



Australian Government

Department of Health
and Aged Care

Issues related to menopause and perimenopause

Submission from the Department of Health and Aged Care
to the Senate Community Affairs References Committee

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Abbreviations

ACCHOs = Aboriginal Community Controlled Health Organisations

ACRRM = Australian College of Rural and Remote Medicine

ACSQHC = Australian Commission on Safety and Quality in Health Care

ALSWH = Australian Longitudinal Study on Women's Health

CALD = Culturally and Linguistically Diverse

CDM = Chronic Disease Management

GP = General Practitioner

HIML = Health In My Language

HMB = Heavy Menstrual Bleeding

HRT = Hormone Replacement Therapy

MBS = Medicare Benefits Schedule

MRFF = Medical Research Future Fund

NHMRC = National Health and Medical Research Council

RACGP = Royal Australian College of General Practitioners

PBS = Pharmaceutical Benefits Scheme

PHN = Primary Health Networks

TGA = Therapeutic Goods Administration



Introduction

The Department of Health and Aged Care (the Department) welcomes the opportunity to make a submission to the Senate Standing Committee on Community Affairs inquiry into issues related to menopause and perimenopause. The Department consulted with the National Health and Medical Research Council (NHMRC), Australian Institute of Health and Welfare, and the Australian Commission on Safety and Quality in Health Care (ACSQHC) and acknowledges their contributions to this submission.

Supporting, protecting and promoting the health and wellbeing of all women¹, girls and gender diverse people is a key priority for the Australian Government. The National Women's Health Strategy 2020-2030 (National Women's Health Strategy)² outlines a national approach to improving health outcomes for all Australian women and girls, particularly those at greatest risk of poor health, and aims to reduce inequities in health outcomes. This includes actions to improve the awareness of, and encourage further research and support services for, menopause.

The National Women's Health Advisory Council (Council) was established in February 2023 to provide strategic advice and recommendations directly to Government to improve health outcomes for all Australian women and girls. The Council is also providing advice on implementation of the National Women's Health Strategy.

A Monitoring and Reporting Framework for the National Women's Health Strategy is under development. It will include performance indicators to assess and report against key measures of success and implementation of National Women's Health Strategy's actions. It will also serve as a baseline scorecard to determine the National Women's Health Strategy's progress to date. The Monitoring and Reporting Framework and baseline reporting is due to be completed by mid-2024.

Symptoms of perimenopause and menopause vary between individual women and are the result of fluctuating hormone production³. Perimenopause is the stage before a woman's final period (menopause) when the ovaries start to run out of eggs which can cause hormone levels to fluctuate that may cause women to have symptoms such as irregular periods, hot flushes, night sweats, sleep problems, headaches or mood changes.⁴ It is

¹ Though the terminology used throughout this submission generally refers to 'woman', and 'women', this is not intended to exclude females with diverse sexualities, women with a transgender experience and people with innate variations of sex characteristics, who may also experience the symptoms of, and access services for, menopause and perimenopause. It is also acknowledged that, while evidence is limited in some areas, these individuals may face additional barriers and challenges to accessing appropriate services.

² Department of Health, [National Women's Health Strategy 2020-2030](#), April 2019.

³ S Davis, S Taylor, C Hemachandra, K Magraith, P Ebeling, F Jane, R Islam, 'The 2023 Practitioners Toolkit for Managing Menopause.' *Climacteric*, 2023, 26(6). Accessed at <https://doi.org/10.1080/13697137.2023.2258783>.

⁴ [Perimenopause](#) | Jean Hailes, accessed 6 February 2024.



estimated 60% of Australian women who go through menopause will experience mild to moderate symptoms, 20% will have menopausal symptoms severe enough to interfere with their daily life, and 20% will have no symptoms at all⁵.

Certain socio-economic, demographic, lifestyle, reproductive, social, and environmental elements are risk factors associated with premature menopause (earlier than 40 years) and early menopause (40-44 years of age), such as smoking, age at which a woman had her first period, women who experience intimate partner violence and women who are underweight⁶. The Government has national strategies and implementation plans in place to reduce and minimise the impact of some of these risk factors, including the National Tobacco Strategy 2023–2030⁷, and the National Plan to End Violence against Women and Children 2022–2032⁸.

