

Original Research Paper

HRT use by New Zealand women: knowledge, reasons for use and information sources

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ABSTRACT

Aims: The Core Services Committee Report has provided guidelines for the publicly funded use of hormone replacement therapy (HRT) in New Zealand. This study aimed to determine women's current use and knowledge in relation to those guidelines.

Methods: A postal survey of 495 mid-aged women measured HRT use, reasons for initiating and ceasing HRT use, knowledge and sources of information on HRT.

Results: Forty-two per cent of this sample had used HRT. The most common reasons for initiating use were vascular and emotional symptoms and for ceasing use were physical side effects. Mid-aged women were familiar with the use of HRT to treat menopausal symptoms and for prevention of disease but fewer women knew of any side effects.

Conclusions: Many women were well informed; however a number of women had a limited knowledge of the effects and side effects of HRT. More comprehensive information about HRT that is accessible and comprehensible to mid-aged women is needed.

KEY POINTS

- There is a high rate of HRT use and long term HRT use in New Zealand
- Doctors are the main source of information on HRT
- There is a need for separate decisions about short and long term HRT use
- Women require more information about the effects and potential side effects of HRT
- There is a need to explain the limits of scientific support for efficacy

INTRODUCTION

New Zealand women show a growing interest in using hormone replacement therapy (HRT) at the time of menopause. From 1993 to 1999 the rate of HRT use in

New Zealand doubled (Pharmac, 24 December 1999). This represents a considerable industry and involves an estimated 18 per cent of all New Zealand women aged between 50 and 70 years.¹

HRT has been prescribed for mid-aged women to alleviate a variety of menopausal symptoms such as hot flushes, night sweats and skin changes, for several decades.² More recently, the benefits of postmenopausal oestrogen in reducing the incidence of osteoporosis and primary prevention of heart disease have been emphasised.³ This change in focus from the treatment of specific menopausal symptoms to long term preventative treatment changes the role that HRT may play in mid-aged women's lives.

Despite the growing scientific focus on HRT to prevent long term disease, the publicly funded use of HRT in New Zealand has been recommended only for those women who experience difficulties with menopausal symptoms. The third report of the National Advisory Committee on Core Health and Disability Support Services⁴ adopted the guidelines published in the report of the consensus development conference on HRT.⁵ This report is the most recent set of published guidelines available in New Zealand. It recommends that HRT be prescribed for women experiencing symptoms that disrupt their quality of life, and treatment should only be continued while symptoms persist.⁴ The Core Services Committee specifically states that: HRT is not recommended to treat depression, memory loss, sexual dysfunction or skin wrinkling; long term use of HRT is not recommended without specific risk factors for disease; and a decision about short term use for menopausal symptoms should be made separately to that about disease prevention.⁴

A recent shift towards shared decision making in medical practice has placed considerable emphasis on mid-aged women's responsibility for their decision to use HRT, and consequently to be informed. Accordingly, the Core Services Committee

TABLE 1. REASONS FOR INITIATING HRT USE BY HRT USE STATUS

Reasons	HRT use status			
	Current n=124 (%)		Past n=70 (%)	
Relieve vascular symptoms	58	(46.8)	25	(35.7)
Improve emotional stability	41	(33.1)	15	(21.4)
Relieve physical symptoms	25	(20.2)	15	(21.4)
Relieve urogenital symptoms	20	(16.1)	3	(4.3)
Relieve menstrual symptoms	19	(15.3)	9	(12.9)
Prevention of disease	15	(12.1)	14	(20.0)
Increase sex drive	6	(4.8)	3	(4.3)
Provide physical benefits	6	(4.8)	2	(2.9)
Other	31	(25.0)	20	(28.6)

recommends that all women should have access to accurate, unbiased information about the effects of HRT on menopausal symptoms and long term outcomes, including the risks, benefits

and side effects of using HRT.⁴

As the information about HRT is changing rapidly, and there has been confusion and controversy among women regarding its use,⁶ the currently appointed National Health Committee in New Zealand has sponsored a group to develop new guidelines for HRT use. This seems an appropriate time to review practice in relation to the current guidelines. Accordingly, the aim of this study is to assess the rate of current HRT use in mid-aged New Zealand women, their reasons for HRT use, their knowledge about HRT and the sources of information for women.

