Master of Family Medicine.

The requirements for the degree of

A Masters Dissertation submitted to the Faculty of Health Sciences, University of

Dr. Christine Plant

Johannesburg, Regarding Hormone Therapy.

attending Private General Practices in the Southern Suburbs of

The Knowledge and Practice of Peri and Post Menopausal Women
Signature

I, Dr Christine Margaret Plant declare that this thesis is my own work. It is being submitted for the degree of Masters in Family Medicine in the University of the Western Cape, with the examination at this or any other university.

Joanne Lubbers

2010.
To my family, Angus, Sarah and Daniel who have been extremely supportive throughout this whole process, and without whose help and encouragement I would not have completed this research.

Dedication
Concerning menopause.

In order to assist women to make informed decisions when deciding on treatment options, communication between doctors and their patients regarding HRT needs to improve. Communication is crucial to ensure patients are fully informed about the risks and benefits of HRT.

Results: Although information imparted by doctors is highly valued by their patients, and breast cancer.

Despite the need for more comprehensive information about HRT, patients often feel inadequately prepared to make decisions. This highlights the importance of improving communication between healthcare providers and patients.

Conclusions: To determine the knowledge and practice (useage) of hormone therapy (HRT) amongst general practitioners.

Design: A descriptive cross-sectional study was conducted among 14 GPs practices' patients.

Abstract
Acknowledgements

This research was undertaken as part of a MMed degree at the University of...
CHAPTER TWO

LITERATURE REVIEW

Introduction

1.1 Objectives:

1.2 Definitions and Abbreviations

1.3 List of Tables

1.4 List of Figures

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

Abstract

Dedication

DECLARATION
CHAPTER FOUR RESULTS

Data Analysis
Ethical Issues
Data Collection
Field Study
Methods
Measuring Instrument
Exclusion Criteria
Inclusion Criteria
Indications for Patients
Patient Sampling
Doctor Sampling
Sample Size
Study Population
Size of Study
Design

CHAPTER THREE METHODOLOGY

Other Demographic Influences
Use of Herbal Remedies
Discussions with Health Care Professionals

3.6.6
2.6.5
2.6.4
3.1
3.3
3.2
3.1
3.4
3.4.2
3.4
3.5.1
3.5.2
3.6
3.7
3.8
3.9
3.10
# Chapter Six: Recommendations & Conclusion

## Recommendations

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>1. Justifications of and basis of the study</td>
</tr>
<tr>
<td>5.2</td>
<td>2. Knowledge of benefits and side effects of HT</td>
</tr>
<tr>
<td>5.3</td>
<td>3. Discussion with doctor about HT</td>
</tr>
<tr>
<td>5.4</td>
<td>4. Source of knowledge about HT</td>
</tr>
<tr>
<td>5.5</td>
<td>5. Use of Complementary and Alternative Remedies (CAM)</td>
</tr>
<tr>
<td>5.6</td>
<td>6. Use of HT in this study</td>
</tr>
<tr>
<td>5.7</td>
<td>7. Women's Health</td>
</tr>
<tr>
<td>5.8</td>
<td>8. Demographics</td>
</tr>
<tr>
<td>5.9</td>
<td>9. Response Rate</td>
</tr>
<tr>
<td>5.10</td>
<td>10. Future Data Analysis</td>
</tr>
<tr>
<td>5.11</td>
<td>11. Knowledge of HT compared to some of the independent variables</td>
</tr>
<tr>
<td>5.12</td>
<td>12. Benefits of HT</td>
</tr>
<tr>
<td>5.13</td>
<td>13. Different age groups versus knowledge of HT</td>
</tr>
<tr>
<td>5.14</td>
<td>14. Side effects of HT</td>
</tr>
<tr>
<td>5.15</td>
<td>15. Benefits of another doctor and gynecologist</td>
</tr>
</tbody>
</table>

## Conclusion

- Limitations of and basis of the study
- Knowledge of benefits and side effects of HT
- Discussion with doctor about HT
- Source of knowledge about HT
- Use of Complementary and Alternative Remedies (CAM)
- Use of HT in this study
- Women's Health
- Demographics
- Response Rate
- Future Data Analysis
- Knowledge of HT compared to some of the independent variables
- Benefits of HT
- Different age groups versus knowledge of HT
- Side effects of HT
- Benefits of another doctor and gynecologist
TABLE 4.13.1: TABLE OF KNOWLEDGE OF BENEFITS OF HT ACROSS SOME INDEPENDENT VARIABLES

TABLE 4.13.2: TABLE OF SIDE EFFECTS OF HT A FUNCTION OF AGE

LIST OF TABLES

Figure 4.13.1: FEET EQUATIONS OF BENEFITS OF HT A FUNCTION OF AGE

Figure 4.13.2: SIDE EFFECTS OF HORMONE THERAPY

Figure 4.13.3: SOURCES OF INFORMATION ON HT

Figure 4.13.4: LENGTH OF TIME ON HT (N=104)

Figure 4.13.5: HT DRUGS USED
CVD} Cardiovascular disease:

example: black cohosh, red clover and soy products.

that generally lie outside the dominant healthcare system. Popular CAM therapies include for

This is a broad term encompassing a range of diverse modalities and diagnostic approaches.

4) Complementary and Alternative Medicine: CAM

3) Million Women Study: MWS

2) Women's Health Initiative: WHI

and it refers to the above definition.

Replacement Therapy (HT). Throughout this document the term Hormone Therapy is used

The more recent literature uses the term Hormone Therapy (HT) instead of Hormone

This refers to the use of the female hormones for the treatment of menopausal symptoms in

1) Hormone Therapy: HT
Germany was 26%. To treat depression, the use of HT increased from 1980-1990. Since then, the use of HT has been decreasing. However, following the release of the Women's Health Initiative Study (WHI) in July 2002, there has been a significant decrease in the use of HT among women. The study showed that HT was associated with an increased risk of heart disease, stroke, and breast cancer. The Women's Health Initiative Study was a large, randomized, controlled clinical trial that included over 16,000 postmenopausal women.

The study was designed to evaluate the effects of hormone therapy on a variety of outcomes, including bone density, cardiovascular disease, and cognitive function.

In the 1990s and 1980s, HT was shown to improve bone density, reduce the risk of osteoporosis, and improve sexual function. However, it has also been associated with an increased risk of breast cancer and blood clots. The study also showed that HT was associated with an increased risk of abdominal obesity, diabetes, and cancer.

Health problems:

Physicians need to realize that menopause is not a negligible phenomenon but a major public health problem. It is estimated that in the year 2030, 1.2 billion women will be per or post-menopausal and this will increase by 47 million a year. The average woman in the developed world can now expect to spend approximately one third of her life in the post-menopausal state. According to Malkin, the longer term threat is a higher risk of osteoporosis and cardiovascular disease. High blood pressure is also a major problem. Among the 55-64 age group, HT, although it increases the risk of breast cancer, decreases the risk of bone fractures.

Menopause is a critical point in a woman's life, marked by a decrease in hormone production and the loss of reproductive ability. The climacteric is the phase in a woman's life that is associated with physical changes that signal the onset of menopause.
Despite the prominence of the evidence-based-practice-movement and a trend for doctors to document in the literature which will be discussed in the Literature Review Chapter.

Patients' knowledge regarding HT, as well as the current use of HT in different countries is associated with inappropriate attitudes towards HT risks. There is a significant difference in HT use according to gender. HT use is higher in women. A study by Hess et al. noted that pharmacological delirium was doctors about risks and benefits is poor. These findings indicate that pharmacological delirium was observed in the field of hormone therapy. Some studies indicate that knowledge among patients is crucial in the decision-making processes, making the confidence and distrust in the medical profession affect on doctors prescribing habits. Doctors worry about the medical profession, and distrust in the medical profession may be making decisions based on information that is not quite reliable and trusted. Doctors will have to take this into account when advising patients. Several studies have shown that many women discontinued HT after the WHI trial. Given their experience with HT, and that some women are now less likely to take drugs for cardiovascular disease prevention, indicating of medical recommendations and less likely to take drugs for cardiovascular disease prevention. Today, the electronic media and press have a profound influence on society. This means that educational factors and socioeconomic status, educational background, religious beliefs, and beliefs about health, and the belief that HT is no longer needed, selective criteria, religious and educational factors are significant. When other factors have equal effect on beliefs, weight gain and breast engorgement. Many other factors have equal effect on beliefs, when other factors have equal effect on beliefs. WMS studies and is related to many factors, including adverse side effects such as vaginal dryness. The NIH took the unusual step of halting the WHI trial and recommended that women stop taking HT as treatment for menopausal symptoms.
1) To determine the extent of Hormone Therapy usage in the study population.

2) To determine the source of the respondents' knowledge about Hormone Therapy in the study population.

3) To determine the respondents' knowledge about the benefits and side effects of education level, past gynecological history, marital status and medical insurance.

4) To determine the demographics of the study population with respect to age.

1.1 Objectives:

The aim of this study was to explore pen and post-menopausal women's knowledge of and management of menopausal symptoms. Knowledge about HT has been shown to be an important factor in usage of HT for the management of menopausal symptoms.

