Original article

Women’s attitudes to hormone replacement therapy, alternative therapy and sexual health: a web-based survey

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Abstract

Objective. To survey women’s views on hormone replacement therapy (HRT), alternative therapies and sexual health using the Internet.

Study design and main outcome measures. Three questionnaires were offered on a UK, patient-tailored, independent, clinician-led dedicated menopause website. They covered HRT, alternative therapies and sexual health. The anonymous responses of the users of the website were analysed.

Results. There were 1026, 1072 and 1002 responses for the HRT, alternative therapies and sexual health questionnaires, respectively. On the first, 75% of respondents were in favour of HRT; 36% felt media reports of the risks of HRT had been exaggerated and 73% of women did not know enough about HRT to make informed choices. In relation to alternative therapies, 85% of respondents felt they did not know enough to make informed choices, 71% received no advice before starting an alternative therapy and 69% were unaware of possible interactions. Ninety-five per cent would try alternative therapies before HRT in the belief that they were more natural and 68% were prepared to pay more than £10 a month for such therapies.

Conclusions. Online questionnaires are a useful means to obtain data. Our surveys raised several issues, including the observations that the majority of women said they did not know enough about HRT and alternative therapies to make informed choices. There appeared to be many women with vaginal symptoms who had not spoken with a health professional and therefore were untreated.

Keywords: Menopause, online questionnaires, website

Introduction

The website www.menopausematters.co.uk is a patient-tailored, physician-led site which, although partly dependent for funding on pharmaceutical sponsorship, remains independent of the industry. The site went live in 2002 and has steadily grown in popularity; it is now receiving over one and a half million hits per month. It is ranked highly by many popular search engines, including Google, where the site is currently the first listed for a UK search for menopause information. The website won the British Medical Association’s award in 2004 for best patient information website. Online questionnaires are used to help shape the content of the site and to identify the issues that women wish to be addressed on it.

The publications arising from the Nurses’ Health Study¹ suggested that hormone replacement therapy (HRT) may be useful in preventing and managing chronic disease. This suggestion was then challenged by a number of studies.²-⁴ This was followed by the discontinuation of one arm of the Women’s Health Initiative (WHI) study and then the premature cessation of the Women’s International Study of long Duration Oestrogen after Menopause (WISDOM),⁵ regarding which two commentators stated: ‘the closure of this
trial is a sad loss for women and the future health of our daughters. We have let them down. These publications, along with the subsequent biased reporting in the press and conflicting messages emanating from various learned bodies, resulted in the medical management of the menopause becoming an area of confusion not only among the public but also among health professionals.

As a consequence of the negative press comment there was initially a reduction in the number of prescriptions for HRT and a growing interest in the role and use of alternative therapies to alleviate symptoms. The latter has given rise to concern among health professionals because the claim to alleviate symptoms can be unproven and some alternative treatments may actually have the potential to cause harm, without any positive benefit.

Sexual health is a state of physical, emotional, mental and social well-being; it is not merely the absence of disease, dysfunction or infirmity. The hormonal changes related to the menopause can adversely affect the lower genital tract, with effects such as vaginal dryness and irritation, and thus reduce sexual satisfaction.

In this paper we report the results of three online questionnaires that surveyed women’s views on HRT, alternative therapies, and the prevalence of menopausal vaginal symptoms that affect sexual relationships.

## Methods

Three, voluntary, online, convenience open surveys, devised by independent clinicians with a special interest in the menopause to address three specific areas of interest, were run on the patient-tailored menopause website www.menopausematters.co.uk. No incentives were offered and no prior contact with potential participants had been made on the Web. The survey was announced on the drop-down menu of the ‘General’ banner of the navigation fields, under the term ‘Questionnaire’, and on the ‘Forum’. The participants were told the purpose of the survey. The questionnaires were tested before they were put online by using test submissions. Each questionnaire could be completed only once per computer. Respondents were not required to answer every question, so a completeness check was not applicable. They were not able to review or change their answers.

The data were collected in plain text in a password-protected database and exported as a ‘.csv’ (comma-separated value) file into Statistical Package for the Social Sciences (SPSS v14) for analysis. No consent was obtained because no personal information was collected or stored. Log file analysis was performed to prevent multiple entries being included. A session cookie and page redirection prevented a return to the questionnaire unless the user had closed down their browser and reopened it in a new session. IP (internet provider) addresses were checked for duplicates and none was found. Table 1 provides further data, in keeping with the Checklist for Reporting Results of Internet E-surveys (CHERRIES).

### Results

The stratification of the cohorts answering each questionnaire by self-perception of menopausal status is shown in Table 2.

#### Respondents’ views on HRT

Seventy-five per cent of the 1026 respondents (n = 767) were in favour of HRT, while the remaining quarter said they would never use it. The group most likely to say they would never use it were the premenopausal women (n = 42, 33%).

