



Discussing menopause in general practice

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Abstract

The dual objective is, first, to determine if menopausal women discuss the menopause with a doctor, and if so to which extent; second, to ascertain potential differences between those who do and those who do not. *Methods:* A postal questionnaire was sent to 1251 Danish women randomly selected among all 51-year-old women born and living in Denmark. Completed questionnaires were returned by 972 (77%) women. *Results and conclusions:* More than two thirds (71.8%) of the peri and postmenopausal women had discussed the menopause with a doctor; either with the general practitioner (GP) or with another doctor. There were significant differences between women who had discussed the menopause with a doctor and those who had not. The more problematic the symptoms the greater the likelihood that the woman would have discussed the menopause. Women who had not discussed the menopause with a doctor, had fewer symptoms and were more critical of hormone replacement therapy (HRT). Menopausal symptoms do not necessarily create problems for women in their daily lives. For example almost all women reported hot flushes (87.2%), but few felt very bothered by this symptom (13.8%). Doctors most often listen to menopausal women with severe symptoms. This “bias” may direct the focus upon the negative aspects of menopause. It is suggested that active intervention among women who have not consulted a doctor about menopause is inappropriate, partly because they apparently have chosen non-medical solutions and partly because they have so few symptoms that the use of resources in this way could be considered wasteful.

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1. Introduction

It is our impression as general practitioners (GP's) that many women want to discuss the menopause with us. Often women make an appointment specifically to discuss menopause—

a consultation that easily can turn out to be quite time consuming. Requests for the advice of GP's appear to be on the increase and such consultations are taking up more time in the general practice setting than before.

In the Danish healthcare system, it is primarily the GP who sees the women during menopause and who prescribes hormone replacement therapy (HRT). The literature on menopausal women's behavior in relation to the healthcare system

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focuses mainly on HRT, with few studies published describing women's contacts with their GP's or other doctors during menopause. Investigations in the 1990s in the US, Holland and Denmark report that between 30 and 67% of women with menopausal symptoms had consulted a doctor in relation to those symptoms [1–4].

Increasingly the gynecological literature recommends that all women should have a consultation with a doctor about their menopause and that all women should be offered HRT. The fact that some women do not choose HRT is often considered as a “compliance” problem caused by lack of knowledge. Provision of more information is seen as a possible way to intervene and prevent diseases later in life [5,6].

However, it is unknown whether doctor-seeking menopausal women and women who do not see a doctor regarding their menopause, are comparable.

Before doctors decide to offer consultations to all menopausal women it is important to investigate whether or not women who discuss menopause with a doctor differ from others.

This study is part of a larger project about menopause experiences of Danish women, including their requests and needs in relation to their GP.

The dual objective of this part of the project is, first, to determine if menopausal women discuss the menopause with a doctor, and if so to which extent; second, to ascertain potential differences between those who do and those who do not.

2. Methods and materials

2.1. The questionnaire

The purpose of the questionnaire was to meet the above-mentioned aims and to create a basis for a random selection of women to participate in a qualitative study. Questionnaires including items on menopause and socio-demographic variables previously used in Danish surveys were examined and items relevant to this study were selected.

Additional items of relevance to the study aims were generated by the authors, for example, items

concerning attitudes towards the menopause and HRT.

Before the questionnaire was launched it was tested for understandability via individual interviews with ten perimenopausal women. The questionnaire was modified to take account of any difficulties in understanding, which the women expressed.

The questionnaire consisted of two parts. All women were asked to complete part 1 of the questionnaire (12 questions) which included socio-demographic questions, questions about menstruation, self-rated health, and attitudes toward menopause and HRT. The women were asked if they had discussed menopause with their GP or another doctor. Women who had discussed menopause with their GP were asked if they had made an appointment specifically to discuss this.

For the analysis, the women were divided into two groups—one with premenopausal women only, and one group with peri and postmenopausal women, based on self-reported menopause status. The Danish word for menopause equates to the English “transitional state” or “perimenopausal”. Only women regarding themselves as perimenopausal or postmenopausal were asked to complete part 2 of the questionnaire. First the women were asked to describe themselves with regard to menopause. They were then asked to answer part 2 only if they regarded themselves as being menopausal or postmenopausal (Table 1).

Part 2 of the questionnaire consisted of nine questions on menopausal symptoms, their severity and the use of HRT. The women were asked about hot flushes, night sweats, irregular menstruations, heavy bleedings, and “other symptoms” which they were asked to specify.

In order to investigate the relationship between seeking healthcare and symptoms, the women were not only asked whether they had experienced a symptom but also how much the symptoms bothered them in their daily lives. Finally, the questionnaire included an open-ended question allowing the women to describe the course of their own menopause. The results from the open-ended question have been reported elsewhere [7].