Itself is provisional, emergent and incomplete. Patients themselves are faced with the same dilemma. It must appreciate that health decision making is fraught with inherent uncertainty. Uncertainty
have presented with menopause at an early age. Additionally, for preventing bone loss in women experiencing menopausal symptoms, or who are presenting with an increased risk for fracture (particularly those younger than 65 years), and who need a 2-year course of hormone replacement therapy in post-menopausal women. HT is therefore appropriate evidence-based first-line therapy in post-menopausal women. Therefore, decreasing the incidence of osteoporosis-related fractures, including bone loss is increased at menopause, and HT helps to prevent bone loss associated with menopause.

2.2.1 HT and Osteoporosis

HT has also been shown to have long-term benefits in the following situations:

- Also been described is also been described is also been described.
- Infections as well as anxiety, irritability, and depression. Vague muscle aches and joint pain have.
- Dizziness, palpitations, and insomnia, menstrual changes, vaginal dryness, increased bladder symptoms. The typical short-term symptoms are hot flashes, night sweats, headaches,
- HT remains the most effective therapy for vasomotor and estrogen deficient women.

2.2 HT in the Management of the Menopausal Woman

- Studies relating to women's knowledge and perception of HT, as well as usage of HT.
- Controversies surrounding the use of HT.
- Overview of the current guidelines and indications for the usage of HT.

This literature review is centered on the following issues:

2.1 Introduction
The risk of breast cancer and HT is discussed more fully in 2.5. Over 50 epidemiological
endometrial assessment through biopsy.
Imaging of the endometrium, hysteroscopy and diagnostic dilation and curettage and
assessment of these women entails ultrasound
uncommon. If bleeding occurs while on HT, especially if occurs after a period of six months
with a uterus, endometrial cancer in users of continuous combined HT is extremely
Unopposed estrogen therapy causes endometrial hyperplasia and should not be used in women
thromboembolism and deep vein thrombosis, strokes and coronary events.
Studies on the risks of HT have mainly focused on breast and endometrial cancer, venous

2.3 Potential Serious Side Effects of HT

That there was not a protective effect in the older age group
against Alzheimer’s disease, or stroke after menopause. However, the WHI study showed
The Cache County Study and HERS study both demonstrate that HT may protect women

2.2.3 HT and Cognitive Function

HT is not to be used in women who have had a history of myocardial infarction, stroke or
women with hypertension.

The International Menopause Society Consensus Statement states that HT can be given to
women around the age of natural menopause without increasing the risk of coronary heart
disease and may even decrease the risk in this age group. HT is also not contraindicated in
now suggests that HT may be cardioprotective if started around the time of menopause.
Despite recent evidence showing that in general this is not the case in all age groups. Evidence
public and physicians are concerned that HT increases the risk of cardiovascular disease,
reduction of glucose and lipid control, smoking cessation and moderate use of alcohol. Both the
woman. The primary protective measures include weight loss, exercise, blood pressure
Cardiovascular Disease is the principal cause of morbidity and mortality in the post-menopausal

2.2.2 HT and Cardiovascular Disease
2.4.1 Indications for HT

HT should be individualized according to each patient's needs. HT should be initiated for specific indications, provided there are no contraindications and optimal treatment of dyslipidemias, hypertension, diabetics and other medical conditions should be addressed. Body mass index, exercise and stress reduction should be discouraged. Lifestyle modifications such as smoking cessation, diet, and the maintenance of appropriate body mass index, exercise and stress reduction should be encouraged.

The management of osteoporosis and associated disorders

Prevention of bone loss in women with primary or menopause, secondary amenorrhea

Treatment of vasomotor symptoms and associated sleep disorders

The results of the studies with estrogen and progesterone preparations show a small increase in the risk of breast cancer risk, 13% reported a modest increase and 5% reported a reduced risk. The results of the studies with estrogen preparations alone show a small increase in the risk of breast cancer risk, 13% reported a modest increase and 5% reported a reduced risk.

The past 30 years, among the studies that have examined estrogen-only use, 82% found no effect on breast cancer risk.
The Carbohydrate Risk Debate

2.5 Issues that have caused confusion over the past decade regarding the use of HT

2.5.1 The Carbohydrate Risk Debate

Possible contraindications (absolute contraindications):

-Known arterial Coronary Heart Disease.
-Previous indicative or current venous thromboembolic disease.
-Hypertension endometrial hyperplasia.
-Undiagnosed genital bleeding.
-Known or suspected estrogen dependent malignant tumors.
-Currant, past or suspected breast cancer.

Conditions
only 2.1% knew about HT. Undergone from January 1 to April 2005, of 112 post-menopausal women who were interviewed, 140% were aware of HT. The study was conducted at the hospital in Karachi, India. The study was based on self-reported knowledge and attitude towards menopause and HT among post-menopausal women. Over all, usage rates of HT are low. McKibbin conducted a descriptive cross-sectional study about the knowledge and attitude towards HT in underdeveloped countries. The results differ from the results of the developed world, although the usage of HT is different in different countries. The majority of the women in developed countries, especially in Europe and the United States, are taking HT. In the past decade, these have been at least 23 studies about knowledge, attitudes, and usage of HT in different countries. The majority of these were in developed countries, especially the United States and Europe. This was predominantly after the WHI and MWS studies.

2.6 Factors affecting usage of HT

2.6.1 Demographics: Developed Countries versus Underdeveloped Countries

Remedies/ CAM (Complementary and Alternative Medicine).

Remedies/CAM (Complementary and Alternative Medicine)

2.6.2 The breast cancer debate

Estrogen replacement therapy does not increase the risk of breast cancer. A recent study showed no increase in the risk of breast cancer with estrogen replacement therapy. The effect is more pronounced in lean patients and the increased risk is seen only after long-term treatment. The risk of breast cancer after 60 years of age is less than 1% and does not increase with the duration of treatment (6). WHI: 81000 per year or less than 0.1% per year but increases with the duration of therapy (6). WHI: 81000 per year or less than 0.1% per year but increases with the duration of therapy (6).
Specific knowledge about menopause and HT was low (39% and 38% respectively). The knowledge of HT and its usage was also low (17% and 18% respectively). This is thought to be due to the influence of the media. The influence of the results of the WHI study, and will be discussed further in 6 (influence of the study). During the years of 1999 and 2000, studies in the USA showed an average 20% increase in the use of HT from 1999 to 2000. The results of the study showed a current use rate of 17% with an ever use rate of 22%. The study was to monitor changes in women's knowledge of and attitude towards HT. The study showed that in the developed world, women were more aware of HT and usage rates are higher.

In the developed world, women were more aware of HT and usage rates are higher. In the developing world, the same study showed that the awareness of HT and usage rates are lower. In South Africa, the awareness of HT is very low. In Ecuador, an underdeveloped South American country, there is a lack of awareness of HT. However, in the USA, the awareness of HT is much higher.
The evidence is also questionable. Issues are complex and addressed by so many factors, including the impact of the media. Much of research has shown that knowledge may also be a hindrance to using HT, because the lack of knowledge being greatest in the less educated, older and poorer socioeconomic groups. Thus, it may be seen that lack of information about HT is an important reason for not using it. Risk benefit balance of HT.

A recent study by Malarkey showed that in Korea, the majority of women lack sufficient knowledge about HT. Malarkey conducted a study using interviews to obtain information, which yielded better information than a questionnaire. This study showed a correlation between educational level and knowledge of HT. Women with a higher education level were more likely to have heard of HT and to be aware of the benefits. A questionnaire-based study asked all women aged 55-64 years in the community of Lancashire, England, about their knowledge of HT. Although 75% of women had heard of HT, only 25% believed they had enough information to make an informed decision. Therefore, improved education regarding HT is necessary. In Pakistan, only 20% of women were aware of HT and believed they had enough information to make an informed decision. In Ecuador, only 50% of women considered HT to be of benefit, and only 28% believed they had enough information to make an informed decision. Therefore, improved education regarding HT is necessary.
be misrepresented.

Reading to keep abreast of current trends, can be misleading, and this in turn will cause patients to:

or explain that these findings have been peer reviewed and shown to be incorrect. A busy GP.

Heart disease, thrombembolic disease and breast cancer. Singh's does not go on to qualify.

Million Women Study suggests that long term estrogen is associated with an increased risk of

Hysterectomy or not Hysterectomy. Recent large studies such as the Women’s Health Initiative and the

Prevention), dated April 2010, the following is written: "While estragen remains the best known

a Women’s Health article written for Update", (a journal of continuing education for general

2.6.3 Influence of the Media

the WHI in the United States and the MWS in the UK not only affected patient’s attitudes but

The WHI in the United States and the MWS in the UK not only affected patient’s attitudes but

that HT causes breast cancer and CVD. It was not clear in the public memory.

Even though there has been peer review of the data there is still the perception with the public

misperception was prevalent in the public from believing in the negative side effects of HT. This misperception was

Unfortunately, even when the flawed nature of the original analyses were conveyed in print, it did not

the WHI study was described as a Primary Prevention Study of normal healthy woman.

The Million Women Study (MWS) undertook in Great Britain in 2003 showed similar findings. The results were given to the media before the studies

When the trial was stopped early, based on the perception that the health risks exceeded the

initial results for the trial of combined estrogen and progesterone (progestosterone) in women with a

Influence of the Media

In July of 2002 the World Health Group for the Women’s Health Initiative Investigators published their
usage of HT.