METHOD

Participants and procedure

A sample of 1005 was selected at random from the general and Maori electoral roll for the North Island of New Zealand of those aged 45-60 who listed one of the following titles: Ms, Miss, Mrs, Sister, Madam (62,449 women). These women were sent an information sheet by post and agreed to participate by returning a questionnaire. The original invitation to participate yielded 319 replies.

Three weeks after the initial posting a reminder letter was sent out. Following this second posting a further 176 replies were received.

Questionnaire

Questions were asked about current and past HRT use, length of use and intentions to continue use. Open response questions asked about knowledge of any reasons for, and any disadvantages of, HRT use. Past and current users were asked their reasons for initiating use, and past users their reasons for ceasing use.

The questionnaire was piloted on a convenience sample of 30 women aged 45-60. Minor changes to the format were made based upon this pilot study.⁷

Coding categories for these open response

questions (as shown in Tables 1 and 2) were based on responses from the participants.

Respondents chose their main sources of information from a list of seven: friends or relatives; media (television, radio, newspapers); magazines; books; doctor (GP or specialist); other health providers; and other.

RESULTS

From 973 women contacted, 495 responded (51 per cent). The sample was evenly distributed across the age range. Most women were working outside the home (66.2 per cent) and were in the three highest occupational categories (59.8 per cent). Few women had only primary education (1.0 per cent). The remainder reported no secondary qualifications (31.7 per cent), some secondary qualifications (35.2 per cent) or tertiary qualifications (29.9 per cent). Over 70 per cent were married or living as married and 83 per cent were of New Zealand European descent.

This sample closely resembles the New Zealand population of mid-aged women on employment status, marital status and ethnic group affiliation.⁸

However, more women in this group have secondary education than women of this

TABLE 2: KNOWLEDGE OF THE EFFECTS OF HRT USE ON MENOPAUSAL SYMPTOMS BY HRT USE STATUS						
Effects	Current n=124 (%)		Past n=70 (%)		Never n=272 (%)	
Relieve vascular symptoms	54	(43.5)	32	(45.7)	82	(30.1)
Improve emotional stability	39	(31.5)	26	(37.1)	73	(26.8)
Relieve urogenital symptoms	29	(23.4)	10	(14.3)	30	(11.0)
Relieve physical symptoms	28	(22.6)	13	(18.6)	41	(15.1)
Provide physical benefits	17	(13.7)	20	(28.6)	42	(15.4)
Relieve menstrual symptoms	15	(12.1)	7	(10.0)	22	(8.1)
Increase sex drive	10	(8.1)	4	(5.7)	18	(6.6)
Other	10	(8.1)	4	(5.7)	17	(6.3)

age in the population.

HRT use

The total sample of 495 women comprised 124 (25.1 per cent) women who were currently using HRT (current users); 70 (14.1 per cent) who had used HRT in the past (past users); and 272 (54.9 per cent) who had never used HRT (never users). The remaining 29 (5.9 per cent) did not indicate HRT use status. Of those women who indicated HRT use status, 41.6 per cent had used HRT at some time.

Among current users, 16 per cent had used HRT for less than 12 months, 19.2 per cent for one to two years, 36 per cent for two to five years and 28.8 per cent for more than five years. Most expected to continue HRT for more than five years (51.4 per cent), 30 per cent for two to five years, 13.5 per cent for one to two years, and 5.4 per cent for less than 12 months. Of those who had used HRT for more than five years, 53 per cent intended to continue HRT for at least a further five years.

