

Hormone Replacement Therapy : Attitude and Acceptance of Bangkokian Women

NIMIT TAECHAKRAICHANA, MD*,
VERAWAT WIPATAVIT, MD***,
NANTASAK THAMANAVAT, MD.****,
KRASEAN PANYAKHAMLERD, MD*,
KHUNYING KOBCHITT LIMPAPHAYOM, MD*

KITTISAK WILAWAN, MD.**,
SUNEE MAITRISATHIT, MD.****,
UNNOP JAISAMRARN, MD*,
PIYALAMPORN HAVANOND*****,

Abstract

Objective : To conduct a hospital-based survey to assess women's attitude and acceptance towards menopause and hormone replacement therapy (HRT).

Method : The authors conducted a survey in women who visited the menopause clinic in 5 university and public hospitals in Bangkok. A group of 615 women who lived in those catchment areas and voluntarily cooperated in responding to a set of standardized questionnaires was randomly selected.

Results : Of the total respondents, 97.0 per cent were in the age range between 40-70 years, 51.7 per cent were in the peri- and postmenopausal period, 65.7 per cent believed that menopause is a natural change but some may need medical treatment, 53.9 per cent were current users of which the average duration of HRT use was 4.70 ± 3.36 years. The most common reasons for HRT initiation were osteoporosis, hot flashes, and vaginal dryness. The most common side effects found in the current users were breast pain, headache, and vaginal bleeding. Of all the current users, 43.2 per cent wanted to switch from HRT. Most of the respondents (95.4%) based their decision on the choices of treatment on medical advice. Of the total respondents, 62.0-74.7 per cent reported not having enough clear information on menopause and HRT.

Conclusion : According to the present study, most of the women regarded menopause as a natural change of life although some need treatment. The most common indications for HRT were osteoporosis, hot flashes and vaginal dryness. Nearly half of the current users wanted to switch from HRT. Most of the respondents based their treatment decision on medical advice.

Key word : Menopause, HRT, Attitude, Acceptance

TAECHAKRAICHANA N, WILAWAN K, WIPATAVIT V, et al

J Med Assoc Thai 2003; 86 (Suppl 2): S385-S398

- * Department of Obstetrics and Gynecology, Faculty of Medicine, Chulalongkorn University, Bangkok 10330,
- ** Department of Obstetrics and Gynecology, Phramongkutkla Hospital, Bangkok 10400,
- *** Department of Obstetrics and Gynecology, Police General Hospital, Bangkok 10330,
- **** Department of Obstetrics and Gynecology, Somdej Prapinkla Hospital, Naval Academy, Bangkok 10600,
- ***** Department of Obstetrics and Gynecology, Nopparat-Rajathanee Hospital, Department of Medical Services, Bangkok 10230,
- ***** Health Research Institute, Chulalongkorn University, Bangkok 10330, Thailand.

One of the earliest evidence on the effects of sex hormones on reproductive organs seemed to begin in 1896 when an Austrian scientist, Emil Knauer, demonstrated that oophorectomy induced uterine atrophy. The action of sex hormones was confirmed by Joseph Halban in 1900 who showed that ovarian re-implantation prevented uterine atrophy. Attempts to isolate and identify key hormones from ovarian extract were of no avail until 1929 when an American scientist, Edward Doisy in parallel with a German scientist, Adolph Butenandt identified the first estrogen from the urine of pregnant women ie., estrone (E1). Finally, in 1935 MacCorQuodale isolated the most potent form of estrogen ie, estradiol (E2) from sow ovaries(1,2).

Estrogen has long been associated with menopausal changes and used as hormone replacement for relieving menopausal symptoms. In 1941, Albright and colleagues(3) demonstrated the association of estrogen deficiency and osteoporotic fracture. After which various studies confirmed the efficacy of hormone replacement therapy (HRT) for menopausal therapy.

In Thailand, "the menopause-boom" began after the 6th International Congress on the Menopause which was held in Bangkok in 1990. The use of HRT has increased since then(4,5). However, a nation-

wide survey conducted by a pharmaceutical company revealed that the overall HRT use rate was 3.0 per cent(6). This is comparable to Japan where the penetration rate is not more than 2.0 per cent. On the contrary, the reported percentage of women taking HRT in North America, Western Europe and Australia is over 30.0 per cent(7,8).

Before the official establishment of the first menopause clinic in Thailand in 1992, menopausal care was incorporated as part of the general gynecologic clinic. Less attention was paid to women's health during the climacteric which is considered to be a physiologic change. Nevertheless, some women suffered from menopausal symptoms while others were prone to long-term consequences of estrogen deficiency e.g., osteoporosis and fractures.

By 1992, the Ministry of Public Health of Thailand realized the importance of the health issue during the climacteric and officially established menopause clinics in government health centers throughout the country. Nowadays, hundreds of women each day seek menopausal care in menopause clinics in several public hospitals. It has been over 10 years since the first menopause clinic was officially opened. Therefore, the authors decided to conduct hospital-based surveys in 5 university and government hospitals to assess women's perception and attitude towards menopause and HRT in Bangkok.

METHOD

From January to March 2002, the authors conducted a survey in women aged more than 35 years, who visited the menopause clinic in 5 university and government hospitals i.e., Chulalongkorn University Hospital, Pramongkutkla Hospital, Police General Hospital, Somdej Prapinkla Hospital, and Nopparat Rajathanee Hospital. These centers are located in lower to middle socioeconomic areas. The target population was women who lived in those catchment areas. A group of 615 women who voluntarily cooperated by responding to a set of standardized questionnaires were randomly selected. Those who refused to fill up the questionnaires were illiterate or had visual difficulties. Most of the respondents completed the questionnaires but some did not answer all the questions.

The questionnaires consisted of a series of questions concerning demographic characteristics, knowledge and attitude towards menopause and HRT.

The contents and language were adapted for optimal understanding after a first pilot pretest was done. Descriptive statistics were used where appropriate.

RESULT

The characteristics of the studied population are shown in Table 1. Of the total respondents, 97.0 per cent were in the age range between 40-70 years, 51.7 per cent were in the peri- and postmenopausal period, and 19.0 per cent had undergone a hysterectomy with bilateral oophorectomy.

The respondents' attitude towards menopause is shown in Fig. 1-5 which revealed that 65.7 per cent believed that menopause is a natural change but some may need medical treatment, 73.7 per cent still had a positive relationship with their spouse, 42.0 per cent continued to have a good relationship with their offspring, 82.6-86.8 per cent had a good relationship with relatives and colleagues.

