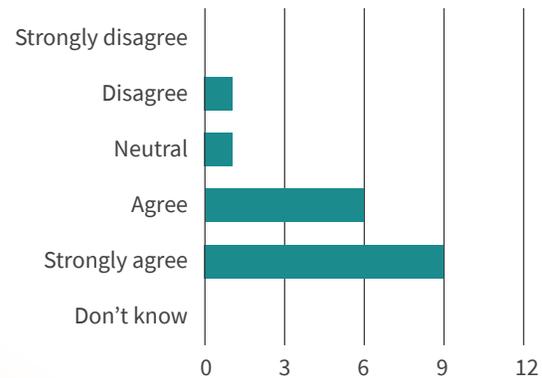


Figure 2. The final result reflected the decision of the group

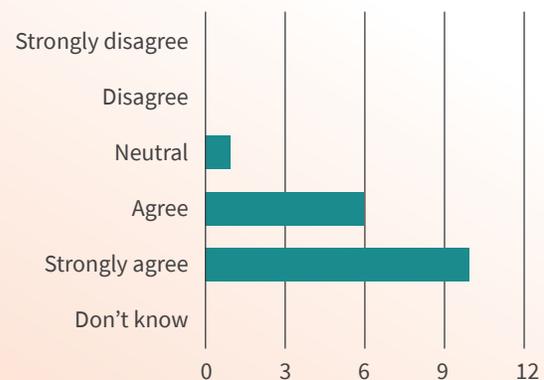


Figure 3. The objective of establishing the top 10 questions about menopause and spinal cord injury was achieved

Participant feedback on the workshop

What could have been done differently to improve the workshop/priority setting process?

“I think potentially some more clarity in simple terms about how the results were finalized may have helped support everyone’s understanding.”

“In hindsight, it could have been helpful for participants to have optional pre-reading to learn more about the basics of menopause and current treatment recommendations.”

“A silent vote on the top 10 in some form would improve the target of the session.”

“Perhaps having a bit more time to recruit participants for the survey and workshop would have been helpful to be able to attempt to reach out to or connect with more persons with lived experience or clinicians who tend to be under-represented, marginalized or with higher barriers to engagement (i.e., newcomers to Canada, BIPOC, LGBTQ2+, rural, remote, etc).”

What went well during the workshop/priority setting process?

“Facilitators were excellent in guiding equal participation and guiding group members to think about questions in new ways. The virtual meetings were technically smooth and well planned.”

“I think it was helpful to have multiple perspectives from women with SCI, and the opportunity to dialogue about different experiences.”

“Participating in the survey and especially the workshops has been informative, energizing and inspiring. It did not feel like a process that was just done to merely check off an item on a research project to do list but rather felt truly authentic, collaborative and inclusive. Thank you.”

“The discussions in the smaller groups were great and very productive. We were hearing each other and making changes as we went and feeling good about them. To hear the perspective from doctors was really eye-opening. I thought differently going in, but coming out of it I really could see their perspective and want to be able to support their learning journey too.”

“Enjoyed the structured yet flexible process. Excellent facilitation. Really liked that everyone involved had many opportunities to share their perspectives. Really liked that the small group discussions were very collaborative, respectful, caring and engaging. Liked the use of visuals to be able to see and guide the movement up and down of priorities in real time as they were being discussed.”

Project Outcomes

- **Short term outcomes**
This project contributes to the body of knowledge in menopause and SCI/D. We now have an established consensus by women with SCI/D and their care providers on the top 10 priorities for menopause and SCI/D.
- **Medium term outcomes**
The top 10 priorities can influence clinical practice recommendations, knowledge generation and translation activities, research funding, as well as policy/guidelines.
- **Long term outcomes**
The project findings and collaborations established (across disciplines, specialties, and community) will serve to advance the research agenda, knowledge translation and care for persons with SCI/D experiencing menopause. Furthermore, the project Steering Committee has committed to continue this work as a Menopause and SCI/D Collaborative.

