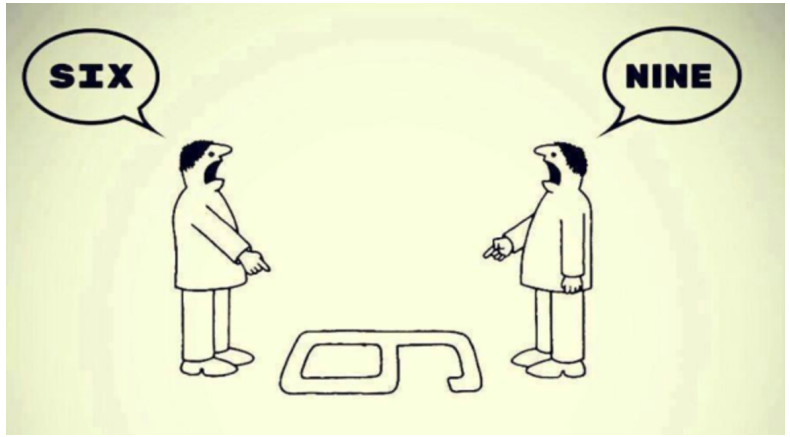
Menopause from Different Standpoints

Normal process (feminist)

Women focus on personal, body experiences, impact on their lives

Biomedical

Medical world focus on chronologic age, objective measures, treatment



Rubenstein H. Human Fertility 2014;17(3):218-22

Menopause from Different Standpoints

- Push away from conventional menopause therapies to perceived “alternatives” including compounded BHT
  - *“alternates” promoted as a “hybrid” model – use “natural” therapy for a “natural process”.*
- The attraction of natural is the misperception that it has less side effects compared to synthetic hormones while providing symptom relief and even anti-aging benefits.
- Recent data indicates that ~ 1/3 of women (in US) may be using compounded BHT.

Thompson et al. BMC Women's Health 2017;17:97, Fishman et al. Social Scie Med 2015;132:79-87