Sweden, Germany and the USA show a progressive change in attitude toward, and a decline in, 23% in 2003. In the USA it is at 22% post WHI. The KAP studies that have been done in current HT usage varies in different countries. In Sweden it has dropped from 40% in 1990, to

women with less education, knowledge was best for breast cancer and osteoporosis outcomes.

Only 29% of women were aware of the WHI results. Only 40% had a positive aggregate (mean age 45 years). 24 months after the publication of the first WHI findings was completed, the risks and benefits of HT. A nationally representative survey in the USA, of 741 women in 2004, Rigby conducted a study to evaluate women’s awareness and knowledge concerning

Rigby (personal communication) found that women were reported to be using HT. (This was before the WHI study was

measured). Women were reported to be using HT. This was before the WHI study was consistent with other UK studies and is lower than in the USA where 49% to 71% of post-
current HT usage is and 22% were past users, and 57% were never users. This level of HT usage is the current HT usage was 9% and 7% had taken it in the past. In the 2000 results 17.4% were

HT also from 1991 to December 2000. In 1991 the study of 1500 Canadian women showed that

medicine increased from 9.6% to 18.7%.

received. Useage of HT fell from 40.5% to 25.3%, and the women who had used complementary

questionnaires had been sent out in 1999 and again in 2003. 1700 questionnaires were

Hoffman, 1999 conducted a study in Sweden to assess the changes in women's knowledge of attitudes and usage of

WHI study.

94% had heard of the WHI study and 70% stopped HT after hearing about the results of the

taking HT in July 2002, were included. Of the 204 women, 54% were taking combination HT, academic primary care practice in Massachusetts. Women aged 50 years and older, who were

randomly selected telephone survey from July to September 2003, selected from a large

63% of American women reported discontinuation of treatment. Schoenborn, 1999 conducted a

Following the release of the WHI study in July 2002 there was a sharp decline in the use of HT.
of treatment on medical advice. Women who changed from HT and most respondents (95.4%) based their decision on the choice.

In the United States, HT was associated with the highest and most common reasons for a standardized questionnaire. Data from a national study undertaken in Bangkok, 1991, to assess women's attitudes and acceptance towards menopause and HT. In 2002, 615 women were asked to complete a hospital-based survey was undertaken in Bangkok, 1991, to assess women's attitudes and perceptions towards menopause and HT. A study conducted a study among women drawn from the National Registry from Iceland.

Women in England and Wales may receive information from a general practitioner, physician, educational sessions and family or friends. The source of information was physicians, educational sessions and the age of the women studied. The age of the group was not found to be important. In the age of 60-64 years, the age group was not found to be important. In the age group of women received knowledge about menopause from family and friends. The study was done by a health professional who had received little information from health care and education professionals. 53% said that women should consult a physician before menopause and

The respondents had consulted a physician for various conditions such as depression and HT. In England, and between women who had not discussed menopause with a doctor and those who had discussed the problems. Women who had not discussed menopause with a doctor and those who had not discussed menopause with a doctor had lower scores on depression scales. There was a significant difference between women who had discussed menopause with a doctor, either a GP or a general practitioner, and women had not discussed menopause with a doctor. Other GP or a general practitioner. The use of HT by doctors was less effective in the treatment of their patients. One would assume that

If doctors fail to take into account patient's knowledge and attitudes about menopause and HT, the practice of HT is not effective.
discussing it with a health care provider.

According to a survey conducted by the National Center for Complementary and Integrative Health (NCCIH), 62% of respondents reported using CAM products over the past year without consulting a health care provider. The survey also found that a significant proportion of respondents were using CAM products in conjunction with conventional HT.

Information was obtained from sales of these products from the database of the Netherlands Organization for the Use of Natural Remedies for the Treatment of Menopausal Symptoms. The study showed that in Sweden, the use of natural remedies for the treatment of menopausal symptoms increased from 9.6% to 18.6% of surveyed women aged 45-65 years over the years from 1999 to 2003.

The prevalence of CAM use was reported in a study by der Spiegel and colleagues, which found that at least one CAM product was used by patients during the past year to alleviate menopausal symptoms.

Despite the effectiveness of HT, a significant number of women discontinue treatment within the first few months of its initiation because of side effects such as bleeding, breast lump formation, and low sex hormone levels. However, many women also seek other treatments, such as black cohosh, red clover, soy products, and phosphatidylserine supplements, which are considered safe by some researchers. These supplements are marketed as remedies for menopausal symptoms, but their effectiveness is not well established.

2.6.5 Use of Natural Remedies

The use of natural remedies for menopausal symptoms is increasing, and many women turn to these remedies as an alternative to conventional treatments. NCCIH recommends that patients discuss their use of CAM products with their health care provider to ensure that they are safe and effective.
menopausal symptoms. This could be due to the age group that was chosen (18-40 year olds).

Although overall knowledge of specific issues relating to HT remained low (as mentioned earlier) higher education was shown to have a positive impact on knowledge of menopause. In the study by Mahrain et al, it was found that there was a significant association between higher education and knowledge of menopause, attitudes change as they reach menopause, from a more pessimistic view to a more neutral or optimistic one.

Age is a confounding factor for knowledge and usage of HT. Astrand et al. showed that women's
3.2 Site of Study

The study was undertaken in general practitioners' practices in the southern suburbs of Johannesburg.

3.1 Design

CHAPTER THREE

METHODOLOGY
selected.

In the same practice, they were eliminated. Doctors were randomized until 14 practices had been found to be unanswerable due to demographic issues, retirement or dismissal of doctors working take part in the study, if they declined then the next on the list was contacted. If a practice was

The researcher phoned consecutively the doctors on the list asking if they would be willing to
generate the list of doctors.

Random number generated obtained from Microsoft Home page (free download) was used to
The practices were obtained using a random method of selection from the supplied list. A

That use the facility as a referral center.

Resource Manager at the hospital, it was decided that the list was representative of the doctors
Resources Manager at the hospital. It was completely voluntary. After discussion with the Human
bulky does not include all the doctors practicing in the area, as the doctors had to forward their
information. The hospital does this on a yearly basis for their records. The list is comprehensive
information. The hospital considers the GPs in the area and asked for their contact
Human Resource Department had compiled the GP's in the area. The hospital
Hospital. This was chosen because the hospital is central to the geographical area. The hospital
The sampling frame was obtained from the Necessity Directory listed under the Multiplanation

3.4.2 Doctor Sampling

analysis would still provide good precision.

and 14 practices were supplied with 40 questionnaires. This sample size had the advantage that subgroup
from all participating doctors to participate in the study, were required. Each participating practice
To provide for a 90% non return, 14 practices were required, and they were randomly selected
required (necury advisor 6.0). i.e. 355 from 14 practices.
le the 95% confidence interval falls within 5% of the prevalence, a sample size of 355 was
determined under the assumption of 50% usage. To estimate the prevalence to 5% precision,
usage is not available and hence the conservative route is followed where sample size is
Sample size was based on objective 4. i.e. prevalence of Hormone Therapy usage. An estimated

3.4.1 Sample Size
experience and examples from other studies. 15, 29

The questions were derived from discussions with colleagues, the researchers' clinical
three sections: basic demographics, practice or usage of HT and knowledge about HT.

The study was conducted using a self-administered questionnaire. The questionnaire comprised

3.6 Measuring Instrument

I. Aqueity III patients

3.5.2 Exclusion Criteria

II. Patients who consented to complete the questionnaire.

I. Patients who were sufficiently literate to answer a questionnaire.

I. Female patients who were 45 to 70 years of age.

3.5.1 Inclusion Criteria

3.5 Inclusion and Exclusion Criteria for Patients

The larger age group who attended the practice during the collection phase. The doctors' recommendations were briefest about the purpose of the study as well as how to ask the

3.4.3 Patient Sampling

Doctor was obtained. (see Appendix 2). The researcher and the study was explained verbally. At this meeting written consent from the

The initial contact with the doctors was telephone if they agreed to be involved, they were
plotted on 5 women and further minor refinements were made.

as patients did not answer the questions adequately. The revised questionnaire was further
questions about the side effects and the benefits of HT were also re-done in a tick box format.

Questions about the side effects and the benefits of HT were also re-done in a tick box format. The question about sources of information about HT and how helpful they were (Quesions 12
then limited to women between the age of 45 and 70 years.

The age group was
correctly, and they were given numerous of many of the aspects of the study. The age group was
falling above the age group (above 70 years) had trouble completing the questionnaire.

The pilot study was undertaken over a week from the 2nd to the 8th November 2009, during
the pilot study it was evident that most of the women who completed the study were

The initial data from the pilot study was coded in Excel and analyzed by means of tables and

which the 35 questionnaires were collected from women aged 45 years and over.

The pilot study was conducted in the researcher's practice, to review the questionnaire, method of

The initial data from the pilot study was coded in Excel and analyzed by means of tables and

3.7 Pilot Study

about the benefits and side effects of HT. The questionnaire was attached (Appendix 4).

The final section asked whether or not the participants knew
management of menopausal symptoms.

The next section of the questionnaire asked questions about women's health, whether they
whether the respondent had medical insurance.

