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Personal and professional use of menopausal hormone therapy among gynecologists: A multinational study (REDLINC VII)

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ABSTRACT

Background: Previously, the REDLINC VI study showed that the main reason for the low use of menopausal hormone therapy (MHT) was its low rate of prescription by doctors.
Objective: To determine the use of MHT and perceived related risks among gynecologists.
Methods: A self-administered and anonymous questionnaire was delivered to certified gynecologists in 11 Latin American countries.
Results: A total of 2154 gynecologists were contacted, of whom 85.3% responded to the survey ($n = 1837$). Mean age was 48.1 ± 11.4 years; 55.5% were male, 20.3% were faculty members and 85% had a partner. Overall, 85.4% of gynecologists responded that they would use MHT if they had menopausal symptoms (81.8% in the case of female gynecologists) or prescribe it to their partner (88.2% in the case of male gynecologists; $p < 0.001$). Perceived risk related to MHT use (on a scale from 0 to 10) was higher among female than among male gynecologists (4.06 ± 2.09 vs. 3.83 ± 2.11, $p < 0.02$). The top two perceived reported risks were thromboembolism (women 33.6% vs. men 41.4%, $p < 0.009$) and breast cancer (women 38.5% vs. men 33.9%, $p < 0.03$). Overall, gynecologists reported prescribing MHT to 48.9% of their symptomatic patients (women 47.3% vs. men 50.2%, $p < 0.03$) and 86.8% currently prescribed non-hormonal remedies and 83.8% alternative therapies for the management of the menopause. Gynecologists who were older and academic professionals prescribed MHT more often.
Conclusion: Although this Latin American survey showed that gynecologists are mostly supporters of MHT use (for themselves or their partners), this is not necessarily reflected in their clinical practice.

1. Introduction

Menopause can impair quality of life and is associated with an increase in the incidence of chronic diseases such as osteoporosis and cardiovascular disease [1–3]. Menopausal hormone therapy (MHT) and the adoption of healthy lifestyles are important strategies to counteract these negative effects [4]. However, MHT use, which achieved great popularity among doctors and women some decades ago, dropped massively after 2002, as a result of the publication of the results of the Women's Health Initiative study (WHI), which demonstrated that the risks related to MHT use outweighed the benefits [5,6]. Despite this, several subsequent WHI sub-analyses have shown that these risks are mainly observed in older postmenopausal women and that even the risk of breast cancer (a risk of major concern) decreased among hysterectomized women receiving estrogen alone [7]. Not only have the reported implications of the WHI changed over time, but several different

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publications have criticized the conclusions drawn [8]. Moreover, a recent report indicates that the study had serious methodological flaws that would invalidate its results (e.g., the Cox proportional hazards model was applied without fulfilling the necessary criteria for its use) [9].

As a direct or indirect effect of the WHI results, many women worldwide abandoned their MHT, consequently losing its benefits (i.e., over menopausal symptoms), and perhaps even increasing their mortality. Indeed, Sarrel et al. [10] estimated that between 18,601 and 91,610 women have died in the US because they avoided MHT. These data are consistent with a study in Finland which estimated that mortality among MHT users decreased between 12% and 38%, in a nearly linear relationship with duration of treatment [11].

Despite the aforementioned facts, and although the results of the WHI study are currently better interpreted, the percentage of women using MHT continues to be extremely low [5]. A previous study by our research group (REDLINC Study VI) found that the main reason for the low take-up of MHT was its low rate of prescription by doctors [12]. Bearing this in mind, the present study aimed to analyze the use of MHT among gynecologists. We hypothesized that gynecologists would behave differently in prescribing MHT to their patients or for themselves or their partner. In addition, we explored their perceived risks related to MHT use and the prescription of non-hormonal and/or alternative therapies for the menopause.

2. Method

2.1. Study design and participants

In this cross-sectional study, certified gynecologists working in Latin American cities with more than 500,000 inhabitants were invited to complete a survey. Researchers and their corresponding cities are detailed in Appendix A. Due to the low response rate observed in similar studies carried out electronically, the invitation to participate was made personally by academics, heads of gynecology and obstetrics services or other medical opinion leaders who were REDLINC members and co-authors of this study. That is, these leaders asked gynecologists working in their hospitals, units, departments, services or professional societies to participate in the study.