Menopause from Different Standpoints

Thompson et al, 2017, Qualitative Study on Motivations for Using CBHT

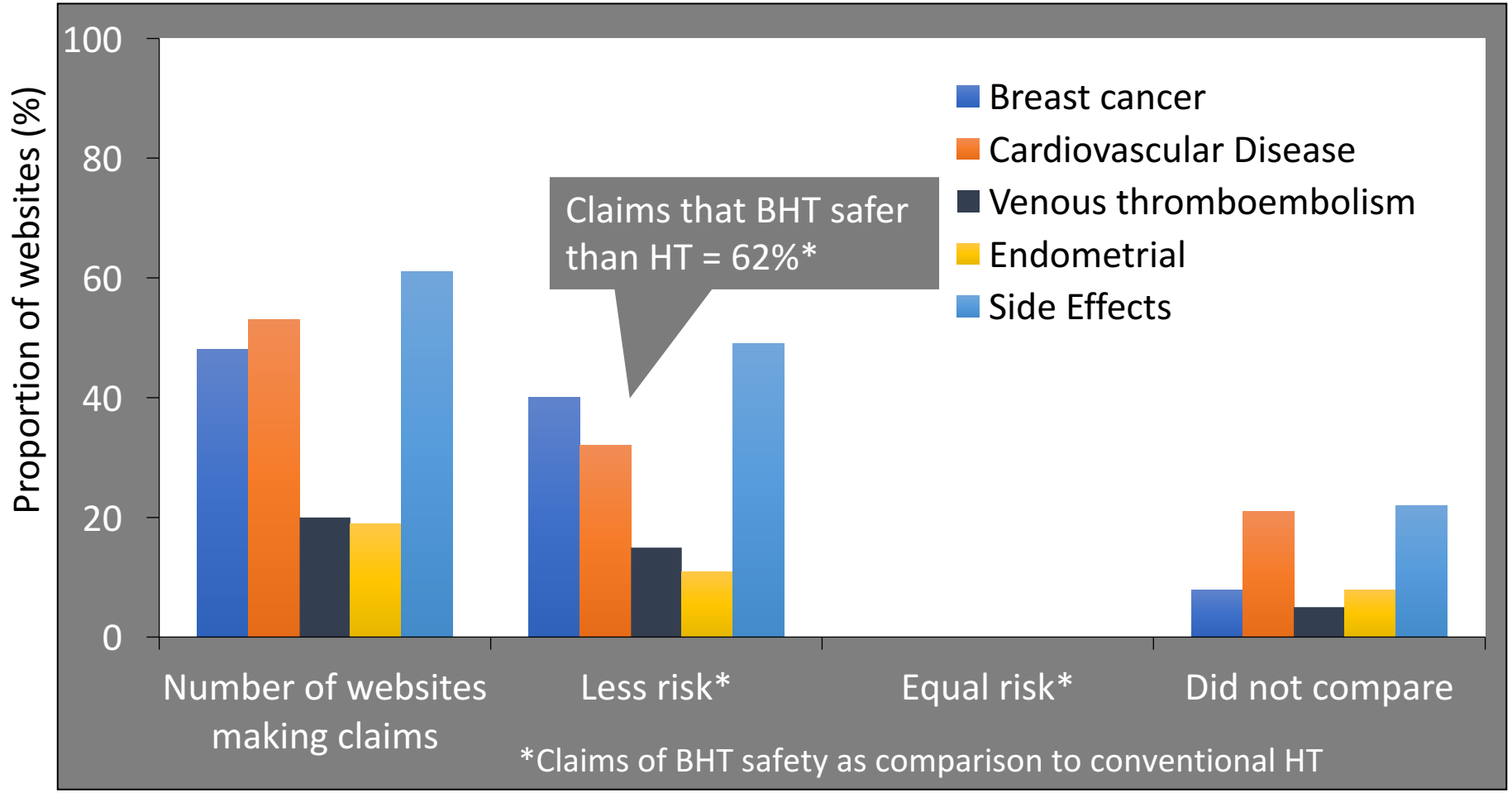
Push away from using HT:
Fear and uncertainty of HT safety
Distaste for conjugated estrogens
Distrust of biomedicine and pharmaceutical industry

Pull toward using CBHT:
Perception that CBHT is safer than conventional HT
Effective sx management
Desire for individualized treatment
Enhanced clinical care

