

A Survey of Knowledge, Attitudes and Symptomatology of Menopause and Hormone Replacement Therapy (HRT) of Qualified Nurses.

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Summary : 68 Senior nurses working at KEM Hospital, Mumbai, opted to answer the questionnaire regarding knowledge, attitudes, symptomatology of menopause and HRT. They were divided into two groups. Group A included women who had already attained menopause and Group B included premenopausal women. Analysis showed that knowledge regarding HRT in these women who are paramedical was just 48.58% in Group A and 66.67% in Group B. Though one fifth of these women were symptomatic, none were taking HRT. Our health services require to promote health awareness among these perimenopausal and menopausal women to ensure a better quality of life and not just longevity.

Introduction :

Worldwide, Menopause and Hormone Replacement Therapy (HRT) has become an important health issue for women, with increasing age of life expectancy. The delayed postmenopausal changes and the sequelae occurring with it have further emphasised the importance of the female sex hormones and the need to replace them with exogenous natural hormones in physiological doses.

In India, awareness regarding menopause, postmenopause, and HRT has been on the rise, though slowly.

A survey was undertaken at KEM Hospital, Mumbai to assess, knowledge and attitudes to menopause and HRT of senior qualified Nurses.

Material and Methods:

68 senior nurses opted to answer the questionnaire of the randomly selected 100 senior nurses in a single session with their identity not disclosed.

To analyse, the answered questionnaire was divided into 2 groups.

1. Postmenopausal women (A)
2. Premenopausal (B)

The answered questionnaire was subdivided to study the following parameters in both the groups (A&B).

1. Age

2. Marital status
3. Knowledge -
 - a. What is menopause ?
 - b. What is Post menopausal Syndrome?
 - c. Whether aware of HRT ?
 - d. Are you currently using HRT ?
4. Attitudes to Menopause and HRT (Table IV)
5. Whether you experience the following symptoms ? (Table V)

Table I
Characteristics of Respondents

Characteristic	Group A	Group B
	Postmenopause	Premenopause
N=68	35 (51.5%)	33(48.5%)
Age (yrs)	%	%
>45 < or = 50	40	51.1
> 50	60	9.1
= or <45	0	39.8
Marital status		
Married	80.0	97
Unmarried	2.86	3
Widow	11.43	0
Divorcee	0.0	0
Not answered	5.71	0

Table II

Duration of Menopause (Group A)

Duration in Yrs	No. of Menopause Women (%)
= or < 1 yrs	25.7
> 1 = or < 2 yrs	14.3
> 2 = or < 5 yrs	34.28
> 5 yrs	20.00

Table III :
Knowledge of Menopause and HRT

Knowledge of	Group A (%)	Group B (%)
Menopause	100.00	96.97
Postmenopause changes	94.37	66.67
HRT	51.42	33.33
Whether taking HRT	0.0	0.0

Table IV
Attitudes towards Menopause
a = answered yes, b = did not answer

Attitude	Group A (%)		Group B (%)	
	a	b	a	b
1. Menopause is a medical condition	22.85	0	30.3	0
2. Women with distressing symptoms Should be taking HRT	45.71	8.58	45.46	12.12
3. Women cannot control menopausal changes	37.15	0	54.55	30.3
4. Sexual discomfort increases after menopause	20.0	8.58	18.18	36.36
5. Sexual interest decreases after menopause	57.28	2.86	33.33	48.49
6. Psychological problems are due to life changes not hormonal changes	54.28	8.58	51.52	24.24
7. Women who have trouble are those who expect it.	45.71	5.72	36.36	27.28
8. Risk of estrogen, outweigh benefits	48.57	28.57	45.46	39.39
9. Natural approaches are better than hormonal replacements	85.71	8.58	81.82	18.18
10. Male partners of menopausal women see them as less sexually desirable	17.15	28.57	12.12	57.58
11. A woman feels less like a woman after menopause	11.43	5.72	18.18	45.46