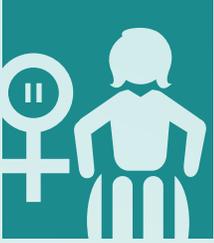
Project Outputs

- **A resource list** on menopause and SCI/D was created (see Appendix B)
- Members of the Steering Committee **facilitated a workshop** on menopause and SCI/D at the International Spinal Cord Society (ISCoS) conference in Sweden in October, 2025
- Members of the Steering Committee **contributed to an article on menopause and SCI** titled “Feeling the Heat”(SCI BC, The Spin Magazine, Winter 2025)
- **This summary report** to be shared with project participants and the project funder, before disseminating more broadly.
- **A manuscript of the project** will be produced and shared with the SCI/D community and other interested partners.

By highlighting critical gaps in research, care and knowledge translation, this work holds the potential to inform the strategies of health research funders, national policy makers, and clinical research groups, ensuring that efforts and resources are directed toward projects with the greatest impact and value in the context of menopause and SCI/D.



Left to right: Dr. Stacy Elliott and Teri Thorson



WHAT'S NEXT?

As this work continues to evolve, it is essential to acknowledge that menopause is a critical life transition that intersects with nearly every domain of health already shaped by spinal cord injury. In this sense, managing menopause well and supporting healthy aging with SCI/D are inseparable. Yet both remain under-recognized, under-addressed and underfunded within research, clinical care, and planning for health systems and community support.

The top 10 priorities identified through this PSP process help focus attention on the most urgent and meaningful questions, offering a shared starting point for action. At the same time, they reflect the breadth and complexity of menopause as experienced by women with SCI/D. Each priority contains layers of nuance that will require continued exploration, dialogue, and collaboration. The next wise steps must involve women with SCI/D, community partners, researchers and healthcare providers to determine the most effective ways to apply these priorities, whether through research, clinical practice change, education, and/or knowledge translation efforts.

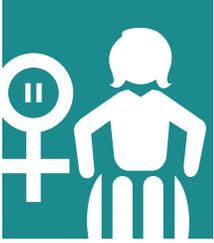
With this in mind, the project Steering Committee is committed to continuing to action this work as a collaborative so we may have the best chance in supporting women with SCI/D to age well throughout menopause.

How Can you Help?

By promoting the top 10 priorities for menopause and SCI/D, partner organizations and individuals can help increase awareness of what is still needed to address these questions. Clinicians can consider the role of menopause in the context of their own practice/research area and listen and value the lived experience of their clients. Researchers can be supported to design and lead studies that will help further knowledge generation in these priority areas.

**Questions,
comments, ideas
for collaboration?
Please reach out to the
Menopause & SCI
Collaborative
at shrs@vch.ca**

For women with SCI/D who are currently experiencing menopause, or who will in the future, your voices must continue to be heard and respected, whether in primary care encounters, research conversations, or projects such as this. You are women first, whose identities, roles, and life histories are not defined by SCI/D, yet are profoundly shaped by how systems respond to both gender and disability. The top 10 priorities are intended not only to guide research and system change, but also to inform women themselves: to start conversations with peers, engage in informed discussions with care providers, seek appropriate support, and know you are not alone.



APPENDICES

Appendix A: The final top 19 priorities and rankings by group

The column on the left depicts the final combined ranking of each question at the end of the workshop. Columns G1-4 show rankings for each of the four groups.

Rank	ID	Question	G1	G2	G3	G4
1	F	How can persons with SCI/D and their care teams tell the difference between menopause symptoms and SCI/D related symptoms? (Like bladder infections, feeling too hot or cold, spinal cord cysts or symptoms of autonomic dysreflexia.)	2	1	2	2
2	J	How does menopause impact bladder and bowel health/function for persons with SCI and what are the most effective treatments or preventative therapies?	1	2	1	5
3	L	Should treatment for bone health (like osteoporosis) be more proactive or different for persons with SCI/D during menopause?	3	3	4	3
4	I	How does menopause affect the heart in people with SCI/D? What about the risk of metabolic disease (obesity, diabetes, high cholesterol)? How can we best prevent issues including mobility problems due to weight gain?	4	4	3	7
5	H	How common are Genitourinary Syndrome of Menopause (GSM)* symptoms, such as vaginal dryness, painful intercourse, urinary issues, and decreased genital arousal for persons with SCI/D? What's the most effective treatment or preventative therapies for GSM for persons with SCI/D?	5	5	10	4
6	D	Does the level and severity of SCI/D affect how someone experiences menopause? How?	11	7	8	1

