

# Prevalence and correlates of hormonal therapy among Israeli women in the post-WHI era<sup>☆</sup>

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## Abstract

**Objectives:** Following the results of recent randomized controlled trials on the risks and benefits of the long-term use of hormonal therapy (HT), practice guidelines regarding HT use have been revised. The aim of the study is to assess the prevalence and the correlates of HT use in Israel in 2003.

**Methods:** This is a cross-sectional study, conducted on a representative sample of the general population in Israel aged 21 years and over. The study questionnaire is based on the European Health Interview Survey (EUROHIS) project, aimed to develop uniform study tools, to enable international comparisons. The current module of the survey focused on women's health, and telephone interviews were conducted with 1396 women by trained interviewers in the year 2003.

**Results:** Out of a total of 1396 participants, 535 were defined as peri- or postmenopausal (38%). Of them, 9.9% were currently using HT (11.7% and 2.9% among the Jewish and Arab participants, respectively), and their mean age (S.D.) was 57.7 (6.5) years. Mean duration of HT use was 8.0 (5.5) years. Treatment of menopausal symptoms was the most common reason for HT use (69.2%). Significant correlates of HT use were age, being secular and having seen a gynecologist in the previous 12 months.

**Conclusions:** Current HT use rates reported are lower than those reported 3 years ago for Israeli women. Awareness of both physicians and patients to the WHI results (2002), may have accounted for this trend, at least partially.

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**Keywords:** Hormonal therapy (HT, HRT); Israel; EUROHIS National Health Interview Survey

## 1. Introduction

Initially used to treat the vasomotor and vaginal symptoms of menopause, hormonal therapy (HT) appeared to have many unexpected beneficial effects in early observational studies [1–5]. On the other hand,

<sup>☆</sup> Findings of the first module (Women's Health) of the National Health Interview Survey (EUROHIS), 2003.

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use of HT was also associated with higher risk for breast cancer [6].

Randomized, controlled clinical trials were designed in order to establish the safety of long-term use of postmenopausal hormone replacement therapy. While the beneficial impact of HT on bone mass was substantiated [7,8], the cardio-protective effects of HT were questioned in several large randomized trials, which disclosed additional adverse health outcomes associated with long-term use of HT [9]. While the first and the second Heart and Estrogen/Progestin Replacement Studies (HERS I and HERS II) [10–12] focused on the effects of HT on secondary prevention of chronic ischemic heart diseases (CHD), the Women's Health Initiative (WHI) Randomized Controlled Trial, which was designed in 1993, mainly focused on primary prevention [13].

On May 2002, after a mean follow-up of 5.2 years, the Data and Safety Monitoring Board of the WHI Study recommended stopping the estrogen/progestin arm of the trial, because overall health risks exceeded benefits from use of the combined therapy; estimated hazard ratios (HR) were 1.3 (95% CI 1.0; 1.6) for CHD; 1.3 (95% CI 1.0; 1.6) for breast cancer; 1.4 (95% CI 1.1; 1.8) for stroke; 2.1 (95% CI 1.4; 3.2) for pulmonary embolism [13].

Many explanations were offered in an attempt to settle the discrepancy between the findings of the observational studies and those of the randomized controlled trials [14–17]. However, the new findings initiated a professional debate and called for an action [18,19].

Subsequently, the practice guidelines designed for postmenopausal use of HT were revised in many countries [15,20–23]. Common features of the current guidelines now include a recommendation against the use of HT for the primary or secondary prevention of CHD and an advice to cautiously consider the prolonged use of HT for the relief of menopausal symptoms. As a consequence, HT use among postmenopausal women has decreased in recent years.

In 2004, the American National Institute of Health decided to end the conjugated equine estrogen arm of the WHI, because of an excess risk of stroke in the treatment group; breast cancer incidence, however, was not elevated (hazard ratio = 0.8, 95% confidence interval 0.6; 1.0) [24]. These results add fuel to the flames.

Data on HT use in postmenopausal women in Israel indicate that between the years 1996 and 2000, current

use of HT was reported by 17.0–26.6% of the women, but the studies differ in their methodology [25–28]. The aim of the current study is to re-evaluate the prevalence and the correlates of HT use in Israeli women in 2003, in light of the newly accumulated data.

## 2. Methods

### 2.1. Study design

This is a cross-sectional study, conducted between April and August 2003 by means of a telephone survey based on the EUROHIS questionnaire.

### 2.2. The EUROHIS Survey

The European Health Interview Survey (EUROHIS) project was initiated in 2000 by the World Health Organization (WHO), Regional Office for Europe, and was aimed to develop common instruments for national health surveys in order to enhance the international comparability of national health data. Pilot studies were carried out in 35 countries during 2001, using various versions of the questionnaire which included around 150 questions. Subsequently, data from all participating countries were used to compile the final questionnaire [29].

The Israeli EUROHIS Survey was conducted at the Israel Center for Disease Control. The target sample size was set at 8000 people aged 21 years and up. The EUROHIS questionnaire was used as the survey tool, but due to its length it was decided to conduct the survey over four modules, each surveying 2000 people. Each module contained the same set of core questions from the main questionnaire and an additional set of questions addressing a particular issue. The first module addressed the issue of women's health, and results presented in this manuscript are based on this module, the objective of which was to examine health status, use of health services and health behaviors among Israeli women.

### 2.3. Study population

As most Israeli households (94%) have telephone lines [30], a random sample of telephone numbers was drawn from a computerized list of subscribers

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