

Factors associated with treatment options among menopausal women in Taiwan

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Abstract

Objectives: Taiwan has a two-tiered medical system that includes modern medicine and traditional Chinese medicine (TCM). The objectives of this study were to compare the characteristics of menopausal women who did not use any treatment, who used hormone replacement therapy (HRT), and who used TCM to treat their climacteric symptoms.

Methods: The study subjects were 182 women aged 46–55 years (non-treatment: 61, HRT: 60, TCM: 61). Variables used included socio-demographics, climacteric symptoms, other physical symptoms, experiences with the treatment, and attitude toward menopause. Multivariate analyses were performed using multinomial logistic regression.

Results: Compared with women in the non-treatment group, employed women were more likely to have received HRT or TCM. Women in the TCM group were more likely to have comorbid non-climacteric physical symptoms and were less likely to have family support for the use of HRT. Women in the TCM group were more likely to have an attitude regarding menopause as a natural phenomenon and as having little impact on attractiveness and sexual life. Severity of current climacteric symptoms was lower in the HRT group, while it was higher in the TCM group. These factors accounted for 66.1% of the model variances.

Conclusions: Women in different treatment groups had different characteristics. Health professionals should be aware of the differences and provide information on treatment options in order to help and support women in making treatment decisions.

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Keywords: Menopause; Climacteric symptoms; Treatment options; Hormone replacement therapy; Traditional Chinese medicine

1. Introduction

Women experience a lot of changes during the menopausal period, including degeneration in physical health, loss of reproductive functions, alterations in body images, and changes in interpersonal

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relationships [1–4]. It has been reported that more than 80% of menopausal women experienced climacteric symptoms [5,6]. Despite this fact, whether a woman should receive treatment remains a controversy. It has been reported that 10–20% of women experience severe climacteric symptoms, which affect their quality of life significantly and may require medical interventions [7,8].

Hormone replacement therapy (HRT) has been used to treat menopausal women for more than a decade in Taiwan. Though there is a lack of data, it is believed that more and more women have been using HRT since the 1990s in Taiwan. However, the increasing trend was counteracted by a large-scale US study, which was widely reported by media in Taiwan. In 2002, a multi-center randomized controlled trial including 16,608 postmenopausal women aged 50–79 years recruited from 1993 to 1998 was reported. The experimental subjects who received hormone replacement therapy were more likely to develop coronary heart disease, breast cancer, stroke, and pulmonary embolism than the placebo-controlled subjects [9]. This has led to a halt to clinical trials of combined hormone replacement therapy for the management of menopausal symptoms. After the report of this important study, data from the Taiwan Bureau of National Health Insurance showed a decrease of 14.3% in the numbers of HRT prescriptions in Taiwan [10].

Due to the fear of the risks associated with HRT, many women may seek alternative therapies. However, the American College of Obstetricians and Gynecologists noted that there is little research evidence to support the efficacy of the alternative therapies [11]. Several countries in the North America and Europe have licensed acupuncturist, herbalist, and doctors in Chinese Medicine. Natural therapy and/or traditional Chinese medicine (TCM) are increasingly available to the public as treatment options. Taiwan has a two-tiered medical system that includes modern medicine and TCM. The Taiwan Bureau of National Health Insurance generally covers the medical expenses in the two systems [12,13]. There have been few studies on women's treatment options for their climacteric symptoms since the spread of the important HRT study from US [9]. The objectives of this study were to compare characteristics of menopausal women who did not use any treatment, those who used HRT,

and those who used TCM to treat their climacteric symptoms.

2. Methods

This study applied a descriptive and correlational design. Face-to-face interviews with structured questionnaires were conducted with the study subjects.

2.1. Study subjects

The study subjects were 182 women aged 46–55 years. Women who were pregnant, who had menopause due to hysterectomy or bilateral oophorectomy, or who received cancer treatments were excluded. We divided the treatment options into three categories: non-treatment, HRT and TCM. The non-treatment group included women who had never or had not used HRT or TCM for climacteric symptoms during the year prior to the study period. Those in the HRT group were women who had used HRT for more than 1 month in the year prior to the study period. Those in the TCM group were women who had used TCM for more than 1 month in the year prior to the study period. Women in the TCM and HRT groups were recruited from two walk-in clinics in Taipei, Taiwan. Women in the non-treatment group were recruited from a community screening program for cervical and breast cancer in Taipei, Taiwan. Data were collected during the period of March to April 2004. The final samples were 61 women in the non-treatment group, 60 in the HRT group, and 61 in the TCM group.

2.2. Measurements

The study variables included socio-demographic characteristics, menopausal status, climacteric symptoms and non-climacteric physical symptoms or diseases (including hypertension, diabetes mellitus, heart failure, asthma, chronic bronchitis, chronic gastritis, and liver cirrhosis), family support for use of the treatment, use of treatment for climacteric symptoms by friends, and attitudes toward menopause. Menopausal status was divided into three stages using the definition of the North America Menopausal Society [14]. The three stages were premenopause (menstrual period becomes irregular for no more than

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