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Attitudes towards the menopause and hormone therapy over the turn of the century

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Abstract

Objective: To assess attitudes and beliefs about the menopausal transition in a population of peri- and postmenopausal women, and if these attitudes differed before and after publication of studies on risks and benefits with hormone therapy (HT).
Materials and methods: In 1999 and 2003 all women aged 53 and 54 years in the community of Linköping, Sweden, were sent a questionnaire about use of HT, menopausal status and attitudes regarding menopause and HT.
Results: Most women regarded menopause as a natural process characterized by both hormonal deficiency and aging and these views did not differ between 1999 and 2003. A majority of women thought that significant climacteric symptoms were a good reason to use HT, but not that women without symptoms should use HT. The fraction of women who supported HT use was, however, significantly lower in 2003 than in 1999. Most women agreed that menopause leads to increased freedom and that it is a relief not to have to think about contraception and pregnancies.
Conclusions: Most Swedish women had a mainly biological view on menopause but nevertheless they thought that only women with climacteric symptoms should use HT. Women's attitudes towards HT have changed after recent reports on risks from long-term use of HT whereas the attitudes towards the menopausal transition were stable. Other factors than attitudes towards menopause affect women's actual use of HT. Probably women's and health care provider's apprehension of the risk-benefit balance of HT use is one such factor.

Keywords: Menopause transition; Climacteric; Attitudes to menopause; Attitudes to hormone therapy; Population-based questionnaire

1. Introduction

Vasomotor symptoms like hot flushes and sweating, local vaginal discomfort and urinary discomfort are classically associated with menopause [1,2]. The

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use of estrogen combined with progestagens, hormone therapy (HT), has increased rapidly during the past 20 years. Only 7% of postmenopausal women from our area used HT in the early 1980s [1] compared to almost 50% around 1998 [3]. This increased use of HT in our area was similar as described in other countries [4,5]. The increase was probably caused by women's and physician's knowledge and beliefs of beneficial effects from HT, e.g. on vasomotor symptoms [6], osteoporosis and risk for fractures, colon cancer and Alzheimer's disease [7], but may also have been affected by promotional activities from pharmaceutical companies [8]. Evidently, side effects from HT did not attract the same attention, like the increased risk of thromboembolic disease and breast cancer.

Epidemiological data collected over more than a decade have indicated that HT prevents cardiovascular disease [9,10], but this has been suggested to be at least partly explained by selection bias. Women using HT may for example be more aware of other health factors than non-users [9]. Prospective, placebo-controlled studies have been unable to confirm these cardiovascular advantages in primary and secondary preventive studies like the WHI study [11] and the HERS study [12], which even reported an increased risk of cardiovascular events during the first year after initiation of HT. The preventive effects on Alzheimer's disease and impaired cognition have also been disproved in the older age group used in the WHI study [13]. With these conflicting, and sometimes contradictory findings on risks and benefits from use of HT, it may be difficult for women to decide whether or not to use HT.

It is important that health care providers understand women's attitudes and expectations regarding menopause, in order to give optimal information and support to the individual woman. Recent publications about greater risks with HT than previously believed [11–14], make the situation more complicated and confusing for the help-seeking woman, and make it important that health care providers understand and are aware of women's beliefs and attitudes on menopause and HT.

It has been reported that women's conception of the menopause vary in relation to menopausal status and depending on the symptoms associated with her own menopausal transition [15–17]. A Swedish study [18] found that it was a discrepancy between women's actual beliefs and attitudes and what their doctors believe about their patient's beliefs and attitudes about menopause and HT.

It has previously been demonstrated that women's attitudes towards menopause and their knowledge of benefits and risks of HT have a direct effect on their use of HT [19]. In a Scottish survey from 1991, repeated 2000 [20], attitudes towards the menopausal transition remained relatively stable between 1991 and 2000. Only the statements saying that menopause should be viewed as a medical condition and that women feel less feminine after menopause had changed.

After publication of results from the WHI, HERS and Million Women Study a number of studies from various countries have been performed finding a dramatic decrease in the use of HT [4,21–25]. This decrease also appeared to coincide with changes in women's and doctor's attitudes to HT [24–27]. There are few studies, however, regarding changes in attitudes towards the menopause transition, which might also have been affected by the media reports and should be clarified.

The objective of this study was to assess different attitudes and beliefs about the menopausal transition and HT and if these attitudes were different before and after publication of the results from the WHI study and the HERS study. We also wanted to assess if these attitudes differed between peri- and postmenopausal women, and between users and non-users of HT.

2. Methods

A questionnaire was mailed to the total population of women ($n = 1760$ in 1999 and 1733 in 2003) aged 53 and 54 years living in the community of Linköping in 1999 and in 2003, respectively. The second questionnaire was sent during the second quarter of 2003, which was about 9 months after the publication of the WHI study and the almost immediate articles in the general Swedish press, statements of the Swedish Medical Product Agency, and the professional societies. We turned to different women in 1999 and 2003, although women were of the same age at both instances. The local population authorities provided the names and addresses. The questionnaire asked about the women's menstrual history, use of HT as well as education, occupation, parity, and smoking habits. Women were also asked to give their views on 11 different statements