

# Knowledge, attitude and practice of Filipino gynecologists on menopausal hormonal therapy: Where are we now?\*

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## ABSTRACT

**Objective:** This study evaluated the knowledge, attitude and practice of Filipino gynecologists towards hormonal therapy for menopausal symptoms.

**Methods:** This was a cross-sectional study carried out among practicing Filipino gynecologists in different regions of the Philippines from April to October 2018. A self-administered questionnaire was used to identify the current knowledge, attitude and practice of gynecologists regarding the use of hormonal replacement therapy.

**Results:** There were 369 respondents included in the study. Our findings indicate that the most common indication for MHT are vasomotor symptoms and vaginal dryness. Almost all Filipino gynecologists participating in this study were aware that MHT will improve vasomotor and urogenital symptoms, sexual dysfunction and mood. Majority of them correctly agreed that MHT will decrease the risk of osteoporosis and coronary artery disease. On the other hand, at least half of the respondents falsely believed that MHT can decrease the risk for cognitive dysfunction, cerebrovascular disease, Parkinson's disease and vascular thrombosis. Only 68% of the respondents agreed that they have adequate knowledge about the treatment options for postmenopausal symptoms and as much as 32% of them are still not confident with their knowledge. Majority (65%) of Filipino gynecologists do not routinely recommend or offer the use of MHT to every postmenopausal woman.

**Conclusion:** The knowledge and attitude of gynecologists on hormonal therapy play an important role in the decision making of a woman during her climacteric period. Basic knowledge on menopausal symptoms and indications for hormonal therapy are known to the respondents but these knowledge do not translate to practice.

*Keywords: hormone replacement therapy, menopause, postmenopause*

## INTRODUCTION

When a woman reaches her menopausal age, significant anatomic and physiologic changes occur due to the decline in estrogen levels. Estrogen deficiency produces both physical and psychological symptoms which include vaginal atrophy, night sweats, mood changes, sleeping problems, weight gain, depression, and bone changes to name a few. These changes may become evident even a few years prior to the actual cessation of menstruation. Hot flashes, for example, can occur as early as 5 years after the onset of estrogen deficiency and may persist for more than ten years.<sup>1</sup>

Vasomotor symptoms are the most frequently reported symptoms of women going into menopause. In some, symptoms are severe enough to affect the woman's quality of life. As such, it is the most frequent indication for starting hormonal therapy.<sup>2,3</sup> Several studies have already recommended menopausal hormonal therapy (MHT) as an effective way to treat menopausal symptoms, improve quality of life, alleviate the burden of disease, and prevent long-term complications<sup>4</sup> yet the use of MHT are not common in menopausal patients including Filipinos.

Controversy and debate regarding the use of MHT started when the Women's Health Initiative published its result in 2002.<sup>5</sup> Its results suggested an increased risk for cardiovascular disease, Alzheimer's disease, breast cancer, stroke, heart attack, and venous thrombosis. The risk was particularly high for heart attacks in the first year of hormone use and the risk was continued for several years thereafter.<sup>6,7</sup> As a result, there was a dramatic decrease

\*Presented as a Poster during The 7th Scientific Meeting of the Asia Pacific Menopause Federation (APMF), EDSA Shangri-La Hotel, Mandaluyong City, Philippines on May 29-31, 2019

in the use of hormonal therapy exemplified by the drastic decrease in the sales of hormonal products in the market.<sup>8,9</sup> Several studies have also observed significant change in the attitude of health professionals towards prescribing hormonal therapy.<sup>3,7,10,11</sup> Generally, more gynecologists became modest in recommending MHT to their patients. Additionally, they became more cautious in prescribing hormones for women with symptomatic CVD or were previously treated for breast cancer. However, the attitude of the gynecologists on personal use of MHT has not changed and still reflects a positive attitude.<sup>12</sup>

Despite the tremendous impact of the WHI trial on the practice of gynecologists in the management of menopausal patients, results of the said study remained debatable. More than fifteen years after its publication, reinvestigation of its own data and results of more recent studies have proven the efficacy and safety of MHT. Different societies, including North American Menopause Society, International Menopause Society and even the Philippine Society of Climacteric Medicine have recommended the use of MHT. Despite these numerous current publications, many health professionals involved in the care of women, particularly gynecologists, have remained cautious in prescribing hormonal therapy for their patients. The objective of this study was to describe the current knowledge, attitude and practices of Filipino Gynecologist on the use of MHT.

