

should this be so? The postmenopausal women held the view that the advice of a doctor on whether or not to take hormone replacement therapy plays an important part in their decision to use the treatment. But since only 12% of those postmenopausal women who had never taken hormone replacement therapy had ever discussed the treatment with a doctor, it may be that they had never heard of it. This lack of knowledge was emphasized by more than half of all the women having no idea about two of the effects of hormone replacement therapy on the body.

The situation is even more worrying when women who have had a hysterectomy are considered. This group is most at risk of osteoporosis²⁵ and cardiovascular problems²⁶ owing to oestrogen deficiency. Yet, of the 67 women who had had a hysterectomy within the last 16 years, 66% had never taken hormone replacement therapy, and only 31% had discussed the therapy with their general practitioner and 7% with a gynaecologist. A study in Glasgow showed that many of the women who had undergone a hysterectomy and oophorectomy before the age of 40 years were not offered treatment at a sufficiently early stage.²⁷ Similarly, a London study showed that fewer than one in three women who had had a hysterectomy had been offered hormone replacement therapy.²⁸

Why are doctors not promoting hormone replacement therapy in spite of its benefits? Is this a cost cutting exercise or a natural disinclination to adopt a long term treatment which may later be found to be responsible for undesirable side effects? The general public is constantly being encouraged to be responsible for its own health, but this can only be a realistic objective if the necessary information is provided in a form accessible to the lay public. The Scottish Medicines Resource Centre, an independent drug information centre, has recently concluded: 'It has been proposed that all women should be offered the opportunity to receive hormone replacement therapy. The decision as to whether to accept hormone replacement therapy is one which should be taken by the patient herself, in consultation with her doctor and in the knowledge of all the risks and benefits of hormone replacement therapy as they are currently understood.'²⁹ This study has shown that before this ideal state can be achieved a specific health education campaign is required, using educational materials which are consumer friendly, to highlight the benefits of hormone replacement therapy. A suitable model of health education for use by the primary health care team has been described by Downie.³⁰ Only then will women be able to make an informed decision as to whether to accept the treatment.