The respondents' acceptance on HRT is shown in Fig. 6 which revealed that 53.9 per cent

Table 1. Characteristics of studied population : mean and SD, or percentage (n = 615).

Characteristics of sample	Mean \pm SD	%
Age (years)	54.53 \pm 6.69	
Body mass index (Kg/m ²)	24.08 \pm 3.38	
Menopausal status		
Premenopause		48.4
Perimenopause		13.3
Postmenopause		38.3
Age at menopause (years)	48.50 \pm 4.30	
Hysterectomy with/without oophorectomy		22.76
Marital status		
Single		16.9
Married		64.0
Divorced/separated		7.9
Widowed		11.2
Educational status		
No formal education		0.7
Elementary level		19.9
High school		22.0
College		11.4
Bachelor's degree		36.0
Higher level		10.2
Occupation		
Government service and state enterprise		43.6
Employee		9.1
Entrepreneur		7.6
Trader		6.0
Farmer		0.3
Housewife		33.4

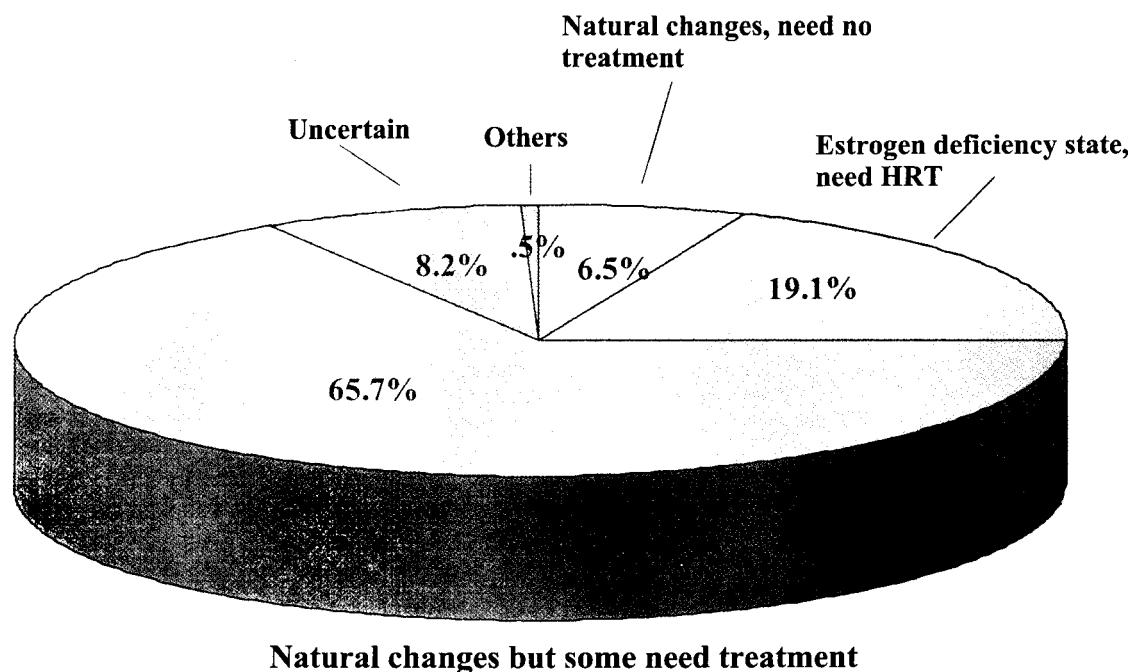


Fig. 1. Diagram depicts respondents' attitude towards menopause.

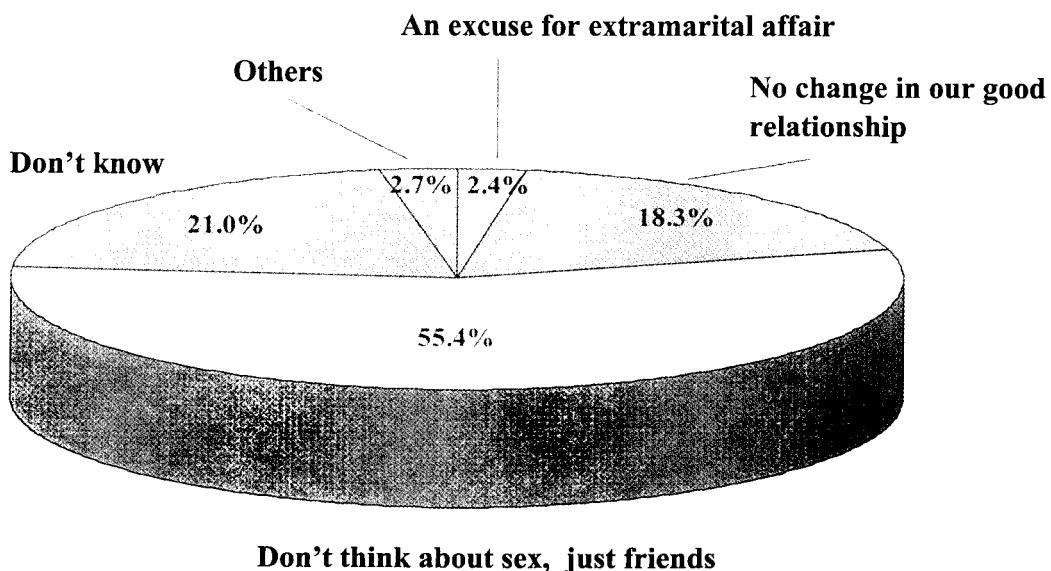


Fig. 2. Diagram depicts respondents' opinion concerning spouse's attitude towards menopausal transition.

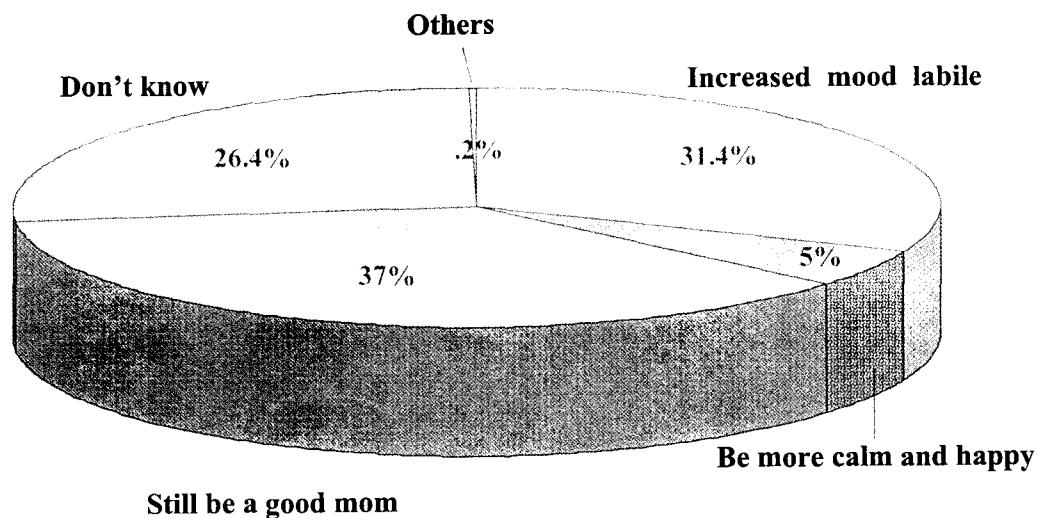


Fig. 3. Diagram depicts respondents' opinion concerning offspring's attitude towards menopausal transition.

