Hormone replacement therapy — a survey of perimenopausal women in a community setting

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SUMMARY. This study investigated the knowledge, views and experience of perimenopausal women in relation to hormone replacement therapy at the menopause. It was carried out in a semi-rural practice, using a postal questionnaire to which the response rate was 85%. The majority of women (90%) had heard of hormone replacement therapy, mainly from the media. However, only a quarter of the women had approached their general practitioner about the therapy, principally because they were experiencing definite symptoms. The majority of women believed hormone replacement therapy could benefit hot flushes and osteoporosis but only about 10% felt it could reduce the risk of a stroke or myocardial infarction. Over half of the women expressed one or more concerns about the therapy and the dominant anxiety was about cancer. These findings form the basis for improved care in terms of identifying needs and providing more appropriate information.

Introduction

OESTROGEN replacement therapy in postmenopausal women has been hailed by some to be 'the most important advance in preventive medicine in the western world for half a century',[1] reflecting its role in preventing osteoporosis and its possible function in reducing cardiovascular disease.[2] Coupled with this is an increasing view of the menopause as an endocrinopathy,[3] the symptoms of which should be treated like any other hormone deficient state. Thus it has been concluded that the 'irrefutable benefits of hormone replacement therapy' are such that 'it should be offered to many more women in Britain'.[4]

In order to improve the provision of this treatment, for example in giving guidance to general practitioners on the issues they should discuss and may want to include in an information pack, it is important to determine the information women have already received from the media and other sources and what their anxieties are. Previous studies of women's knowledge and attitudes have mainly been carried out overseas[5] or have centred around specialist clinics.[6] The aim of this study was therefore to assess the views and experience of women in relation to hormone replacement therapy at the menopause in order to improve the provision of this treatment in a general practice and increase its acceptability.

Method

The study practice is in Lyndhurst, Hampshire, and comprised three partners (male), an assistant (female) and a trainee (male), serving a population of 5300. A strict personal list system was not in operation and the doctors involved had varying views on the value of hormone replacement therapy.

A postal questionnaire to determine women's views and experience of hormone replacement therapy was developed after review and comments by general practitioners both within and outside the practice, and following a pilot study involving 10 postmenopausal women to assess the reliability and validity of the questions. Using the practice's computerized age–sex register, all 701 women aged 44–64 years were identified and sent a copy of the questionnaire in August 1989, inviting them to participate in the survey. Although answers to questions were eventually analysed anonymously, non-respondents were identified by a numerical coding system on the questionnaire and sent a reminder and further questionnaire four weeks later. Of the 701 questionnaires, 66 were eventually returned by the post office, indicating that the women had moved out of the area. Of the remaining 635, 539 (84.9%) were completed and returned. On some questionnaires certain questions were omitted or answered ambiguously with a 'don't know' and allowance has been made for this in the percentages presented in the results.

Data was analysed using a SPSS package. Responses to open questions were found to be sufficiently similar to allow further coding to facilitate analysis.

Results

The mean age of the 539 women was 54.4 years; there were approximately equal numbers of women in each of the five year age bands. Forty two provided occupational data that was too ambiguous to allow their social class to be determined. The social class of the remaining 497 women is shown in Table 1. The distribution is skewed in favour of social classes 1–3N and this pattern is similar to the distribution for the practice population as a whole.

A total of 372 women (69.0%) were postmenopausal (periods ceased for over six months) while 263 (48.8%) considered themselves to be in the 'change of life'. Of the latter group 181 women (68.8%) felt they were suffering from symptoms or problems relating to this. One hundred and nineteen women (22.1%) had had a hysterectomy and 109 (20.2%) had a family history of osteoporotic fractures (hip, wrist or vertebra) in a first degree relative (invariably a parent).

Knowledge of hormone replacement therapy

Of the 593 women, 483 (89.6%) had heard of hormone replacement therapy for the menopause. Awareness of hormone replacement therapy was found to be significantly associated with higher social class (Table 1; $\chi^2 = 29.5$, df = 5, $P<0.001$), but not with being postmenopausal, having a positive family history of osteoporotic fracture or having had a hysterectomy. Of the group who had heard of hormone replacement therapy, 84.3% reported the media (television, radio, newspapers and magazines) as a source of information, while 53.8% reported friends, relatives or a doctor. Overall a health professional (usually a doctor) was felt to be an important source of information by 19.7% of women. Reporting friends, relatives or a health professional as a source of information was not significantly related to social class, but reporting the media as a source of information was (Table 1; $\chi^2 = 12.5$, df = 5, $P<0.05$).

