

# Women's decisions about whether or not to take hormone replacement therapy: influence of social and medical factors

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## SUMMARY

**Background.** General practitioners have been described as reluctant to prescribe hormone replacement therapy although its use is widely discussed and advocated in the popular media.

**Aim.** This study set out to identify women's perceptions of media coverage of hormone replacement therapy; the people influencing women's decisions about therapy and women's sources of information; their general practitioners' attitudes to therapy; and women's experiences of the primary health care team in relation to hormone replacement therapy.

**Method.** In 1993, a postal questionnaire survey was undertaken of 1649 women aged between 20 and 69 years registered with eight general practices in Stockton-on-Tees.

**Results.** A total of 1225 women (74%) returned questionnaires. Women considered that the media portrayed mainly positive images of hormone replacement therapy. A substantial minority of women found the media information unhelpful (30%) or felt that it was incorrect (17%). General practitioners and practice nurses were most frequently considered to be the most important people in helping women decide about taking therapy, but relatives and friends were also important; 41% of women named no one. The media, friends and relatives were most commonly cited as the main sources of information about therapy. Of the women who had discussed hormone replacement therapy with their general practitioner, 65% felt that their general practitioner was in favour of its use for relieving menopausal symptoms. Two thirds of women felt they had had enough time and information when discussing hormone replacement therapy with their general practitioner and/or practice nurse.

**Conclusion.** Women did not seem to perceive any resistance from their general practitioner to the prescribing of hormone replacement therapy. Although women gathered information about therapy from sources other than their doctor, doctors have an important role, as providers of the therapy, in listening to women and helping them to make their own decision about whether or not to take hormone replacement therapy.

**Keywords:** hormone replacement therapy; women's health; patient choice; patient health beliefs; patient attitudes; information sources.

## Introduction

GENERAL practitioners have been described as reluctant to prescribe hormone replacement therapy<sup>1</sup> and women have complained of the need to put pressure on their doctors to obtain

therapy.<sup>2,3</sup> In the last few years since these concerns were raised, general practitioners have received a large amount of promotional material about the therapy from drug companies and through educational initiatives. The popular media has also given hormone replacement therapy wide coverage and it has been found to be women's main source of information about therapy.<sup>4</sup>

This study set out to identify women's perceptions of media coverage of hormone replacement therapy, who influenced their decisions about whether or not to use it and their sources of information, what they perceived to be their general practitioners' attitudes to therapy, and what was their experience of the primary health care team regarding therapy. The purpose of the study was to explore the extent to which women were influenced by the media, family and friends in their decisions about whether or not to use hormone replacement therapy, the extent to which doctors influenced women's decisions, and whether or not general practitioners were barriers to women receiving hormone replacement therapy.

## Method

A postal questionnaire was designed. This was based on previous questionnaires<sup>3,5</sup> and on the results of interviews carried out by F G with individual women and with three neighbourhood women's groups. The questionnaire covered perceptions of media coverage of hormone replacement therapy, use of therapy, sources of information and advice, impressions of general practitioner attitudes to therapy and experience of primary care in relation to therapy. Women were also asked about their education (whether they had left school with no formal qualifications, had left school aged 16 years with qualifications, or had done A-levels or further training/education after leaving school). An open question allowed women to write fully their impressions of media coverage of hormone replacement therapy; the responses were coded by F G.

The questionnaire was piloted among 100 women from F G's own practice in Stockton-on-Tees. For the main study, 11 other practices in Stockton-on-Tees with computerised age-sex registers were approached, of which eight agreed to take part (combined list size 86 944 patients). Women aged between 20 and 69 years were randomly selected from practice lists, stratified by age, giving a one in 17 sample of all women. The questionnaire was mailed out in September 1993; two reminder letters were sent to non-respondents.

For the analysis, women were divided into sociobiological age groups: less than 25 years, considered to be in the young adult age group; 25–34 years, childbearing; 35–44 years, premenopausal/child rearing; 45–54 years, menopausal; 55–64 years, postmenopausal; and 65–69 years, young elderly. The chi square test was used to test for trends and Cramer's V to test their power. The value of Cramer's V ranges between zero and one; a high value indicates a powerful trend. Whenever data were analysed by age, education was controlled and vice versa.

