

Personal use of hormone therapy by postmenopausal women doctors and male doctors' wives in Italy after the publication of WHI trial

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Abstract

Objective: To describe the prevalence of hormone replacement therapy (HT) use by postmenopausal women doctors and doctors' wives in Italy and to explore the relationship between their personal characteristics and HT use.

Design: A total of 500 women doctors and 500 men doctors answering on behalf of their female partners were interviewed by a specialised company in the first months of 2003. Questions were meant to explore medical, behavioural and professional characteristics, personal use of HT, reasons for or against HT use and side effects of HT. The distribution of doctors' specialisation (general practitioners (GPs), gynaecologists, medical oncologists) in the sample interviewed was the same as that of the Italian medical community.

Results: Overall, 37% of women doctors and 39% of doctors' wives had ever used HT after menopause, of which 64 and 58%, respectively, were current users. The median duration of HT in the past users was 2.7 years for women doctors and 3.7 for doctors' wives. There were wide differences of HT use according to the type of specialisation: gynaecologists were more willing to use HT (56–59%) than GPs (30–31%) or medical oncologists (16–30%). Vasomotor symptoms (68–69%), followed by the prevention of osteoporosis (28–39%), were the main reasons for commencing HT. The main reasons not to take or to stop HT were the absence or resolution of menopausal symptoms. Only 8% of women doctors and 4% doctors' wives stopped HT after the publication of the WHI data.

Conclusions: In Italy, women doctors/doctors' wives personally use HT much more than postmenopausal general population.
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1. Introduction

Only around 8% of postmenopausal Italian women use hormone therapy (HT), with the highest figure in the north-eastern (12–15%) and the lowest in the south-

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ern regions (5–6%); moreover, just a minority of them fall in the definition of long-term HT users [1,2]. The trend of a slow but significant increase of HT use that has taken place over the last 15 years, was reverted during 2003 [3] after the publication of the Women Health Initiative trial (WHI) [4] and One Million Women study (OMWS) [5]. The current rate of HT use in Italy may be set at 6%, well below that of other European countries and of the United States, where 25–35% of postmenopausal women use estrogens [6–11]. Furthermore, scientific societies have deeply changed their indications to HT use in menopause during the last 2 years [12].

Surveys conducted in countries where HT is widely accepted have shown that women doctors or women partner of doctors are significantly more keen to use HT and for longer periods as compared to the general population, even if such data after the publication of recent studies are not available [13–20].

A preliminary survey conducted in the year 2001 in the country of Turin in the north of Italy showed a similar attitude among Italian doctors, with a surprisingly high rate of HT use (56%) as compared to the general population and for an average duration longer than 3 years [21].

Women doctors are an important subset of population to study because they are well aware of the benefits and risks of HT and because they can accurately describe their personal and family medical history. Moreover, they may also influence their patients' choices [6,9,22].

To our knowledge, no study has examined the personal use of HT in a sample of doctors after the publication of the WHI trial results in Italy. The present report describes the prevalence of personal use of HT by women doctors and by partner of doctors living in Italy and also explores the relationship between their personal characteristics and HT use. In addition, avail-

able information on the use of alternative remedies for menopause-related problems has been recorded and will be discussed.

2. Methods

Phone interviews were performed according to a structured questionnaire that was created by ourselves with the supervision of specialised personnel from an agency for market surveys on health-related problems (ABACAM Institute, Milan). Overall, 500 women doctors and 500 male doctors answering on behalf of their partners were included, subdivided in three categories which we thought were more interesting (GPs, gynaecologists and medical oncologist), aged between 45 and 65 years at the time of survey (Table 1). The sample was constructed with the aim of minimising the error at 95% confidence interval.

The selection of people to be interviewed was randomly performed using a software for the management of telephone interviews, computer-aided telephone interview (CATI, see statistics), loaded with a complete database of Italian GPs, gynaecologists and oncologists. This tool was provided by the ABACAM Institute, the leading Italian agency for market surveys on health-related products, whose reputation is well-established in our country. The sampling was made by quotas related to the geographic distribution of inhabited centres, in terms of area and amplitude (see Section 2). Once each quota was completed, the system stopped selecting more people to be interviewed from that area.

All women included in analysis were postmenopausal; such condition was assessed during the telephone interview and represented the first inclusion criterion.

The questions were meant to explore medical, behavioural and professional characteristics, personal

Table 1
Distribution by specialty in Italy and in the present study

Specialty	Female			Male			Total		
	Number in Italy	Sample size	Percent	Number in Italy	Sample size	Percent	Number in Italy	Sample size	Percent
Gynaecologist	3419	150	4.39	6864	150	2.19	10283	300	2.92
General practitioner	10032	300	2.99	34720	300	0.86	44752	600	1.34
Oncologist	597	50	8.38	1205	50	4.15	1802	100	5.55

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