The questionnaire asked basic demographic questions, age, educational level, occupation and
The protocol was submitted to the Committee for Research on Human Subjects on the 27th July 2006. And permission was granted to conduct this study. The clearance certificate number is C2005-21.  

3.9 Ethical Issues

(Appendix 3)

should the questionnaire generate questions then the respondents were invited to discuss.

40 respondents were obtained. Non-respondents were also recorded.

The letter informed the patients about the reasons for conducting the study and ensuring that their questions would be asked. An information letter was given to each patient who fulfilled the criteria would be asked. An information letter was sent to each patient before they were in for their appointment. If a patient refused, this was noted and the next patient age group was asked. The patients were asked to fill in the questionnaire.

The participation doctors received an approach on a consecutive basis. Women in the target age group were asked to fill in the questionnaire and the researchers provided.

The data collection took place in the various practices during December 2009 and continued until the 26th February 2010.

3.8 Data Collection

and side effects of HT.

The final questionnaire was thus different from the initial one. Significant changes involved the

Questions about knowledge about HT and also the women’s knowledge about benefits
H1 and independent variables. Statistical significance was set at p=0.05. A

using chi-square tests was done to compare significant differences between the knowledge of

labels were used for presentation of demographic and women health data. Inferential analysis

Descriptive analysis using frequency tables (frequencies and percentajes) bar graphs, and

knowledge of benefits and side effects was completed in Epi Info.

Data was captured in Epi Info and MS-Excel. Data cleaning was done to identify missing and

Data Analysis

3.10

Information on the topic. The respondents were also invited to discuss H1 with their doctors.

Information about H1 was also offered on request for any respondent requiring more

Anonymity: Information about H1 was also given to the nature of the research, assured confidentiality and

This letter explained the nature of the research, assured confidentiality and

Anonymity to the respondents. An information letter was attached to the questionnaires.

The practices are known to the researcher, but the woman participating in the study were

and methodology. The consent letter is attached (Appendix 2).

was after the researcher had explained the purpose of the research as well as the study design

Consent from each of the participating doctors' practices was obtained by the researcher. This
spa therapy, and despite repeated follow up, only 5 forms were obtained.

that the doctor didn't see middle aged women. Another practice was involved in medical
numbers were never completed. Various reasons were given for this. The main one being

- The practice completed the study in three weeks, but in some practices adequate
  forms were started asking again.
- Some practices closed or moved without informing the collection of data. Some
  patients' forms were lost, and they were asked again.
- Some receptionists went on holiday. Collection of data began in November and some
  receptionists resisted. Although the receptionists had said they would ask
  involved in the data collection process.
- Doctors had different receptionists and the questionnaire was not explained to everyone

The reasons it did not occur were:

although it had been explained that every patient in the required age group should be asked,

- It was intended that the questionnaires be handed out consecutively. This did not occur.
- Phone calls did not occur as well as visits then took place over the collection time.

Collection of data began in December 2009 and continued until February 2010. Follow up

In total, 1 doctor was involved with a practice that was already included in the study.

- Meredale, and one doctor did not see women.
- 2 doctors had an unsuitable patient profile for the study. (1 doctor worked at the pension
  - 3 doctors were not able to be contacted (after 3 attempts at telephone contact failed).
- 4 doctors were no longer practicing as they had either moved or retired.
- 1 doctor was not willing to take part in the study.

The study:

25 questionnaires were completed electronically to obtain 4 doctors, who were willing to be involved in
40 questionnaires were given to 14 practices. I.e. 40 questionnaires were given out and 37
<table>
<thead>
<tr>
<th>No of Questionnaires</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>337</td>
</tr>
<tr>
<td>8.6</td>
<td>19</td>
</tr>
<tr>
<td>9.2</td>
<td>13</td>
</tr>
<tr>
<td>8.9</td>
<td>12</td>
</tr>
<tr>
<td>9.2</td>
<td>11</td>
</tr>
<tr>
<td>6.2</td>
<td>10</td>
</tr>
<tr>
<td>8.9</td>
<td>9</td>
</tr>
<tr>
<td>8.9</td>
<td>8</td>
</tr>
<tr>
<td>8.3</td>
<td>7</td>
</tr>
<tr>
<td>4.5</td>
<td>6</td>
</tr>
<tr>
<td>8.6</td>
<td>5</td>
</tr>
<tr>
<td>8.9</td>
<td>4</td>
</tr>
<tr>
<td>4.2</td>
<td>3</td>
</tr>
<tr>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4.2 Doctors (N=14)

Table 4.2 Doctors' Practices

- 374 forms were completed of which 37 were excluded due to incorrect ages.
- All the beginning of February it become evident that a more intensive follow up was needed to complete the study. The researcher employed a recreational 4 weeks.
- The data was captured using Epi Info and analyzed using Epi Info as well as MS-Excel.
- The number of remaining questionnaires per practice is shown in table 4.2. In 9 practices the required number could not be obtained.
- The additional table 4.2 shows the number of remaining questionnaires per practice.
### Table 4.3.2 Marital Status (N=337)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>337</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>76</td>
<td>22.7</td>
</tr>
<tr>
<td>Married</td>
<td>225</td>
<td>67.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>16</td>
<td>4.8</td>
</tr>
</tbody>
</table>

It can be seen that 66.8% (225) of the respondents were married. The respondents were asked to state their marital status. The results are shown in Table 4.3.2.

### 4.3.2 Marital Status of Respondents

Respondents classified as per-menopauseal and in the early and late phases of menopause. The respondents' ages were divided into 5 year groups. This enabled the respondents to be classified with the median being 54 years. The mean age of the respondents was 54.7 years. The range was 45 years to 70 years.

### Table 4.3.1 Age Groups (N=337)

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-70</td>
<td>37</td>
</tr>
<tr>
<td>55-59</td>
<td>76</td>
</tr>
<tr>
<td>50-54</td>
<td>96</td>
</tr>
<tr>
<td>45-49</td>
<td>96</td>
</tr>
<tr>
<td>35-39</td>
<td>92</td>
</tr>
</tbody>
</table>

The respondents were asked to give their ages. The results are shown in Table 4.3.1.

### 4.3.1 Age of Respondents

4.3.2 Demographics
Table 4.3.1 Further Education (N=337)

<table>
<thead>
<tr>
<th>Tertiary Education</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>10.1</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>205</td>
<td>60.8</td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The respondents were asked if they had any form of further education, such as a degree.

Table 4.3.2 Education Level (N=338)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.9</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>9.8</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>9.8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>9.7</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>9.4</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>201</td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>612</td>
<td></td>
</tr>
</tbody>
</table>

The results are given in Table 4.3.3. The respondents were asked to give the last grade that they had completed at school. The respondents were asked if they had any form of further education, such as a degree.
hospital plan. Practices, 73% (247) of respondents were on medical aid and 4 further 5% (17) were on a medical aid plan. As can be seen in Table 4, of those attending private hospital a, 60% are housewives, and 11% (37) are retired. The respondents were asked if they had some form of medical insurance (being either medical aid or medical aid). If there are no results, it can be seen that 37% (119) work in administrative positions, 18% question of 9.4%.

Of the 337 respondents, 320 answered the question. This gives a response rate of 94.8%.

<table>
<thead>
<tr>
<th>Occupation Group</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>320</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Entrepreneur</td>
<td>75</td>
<td>24</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>7.5</td>
</tr>
<tr>
<td>Finance</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Medical</td>
<td>1</td>
<td>37</td>
</tr>
<tr>
<td>Retail</td>
<td>3</td>
<td>11.6</td>
</tr>
<tr>
<td>Housewife</td>
<td>60</td>
<td>18.8</td>
</tr>
<tr>
<td>Admin</td>
<td>119</td>
<td>37.2</td>
</tr>
</tbody>
</table>

Table 4.4 Occupation Group of Respondents (N=320)

4.4 Current occupation of respondents. The respondents were asked using an open ended question, to give their current occupation of their

wrote “didn’t finish university.” Such as “pharmaceutical course”, “insurance certificates,” book keeping.” 2 respondents

132 (39.7%) had some form of tertiary education. The other category included answers
are given in table 4.6.1.2.

The respondents were asked to give the reason for cessation of menstruation. The results

66.2% (258) of the respondents had ceased menstruation, 9.9% (34) of the respondents, 334 answered the question. This gives a response rate for this

<table>
<thead>
<tr>
<th>Total</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>334</td>
<td></td>
</tr>
<tr>
<td>13.8</td>
<td>Yes</td>
</tr>
<tr>
<td>28.8</td>
<td>No</td>
</tr>
<tr>
<td>6.2</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.6.1.1 Menstruation (N=334)

The respondents were asked if they still menstruate. The results are given in table 4.6.1.1.

4.6.1 Menstruation

The respondents were asked a series of questions concerning women’s health.

4.6 Women’s Health

98.9% answered the question. This gives a response rate for this

<table>
<thead>
<tr>
<th>Total</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>332</td>
<td></td>
</tr>
<tr>
<td>74.4</td>
<td>Medical Aid</td>
</tr>
<tr>
<td>5.0</td>
<td>No Medical</td>
</tr>
<tr>
<td>17</td>
<td>Hospital Plan</td>
</tr>
</tbody>
</table>

Table 4.5 Medical Aid (N=332)
The results are given in Table 4.6.3.
The respondents were asked whether they had ever used HT.