The women's views on the value of hormone replacement therapy in dealing with specific problems was assessed by asking them to tick a checklist of possible menopausal symptoms (Figure 1). Sixty women omitted this question with two stating

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Table 1. Social class distribution of the sample of 497 women and the proportion in each social class who were aware of hormone replacement therapy (HRT) and who reported the media or friends, relatives or a health professional as a source of information.

Social class[a]	Total no. (%) of women	% of women in each group: Aware of HRT	Reported source of information: Friends/ relatives	Doctor/health professional	Media
1	108 (21.7)	94.4	39.8	19.4	75.9
2	128 (25.8)	96.1	36.7	25.8	82.0
3N	140 (28.2)	89.3	33.6	16.4	82.1
3M	30 (6.0)	86.6	30.0	20.0	70.0
4	70 (14.1)	84.3	32.9	14.3	65.7
5	21 (4.2)	61.9	42.9	4.8	61.9

[a] Registrar General's classification.

that they felt insufficiently informed to comment. The majority of the remainder believed hormone replacement therapy could benefit hot flushes and osteoporosis and over 40% felt it could help with depression, irritability and lack of zest. However, only about 20% of the women felt it might help with painful intercourse or reduced sexual drive and only about 10% felt it could reduce the risk of a stroke or myocardial infarction.

Approaches to the general practitioner for hormone replacement therapy

Only 131 of the 539 women (24.3%) had approached their general practitioner to request hormone replacement therapy or further information. Of these, 91 were postmenopausal.

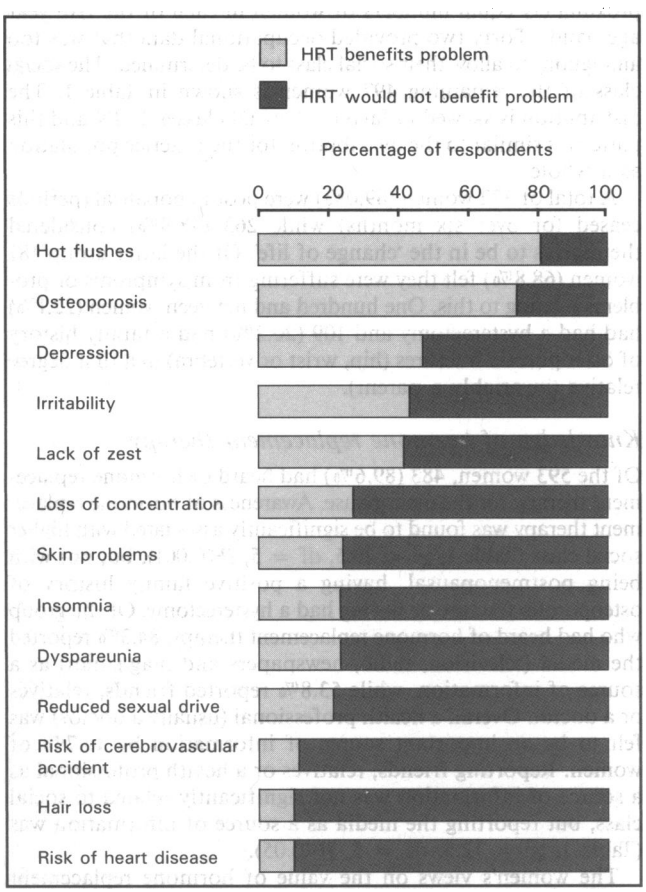

Figure 1. *Women's views on the value of hormone replacement therapy (HRT) in dealing with specific problems at the menopause (n = 479, missing data for 60 women).*

Significantly more women who considered themselves in the 'change of life' had approached their general practitioner than those who did not (39.3% versus 8.9%; $\chi^2 = 64.1$, df = 1, $P<0.001$), as had more of those suffering from significant symptoms relating to this period (49.5% versus 14.5%; $\chi^2 = 64.1$, df = 1, $P<0.001$) or having had a hysterectomy (36.4% versus 21.1%; $\chi^2 = 10.9$, df = 1, $P<0.01$). However, there was no significant relationship between the proportion of women approaching the general practitioner and social class or being postmenopausal. Overall, 27 women commented that they were too old to consider approaching their general practitioner about hormone replacement therapy; the mean age of this group was 59.8 years. Of those who had seen a doctor 105 (80.2%) volunteered information concerning satisfaction. Sixty eight of these women (64.8%) felt that they had received enough time with the doctor, 65 (61.9%) had received enough information, while 25 (23.8%) felt they would have had to apply or had applied pressure on the doctor to be given hormone replacement therapy.

