

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 androgens¹. Hormone replacement therapy (HRT) is increasingly used to alleviate climacteric symptoms

caused by estrogen deficiency in postmenopausal women². Long-term use of HRT is known to reduce the risk of osteoporosis, cardiovascular disease, dementia and carbohydrate intolerance^{3–11}.

Although some studies have suggested that postmenopausal women taking estrogen have more healthy profiles than nonusers¹². Finally, postmenopausal women using estrogen tend to be more highly educated and have higher incomes than do postmenopausal women not using estrogen⁸.

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 nonusers.

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 χ^2 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 nonusers. 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

TABLE 1
 CLINICAL AND ANTHROPOMETRIC PROFILES OF POSTMENOPAUSAL HORMONE
 REPLACEMENT THERAPY USERS AND NONUSERS

	HRT users (n = 717)	Nonusers (n = 235)	p
Age (years, mean ± SD)	56.8 ± 7.1	57.1 ± 6.9	0.572 ^b
Height (cm, mean ± SD)	165 ± 5.9	164 ± 5.4	0.122 ^b
Weight (kg, mean ± SD)	64.7 ± 7.2	64.3 ± 6.9	0.456 ^b
Parity (%)			
0	7	8	0.411 ^a
1 – 2	66	63	0.458 ^a
≥ 3	26	30	0.416 ^a
Duration of postmenopausis (years, mean ± SD)	4.7 ± 1.9	5.2 ± 2.4	0.011 ^b
Surgical menopause (%)			
Yes	34	26	< 0.05 ^a
No	66	74	< 0.05 ^a
Smoking (%)			
Yes	42	31	< 0.005 ^a
No	58	69	< 0.05 ^a
Alcohol consumption (%)			
Yes	24	17	0.15 ^a
No	76	83	0.08 ^a
Physical activity (%)			
Active	43	29	< 0.001 ^a
Inactive	57	71	< 0.01 ^a
General health (%)			
Very good	27	17	< 0.001 ^a
Good	59	41	< 0.001 ^a
Bad	11	28	< 0.001 ^a
Very bad	3	14	< 0.001 ^a

^a = χ^2 -test; ^b = t-test

in the use of postmenopausal estrogen over time appear to have followed reports about its potential risks and benefits^{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^{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^{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^{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^{12,17}, others have not^{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 others¹⁶. Our

TABLE 2
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF POSTMENOPAUSAL HORMONE
REPLACEMENT THERAPY USERS AND NONUSERS

	HRT users (n = 717)	Nonusers (n = 235)	p*
Socio-economic status (%)			
Very good	26	12	< 0.001
Good	56	44	< 0.01
Bad	16	31	< 0.001
Very bad	2	13	< 0.001
Educational status (%)			
Low	8	27	< 0.001
Medium	53	64	< 0.05
High	39	9	< 0.001
Urban (%)	83	65	< 0.001
Rural (%)	17	35	< 0.001
Marital status (%)			
Married	46	67	< 0.001
Single	11	6	< 0.05
Widowed	34	23	< 0.05
Divorced	9	4	< 0.001

*= χ^2 -test

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 nonusers. 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^{8,16}.

In summary, postmenopausal HRT users appeared to have more healthy lifestyles than did nonusers in terms of exer-

cise 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.

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SOCIO-DEMOGRAFSKE OSOBITOSTI KORISNICA ESTROGENSKOG NADOMJESNOG LIJEČENJA U POSLIJEMENOPAUZI

S A Ž E T A K

Cilj rada je bio ispitati zdravstveno stanje, socijalno-ekonomske i demografske karakteristike korisnica hormonskog nadomjesnog liječenja u poslijemenopauzi i usporediti 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 je sadržavao informacije o zdravstvenom, socijalno-ekonomskom i demografskom stanju. Korisnice su bile žene koje su hormonsko nadomjesno liječenje uzimale najmanje 6 mjeseci, a ne-korisnice one koje takvu terapiju nisu nikad koristile. Korisnice hormonskog nadomjesnog liječenja značajno češće bile su pušačice, bile su fizički aktivnije i boljeg općeg zdravstvenog stanja nego ne-korisnice. Žene koje su kirurški kastrirane češće su koristile hormonsko nadomjesno liječenje. Žene boljeg socijalno-ekonomskog stanja, više naobrazbe i stanovnice grada češće su se odlučivale na hormonsko nadomjesno liječenje. Udate žene rjeđe su se odlučivale na ovu terapiju, a one koje žive same, udovice i razvedene, značajno češće. Zdraviji profil korisnica hormonskog nadomjesnog 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.