In response to the question concerning reports of HRT in the media, of those who answered, 36% (n = 344) of respondents felt the risks had been exaggerated while only 10% (n = 100) felt the reports were balanced. However, 54% (n = 522) of respondents admitted to not being able to make up their minds and 6% (n = 60) of respondents did not answer the question. Sixty per cent (n = 577) said their views on HRT had not changed over the past four years, while 23% (n = 215) admitted to their views becoming less favourable. In contrast, 17% (n = 162) said their views had become more favourable, while 7% (n = 72) did not answer the question.

More than half the women, 55% (n = 541), knew that different HRT preparations had different risks. Over half (54%, n = 70) of postmenopausal women, 63% (n = 485) of menopausal women and 61% (n = 77) of premenopausal women were unaware that the age at which one starts HRT can affect the risks associated with it.

Of the women who answered the question ‘Did you have enough information to make an informed choice regarding whether or not to start HRT’, 73% felt they were not informed well enough. This was stratified as follows: 82% premenopausal women, 73% menopausal and 67% postmenopausal women. Forty-one per cent of women obtained information from health professionals and 33% from the Internet rather than books, press, magazines or other family members.

### Table 1: Data completion: CHERRIES checklist

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>HRT</th>
<th>Alternative therapies</th>
<th>Sexual health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date questionnaire went online</td>
<td>22/11/05</td>
<td>17/01/06</td>
<td>15/09/05</td>
</tr>
<tr>
<td>Date questionnaire went offline</td>
<td>16/8/06</td>
<td>16/8/06</td>
<td>10/10/05</td>
</tr>
<tr>
<td>Number of question items</td>
<td>15</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Number of pages</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Table 2: Stratification of cohorts answering each questionnaire by self-perceived menopausal status

<table>
<thead>
<tr>
<th>HRT</th>
<th>Alternative therapies</th>
<th>Sexual health</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Premenopausal</td>
<td>12.3</td>
<td>127</td>
</tr>
<tr>
<td>Climacteric</td>
<td>76.0</td>
<td>769</td>
</tr>
<tr>
<td>Postmenopausal</td>
<td>12.7</td>
<td>130</td>
</tr>
<tr>
<td>Totals</td>
<td>1026</td>
<td>1072</td>
</tr>
</tbody>
</table>
Respondents’ views on alternative therapies

There were responses from 22 countries to the questionnaire on alternative therapies. However, for the purposes of this analysis, only women from England who completed the questions regarding both their menopausal status and how much they would be willing to pay were included (n = 1072). Overall, 85% (n=906) answered ‘no’ to the question ‘Do you feel you know enough about alternative therapies to make an informed choice?’ (six respondents did not answer the question). Yet, 40% (n=424) had used alternative therapies. Of those who had not tried an alternative therapy to HRT, 77% said they might try it, 14% were concerned that it was quackery and 9% felt that the alternatives were too expensive (29 women did not answer the question).

The most common place for obtaining alternative medication was the chemist. Of those who used alternative therapies, 71% (n=291/408) who answered the question ‘Were you given any advice?’ said ‘No’. A total of 31% (n=129/413) said that they were aware of the possibility of interaction with medication. Ninety-five per cent (n=945/993) said that they would try alternative therapies before considering HRT for menopausal symptoms. The reasons given by those women who answered the question ‘Why did you try alternatives?’ were as follows, in descending order: women felt concerned regarding the health risks associated with HRT (n = 471); they felt the alternatives were more natural (n = 363); they had tried an alternative therapy out of desperation (n = 201); and they tried it because a friend had recommended it (n = 98).

When asked ‘How much would you be prepared to pay per month for alternative therapies?’, 1% of respondents were prepared to pay nothing. 30% would pay up to £10, 35% were prepared to pay between £11 and £15, 19% were prepared to pay between £16 and £20 and 14% were prepared to pay more than £20. Figure 1 shows cumulative rates of how much the respondents were willing to pay per month for alternative therapies.

Respondents’ view on sexual health

A total of 1002 women were included in the analysis of the sexual health survey. Of respondents who answered the question of ‘How important was an active sex life?’; 88% (n=789/900) felt that an active sex life was important. This broke down into 90% (n=176/195) in the premenopausal group, 87% (n=566/654) in the climacteric group and 92% (n=47/51) in the postmenopausal group.

Overall, 53% reported vaginal discomfort (n=526/995), with 48% in the premenopausal group, 54% in the menopausal group and 63% in the postmenopausal group. Despite this, overall only 20% of these women had discussed their problem with a health professional; 64% (n=293/459) were using no treatment at all for their symptoms, and only 12% (n=54/459) were using prescribed treatment, while the other 24%, (n=112/459) were using over-the-counter treatments. Sixty-one per cent hid their symptoms from their partner, 42% made excuses to avoid intercourse and 60% felt their confidence had been adversely affected by their symptoms. Table 3 shows the response rates to specific questions on unaddressed sexual needs, by menopausal status.

