

The menopause and hormone replacement therapy: views of women in general practice receiving hormone replacement therapy

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SUMMARY. *Women's views on the menopause and hormone replacement therapy were explored using a questionnaire given to women attending one general practice who were having hormone replacement therapy under the supervision of their doctor. Sixty four women (67%) responded. Although only 5% of women had requested hormone replacement therapy from their general practitioner the majority of women indicated that they had been helped by hormone replacement therapy. Eighty per cent of women were using hormone replacement therapy primarily to treat menopausal symptoms with only 6% of women using it primarily as prophylaxis against osteoporosis. Many women were correctly informed about the effects of hormone replacement therapy but mistaken beliefs about its side effects may indicate the need for further health education. The desire for further information was striking: 59% of women wanted further information about hormone replacement therapy, and 80% of women would have liked to have had more information about the menopause before its onset. The media appeared to be an important source of information about health matters: 61% of women obtained information about hormone replacement therapy from either the television, magazines or newspapers. The role of the media and health workers in health education is discussed.*

Introduction

THE menopause is the end of menstruation and hence of reproductive life. It normally occurs between the ages of 40 and 57 years in western countries but may be earlier (at 36 years old) in primitive societies.¹ Women may experience a variety of symptoms during the menopause with some symptoms such as hot flushes and sweats occurring more commonly than others, such as minor mental symptoms.² A variety of factors, both physical and social, are thought to contribute to the experience of the menopause, including falling oestrogen levels, changes in the woman's perceived role in society and lifestyle changes, and the effect of life events at the time of the menopause, although their relative importance is uncertain.³ A woman's experience of the menopause depends on the attitudes that she and society have towards her changing role, together with the extent and quality of her relationships with others. This experience can be influenced by a woman's expectations which are in turn influenced by the extent and accuracy of her knowledge about the menopause.

The effects of hormone replacement therapy have been extensively investigated. Although the extent of agreement is greater in some areas than others,^{4,5} there is now a consensus of opinion that oestrogen therapy can prevent osteoporosis,⁶ so reducing the incidence of fractures of the forearm, hip and spine,^{7,8} and can protect against ischaemic heart disease.⁹ The

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effect of hormone replacement therapy on the risk of stroke is still under debate.^{10,11} There is little doubt about the effectiveness of oestrogen in treating hot flushes, nocturnal sweating and insomnia,¹² but the role of oestrogen in treating depression at the time of the menopause is uncertain.¹³⁻¹⁵ Unopposed oestrogen has been shown beyond doubt to increase the risk of endometrial cancer¹⁶ but there is still no consensus of opinion on the role of hormone replacement therapy in breast cancer.¹⁷⁻¹⁹

Most research on the effects of hormone replacement therapy to date has studied unopposed oestrogen. Addition of progestogens in adequate doses avoids the risk of endometrial cancer but alters the beneficial effects of hormone replacement therapy on cardiovascular disease by unfavourably affecting the lipid profile.²⁰ If hormone replacement therapy is to be offered to more women in this country, as recommended by Belchetz,²¹ further studies on the effects of opposed hormone replacement therapy (combined oestrogen and progestogen) are needed unless alternative methods, such as endometrial ablation, are used to avoid the risk of endometrial cancer.

Fewer women use hormone replacement therapy in the United Kingdom than in North America,²¹ although extensive publicity in the British media in recent years has increased public awareness of this therapy.²¹⁻²⁴ Considerable interest was found among perimenopausal women in using hormone replacement therapy to prevent osteoporosis.²² The present study was designed to explore two main areas: women's expectations of the menopause and their attitudes towards it; and women's sources of information about hormone replacement therapy, their accuracy of knowledge, and their expectations of hormone replacement therapy.

Method

The study took place during a six-month period in early 1990 in a general practice in Wigan. The practice consisted of five partners (four men and one woman) who were aged between 36 and 54 years, and one woman trainee. The practice served 11 200 registered patients, 1723 of whom were women between the ages of 40 and 65 years. Ninety five women in the practice were using hormone replacement therapy and they made up the study group. Discussion with the doctors in the practice revealed a generally positive attitude towards hormone replacement therapy and all were interested in the study.