## METHODOLOGY

A cross-sectional study was carried out across the different regions of the country from April to October 2018. The participants were fellows of the Philippine Obstetrics and Gynecology Society (POGS), aged 30 years and above who have been in active clinical practice for at least five years. A self-administered questionnaire, adapted from a study done by Nassar and colleagues on menopausal hormonal therapy, was used.<sup>11</sup> The questionnaire was modified to better cater to the population intended to be described by this study. Content validity, face validity and test-retest reliability were assessed. Additionally, since there are no available Philippine data describing the knowledge, attitude and practice of gynecologist practicing in the Philippines, the investigators chose to use the questions pertaining to the knowledge, attitude and practice after the WHI study. Every year, the POGS holds a postgraduate course in the different regions of the country as part of its continuing medical education for members. This became the venue for recruitment of participants for the study and the questionnaires were distributed along with informed consent.

A minimum of 369 subjects was required for this study based on a level of significance of 5%, a prevalence

of 40%<sup>1</sup> with a desired width of confidence interval of 10%, as noted from the reference article by Pedersen et al, 2007.<sup>12</sup>

Descriptive statistics were used to summarize the demographic and clinical characteristics of the participants. Frequency and proportion were used for nominal variables, median and range for ordinal variables, and mean and standard deviation for interval/ratio variables. All valid data were included in the analysis. Missing variables were neither replaced nor estimated. Null hypothesis was rejected at 0.05  $\alpha$ -level of significance. STATA 15.0 was used for data analysis.

## RESULTS

A total of 369 respondents were able to complete the questionnaire. Data for analysis were available for almost all of the variables at 97.56 to 100 percent. Majority of participants were female (95%), had an age more than 40 years (79%), and were married (73%). Most were practicing both obstetrics and gynecology (99%). More than half obtained an OB-Gyne degree in 2000 to 2018 (57%), were in private practice (55%), had more than ten years of medical experience (72%), and had a subspecialty (60%). The three most common subspecialties were ultrasound (37%), gynecologic oncology (17%) and maternal and fetal medicine (15%). About half of the participants were from the National Capital Region (29%) and Region 6 (21%). Table 1 summarizes the demographic characteristics of the respondents.

### Knowledge

Around two for every three respondents (66%) did not routinely recommend MHT for every post-menopausal woman seen in their practice and only offers MHT upon the request of the patient (80%). However, almost all recommended the use of MHT as treatment of vasomotor symptoms such as hot flushes, night sweats, and diaphoresis (95%) and as treatment of vaginal dryness-associated discomfort and pain during intercourse (92%). A majority of respondents recommended the use of MHT for prevention of cardiac accidents such as coronary artery disease (68%), for prevention and treatment of osteoporosis (86%), for treatment of mood changes and emotional lability (84%), and treatment for decrease in libido (80%). About half of the respondents preferred estrogen and progesterone as the first choice of MHT for patients with intact uteri and are at low risk for cardiovascular events while 73% preferred Tibolone for patients at high risk for cardiovascular events. A vast majority of respondents believed that MHT improves vasomotor symptoms (99%), urogenital symptoms (98%), sexual dysfunction (94%) and mood (93%). About 6-9 in

10 participants also believed that MHT decreases the risk of osteoporosis (93%), cognitive dysfunction (87%), coronary artery disease (77%), cerebrovascular disease (70%), dyslipidemia (65%), Parkinson's disease (65%), and osteoarthritis (62%). However, only 50% believed that MHT decreases the risk of vascular thrombosis while 42% believed that MHT actually increases the risk. Regarding the effect of MHT on breast cancer, there appeared to be no distinct agreement as to whether MHT increases the risk (42%), decreases the risk (30%), or had no effect on breast cancer at all (28%).