The study was granted approval by the Scientific Ethical Committee and the Danish Data Control.

Table 1
Self-reported menopausal state

		Answered part two of the questionnaire		
		Yes	No	Total
“Which of the following descriptions, matches your situation best?”	I have not noticed any signs of menopause ^a yet	9	121	130
	I have noticed minor signs of menopause ^a	148	68	216
	I am perimenopausal/in the transitional state ^b	444		444
	I am postmenopausal	83	1	84
	I am in doubt	25	61	86
	Not answered the question	8	4	12
	Total	717	255	972

^a The Danish word for menopause equates to English “transitional state” or “perimenopausal”.

^b First the women answered how they would describe themselves in relation to menopause. Afterwards they were asked to answer part two of the questionnaire, which starts: “The rest of the questionnaire is only to be answered, if you regard yourself as being menopausal or postmenopausal.” The 717 women who have answered the second part of the questionnaire, is regarded as being peri or postmenopausal.

2.2. The survey

Names and addresses of 1251 women randomly selected among all 51-year-old women living and born in Denmark and with Danish citizenship were provided by the Civil Registration Office. These women were sent the questionnaire by post in November 1998. Women who did not return the questionnaire within a month received a reminder together with a copy of the questionnaire.

Altogether, 975 women completed the questionnaire (77%). Three women did not answer the question on whether they had seen a doctor or not so they were excluded from this part of the study. The number of participating women was thus 972.

717 women completed both the first and second part of the questionnaire, thus describing themselves as menopausal or postmenopausal. The remainder of the women (255) did not answer part 2 and have been categorized as premenopausal.

2.3. Analysis

The data were analyzed using SPSS version 10. To compare the differences between women who had discussed menopause with a doctor and those who had not, χ^2 -tests were applied. *P* values

greater than 0.05 were considered non significant (n.s.).

3. Results

Table 2 shows that 62.7% of the 51-year-old women have discussed menopause with a doctor, primarily their own GP. Among the peri- and postmenopausal women, the number is higher (71.8%). One-third of the premenopausal women had discussed menopause with a doctor.

Over a quarter of the women stated that they had made a specific appointment with their GP to discuss the menopause. Among premenopausal this was rare (3.9%).

Tables 3 and 4 show the results of comparing women who have discussed menopause with a doctor and women who have not.

3.1. Attitudes

Among the women who have discussed menopause with a doctor more women consider the menopause as a difficult period. Apart from this, the attitudes toward menopause do not differ between the two groups. However, there are significant differences with regards to attitudes

Table 2
Number of women who have discussed menopause with their GP or an other doctor

	Peri or postmenopausal n = 717	Premenopausal n = 255	Total n = 972
Have you ever discussed menopause with your GP?	489 (68.2%)	85 (33.5%)	574 (59.1%)
Have you made an appointment with your GP, especially to discuss menopause?	205 (28.6%)	10 (3.9%)	215 (22.1%)
Have you discussed menopause with an other doctor than your GP?	167 (23.3%)	31 (12.2%)	198 (20.4%)
Total number of women who have discussed menopause with their GP or another doctor ^a	515 (71.8%)	94 (36.9%)	609 (62.7%)

^a Some women have discussed menopause with their GP as well as with an other doctor.

towards HRT. Women who have discussed menopause with a doctor more frequently regard HRT as a good solution even for few symptoms, or as a good solution with regard to prevention of health problems at a later stage. Women who avoid HRT have had less consultation with a doctor.

3.2. Self-rated health and other socio-demographic factors

The women who had discussed menopause with a doctor rated their health significantly lower than those who had not.

Small but significant differences were observed with regard to level of education but the correlation was not linear. No significant differences were found according to the women's employment status, marital status or number of children.

3.3. Symptoms

Table 5 shows the symptoms reported by the women. Symptoms mentioned as "other" cover a broad spectrum with psychological symptoms accounting for more than half of these. The psychological symptoms are described as feeling irritated, out of balance, close to tears, etc. Feelings of depression were mentioned by only 28 women (3.9%).

The group of women who had discussed menopause with a doctor included significantly more who experienced heavy bleeding or "other symptoms". There were no significant differences in relation to other experienced symptoms.

In addition to recording which symptoms they experienced, the women also recorded the degree to which those symptoms bothered them in their daily life.

The symptom most often reported is hot flushes (87.2%), but despite this, few menopausal women felt that they have been very bothered by this symptom in their everyday life (13.8%). The symptom "heavy bleeding" is not as common (44.5%) as hot flushes. However, more than one fifth of respondents reported that this symptom bothered them a great deal (21.8%).