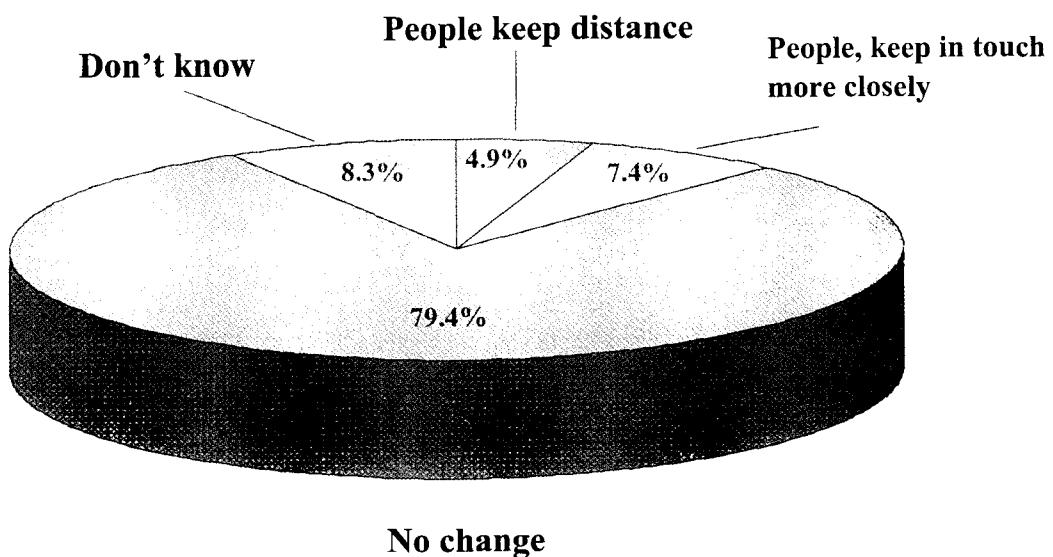


Fig. 4. Diagram depicts respondents' opinion concerning relatives' attitude towards menopausal transition.

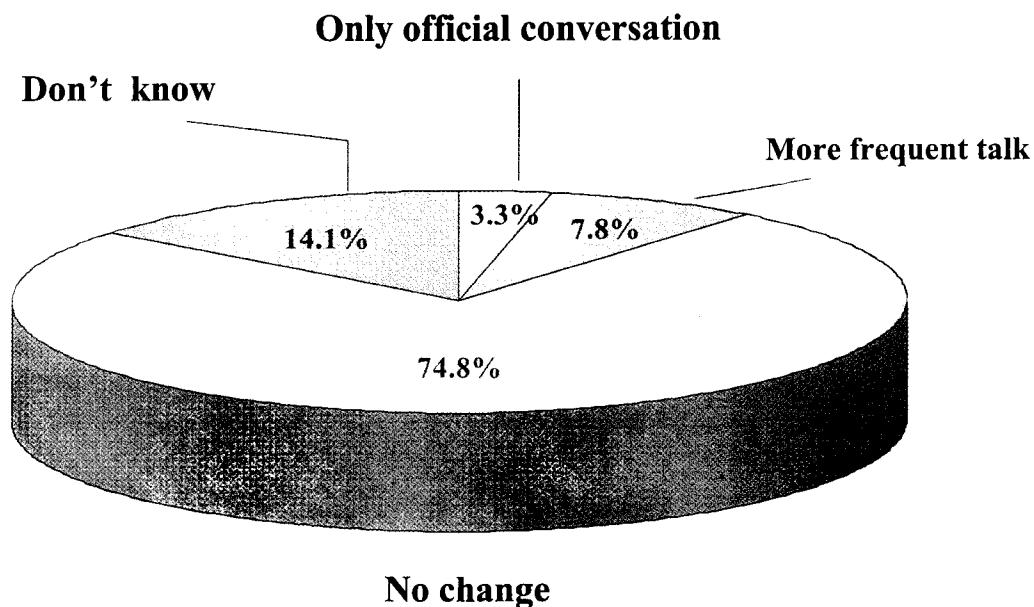


Fig. 5. Diagram depicts respondents' opinion concerning colleagues' attitude towards menopausal transition.

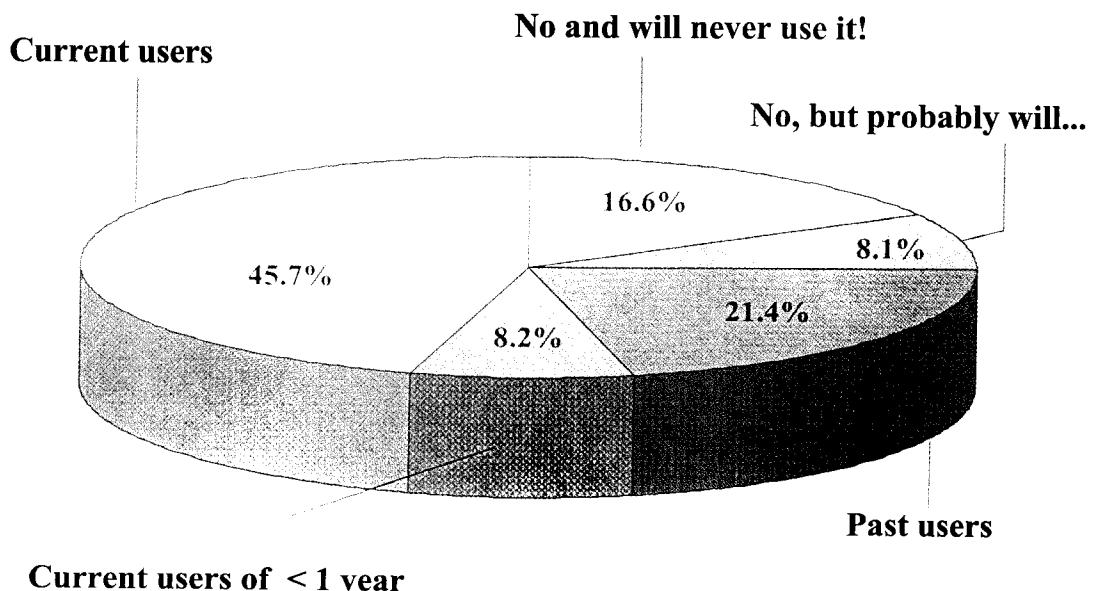


Fig. 6. Diagram depicts respondents' acceptance of HRT.