Most past users had used HRT for less than 12 months (59.1 per cent), 15 per cent had used HRT for one to two years and 15.2 per cent for two to five years. Only 10.6 per cent of past users had used HRT for more than five years.

Past and current users gave a variety of reasons for initiating HRT use. Table 1 shows that relief of vascular symptoms (hot flushes and night sweats) was the most common reason for current and past users (46.8 and 35.7 per cent respectively). Almost one-third (33.1 per cent) of current users and 21.4 per cent of past users reported using HRT to improve emotional stability. Table 1 also shows that 26.3 per cent of women gave "other" reasons for use. Many of these women reported they had been advised to take HRT by their doctor, but did not indicate why their doctor had advised this.

TABLE 3: SOURCES OF INFORMATION ON HRT BY HRT USE STATUS						
Information sources	HRT use status					
	Current n=124 (%)		Past n=70 (%)		Never n=272 (%)	
Doctor	110	(88.7)	51	(72.9)	85	(31.3)
Magazines	53	(42.7)	37	(52.9)	123	(45.2)
Books	46	(37.1)	35	(50.0)	83	(30.5)
Friends or relatives	40	(32.2)	29	(41.4)	140	(51.5)
Health providers	36	(29.0)	15	(21.4)	63	(23.2)
Media	28	(22.6)	24	(34.3)	104	(38.2)
Other	8	(6.5)	1	(1.4)	10	(3.7)

The most commonly reported reasons for ceasing HRT use were physical side effects, eg, nausea and breast tenderness (30.4 per cent); interference with natural functioning of the body (28

per cent); return of periods (20 per cent); ineffectiveness (14.5 per cent); emotional side effects such as depression (13.0 per cent); and weight gain (11.6 per cent). Only 7.2 per cent stated they ceased HRT because symptoms had ceased. Some women listed more than one reason for ceasing HRT use.

Knowledge of HRT

Knowledge of the effects of HRT on menopausal symptoms is presented in Table 2. Commonly known short term effects of HRT use were relief of vascular symptoms such as hot flushes and night sweats (36.1 per cent), improvement of emotional instability such as mood swings and depression (29.6 per cent) and physical benefits, such as improved skin and increased energy (17.0 per cent).

An increase in breast cancer was the most commonly cited long term effect of HRT use (34.1 per cent), followed by an increased risk of cancer in general (23.2 per cent). Current users were more likely to know of the risk of breast cancer than never users (54.8 and 25.0 per cent respectively). An increased risk of other diseases such as heart disease and liver damage with HRT use was mentioned by 9 per cent of women.

The role of HRT in the prevention of long term disease such as osteoporosis and heart disease was known by many current and past users (47.9 and 45.7 per cent respectively), but was less well known by those who had never used HRT (22.4 per cent).

Weight gain (16.1 per cent) and physical side effects (15.5 per cent) such as breast tenderness and nausea were the most commonly known short term effects of HRT use, although fewer women knew of side effects of HRT than knew of reasons for HRT use.

Information sources

Doctors were the main source of information for current and past users (see Table 3). Never users were more likely to report that friends and relatives were their main source of information. Magazines and books were a popular source of information for all women.

DISCUSSION

The present study found that 42 per cent of women aged between 45 and 60 years had used HRT at some time, and almost half of all postmenopausal women in this sample had used HRT. This level of HRT use is similar to Australian samples, which report between 25 and 30 per cent current use of HRT in this age group.⁹

The level of HRT use in this sample is higher than any previous estimates in New Zealand.^{5,10} This current information is important, as Pharmac is unable to provide information on the number of women using HRT (the database can only provide the number of prescriptions for HRT that are filled).

The results suggest that, if women do not cease HRT use because of unpleasant side effects, they tend to continue use for a considerable length of time. Some 36 per cent of these women had used HRT for two to five years and a further 29 per cent for more than five years. This result may be compared to the findings of an Australian study in which only 40 per cent of the current users had used HRT for more than two years.¹¹

Differences between these two samples may be due in part to the difference in age group as the Australian women were aged 45-55 years. The difference may also reflect changing attitudes to HRT use to focus on disease prevention, which requires long term HRT use, rather than short term use for symptom relief.