The more that women were bothered in their daily lives the greater the likelihood that they had discussed menopause with a doctor (see lower part of Table 4).

3.4. Hormone replacement therapy

37.1% of menopausal women have tried HRT at some time (local treatment with estrogens for the vagina is not included). 24.9% reported using HRT at the time of completing the questionnaire. In Denmark HRT has to be prescribed and most of the women who have used HRT state that they have discussed menopause with a doctor. Table 4 shows that more than half of the women who have discussed menopause with a doctor never have tried HRT.

4. Discussion

As in all studies concerning menopause, it is a problem to define when women are pre, peri or

Table 3
Differences between women who have discussed menopause with a doctor and women who have not

	Women, who have discussed menopause with a doctor n = 609 (%)	Women, who have not discussed menopause with a doctor n = 363 (%)	Total n = 972 (%)	P-value (P <)
<i>Attitudes to HRT</i>				
HRT is a good solution, if you have many symptoms	58.5	51.2	55.8	< 0.05
HRT is a good solution, if you have only few symptoms	16.1	6.1	12.3	< 0.000
HRT is to be avoided	40.6	56.5	46.5	< 0.000
It is not natural to be treated with HRT	17.6	18.5	17.9	n.s.
HRT is a good solution, to prevent age-related health problems	24.5	11.0	19.4	< 0.000
HRT is a bad solution, to prevent age-related health problems	3.1	7.2	4.6	< 0.007
HRT has many side-effects	19.5	19.3	19.4	n.s.
<i>Attitudes to menopause</i>				
It is a natural part of a woman's life	85.1	86.0	85.4	n.s.
It is a good experience for a woman	3.1	1.4	2.5	n.s.
It is a period with an opportunity for personal development	21.2	17.1	19.7	n.s.
It is a period, just to pass	26.1	27.5	26.6	n.s.
It is a bothersome period for a woman	22.8	11.8	18.7	< 0.000
It is a bad experience for a woman	4.4	2.8	3.8	n.s.
Do not know	2.5	9.4	5.0	< 0.000
<i>Self-rated health</i>				
Very good or good	72.2	79.9	75.0 ^a	< 0.007
Fairly good, bad or very bad	28.0	20.1	25.0 ^a	
<i>Education</i>				
No education	28.1	36.3	31.1	< 0.003
Short	49.6	40.5	46.2	
Medium	19.5	17.6	18.8	
Long	2.8	5.7	3.9	
<i>Work</i>				
Employed	82.3	84.2	83.0 ^b	n.s.
Not employed	17.7	15.8	17.0 ^b	

These questions were answered by all the women n = 972.

^a n = 955.

^b n = 967.

postmenopausal [8]. Should one use menstrual pattern, symptoms, laboratory findings or age-intervals? This study is based on a self-reported menopause status. The decision is supported by a recent study [9], which has shown self-reporting to be a valid method for deciding whether women are menopausal or not.

Women who have undergone hysterectomy and women treated with HRT are excluded in studies where the medical definition of menopause, based on the date of the last menstruation, is used. However, also these women's attitudes and experiences are relevant to study. By using self-reported menopause status, all women could be included in

Table 4
Differences between women who have discussed menopause with a doctor and women who have not

	Women, who have discussed menopause with a doctor n = 515 (%)	Women, who have not discussed menopause with a doctor n = 202 (%)	Total n = 717 (%)	P-value (P >)
<i>Use of HRT</i>				
Has used HRT at the time of the questionnaire	32.4	5.9	25.0	< 0.000
Has used HRT at any time point	48.3	8.1	37.1	< 0.000
Has never used HRT	51.7	91.9	62.9	< 0.000
<i>Symptoms</i>				
Hot flushes	88.0	85.1	87.2	n.s.
Night sweats	57.3	53.5	56.2	n.s.
Heavy bleedings	48.7	33.7	44.5	< 0.000
Irregular bleedings	71.7	66.8	70.3	n.s.
Other symptoms	48.2	30.2	43.1	< 0.000
Mental symptoms	26.6	15.3	23.4	< 0.001
<i>Bothering of symptoms (for explanation see text and Table 5)</i>				
At least one symptom is regarded as very bothersome	43.7	19.8	37.0	< 0.000
At least one symptom is regarded as somewhat bothersome	29.5	29.2	29.4	
Any symptom is regarded as only a little bothersome	19.2	28.2	21.8	
No symptom is regarded as bothersome at all	5.8	21.3	10.2	

These questions are only answered by menopausal and postmenopausal women (n = 717).

the current study. Women without symptoms of menopause will probably not regard themselves as menopausal and consequently, these women will be excluded from the peri or postmenopausal group. This means the number of symptoms will be exaggerated in the group, with very few women not having symptoms at all. For example, the frequency of hot flushes was observed to be 88% in this study, whereas the frequency is normally reported to be about 70%. However, this study is not designed to investigate the precise frequency of symptoms during menopause. For this purpose large longitudinal population studies have been admirably done by others [3,10,11].