## Results

Questionnaires were sent to 1649 women. After two reminders, 1225 usable questionnaires were returned (74.3%). The response

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rate was 56.7% for the 178 women aged under 25 years, 83.5% for the 249 women aged 55–64 years and 76.9% for the 117 women aged 65 years and over ( $\chi^2 = 53.1$ , 5 degrees of freedom,  $P < 0.001$ , Cramer's  $V = 0.18$ ). The respondents appeared to be representative of the population of the town as far as educational attainment could be used as a proxy measure of social class.

### Women's perceptions of media coverage

Women were asked to describe the most striking things that they had read or heard about in the media concerning hormone replacement therapy. A total of 858 women (70.0%) answered this question of whom 128 indicated they had not heard anything about hormone replacement therapy. Fourteen percent of all responses mentioned that therapy helps relieve menopausal symptoms or hot flushes and 11% of all responses mentioned that it has a role in preventing osteoporosis (Table 1). Women also mentioned positive images of its effect on health and youth. When coded, these were divided according to slightly different strengths and aspects. The mildest positive statements indicated an improvement in well being; more forceful statements were those about becoming more active or more healthy; and the strongest statements were those which included words such as 'magic' or 'wonderful'. Statements about youthfulness were coded as a separate aspect. When combined these positive images were mentioned more than any other topic. The response rate to this question increased with education in all age groups except in the under 25 years age group where no trend was found. The relationship between education and response rate increased in strength from the 25–34 years age group ( $\chi^2 = 10.1$ ,  $P < 0.01$ , Cramer's  $V = 0.19$ ) to the 65–69 years age group ( $\chi^2 = 10.3$ ,  $P < 0.01$ , Cramer's  $V = 0.35$ ).

In answer to the question 'Have you found the information from the media helpful?' 582 women indicated yes (47.5%) and 367 indicated no (30.0%); 276 did not respond (22.5%). There was no significant trend with age or education. In answer to the question 'Do you feel the information about hormone replacement therapy in the media is correct?' 574 women indicated yes (46.9%) and 213 indicated no (17.4%); 438 did not respond (35.8%). There was no significant trend with age or education.

### Sources of information and people influencing women's decisions

The questionnaire identified those 348 women who had previously thought of taking hormone replacement therapy: 15 of the 101 women aged less than 25 years (14.9%), 34 of the 291 women aged 25–34 years (11.7%), 97 of the 278 women aged

**Table 1.** Women's descriptions of the most striking things they had heard or read about in the media concerning hormone replacement therapy.\*

	% of 1222 responses
<i>Hormone replacement therapy:</i>	
Helps menopausal symptoms/hot flushes	14.0
Prevents osteoporosis	10.6
Keeps one young/prevents ageing	8.8
Makes one feel well/healthy/active	7.6
May have long-term side effects, eg cancer	6.8
Is magic/wonderful/a miracle cure	6.5
Makes life easier/improves well being	6.1
Has immediate side effects, eg breast tenderness, weight gain	4.0
Relieves tiredness/depression/mood swings	3.6
Works for some women but not others	3.6
Prevents heart attacks/strokes	2.5
Causes continued bleeding after menopause	1.8
Has received good and bad reports	1.3
Is not taken seriously/not enough advice for menopausal women	1.1
Is used by celebrities	1.1
Improves sex life/dry vagina	1.1
<i>Other positive views</i>	3.1
<i>Other negative views</i>	1.8
<i>Other information</i>	3.0
<i>Other misinformation</i>	1.1
<i>Had heard nothing</i>	10.5

\*Women were allowed to describe as many things as they wished.

35–44 years (34.9%), 129 of the 257 women aged 45–54 years (50.2%), 62 of the 208 women aged 55–64 years (29.8%) and 11 of the 90 women aged 65–69 years (12.2%). Forty four of these women had not discussed hormone replacement therapy with anyone. Overall, the 304 women who indicated that they had discussed hormone replacement therapy with someone were most likely to have discussed it with the general practitioner or practice nurse (206 women, 67.8%) (Table 2). Husbands/partners, relatives and friends were also likely to have been consulted, 150 women reporting having discussed hormone replacement therapy with this group (49.3%); 59 women reported having discussed it with this group only (19.4%). However, when asked who was most important in helping them make a decision, 41.1% of the 304 women named no one, that is, left the question blank or wrote 'no one' (Table 2). Even when a doctor or practice nurse had been consulted, 30.5% of 223 women named no one.

**Table 2.** Discussion of hormone replacement therapy (HRT) and most important source of help in deciding about HRT among 304 women having thought about taking therapy.