There is some evidence to suggest women's reasons for use change over the course of their HRT use. Although most current users initiated use to treat immediate symptoms, such as hot flushes, their long term use and intention to continue (most for more than five years) indicates symptom relief is no longer their main reason for HRT use. Menopausal symptoms continue for less than five years in most mid-aged women.¹²

It may be that once symptoms have been alleviated women consider other aspects,

such as prevention of disease, to be important. The high number of women who considered prevention of disease as a reason for HRT use supports this, despite fewer women stating this as a reason for their initial HRT use. The Core Services Report recommends that separate decisions should be made about short term and long term HRT use.⁴ As increasing numbers of women may be shifting from short term to long term use, this aspect of decision-making requires further investigation.

A considerable number of women (one- third of current HRT users and almost one-fifth of past users of HRT) stated emotional stability as a reason for their initiation of HRT use. The Core Services Report⁴ recommends that HRT should not be used to relieve symptoms like "depression". This recommendation summarises the Consensus Development Conference Report⁵ finding "that the evidence concerning the effect of HRT on mood, depression, sexual dysfunction, and memory loss remains conflicting". More recent reviews continue to support this conclusion.¹³ Nevertheless, there was widespread belief in the usefulness of HRT in treating emotional instability in this sample.

Almost 30 per cent of women listed some aspect of emotional instability as a reason to use HRT. Pharmaceutical companies and some popular books and magazines promote the use of HRT to control depression and mood swings. Physical benefits such as improved skin and looking younger were mentioned as reasons for HRT use by 17.0 per cent of women which is also contrary to the Core Services Committee recommendations.⁴

The most commonly known long term effect of HRT was the increased risk of cancer; however, 68.7 per cent of the present sample did not know of the suggested beneficial effects of HRT use on osteoporosis or heart disease. Cancer has been found to be the health problem of most concern to women as they age, whereas osteoporosis and heart disease are of relatively little concern.¹⁴ Sinclair et al also report that concern with cancer was important in women's decision making on HRT.¹¹ Much of the recent research on HRT use has been focused on extending life span. However, it is important to consider the particular health concerns women have as they age.

In general, the side effects of HRT were less well known, although these results and previous research suggest that the side effects of HRT are a factor in ceasing HRT use.¹⁵ Weight gain was one side effect mentioned by almost one quarter of this sample, which may indicate that a desire to remain slim influences women's decision making on HRT. Women's knowledge of the immediate benefits of HRT use, the side effects and long term risks and benefits, indicates some women are well-informed but all women do not have access to the broad range of unbiased information as recommended by the Core Services Committee.⁴

Although most past and current users of HRT reported that doctors were their main source of information about HRT, other information sources were also reported. The media and magazines were commonly cited sources of information on HRT. The level of knowledge of unsupported benefits of HRT (such as improved skin and increased energy) among this sample is not surprising considering Griffiths' finding that statements concerning youthfulness, and increased health and wellbeing were mentioned more in the media than any other aspect of HRT use.¹⁶

CONCLUSION

This survey has indicated there is a high rate of HRT use, and a high rate of long term use, among mid-aged New Zealand women. Many women are well-informed about the effects of HRT on both long term disease and short term menopausal

symptoms. However, the side effects of HRT use are less well known.

There are a number of women who are currently using HRT *and* who have limited knowledge of the potential effects and side effects.

There are many women whose understanding of the reasons for HRT use is contrary to current New Zealand guidelines. HRT is a controversial treatment, which presents a complex decision for mid-aged women. Doctors are the main source of information for women and are ideally placed to provide information to women who are considering HRT use. Women need clear information about: the need for separate decisions on short and long term use; the potential side effects of short and long term use; and the limits of the scientific evidence for efficacy.

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