Hormone replacement therapy: the views of general practitioners and practice nurses

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SUMMARY

The knowledge and attitudes of primary healthcare professionals have been cited as barriers to appropriate uptake of hormone replacement therapy (HRT). This questionnaire survey of general practitioners and practice nurses revealed positive attitudes to HRT but uncovered a lack of pharmacological knowledge.

Keywords: hormone replacement therapy; menopause; practice nurses; general practitioners' attitudes.

Introduction

HORMONE replacement therapy (HRT) has been underutilised in the United Kingdom (UK), although uptake is now increasing.[1] The knowledge and attitudes of primary healthcare professionals have been cited as barriers to greater usage in the past[2,3] but no recent studies have addressed whether these problems persist.

Method

Postal questionnaires were sent to all general practitioners (GPs) and practice nurses in the Wigan and Bolton area. The questionnaires covered knowledge and views about HRT together with personal and practice profiles. Approval was obtained from both Wigan and Bolton Ethics Committees and the questionnaires were piloted before use.

Results

A total of 64% (181/281) of GPs and 82% (147/180) of practice nurses returned completed questionnaires. Sixty-seven per cent (120/179) of GPs were male, their mean date of qualification was 1977 and 16% (29/181) were single-handed. General practitioner non-responders were more likely to be male (83%), longer qualified (mean date 1973), and single-handed (29%) than responders. Seven per cent (10/144) of practice nurses were involved with a menopause/HRT clinic in the practice, a further 7% (10/144) did not discuss the menopause/HRT with patients while the remaining 86% (124/144) were accessible to women to discuss the subject.

Table 1 shows that GPs and practice nurses thought HRT should be offered to women with menopausal symptoms, or risk factors for osteoporosis or cardiovascular disease. However, they were reluctant to offer HRT to heavy smokers or those with cerebrovascular disease. A total of 45% (80/178) of GPs and 52% (76/146) of practice nurses thought that HRT should be prescribed for six to ten years.

The majority of GPs and practice nurses knew that HRT reduced the risk of osteoporotic fractures (96% [171/179] and 98% [142/145] respectively), reduced the risk of cardiovascular disease (92% [164/179] and 97% [139/144]), and increased the risk of breast cancer after ten years of use (81% [144/177] and 77% [108/141]). However, only 64% (115/179) of GPs and 42% (59/140) of practice nurses were aware that HRT increased the risk of venous thromboembolism and 60% (107/178), and 34% (48/142) that opposed HRT had no effect on endometrial cancer. Twenty-four per cent (42/174) of GPs and 41% (52/127) of practice nurses would inappropriately prescribe continuous combined HRT for peri-menopausal, non-hysterectomised women.

Discussion

The high response from practice nurses suggests that findings may be representative of practice nurses as a whole in the locality. Non-response among the GPs is likely to have excluded older, single-handed GPs[4] and those with little interest in the study area.[5] We may therefore have overestimated knowledge about, and interest in, menopausal/HRT issues among GPs. A further consideration is that the findings of this local study may not be representative of GPs or nurses elsewhere.

The responses to the questions in Table 1 might have been affected by differing interpretations of each question, i.e. whether HRT should be prescribed to treat the condition stated or whether HRT should be prescribed to women who happen to have these conditions. There might also have been a source of confusion among responders between the terms sequential and continuous combined HRT. When considering practice nurses'

Table 1. General practitioner and practice nurse views on HRT prescribing. Positive responses to 'Do you feel HRT should be offered to women with the following?'[a]

	General practitioners % (n = 179)	Practice nurses % (n = 145)
Osteoporosis	97	97
Risk factors for osteoporosis	97	97
Urogenital atrophy	96	86
Hot flushes	93	88
Risk factors for cardiovascular disease	84	88
A wish to try HRT and no specific contraindication	84	79
Psychological symptoms attributable to the menopause (irritability, mood swings, etc)	79	84
Cardiovascular disease (angina, myocardial infarction, etc)	75	81
Hyperlipidaemia	70	68
Hypertension	67	55
Diabetes mellitus	67	62
Heavy smoking	52	34
Cerebrovascular disease (cerebrovascular accident, transient ischaemic attacks, etc)	45	44

[a]Current opinion suggests that HRT is not contraindicated for any of these.

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Submitted: 29 October 1999; Editor's response: 23 February 2000; final acceptance: 14 August 2000.

knowledge about HRT it should be remembered that most are unlikely to be involved with HRT prescribing.

Compared with previous studies[2,3] GPs were more likely to consider prescribing HRT long term for prophylaxis against cardiovascular disease and osteoporosis, were more aware of the effects of HRT, and were less likely to consider cardiovascular disease as a contraindication to HRT. This may be because our sample was atypical, or because there has been an improvement over time among GPs generally. The study reports on GPs' attitudes towards HRT and therefore cannot draw any conclusions about HRT prescribing habits. It should be remembered that the evidence base for HRT is still evolving such that GPs' decisions about appropriate prescribing are more complex than would appear from this paper.

Nevertheless, even among this sample there were important areas of uncertainty. Many GPs and practice nurses were unclear about the effects of HRT on endometrial cancer and venous thromboembolism, were cautious about offering HRT to women who were heavy smokers, and would inappropriately prescribe continuous combined HRT preparations.

References

1. Townsend J. Hormone replacement therapy: assessment of present use, costs and trends. *Br J Gen Pract* 1998; **48:** 955-958.
2. Bryce FC, Lilford RJ. General practitioners' use of hormone replacement therapy in Yorkshire. *Eur J Obstet Gynaecol Reprod Biol* 1990; **37:** 55-61.
3. Wilkes HC, Meade TW. Hormone replacement therapy in general practice: a survey of doctors in the MRC's general practice research framework. *BMJ* 1991; **302:** 1317-1320.
4. McAvoy B, Kaner EFS. General practice postal surveys: a questionnaire too far? *BMJ* 1996; **313:** 732-733.
5. Sibbald B, Addington-Hall J, Brenneman D, Freeling P. Telephone versus postal surveys of general pratitioners: methodological considerations. *Br J Gen Pract* 1994; **44:** 297-300.

Acknowledgements

The study was funded by the North West Region Research Practices Initiative. We would like to thank the staff and partners at Seven Brooks Medical Centre for their support and the Health Authority for their help and cooperation.

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