



Endometriosis in Australia

Endometriosis is an inflammatory condition that can be painful, affect fertility and lead to reduced participation in school, work and sporting activities. Endometriosis cost an estimated \$7.4 billion in Australia in 2017–18, mostly through reduced quality of life and productivity losses, but this may be an underestimate due to difficulties in diagnosing the condition and underdiagnosis.

This fact sheet highlights some key findings from the *Endometriosis in Australia: prevalence and hospitalisations* report.

What is endometriosis?

Endometriosis occurs when tissue similar to the tissue normally lining the uterus is found in other parts of the body, such as the ovaries, fallopian tubes, peritoneum (the membrane lining the abdominal and pelvic cavities) and the outside of the uterus. Like the tissue lining the uterus, these tissues respond to hormones released by the ovaries, leading to bleeding. This leads to inflammation and scarring, which can cause painful 'adhesions' between pelvic organs that are normally separate.

The causes of endometriosis are unclear. Factors that seem to increase the risk include a family history of endometriosis and menstrual cycle factors such as early age at first period, short menstrual cycles, and heavy, painful or long periods.

Some people with endometriosis experience no symptoms. Others may have pain, heavy menstrual bleeding, bleeding between periods, and lethargy and reduced fertility, among other symptoms.

How common is endometriosis?

Around 1 in 9 (11%) women born in 1973–78 were estimated to have been diagnosed with endometriosis by age 40–44.

Around 1 in 15 (6.6%) women born in 1989–95 were estimated to have been diagnosed with endometriosis by age 25–29—a figure that is 1.7 times as high as for women born in 1973–78 at the same age (6.6% compared with 4.0%) (Figure 1).

Quick facts

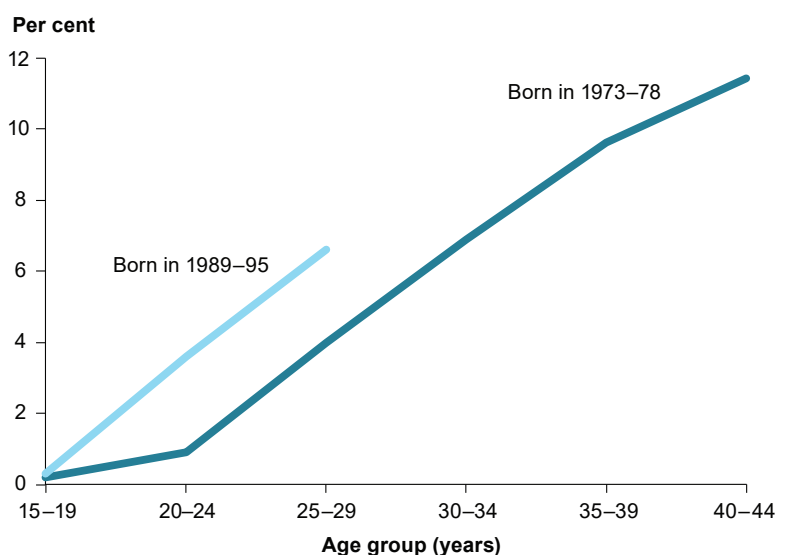
Around **1 in 9** women born in 1973–78 were diagnosed with endometriosis by age 40–44.

There were around **34,200** endometriosis-related hospitalisations in 2016–17.



Nearly **4 in 5** (79%) endometriosis-related hospitalisations in 2016–17 were among females **aged 15–44**.

Figure 1: Cumulative prevalence of endometriosis



Source: Unpublished University of Queensland analysis of Australian Longitudinal Study on Women's Health linked data set, containing survey data, Medicare Benefits Schedule data, Pharmaceutical Benefits Scheme data and hospital data.

