



Management of infertility in Australian general practice

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The BEACH program, a continuous national study of general practice activity in Australia, gives us an analysis of the management of infertility between April 1998 and March 2004. Subfertility, which accounts for about 10% of the diagnoses analysed here, is included in the label 'infertility'. Because management rates and methods differ markedly between male and female patients, each gender is analysed separately. This provides a backdrop against which relevant articles in this issue of *Australian Family Physician* can be further considered.

Infertility is not commonly managed in general practice, with only 552 occurrences of the problem – less than 1 per 1000 encounters – over the 6 year period of our study (Figure 1). General practitioners who managed infertility were younger and more likely to be women than the average for BEACH, with 40% in the 35–44 years age group; 55% women.

Patient characteristics

In sex specific terms, infertility was managed at a rate of 1.3 per 1000 encounters for women and 0.4 per 1000 for men, and of all infertility patients, 84.2% were women. Infertility was most commonly managed for patients aged 25–44 years, with 88.4% of patients being in this age group. This represented 0.3 per 100 total encounters for this age group. Only 13.0% of infertility patients carried a commonwealth concession card (compared with 42.5% in total BEACH), and 11.1% were from a non-English speaking background (compared with the 9.7% average). Patients were new to the practice at close to double the average rate (16.6 compared with 9.3 per 100 encounters).

Encounter characteristics

Compared with the average for BEACH, patients were much less likely to receive medication for infertility (4.9 compared

with 47.8 per 100 problems managed) but far more likely to be referred (41.5 compared with 8.0). Pathology test orders were common, with at least one test ordered for management of 31.7% of infertility problems compared with 11.9% of all problems.

Reasons for encounter

Women

The most common reason for encounter (RFE) given by female patients was infertility, at a rate of 48.5 per 100 infertility encounters. Family planning was the second most common, at 12.6 per 100.

Men

At male infertility encounters the most common RFE was also infertility (57.5 per 100) followed by a request for test results (15.0 per 100).

New infertility problems

In the national BEACH data, about 39% of problems are new to the patient.

Women

About 32% of female infertility problems were new to the patient, suggesting that GPs are more likely than average to be involved in the ongoing management of these problems.

Men

First time management of male infertility problems was much more likely, with 46% of these problems being new to the patient.

When problems managed

Genital check ups were the most common other problem managed at female infertility encounters, at a rate of 6.1 per 100 infertility encounters. Menstrual problems were also quite common, managed at 3.3 per 100 of these encounters.

Men

Hypertension and upper respiratory infections were the most commonly managed comorbidities at encounters where infertility was managed for male patients.

Medications

Women

Prescribing or supplying medication at female infertility encounters was rare, with only 24 medications recorded at the 462 encounters. Half of these were chorionic gonadotrophin.

Men

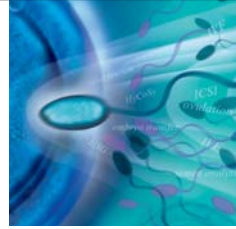
Medications were even less common at male infertility encounters with only three recorded: sildenafil, testosterone and a herbal remedy, each on one occasion.

Other management

Women

Nonpharmacological treatments were more common, provided at a rate of 43.3 per 100 female infertility problems; most commonly counselling for the problem (22.9 per 100).

Men



Male patients received nonpharmacological treatments at the lower rate of 37.9 per 100 male infertility encounters. Counselling for the problem was also the most common, at 18.4 per 100 encounters.

Referrals

Women

The high referral rate was particularly evident for women, at 45.2 per 100 female infertility problems managed. Referrals to gynaecologists accounted for 63.6% of these, with referrals to IVF clinics and obstetricians each accounting for about 10%.

Men

The referral rate for men was lower (21.8 per 100 male infertility problems managed) but still much higher than the national average for all problems (8.0). Referrals to fertility clinics accounted for 42.1% and referrals to unspecified specialists accounted for another 15.8%; but numbers were low at this level.

Conflict of interest: none.