Preferred form of hormone replacement therapy

When asked in what form they would like to receive hormone replacement therapy 460 women expressed a preference — 68.3% would prefer tablets taken daily, 17.4% skin patches changed twice weekly and 14.3% implants under the skin replaced every three to six months.

Anxieties

Overall 308 women expressed one or more concerns about hormone replacement therapy. The dominant anxiety was about cancer (106 women, 34.4%). Cancer of the womb was specifically cited by only two women and cancer of the breast by 48 women. Eighty one women (26.3%) expressed concern about unspecified and possibly unknown long term side effects of hormone replacement therapy while 67 women (21.8%) felt it was an inappropriate interference with a normal process. Twenty five women mentioned vascular problems (hypertension, clots, thrombosis and varicose veins) and 12 women were concerned that symptoms of the menopause would return after cessation of treatment. Three women confused hormone replacement therapy with the combined oral contraceptive and wondered if hormone replacement therapy predisposed to ischaemic heart disease and strokes.

Thirty one of the 308 women commented that their symptoms of the menopause had been minimal and so they did not feel that hormone replacement therapy was necessary. Ignorance about the dangers of treatment was admitted by 124 women and they called for more information to be distributed and research to be carried out on the advantages and disadvantages of treat-

ment. Some of these women commented that doctors appeared to be divided on the subject and that this was unhelpful.

Problem of continued menses

Of the 354 non-hysterectomized women who responded to the question, 169 (47.7%) said that they would be deterred from using hormone replacement therapy by the thought of prolongation of periods after the menopause. Only 48 (15.0%) of 320 women said they would consider a hysterectomy as an alternative to prolongation of their periods on hormone replacement therapy. These responses were not related to social class or a positive family history of fractures.

Users of hormone replacement therapy

Fifty four women had received hormone replacement therapy in the past and 64 women were currently receiving it, a total of 118 (21.9%). The proportion of women receiving therapy (in the past or present) was not related to social class or a positive family history of fracture. However, significantly more women who had had symptoms had received therapy than those who had not (47.8% versus 10.7%; $\chi^2 = 46.3$, df = 1, $P<0.001$), as had more of those who had had a hysterectomy (35.0% versus 18.7%; $\chi^2 = 13.3$, df = 1, $P<0.001$), more of those who believed osteoporosis was helped by hormone replacement therapy (27.0% versus 17.0%; $\chi^2 = 4.3$, df = 1, $P<0.05$) and more of those who felt the doctor had been an important source of information about hormone replacement therapy (61.3% versus 7.4%; $\chi^2 = 169$, df = 1, $P<0.001$). There was no relationship between reporting the media as a source of information and receiving a prescription for hormone replacement therapy.

Fifteen women had had a hysterectomy and bilateral oophorectomy. Of these women nine had been or were receiving hormone replacement therapy, and of the remaining six, three had medical contraindications (uterine or breast cancer, under treatment), giving a therapy rate of 75.0% of eligible women in this group.

Treatment had lasted for two years or less for 50 out of the 54 past users and 48 out of the 64 present users. Flushes, psychological symptoms or dyspareunia/vaginal dryness were the reason for prescription of hormone replacement therapy in 94 of the 118 cases (79.7%) and 77 women had obtained relief from the symptoms. The prevention of long term complications such as osteoporosis was cited as the reason for hormone replacement therapy by only 12 women (10.2%). Fifteen women commented that their lives had been dramatically improved by hormone replacement therapy. For example, 'My life has been brought back to normal since I have been taking HRT. I am very grateful.' 'I have not felt so well for a very long time since I have been on HRT. I have more energy than I ever thought possible.'

Of the 118 users, 77 (65.3%) commented that they had had no problems with the treatment but 15 (12.7%) reported problems with the return of menses. Fourteen women (11.9%) had difficulties with a variety of symptoms (nausea, headaches, bloating, abdominal pain) and this was the main reason why 12 of the 54 past users had discontinued treatment. Eleven women (9.3%) reported weight gain as a problem. Interestingly, the doctor's advice had been the main reason for discontinuing treatment in 13 of the 54 past users of hormone replacement therapy.