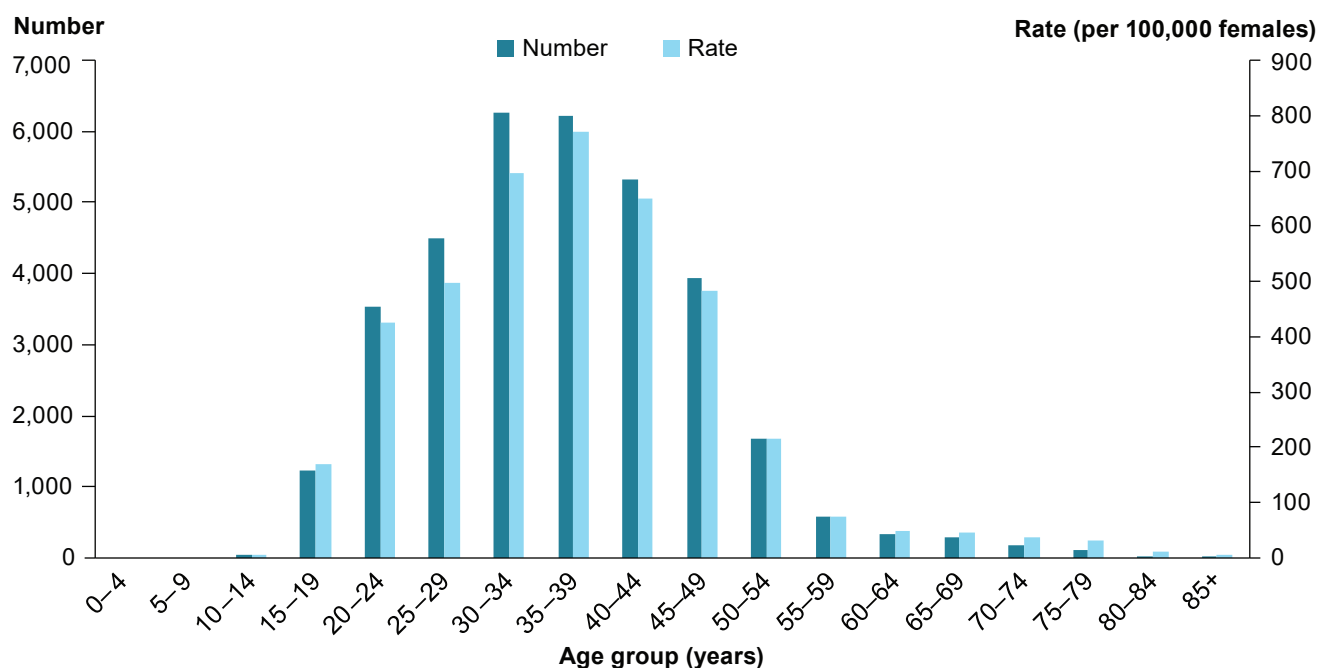
How many hospitalisations are there?

In 2016–17, there were around 34,200 endometriosis-related hospitalisations in Australia. This was a rate of 281 hospitalisations per 100,000 females, or about 6 of every 1,000 hospitalisations among females.

Nearly 4 in 5 (79%) of these hospitalisations were for females aged 15–44 (Figure 2). This was a rate of 543 hospitalisations per 100,000 females aged 15–44, or about 15 of every 1,000 hospitalisations among females aged 15–44.

After adjusting for age differences, the rate of hospitalisations rose slightly from 291 per 100,000 females in 2007–08 to 296 per 100,000 females in 2016–17.

Figure 2: Number and rate of endometriosis-related hospitalisations, by age, 2016–17



Source: AIHW analysis of National Hospital Morbidity Database.

More than half of hospitalisations were partly or fully funded by private health insurance

Compared with all hospitalisations for females, endometriosis-related hospitalisations were more likely to be partly or fully funded by private health insurance (57% compared with 43%). About 1 in 3 (35%) endometriosis-related hospitalisations were for public patients.

Compared with all hospitalisations for females, endometriosis-related hospitalisations were also twice as likely to be self-funded (7.9% compared with 3.6%), and more likely to be in private hospitals (62% compared with 42%).

Other reproductive conditions were common co-occurring diagnoses

About 1 in 7 (15%) endometriosis-related hospitalisations also had a diagnosis of female pelvic peritoneal adhesions. Nearly 1 in 10 (9.4%) had excessive and frequent menstruation with regular cycle; similar proportions had peritoneal adhesions (8.8%), unspecified leiomyoma of the uterus (a type of non-cancerous tumour) (8.8%), pelvic and perineal pain (8.0%) and unspecified female infertility (7.9%).

More information

For more information, see the full report *Endometriosis in Australia: prevalence and hospitalisations*.