### 4.6.3 HT Usage

From the above, it can be seen that 55% (186) had had a PAP smear in the past 5 years.

Of the 337 respondents, 333 answered the question. This gives a response rate for this question of 98.8%.

<table>
<thead>
<tr>
<th>Total</th>
<th>2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>333</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>186</td>
</tr>
<tr>
<td>55.9</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>140</td>
</tr>
<tr>
<td>42.0</td>
<td></td>
</tr>
<tr>
<td>Do not know</td>
<td>7</td>
</tr>
</tbody>
</table>

**Table 4.6.2 PAP Smear (N=333)**

The respondents were asked if they had had a PAP smear in the last 5 years. The results are given in Table 4.6.2.

### 4.6.2 PAP Smear

Of the 286 respondents answered the question, what is important to notice is that the reason

<table>
<thead>
<tr>
<th>Reason</th>
<th>286</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Radiation</td>
<td>3</td>
</tr>
<tr>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Do not know</td>
<td>4</td>
</tr>
<tr>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Injection</td>
<td>4</td>
</tr>
<tr>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
<tr>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Natural</td>
<td>92</td>
</tr>
<tr>
<td>32.2</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>57</td>
</tr>
<tr>
<td>59.8</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>Frequency</td>
</tr>
</tbody>
</table>

**Table 4.6.1.2 Reason for Cessation of Menstruation (N=286)**
other wrote that "it was not available," and 4 of the "others" answered that "they didn't know about HT" or had not heard about it, and 1

perception of side effects of HT. For example, that it would make her gain weight,
clothing discomforts, or heart disease. In 13% (14) the reason was because the patient had a
was that they were symptomatic. In 13% (14) a medical reason was given, for example.
(61%, 62)

The respondents who answered the question, the most common reason given (61%, 62)
reason why they had not used HT. This gives a response rate for this question of 77.0%
Of the 37 respondents who had never used HT, 7 answered the next question giving the

<table>
<thead>
<tr>
<th>Reasons why not used</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td>Do not know</td>
<td>6</td>
</tr>
<tr>
<td>Perceived side effects from HT</td>
<td>14</td>
</tr>
<tr>
<td>Medical reason</td>
<td>14</td>
</tr>
<tr>
<td>No Symptoms</td>
<td>62</td>
</tr>
</tbody>
</table>

Table 4.6.4 Reasons for not using HT (N=101)

The respondents were asked to give their reasons for not using HT by means of an open-ended
question. The results are given in Table 4.6.4 below.

4.6.4 Reasons for not using HT

44.6% (149) had used HT at some stage in their lives.

Of the 37 respondents, 334 answered the question. This gives a response rate for this

<table>
<thead>
<tr>
<th>Total</th>
<th>334</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>149</td>
</tr>
<tr>
<td>No</td>
<td>177</td>
</tr>
<tr>
<td>Do not know</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 4.6.3 HT usage ever (N=334)
Table 4.6.6 Current HT Usage (N=130)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>14.2</td>
</tr>
<tr>
<td>Drs Recommendation</td>
<td>19</td>
<td>14.6</td>
</tr>
<tr>
<td>After Hysterectomy</td>
<td>25</td>
<td>19.2</td>
</tr>
<tr>
<td>Other Menopausal Symptoms</td>
<td>25</td>
<td>19.2</td>
</tr>
<tr>
<td>Hot Flushes</td>
<td>47</td>
<td>36.7</td>
</tr>
</tbody>
</table>

Table 4.6.7 Reasons for using HT (N=130)

<table>
<thead>
<tr>
<th>Reasons Why HT was used</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td>130</td>
</tr>
</tbody>
</table>

Currently using HT. Table 4.6.6 compares those who have used HT at some point in their lives with those who are not. Ten years, did not like myself, 2002, 30 years, 1980, December for one, Dec 2008, 7%

10.7% (14) were classified as non-answers and these included answers such as don’t know

Symptoms.

(25% being for other menopause-related symptoms, for example, mood changes or genitourinary for using HT was for symptom relief, the commonest being hot flushes, 36.7% 47). With 19.2%

Of the 130 respondents who had used HT and answered the question, the main reason given

Rate for this question of 87.2%

Of the 149 respondents who had used HT, 130 answered the question. This gives a response

are given in Table 4.6.5.
The 149 respondents that have used HT answered the question as to which drug they used. This gives a response rate for this question of 56.3%.

The respondents were asked which HT they were using, and then gave trade names, for example Estroem or Premarin. The researcher changed this to the active ingredient which was estrogen, progesterone or progestrone.

Table 4.6.7 shows that while 44% (149) have used HT at some time in their lives those currently using HT is less at 24.6%.

Table 4.6.7 HT drugs being used

<table>
<thead>
<tr>
<th>HT drugs used</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative medication</td>
<td>53</td>
<td>63.1%</td>
</tr>
<tr>
<td>Estrogen</td>
<td>19</td>
<td>47.5%</td>
</tr>
<tr>
<td>Progestrone</td>
<td>22</td>
<td>5.7%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>9.5%</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>95.7%</td>
</tr>
</tbody>
</table>

The researchers then asked to state which form of HT they were currently using. The results can be seen below in table 4.6.7.
had used HT before stopping. The results are given in Table 4.6.9 below. The respondents who had used HT, but were no longer using it, were then asked how long they

4.6.9 Length of time using HT before stopping

using HT for longer than 5 years.

Of the 140 respondents who answered the question, it can be seen that 55.5% (76) have been

HT. This gives a response rate for this question of 69.7%.

Of the 140 respondents who had used HT, 140 answered the question about length of usage of

Figure 4.6.8 Length of time on HT (N=140)

Results can be found in Figure 4.6.8.

If the respondents were using HT, they were then asked how long they had been taking HT. The

4.6.8 Length of HT Usage
The results have been tabulated in Table 4.7.1. Symptoms were asked as open-ended question about which remedies they had used. Those who responded positively to using natural remedies for the treatment of menstrual symptoms.

<table>
<thead>
<tr>
<th>Use of Natural Remedy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents that had NOT use natural remedies</td>
<td>75.7</td>
</tr>
<tr>
<td>Respondents that used natural remedies</td>
<td>24.2</td>
</tr>
</tbody>
</table>

Table 4.7 Usage of Natural Remedies (n=326)

Respondents were asked whether they had ever used natural remedies (CAM) for the treatment of menopausal symptoms. The results are shown in Table 4.7.

4.7 Natural or Homoeopathic Remedies

The majority of respondents (71%, 46%) had used HT for longer than a year. The majority of respondents (71%, 46%) had used HT for longer than a year. This gives a response rate for this question of 96.9%.

<table>
<thead>
<tr>
<th>Time before stopping</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>9</td>
</tr>
<tr>
<td>1 - 2.5 years</td>
<td>8</td>
</tr>
<tr>
<td>Between 1 and 5 years</td>
<td>19</td>
</tr>
<tr>
<td>Longer than 5 years</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 4.6.9 Length of time before stopping HT (n=64)
4.8 Source of Information About HT

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Other</td>
<td>3</td>
</tr>
<tr>
<td>2.5 Newspaper</td>
<td>6</td>
</tr>
<tr>
<td>4.2 Radio</td>
<td>10</td>
</tr>
<tr>
<td>5.9 Homeopathic</td>
<td>14</td>
</tr>
<tr>
<td>8.8 Internet</td>
<td>21</td>
</tr>
<tr>
<td>10.1 Relatives</td>
<td>7</td>
</tr>
<tr>
<td>10.5 Television</td>
<td>5</td>
</tr>
<tr>
<td>10.5 Pharmacy</td>
<td>5</td>
</tr>
<tr>
<td>10.5 Books</td>
<td>5</td>
</tr>
<tr>
<td>10.5 Friends</td>
<td>5</td>
</tr>
<tr>
<td>3.6 Magazines</td>
<td>6</td>
</tr>
<tr>
<td>3.4.1 Doctor or Nurse</td>
<td>5</td>
</tr>
<tr>
<td>6.0.3 143</td>
<td>1</td>
</tr>
</tbody>
</table>

Objective 3 of the study was to find out the source of the respondents' knowledge about HT.

4.8 Source of Information About HT

Shorten oil and st johns wort.

Oil, Fennel, Arnica, and Medroxyprogesterone. Milk Thistle, Phyto soy.

Conventional HT. 48% (38) had used medications including both hormone, evening of Premarin.

12% (10) indicated the use of vitamins, and 9% (7) had actually referred to the use of herbal remedies. This gives a response rate of 67%.

Of the 79 respondents who had used natural remedies, 53 answered the question about which

<table>
<thead>
<tr>
<th>Natural Remedies Used</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 53</td>
<td></td>
</tr>
<tr>
<td>Medical 9</td>
<td></td>
</tr>
<tr>
<td>Vitamins 10</td>
<td></td>
</tr>
<tr>
<td>Natural Remedy 38</td>
<td></td>
</tr>
<tr>
<td>71.6 %</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.7.1 Other Remedies (N=53)
Table 4.9 Consultation with GP (N=328)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>328</td>
</tr>
<tr>
<td>Yes</td>
<td>148</td>
</tr>
<tr>
<td>No</td>
<td>180</td>
</tr>
</tbody>
</table>

Table 4.9 Consultation with GP (N=328)

The respondents were asked if they had spoken to their GP about HT. The results can be found in Table 4.8.