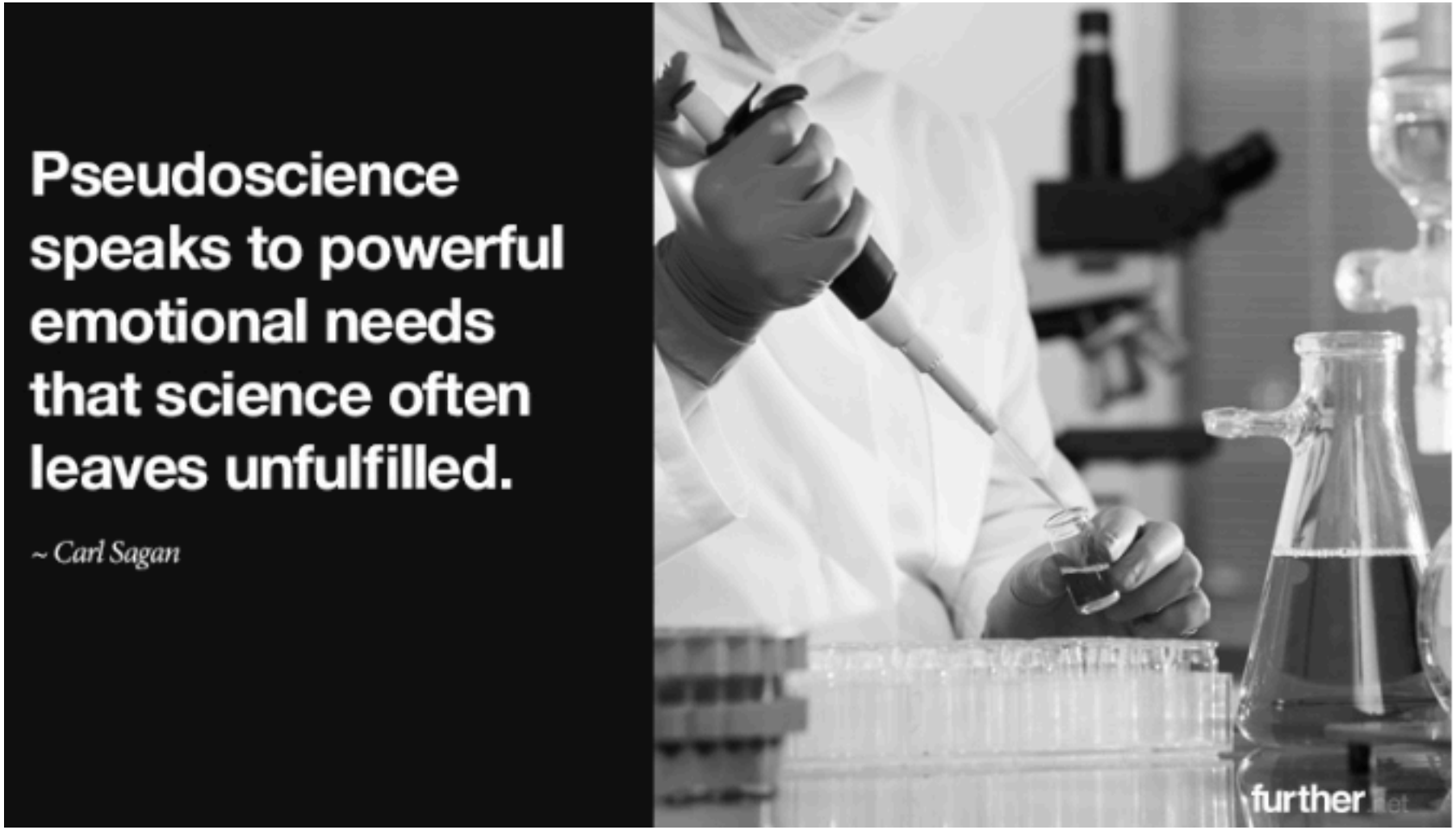
Most significant appeal was not the actual CBHT itself but the clinical care associated with it.

Thompson et al. BMC Women's Health 2017;17:97, Fishman et al. Social Scie Med 2015;132:79-87

BHT Risks Presented on Websites (n=100)



