Private Healthcare Australia
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Inquiry into the issues related to menopause and perimenopause

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About Private Healthcare Australia (PHA)

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have 21 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for 14.7 million Australians.

Response

PHA welcomes the opportunity to contribute to this much needed inquiry. For centuries, menopause has been mythologised in pejorative ways because of deep-seated ageism and misogyny in many cultures, including our own. Negative stereotypes abound of barren witches behaving enviously towards fertile women and modern day 'Karens' and 'cougars' who complain too much or who dare to assert their visibility.

This misogyny has long existed in medical research and within the medical profession, too, creating a dearth of information about half of our population's health needs, and the effect of medical interventions on women and other people who experience menopause. This lack of research and clinician knowledge, combined with poor access to GP services, negative attitudes, and stigma preventing people from seeking help, has led to substandard health care for menopause in Australia.

This can have an enormous effect on a person's quality of life if they are experiencing the negative effects of perimenopause and menopause, including hot flushes and night sweats (vasomotor symptoms or VMS), low wellbeing, sexual dysfunction, anxiety, depressed mood, and disturbed sleep.

Some of these symptoms are common and can persist for many years. Twenty-eight per cent of post-menopausal people aged under 55 experience moderate to severely bothersome VMS, 74% of post-menopausal people aged over 55 have VMS, and 42% of people aged 60-64 report VMS.[i] People with moderate to severe VMS are almost threefold more likely to have moderate to severe depressive symptoms than other people.[ii]

In addition, more than half of post-menopausal people aged 40–64 have symptomatic vulvovaginal atrophy - thinning, drying and inflammation of the vaginal walls which can cause itching, burning, and painful sex and painful urination.[iii] One in three people in this mid-life age group also have low libido associated with significant personal distress.[iv]

Despite the availability of safe, effective treatments for these problems, more than 85% of Australians with bothersome symptoms are not receiving approved therapies.[v] This is occurring for many reasons, including low awareness among Australians of menopausal symptoms and medical treatments available, the cost of these treatments, and a damaging misperception that all hormone replacement therapy options (HRT which is also known as Menopausal Hormone Therapy or MHT) cause a significant risk of breast cancer. The latter is due to the 2004 Women's Health Initiative study being poorly conducted and interpreted. This led to a generation of doctors adopting the false belief that HRT could do more harm than good.

Paternalism and a failure to take women's health seriously by the medical profession has also meant many people have been turned away from effective treatment or offered it years after it would have been most beneficial. This includes statements by doctors and other health professionals that menopause is a natural part of life that people should endure. There is also the false and damaging belief that many people stop having sex after having children and after menopause and that this is normal and acceptable, even if it is not what somebody wants.

Irrespective of noticeable symptoms, menopause causes silent biological changes that may increase the risk of conditions including heart disease, diabetes, osteoporosis, dementia and some cancers.[vi] Accelerated bone loss starts about two years before the final menstrual period in naturally menopausal people, peaking about two years after menopause.[vii] This puts people at increased risk of osteoporosis and fragility fracture. In Australia, post-menopausal HRT is approved for the prevention of bone mineral density loss as well as for symptom relief.[viii]

Consequently, all Australians should be able to access health professionals who are fully informed of the latest evidence-based treatments, with no barriers to those treatments. Sadly, this is not the case, especially for financially disadvantaged people who live outside of major cities. Many people may not be able to access a "menopause friendly" GP who bulk bills, and if they choose HRT, it may not be on the Pharmaceutical Benefits Scheme (PBS) or easily sourced due to global supply problems.[ix] A full regime of bioidentical HRT comes with a significant co-payment.