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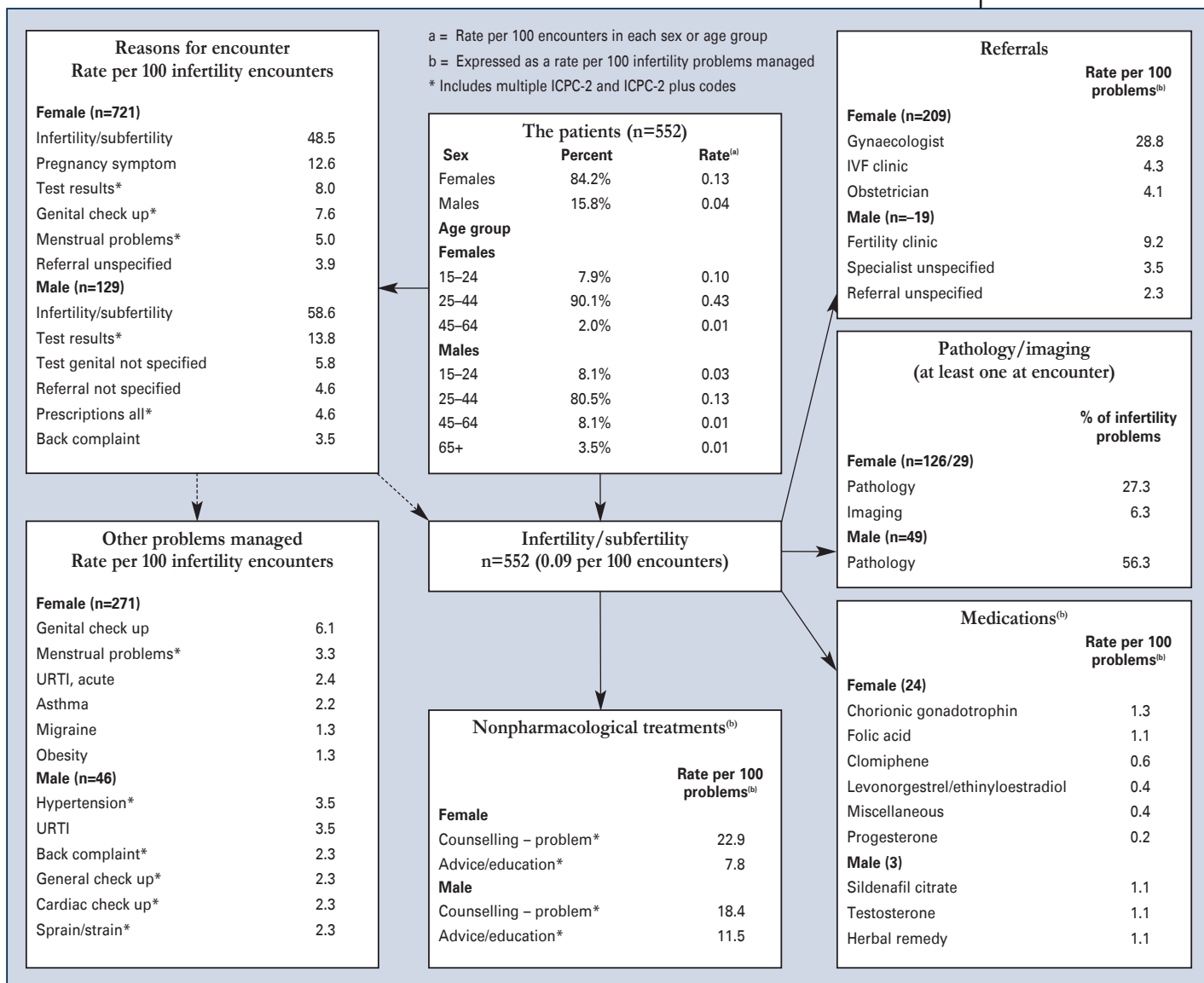


Figure 1. Content of encounters at which infertility/subfertility was a problem managed