Yuksel et al, Menopause 2017;24(10):1129-35



https://further.net/celebrity-science/

Factors Associated with Women's Decisions

- Carpenter et al, 2011, Systematic review, n=16

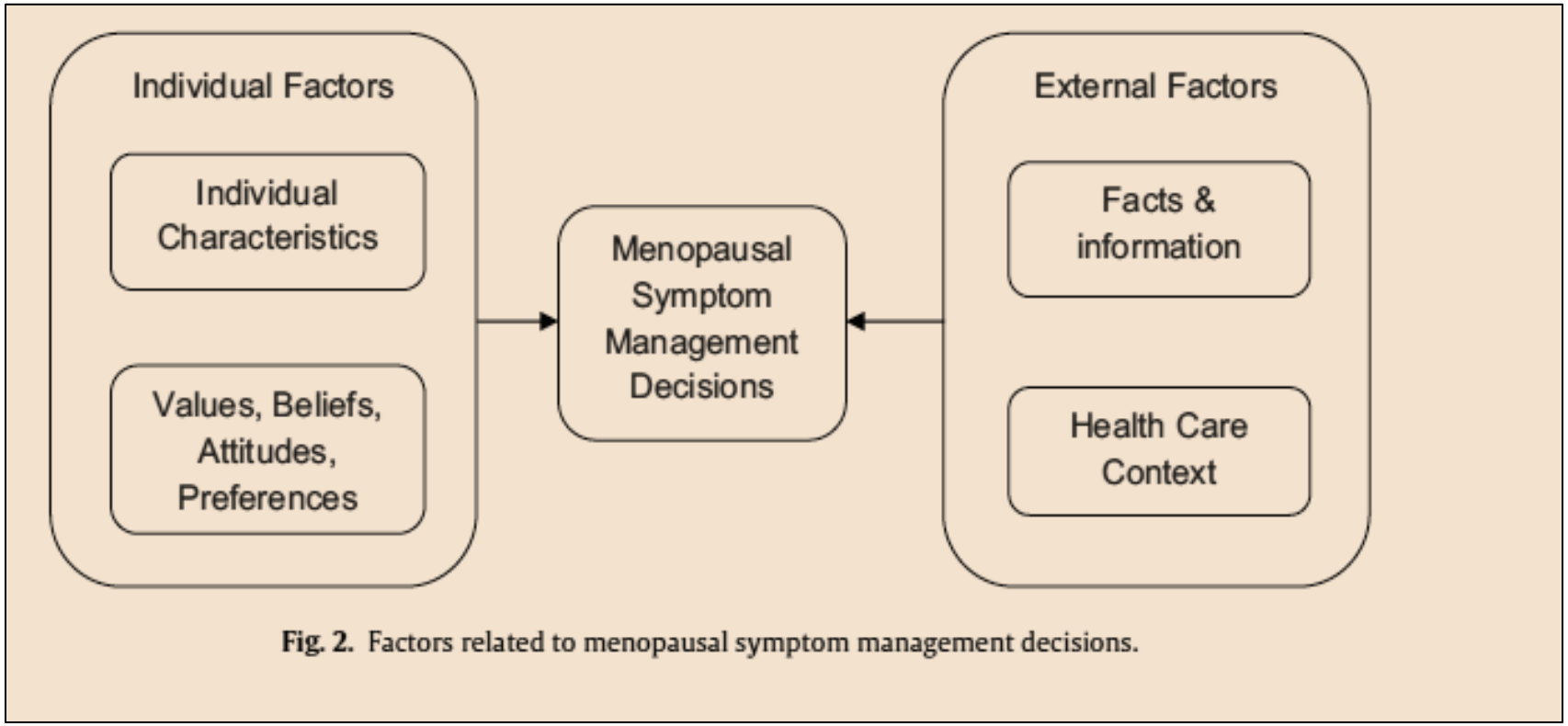


Fig. 2. Factors related to menopausal symptom management decisions.

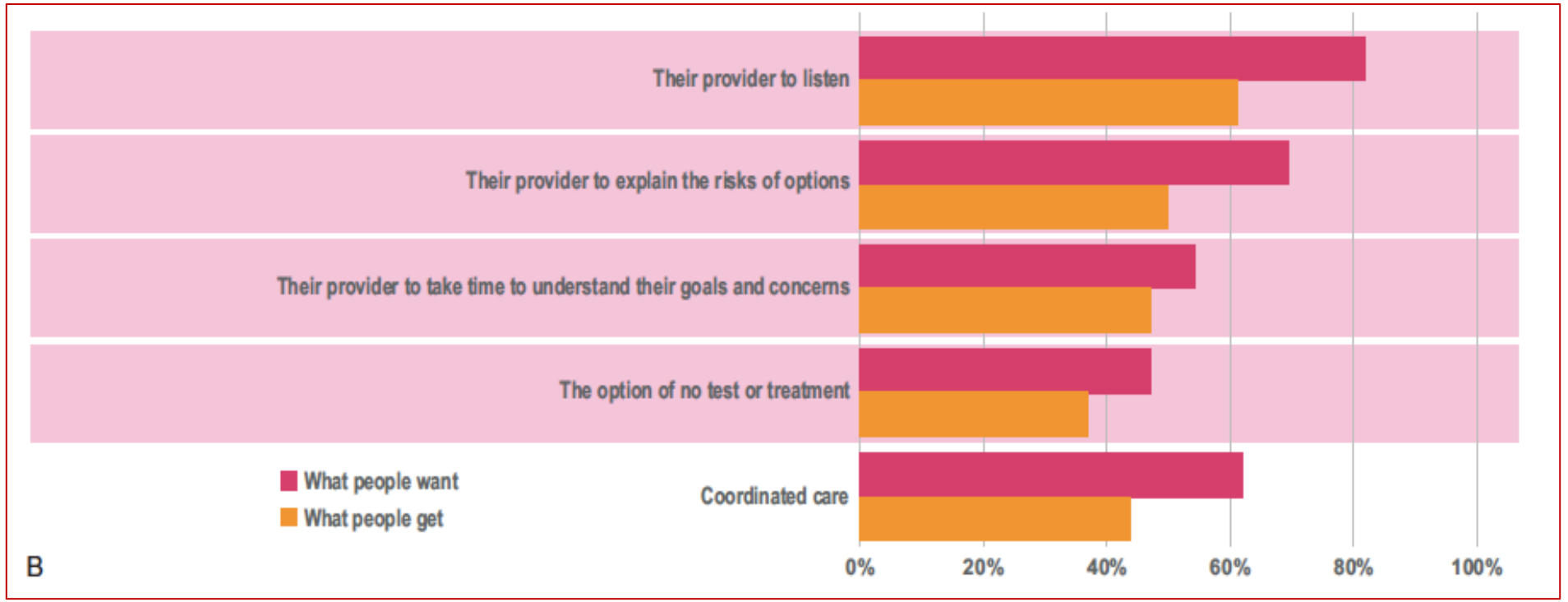
Carpenter et al Maturitas. 2011;70(1):10–15