To calculate the sample size required for this study we asked the pharmaceutical industry to estimate the number of certified obstetricians and gynecologists practicing in a given city or place. Therefore, according to the records of Recalcine Laboratory (Santiago, Chile) there are nearly 1400 of these certified professionals in Lima (Peru) and Buenos Aires (Argentina); about 1000 in Rosario (Argentina), Guayaquil (Ecuador), Caracas (Venezuela), Bogota (Colombia) and Santiago (Chile); and fewer than 500 in San José (Costa Rica), Panama City (Panama), Mendoza (Argentina) and Medellin (Colombia). Based on these numbers and Buhling et al. [13] estimate that 97% of German gynecologists supported MHT use for themselves or their partners, we estimated that in Latin America 80% of professionals would support MHT use. Assuming an error of 10% with a 95% confidence level, the number of respondents required ranged from 55 in places with 500 gynecologists to 59 in places with 1500 of these specialists. In cities with fewer than 500 certified specialists, 50 doctors were asked to fill out the survey.

The research protocol was reviewed and approved by the Scientific Ethics Committee of the Servicio de Salud Metropolitano Sur, Santiago de Chile, Chile. Informed consent was obtained from each professional before they filled out the survey.

2.2. Tool

A self-administered and anonymous survey was used. It covered personal data such as age, sex, partner status, and place of work. Prior to implementation, the questionnaire was validated at each site. The survey assessed: (a) the use of MHT among female gynecologists or the partners of male professionals, if menopausal symptoms were present; (b) the perceived level of risk related to MHT use (evaluated from 0 to 10, with 0 being no risk and 10 the highest risk); (c) the specific perceived risks of using MHT; (d) the percentage of women with menopausal symptoms for whom each doctor prescribed MHT; and (e) the prescription frequency of non-hormonal and/or alternative therapies to treat menopausal symptoms.

2.3. Statistical analysis

Data analysis was performed using the statistical program EPI-INFO (Version 7.1.5, 2015, Centers for Disease Control and Prevention, Atlanta, GA, USA). Results are presented as mean ± standard deviations, percentages (95% confidence intervals, CI). The Kolmogorov-Smirnov test was used to assess the normality of data distribution and the Bartlett test to evaluate the homogeneity of the measured variance. Accordingly, group comparisons were performed with Student's *T* test (parametric continuous data) or the Mann-Whitney *U* test (non-parametric continuous data). Percentages were compared with the chi-square test. A p value of <0.05 was considered statistically significant.

3. Results

A total of 2154 certified gynecologists from 28 health centers in 11 Latin American countries were invited to participate. Of these, 1837 (85.3%) responded to the survey, of whom 1019 (55.5%) were men. The mean age of the whole sample was 48.1 ± 11.4 years; the women were on average younger than the men (45.0 ± 10.7

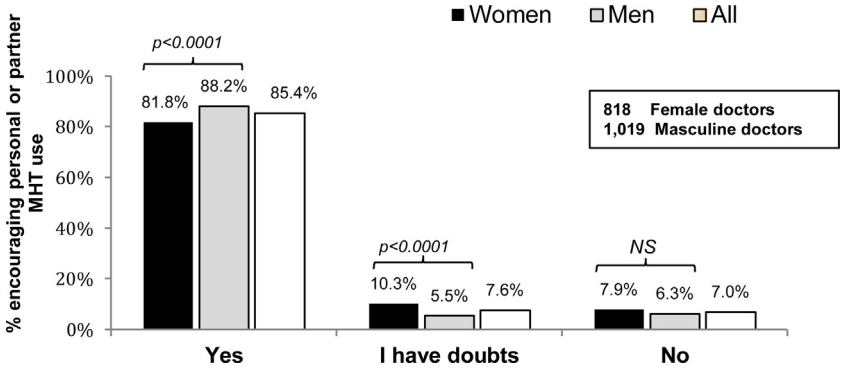

Fig. 1. Would you personally use MHT or prescribe it to your partner, if menopausal symptoms are present?.