Understanding the broader impacts and influences of perimenopause and menopause is important to improve women's health and wellbeing during this transitional period. This includes the impacts it may have on relationships with partners, family and friends⁹; the cultural and societal factors influencing how women experience this stage of life; the impacts on workforce participation; help-seeking behaviour and the capacity of the health system to support women in perimenopause and menopause. This submission focusses on Australian Government funded policies, programs and services within the Health and Aged Care Portfolio's remit.

Australian Government funded policies, programs and services

The Government supports women experiencing menopause and perimenopause through national policies and action plans, funding for public hospitals through the National Health Reform Agreement, Medicare Benefits Schedule (MBS) rebates for relevant services, including consultations at Aboriginal Community Controlled Health Organisations (ACCHOs) and telehealth, subsidies for approved medications through the Pharmaceutical Benefits Scheme (PBS), and funding for mental health services outside of the MBS. The Government also provides access to health information, investment for clinical care tools and provides funding for research initiatives and data collections relevant to menopause.

1. National strategies and action plans

The Government supports the health impacts of perimenopause and menopause through a number of national strategies and plans, in particular the National Women's Health

⁵ [Symptoms of menopause | Jean Hailes](#), accessed 13 December 2023.

⁶ Australian Longitudinal Study on Womens Health, [2022 Major Report – ALSWH](#), May 2022.

⁷ Department of Health and Aged Care, [National Tobacco Strategy 2023–2030](#), May 2023.

⁸ Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032 \(dss.gov.au\)](#), 2022.

⁹ Jean Hailes for Women's Health, [The impact of symptoms attributed to menopause by Australian women](#), 2023



Strategy. These strategies provide guidance and support actions for addressing areas of need. Within the Health and Aged Care Portfolio, there is a range of plans that support action for priority populations or for symptoms or issues which may be experienced by women during menopause or perimenopause.

Timing of natural menopause is linked with associated medical conditions.

Premature menopause is associated with a higher risk of multimorbidity as well as individual chronic conditions such as depression, osteoporosis, type 2 diabetes and cardiovascular disease¹⁰.

A number of national strategies also focus on the prevention and management of chronic conditions, which evidence shows can be worsened or accelerated by menopause. A fall in oestrogen levels and physiological changes during menopause, can increase the risk of cardiovascular and heart disease¹¹. The risk of osteoporosis also increases with menopause¹².

The National Strategic Action Plan for Heart Disease and Stroke¹³ reflects priorities and immediately achievable actions that can be implemented to reduce the impact of heart disease and stroke on individuals, families, the community, and the health care system. The Government is providing \$6.2 million (GST exclusive) over 6 years, commencing in 2019-20, to achieve and support the goals and priorities of the Action Plan, including:

- support for women with heart disease and stroke to improve education and treatment of cardiovascular disease risk in women through the continuation of the Her Heart Hub website and delivery of an annual cardiovascular and women's health conference.
- early detection activities and support for heart disease and stroke.
- updated Cardiovascular Disease Risk Guidelines (published 2023) to reflect best practice evidence, and the commencement of the implementation of these guidelines and the associated risk calculator.

The National Strategic Action Plan for Osteoporosis¹⁴ was launched in 2019. Funding of \$2.4 million (GST exclusive) over 4 years from 2019-20 is being provided for implementation activities that align with the Action Plan. This includes:

- improving community awareness and understanding about osteoporosis and its early symptoms through the development of an osteoporosis website, training materials for the National Community Based Seminars Program, as well as development of the

¹⁰ X Xu, M Jones, G Mishra. 'Age at natural menopause and development of chronic conditions and multimorbidity: results from an Australian prospective cohort.' *Human Reproduction*, 2020, 35(1). Accessed at <https://doi.org/10.1093/humrep/dez259>

¹¹ [Cardiovascular Disease | Jean Hailes](#), accessed 29 January 2024

¹² [What is menopause? | Jean Hailes](#), accessed 30 January 2024.

¹³ Department of Health, [The National Strategic Action Plan for Heart Disease and Stroke](#), September 2020.

¹⁴ Department of Health, [National Strategic Action Plan for Osteoporosis](#), 2019.



General Practitioner (GP) continuing professional development accredited education module.

- increasing the awareness and understanding of the importance of bone health and osteoporosis in priority populations and improving access to osteoporosis health professional education and resources for allied health professionals.