Women's Perspectives

- Studies with women perspectives have shown that women:
  - Do not feel they have enough information to make informed decisions.[1-2]
  - Unaware that some symptoms are menopause related.[3]
  - Safety fears drives women away from making decisions about MHT.[4]
  - Embarrassed to talk about "sensitive topics".[5]

1. Parish et al Menopause. 2018;epub. 2. Cumming et al Post Reproduct Health 2015;21:56-62. 3. Kingsberg et al Sex Med 2017;14:413-424 4. Constantine et al. Post Reproduct Health 2016;22:112-122. 5. Parish et al Int J Womens Health 2013;5:437-447

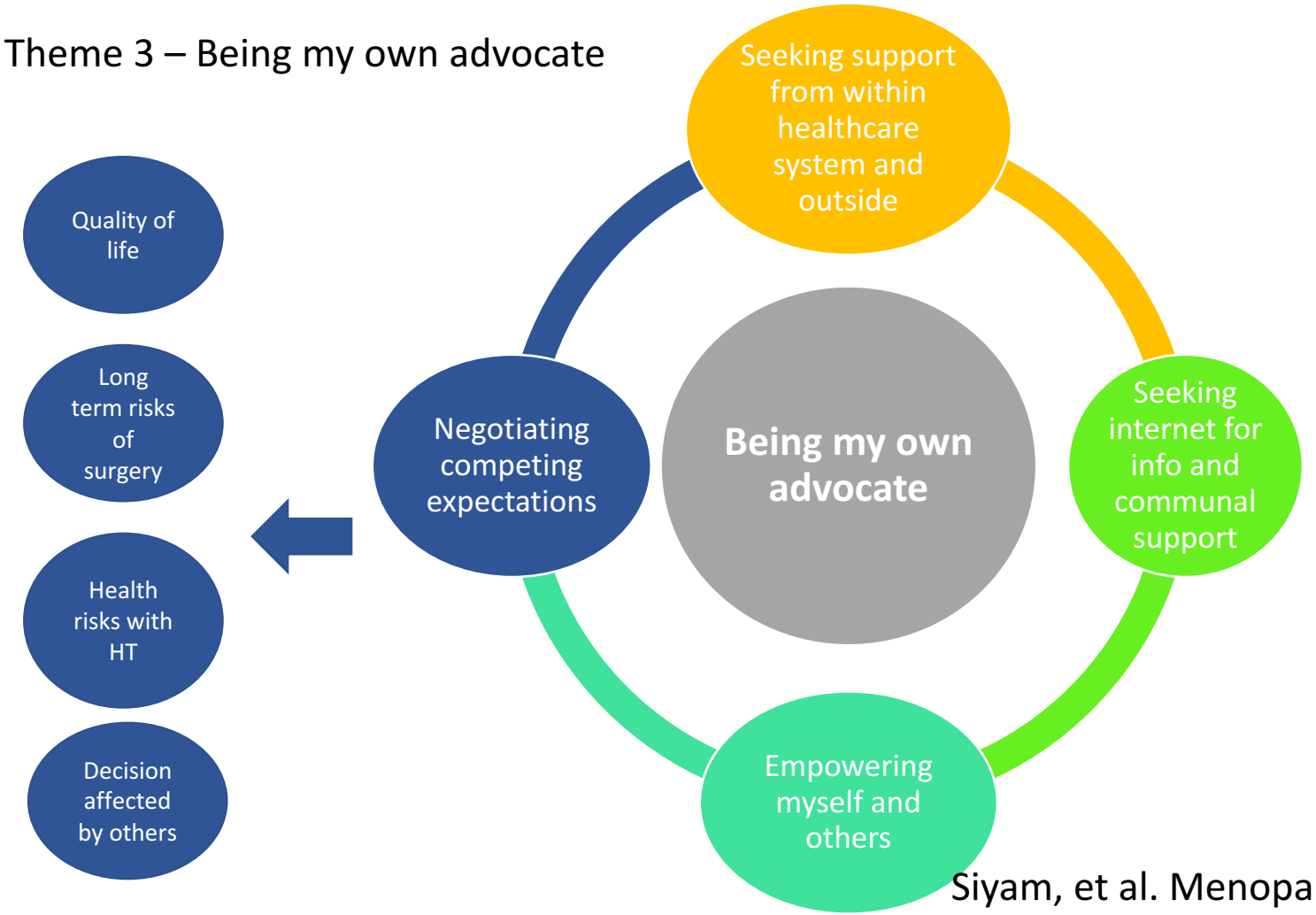
Disconnect Between What Women want and What they Get