were current users of which the average duration of HRT use was 4.70 ± 3.36 years (range 1-25 years). For past users (21.4% of total respondents), the average duration of use was 1.81 ± 2.25 years (range 0-13 years). The indications for HRT in users (current and past users) are shown in Fig. 7-9, and the three most common indications were osteoporosis, hot flashes, and vaginal dryness.

The side effects which were reported by all of the current users are shown in Fig. 10-12 of which the three most common side effects found in severe and moderate groups were breast pain, headache, and vaginal bleeding. In addition, 43.2 per cent of all the current users wanted to switch from HRT for various reasons (Fig. 13) of which the most common concern was cancer phobia (42.9%).

The reasons for HRT discontinuation in past users are shown in Fig. 14. The side effects which caused HRT discontinuation among past users were breast pain, headache and vaginal bleeding (Fig. 15). New therapeutic options for past users included calcium supplement 88.5 per cent, exercise 76.9 per cent, non-HRT medication 30.8 per cent, and no treatment 19.2 per cent.

When asked about the decision on the choices of menopausal therapy, most of the respondents (95.4%) based their decision on medical advice (Fig. 16). Concerning the quality of information on menopause and HRT, most of the respondents (62.0-74.7%) were not able to obtain enough clear information.

DISCUSSION

In the present study, respondents' attitude towards menopause was not extreme. Most of the women believed that menopause was a physiologic change but some needed medical treatment. Most of the respondents believed there was no change in their relationship with their spouse, offspring, relatives and colleagues. This is similar to the attitude of other Asian women who consider menopause as a physiologic change and suffer less from menopausal transition compared to their Occidental counterparts(7,9,10).

The results from the present survey revealed that more than half of menopause clinic visitors were current HRT users. This is different from a nationwide HRT study in 1998 by a pharmaceutical company which revealed that the prevalence of current users was only 3.0 per cent(6). The difference is

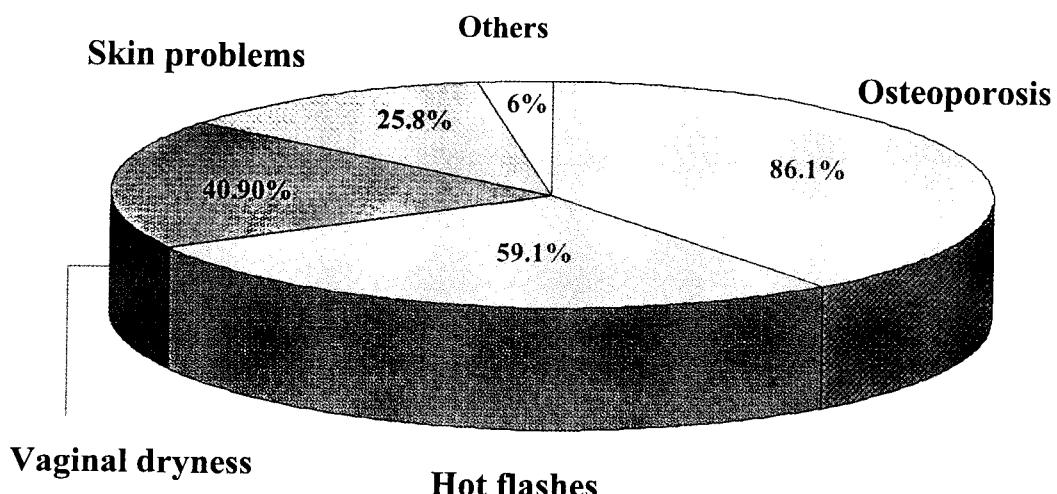


Fig. 7. Diagram depicts reasons for HRT initiation in current users. (45.7% of total respondents)

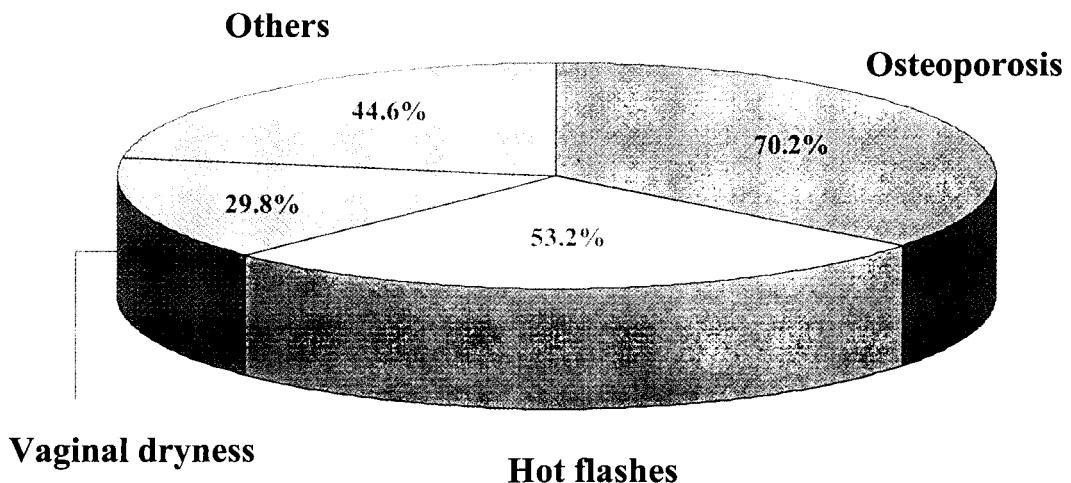


Fig. 8. Diagram depicts reasons for HRT initiation in current users of < 1 year. (8.2% of total respondents)

