



HEALTHIER, LONGER,  
BETTER LIVES

# WOMEN'S HEALTHY AGEING PROJECT: IMPROVING OUTCOMES ASSOCIATED WITH MENOPAUSE



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## Background

The *Women's Healthy Ageing Project: Improving Outcomes Associated with Menopause* looks at the impact of the decline in oestrogen and other changes on women's health, general wellbeing, ability to remain in paid employment, caregiving, and community engagement and participation.

The initial phase of this project involves the development of a position paper on the topic as well as a roundtable discussion where the position paper was the focus as well as next steps to address women's midlife health issues. The roundtable discussion was held on October 19th 2023 (a day after World Menopause Day) at the Melbourne Business School (MBS) and virtually. It was co-hosted by the Institute for the Future of Business and AIA Australia and brought together key representatives and leading experts from industry, academia, healthcare, and the community including AIA, the University of Melbourne, MBS, the Australasian Menopause Society (AMS), HESTA, and Commbank.

## Menopause: what are the key issues?

Several key issues were raised at the roundtable;



### WOMEN WORKFORCE LEAVING AGE

Women are leaving the workforce on average seven years earlier than men, which not only costs industry in lost experience, but also negatively impacts women's mental health, earnings, and superannuation, and therefore, their overall financial security.



### ECONOMIC BENEFITS FROM IMPROVING PHYSICAL & MENTAL HEALTH

There are great economic benefits from treating women at midlife to improve their physical & mental health to prevent the emergence of later-in-life chronic diseases including heart disease, arthritis, osteoporosis, and dementia.



### COST SAVINGS

There would be enormous cost savings made from addressing women's midlife health issues.



### DEMONSTRATING ECONOMIC VALUE

There is a need to demonstrate the economic value of creating more supportive workplaces for women, and of retaining women in the workforce.



# Roundtable Highlights

## Inequity faced by women during midlife

For women, and many non-binary and transgender people\*, midlife is a time of major hormonal changes around the age 51 with dramatic reductions in circulating oestrogen. All people who are born with ovaries go through menopause and those taking hormones also experience a decline in oestrogen when hormone therapy is reduced.

Ms Kerry Pietrobon, a lived experience representative who attended the roundtable stated that “It’s great to finally see people caring about women over 50”. This comment reflects the systemic inequity that women experience during midlife by the healthcare system, employers, and by the community. Women’s midlife health issues are often misdiagnosed or neglected with research showing that these women are more likely to be sent home with heart attacks and presenting symptoms dismissed.

“It’s great to finally see people caring about women over 50

**Ms Kerry Pietrobon**

Lived experience representative

## Reasons for the inequity – absence of female-specific health knowledge, gaps in women’s health and limitations of current health checks in Australia

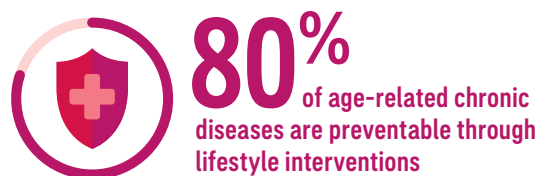
Health professionals are trained on the centuries of health and medical research conducted on men, and by clinicians trained on male models. In fact, 2014 was the first time the US National Institutes of Health (NIH) mandated that female animals be used in trials. However, the results from this research are still not available .

Current evidence shows that many chronic diseases including heart disease, dementia, stroke, depression, anxiety, osteoporosis, and arthritis develop and present differently in women compared to men. Sex specific interventions at midlife would reduce these chronic diseases in later life. However, most work on treatment and prevention has focused on heart disease. Also, initiatives for sex-specific education and healthcare delivery in other countries have not been taken up in Australia.

Despite women now living one third of their lives in the post menopause phase, there are insufficient studies of women that continue past menopause into the post-menopausal

transition. There is also an absence of life course studies to refine the timing, duration, and interaction over time of the highly correlated morbidities pathological determinants and risk for chronic diseases. The importance of hormones in the development of chronic diseases is clear but more data is required to refine potential treatments. In the case of mental health, the potential for hormone treatment for these health issues is only recently being explored.

Professor Cassandra Szoeko, Principal Investigator, Women’s Healthy Ageing Project (WHAP) conducted at the University of Melbourne emphasised that “These chronic diseases begin in midlife but take three decades to develop, so we need brain and bone scans and biomarkers of women in their forties to understand the development of these diseases in their seventies and help pinpoint the optimal timing for interventions, and this could be a game changer in reducing chronic disease for women later in life. Chronic disease is the most expensive item on the Government’s health budget, 60% of years lost to ill-health, disability or early death are due to chronic diseases of ageing, yet the World Health Organisation notes that 80% of age-related chronic diseases are preventable through lifestyle interventions. We need to do more.”



Also, whilst two types of mid-life preventive health checks are generally available in Australia including those for people aged 45–49 years and those at risk of chronic disease, they are not female-specific. There is also a gap in available health checks for those aged 40-44, a key period during which menopausal symptoms manifest. These health checks also fail to screen for several key risk factors for chronic disease that impact women aged 45-49. For example, they don’t ask about hot flushes, despite hot flushes being a risk factor for heart disease.

“Midlife health checks are like a sliding doors moment: it can affect your health in the future by looking at cardiovascular disease risk, osteoporosis and dementia.

**Professor Sonia Davison**

AMS Past-President and Endocrinologist

\* AIA and the University of Melbourne recognise that menopause is a natural process experienced by the majority of women and some people who are transgender and non-binary.

Symptoms are experienced as estrogen levels decline and periods cease. Rather than a singular event, menopausal symptoms typically span several years, making it best described as a transitional phase.

## Costs incurred from women retiring early due to the impact of menopause

An analysis by the Australian Institute of Superannuation Trustees (AIST) in 2022 found that:



**26.8%** of women (estimated) in the workforce retire early (before reaching the age of 55) due to menopausal and perimenopausal symptoms

If only 10% of women retired early because of menopausal symptoms, it would equate to an estimated loss of earnings and superannuation of more than **\$17B**

At 60–64 years-old, it is estimated that women in Australia have around

**\$40,000**  
**LESS THAN MEN**  
 in their superannuation

There is a really clear link and cause between menopause and financial inequity for women.

**Ms Jorden Lam**  
 Head of Members Services and Operations, HESTA

Industry experts at the roundtable discussed their observations of a concerning trend in disability insurance claims amongst women aged 45-55, particularly for issues such as anxiety and depression. Data from a survey of HESTA members has revealed that:



**58%** of women respondents attributed menopause to their inability to concentrate at work, forcing some to reduce their working hours, take extended sick leave or retire early.

Research shows that almost 27% of working women are taking early retirement below the age of 55, with around half of them doing so due illness and disability, in particular, the symptoms associated with menopause.

Professions that are largely dominated by women such as nursing are impacted by these findings as it is hard to replace the industry knowledge, experience and networks accrued by employees over the age of 50 easily and quickly.

Midlife women represent a major part of the workforce, and their menopause experience can affect their function and what happens to them for the rest of their careers. They need access to high quality information, good healthcare, workplace education and supportive workplaces, because 'the effect on women if they leave their workplace is really quite devastating', said Dr Karen Magraith, GP and immediate past president of the AMS.

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**Dr Karen Magraith**  
 GP and immediate past president of the AMS



## Call to Action from Roundtable



There needs to be support for the immediate implementation of a female-specific 40-49 health check with access to all women.



Pre to post-menopausal datasets need to be merged with health economic data to report on the real impact of this issue (both economically and societally).



Community and health professionals need to be educated and trained on female-specific health.

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