Socio-Demographic Characteristics of Postmenopausal Estrogen Users

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ABSTRACT

The purpose of the paper was to describe general health, socio-economic and demographic characteristics of postmenopausal estrogen users in comparison to nonusers. During years 1994–2000, 717 postmenopausal estrogen users and 235 postmenopausal nonusers were gynecological examined, interweaved with a questionnaire including information on their health, socio-economic and demographic status and compared. Women who had prescription on a hormone replacement minimally 6 months before interview were deemed to be current users, but the controls had not use hormone replacement ever. Hormone replacement users were statistically significant more often smokers, they had better physical activity and better general health than nonusers. Women with surgical menopause were more often hormone replacement users than nonusers. Women with better socio-economic status, higher education and urban population were more likely to use hormone replacement. Single, divorced and widowed women were more likely, but married women were less likely to use hormone replacement. However, more healthy profiles among hormone replacement users may inflate the apparent benefit of treatment. The gynaecologists play a major role in hormone replacement therapy decision-making because of a substantial public health impact.

Introduction

Menopause is customarily defined, for statistical and epidemiological purposes, as the absence of menses for one year. Also, it is adult-onset ovarian failure, with the loss of estrogens, progesterone and ovarian androgens. Hormone replacement therapy (HRT) is increasingly used to alleviate climacteric symptoms...
caused by estrogen deficiency in postmenopausal women. Long-term use of HRT is known to reduce the risk of osteoporosis, cardiovascular disease, dementia and carbohydrate intolerance.

Although some studies have suggested that postmenopausal women taking estrogen have more healthy profiles than nonusers. Finally, postmenopausal women using estrogen tend to be more highly educated and have higher incomes than do postmenopausal women not using estrogen.

Surprisingly little is known about the prevalence of use or characteristics of women using HRT. Therefore, the study provides to describe general health, socio-economic and demographic characteristics of HRT use in the postmenopausal population and compared with non-users.

Subjects and Methods

The subjects were recruited from postmenopausal women undergoing the regular gynecological checkups during years 1994–2000. There were 717 postmenopausal users of HRT and 235 postmenopausal nonusers. In the users group there were 244 (34%) patients with previous hysterectomy and oophorectomy, and they had been given unopposed estrogens. On the other hand, other non-operated users had received combined treatments with the progestogen component. Women who had a prescription for HRT minimally in the 6 months before interview were deemed to be current users, but the controls had not use HRT ever. All subjects were gynecological examined and interviewed with a questionnaire including information on their health, gynecological history, socio-economic and demographic factors. Information collected at recruitment included details of age, height, weight, cigarette and alcohol consumption, past medical history and previous surgery, physical activity, parity, education and socio-economic status. Each woman was categorized by her reported details or symptoms.

For comparisons of metric or categorical variables between patients and control subjects Student t test or χ² test was used. In single variable comparisons the p values less than 0.05 were considered statistically significant.

Results

The control subjects were anthropometrically matched to the patients (Table 1), and the differences in the number of parity between HRT users and controls were not observed. The postmenopause endured statistically significant longer in the nonusers group (p=0.011). Women with surgical menopause were more often HRT users than nonusers (p<0.05). Also, HRT users were statistically significant more often smokers (p<0.005), they had better physical activity (p<0.001) and better general health (p<0.001) than non-users. The difference between alcohol consumption HRT users and nonusers were not observed (p=0.15) (Table 1).

Table 2 shows socio-demographic characteristics of HRT users and nonusers. Women with better socio-economic status were more likely to use HRT (p<0.001), also urban population (p<0.001). Educational status, measured by school leaving age, was significantly associated with the use of HRT (p<0.001) (Table 2). Single, widowed and divorced women were more likely to use HRT (p<0.05), but married women were less likely to use HRT (p<0.001) (Table 2).

Discussion

The favorable effects of HRT are well established, although continuous – combined HRT provides good endometrial safety withdrawal bleeding. Fluctuations
in the use of postmenopausal estrogen over time appear to have followed reports about its potential risks and benefits\textsuperscript{12,13}. Inadequate information exists to recommend for or against HRT, and past studies report that between 5% and 30% of postmenopausal women are current users of hormone replacement\textsuperscript{13–15}. Little is known about the characteristics of women using HRT. Several studies have suggested that women of higher educational or socio-economic status are more likely to use HRT than those of lower status\textsuperscript{12–14}. Another studies only found that the indications for HRT are clearer in women with a hysterectomy, and therefore less prone to other influences such as social or cultural factors\textsuperscript{15,16}. Evidence for an association between smoking and HRT use are also inconsistent. Some studies have found that smokers were more likely to receive these treatments than nonsmokers\textsuperscript{12,17}, others have not\textsuperscript{15–18}. In our study smokers were more likely to be prescribed HRT than nonsmokers, but alcohol consumers did not. It is not surprising that a reported history of surgical menopause increased the chances of a woman being given HRT, and similar findings were observed by others\textsuperscript{16}. Our