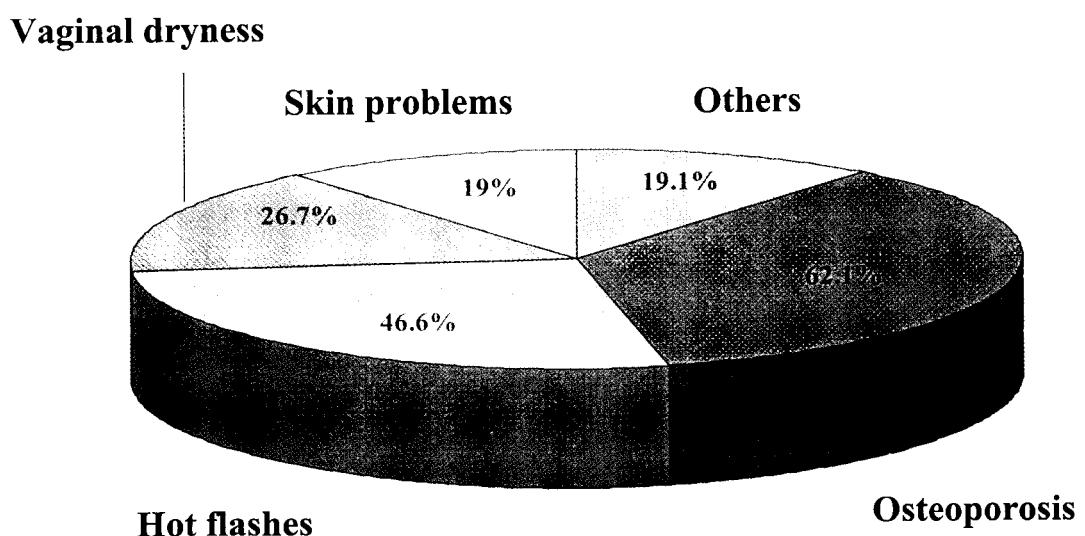


Fig. 9. Diagram depicts reasons for HRT initiation in past users. (21.4% of total respondents)

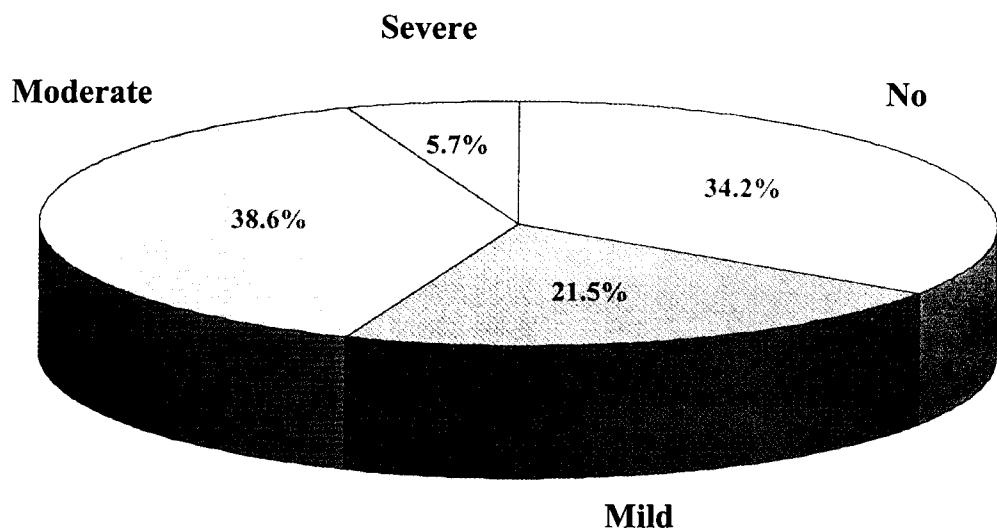


Fig. 10. Diagram depicts severity of HRT side effects in all the current users. (53.9% of all the respondents)

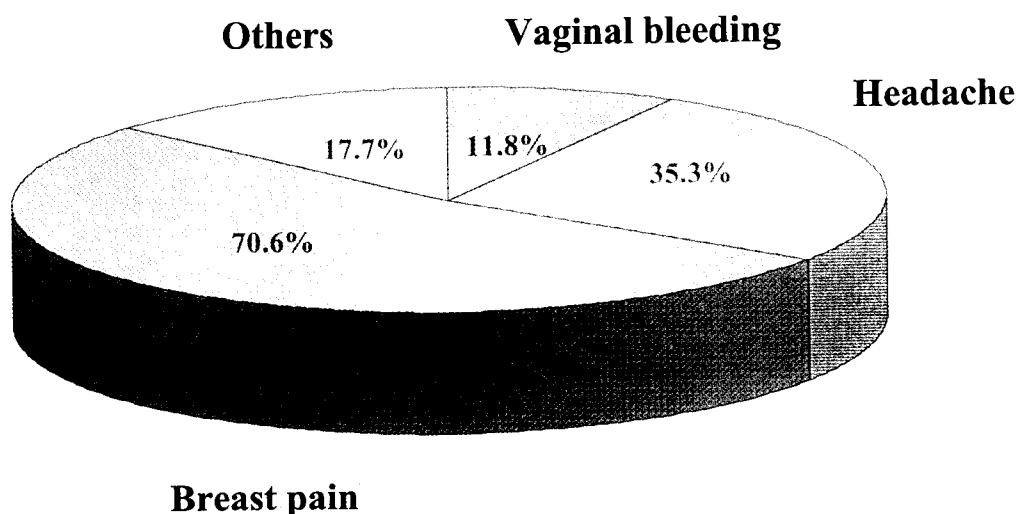


Fig. 11. Diagram depicts HRT side effects in severe group.

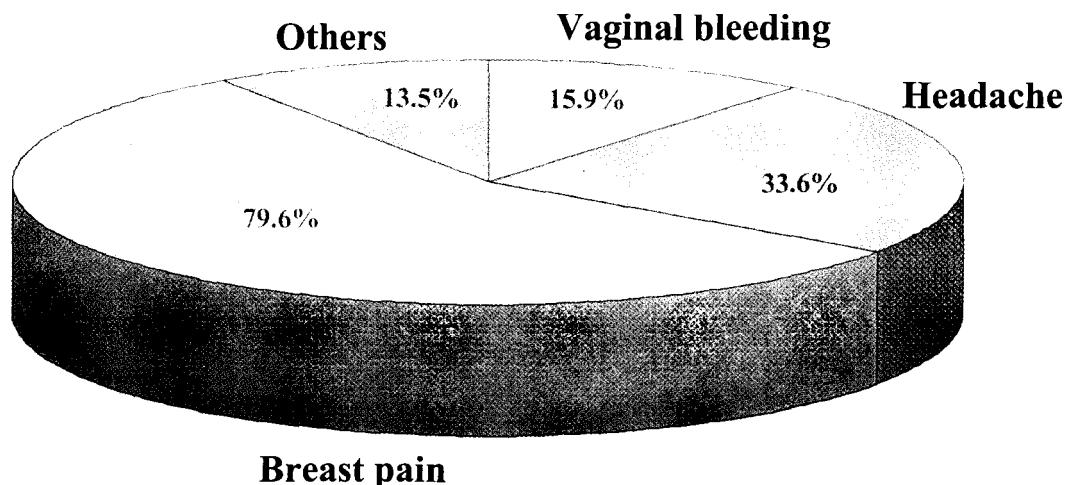


Fig. 12. Diagram depicts HRT side effects in moderate group.