Figure 4.8 Sources of information on HT

Radio and the newspaper were the least important source of information about HT. The least important source of information was that the respondents who answered the question indicated that doctors or nurses were the most important of those who answered the question, as shown in Table 4.17. Is that 60% (143) of the question of 70%? Respondents could tick more than one box.

Of the 327 respondents, 327 answered the question. This gives a response rate for this
Of the 337 respondents, 327 answered the question. This gives a response rate for this:

<table>
<thead>
<tr>
<th>Talked to another doctor</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>327</td>
<td>97.0%</td>
</tr>
<tr>
<td>No</td>
<td>132</td>
<td>45.7%</td>
</tr>
</tbody>
</table>

Table 4.10 Consultation with another doctor e.g. gynecologist

The question asked if the respondents had talked to another doctor e.g. gynecologist. The results can be found in table 4.10 below.

The results of this question are tabulated in table 4.11 below. The question was asked in a tick box format. The results of this question are tabulated in table 4.11 below.
Figure 4.11: Benefits of Hormone Therapy

Knowledge of the main benefits is good. (171) were that HT decreases the incidence of night sweats, in this study population the makes bones stronger and 47% (139) are aware that HT improves mood, with a further 69% 217 respondents (68.5%) indicated that HT relieves hot flushes and 34.6% (66) knew that HT response rate for this question at 72.7%.

Of the 337 respondents, 245 answered the question (ticked at least one box). This gives a looking at all available answers:

<table>
<thead>
<tr>
<th>Benefits of using HT</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relieves hot flushes</td>
<td>217</td>
</tr>
<tr>
<td>Decreased night sweats</td>
<td>171</td>
</tr>
<tr>
<td>Better moods</td>
<td>66.7</td>
</tr>
<tr>
<td>Prevents breast cancer</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases sex drive</td>
<td>24</td>
</tr>
<tr>
<td>Prevents bladder infections</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases mood</td>
<td>34.6</td>
</tr>
<tr>
<td>Makes bones stronger</td>
<td>66.7</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
</tr>
<tr>
<td>Causes weight loss</td>
<td>17</td>
</tr>
<tr>
<td>Others</td>
<td>2.4</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
</tr>
<tr>
<td>Causes weight loss</td>
<td>17</td>
</tr>
<tr>
<td>Others</td>
<td>7.3</td>
</tr>
<tr>
<td>Prevents bladder infections</td>
<td>18</td>
</tr>
<tr>
<td>Increases mood</td>
<td>34.6</td>
</tr>
<tr>
<td>Makes bones stronger</td>
<td>66.7</td>
</tr>
<tr>
<td>Relieves hot flushes</td>
<td>217</td>
</tr>
<tr>
<td>Decreased night sweats</td>
<td>171</td>
</tr>
<tr>
<td>Better moods</td>
<td>66.7</td>
</tr>
<tr>
<td>Prevents breast cancer</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases sex drive</td>
<td>24</td>
</tr>
<tr>
<td>Prevents bladder infections</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases mood</td>
<td>34.6</td>
</tr>
<tr>
<td>Makes bones stronger</td>
<td>66.7</td>
</tr>
<tr>
<td>Relieves hot flushes</td>
<td>217</td>
</tr>
<tr>
<td>Decreased night sweats</td>
<td>171</td>
</tr>
<tr>
<td>Better moods</td>
<td>66.7</td>
</tr>
<tr>
<td>Prevents breast cancer</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases sex drive</td>
<td>24</td>
</tr>
<tr>
<td>Prevents bladder infections</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases mood</td>
<td>34.6</td>
</tr>
<tr>
<td>Makes bones stronger</td>
<td>66.7</td>
</tr>
<tr>
<td>Relieves hot flushes</td>
<td>217</td>
</tr>
<tr>
<td>Decreased night sweats</td>
<td>171</td>
</tr>
<tr>
<td>Better moods</td>
<td>66.7</td>
</tr>
<tr>
<td>Prevents breast cancer</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases sex drive</td>
<td>24</td>
</tr>
<tr>
<td>Prevents bladder infections</td>
<td>9.7</td>
</tr>
<tr>
<td>Increases mood</td>
<td>34.6</td>
</tr>
<tr>
<td>Makes bones stronger</td>
<td>66.7</td>
</tr>
<tr>
<td>Relieves hot flushes</td>
<td>217</td>
</tr>
</tbody>
</table>
Response rate for this question was 62.9%.

Of the 337 respondents, 212 answered the question (ticked at least one box). This gives a response rate of 63.1%.

Table 4.12 Side Effects of HT (N=212)

<table>
<thead>
<tr>
<th>Side Effects of Using HT</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leg cramps</td>
<td>23.1</td>
<td>50</td>
</tr>
<tr>
<td>Breast tenderness</td>
<td>27.8</td>
<td>58</td>
</tr>
<tr>
<td>Headaches</td>
<td>36.3</td>
<td>78</td>
</tr>
<tr>
<td>Cause breast cancer</td>
<td>11.2</td>
<td>24</td>
</tr>
<tr>
<td>Weight gain</td>
<td>27.6</td>
<td>58</td>
</tr>
<tr>
<td>Vaginal bleeding</td>
<td>23.1</td>
<td>49</td>
</tr>
<tr>
<td>Intermittent periods</td>
<td>25.5</td>
<td>53</td>
</tr>
<tr>
<td>Hair loss</td>
<td>33.3</td>
<td>71</td>
</tr>
<tr>
<td>Others</td>
<td>41.7</td>
<td>85</td>
</tr>
<tr>
<td>Skin problems</td>
<td>66.6</td>
<td>14</td>
</tr>
<tr>
<td>Others</td>
<td>33.3</td>
<td>66</td>
</tr>
</tbody>
</table>

Table 4.12 shows the results of this question.
Figure 4.13: Knowledge of Benefits of HT as a function of age

The following graph shows a comparison between different age groups versus knowledge about benefits of HT.
Figure 4.13.2 Knowledge of side effects of HT as a function of age
There is an association between knowledge of the benefits of HT and those who are using HT. As well as those who have spoken to a GP or a gynaecologist, those who have used natural remedies, those currently using hormone therapy, and those who have had a pap smear (i.e., a gynecological checkup) are more likely to be aware of the benefits of HT.

<table>
<thead>
<tr>
<th>Question 1</th>
<th>0.017</th>
<th>0.036</th>
<th>0.181</th>
<th>0.077</th>
<th>0.38</th>
<th>0.99</th>
<th>0.72</th>
<th>0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 2</td>
<td>0.041</td>
<td>0.23</td>
<td>0.048</td>
<td>0.029</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
</tr>
<tr>
<td>Question 3</td>
<td>0.09</td>
<td>0.048</td>
<td>0.11</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
</tr>
<tr>
<td>Question 4</td>
<td>0.029</td>
<td>0.14</td>
<td>0.071</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
</tr>
<tr>
<td>Question 5</td>
<td>0.048</td>
<td>0.11</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Question 6</td>
<td>0.048</td>
<td>0.11</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Question 7</td>
<td>0.048</td>
<td>0.11</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Question 8</td>
<td>0.048</td>
<td>0.11</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Question 9</td>
<td>0.048</td>
<td>0.11</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Question 10</td>
<td>0.048</td>
<td>0.11</td>
<td>0.048</td>
<td>0.14</td>
<td>0.37</td>
<td>0.12</td>
<td>0.001</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>p-Value</th>
<th>Chi-Square</th>
</tr>
</thead>
</table>

### Table 4.15.1: Table of Knowledge of Benefits of HT across Some Independent Variables

The following table 4.15.1 shows the relationship between knowledge of benefits of HT across different variables.

Knowledge of HT (access some or not of the independent variables)

245 respondents knew at least one or more benefits of HT, and 12 knew at least one more.
Another doctor, for example a gynecologist, education above Grade 12, those using HT as well as those who have spoken to either a GP or

<table>
<thead>
<tr>
<th>Question</th>
<th>Source</th>
<th>Value</th>
<th>Chi-Square</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.15.2 Table of Knowledge of Side Effects of HT across some Independent Variables.
effects of HRT. It may be due to the design of the questionnaire, time constraints or other factors. Assume that those who did not answer the question knew nothing about the benefits and side effects of HRT were 72% and 62% respectively. This is a reasonable response rate, although one cannot assume that those who did not answer HRT are the same as those who did. The response rates for the questions relating to knowledge of benefits of HRT and side effects of HRT were 72% and 62% respectively. A similar response rate of 72% was obtained for the question relating to the question about which HT therapies were used. Only 56% of respondents had not used HT. A possible explanation for this reduced response rate might be that HT therapies were being used. Questionnaires that were opened and had the poorest response rates in the women’s health section were those that were open-ended and the poorest response rates in the results section. The questionnaire was completed to varying degrees, as shown in the results section. The demographic questions were completed by almost every respondent, as were the questions included. Twenty-four doctors were approached to obtain 14 practices: the reasons for doctors not being to the respondent (in this case, their doctor’s receptiveness). This study achieved a good response rate (60%), possibly indicating that this is still a relevant topic for women. It could also reflect an increase in willingness when asked by a person known as a family doctor. The aim of this study was to determine the knowledge and practice of HT among post and post menopausal women in the Southern suburbs of Johannesburg, where the researcher practiced.