All women on hormone replacement therapy received an explanation about the aims of the study from their general practitioner or practice nurse when they attended appointments at the surgery or a recently established hormone replacement therapy clinic in the practice. This verbal explanation was accompanied by an explanatory letter and a questionnaire with an addressed envelope. The women could complete the questionnaire in the surgery or at home at their leisure.

The questionnaire consisted of open and closed questions covering three main areas, and was carefully scrutinized before commencing the study. The first set of questions asked for background information including the woman's age, her own and her husband's occupation, her smoking status and brief details of parity, history of hysterectomy, and use of the contraceptive pill. The second set of questions asked what the

woman's expectations of the menopause had been before it occurred and her attitudes towards it. It also asked whether she would have liked to have had more information about the menopause; and whether she had received any other advice, treatment or remedies for the condition before commencing on hormone replacement therapy, and whether any of these had been successful. The third set of questions concentrated on hormone replacement therapy: the main perceived reason for commencing it, her sources of information and accuracy of knowledge and her expectations of hormone replacement therapy. The data were analysed manually initially and then a spreadsheet was used to tabulate the results.

Results

Questionnaires were given to 95 women and 64 replies were received, a response rate of 67%. Not all the questions were answered on all of the questionnaires, hence results are given for the data available.

Patient characteristics

The characteristics of the women receiving hormone replacement therapy are shown in Table 1: 59% of these women were aged between 45 and 54 years; all were married or divorced and all had had children. Women had used the contraceptive pill for contraceptive purposes in 77% of cases, and for period regulation in 23%. Sixty four per cent of women had been on the contraceptive pill for up to five years and 9% of women had been on it for more than 10 years. Two fifths of respondents had had a hysterectomy. One third of women were smokers.

The social class distribution of the respondents was compared with the class distribution of the north west region as found in the 1981 census.²⁵ A smaller proportion of women in this study were found to be in social classes 1 and 2 as compared with the north west region (16% versus 24%). Sixty one per cent of women were in social classes 3N and 3M compared with 41% identified in the census in the north west region.

The menopause

The replies of the respondents to questions about the menopause are shown in Table 2. In response to an open question on their knowledge about the menopause before its onset only 14% stated they had a good knowledge: these women were health professionals (nurses and health visitors). Eighty per cent of women would have liked to have had more information about the menopause before its onset. Comments about the menopause included 'dreaded it', 'had to put up with it' and 'thought those who complained were soft'.

Less than half of the respondents had received advice, remedies or treatment for menopausal symptoms from either their general practitioner, hospital doctor, friends, relatives or health food shops before starting hormone replacement therapy. One woman stated she had been told by a doctor to 'have more sex'. Remedies tried included evening primrose oil (five women), vitamin B₆ (two women) and oestrogen vaginal creams (three women); only two women stated that any of these had helped. Other therapies tried included beta blockers, benzodiazepines, acupuncture, homoeopathy and the contraceptive pill; none of these therapies had helped.

Hormone replacement therapy

Respondents' use and knowledge of hormone replacement therapy is shown in Table 3. Forty one women were on combined hormone replacement therapy and 23 were prescribed unopposed oestrogen. At the time of completion of the questionnaires, 79% of women had been taking hormone replacement

Table 1. Characteristics of the 64 women receiving hormone replacement therapy.

Patient characteristics	
<i>Mean age in years (range)</i>	
At time of study	50.1 (34-65)
At menarche	13.2 (11-17)
At first pregnancy	22.6 (18-32)
<i>Mean number of pregnancies (range)</i>	
	2.8 (1-6)
<i>Marital status (no. (%))</i>	
Married	55 (86)
Divorced	9 (14)
<i>Use of contraceptive pill (no. (%))</i>	
Never used	20 (31)
Ever used	44 (69)
For contraception	34 (77)
For period regulation	10 (23)
<i>Length of contraceptive pill use (no. (%))</i>	
<1 year	7 (16)
1-5 years	21 (48)
6-10 years	12 (27)
>10 years	4 (9)
<i>No. (%) who had undergone a hysterectomy</i>	
	26 (41)
<i>No. (%) who were smokers</i>	
	21 (33)

Table 2. Responses regarding the menopause among the 64 women.

	Number (%) of women
<i>Knowledge of menopause before its onset*</i>	
Nothing	7 (11)
A little	42 (66)
A good knowledge	9 (14)
<i>Desire for information on menopause before its onset</i>	
Yes	51 (80)
No	10 (16)
Unsure	3 (5)
<i>Receipt of advice/remedies/treatment</i>	
Yes	26 (41)
No	38 (59)

*Only 58 women answered this question.

therapy for between one and 12 months, the longest duration of treatment was 11 years. Only five women had had any preference for the type of preparation they had wished to use before starting hormone replacement therapy.