In addition, a number of strategies recognise the barriers to good health services and outcomes faced by priority populations including LGBTIQ+ people. To better address these issues the Government is developing Australia's first 10 Year National Action Plan for the Health and Wellbeing of LGBTIQ+ people (Action Plan). This Action Plan will consider and target specific health needs for LGBTIQ+ people, including sexual and reproductive health.

2. Health care services

Medicare Benefits Schedule (MBS)

The Government supports access to general and specific health care and services which may be suitable for sexual and reproductive health concerns, including menopause, through MBS rebates for consultations. Time-tiered GP items under the MBS are available for conditions of varying complexity, alongside referred services for consultant physicians specialising in sexual health medicine.

As part of the 2023-24 Mid-Year Economic and Fiscal Outlook, the Government extended temporary GP telehealth items from 31 December 2023 until 30 June 2024. This extension included Medicare items for blood borne viruses and sexual reproductive health services, including menopause. These items continue to be exempt from the 'established clinical relationship' rules which is required for most GP telehealth services, meaning patients can access timely care from any GP regardless of geographical location or the service offerings of GPs in their area. These items are being considered in the context of the MBS Review Advisory Committee post implementation review of telehealth. A final report is anticipated to be submitted to Government at the end of March 2024. This work is expected to inform future consideration of whether the temporary arrangements should continue.

The 2023-24 Budget included funding for the introduction of a new MBS item for longer GP consultations (60 minutes or more) to respond to complex conditions or reproductive health matters such as menopause. Limited access to longer MBS consultations has been identified as contributing to poorer clinical care of women reporting menopause¹⁵. Over 60% of longer MBS consultations are used by women¹⁶ and this new item will support consultations on reproductive health matters like menopause.

¹⁵ S Davis, K Magraith, 'Advancing menopause care in Australia: barriers and opportunities', *Medical Journal Australia*, 2023, 218(11). doi: 10.5694/mja2.51981.

¹⁶ Commonwealth of Australia, [Women's Budget Statement 2023-24](#), May 2023.



GPs are also able to refer women to allied health professionals, including psychologists, physiotherapists and dietitians who can have an important role in the management and treatment of menopause symptoms. Patients with a chronic condition experiencing menopause may be eligible for MBS Chronic Disease Management (CDM) items. To be eligible for CDM items a patient must have at least one medical condition that has been present (or is likely to be present) for at least 6 months or is terminal. The CDM items enable GPs to plan and coordinate the health care of patients with chronic or terminal medical conditions.

If clinically necessary, GPs can also refer patients to relevant specialists for treatment. GPs may refer patients to MBS subsidised allied health services under a GP Management Plan and Team Care Arrangement. GPs can refer patients for up to 5 MBS rebated allied health services per calendar year.

Aboriginal Community Controlled Health Organisations (ACCHOs)

The Government provides operational grant funding of approximately \$2.3 billion (GST exclusive) over 4 years from 2020-21 under the Indigenous Australians' Health Programme for ACCHOs to deliver culturally appropriate comprehensive primary health care services tailored to the health needs of First Nations communities. These services include clinical services, which may support those experiencing menopause and perimenopause and related conditions, as well as broader health promotion and population health activities as determined by the ACCHOs and the communities they serve.

Mental health services

The National Women's Health Strategy identifies there are a number of critical life points experienced by women and girls, including menopause, which can result in poor mental health¹⁷. The Government invests in a range of mental health and suicide prevention services to support all Australians, with an estimated \$7 billion in 2023-24 across the Health and Aged Care Portfolio. These services can be accessed for a variety of reasons, including by women experiencing perimenopause or menopause symptoms adversely impacting their mental health and wellbeing.

The Head to Health Adult Mental Health Services provide free and low-cost support for individuals who need mental health support. Information, advice and links to mental health services and supports, including digital mental health services can be accessed via the Government's Head to Health website¹⁸. Head to Health services provide a safe and welcoming place for adults to access face to face mental health services and supports delivered by multidisciplinary care teams. There are 19 services operating and this will expand to 61 services nationally by 2026.

¹⁷ Department of Health, [National Women's Health Strategy 2020-2030](#), April 2019.

¹⁸ [Head to Health](#), accessed 15 January 2024.



Mental health services commissioned through Primary Health Networks (PHNs) may also be accessed by individuals requiring mental health support services. The Government funds 31 PHNs to plan and commission regionally appropriate mental health services to meet the needs of people in their regions and address gaps at low or no cost.