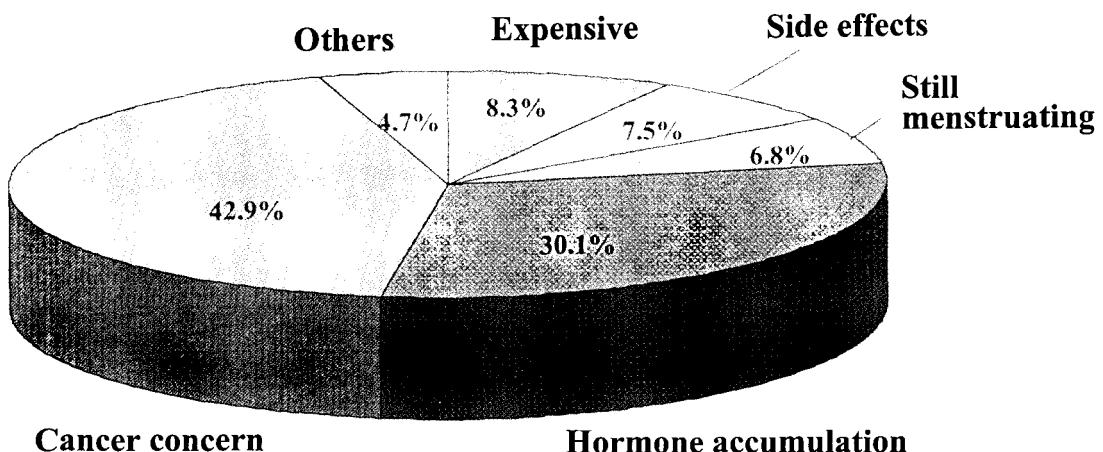


Fig. 13. Diagram depicts reasons of current users who want to switch from HRT.
(43.18% of total current users)

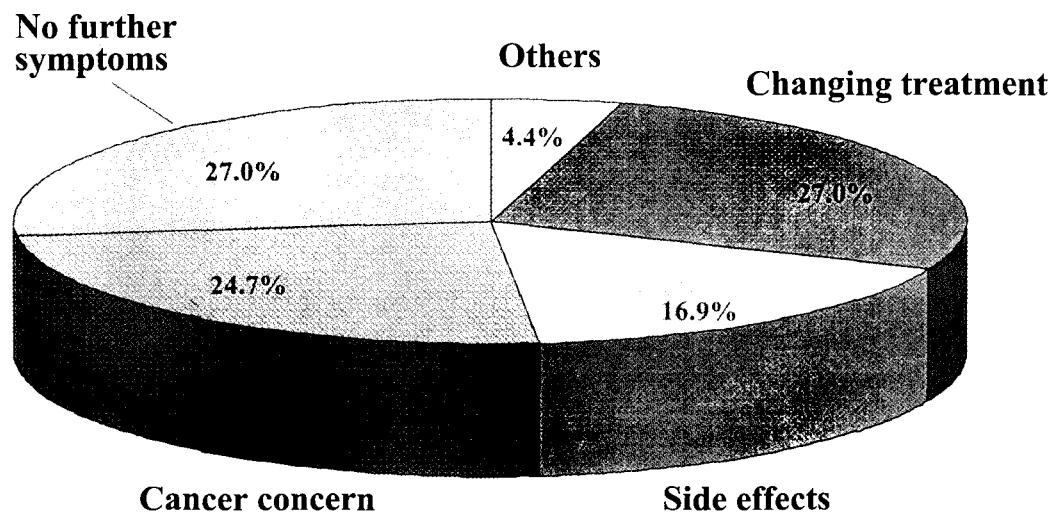
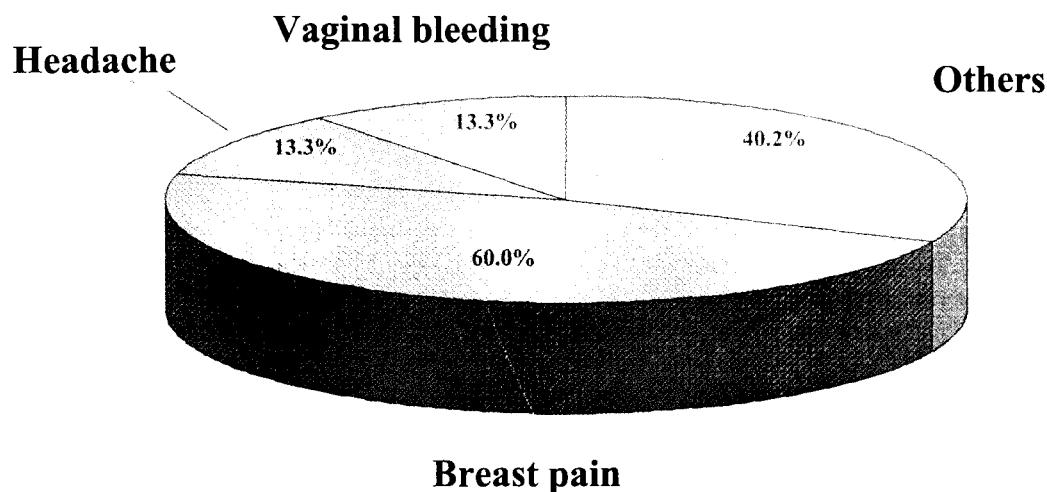


Fig. 14. Diagram depicts reasons for HRT discontinuation in past users.



Others include hirsutism, chest pressure, weight gain, breast mass, drug allergy, heavy period

Fig. 15. Diagram depicts side effects which caused HRT discontinuation in past users.