Discussion

In their reviews of the Internet and the menopause consultation, Currie and Cumming highlighted the fact that the Internet lends itself not only as a medium for
managing the menopause in the third millennium, but also a medium for research and survey outside of experimental settings, with ‘real’ people. The main advantages are that large volumes of data can be collected at low cost from a targeted population, where respondents are anonymous. The main disadvantage is selection bias (the volunteer effect), which limits generalizability. Our surveys potentially suffer from this bias and also, since they were anonymous, we cannot investigate the impact of sociodemographic factors on any of the issues. To circumvent some of the criticism that can be levied at Web-based surveys, a checklist for reporting results of Internet e-surveys (CHERRIES) has been developed and we have reported our results using these guidelines (Table 1).

Buick et al., in their literature review of women’s perception of HRT, concluded that HRT ‘usage appears to be strongly influenced by short-term symptomatic considerations rather than by an awareness of long-term benefits’. This is suggested in our data by the observation that the most likely group not to use HRT were the premenopausal women. A possible explanation for this finding is that it is this group of women who are less likely to be experiencing symptoms and therefore do not yet need HRT. The data would also suggest that women who used the www.menopausematters.co.uk website to obtain their information are a self-selecting group who are more likely to use HRT than the normal population (in the UK, HRT usage is estimated to be less than 10%). The adverse publicity generated by the reporting of the WHI, HERS (Heart and Estrogen/progestin Replacement Study) and Million Women Study do not seem to have had an adverse effect on this group of women who have used a menopause website, compared with reports from other studies.

However, in a report on a survey of British women’s views on the menopause and HRT published in 1998, the authors were encouraged that the proportion of women who claimed to know a little about HRT was 57%, and 25% claimed they knew ‘a lot’. It is therefore alarming that, nearly 10 years on from that study, 73% of a cohort of computer-literate women felt that they did not know enough.

Even before the adverse reports from the randomized controlled studies were published, complementary and alternative medicine and non-hormone preparations had been increasingly used for relief of menopausal symptoms. Nevertheless, our results have shown a lower percentage of women actually using alternative therapies (40%) than was reported for a specialized menopause clinic, where 66% of women were regular users of complementary therapies. However, outside of a specialist menopause clinic and in an online American survey approximately 44% had reported past or current use of soy or herbal products.

As with HRT, 85% of women in our survey did not feel they had enough information to make an informed choice regarding alternative therapies and their use. This is similar to the American survey mentioned above, in which only 25% of respondents felt very or somewhat informed about herbal products. However, in that same survey, the women appeared to be more informed about possible interactions with other medications, as nearly half the sample had at least mild concerns. In the two studies a similar proportion of women were sceptical regarding alternative therapies. The US authors concluded that despite ‘the widely held belief that natural approaches are superior to pharmacological approaches, many women are still using HRT’. This was despite 30% of their cohort stopping HRT in response to media reports.

It has been estimated that 10–40% of all postmenopausal women experience vaginal problems, although only a quarter are thought to seek medical help. In a survey of the prevalence of sexual problems it was found that 39% of women would like to seek help but, of those, only 4–6% had actually done so. In a British study published in 1997, 33% of women with dyspareunia classified as ‘severe’ did not seek professional help and 36% resorted to an over-the-counter preparation.

Our data would suggest that not much has changed over the last decade and possibly the situation has got worse.

We are in agreement with the conclusion reached by Wylie in a recent review in this journal when he concluded that sexual problems around the time of the menopause are common but may not be spontaneously mentioned by women. Gott and Hinchliffe suggest that many older people have sexual problems that they would like to discuss with their general practitioner but feel unable to do so. In her review of dyspareunia, Grazioti highlighted the fact that female sexual disorders are the great absentee from the clinical consultation and she offers suggestions on how to rectify this state of affairs. It may be that women are not fully aware of the available treatments to alleviate their symptoms or are just too embarrassed to seek help. Health professionals must therefore actively ask women about their sexual health.

Conclusions

With increasing use of the Internet for health information and support, online surveys are becoming an easy, low-cost method of obtaining important information from patients and public. However, because of the potential for bias, criteria for online questionnaires and recognized standards are important for quality control of the data.

From the questionnaires in this self-selecting population, some generalized conclusions may be drawn:

- A large number of women who obtained information from health professionals and the Internet still felt that they did not have enough information to make informed decisions regarding the use of HRT.
- Most women in this study were aware that different HRTs carry different risks, but were unaware that the age at which HRT is started can affect those risks.
- The impact of the adverse publicity surrounding the reporting of the WHI, HERS and Million Women Study may not be as great in women who obtain information from the Internet.
- With respect to alternative therapies, most women reported that they did not have enough information to reach an informed opinion, yet they were prepared to try them under the conception that they were more natural than HRT. Moreover, women were generally willing to pay for alternative therapy despite not knowing enough about them.
- An active sex life is important to women of all ages. The results from the Web-based survey support the suspicion that many women are not seeking help...
from health professionals for vaginal discomfort, despite the fact that prescribed treatment has good efficacy.

Health professionals must address these issues as women are still more likely to obtain their information from them than from other sources.

Competing interests: The Menopause Matters website has been supported financially by several pharmaceutical companies.

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