In 2023, there were well-publicised shortages of common HRT products due to global supply problems[x], which reportedly caused people to seek additional medical appointments and drive for hours searching for pharmacies supplying their medicines. There are also disincentives for pharmaceutical companies to seek listing on the PBS, which needs to be investigated and resolved to maximise access in Australia.[xi]

For financially disadvantaged people, these factors can lead to a cycle of further disadvantage, potentially causing them to take time off work, reduce their hours involuntarily or unnecessarily, or leave work altogether. This is unacceptable during a cost-of-living crisis when Australia is trying to improve productivity. The potential economic cost of millions of people aged in their 40s, 50s and 60s being unwell and needing to take time off from work or caring responsibilities is significant. Uncontrolled symptoms can also contribute to relationship breakdowns.

Health funds have a vested interest in their members staying well. For this reason, they want people approaching menopause and experiencing menopause to be well informed of its effects, so they can receive high quality health care to manage it as well as possible.

Health funds do not want members being misdiagnosed with other conditions, such as mental illnesses and musculoskeletal problems, and receiving incorrect treatments because of poor training about menopause in primary care. There is evidence this occurs from the onset of perimenopause when people may present to primary care with a variety of symptoms. If menopause is not considered as part of the differential diagnosis, people can find themselves on a completely incorrect diagnostic and treatment pathway which can cause harm. We have been informed of people referred to psychiatrists and for orthopaedic surgery inappropriately. This is often ineffective,

unnecessarily costly and will only delay members receiving treatments that will address their true condition.

With a customer base exceeding 14 million people, health funds are stepping up their efforts to educate members and their own employees about menopause to overcome some of the gaps that exist. HIF offers its employees menopause leave for managing symptoms and promoting self-care, so employees don't feel pressure to conceal their experience and deplete personal leave. Other funds are investing in training programs to educate staff about menopause, such as the "Don't Sweat It" workplace programs, to reduce stigma and make changes for people experiencing menopause. HCF's "Women's Health Hub" includes a dedicated section on perimenopause and menopause for members. It has been viewed more than 440,000 times since it was launched last year.

Recommendations

To help Australians receive world leading healthcare for menopause, and to boost productivity across the country, PHA recommends investing in:

Better education of health professionals

Menopause should be included in all undergraduate medical, nursing, and allied health degrees, and it should be in the core curriculum for graduate training General Practitioners and specialty programs including gynaecology, endocrinology and psychiatry.

This education should include thoroughly debunking the cancer myths surrounding HRT, and how to communicate respectfully with people about menopause, including those who choose not to go down the HRT path. It should also teach how to communicate appropriately with people for whom English is a second language, and Aboriginal and Torres Strait Islander people.

Community education

A community education program that communicates the latest science about symptoms and evidence-based treatments in multiple languages, so people understand the choices available to them, including the risks and benefits of available treatments.

Consideration of a screening program

While all GPs should consider perimenopause and menopause for people of menopausal age presenting with symptoms, a screening program for this group at age 45 may alert more people to menopausal changes as part of a regular health check. This could assist people to understand symptoms, reassess other diagnoses such as anxiety and depression which can disguise menopause, and inform people about their treatment options if needed in future.

Financial support for disadvantaged people seeking treatment

It is unacceptable that some people may not be able to access affordable GP appointments, second opinions, and treatments, especially when many GPs do not routinely bulk bill and some treatments are not on the PBS. This needs to be addressed as a priority.

Conclusion

More than three million Australians are currently of menopausal age, and as our population ages, this number will increase. A large proportion of these people are choosing to contribute to their own health care via health insurance membership. Australian health funds want all members to stay well for as long as possible, so they can maximise their quality of life, and live happy, productive lives. For this reason, PHA wants Australia to get menopause right.

This inquiry is a great opportunity to improve the education of all Australians about menopause, and particularly health professionals, so every person wanting world leading care for menopause can receive it. During a cost-of-living crisis affecting access to healthcare, this should be an urgent priority for all Australian Governments which will be rewarded with lower healthcare costs in future and increased productivity.

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[x] https://www.menopause.org.au/hp/news/menopausal-hormone-therapy-mht-patch-discontinuation-and-shortages

[xi] https://www.abc.net.au/news/2023-11-04/hormone-replacement-therapy-patch-shortage/103010428