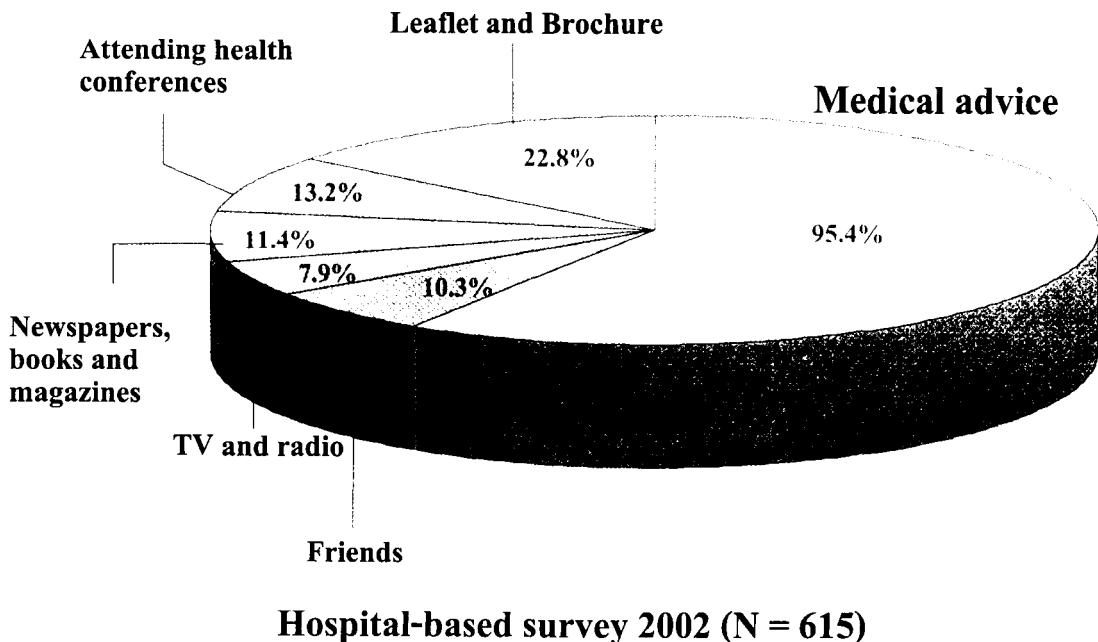


Fig. 16. Diagram depicts respondents' decision on the choices of menopausal therapy.

probably due to the hospital-based nature of the present study compared to the community-based survey of the latter. As a matter of fact, people who suffer from menopausal symptoms or have high health awareness, tend to seek medical care compared to those who have fewer symptoms or are less concerned about menopausal health.

Nevertheless, due to the small sample size ($n = 400$) of the 1998-study, the 3.0 per cent prevalence of current users equals 8 cases. This is too small a number to make any analysis regarding women's attitude and acceptance towards HRT. Therefore, the authors decided to conduct a hospital-based survey in 5 hospitals which have well established menopause clinics and were willing to join the study. The authors expected to obtain a reasonable sample size of HRT users, so more details of women's attitude and acceptance on HRT could be gathered.

Regarding the reasons for HRT initiation in current users, it was found that the common indications were osteoporosis, hot flashes, vaginal dryness and skin problems, respectively. This was similar to the reported indications in past users after performing a subgroup analysis. The result showed that bone

indication was the most common reason for HRT initiation. This is probably due to the influence of physicians' attitude which has lately emphasized osteoporosis.

Almost half of the current users reported moderate to severe side effects from HRT. The most common complaints were breast pain, headache and vaginal bleeding. This is in conjunction with later information which revealed that almost half of the current users wanted to switch from HRT. The reasons were mainly based on the women's concern about cancer from the use of HRT and fear of hormone accumulation.

By the same token, the reasons for HRT discontinuation in past users were mainly related to HRT's safety aspects (cancer concern and HRT's side effects). In addition, the true reason for those who changed treatment from HRT (27.0% of past users) may stem from respondents' concern about the safety of prolonged use of hormone.

When asked about the decision on the choices of menopausal therapy, most of the respondents (95.4%) based their decision on medical advice. The others (7.9-22.8%) made their choices by using

information from leaflets and brochures, attending a health conference, newspapers, books and magazine, friends, and television and radio. However, only one-third of the respondents (25.6-38.0%) reported receiving enough clear information on menopause and HRT. In contrast, a survey in Taiwan(11) found that most of the women's knowledge of the menopause was obtained from reading material (43.0%) and friends (22.0%). Only 18.0 per cent revealed that the source of knowledge was from medical personnel. Moreover, 71.0 per cent of these women thought they should receive therapy.

As a matter of fact, HRT awareness and acceptance in this respondent group may not represent the attitude of Thai women nationwide. Nonetheless, it revealed opinions and problems on menopause and the use of HRT in a group of women living in Bangkok who sought medical care in their climac-

tic. Therefore, it is obvious that health education is needed to help women understand the changes during menopausal transition and the choices of therapeutic strategies. Health care providers must be knowledgeable and well trained to provide enough clear information to women prior and after the transition.

ACKNOWLEDGEMENT

The authors wish to thank Tiamsiri Term-rungruanglert, BSc in Pharm., MBA, Taweesak Thamrongthanyawong, BSc in Pharm., MBA, Tanimporn Ninlagarn, BSW (Social worker), MA (Counseling Psychology), Supasip Prommintra, BSc in Nursing, Malinee Dusitakorn, BSc in Nursing, Arnuay Itthikom, BSc in Nursing, for assistance with questionnaire development, gathering and data processing.

(Received for publication on April 6, 2003)

REFERENCES

1. Henzl MR. Natural and synthetic female sex hormones. In : Yen SSC, Jaffe RB, editors. Reproductive endocrinology : Physiology, pathophysiology and clinical manifestation. 2nd ed. Philadelphia: WB Saunders; 1986: 421-68.
2. Taechakraichana N. Estrogen in hormone replacement therapy : Basic knowledge. In : Taechakraichana N, editor. Hormone replacement therapy in the menopause. Bangkok: Beyond Enterprise; 2000: 33-68.
3. Eriksen FF, Kassem M. The clinical problem of treating osteoporosis with estrogens. In : Studd J, editor. The management of the menopause. New York: The Parthenon Publishing Group; 1998: 121-34.
4. Dusitsin N, Taechakraichana N. Management of menopause. J Asean Federation Endocr Soc 1999; 17: 1-6.
5. Taechakraichana N, Jaisamrarn U, Panyakhamlerd K, Chaikittilpa S, Limpaphayom K. Climacteric : Concept, consequence and care. J Med Assoc Thai 2002; 85(Suppl 1): S1-S15.
6. A Nationwide HRT study 1998. Presented to Schering (Bangkok) Ltd. By SORES FSA (Thailand) Co., Ltd. 22nd September 1998.
7. Aso T. Ethnic variation in hormone replacement therapy. In : Healy DL, Kovacs GT, McLachlan R, Rodriguez-Armas O, editors. Reproductive medicine in the twenty-first century. Proceedings of the 17th World Congress on Fertility and Sterility, Melbourne, Australia: The Parthenon Publishing Group; 2001: 390-6.
8. Million Women Study Collaborators. Patterns of use of hormone replacement therapy in one million women in Britain, 1996-2000. BJOG 2002; 109: 1319-30.
9. Sethi K, Pitkin J. British-Asian women's views on and attitudes towards menopause and hormone replacement therapy. Climacteric 2000; 3: 248-53.
10. Rekers H. Mastering the menopause. In : Burger H, Boulet M, editors. A portrait of the menopause. Carnforth: The Parthenon Publishing Group; 1990: 23-44.
11. Pan HA, Wu MH, Hsu CC, Yao BL, Huang KE. The perception of menopause among women in Taiwan. Maturitas 2002; 41: 269-74.

