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Menopause

2000–2010

Keywords: general practice; menopause; hormone therapy



We used 10 years of data from BEACH (Bettering the Evaluation and Care of Health) to examine changes in rates of menopause management and prescribing of hormone therapy (HT).

For this research, the sample was confined to encounters with women aged 40 years and over; about four out of five of these encounters were with women aged 45–64 years. The management rate of menopause was stable between 2000 and 2003 then decreased significantly in 2003–2004. From then on the management rate at encounters with women aged 40 years or older continued to decline until it was again significantly lower in 2008–2010 than in 2003–2004 (Figure 1).

The rate at which medications were prescribed for menopause was significantly higher in the first 2 years of the decade than in later years (Figure 2). Prescribing of HT medications declined initially following the widely publicised risks of associated adverse cardiovascular effects. Progestogens alone and in combination remained low, possibly due to the link between progestin/oestrogen HT and breast cancer reported in 2002.¹ A follow up study found that there was less risk of breast cancer with oestrogen alone HT,² and the data show a significant increase in oestrogen alone HT in 2003–2004.

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Conflict of interest: none declared.

Acknowledgments

The authors thank the GP participants in the BEACH program and all members of the BEACH team. Financial contributors to BEACH between 2000 and 2010: Australian Government Department of Health and Ageing; Australian Government Department of Veterans' Affairs; Australian Safety and Compensation Council, Department of Employment and Workplace Relations; Australian Institute of Health and Welfare; National Prescribing Service; Abbott Australasia; AstraZeneca Pty Ltd (Australia); CSL Ltd; GlaxoSmithKline Australia

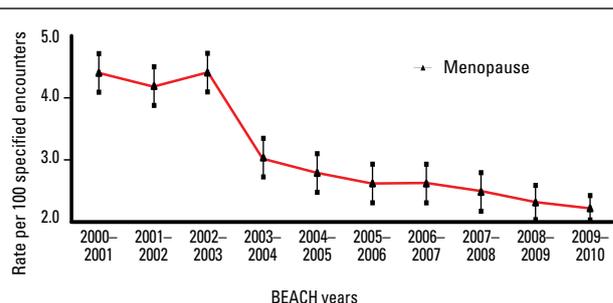


Figure 1. Rate of menopause per 100 encounters with women aged 40+ years with 95% confidence intervals

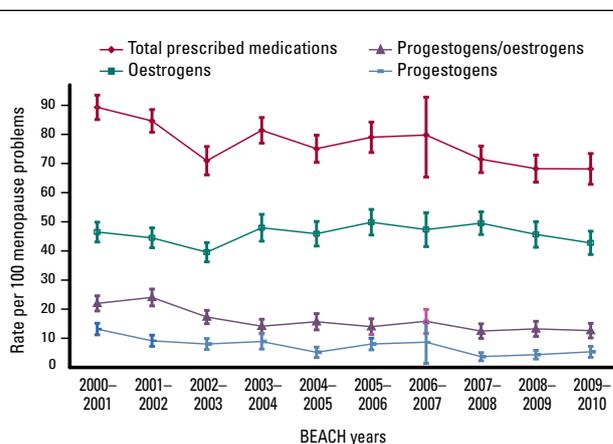


Figure 2. Most frequently prescribed medications for menopause with 95% confidence intervals (Note: the wide CI in 2006–2007 is due to variability in prescribed medication rates for menopause in one quarter of that year)

Pty Ltd; Janssen-Cilag Pty Ltd; Merck, Sharp and Dohme (Australia) Pty Ltd; Novartis Pharmaceuticals Australia Pty Ltd; Pfizer Australia; Roche Products Pty Ltd; Sanofi-Aventis Australia Pty Ltd; Wyeth Australia Pty Ltd.

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