Discussion with	No. of women reporting						Total
	Person most important in HRT decisions						
	GP/practice nurse	Hospital doctor	Relative <sup>a</sup>	Self	Other <sup>b</sup>	No one <sup>c</sup>	
GP/practice nurse (not hospital doctor)	82	0	18	16	2	50	168
Hospital doctor (not with GP or practice nurse)	0	8	1	0	0	8	17
Hospital doctor and GP/practice nurse	11	14	2	0	1	10	38
Relative <sup>a</sup> (no medical person)	0	0	14	3	0	42	59
No response	5	1	0	1	0	15	22
Total	98	23	35	20	3	125	304

<sup>a</sup>Husband/partner/relative/friend. <sup>b</sup>For example, well woman clinic or family planning clinic. <sup>c</sup>Respondents left question blank or wrote 'no one'.

The general practitioner or practice nurse were named most commonly as being the person who was most important in helping women to make a decision about hormone replacement therapy (32.2%). However, relatives or self were named by 18.1% of women.

When asked about sources of information about hormone replacement therapy, 111 women (9.1%) indicated that they had never heard of it. For the remainder, magazines and newspapers, and friends and relatives were the most commonly reported sources of information about hormone replacement therapy (Table 3). However, for those women who had taken hormone replacement therapy, a doctor was the most commonly reported source of information. Even for these women, magazines and newspapers and friends and relatives remained important sources of information. For women who had not taken therapy, the doctor was reported relatively rarely as a source of information.

### General practitioners' attitudes

Of 226 women who in an earlier question indicated that they had discussed hormone replacement therapy with their general practitioner, 146 (64.6%) felt that their practitioner was in favour of prescribing therapy to relieve menopausal symptoms, nine felt that their practitioner was not in favour (4.0%) and 68 were unsure of their general practitioner's attitude (30.1%); three women did not respond. A total of 133 women felt that their practitioner was in favour of its use to prevent osteoporosis (58.8%), one felt that her practitioner was not in favour (0.4%) and 87 were unsure (38.5%); five did not respond. A total of 77 women felt that their practitioner was in favour of its use for the prevention of cardiovascular disease (34.1%), three felt that their practitioner was not in favour (1.3%) and 140 were unsure (61.9%); six did not respond.

Of the 999 women who had not discussed hormone replacement therapy with their general practitioner, 84 felt that their practitioner was in favour of its use for relieving menopausal symptoms (8.4%), 11 did not (1.1%) and 863 indicated that they did not know (86.4%); 41 did not respond. A total of 117 women felt that their practitioner was in favour of its use for the prevention of osteoporosis (11.7%), four did not (0.4%) and 814 did not know (81.5%); 64 did not respond. Ninety six women felt their practitioner was in favour of its use for preventing cardiovascular disease (9.6%), eight did not (0.8%) and 831 did not know (83.2%); 64 women did not respond.

**Table 3.** Main sources of information about hormone replacement therapy (HRT) among women who had and who had not considered using it and among those who had taken it.

Information source <sup>b</sup>	% of women who had <sup>a</sup>		
	Never thought of using HRT (n = 806)	Thought of using HRT but had not (n = 168) <sup>c</sup>	Taken HRT (n = 173) <sup>c</sup>
Magazine/newspaper	50.9	69.6	63.0
Friend/relative	50.9	66.1	40.5
TV/radio	29.0	44.6	31.8
Doctor	5.1	19.6	74.0
Nurse	2.5	10.1	12.1

n = number of women in group. <sup>a</sup>71 women did not respond to the question asking whether they had thought of HRT. <sup>b</sup>Women could choose more than one item. <sup>c</sup>No data on usage for seven women who had thought about HRT.

### Women's experience of the primary health care team

Reported experience of the primary health care team with regard to hormone replacement therapy among 233 women who reported having discussed therapy with their general practitioner or practice nurse is shown in Table 4. Over 70% of women did not feel they had to persuade the team to initiate therapy, and approximately two thirds felt they were given enough time and information.

There was some variation in these results between practices. The proportion of women who felt they had received sufficient information varied between 43% and 74%, the proportion reporting having been given enough time varied between 46% and 71%, the proportion reporting feeling muddled varied between 3% and 27%, and the proportion who felt the need to use persuasion varied between 5% and 25%. However, the chi square test did not reach statistical significance and the different negative views came from different practices.

### Discussion

The results of this study suggest that general practitioners are no longer a major obstacle to women receiving hormone replacement therapy. Doctors were not found to be the major providers of information about hormone replacement therapy unless a woman had taken it, but they could be important in a woman's decision making. As well as the media, women's friends and relatives helped in decision making and were important sources of information.

