



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

To the Senate Inquiry Committee,

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

The Australian and New Zealand College of Anaesthetists (ANZCA) is one of the largest specialist medical colleges in Australia and New Zealand, responsible for training and setting standards for all specialist anaesthetists and specialist pain medicine physicians in our region. Around 1 in 3 specialist anaesthetists and 1 in 4 specialist pain medicine physicians are female, with the proportion of female trainees in both specialities approaching 50 percent.

We would like to comment on the following sections, informed by a recent survey of ANZCA members.

- a. The economic consequences of menopause and perimenopause, including but not limited to, reduced workforce participation, productivity and retirement planning.**
- b. The physical health impacts, including menopausal and perimenopausal symptoms, associated medical conditions such as menorrhagia, and access to healthcare services.**
- c. The mental and emotional well-being of individuals experiencing menopause and perimenopause, considering issues like mental health, self-esteem, and social support.**
- d. The level of awareness amongst medical professionals and patients of the symptoms of menopause and perimenopause and the treatments, including the affordability and availability of treatments**

ANZCA members are 35 per cent women overall. There has been a feminisation of the specialty over time with 45 per cent in the younger trainee cohort (30-35 years) and 22 per cent in those aged 55 years and over. The graduating cohort of this older group was at least 28 per cent women, revealing a disproportionate number of women have left anaesthesia by this age compared to men. This reduced workforce participation has economic implications for women and for their workplaces, losing skilled staff when they are at their most experienced.

In 2023 an anonymous survey of ANZCA members was conducted for the first time seeking information on what effect the menopause transition has had on working anaesthetists.

Changes that anaesthetists had made or were considering making because of menopause symptoms included:

- A lower threshold to call in sick.
- Reducing hours.
- Choosing better paid work to work fewer hours.
- Transitioning away from leadership and education roles in favour of better paid, often private clinical work.

Anaesthetists reported the following during the menopause transition:

- 80 per cent reported symptoms.
- 26 per cent reported purely physical symptoms, such as fatigue, poor sleep, joint pains, weight gain and back pain.



- Eight per cent reported purely mental symptoms such as feeling grumpy, anxious, irritable, or melancholy.
- 47 per cent reported both mental and physical symptoms.
- 65 per cent felt that their menopause symptoms had affected their working life with fatigue being a major perceived inadequate performance contributor.
- Some had feelings of self-doubt, inadequacy, and brain fog.

With regard to accessing help:

- Two-thirds reported taking over a year to realise symptoms were due to perimenopause.
- 50 per cent sought help from 2-3 healthcare professionals, with over half being dissatisfied with the assistance received.

A culture of silence:

- 70 per cent felt uncomfortable discussing perimenopause with their manager.
- Reasons cited were:
 - o A private issue not for discussion.
 - o An unsafe environment – concern about career implications if revealing a vulnerability.
 - o Concern that managers without lived experience were unlikely to be an ally.

Recommendations:

1. Educate healthcare professionals and their managers.

Increase awareness of perimenopause and menopause and how it affects women in the workplace. Toolkits such as the one developed by the NSW government (<https://www.nsw.gov.au/women-nsw/toolkits-and-resources/perimenopause-and-menopause-toolkit>) are available to help employers start conversations, and share knowledge. By breaking the silence and discussing menopause as a workforce health and safety issue, more women will feel able to seek help and request accommodations at work.

2. Add menopause to work health and safety policies.

Reasonable accommodations need to be made available to all workers, and employers have a duty of care to ensure workplaces are not adversely impacting on health and ensure fairness, dignity and respect. As the symptoms experienced during the menopause transition vary both between women and within the same woman over time, accommodations need to be individualised and reviewed regularly as needs change.

3. Improve access to healthcare providers with expertise in menopause.

Access to knowledgeable healthcare providers is essential, and resources should be made available to women on how to find them. According to data from the Australian Menopause Society, only thirteen percent of menopausal women are prescribed menopause hormone therapy, thought to be due to a reluctance of primary care physicians to prescribe the treatment. Raising awareness and further education is needed to ensure that all women can access health care providers who can help with their symptoms.

4. Secure the supply of menopause hormone therapy.

Transdermal menopause hormone therapy, MHT (formally known as Hormone replacement therapy, HRT) has been shown to be safe and effective, and if started within ten years of the menopause transition has been shown to:

- Reduce risks of serious health conditions such as ischaemic heart disease. (<https://academic.oup.com/jcem/article/101/7/2794/2810371>)
- Reduce risk of neurodegenerative disease by 80 per cent. (<https://doi.org/10.1002/trc2.12174>)
- Reduces all-cause mortality by one third. ([https://www.atherosclerosis-journal.com/article/S0021-9150\(16\)31408-3/fulltext](https://www.atherosclerosis-journal.com/article/S0021-9150(16)31408-3/fulltext))

There are currently issues accessing medications once they have been prescribed, with the TGA's drug shortages database (<https://apps.tga.gov.au/Prod/msi/search?shortagetype=All>) listing multiple MHT preparations that are currently in limited supply, or completely unavailable. For women who have struggled for many years to find a combination of medications that are helpful, only to run into issues with supply is an untenable situation.

Thank you for your consideration of this document

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On behalf of the ANZCA Gender Equity Subcommittee

References

<https://www.nsw.gov.au/women-nsw/toolkits-and-resources/perimenopause-and-menopause-toolkit>

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