Ranking Legend: ■ 1-10 ■ 11-16 ■ 17-20

7	O	What is the best way to support sexual health and prevent sexual distress for persons with SCI/D during menopause? (e.g., due to decreased desire, decrease in sexual self-esteem, decreased sexual satisfaction and relationship issues)	6	6	13	6
8	S	Why and how is sleep affected during perimenopause, menopause, and post-menopause? What are the best ways to manage these sleep problems and associated fatigue for persons with SCI/D during menopause	12	8	5	8
9	B	Do persons with SCI/D get more pressure injuries (e.g., skin breakdown) during menopause than those who aren't yet in menopause?	8	9	9	9
10	E	Does tone and spasticity increase due to symptoms of menopause? If so, how does this impact daily life for persons with SCI/D?	13	14	7	10
11	K	Is there a role for preventative menopause hormone therapy in persons with SCI? Are there more or different benefits for persons with SCI/D than for non-SCI peers (e.g., for rehab/recovery/neuroprotection)? Are there more or different risks?	17	11	6	11
12	P	What lifestyle changes (e.g., diet, exercise, and reducing stress) benefit people at different stages of menopause? How can people with SCI/D be supported to make these changes?	9	10	19	15
13	R	When should health care providers start talking about menopause with people who have SCI/D? Who should be involved in these conversations? What training / education do clinicians need to feel confident/ competent to address this area?	7	18	12	19
14	C	Do persons with SCI/D go through menopause at a different age than persons without SCI/D? Do persons with SCI/D experience menopause differently than non-SCI peers?	18	12	11	17

15	G	How common are cognitive problems during perimenopause/menopause for persons with SCI (e.g., brain fog, and memory loss)? How are these problems best detected and managed? Can they be prevented or reversed?	14	16	15	13
16	N	What are the safest and most effective non-hormone treatments (including prescribed medicines, herbal remedies, and complementary therapies) for perimenopause and menopause in people with SCI who cannot or do not wish to take hormone therapy?	15	15	17	12
17	Q	What social-emotional and mental health supports do people with SCI/D need during menopause?	16	13	14	16
18	A	Are persons with SCI/D offered hormone therapy and menopause education/care as often as those without SCI/D? If not, why?	10	17	16	18
19	M	What are the best ways to help persons with SCI prepare for perimenopause and menopause and recognize when it is happening? What helps them know when to seek professional help and make informed decisions about treatment?	19	19	18	14

Appendix B: Menopause resource list



Websites

Menopause Information from The Society of Obstetricians and Gynaecologists of Canada (SOGC)
<https://www.menopauseandu.ca/>

Formerly the North American Menopause Society, Evidence-based resource for healthcare professionals, researchers, the media, and the public
<https://menopause.org/>

The Menopause Foundation of Canada (MFC) is a registered non-profit organization that advocates for the support women need in their menopausal years
<https://menopausefoundationcanada.ca/resources/menopause-what-everyone-should-know/>

Useful resources from gynaecologists in Canada
<https://gynqi.com/understanding-menopause/>

Information sheet on Genitourinary Syndrome of Menopause
https://www.cua.org/system/files/PIB/PIB61_en_web2024.pdf

“Feeling the Heat” in The Spin, The Spinal Cord Injury BC, Winter 2025. pages 23-28.
<https://sci-bc.ca/wp-content/uploads/2026/01/Spin-Winter-2025-Web-v2-.pdf>

Spinal Cord Injury Research Evidence (SCIRE) professional site
<https://scireproject.com/>



Videos

International Menopause Society; Professor Susan R. Davis discusses several of the most common menopausal symptoms
<https://youtu.be/FeQ1Utb9Kjc?si=9JClXH1i3XYpjoP>

International Menopause Society; Professor Susan Davis explains how the onset of menopause may affect one’s health
<https://youtu.be/mXQ-8nrrib8?si=25lfeK3Yltz0P7M9>

Dr. Jen Gunter; The Science of Menopause in 13 Minutes
https://youtu.be/vJ8p_BViUKc?si=FfErsY30oXUcB3vA



Clinical Care

BC Womens Complex Menopause Clinic -provides virtual and in-person care to patients across B.C. Our team of health-care providers are Menopause Society Certified Practitioners (MSCP)

Phone: 604-875-2322

<http://www.bcwomens.ca/our-services/menopause-midlife-health/complex-menopause-clinic>