A good response rate was obtained in this survey, thus minimizing one source of bias.<sup>6</sup> Respondents had long questions to read so a bias would be expected towards those who were more highly educated. When the social class structure of the town, based on occupation of the head of household, was compared with respondents' educational attainment, respondents appeared to be representative of the population. However, this comparison may hide some bias towards those who were more educated as it is only a proxy measure. The question asking about the most striking thing they had heard or read in the media about hormone replacement therapy had a much lower response rate than the questionnaire

**Table 4.** Reported experience of the primary health care team with regard to hormone replacement therapy (HRT) among 233 women who reported having discussed HRT with their general practitioner or practice nurse.

	% of women answering about HRT		
	Yes	No	Do not know
Was given enough information (n = 214)	64.5	29.0	6.5
Doctor or nurse unsure if HRT would work for me (n = 199)	22.6	53.8	23.6
There was enough time to discuss HRT (n = 210)	67.1	24.8	8.1
Felt muddled as nurses and doctors said different things (n = 193)	14.0	78.8	7.3
Doctor or nurse uncertain about HRT use for more than a few years (n = 197)	12.2	43.7	44.2
Would have had to persuade doctors/nurses to initiate HRT (n = 200)	14.5	72.0	13.5

n = number of respondents.

overall and was more likely to have been answered by those who were more educated. This may be because this group gathered more information from the media or were more able to express what they had heard or read.

The age range in the study sample was chosen to include the views of younger women — the next generation of potential users — and for comparison with previous studies.<sup>5,7</sup> The proportion of women aged between 55 and 69 years who had thought of taking therapy (24%) was similar to that reported in Grampian for postmenopausal women.<sup>5</sup>

Although women's images of the media seemed mostly positive, there are indications that women may have had some resistance to the messages from the media. Women who did not find the media information helpful may not yet have needed that information, but the lack of trend by age indicates that menopausal women were included in this response group. Women who felt the media information was incorrect may have had a general distrust of the media or may have detected inaccuracy or bias in the media specific to hormone replacement therapy.

General practitioners and practice nurses were named most commonly as being the most important person in helping women to make a decision about hormone replacement therapy. However, hospital doctors were important for the relatively small number of women who saw them. The large number of women not able to say who was most helpful in their decision about whether or not to take therapy may be because several people were equally helpful or no one was particularly helpful. The phrasing of the question guided women to say who, other than themselves, was most helpful in making their decision. Phrased differently, the number of women naming themselves as most important may have been higher.

When asked about their perception of general practitioners' attitudes to hormone replacement therapy, the response rate to the question was high, but the question had a 'do not know' option. This option seemed reasonable as it was assumed that many women would have had no idea about their general practitioners' attitude to therapy. However, some women may have chosen this option to avoid expressing their true opinion, despite having been reassured about the confidentiality of their responses. Women's responses about their experience of the primary health care team in relation to hormone replacement therapy may have been more positive than the reality. However, the proportion of women expressing satisfaction with the amount of time and information received was almost identical to that in a previous study using the same questions.<sup>3</sup> There was some inconsistency in the reporting of whether women had discussed hormone replacement therapy with their primary health care team. The questions about this were asked in different contexts, one of which was linked with the question asking whether women had thought about taking therapy. Some women who had discussed therapy with their doctor or practice nurse may not have judged themselves as having thought about taking it. Some women may have discussed therapy with a doctor or nurse many years earlier, so making the memory of events less reliable.

Generally, women did not seem to perceive any resistance from their general practitioners to the prescribing of hormone replacement therapy. However, some dissatisfaction was expressed. There are few absolute contraindications to the prescribing of hormone replacement therapy. Therefore, who should be the major decision maker as to whether or not to take hormone replacement therapy: the woman or the doctor? Women have the power not to take it. Doctors can prescribe it to all who request it, or can attempt to persuade women to take it or not. The medical profession has been accused of portraying the menopause as a medical problem to further their power over women.<sup>8</sup> Women and their doctors are responding to social and cultural pressures, as well as physical symptoms, in their discus-

sion about hormone replacement therapy. Women's experience of the menopause can be positive and problem-free.<sup>9,10</sup>

The media have a major role in providing women with information about hormone replacement therapy. Doctors as providers of therapy have the power to control women's use of therapy. By listening to and respecting women's attitudes, experience and any wish to decide for themselves about therapy, doctors can use this power positively for the benefit of every woman.

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