

NOTE: In this document “women” refers to people born with functioning ovaries, who will therefore experience menopause.

EMPOWERMENT during the menopausal transition: equitable access to information, services and treatments

Menopause is not a disease. The menopausal transition is a life-stage experienced by half the population which lasts for decades, with physiological changes that significantly impact future health. Many people experience debilitating symptoms which can be managed with the right information and support.

The Scope of the Problem

In 2016 an Australian research group, including Prof Sue Davis, estimated that [almost 400 000 Australian women were needlessly suffering with untreated flushes and sweats](#); and this is just one symptom of the many symptoms of the menopausal transition.

Why aren't women getting the help they need in the menopausal transition?

This is an excellent question which is also currently being examined by Minister Kearney's National Women's Health Advisory Council.

Individual barriers to Equitable Service Access

- There's poor general public awareness of how early and long the menopausal transition can be, it's functional impact and the availability of safe, effective treatments.
- Women may avoid seeking treatment due to lingering fears about the safety of hormonal treatments; these are in fact [well established to be safe and effective](#) for most symptomatic women.
- Some women are particularly vulnerable due to cultural barriers, disability, poor education, low income or lack of social supports, making it even harder to access information and services.
- Women who have been dismissed, misdiagnosed, over-investigated and poorly treated by doctors may give up trying to get help for fear of further frustration and humiliation.
- Financially disadvantaged patients often have to accept cheaper, potentially riskier hormonal products. Evidence suggests that [certain hormonal treatments are safer choices](#), but these are not covered by the Pharmaceutical Benefits Scheme.

Barriers to Equitable service access in Primary Care

- There is a nationwide GP shortage, worst in the rural and remote areas. Women struggle to access ANY GP, let alone finding one who is knowledgeable and approachable about peri/menopausal issues.
- Rural GPs are often transient locums, or from non-English speaking backgrounds, so there may be language, gender or cultural barriers to menopause discussions with their patients.
- Women avoid seeing a GP they don't feel comfortable with, leaving them desperate for options. They often resort to unproven and potentially harmful (but easily purchased) products and services.
- GP's often lack training and confidence about menopause treatments and may be completely unaware that perimenopause even exists, leading them to be dismissive of symptoms or avoid discussions.
- GP's who do treat peri/menopausal patients are [financially disadvantaged under Medicare](#) for the longer consultations needed to make thorough assessments and management plans.

Opportunities and Innovative Solutions

Women are desperate for information and support, as evidenced by the huge growth of online support groups, such as [Menopause and Perimenopause Support Group](#) on Facebook which has over 24 000 members.

The pandemic forced a rapid adaptation to Telehealth, which has now been well validated for medical service delivery over several years in Australia. The creation of new Medicare rebates specifically for reproductive and sexual health care in 2021 was pivotal in removing barriers related to privacy or locality. [WellFemme](#), a solely Telehealth menopause clinic founded in 2019, has experienced a steady increase in demand for services and now helps thousands of women all over Australia.

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A Targeted Approach to Achieve Equitable Access to Information, Services and Treatment

To improve access for financially disadvantaged people:

- Ensure that the safest evidence-based preparations are listed on the Pharmaceutical Benefits Scheme
- Create a well-rebated, long consult Medicare item for thorough perimenopausal assessments; this could be achieved through inclusion in the current Health Assessment items (eg. 705)

To facilitate good menopause care in Primary Care settings:

- Provide funding for the [Australasian Menopause Society](#) to oversee GP training about menopause
- Support GP’s at point-of-care through a combination of rapid-access specialist advice, [practice software algorithms](#) and streamlined referral pathways
- Ensure that GPs are well remunerated under Medicare for longer consultations, as recommended in the recent [Strengthening Medicare Taskforce Report](#) and the [RACGP submission to the Senate inquiry into universal access to reproductive healthcare](#) (7 Mar 2023)

To improve service access in rural and remote areas:

- Permanent inclusion of Telehealth items for reproductive and sexual health care in the MBS, as recommended in the [RACGP submission to the Senate inquiry into universal access to reproductive healthcare](#) (7 Mar 2023)

To improve access to information:

- We need public awareness campaigns which are accessible and easily understood regardless of education, language, gender identity, culture or disability.
- Provide funding for Australasian Menopause Society to extend its current range of online [infographic](#), [video](#), culturally adapted and translated resources.
- Funding for the development and maintenance of a DHAC website that collates all the best menopause resources for GP’s and consumers in one well-known, up to date location. Promote it via public awareness campaigns, Primary Health Networks and General Practice organisations.

To reduce the burden of suffering and chronic disease *everyone* needs to know about the menopausal transition: how it might impact their functioning and relationships, what lifestyle changes to make, how to manage symptoms and where to get support.

Everyone has the right to this information and access to appropriate, affordable services and treatment.

Please circulate this document widely through your networks. Because Menopause Matters.

Dr Kelly Teagle MBBS, BSc, FRACGP, Grad Dip Women’s Health
GP & Founder
WellFemme Telehealth Menopause Clinic