



Coping with menopausal symptoms: An internet survey of Belgian postmenopausal women



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ABSTRACT

Objectives: An internet survey was performed to obtain data on the current use in Belgium of hormone replacement therapy and alternative treatments for the alleviation of menopausal symptoms. A supplementary aim was to assess the use of opt-in internet opinion panels (TalkToChange, <http://www.talktochange.com>, and GMI, <http://www.gmi-mr.com/global-panel>) as a potential new way to obtain data on menopausal issues.

Study design: Data were collected via an internet platform from 696 postmenopausal women aged 45–60 years.

Outcome measures: Respondents were asked questions about their socio-demographic profile, their experience of the menopause, the burden of the menopause, its impact on their quality of life and the treatment of menopausal symptoms (if any).

Results: The opt-in internet opinion panels proved a quick way (19 days) to obtain reliable information with a low error margin (3.7%). The online survey collected detailed socio-demographic data. Almost all of the women (98%) had heard about the menopause before. Sixty-one percent perceived the menopause as a temporary phase (17% thought it lasted for one or two years and 44% thought it lasted for three to five years) and only 39% realized the menopause would last for the rest of their life. Twenty-three percent of the women reported any kind of impact of the menopause on their quality of life. However, for the other 77% the menopause had resulted in complaints. No differences according to the women's age, level of education or professional status were found in this respect. Sixty-nine percent of the women had 'ever' used some type of treatment for menopausal symptoms and 53% were currently using a treatment. Forty percent of those with more than three symptoms were currently untreated. Of those who were not on hormone replacement therapy (HRT), 61% would not consider taking it (54% were 'strongly opposed' and 7% simply 'opposed'), while 8% would consider asking their doctor for HRT. Among those women who were opposed to HRT, 25% indicated that they were afraid of the increased risk of breast cancer, 34% cited cardiovascular risks and 26% were worried about weight gain. In this Belgian sample, HRT was used significantly more often by French-speaking women (32%) than by Dutch-speaking women (9%) (OR 4.4, $p < 0.0001$). The alternatives to HRT had a high satisfaction rate among users. Relaxation techniques, regular physical activity, acupuncture and avoiding stress had satisfaction rates similar to that with HRT. It was not possible to compare the alternatives in the same women. Nor was it possible to assess whether more pronounced symptoms required a specific treatment.

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Conclusion: Opt-in internet opinion panels proved a quick and efficient way to gather data on menopausal issues in Belgium. Despite the high levels of awareness and knowledge, there is some confusion concerning the duration of the menopause, and its common perception as a temporary condition is likely to mean that the menopausal burden is substantially underestimated. Many symptomatic women are untreated.

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1. Introduction

In developed countries, more than one-third of the life span of most women will be after the menopause [1]. Many postmenopausal women experience vasomotor symptoms that impair their normal function and well-being [2]. Troublesome symptoms need to be identified, their management discussed and a healthy lifestyle encouraged [3–5]. Hormone replacement therapy (HRT) is the most effective treatment for severe menopausal symptoms [6,7]. A decade ago, the Women's Health Initiative (WHI) published alarming reports regarding possible health risks associated with HRT [8]. Although more recent analyses of these data have nuanced these conclusions [9–11], many physicians remain reluctant to prescribe HRT [12]. Moreover, women are often confronted with conflicting information from different physicians [13,14]. As a result, the use of HRT has substantially dropped in the last decade [15]. Many women with bothersome menopausal complaints use 'natural products', such as over-the-counter (OTC) nutraceuticals or phyto-estrogens, to alleviate their symptoms [16]. These products have conflicting evidence regarding their effectiveness in the treatment of climacteric symptoms [17,18]. For health care providers it is often not clear what the actual perception of women is of the menopause and the management of symptoms [19,20].

Marked differences in complaints and fears about and the use of hormones were observed among postmenopausal women in a survey performed in seven European countries, including Belgium [21]. That telephone survey was performed soon after the initial WHI results were published. More than a decade has passed since. We therefore performed an online survey, serving two purposes. Firstly, we wanted to assess whether perceptions of menopausal issues, including the use of HRT, had changed. Knowledge of current perceptions could help us to better understand and treat symptomatic women. Secondly, we wanted to assess whether an online survey (of members of opt-in opinion panels) is an appropriate tool to evaluate perceptions of the menopause as well as the actual use of medication (HRT and OTC) in a sample of Belgian women. The information obtained was compared with data obtained from commercially available national registries (namely the IMS Health database, Belgium National MOT 2012–2014).

2. Materials and methods

2.1. Data collection

Data were collected via opt-in internet panels at TalkToChange (<http://www.talktochange.com>) and GMI (<http://www.gmi-mr.com/global-panel/>). Panel members had been informed about survey guidelines upon their subscription to the panels. In total, 21,118 e-mails were sent to panel members (see Fig. 1), of which 3988 were opened (19%). The link to the online questionnaire was clicked by 1215 women (6%) and 696 postmenopausal women completed the questionnaire (representing 3% of the number of emails). The sample size (696 women) relative to the total population size (1,244,720 Belgian women aged 45–60 years) leads to an error margin of 3.7% (the relation between the sample size and the error margin is presented in Fig. 2). The margin of error is a statistic

expressing the random sampling error in a survey's results. It represents the likelihood (not a certainty) that the result from a sample is close to the result one would get if the whole population had been surveyed.

All participants had a chance of winning a gift voucher in return for their participation. In order to enroll women who were less frequently online, the survey period was extended to 19 days, from January 30, 2013 to February 17, 2013. On average, the survey took 20 min to complete.

2.1.1. Survey participants

The proportions of Dutch-speaking (60%) and French-speaking (40%) women among the 696 survey participants are in accordance with the actual demographic situation in Belgium. Belgium's Dutch- and French-speaking provinces were unified only in 1830 and Belgium remains a somewhat divided country in terms of language and culture. Since 1970, it has been a federal state, divided into three regions: Flanders (Dutch-speaking) in the north, Wallonia (French-speaking) in the south and bilingual Brussels in the middle. Differences in language and culture may imply differences in perceptions of issues like the menopause. In our survey, we obtained detailed information on respondents' level of education, income, place of residence, family status, hours of exercise per week, age and date since last menstruation, as well as the use of hormonal preparations (Table 1).

2.1.2. Survey

The questions in this survey were generated through a close collaboration between InSites Consulting and the members of the board of the Belgian Menopause Society. By means of a set of screening questions (on gender, age, and time since last menstruation), the survey was restricted to menopausal women. Respondents were asked questions about their socio-demographic profile, frequency of exercise, their experience of the menopause, the burden of the menopause, its impact on their quality of life and their treatment (if any), using closed questions. The severity of the symptoms was assessed by means of a 5-point Likert scale. Quality of life was assessed directly by means of a 5-point Likert scale and indirectly by asking about the impact of the menopause on, for example, the woman's social life, relationship with partner, and sexual life. The questions of the survey are available as Supplementary material (Supplement 1). Prior to data collection, the survey was tested by a smaller sample drawn from the Watson test panel, owned by InSites Consulting.

Differences between Dutch-speaking and French-speaking women were calculated using the chi square test in SPSS. Differences between Dutch-speaking and French-speaking women in the reasons for considering HRT were calculated through logistic regression in SPSS.

3. Results

3.1. Menopause awareness

Almost all of the survey participants (98%) were aware of the existence of the menopause. They mostly defined menopause as:

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