Another means of accessing mental health support is via the Better Access to Psychiatrists, Psychologists and GPs through the MBS (Better Access) initiative. This initiative provides Medicare rebates for up to 10 individual psychological sessions and 10 group mental health services per calendar year. To access these sessions, both a Mental Health Treatment Plan prepared by a GP and an appropriate referral is required¹⁹.

Translating and interpreting services

Menopause onset and subsequent health outcomes can vary across individuals and culturally and linguistically diverse (CALD) groups^{20,21}. All levels of government have policies and regulations in place that provide for equal language access by all Australians to key services however the National Women's Health Strategy identifies that women from CALD backgrounds can experience language and cultural barriers in accessing health information²². The Translating and Interpreting Service (TIS National) is an interpreting service for people who do not speak English and for agencies and businesses that need to communicate with their non-English speaking clients. TIS National can be accessed by a range of eligible health professionals and pharmacies. As part of the March 2021-22 Budget, Free Interpreting Services (FIS) was expanded to a range of privately practising allied health professionals in eligible local government areas with low English proficiency. Eligible allied health professionals include registered psychologists, registered counsellors, social workers, occupational therapists and more. The FIS provides:

- Immediate phone interpreting²³ – 24 hours a day, 7 days a week.
- Automated Telephone Interpreting Service (ATIS) voice-prompted immediate phone interpreting²⁴

¹⁹ Department of Health and Aged Care, [Better Access Initiative](#), June 2023.

²⁰ H F Chung, A J Dobson, K Hayashi, R Hardy, D Kuh, D J Anderson, Y T van der Schouw, D C Greenwood, J E Cade, P Demakakos, E J Brunner, S V Eastwood, S Sandin, E Weiderpass, G D Mishra, 'Ethnic Differences in the Association Between Age at Natural Menopause and Risk of Type 2 Diabetes Among Postmenopausal Women: A Pooled Analysis of Individual Data From 13 Cohort Studies', *Diabetes care*, 2023, 46(11), 2024–2034. Accessed at <https://doi.org/10.2337/dc23-1209>.

²¹ C Liang, H F Chung, A J Dobson, J E Cade, D C Greenwood, K Hayashi, R Hardy, D Kuh, Y T V Schouw, S Sandin, E Weiderpass, G D Mishra, 'Is there a link between infertility, miscarriage, stillbirth, and premature or early menopause? Results from pooled analyses of 9 cohort studies', *American journal of obstetrics and gynaecology*, 2023, 229(1), 47.e1–47.e9. Accessed at <https://doi.org/10.1016/j.ajog.2023.04.009>.

²² Department of Health, [National Women's Health Strategy 2020-2030](#), April 2019.

²³ [Immediate Phone Interpreting - Translating and Interpreting Service \(TIS National\)](#), accessed 16 January 2024.

²⁴ [Automated Telephone Interpreting Service - Translating and Interpreting Service \(TIS National\)](#), accessed 16 January 2024.



- Pre-booked phone interpreting²⁵
- On-site interpreting²⁶
- Video interpreting²⁷; and
- Requests for interpreters of specific genders are accommodated where possible.

The Government is also addressing barriers faced by CALD Australians through a \$7.8 million (GST exclusive) investment for PHN-funded mental health service providers. Since early 2023, interpreting services have been made available to PHN-commissioned mental health services to support them to provide interpreting services to non-English speakers. Approved PHN-funded mental health service providers can now use the Government's TIS National²⁸ for free to:

- set up appointments and referrals;
- support discussing available services with care recipients; and
- talk to their clients about their mental health needs.

3. Clinical care tools

Clinical Care Standard for Heavy Menstrual Bleeding

Heavy menstrual bleeding (HMB) is defined as 'excessive menstrual blood loss which interferes with the woman's physical, emotional and material quality of life, and which can occur alone or in combination with other symptoms'²⁹. It can occur during perimenopause when oestrogen levels fluctuate and increase.

The ACSQHC released the Heavy Menstrual Bleeding Clinical Care Standard (the Standard) in 2017. The Standard covers management from first recognition of clinically significant HMB until its resolution either before or at menopause. The Standard has been reviewed and an updated standard is expected to be released in May 2024.

A key goal of the Standard is to ensure patients are offered the least invasive and most effective treatment appropriate to their clinical needs and preferences. Treatment options may include medical management, procedural interventions that preserve the uterus, and hysterectomy. Hysterectomy is the most definitive treatment for HMB, however it is not generally recommended as first-line management and there is a risk of complications, including early menopause, if the ovaries are removed.