It is often stated that menopause has been medicalized [12]. Medicalization describes a process, where normal reactions and life stages are defined as medical problems and as a result, become a matter for the healthcare system [13]. More than 2/3 of the women in the study discussed

menopause with a doctor if they had symptoms. Thus, this must be considered a normal way for Danish women to manage menopausal questions today, and therefore, it is also an area of pertinence for the GP. Compared with earlier studies [1–4] more and more women appear to discuss menopause with a doctor. The results indicate that in Denmark today menopause is defined as a medical problem and has become a matter for the healthcare system. In this respect menopause has apparently become medicalized. On the other hand, further medicalization with regard to HRT has apparently not taken place in Denmark. Danish studies from 1987 [14] reported that 37% of women had tried HRT and 22% were using HRT at the time of the investigation. Similar figures were found by this study (i.e. 37 and 25%, respectively).

This study has not investigated the content of the individual consultation, neither has it been

Table 5
Experiences of symptoms and how much they have bothered the woman

	Hot flushes (%)	Nightly sweating (%)	Heavy bleedings (%)	Irregular bleedings (%)	Other symptoms (%)
A great deal	13.8	7.4	21.7	12.7	13.2
Somewhat	23.6	15.1	10.7	16.9	16.8
Only a little	30.4	17.9	10.0	19.8	9.6
Not at all	18.3	14.9	0.6	19.7	1.4
Not answered to what degree the symptom was bothering	1.1	1.0	1.4	1.3	1.9
Total women, who have experienced the symptom	87.2	56.2	44.5	70.3	43.1

N = 717.

investigated who took the initiative to discuss menopause. Clearly these factors should be investigated further in future studies.

The study shows that experiencing one or more symptoms does not necessarily create problems for women in their day-to-day lives. Whereas many women experience hot flushes without problems, it appears to be more difficult to cope with heavy bleedings. Therefore, in counseling menopausal women, it is important that the GP establish not only whether symptoms are present but also how much of a problem these are for the woman in question.

There are significant differences between women who have discussed menopause with a doctor and those who have not. The more problematic the symptoms the greater the likelihood that the woman would have discussed the menopause. Some women in the study have not discussed menopause with a doctor even though they have been very bothered by symptoms. Thus, the severity of the symptoms is not the only factor. The results indicate that women's attitudes to HRT play an important role. Among the women who discussed the menopause with a doctor, significantly more believe HRT to be a good solution even if they only have few symptoms. They also believe that HRT might prevent future problems. Thus, it appears that not only doctors but also some women have adopted a medicalized perception of menopause. It could be the trust in the biomedical model that is the decisive factor for a woman to contact a doctor for advice.

HRT seems to be related to coping-strategies, whereby some women solve problems with medication, while others prefer to avoid taking drugs. Other studies have concurrently found that women who frequently use drugs as treatment for other ailments also use HRT [15]. In this study, significantly more of the women who had not discussed menopause with a doctor think that HRT should be avoided and that HRT is a poor solution to future health problems.

The fact that a woman has discussed menopause with a doctor does not necessarily mean that she ends up using HRT. More than half of the women who had discussed menopause with a doctor have not tried HRT. We must conclude that informa-

tion given by a doctor only represents a part of the decision about using HRT during the menopause, and to refuse HRT is an active decision, which should be respected.

This study shows that women who have not discussed menopause with a doctor have significantly fewer symptoms and that their attitude towards HRT is more critical. Therefore, an active intervention among these women is not appropriate, partly because they apparently have chosen a non-medical solution and partly because they have so few symptoms that the use of resources in this way could be considered wasteful.

As a GP it is important to remember that we most often are confronted with menopausal women with severe symptoms. Avis [4] has accordingly claimed that doctors are biased in issues regarding menopause because they mostly see women with many problems. This is especially the case for doctors working in gynecological practices, hospitals, etc. since the women who present at these places tend to have the worst problems. Consequently, doctors use their experience from women with many problems to draw conclusions about women who never have seen a doctor. This bias may affect the consultation by forcing the issue onto the negative aspects of menopause.

The GP could compensate for this by including positive aspects and women's own resources. Positive aspects of menopause have been experienced by several women but have been neglected in most medical studies [7].

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