Table V
Attitudes towards Menopause
a = answered yes, b = did not answer

Attitude	Group A (%)		Group B (%)	
	a	b	a	b
Hot flushes	48.57	0.0	21.21	27.28
Increased white discharge PV	5.72	2.86	9.09	27.28
Urinary complaints	17.15	0	12.12	27.28
Psychologic disturbances	57.14	0	36.36	21.22
Skin changes	14.29	0	15.15	30.3
Descent of genital organs	8.58	0	21.22	18.18
Heaviness in upper abdomen, pain in epigastrium	31.42	2.86	18.18	24.24
Decreased or altered libido	31.42	5.72	36.36	33.33
Any fracture after menopause ?	0	0	0	33.33
Any complaints of Heart attack?	5.72	2.86	9.09	24.24
Average Symptomatic	21.50	1.43	18.10	26.67

Few of the questions were not answered, especially those relating to sexual discomfort, sexual interest and whether male partners of menopausal women see them as less sexually desirable. The reason for not answering was

- a. feeling shy
- b. had no knowledge
- c. were premenopausal hence no knowledge and experience of menopause.

20 women (57.28%) in Group A felt sexual interest decreases after menopause but only 7 women (20%) felt increased sexual discomfort after menopause. An average of 14 women (42%) in Group B did not answer attitudes towards sexual life after menopause as they were premenopausal.

50% and more women in both groups attributed psychologic problems due to life changes and not hormonal changes and 40% believed that women who have trouble are those who expect it.

An average of 47% women believed risk of estrogens outweigh benefit and an average 34% did not answer the question.

More than 80% in both groups opined that natural approaches are better than hormonal replacements.

10 women (28.57%) in Group A and 19 (57.58%) in Group B did not answer the question on whether male partners of menopausal women see them as less sexually desirable.

In a Survey of Women's knowledge and attitudes regarding ERT (Estrogen Replacement therapy) by Ferguson (1989) noted that women taking ERT were far more likely than those not taking ERT or those who had not gone through menopause to view menopause as a medical condition and to believe that women should be on an ERT regimen if they experienced distressing menopausal symptoms. In addition, women taking ERT were much less likely to favour natural approaches to

dealing with menopause. Most women were undecided regarding the role that psychological factors play in menopausal difficulties and several noted that for some women psychological factors are significant but for others they are not. Most disagreed or were neutral towards the statement that estrogen risks outweighed its benefits. Women in all three groups felt that sexuality did not diminish following menopause and some believed it improved.

Women's experience of symptoms (Table V) were predominantly hot flushes (48.57%), psychologic disturbances (57.14%) heaviness in upper abdomen (31.42%), decreased or altered libido (31.42%) in Group A. Majority of women in Group B were asymptomatic (55.23%) or did not answer the question (26.67%). An average of 21.5% and 18.1% women were symptomatic in Group A and B respectively.

In a population based survey of women's experience of the menopause by Porter 1996 assessed women's experience of symptoms. It suggested that menopausal symptoms are widely experienced by women (especially hot flushes and psychological disturbances) but that they are not widely defined as problematic, only 22% experienced hot flushes as problem v/s 57% experienced symptoms and an average of 25% experienced psychologic disturbances as problem v/s 60% experienced symptoms.

Family history and menopausal symptoms among post menopausal women was evaluated by Ferguson et al (1989) in their Survey of Women's Knowledge and Attitudes regarding ERT. 51% of postmenopausal women experienced hot flushes, 9% depression, 14% insomnia, 7% just didn't feel well and 28% experienced vaginal dryness.

Comment:

These group of women, surveyed being paramedical women, there is a better positive response than that

expected of general Indian women population to the questionnaire. But what's alarming is that 48.58% of women in Group A and as many as 66.67% of women in Group B didn't have knowledge of HRT. Besides none of the women are taking HRT though 1/5th of them are symptomatic and half in Group A experience hot flushes and psychologic disturbances. As many as 55% of them feel risk of estrogen outweigh benefits.

This study reflects that though these women belong to the paramedical group their awareness regarding hormone replacement therapy is low. A survey if conducted of the general Indian women population would show a poorer awareness to menopause and hormone replacement therapy.

Conclusion:

Steps to educate and create awareness regarding

menopause, postmenopause changes and HRT should be taken. Let them then decide whether HRT is required or not, whether it is safe or not.

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