

# Prevalence of menopausal symptoms in different ethnic groups of Asian women and responsiveness to therapy with three doses of conjugated estrogens/medroxyprogesterone acetate: The Pan-Asia menopause (PAM) study<sup>☆</sup>

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## Abstract

**Objective:** To survey the prevalence of 18 menopausal symptoms in nine ethnic groups of Asian women. To evaluate responsiveness of symptoms to three estrogen/progestin doses in Asian women.

**Design:** A prospective, randomized, double-blind multinational clinical trial in 1028 healthy postmenopausal women from 11 Asian countries/regions. Following 2 weeks of baseline observations, the women received one of three conjugated estrogens (CE)/medroxyprogesterone acetate (MPA) doses (in mg) daily for 24 weeks: 0.625/2.5; 0.45/1.5; or 0.3/1.5. At baseline and throughout the study period, the women were asked to record each symptom daily on diary cards translated into 10 languages.

**Results:** The number of women in the different ethnic groups ranged from 24 (Malay) to 248 (Chinese). The overall prevalence of symptoms differed among the groups, with Vietnamese women generally reporting the highest rates. Within each ethnic group, the prevalence of individual symptoms varied substantially. Only 5% of Indonesian women, for example, reported hot flushes but 93% complained of body or joint aches/pains. Overall, body or joint aches/pains was the most prevalent symptom, ranging from 76% in Korean women to 96% in Vietnamese women. Therapy resulted in a significant decline in all symptoms. The decline was observed with all three doses after 4 weeks of treatment and continued throughout the 6-month study period.

**Conclusion:** The prevalence of individual menopausal symptoms differed among ethnic groups of Asian women. Within each ethnic group the percentage of women reporting each symptom varied substantially. Symptoms declined after 4 weeks of

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hormone therapy and thereafter throughout the study. The effect of the lowest dose of CE/MPA (0.3/1.5 mg/day) was comparable to that of the higher doses.

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## 1. Introduction

A central aim of preventive medicine is to maintain or improve an individual's quality of life. Postmenopausal hormone therapy shares this aim both by preventing untoward changes that may result from decreases in circulating estrogen during the peri- and postmenopausal periods, and by treating acute menopausal symptoms. While some peri- and postmenopausal women experience little discomfort, others exhibit severe and multiple symptoms to the extent that they seek medical help. Frequently reported symptoms fall into several categories, including physiological disturbances such as hot flushes, psychological complaints such as mood swings, and other changes that may impair personal or social interactions and diminish the overall quality of life [1].

Although related to hormonal status, the prevalence of menopausal symptoms and the perception of their discomfort by an individual woman are additionally influenced by a variety of other factors, such as cultural, socioeconomic and personal circumstances [2].

Menopausal symptoms and their hormonal responsiveness have been widely studied in women from Western societies, but less information is available for women of non-Western ethnic groups. There is evidence of differences in the prevalence of symptoms in Asian versus Western women. Chinese women, for example, reported a lower frequency of symptoms and experienced less distress from symptoms than did Canadian women [3]. In general, Asian women appear to experience fewer menopausal symptoms (hot flushes) than do Western women [4–10], but it has been noted that not all studies in Asian countries have consistently documented low symptom frequencies [2]. Two studies in Thai women reported a prevalence of hot flushes approximating that found in Western women [11,12]. Another study noted that Thai women reported symptoms related to estrogen deficiency at

significantly higher rates during the period characterized by irregular bleeding than after the menopause [13]. Perimenopausal Chinese women also reported higher rates of symptoms, when compared to those of pre- or postmenopausal women [14].

The pattern of menopausal symptoms experienced by Asian women also appears to differ when compared to their Western counterparts. For example, postmenopausal women from a number of different Asian countries predominantly reported backaches, muscle pain, shoulder pain or joint pain [6,7,15–18] but suffered less frequently from vasomotor disturbances [6–9,18].

Variations in the prevalence of vasomotor symptoms among different groups of Asian women have also been found. In two reports of vasomotor symptoms in Asian women, more Chinese women than Thai women suffered from hot flushes and night sweats [19,20]. These studies also found a correlation between symptomatology and educational/professional status in the two ethnic groups under investigation, i.e., the professional, more highly educated group of Chinese women were more symptomatic than the farming group [20]. Conversely, in Thai women less education was associated with a higher prevalence of symptoms [19], and a study of three socioeconomic groups in Karachi found the highest symptom prevalence in the poorest group of women [21].

In the above studies, the prevalence of menopausal symptoms was assessed by personal or telephone interviews. In each study, a single ethnic group of Asian women was surveyed by means of a single (semi)structured questionnaire. Our study was designed to evaluate in parallel a population of postmenopausal Asian women from 11 countries/regions representing nine ethnic groups. The presence or absence of 18 menopausal symptoms was recorded daily on diary cards. Additionally, our study measured, for the first time, the responses of menopausal symptoms to three doses of continuous combined estrogen/progestin

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