²⁵ [Pre-booked Phone Interpreting - Translating and Interpreting Service \(TIS National\)](#), accessed 16 January 2024.

²⁶ [On-site Interpreting - Translating and Interpreting Service \(TIS National\)](#), accessed 16 January 2024.

²⁷ [Video remote interpreting - Translating and Interpreting Service \(TIS National\)](#), accessed 16 January 2024.

²⁸ [Translating and Interpreting Service \(TIS National\)](#), accessed 16 January 2024.

²⁹ National Institute for Health and Care Excellence. [Heavy menstrual bleeding: assessment and management](#). Last updated May 2021.



MenoPROMPT

From 2022 to 2026, the Government is providing funding of \$1.1 million (GST exclusive) through the NHMRC Partnership Project scheme for the MenoPROMPT program to improve the delivery of health care for women experiencing menopause. The program, led by Monash University in collaboration with researchers from the University of Melbourne, and in partnership with the Royal Australian College of General Practitioners (RACGP), Jean Hailes for Women's Health and the Australasian Menopause Society aims to develop both an assessment and decision-making tool, integrated into GP software, along with a pre-consultation women's health self-assessment tool, delivered by SMS to patients. These tools will ensure menopausal symptoms are not overlooked when women are seeking care.³⁰.

NHMRC funding also supported the development of the 2023 Practitioner's Toolkit for Managing Menopause. The toolkit was developed by the Women's Health Research Program in the Monash University School of Public Health and Preventive Medicine following endorsement by the International Menopause Society, Australasian Menopause Society, British Menopause Society, Endocrine Society of Australia and Jean Hailes for Women's Health. The toolkit provides evidence based, practical guidance for health care providers on menopause.

4. Medications

Pharmaceutical Benefits Scheme (PBS)

The PBS provides access to necessary medicines at an affordable price, with the aim to improve health outcomes for Australians. Under the PBS, the cost of medicine for most medical conditions is subsidised. Medicines dispensed through the PBS are subject to a patient contribution, known as a co-payment. The co-payment is the amount the patient pays towards the cost of their PBS medicine. The Government pays the remaining cost.

The primary treatment for menopause requiring clinical intervention is Hormone Replacement Therapy (HRT). There are a range of HRTs listed on the PBS for the management of perimenopause, menopause and post-menopause. These include:

- Estradiol containing transdermal gels, transdermal patches, pessary and tablets
- Estriol topical cream and pessaries
- Progestogen only tablets and progesterone only intrauterine devices
- Combined estrogen and progesterone transdermal patches.

All HRT items are used by patients at home and are often PBS general schedule only, meaning they are dispensed by community pharmacies, but can be dispensed by approved hospitals. The above medicines may also be used in clinical practice for the management of

³⁰ [MenoPROMPT: a co-designed, comprehensive, evidence-based program to improve the care of women at and after menopause - Public Health and Preventive Medicine \(monash.edu\)](#), accessed 20 December 2023



perimenopause. Table 1 below includes patient and prescriber counts for estrogens and the combination estrogen and progestogens products when indicated for HRT.

Table 1. Count of patients and prescribers for Estrogen and Estrogen + Progestogen combinations by Modified Monash Model (MMM) classification³¹, 2022-23.

MMM Classification	Patient Count	Prescriber Count
Metropolitan	446,234	43,662
Regional	69,016	13,377
Large Rural	57,955	12,326
Medium Rural	37,002	10,374
Small Rural	37,208	11,795
Remote	5,366	2,612
Very Remote	2,189	1,472
Total	613,914	52,018

Notes:

- Source: PBS data maintained by Department of Health and Aged Care, processed by Services Australia on or before 12 December 2023 for the period 1 July 2022 to 30 June 2023. Data extracted 13 December 2023.
- PBS data does not capture over-the-counter medicines, private prescriptions (non-PBS) or public inpatient prescriptions.
- RPBS and DVA patients were excluded.
- Figures subject to change due to late claims and adjustments by pharmacies.
- Data extracted for items under ATC codes G03C (Estrogens) and G03F (Progestogens and Estrogens in Combination).
- Patients have been separated by dispensing pharmacies' MMM indicator in metropolitan, rural, regional (large, medium, and small), remote and very remote areas. The location of patients accessing the PBS may differ from their dispensing pharmacy location.
- The sum of counts for patients and prescribers may not add to the total provided in the above table - patients may process their scripts in different postcodes/MMMs and prescribers may have patients processing scripts in more than one MMMs.
- Includes prescriptions dispensed at 90 pharmacies (community pharmacies), dispensing doctors, public and private hospital pharmacies.
- Single ingredient progestogen containing products are excluded as there are multiple indications for progestogens, and it is not possible to determine which patients are using progestogens for HRT. Progestogens can be used as an adjunct to estrogen therapy for patients with HRT, therefore the number