1. Parish et al Menopause. 2018;ePub 2. Alston et al Discussion Paper, Institute of Medicine; 2012; http://nam.edu/wp-content/uploads/2015/06/evidence.

Decision Making in Surgical Menopause

Theme 3 – Being my own advocate



Siyam, et al. Menopause 2018;25(7) epub ahead of print

What about Health Care Providers?

Health Care Providers

- Implementation and uptake of guidelines in general is poor.
- HCP are busy, do not have time to keep up to date with all the guidelines and evidence.
- Evidence is confusing for many primary care HCP. *How does one decipher through all the numbers?*
- Medical graduates/residents/other HCP trainees often lack training/core competencies in menopause management.

What has the evidence shown?

- Surveys on physician attitudes regarding (n=19):
  - Overall positive leaning towards MHT in studies
  - Clear attitude differences in prescribing MHT between gynecologists/specialists and primary care physicians.

"differing advice that physicians provide to their patients contributes to the state-of-the-science gap in HT usage"

Chew F et al *Plos One*. 2017;12(2):e0171189

Provider Attributes with MHT Prescribing

- MHT prescribing has also been associated with:[1-3]
  - Greater knowledge of MHT trial results
  - AND confidence in the trial findings
  - Opinion if the MHT risks had been exaggerated
  - Preparedness to counsel on MHT
  - Older providers (vs medical residents) – especially if trained during a time of more positive MHT beliefs

1. Spangler et al Menopause 2009;16(4):810-16, Burg et al, J Am Board Fam Med 2006;19(2):122-131, 3. Taylor et al Menopause 2016;24(1):27-34

Provider Perceptions of MHT

- Surveys with physicians have shown that confusion and skepticism for MHT trials were common.

  Expressed frustration for[1-4]

  - Lack of applicability of results to younger women
  - Exaggeration of risks by media
  - Absence of clear guidelines/treatment algorithms to help in applying data.

1. Williams et al Am J Obstet Gynecol 2005;193:551-556, 2. Taylor et al Menopause 2016;24(1) :27-34, 3. Power et al Menopause 2007;14:20-28, Power et al Menopause 2009;16:500 – 508.

Conclusion

- Similar rates of decline in MHT use worldwide, including in Canada.
- Understanding of risk with MHT has evolved dramatically since WHI, but this has not been well translated into practice.
- Understanding risk perception in the context of MHT can help design interventions to support women and HCP with decision making.