ไฮอร์โมนทดแทน : ทัศนคติและความยอมรับของสตรีกรุงเทพมหานคร

นิมิต เศรษฐา, พบ*, กิตติศักดิ์ วิลาวรรณ, พบ**, วีรวัฒน์ วิภาตวิทย์, พบ***,
สุนี ไมตรีสกิด, พบ****, นันทศักดิ์ ธรรมานวัตร, พบ*****, อรรอนพ ใจสำราญ, พบ*,
กระเมษย์ ปัญญาคำเลิศ, พบ*, ปิยะลัมพร หวานนท์, พบ******, คุณหญิงกอบจิตต์ ลิมปพยุอม, พบ*

วัตถุประสงค์ : เพื่อศึกษาถึงทัศนคติและความยอมรับของสตรีต่อภาวะหมดระดูและการใช้ไฮอร์โมนทดแทน

วิธีการ : คุณผู้วัยได้สำรวจสตรีที่มารับบริการที่คลินิกสตรีวัยหมดระดูในโรงพยาบาลมหาวิทยาลัยและโรงพยาบาลสารະณ 5 แห่งในกรุงเทพมหานคร โดยสุ่มเลือกสตรีจำนวน 615 ราย ซึ่งมีที่อยู่อาศัยอยู่ใกล้เคียงโรงพยาบาลที่สำรวจและสมัครใจที่จะตอบแบบสอบถามมาได้

ผลการศึกษา : ร้อยละ 97.0 ของผู้ตอบแบบสอบถาม มีอายุระหว่าง 40–70 ปี ร้อยละ 51.7 อยู่ในวัยใกล้หมดระดูและวัยหลังหมดระดู ร้อยละ 65.7 เชื่อว่าภาวะหมดระดูเป็นการเปลี่ยนแปลงของร่างกายตามธรรมชาติ ถึงแม้บางคนอาจจำเป็นต้องได้รับการรักษา ร้อยละ 53.9 เป็นผู้ที่กำลังได้รับไฮอร์โมนทดแทน โดยระยะเวลาเฉลี่ยของการใช้ไฮอร์โมนของผู้ตอบแบบสอบถามในกลุ่มนี้ประมาณ 4.70 ± 3.36 ปี ข้อบ่งชี้ในการใช้ไฮอร์โมนทดแทนที่พบบ่อยที่สุดได้แก่ ภาวะกระดูกพรุน อาการร้อนวูบวาน และอาการซึ่งคลอดแห้ง อาการข้างเคียงที่พบมากที่สุดในกลุ่มที่กำลังใช้ไฮอร์โมนทดแทนได้แก่ เจ็บคัดหน้าอก ปวดศีรษะ และเลือดออกทางช่องคลอด ร้อยละ 43.2 ในกลุ่มที่กำลังใช้ไฮอร์โมนทดแทน ต้องการเปลี่ยนการรักษาไปจากการใช้ไฮอร์โมน ร้อยละ 95.4 ตัดสินใจเลือกวิธีการรักษาจากคำแนะนำทางการแพทย์ ร้อยละ 62.0–74.7 ของผู้ตอบแบบสอบถามทั้งหมด รายงานว่า ยังไม่ได้รับข้อมูลเกี่ยวกับภาวะหมดระดูและไฮอร์โมนทดแทนอย่างเพียงพอและชัดเจน

สรุป : จากรายงานนี้พบว่า สตรีที่ตอบแบบสอบถามส่วนใหญ่เชื่อว่า ภาวะหมดระดูเป็นการเปลี่ยนแปลงตามธรรมชาติ แต่บางรายจำเป็นต้องได้รับการรักษา เหตุผลที่ใช้ไฮอร์โมนทดแทนที่พบบ่อยได้แก่ ภาวะกระดูกพรุน อาการร้อนวูบวาน อาการซึ่งคลอดแห้ง เกือบครึ่งหนึ่งของผู้ที่กำลังใช้ไฮอร์โมนทดแทนต้องการเปลี่ยนการรักษา ส่วนใหญ่ของผู้ตอบแบบสอบถามตัดสินใจเลือกวิธีการรักษาจากคำแนะนำของแพทย์

คำสำคัญ : ภาวะหมดระดู, ไฮอร์โมนทดแทน, ทัศนคติ, ความยอมรับ

**นิมิต เศรษฐา, กิตติศักดิ์ วิลาวรรณ, วีรวัฒน์ วิภาตวิทย์ และคณะ
จดหมายเหตุทางแพทย์ ว 2546; 86 (ฉบับพิเศษ 2): S385–S398**

* ภาควิชาสูติศาสตร์–นรีเวชวิทยา, คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย, กรุงเทพ ว 10330

** กองสูตินรีเวชกรรม, วิทยาลัยแพทยศาสตร์ พระมงกุฎเกล้า, กรุงเทพ ว 10400

*** กลุ่มงานสูตินรีเวชกรรม, โรงพยาบาลด้ำรัว, กรุงเทพ ว 10330

**** กองสูตินรีเวชกรรม, โรงพยาบาลสมเด็จพระปินเกล้า, กรมแพทย์ทหารเรือ, กรุงเทพ ว 10600

***** กลุ่มงานสูตินรีเวชกรรม, โรงพยาบาลพรัตนราชธานี, กรมการแพทย์, กรุงเทพ ว 10230

***** สถาบันวิจัยวิทยาศาสตร์การแพทย์, จุฬาลงกรณ์มหาวิทยาลัย, กรุงเทพ ว 10330