

# Effect of the WHI study on the attitude of Israeli gynecologists to hormonal therapy during menopause

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## Summary

**Objective:** To evaluate the attitude of Israeli gynecologists to the use of hormonal therapy (HT) during menopause consequent to the recent publication of the Women's Health Initiative (WHI) study.

**Design:** Gynecologists present at the annual convention of the Israeli Society of Obstetrics and Gynecology in the community were asked to complete a 5-item questionnaire on their opinions regarding hormone therapy (HT) use in light of the WHI study.

**Results:** Ninety-five percent of the physicians believed that HT is still a legitimate treatment modality during menopause, although almost 40% would now limit it to the management of climacteric symptoms. As a result of the WHI study, 65% of the physicians recommended cessation of HT use in up to 30% of their treated postmenopausal patients. The responders estimated that about 40% of their patients using HT ceased treatment on their own initiative following publication of the WHI study.

**Conclusions:** Both physicians and patients were clearly influenced by the WHI study. Today, HT is being reserved by most gynecologists in Israel for the treatment of menopausal symptoms and is not being used as a preventive measure against future complications of heart disease and osteoporosis.

**Key words:** HT; Menopause; WHI study.

## Introduction

The use of hormone therapy (HT) during menopause poses one of the most difficult healthcare dilemmas that women face today. The life expectancy for the average woman in the western world has been extended, meaning that some women may live up to one-third of their lives in an estrogen-deficient state. HT has been reported to offer potential benefits for menopausal women, including alleviation of vasomotor symptoms, control of urogenital atrophy, prevention of osteoporosis and fractures, and reduction of colon cancer risk; it may also exert a cardioprotective effect [1]. The rate of HT use ranges from 10% to 20% in different countries [2] and is approximately 12% in Israel [3], and for the most part, prescribed by the treating physician [4]. Health care in Israel is primarily government-subsidized and is provided equally to the entire population. The private healthcare sector is diminutive and abides by the standards and guidelines set by the public healthcare system.

There is a gap between the medical recommendation of HT during menopause and patient compliance with treatment. In a study of 103 medical practices, Shafi et al. [5] reported that although 69% of gynecologists felt that HT should be offered to all menopausal women without contraindications, and 73% actively discussed HT with their patients, the rate of use of HT by their patients was less than 10%.

The July 2002 study of the Women's Health Initiative (WHI) [6] on the effects and benefits of HT made tremendous waves in the medical community and revolu-

tionized the views of both physicians and patients regarding HT. Thus, the aim of the present study was to evaluate current physician attitudes to HT in Israel in light of the WHI study findings.

## Materials and Methods

One hundred and fifty gynecologists (representing 50% of the community gynecologists in Israel) attending the 5<sup>th</sup> annual convention of the Israeli Society of Obstetrics and Gynecology in the community during November 2002 were asked to complete a five-item questionnaire. Responses were submitted anonymously and individually. All participants were senior obstetricians and gynecologists working in hospitals and community clinics.

Because the study focused on general trends in HT in the post-WHI era, the data were analyzed by percentage only, with no subdivision of the responding population by gender, experience, place of study, or other factors.

## Results

Of the 150 questionnaires distributed, 126 were returned fully completed, for a response rate of 84%. Ninety-five percent of the physicians believed that HT is still a legitimate treatment modality during menopause, although almost 40% would now limit it to the management of climacteric symptoms. As a result of the WHI study, 65% of the physicians recommended cessation of HT use in up to 30% of their treated postmenopausal patients. The responders estimated that about 40% of their patients using HT ceased treatment on their own initiative following publication of the WHI study.

The questionnaire items are listed in Appendix I, and the responses, in terms of absolute number of responders, percentage of total responders and cumulative percentage (when relevant), are given in Table 1.

# Appendix I. — Questionnaire on current physician attitudes to HT.

1. Do you see a place for HT in light of the WHI study results?  
Yes/No
2. Do you think that in light of the WHI study results, HT should be restricted to the indication of postmenopausal symptoms?  
Yes/No
3. Do you think that the WHI study findings regarding an increase in the risk of cardiovascular mortality following HT use, which are contradicted by other epidemiological studies, preclude the use of HT to prevent cardiovascular morbidity?  
Yes/No
4. In your experience, what percentage of your patients has ceased using HT on their own initiative since the publication of the WHI study?  
10% / 30% / 50% / 80% / 100%
5. To what percentage of menopausal patients in your practice have you recommended stopping HT use on the basis of the WHI study results?  
10% / 30% / 50% / 80% / 100%

Table 1. — Question responses ( $n = 126$ ).

Question No.	Option	No.	Percent	Cumulative Percent
1	Yes	120	95.2	
	No	6	4.8	
2	Yes	48	38.1	
	No	78	61.9	
3	Yes	74	58.7	
	No	52	41.3	
4	10%	6	4.8	
	30%	46	36.5	41.3
	50%	54	42.8	84.1
	80%	20	15.9	100
5	10%	47	37.2	
	30%	35	27.8	65
	50%	36	28.6	93.6
	80%	6	4.8	98.4
	100%	2	1.6	100

## Discussion

Our study shows that even though nearly all (95.2%) the responders still believe HT is a legitimate treatment modality during menopause, almost 40% would now limit treatment indications to postmenopausal symptoms. Furthermore, as a result of the WHI study, a cumulative percentage of 65% of the responding physicians had recommended stopping HT in up to 30% of their treated postmenopausal patients. Surprisingly, and in contrast with the generally low patient compliance with HT reported in the literature, fewer women were deterred by the study results, and only about 40% had stopped treatment in response to the WHI study. It should be remembered, however, that the latter figure is only an estimate provided by the physicians, and the patients themselves were not asked directly. At the same time, 40% of the surveyed physicians continue to claim that HT has a cardio-protective effect. The discrepancy between this finding and the avoidance of physicians of HT following the WHI study may be explained by the lack of official local recommendations regarding HT in the post-WHI era, and by physician fears of future lawsuits in our age of defensive medicine. Under these circumstances, personal judgment

takes a back seat to what seems to be the mainstream consensus. The same may apply to patients, albeit to a lesser extent. Even though the media and their physicians following publication of the WHI study affected some, others continue to take HT.

In the 1990s, HT was well accepted by physicians as a potent and efficient treatment for menopausal symptoms. A recent survey of trends and attitudes towards prescribing HT during menopause among 400 American and Israeli gynecologists showed that 92% routinely offered HT to their postmenopausal patients [7]. Backe and Hunskaar [8] examined changes in patient attitudes toward HT from 1990 to 1997 among 1,000 Norwegian women. They found that about one-third of those aged 60 or more were current or past users of HT, and approximately 80% of all the women questioned in 1997 had considered using HT for the long term.

Then came the WHI study [6] which caused turmoil. The findings seem to have deterred both physicians and patients worldwide from using HT, and despite criticisms of the study [9, 10], this deterrent effect persists. Further studies will be needed in the future to determine the longer-term effects of the WHI study on obstetricians and gynecologists and on the population of postmenopausal women in Israel and elsewhere.

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