References

- Weatherall DJ, Ledingham JGG, Warrell DA (eds). *Oxford textbook of medicine*. Second edition. Oxford University Press, 1988.
- Hunt K. Perceived value of treatment among a group of long-term users of hormone replacement therapy. *J R Coll Gen Pract* 1988; **38**: 398-401.
- Cust MP, Gangar KF, Hillard TC, Whitehead MI. A risk-benefit assessment of estrogen therapy in postmenopausal women. *Drug Safety* 1990; **5**: 345-358.
- Prudie DW. Broken bones — a gynaecological problem [editorial]. *Br J Obstet Gynaecol* 1988; **95**: 737-739.
- Anonymous. Consensus development conference: prophylaxis and treatment of osteoporosis. *BMJ* 1987; **295**: 914-915.
- Cummings SR, Kelsey JL, Nevitt MC, O'Dowd KJ. Epidemiology of osteoporosis and osteoporotic fractures. *Epidemiol Rev* 1985; **7**: 178-208.
- Jensen FG, Christiansen C, Boesen J, et al. Epidemiology of postmenopausal spinal and long bone fractures. *Clin Orthop* 1982; **166**: 75-81.
- Law JR, Wald NF, Meade TW. Strategies for prevention of osteoporosis and hip fracture. *BMJ* 1991; **303**: 453-459.
- Melton LJ, Eddy DM, Johnston CC. Screening for osteoporosis. *Ann Intern Med* 1990; **112**: 516-528.
- Cummings SR, Browner WS, Grady D, Ettinger B. Should prescription of postmenopausal hormone therapy be based on the results of bone densitometry? *Ann Intern Med* 1990; **113**: 565-567.
- Goldman L, Tosteson ANA. Uncertainty about postmenopausal estrogen. *N Engl J Med* 1991; **325**: 800-802.
- Beaglehole R. Oestrogens and cardiovascular disease. *BMJ* 1988; **297**: 571-572.
- Hunt K, Vessey M, McPherson K. Mortality in a cohort of long-term users of hormone replacement therapy: an updated analysis. *Br J Obstet Gynaecol* 1990; **97**: 1080-1086.
- Stevenson JC. Osteoporosis and cardiovascular diseases in women: converging paths? *Lancet* 1990; **336**: 1121-1122.
- Stampfer MJ, Colditz GA, Willett WC, et al. Postmenopausal estrogen therapy and cardiovascular disease. *N Engl J Med* 1991; **325**: 756-802.
- Egeland GM, Kuller LH, Matthews KA, et al. Hormone replacement therapy and lipoprotein changes during early menopause. *Obstet Gynecol* 1990; **76**: 776-781.
- Sonnendecker EWW, Polakow ES, Benade AJS, Simchowitz E. Serum lipoprotein effects of conjugated estrogen and a sequential conjugated estrogen-medrogestone regimen in hysterectomized postmenopausal women. *Am J Obstet Gynecol* 1989; **160**: 1128-1134.
- Gambrell RD, Teran A. Changes in lipids and lipoproteins with long-term estrogen deficiency and hormone replacement therapy. *Am J Obstet Gynecol* 1991; **165**: 307-317.
- Christiansen C, Riis BJ. Five years with continuous combined oestrogen/progesterone therapy. Effects on calcium metabolism, lipoproteins and bleeding pattern. *Br J Obstet Gynecol* 1991; **97**: 1087-1092.
- Haarbo J, Hassager C, Jensen SB, et al. Serum lipids, lipoproteins, and apolipoproteins during postmenopausal estrogen replacement therapy combined with either 19-nortestosterone or 17-hydroxyprogesterone derivatives. *Am J Med* 1991; **90**: 584-589.
- Ferguson KJ, Hoegh C, Johnson S. Estrogen replacement therapy: a survey of women's knowledge and attitudes. *Arch Intern Med* 1989; **149**: 133-136.
- Leiblum SR, Swartzman LC. Women's attitudes toward the menopause: an update. *Maturitas* 1986; **8**: 47-56.
- Dean AG, Dean JA, Burton AH, Dicker RC. *Epi info version 5 — a word processing, database and statistics system for epidemiology on microcomputers*. Stone Mountain, GA: USD Inc, 1990.
- Anonymous. More than hot flushes [editorial]. *Lancet* 1991; **338**: 917-918.
- Richelson LS, Wahner HW, Melton LJ, Riggs BL. Relative contributions of aging and estrogen deficiency to postmenopausal bone loss. *N Engl J Med* 1984; **311**: 1273-1275.
- Rosenberg L, Hennekens CH, Rosner B, et al. Early menopause and the risk of myocardial infarction. *Am J Obstet Gynecol* 1981; **139**: 47-51.
- Barlow DH, Grosset KA, Hart H, Hart DM. A study of experience of Glasgow women in the climacteric years. *Br J Obstet Gynecol* 1989; **96**: 1192-1197.
- Spector T. Use of oestrogen replacement therapy in high risk groups in the United Kingdom. *BMJ* 1989; **299**: 1434-1435.
- Anonymous. Hormone replacement therapy and the menopause. *Medicines Resource* 1991; no. 5: 17-20.
- Downie RS, Fyfe C, Tannahill A. *Health promotion: models and values*. Oxford University Press, 1990.

Acknowledgements

We are grateful to the Grampian Health Board for funding the project, to Kristi Ferguson of Iowa University for allowing us to adapt and use her menopause questionnaire and the large number of women who made the study possible by responding to our requests for information.

Address for correspondence

H K Sinclair, Department of General Practice, University of Aberdeen, Foresterhill Health Centre, Westburn Road, Aberdeen AB9 2AY.

Corrigendum - health checks for long term non-attenders

The paper by Thomas and colleagues (Case against targeting long term non-attenders in general practice for a health check, *Br J Gen Pract* 1993; **43**: 285-290) should have included the following acknowledgement on the title page: © Crown Copyright Reserved 1993.