Chapter Five

Discussion
medical and. This could reflect a lack of confidence or distrust in the public health system and
health care setting. 20% are still choosing to use private health care despite not being on a
access to medical aid. This is as expected, because the study was undertaken in a private
This is an economically advantaged population group, with 80% of this population having
engaged in meaningful discussions and to ensure judicious use of HT.

Adaptable knowledge and understanding of menopause and HT is necessary to enable women
means of reducing menopausal symptoms is still low. 139
results and the results of other studies can contribute to the fact that HT utilization as a
measure of well-being and menopausal symptoms may contribute to the fact that HT utilization is a
A study also showed low awareness of menopausal information and therapeutic options
studies could also be due (as said previously) to the young age group (18-40 years) of
This could also be due (as said previously) to the young age group of the study as well.
issues relating to menopause and HT remained low in the educated group of the study as well.
level improved positively on knowledge of menopause, although overall knowledge of specific
education and knowledge of side effects (p=0.029). Moreover, the survey showed that a higher education
level was associated with knowledge about benefits of HT (p=0.051), although there was an association between
The level of education in this population is high, with everyone obtaining at least Grade 12 and
The per-menopausal women.

women who were post-menopausal had a more positive attitude towards the general use of HT
women were more positive when comparing HT usage. Lindqvist et al. showed that
more negative views to a more positive one concerning HT usage. Lindqvist et al. showed that
Some studies have shown that as a woman enters menopause, her attitude changes from a
association between those who were married and those who were not.

association between those who were married and those who were not. There was no evidence supporting this hypothesis and the researcher found no
in this study, no association was found between age, marital status, and knowledge about HT.

5.2 Demographics
The developed countries (USA and Europe) than in the underdeveloped world (Kearachian study). The current usage was 25% with an ever user rate of 42%. This is more in comparison to HT has significant benefits in post-menopausal women, yet rates of HT usage are low, in this 5.4 Usage of HT in this study.

done.
not necessarily menopausal women, as we did not establish when these hysterectomies were done, hence this disease prevalence of the hysterectomy rate may be due to over-sampling of women in this study. The hysterectomy rate is 59%, which could be further researched, to see if this is the same for Australia, in a study of 1,735 participants, it is reported that the prevalence of hysterectomy was 22.2%. The researcher attempted to find out the prevalence rate of hysterectomy for South Africa, but no statistics were available in South Australia reported 37.9% hysterectomy rate, which was not accessible.

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%

Regarding onset of menopause, only 32% had gone through natural menopause, with 59%
Those who had or were using CAM and knowledge of benefits and side effects of HT.

24% of respondents have used CAM for HT. In this study no association was found between
2.5 Use of Complementary or Alternative Remedies (CAM)

Respondents have had a hysterectomy and therefore only require estrogen.
The most frequent form of HT used is estrogen alone. This is in keeping with the fact that 59%

gain of nausea. Another possible reason may be the respondents age.
of use by patients experiencing side effects from HT. For example breast tenderness, weight

to see if the stoppage was due to the influence of doctors by the publicity of the WHI study,
reason why respondents had stopped using HT was not asked. It would have been interesting
than 5 years. For those who had stopped, 49% had used HT for more than five years. The

Regarding length of time of HT usage, 55.8% of those using HT had been using HT for more

used a hysterectomy, which is probably due to a doctors recommendation.

In this study, those who used HT, 55.9% of the respondents used HT for menopausal

These very adequately with HT.

Both reported that up to 68% of women will experience menopausal symptoms that can be
reason they did not use HT was that they were asymptomatic. Yet Czukorz and Frederick's
reason asymptomatic. In Lear-Eden's study in Edenor, 49% of women also responded that the

Of those who had not used HT, the most common reason given was that the respondents were

Inadequate advice from their health care providers, which will be discussed further.

Usable. Another reason for not having adequate knowledge and therefore not using HT is due to

Concerns about long term implications of menopause among women may result in low HT

Educated and skilled, still struggles with the complexities. Lack of

Even though this population is a very well educated, well resource middle class population the level

Educated, and South Africa's rural population (9), where lack of knowledge about menopause

Education and South Africa's rural population (9), where lack of knowledge about menopause
years of age in a Swedish community, whereas the researchers' study was conducted on
health care personnel. This study sample was from a postal questionnaire sent to all women 35-64
respondents.

relatives (35%) and friends/neighbors (34%) with health-care providers in only 14% of
(52%) and friends (44%), and being also found that in Pakistan, source of knowledge was from
However, although in this study found most women had received their knowledge from family

HT.

HT.

HT.

HT.

HT.

HT.

HT.

HT.
Doctors' administrative and dosing, and who better to advise patients than well-informed, trusting family doctors? The timing of its initiation, the kind of estrogen or progesterone used and their route of administration surrounding HT, the benefit and risk profile of HT varies greatly depending on controversial surrounding HT. The benefit and risk profile of HT varies greatly depending on the risk benefit balance of HT. Health care providers need to be up to date with the issues and developments surrounding HT. The benefit and risk profile of HT has changed and this appreciation was made worse by health care providers' awareness of the nature of this change. Women's attitudes towards HT have changed over time, and this awareness is more readily available, and is easily misunderstood. In previous studies, women with higher education levels had received little information from health care providers, and this study supports these findings that women with higher education levels had received little information about HT. This is especially important in this age of evidence-based knowledge. Information about HT is especially important in this age of evidence-based knowledge. Information about HT is particularly important to doctors since doctors need to be aware of the importance of providing adequate (up to date) information.

For patients, the publication of this study indicates that being a well-educated, well-informed, motivated, informed (66%), stable group who have medical aid, well-educated, women may be more likely to read articles about HT and thus seek treatment. Yet, in this study, less than half had discussed HT with either their GP or their gynecologist. Although women asked about sources of knowledge, 60% still gave their GP or their gynecologist. Although women asked about sources of knowledge, 60% still gave their GP or their gynecologist. Although women asked about sources of knowledge, 60% still gave their GP or their gynecologist. Although women asked about sources of knowledge, 60% still gave their GP or their gynecologist. Although women asked about sources of knowledge, 60% still gave their GP or their gynecologist. Although women asked about sources of knowledge, 60% still gave their GP or their gynecologist.

Other studies have also showed that patients are not discussing memopause or HT with their doctors. This study indicates that medical profession and another set of respondents.

The most important finding in this study is that although only 45% and 41% had spoken to a GP or gynecologist respectively, those who had consulted a doctor and more knowledge about HT had more open to information from the medical profession than another set of respondents.

The most important finding in this study is that although only 45% and 41% had spoken to a GP or gynecologist respectively, those who had consulted a doctor and more knowledge about HT had more open to information from the medical profession than another set of respondents.
doctor or health care provider to engage in discussions about personal benefits and the risks of HT. This population is aware of some of the benefits and side effects of HT, and this enables the usage of HT.

Individual patient is that weight gain at the time of menopause is normal and will not be affected by the use of HT. The review also did not find any evidence that HT prevents weight gain. The review also did not find any evidence that HT will have an effect on body weight, although there is normally gained at the time of menopause. The review shows that HT has no effect on body weight. Today, women are very weight conscious, and although the perceived weight gain is small, many patients would rather not undergo the treatment.

Overall patients are aware of the benefits of HT. Mood swings and 34.6% knew about the prevention of osteoporosis. It can be concluded that a small percentage of patients knew about the benefits of HT. There was also a 21% increase in the percentage of women who believed that HT helps prevent osteoporosis. A study found that HT reduces the incidence of breast cancer. After being diagnosed with the disease, women were more likely to believe that HT reduces the incidence of breast cancer. The results of the study show that 36.7% of women who were found to have breast cancer were also recommended to use HT. Although 100 respondents out of the total sample of 337 did not answer the question about the knowledge of benefits and side effects of HT, the knowledge presented is still reasonable.

In this study, there was an association (p<0.001) between those who had discussed HT with a woman, regarding menopause and HT. In order to give optimal information and support to the individual, it is important that health care providers understand women's attitudes and expectations regarding HT. According to Wikle and others, 75% of non-users would consider using HT if recommended by their doctors.
especially regarding the high hysterectomy rate. That possibly a qualitative study design would have given more complete answers.

In conclusion, the researcher was aware that certain questions could have been asked in a different format or that they are probably not as informed as expected. The researchers came to the realization that the issues of menopause after this study. However, the researcher focused on menopause itself should have proceeded this study. However, it seemed that a study focused on menopause itself should have proceeded this study. However, it was not determined that knowledge and practice about HT and not menopause itself.

Therefore, this study cannot be generalized to include other population groups in South Africa.

The study population assessed a certain level of socioeconomic status, as the study was conducted in private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids, and can be applied to private practice settings with the majority of patients on medical aids.
To obtain a deeper understanding of women's attitudes toward and knowledge about HRT, a qualitative approach could be useful as a complement to quantitative studies.

