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Infertility

Management in Australian general practice

Keywords

general practice; men's health; women's health



From April 2007 to March 2012 in the BEACH (Bettering the Evaluation and Care of Health) program, infertility/subfertility was managed at 652 encounters with 534 general practitioners (1.3 per 1000 encounters).

There was one infertility/subfertility problem managed at each of the 652 encounters: 81.6% with female patients and 18.4% with male. Infertility/subfertility was most commonly managed for patients aged 25–44 years (89.5%), followed by patients aged 15–24 years (6.2%) and 45–64 years (4.0%).

When compared with the BEACH 2010–11 average,¹ GPs who managed infertility were more likely to be female (58.5% compared with 38.3%) and infertility patients were more likely to be new to the practice (14.1% compared with 7.3%).

Only 37 medications were recorded at the 652 encounters (5.7 per 100 infertility/subfertility problems). Of these, 22 were advised for over-the-counter purchases, 12 were prescribed and three were supplied by the GP. Female patients received medication at a rate of 4.7 per 100 female infertility/subfertility problems with the most common being folic acid (1.7 per 100 female infertility/subfertility problems). Only 12 medications were recorded at male infertility encounters, of which eight were vitamins.

Clinical treatments were provided at a rate of 33.1 per 100 infertility/subfertility problems. The most common were counselling about the problem (18.3 per 100 infertility/subfertility problems), followed by advice/education (7.8 per 100 infertility/subfertility problems). *Table 1* shows these rates were similar for male and female patients.

Referrals to specialists were given at a rate of 49.8 per 100 female infertility/subfertility problems: 45.7% to gynaecologists, 18.9% to fertility clinics and 15.9% to in vitro fertilisation (IVF) clinics. There were fewer referrals for males (26.7 per 100 male infertility/subfertility problems). However, this referral rate was still much higher than the BEACH 2010–11 average for all problems managed (5.6 per 100 problems). More than half of these referrals were to fertility clinics and one-third were to IVF clinics.

There were 8.6 imaging tests ordered for every 100 infertility/subfertility problems managed. For female patients, almost all were pelvic ultrasounds. For male patients, the two imaging tests recorded were ultrasound of the scrotum.

Pathology tests were ordered at a rate of 88.4 per 100 female infertility/subfertility problems and 85.0 per 100 male infertility/subfertility

Table 1. Management of infertility/subfertility

Management type	Female (rate per 100 problems) (n=532)	Male (rate per 100 problems) (n=120)
Medications	4.7	10.0
Folic acid	1.7	0.8
Vitamins	0.8	6.7
Clinical treatments	32.9	34.2
Counselling	17.9	20.0
Advice/education	7.9	7.5
Specialist referral	49.8	26.7
Gynaecologist	22.7	N/A
Fertility clinic	9.4	15.0
IVF clinic	7.9	9.2
Imaging	10.5	1.7
Pelvic ultrasound	10.0	n/a
Scrotum ultrasound	n/a	1.7
Pathology ordered	88.4	85.0
Hormone assay	32.1	4.2
Sperm count/ semen examination	N/A	50.0

problems. The most commonly ordered group of tests for females was hormone assay (32.1 per 100 female infertility/subfertility problems). Sperm count and semen examination was the most popular group of tests ordered for half of all male infertility/subfertility problems managed.

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Conflict of interest: none declared.

Acknowledgements

The authors thank the GP participants in BEACH and all members of the BEACH team. Funding contributors to BEACH from April 2007–08 to April 2011– March 2012: Abbott Australasia Pty Ltd; Australian Government Department of Health and Ageing; AstraZeneca Pty Ltd (Australia); Bayer Australia Ltd; CSL Biotherapies Pty Ltd; GlaxoSmithKline Australia Pty Ltd; Janssen-Cilag Pty Ltd; Merck, Sharp and Dohme (Australia) Pty Ltd; National Prescribing Service Ltd; Novartis Pharmaceuticals Australia Pty Ltd; Pfizer Australia; Sanofi-Aventis Australia Pty Ltd; Wyeth Australia Pty Ltd.

Reference

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