Discussion

In this study 90% of the women in the age group 44–64 years had heard of hormone replacement therapy. The social class distribution of the study population and the findings that the majority of respondents had heard about hormone replacement therapy from the media and that both knowledge of the therapy and obtaining that knowledge from the media were associated with higher social class suggest that this figure is higher than what would be found in other practices with different social class distributions.

Response to the checklist of problems indicated that the majority of women were correctly informed of the value of hormone replacement therapy in dealing with hot flushes and preventing osteoporosis. This contrasts with an American survey[5] of women's attitudes where women not receiving the therapy were unaware of its relation to osteoporosis. Psychological difficulties experienced around the menopause, such as depression, irritability and lack of zest were perceived as being responsive to hormone replacement therapy by over 40% of women, whereas less than 25% felt it might help sexual problems around the menopause, such as painful intercourse and reduced sexual drive. In addition, only 10% of women felt that it could alter the risk of a stroke or myocardial infarction, suggesting that publicity about the possible value of hormone replacement therapy in relation to cardiovascular factors has not filtered through.

About one quarter of the women had approached their general practitioner to request hormone replacement therapy or further information and the main determinant for doing so was that they perceived themselves to be symptomatic or had had a hysterectomy. These factors, together with regarding their general practitioner as an important source of information, were the main factors influencing prescription of hormone replacement therapy. The majority of women who had approached their general practitioner about hormone replacement therapy were prescribed this treatment (118/131, 90%).

Although only 69% of women overall expressed a preference for oral treatment it has been found in a local survey of 262 general practitioners that doctors predominantly prescribe this therapy in tablet form.[7]

The major anxiety expressed by women regarding hormone replacement therapy was that of cancer, and specifically breast cancer. Thus, general practitioners prescribing hormone replacement therapy should be familiar with current thinking on this subject when counselling patients.[8,9] Uterine cancer was mentioned by only two women, reflecting both the relative media silence on this subject and the now established practice of giving combined oestrogen/progesterone therapy to women with an intact uterus; this has been shown to reduce endometrial hyperplasia to virtually 0%.[10]

Although the number of women who had had both a hysterectomy and bilateral oophorectomy was small, the finding that 75% of eligible women in this group had been prescribed hormone replacement therapy is encouraging and contrasts with the findings in a recent survey in Greater London[11] where only 30% of women in high risk groups had received therapy. The difference may in fact be greater since the response rate to that study was lower, at 64%, and a greater number of non-users of hormone replacement therapy would be expected among non-respondents. A possible variation in the social class distribution between the practices may partly account for the discrepancy.

However, the absence in this study of an association between family history of fractures (indicative of osteoporotic risk) and receiving hormone replacement therapy, and the short duration of treatment for most women (less than two years) should be noted. These results reflect the use of this therapy predominantly to treat symptoms, but this situation may change in the light of the awareness of women of the role of hormone replacement therapy in preventing osteoporosis as well as a changing medical opinion. In addition, proper counselling of patients about the

premenstrual-type symptoms that may occur on initiation of hormone replacement therapy (as well as awareness of the possible beneficial effect on these symptoms of altering the dose and duration of progesterone) may reduce the number of women that stop treatment because of these symptoms. The problem of continued menses, which deters many women from receiving hormone replacement therapy, may be addressed in the future by new techniques such as the laser, the resectoscope, and more recently, radiofrequency-induced thermal endometrial ablation,[12] obviating the need for a hysterectomy.

The large number of women who expressed ignorance about hormone replacement therapy and a desire for more information, coupled with those who expressed concern about divergence of opinion among doctors is of note. There is clearly an urgent need for more clear-cut balanced information on the subject. It is of concern that in this study 24% of women felt that they had to apply pressure on their general practitioner to obtain therapy. This may reflect the differing views about prescribing hormone replacement therapy among the doctors in the practice. It is of note that a similar proportion was obtained in a study of women attending a specialist menopause clinic.[6]

The findings of this survey provide the basis for identifying areas where the knowledge of women in the practice is deficient. This will allow more appropriate literature and use of consultation time to provide balanced information and address concerns, and changes in practice organization to be made so that those women at particular risk of complications who would benefit from hormone replacement therapy can be identified. It is hoped that a similar survey could then be used to audit care in this increasingly important yet controversial area.

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