5. To explore in a further study.

...documented. The reasons for the hysterectomy prevalence rate in this population could be explored in a further study.

4. Further research into the prevalence of hysterectomy in South Africa needs to be...

...controversies still exist, so that doctors can fulfill their first recommendation.

(3) Education strategies for health care workers, for example, workshops, lectures and academic seminars, are necessary for doctors working in the community. Academic departments and CMEs are necessary for doctors working in the community. Academic departments and

...should initiate discussions about menopause for women above the age of 45 years.

2. Doctors need to be aware that less than 50% of patients are having discussions about menopause and HRT with their GPs or other doctors, and that the responsibility should be

...in order to enter into, be able to enter into meaningful discussions with patients. In order to enter into, be able to enter into meaningful discussions with patients, doctors also need to be aware of the alternative medications that are available, and evidence of

...doctors need to be aware of this. Therefore, doctors need to be up to date with the latest

1. Information imparted by doctors to their patients is highly valued by their patients and

6.1 Recommendations

CHAPTER SIX

RECOMMENDATIONS & CONCLUSION
and long term. Improved health decisions, which may result in improvement in quality of life in both the short and long term, can be informed by care providers as well as the numerous forms of the media so that women can make informed decisions. Management of symptoms and the long term risks associated with menopause. This should be balanced with the use of HT is needed regarding the short term.

Better health education about menopause and the use of HT is needed regarding the short term, medication, for example the use of St John’s Wort for depression.

Ask patients about CAM usage, not only for menopausal symptoms, but in relation to any CAM 24% of the respondents have used natural remedies, and doctors need to be aware of this and regard to hot flushes, night sweats and osteoporosis. Those who have not. Women’s knowledge about HT was found to be reasonable with those who have taken to their doctors know significantly more about the benefits and side effects of HT. Only 40% of the patients are taking to their doctors about HT, and yet the patients who are taking those medications. This study documented the demographics of the patients that the researcher and other doctors

6.2 Conclusion
Appendix I: Ethics clearance
Thank you for your time and assistance.

Directly:

Questions about Hormone Therapy or any aspect of the research, please do not hesitate to contact me.

When complete, I will make the results of the study available to you on request if you have any consent for this.

If you agree to participate being involved in the study, please sign at the bottom of this page giving

Generalised questions from your patients about HT

The questionnaire that I am asking the patients to complete is attached for your personal. This may

confidential

receptionists and explaining in detail about the questionnaire. Please personal information will be

As discussed over the telephone, the participation of your practice is voluntary. I will be liaising with your

Nurse Secretary at Holland Hospital

Your practice has been randomly selected to participate in this study from a list of doctors listed in the

Therapy for the treatment of menopausal symptom.

I am conducting research project about patients’ knowledge, and practice about hormone

Dear doctors,

Information Letter for Doctors:

Appendix 2 Doctors Consent Letter
Dear Patient,

Appendix 3 Patient Information Letter

Human Research Ethics Committee: 011 717 1234
011 435 0302 / 0823211564
Dr Christine Pienaar

Thank you for your time and assistance.

The results of this study, when completed, will be made available to you by your doctor on request.

If you have any questions about Hormone Therapy after completing the questionnaire, please do not hesitate to discuss them with your doctor or collect a pamphlet from the receptionist.

If you do not wish to participate, place in the box provided. Please note that your care in this practice will not be affected if you do not wish to participate (but I do hope that you will).

Should you wish to participate (but I do hope that you will) please fold the questionnaire and send it back.

and go on to the next question.

participate and feel uncommitted about any of the questions asked please feel free to leave it out.

You are assured that all the information is confidential and anonymous. This means that your name is not required and that I cannot identify you from the questionnaire. If you have decided to complete the questionnaire, please place in the box provided. You will not lose your place or complete the enclosed questionnaire and you will receive a letter from your doctor.

If you are a woman aged between 45 and 70 years and would like to participate in the study please complete the questionnaire and send it back.

If you are a female doctor, working in private Gp practice, I am also studying at the University of Witswatersrand completing a masters degree in Family Medicine. Part of the studying involves doing a research project. I am conducting a study about Hormone Replacement Therapy in women aged 45 years and older. Hormone Replacement Therapy refers to the use of the female hormones estrogen alone or estrogen with progesterone. More recently the term Hormone Therapy is used instead. With the results of this study, we may have a better understanding of women’s needs and can respond more appropriately to you as a patient.

Progestosterone. More recently the term Hormone Therapy is used instead. With the results of this study, we may have a better understanding of women’s needs and can respond more appropriately to you as a patient.

Progresoterone. More recently the term Hormone Therapy is used instead. With the results of this study, we may have a better understanding of women’s needs and can respond more appropriately to you as a patient.
Appendix 5 Questionnaire
If this questionnaire has generated questions for you, please feel free to ask your doctor.

Thank you for taking the time to review the questions.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep problems</td>
<td>☐</td>
</tr>
<tr>
<td>Weight gain</td>
<td>☐</td>
</tr>
<tr>
<td>Cancer</td>
<td>☑</td>
</tr>
<tr>
<td>Mood problems</td>
<td>☐</td>
</tr>
<tr>
<td>Headaches</td>
<td>☐</td>
</tr>
<tr>
<td>Breast discomfort</td>
<td>☐</td>
</tr>
<tr>
<td>Low mood</td>
<td>☐</td>
</tr>
<tr>
<td>Low energy</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
</tbody>
</table>

You can select more than one box.

23. What do you think are the side effects of hormone therapy?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>☐</td>
</tr>
<tr>
<td>Weight loss</td>
<td>☐</td>
</tr>
<tr>
<td>Hot flashes</td>
<td>☐</td>
</tr>
<tr>
<td>Increased sex drive</td>
<td>☐</td>
</tr>
<tr>
<td>Changes in mood</td>
<td>☐</td>
</tr>
<tr>
<td>Changes in skin color</td>
<td>☐</td>
</tr>
<tr>
<td>Changes in body shape</td>
<td>☐</td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>☐</td>
</tr>
</tbody>
</table>

You can select more than one box.

24. Have you ever used oral hormone therapy with another doctor or a gynecologist?

Yes ☐ No ☐

25. Have you ever used oral hormone therapy with your doctor?

Yes ☐ No ☐

Other (please specify) ☐

You can select more than one box.

26. What do you think are the benefits of using hormone therapy?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood</td>
<td>☐</td>
</tr>
<tr>
<td>Energy</td>
<td>☐</td>
</tr>
<tr>
<td>Sleeping</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>☐</td>
</tr>
</tbody>
</table>

You can select more than one box.

(16) Yes ☐ No ☐

Other (please specify) ☐

You can select more than one box.

(17) How long have you used oral hormone therapy?

If you stopped using hormone therapy?

<table>
<thead>
<tr>
<th>Year</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 5 years</td>
<td>☐</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>☐</td>
</tr>
<tr>
<td>1 year</td>
<td>☐</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other (please specify) ☐

(16) How long do you think you will continue to use hormone therapy?

Yes ☐ No ☐

Other (please specify) ☐

You can select more than one box.
and risk of women taking hormone therapy. Women's Health Issues. 2005 Jul-Aug;

11 Schoendorf MA, Davis RB, Wee CC. After the women's health initiative: decision making towards the use of hormone therapy after HER2 and WHI. Maturitas. 2005 Sep 16; 52(1):11-17.


14 Pfeier A. Compliance with hormone therapy after WHI who is to blame? Menopause.


21 Britton C, Johansson C. Compliance with hormone therapy among Swedish women. Int 42-44.

22 Ciddezzi F. Hormone therapy-when to start and when to stop. SA Fam Pract 2005;47(3):176.


24 Mall H. Knowledge and attitudes towards menopause and hormone replacement therapy among women in Swede. D, Maclean M. A, HT or HRT, that is the question? Climacteric 2003;6:1.

References
... discussing menopause in general practice. Multitask.


of women in Koshikai, Pakistan. Menopausal hormone replacement therapy. 27. Day I.A., Kamin, S.A. Age at menopause, and knowledge of and attitudes to menopause.


and informed consent. Are women in an under-resourced country adequately aware of... replacement therapy. 25. Leman, K.L. Smaller H.K. Bond, C.M. Women's knowledge of and attitudes toward hormone


Fort Distribution: Cochrane Database of Systematic Reviews 2000. Issue 1. Last assessed as

replacement therapy for perimenopausal and postmenopausal women: weight and body

Konganyi E, Norman R, Plunkett M, O'Neil R, Rees MC, O'Stiofain and progesterone hormone


O'Donnell MB, Cunningham M, O'Herrilly C. Prevalence of hysterectomy in Ireland. Int J


Macleanan AH, Macleanan A, Willsion D. The prevalence of hysterectomy in South


Ethier N. Trends in middle-aged women's reports of symptoms use of hormone

Urban Eandon 2006.


complementary and alternative medicine by symptomatic women transitioning through

Particpants van der Stuijs C. Lyamenga L. Women's health during mid-life: the use of


O'Sullivan LA, Freemen EW, et al. Racial differences in menopause information and the


Therdhamorn J et al. Hormone Replacement Therapy: attitude and acceptance of


Sveistrup E, Olson FF. Women's attitudes to hormone replacement therapy in the