³¹ The Modified Monash Model (MMM) defines whether a location is metropolitan, rural, remote or very remote. Further information can be found at: www.health.gov.au/topics/rural-health-workforce/classifications/mmm



or patients reported accessing medicine for HRT is unlikely to be significantly decreased by progestogens exclusion.

Cost of medications

Prescribers will have the option to prescribe selected PBS medicines for either 30 or 60-day prescriptions, according to their professional clinical judgement. From 1 September 2023, and to be implemented over a 12-month period, many patients living with an ongoing health condition and who are stable, have been able to receive 2 month's supply of medicine for the cost of a single prescription. 60-day prescriptions will be implemented in 3 stages, and by September 2024, will apply to around 300 medicines listed on the PBS. HRT products on the PBS have been recommended for these changes and will become available for 60-day prescriptions once the changes are implemented. The order in which medicines are to be made available is being finalised.

Availability of medications

The Government recognises the importance of reliable and consistent supply of HRT medicines. There is a global shortage of some estradiol-containing transdermal patches, including Estradot, Estraderm MX and Estalis (shortage) and Climara (discontinuation). The shortages are due to manufacturing issues and consequent increase in demand affecting the supply of some strengths of other products. To help ensure ongoing access for patients, the Therapeutic Goods Administration (TGA) has approved the importation and supply of overseas registered versions of some estradiol-containing patches. Details of these approvals and ordering information for pharmacists is published on the TGA's Section 19A Approvals Database³².

The shortages of many brands and strengths have resolved, with others anticipated to resolve between March 2024 and May 2024. Where patients are unable to source the products they have been prescribed, they are encouraged to talk to their pharmacist in the first instance about securing stock from alternative sources.

Mandatory reporting of medicine shortages commenced in January 2019. Pharmaceutical companies are required to report current or anticipated supply disruptions for all prescription medicines and certain over the counter medicines to the TGA. The TGA publishes brands of all prescription medicines affected by anticipated and current shortages (including HRT), as well as discontinuations of medicines and expected date of return to supply, on the Medicine Shortage Reports Database³³.

³²[Search the Section 19A approvals database | Therapeutic Goods Administration \(TGA\)](#), accessed 29 January 2024

³³[Medicine shortage reports database | Therapeutic Goods Administration \(TGA\)](#), accessed 29 January 2024



The TGA also publishes alerts (which prescribers, health professionals and patients can subscribe to) on its website for patients and health professionals for higher impact shortages.

The TGA works collaboratively with medicine sponsors, wholesalers and health professionals to determine whether additional actions are needed to manage supply, and proactively manages medicine shortages to reduce the impact on patients wherever possible.

The Government continues to consider ways to better anticipate, manage and communicate medicine shortages and discontinuations. The TGA has mechanisms in place to prioritise evaluation of applications for registration of medicines vulnerable to shortage, to help ensure reliable supply of important medicines. In early 2024, the TGA will consult with consumers, health professionals and medicine sponsors to develop a workplan of issues for possible reform, with a focus on outcomes with greatest benefits for patients and health professionals.

5. Health information

Healthdirect

The Government supports the provision of information and advice on sexual and reproductive health, including menopause and perimenopause, through Healthdirect Australia³⁴ – a consumer health information website, app and telephone line. Healthdirect provides a range of free, trusted online resources related to menopause³⁵, including information on perimenopause³⁶, early menopause, HRT³⁷ and post-menopause³⁸. Healthdirect's Service Finder³⁹ allows consumers to search for nearby health providers to discuss menopause-related issues and possible treatment options. Healthdirect Australia is jointly funded by the Commonwealth and State and Territory Governments. The Commonwealth is providing funding of \$218.7 million (GST exclusive) to Healthdirect over 4 years from 2023-2024.