The majority of women had received their information about hormone replacement therapy from more than one source, with most women obtaining information from their general practitioner and from media sources such as television, magazines and newspapers. Seven women reported having heard about hormone replacement therapy from a practice nurse. Only two women stated hospital doctors despite the contact with gynaecology departments by many of these women who had had hysterectomies. One woman stated she had heard about hormone replacement therapy while at work, and two women had heard about it during their nurse training.

The majority of women had started hormone replacement therapy as a treatment to relieve symptoms of the menopause and only four women were using it primarily to prevent osteoporosis. Seventy per cent of women thought the effects of the therapy were better than they had expected.

Table 3. Knowledge and use of hormone replacement therapy (HRT) among the 64 women.

	Number (%) of women ^a
<i>Duration of HRT</i>	
1-3 months	16 (25)
4-12 months	34 (54)
13 months - 5 years	10 (16)
6+ years	3 (5)
<i>Choice of preparation before starting treatment</i>	
No preference	59 (92)
Transdermal patch	4 (6)
Prefer not to have transdermal patch	1 (2)
<i>Source of information about HRT^b</i>	
Media	39 (61)
General practitioner	38 (59)
Family/friends	12 (19)
Practice nurse	7 (11)
Hospital doctor	2 (3)
Other	3 (5)
<i>Main reason for starting HRT</i>	
Relief of symptoms	51 (86)
Prevention of osteoporosis	4 (7)
Patient request for HRT	3 (5)
Cosmetic reasons	1 (2)
<i>Actual compared with expected effects of HRT</i>	
Better	39 (70)
Same	16 (29)
Worse	1 (2)
<i>Is HRT a form of contraception?</i>	
Yes	1 (2)
No	55 (87)
Unsure	7 (11)
<i>Can HRT prevent thinning of the bones?</i>	
Yes	43 (68)
No	6 (10)
Unsure	14 (22)
<i>Do you know of any side effects of HRT and if so what are they?</i>	
No	28 (52)
Breast cancer	17 (31)
Cancer	4 (7)
Cardiovascular problems	4 (7)
Same as the pill	1 (2)
<i>Do you have any worries about HRT and if so what are they?</i>	
No	42 (95)
Weight gain	1 (2)
Unnatural	1 (2)
<i>Would you like further information on HRT?</i>	
Yes	35 (59)
No	24 (40)

^aSome respondents did not answer all the questions. ^bSome respondents stated more than one source.

The extent of knowledge about hormone replacement therapy was variable: most women realized it was not a form of contraception and two thirds knew that it could prevent osteoporosis. Over half of the women who replied to the question did not know of any side effects. Twenty one women had heard about cancer risks and four stated that there was a risk of cardiovascular problems such as angina, heart attacks and increased blood pressure.

Almost all of the women who answered the question denied having any worries about hormone replacement therapy although

one woman expressed concern about weight gain, and another felt that it was unnatural. More than half of the respondents wanted further information; 37% of these wanted information on the long-term effects of hormone replacement therapy and 26% information about the optimal duration of therapy.

The summarizing comments at the end of the questionnaire indicated a very positive attitude to hormone replacement therapy. Many women (54) stated that they experienced a general sense of well-being and 30 appreciated that someone was taking their symptoms seriously. Some women had obviously weighed up the risks and benefits, as demonstrated by one comment 'even though I don't like monthly periods, the advantages of hormone replacement therapy far outweigh the inconvenience of periods'. One woman commented that she thought hormone replacement therapy 'should be available to all women'.

