

Physicians and the prescription of hormone replacement therapy in Spain

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Abstract

Objectives: The purpose of this study was to determine the frequency of hormone replacement therapy (HRT) prescription and identify women's sociodemographic and climacteric factors, as well as variables related to healthcare, associated with the treatment's prescription in women aged 45–65 years in the reference population of a primary healthcare centre in the city of Granada (Spain).

Methods: A descriptive cross-sectional telephone survey was conducted in July 2002 with women aged 45–65 years from the reference population of a primary healthcare centre. The information was gathered using a semi-structured questionnaire specifically developed to gather information on the prescription of HRT.

Results: 22.3% of the sample had ever been prescribed with HRT. Regarding compliance with the treatment, 44.2% of the women prescribed with this therapy took it partially, and 8.1% did not begin with the treatment.

The variables independently associated with HRT prescription were having the menopause (OR = 2.81; IC 95%: 1.08–7.28), having psychological symptoms (OR = 2.77; IC 95%: 1.19–6.46), going to see the gynaecologist (OR = 4.41; IC 95%: 1.87–10.36), and the fact that the doctor worked in the private healthcare sector (OR = 3.55; IC 95%: 0.92–13.65).

Conclusions: The frequency of HRT prescription in Spain is high, as well as the non-compliance rate. Reaching the menopause and going to the gynaecologist are determinant in HRT prescription. It would be desirable to use similar methodological approaches in studies of this controversial therapy, in order to obtain consensus on the real impact on the female population, particularly in view of the results of the latest clinical trials.

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1. Introduction

Hormone replacement therapy (HRT) is a pharmacological intervention during a woman's climacteric stage, which began several decades ago despite there

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being no conclusive results as to its hypothetical beneficial role.

Defence of this therapy is based mainly on the position held by some authors who consider the menopause to be an endocrinopathy due to the cessation of ovary function, the reduction of estrogen levels as a risk factor for various diseases, and as a result of recommendations based on the results of observational studies not backed up by randomised controlled trials (RCT) [1–3].

From a more biological viewpoint, HRT has been considered the treatment of choice not only to alleviate symptoms resulting from estrogen decline, but also to prevent diseases that constitute the most frequent causes of mortality in this sector of the population [4–7].

Today, scientific debate on this therapy is particularly current, following the results of several RCT which not only question the preventive role of the therapy but also associate it with pathologies such as invasive breast cancer, heart disease, ictus and pulmonary embolism, which led to one of the most important RCT in this field to be suspended [8–12].

The literature frequently uses the terms “prevalence of use” and “frequency of prescription” indistinctly, which may go some way to explaining the detected variability between countries, and even within a country. With regard to prevalence of use, the highest figures found in the literature are in the USA (37.6%) and Australia (40.5%) [13,14]. In Northern Europe, frequency of prescription ranges from 33.4% in Denmark to 67% in Belgium [15,16].

Few studies have been carried out in Spain on the subject, and the results are equally disparate. Sales data for 1991 and 1992 gave a frequency of prescription lower than 1% [17], whereas in a cross-sectional survey carried out in 1995, prevalence of use reached 40% [18].

Little in-depth research has been done on the factors that have conditioned the prescription of HRT in such confusing circumstances but, according to the literature, it is higher in women with early and surgical menopause, and in women with climacteric symptoms [19–21]. It is also notable that the majority of users were of a higher social class, with a higher educational level and a paid job [22–24].

The characteristics of prescribing doctors have hardly been analysed, although the information they

have at their disposal and their predisposition towards this treatment would seem to have an influence [25–27].

The aim of this study is to determine the frequency of HRT prescription and identify women’s sociodemographic and climacteric factors, as well as variables related to healthcare, associated with the treatment’s prescription in women aged 45–65 years in the reference population of a primary healthcare centre in the city of Granada (Spain).

2. Materials and methods

A descriptive cross-sectional telephone survey was conducted in July 2002, with women aged 45–65 years from the reference population of a primary healthcare centre in the city of Granada (Spain).

The centre has an assigned population of 19,000 inhabitants, from a medium-low socio-economic level. All those attending the centre are registered the first time they attend (for any reason) on a database, from which the sample was extracted, using a simple random process.

A sample size of 364 women was estimated with a 15% prevalence of the study factor (due to the high variability of the literature data, experts from the area were consulted), a reliability level of 95%, a potential of 80% and an Odds Ratio (OR) = 2. Assuming a 20% of possible losses, the number of women estimated for the final sample was 455.

Women with a physical or mental incapacity to answer a questionnaire by telephone, and women who had been expressly told by their doctor that they had a counter-indication for using HRT were excluded.

The information was gathered using a semi-structured questionnaire specifically designed to gather information on the prescription of HRT. The questionnaire contained 30 items, and the following 21 were considered in this study:

1. Sociodemographic variables (5 items): age, marital status, employment status, income level (low: <902 € and medium-high: >902 €) and level of education (low: illiterate or no studies, medium: primary studies, and high: secondary studies or above).
2. Climacteric factors (5 items): having undergone the menopause (12 months of amenorrhoea), age when it occurred and type (natural or surgical: cessation of

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