Jean Hailes for Women's Health

The Government funds Jean Hailes for Women's Health (\$23.5 million GST exclusive from 2021-22 to 2025-26) to support implementation of the National Women's Health Strategy by undertaking research, educating health professionals and consumers on a diverse range of women's health matters (including menopause), maintaining the Jean Hailes for Women's Health website, running events such as the annual Women's Health Week, and undertaking the National Women's Health Survey. The Jean Hailes for Women's Health

³⁴ [Trusted Health Advice | healthdirect](#), accessed 29 January 2024.

³⁵ [Menopause - symptoms and treatments | healthdirect](#), accessed 29 January 2024

³⁶ [Perimenopause | healthdirect](#), accessed 29 January 2024

³⁷ [Hormone replacement therapy \(HRT\) | healthdirect](#), accessed 29 January 2024

³⁸ [Post menopause | healthdirect](#), accessed 29 January 2024

³⁹ [Find a health service | healthdirect](#), accessed 29 January 2024



website⁴⁰ contains consumer-friendly information on menopause⁴¹, including information on symptoms, management options, early and premature menopause and information for partners of people going through menopause, as well as translated resources for women from culturally and linguistically diverse backgrounds. The Jean Hailes for Women's Health⁴² and New South Wales Health websites⁴³ contain self- assessment tools and checklists which can be useful for individuals in helping guide discussions with health care providers.

Health in My Language (HIML)

The Government provides funding of \$13.3 million over 3 years for the delivery of the national bicultural health educator program, HIML⁴⁴. The program provides people from CALD communities, including migrants and refugees, with opportunities to talk with trained professionals about COVID-19 and other health and wellbeing matters including menopause.

6. Research

Health and medical research

The Government provides support for health and medical research through the Medical Research Future Fund (MRFF) and the NHMRC. The MRFF funds priority driven research with a focus on research translation whereas the NHMRC focuses on investigator-led research. While no funding has been allocated specifically for research addressing menopause, from its inception in 2015 to 31 October 2023, the MRFF has invested \$205.71 million (GST exclusive) in 101 grants with a focus on women's health research.

Between 2010 and 2023, the NHMRC has expended \$23.3 million (GST exclusive) towards 41 active research projects relevant to menopause and perimenopause (of the \$23.3 million, \$620,946 was expended for research relating to perimenopause). Issues investigated have included a randomised controlled trial of acupuncture for post-menopausal hot flushes, thermal instability at menopause, bone loss during and after menopause, vasoactive nutrients to promote healthy ageing in postmenopausal women, and evidence and new tools to improve health after surgical menopause.

The Government's investment in research into menopause and perimenopause supports a key priority of the National Women's Health Strategy – a strong and emerging evidence base⁴⁵. This key priority includes the objective of aligning Australian health research investment with the priority health issues affecting Australian women and girls.

⁴⁰ [Jean Hailes | Creating a healthier future for all women](#), accessed 19 January 2024.

⁴¹ [Menopause | Jean Hailes](#), accessed 19 January 2024.

⁴² [Perimenopause and menopause symptom checklist | Jean Hailes](#), accessed 12 January 2024.

⁴³ [Perimenopause and menopause checklist | NSW Government](#), accessed 12 January 2024.

⁴⁴ [Health in My Language - Multicultural Centre For Women's Health](#), accessed 19 January 2024.

⁴⁵ Department of Health, [National Women's Health Strategy 2020-2030](#), April 2019.



Australian Longitudinal Study on Women's Health (ALSWH)

The Government has funded ALSWH⁴⁶ since 1995 to collect data through a national, longitudinal, population-based survey examining the health and wellbeing of over 57,000 Australian women across 4 cohorts. Investing in research is a key focus of the National Women's Health Strategy, as strengthening and diversifying research and data collection is critical to understanding health needs and ensures identification of gaps in health outcome improvements and service delivery. The study collects important health data on women across Australia, through regular surveys across their adult life span and uses linked health data, such as Medicare records, to provide a comprehensive picture of the health status and needs of Australian women and girls. The data underpins evidence-based policy recommendations, contributes to the development of clinical guidelines, and informs fit for purpose essential health services.