Discussion

This study was designed to explore the knowledge, attitudes and expectations towards the menopause and hormone replacement therapy of women who were using hormone replacement therapy in general practice. The specific study group chosen means that the views of the women involved in this study might not be representative either of all women in general practice who may experience menopausal symptoms, as only those women currently using hormone replacement therapy were sampled, or representative of all hormone replacement therapy users, as the study did not include those women who had tried hormone replacement therapy but who had discontinued its use. Detailed studies on these two groups of women have been described elsewhere: one study undertaken in 1983 involved over 4000 women attending specialist menopausal clinics throughout the United Kingdom, some of whom had discontinued hormone replacement therapy;²³ the other study involved 635 women of perimenopausal age in a general practice setting, of whom 22% had received hormone replacement therapy at some time.²⁴

A response rate higher than 67% might have been expected in the present study of women attending their own general practitioner: perhaps the enthusiasm when agreeing to take part in the study declined when the women left the surgery with the questionnaire to complete. Both Hunt²³ and Kadri²⁴ achieved higher response rates (80% and 85% respectively) and this may be explained by the social class distributions of the samples — in this study only 16% of respondents were in social classes 1 and 2 compared 46%²³ and 48%²⁴ respectively. In a study of attenders at a general practice osteoporosis clinic, a higher proportion of attenders than non-attenders were in social classes 1 and 2.²⁶ An alternative explanation for the different response rates obtained in these studies may lie in the study design. Hunt's study included a recruitment interview before the questionnaires were distributed,²³ and in Kadri's study a second questionnaire was sent to non-responders a month after the first.²⁴ Neither of these techniques was employed during the present study.

The use of a questionnaire to collect information in the present study, has both advantages and disadvantages over interview methods. Advantages included the respondents being able to complete the questionnaires at their own pace and in privacy, avoidance of any bias of the interviewer when recording information and easier comparison of results between individuals. However, individual questions in the questionnaire may have been open to misinterpretation and the questionnaire was unable to probe into specific areas of interest in individual cases. A combination of both techniques has been recommended for research purposes to incorporate the advantages of both research methods.²⁷

A high proportion of women in the present study indicated that they had been helped by hormone replacement therapy,

many finding the effects better than they had expected. Many women stated they experienced a general sense of well-being and expressed their appreciation that someone was taking their symptoms seriously. Similar comments were made in Hunt's multicentre study²³ where the importance of a sympathetic attitude to the woman and her problems was stressed.

Nevertheless, there is low overall use of hormone replacement therapy (2–13%) in women of postmenopausal age^{24,28} and the divergence of opinion about hormone replacement therapy among doctors has been noted by these women.²⁴ Hormone replacement therapy was directly requested by only 5% of women in the present study as opposed to 21% of women in Hunt's study.²³ One explanation for this difference may be that women from higher social classes are more likely to ask for what they want. Alternatively, prescription of hormone replacement therapy may have been more likely to be doctor initiated in the present study because of the positive attitudes of the general practitioners in the practice towards hormone replacement therapy.

Perimenopausal women realize the potential of hormone replacement therapy to treat menopausal symptoms,²⁴ reflected here by respondents' use of hormone replacement therapy primarily to treat symptoms. The prevention of long-term complications such as osteoporosis was the primary reason for starting hormone replacement therapy in only a minority of cases. However, some general practitioners regard hormone replacement therapy as an important therapy in the prevention of osteoporosis in high risk women.²⁹ In addition, women have expressed interest in finding out more about its use to prevent osteoporosis,²² and clinics for prevention of osteoporosis have been seen to be successful.²⁶ Thirty three per cent of women in this study smoked, despite the fact that smoking is known to be a risk factor in the development of osteoporosis.³⁰

Many women are correctly informed about the effects of hormone replacement therapy: 68% of women in the present study knew it could prevent osteoporosis and 87% realized that it was not a form of contraception. However, the fears about cancer and the mistaken belief that hormone replacement therapy increases the incidence of heart attack reveal the need for further health education. Throughout the present study, the desire for further information was striking: 80% of women would have liked more information on the menopause before its onset while 59% of women using hormone replacement therapy wanted more information about it. This desire for further information has been noted elsewhere.²²

The widespread influence of the media as a source of information about hormone replacement therapy is illustrated by the finding that for 61% of women in the present study one of their sources of information about hormone replacement therapy was television, magazines and newspapers; this effect of the media has been noted elsewhere.^{23,24} Although the media has an important role in increasing awareness and stimulating interest about health matters, efforts should be made to ensure that information about subjects such as the menopause and hormone replacement therapy is accurate when presented to women: this would be facilitated by cooperation between the medical profession and those responsible for the presentation of media material. Health workers also need to be aware of the content of material encountered by women in order to correct any mistaken or biased information, to provide balanced information about the subject in question and to offer advice appropriate to the circumstances of the individual woman.

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