\begin{table}
\centering
\caption{Clinical and Anthropometric Profiles of Postmenopausal Hormone Replacement Therapy Users and Nonusers}
\begin{tabular}{lcc}
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 & HRT users & Nonusers \\
 & (n = 717) & (n = 235) \\
\hline
Age (years, mean ± SD) & 56.8 ± 7.1 & 57.1 ± 6.9 & 0.572\textsuperscript{b} \\
Height (cm, mean ± SD) & 165 ± 5.9 & 164 ± 5.4 & 0.122\textsuperscript{b} \\
Weight (kg, mean ± SD) & 64.7 ± 7.2 & 64.3 ± 6.9 & 0.456\textsuperscript{b} \\
Parity (%) & & & \\
0 & 7 & 8 & 0.411\textsuperscript{a} \\
1 – 2 & 66 & 63 & 0.458\textsuperscript{a} \\
≥ 3 & 26 & 30 & 0.416\textsuperscript{a} \\
Duration of postmenopause (years, mean ± SD) & 4.7 ± 1.9 & 5.2 ± 2.4 & 0.011\textsuperscript{b} \\
Surgical menopause (%) & & & \\
Yes & 34 & 26 & < 0.05\textsuperscript{a} \\
No & 66 & 74 & < 0.05\textsuperscript{a} \\
Smoking (%) & & & \\
Yes & 42 & 31 & < 0.005\textsuperscript{a} \\
No & 58 & 69 & < 0.05\textsuperscript{a} \\
Alcohol consumption (%) & & & \\
Yes & 24 & 17 & 0.15\textsuperscript{a} \\
No & 76 & 83 & 0.08\textsuperscript{a} \\
Physical activity (%) & & & \\
Active & 43 & 29 & < 0.001\textsuperscript{a} \\
Inactive & 57 & 71 & < 0.01\textsuperscript{a} \\
General health (%) & & & \\
Very good & 27 & 17 & < 0.001\textsuperscript{a} \\
Good & 59 & 41 & < 0.001\textsuperscript{a} \\
Bad & 11 & 28 & < 0.001\textsuperscript{a} \\
Very bad & 3 & 14 & < 0.001\textsuperscript{a} \\
\hline
\end{tabular}
\textsuperscript{a} = \chi\textsuperscript{2}-test; \textsuperscript{b} = t-test
\end{table}
findings are similarly to results of others. In our study HRT users had had more physical activity and their general health was significant better than of nonusers. Also, our HRT users were predominantly urban women, and their socio-economic status was significantly better than of nonusers. The women of users group were average better education than non-users. Single, widowed and divorced women were more likely to use HRT, but married women were less likely to use HRT. Our findings on socio-demographic variations in use of HRT are consistent with other studies.

In summary, postmenopausal HRT users appeared to have more healthy lifestyles than did nonusers in terms of exercise and general health, but did not in terms of smoking and alcohol consumption. Also, socio-economic and educational status of HRT users were better than of nonusers. We cannot, from our study, identify the reasons for differences in prescribing, but the role of professional attitudes primary care physicians and gynecologists need to be explored. It is also possible prescription costs act as a barrier to use of HRT. The little number studies of this kind facts shows that the gynecologist play a major role in hormone replacement therapy decision-making. These data may be relevant for future because hormone replacement therapy practices will have a substantial public health impact.

**REFERENCES**

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SOCIO-DEMOGRAFSKE OSOBITOSTI KORISNICA ESTROGENSKOG NADOMJESNOG LIJEČENJA U POSLIJEMENOPAUZI

SAŽETAK

Cilj rada je bio ispitati zdravstveno stanje, socijalno-ekonomsko i demografske karakteristike korisnica hormonskog nadomjensnog liječenja u poslijemenopauzi i uspoređiti ih s poslijemenopauzalnim ženama koje takvu terapiju nisu koristile. Između 1994–2000 godine ispitano je 717 poslijemenopauzalnih korisnica hormonskog nadomjesnog liječenja i uspoređeno s 235 ne-korisnica u poslijemenopauzi, i to ginekološkim pregledima i anketnim listićem koji sadržavao informacije o zdravstvenom, socijalno-ekonomskom i demografskom stanju. Korisnice su bile žene koje koristile hormonsko nadomjensno liječenje. Korisnice hormonskog nadomjensnog liječenja znacajno češće bile su pušačice, bile su fizički aktivnije i boljeg opće zdravstvenog stanja nego ne-korisnice. Žene koje su korirški kastrirane češće su koristile hormonsko nadomjensno liječenje. Žene boljeg socijalno-ekonomskog stanja, više obrazovane i stalnog trudio se zdravlje sa češće se odlučivale za hormonsko nadomjensno liječenje. Udate žene rjeđe su se odlučivala na ovu terapiju, a one koje žive same, udovice i razvedene, znacajno češće. Zdraviji profil korisnica hormonskog nadomjensnog liječenja može lažno prikazati bolju korist ove terapije. Ginekolog igra značajnu ulogu u pacijentovoj odluci za terapijom, jer ona je važan dio javno-zdravstvenih programa.