In 2021, ALSWH delivered a report on reproductive health and change of life⁴⁷, which included findings on perimenopause and menopause. Key findings reported in the 2021 report included:

- Cigarette smoking, being underweight, early age at menarche (11 years or younger), and women who had never birthed or had fewer children, were associated with an increased risk of premature and early menopause.
- Women with premature menopause or a very short reproductive lifespan (less than 30 years) had an increased risk of non-fatal cardiovascular disease, especially early onset events before age 60.
- Surgical menopause before age 45 was associated with an increased risk of cardiovascular disease compared with natural menopause at the same age.
- Around 20-25% of women who sought help for hot flushes reported they were not satisfied with the support given.

Jean Hailes for Women's Health

As part of the 2023 National Women's Health Survey report series, Jean Hailes for Women's Health prepared a report titled 'The impact of symptoms attributed to menopause by Australian women'⁴⁸. The report is based on self-reported data from a random sample of Australian women aged 18 and over in 2023. The report includes findings and recommendations focused on increasing patient, community and GP education on menopause, research on the utility of workplace interventions, and a greater understanding of menopause in priority populations.

⁴⁶ [ALSWH – Australian Longitudinal Study on Women's Health](#), accessed 16 January 2024.

⁴⁷ Australian Longitudinal Study on Women's Health, [Reproductive health: Contraception, conception and change of life – Findings from the ALSWH](#), May 2021

⁴⁸ Jean Hailes for Women's Health, [The impact of symptoms attributed to menopause by Australian women](#), 2023.



The Survey⁴⁹ found that 37% of survey respondents reported having bothersome symptoms in the last 5 years that they attributed to menopause (whether they had reached menopause or not). Respondents reported the symptoms made daily activities hard, with 31% finding it hard to work or study, 22% missing exercise, and 12% missing days of work or study. Over half of respondents with bothersome symptoms reported it impacted their physical and emotional wellbeing. Experiences did not differ for socioeconomic status, nor language spoken at home⁵⁰.

The 2023 Survey also provided insights into women's experiences of pelvic pain and bothersome periods. The Survey found 4 in 5 women who experienced pelvic pain in the last 5 years (or 9% of all Australian women) reported that pelvic pain impacted their daily activities or caused them to miss days of work or study, or to miss exercise; and more than half reported pelvic pain had a negative impact on their mental and emotional wellbeing⁵¹. The results indicated that pelvic pain and periods had more of an impact on daily life than menopause.

7. Health workforce

A key priority area of the National Women's Health Strategy is healthy ageing and includes the action of supporting women and their health care providers to manage the effects of menopause⁵².

Care for women experiencing perimenopause and menopause can be undertaken by a range of health professionals including doctors, nurses, nurse practitioners and other allied health professionals.

The medical profession, through the Medical Board of Australia, specialist colleges and other education bodies, determines the training and education requirements for providing appropriate clinical services regarding individual aspects of medical practice.

Medical colleges and peak professional associations offer ongoing professional development and education in perimenopause and menopause for health professionals. Both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM) curricula include the need for GPs to understand and manage menopause and perimenopause. The textbook most often used by GP registrars, *Murtagh's general practice*, has a chapter dedicated to menopause⁵³.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Jean Hailes for Women's Health, [Pelvic Pain in Australian Women, A Report from the 2023 National Women's Health Survey](#), 2023

⁵² Department of Health, [National Women's Health Strategy 2020-2030](#), April 2019.

⁵³ [The menopause | John Murtagh's General Practice, 8th Edition | Murtagh Collection | McGraw Hill Medical \(mhmedical.com\)](#), accessed 22 December 2023.



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There is a large suite of resources available on the RACGP and ACRRM online learning platforms for health professionals regarding menopause, including interactive modules, lectures, quizzes, case studies and journal articles. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists also provide clinical guidance on managing menopause symptoms⁵⁴.

Allied health

Allied health professionals including psychologists, physiotherapists and dieticians play an important role in the treatment and management of menopause symptoms. In addition, they may assist with the treatment and management of conditions related to menopause. For example, a dietitian may provide individualised diet and nutrition advice relating to osteoporosis, weight management and healthy eating.

In recognition of the national shortage of most allied health professions, the Government is working with the state and territory governments to progress a National Allied Health Workforce Strategy. The aim is to deliver a national, cross-sectoral strategy outlining how to address current and future allied health workforce issues in Australia over a 10-year horizon.

⁵⁴ Royal Australian and New Zealand College of Obstetricians and Gynaecologists, [Managing menopausal symptoms \(ranzcog.edu.au\)](https://www.ranzcog.edu.au/clinical-guidance/management-of-menopause-symptoms), accessed 12 January 2024.