### Attitude

Eight to nine in ten Filipino obstetrician-gynecologists agreed that MHT relieved postmenopausal symptoms (97%), improved the quality of life of patients (93%), believed that MHT is an integral part in the care of postmenopausal women (88%), and can prevent chronic disorders such as heart disease, osteoporosis, and cognitive impairment (87%). On the belief that the respondent had adequate knowledge on treatment options for postmenopausal symptoms, 68% agreed they had adequate knowledge, 2% disagreed, while a third was uncertain. Majority of the respondents will either use MHT or prescribe MHT to his wife/mother/sister (80%) while 2% will neither use nor prescribe MHT.

### Practice

Thirty eight percent (38%) of obstetrician-gynecologists had less than six menopausal patients consulting them in the past six months, 37% had six to twelve consults, while a quarter had more than twelve consults. For the past six months, 52% of obstetrician-gynecologists was able to advise MHT to less than 6 menopausal patients, 37% to 6-12 menopausal patients and 12% to more than 12 menopausal patients. During this same period, 60% of obstetrician-gynecologists was able to prescribe MHT to less than 6 menopausal patients, 32% to 6-12 menopausal patients and 8% to more than 12 menopausal patients.

Majority of the respondents screened their patients for menopausal symptoms (76%), discussed symptoms with patients (86%), and offered MHT to women who had bilateral salpingo-oophorectomy (67%). Furthermore, half of the respondents offered MHT only to postmenopausal women within ten years of menopause while a third offered MHT only to those below 60 years old. About 72% would refer patients to another subspecialty for treatment of menopausal symptoms while 28% will not refer their patients. Majority would counsel the patients regarding the possible risks or side effects of MHT but only 33% routinely did the counselling. Additionally, a third reported that they always presented facts about the different forms

of MHT to patients and allowed them to participate in decision-making regarding which MHT to choose. Lastly, only 33% would prescribe MHT for a duration of five years and around 29% would also continue the prescription for as long as the drug is tolerated by the patient.

**Table 1.** Demographic Characteristics

Variables	Frequency (%)
Sex	
Male	19 (5.15)
Female	350 (94.85)
Age group	
30-35	20 (5.42)
36-40	58 (15.72)
41-45	78 (21.14)
46-50	65 (17.62)
>50	148 (40.11)
Marital status (n=368)	
Single	78 (21.20)
Married	267 (72.55)
Widowed	15 (4.08)
Separated	8 (2.17)
OB-Gyne Degree Year (n=306)	
1958-1969	3 (0.98)
1970-1979	7 (2.29)
1980-1989	31 (10.13)
1990-1999	90 (29.41)
2000-2009	114 (37.25)
2010-2018	61 (19.93)
Medical Practice	
Private practice only	202 (54.74)
Government practice	83 (22.49)
University or academe	12 (3.25)
practicing in an institution accredited for OB-Gyne training	72 (19.51)
Medical Experience	
5-10 Years	105 (28.46)
>10 Years	264 (71.54)
Subspecialty	
No	260 (40.46)
Yes	109 (59.54)
Specific subspecialty (n=109)	
Family Planning	1 (0.92)
Gynecologic oncology	18 (16.51)
IDS	3 (2.75)
Pediatric gynecology	0
Minimally invasive surgery	10 (9.17)
REI	6 (5.50)
Trophoblastic Diseases	12 (11.01)
Ultrasound	40 (36.70)
Urogynecology	2 (1.83)
Maternal and Fetal Medicine	16 (14.68)
Multiple subspecialty	1 (0.92)

Practicing (n=368)	
Only OB	0
Only Gyne	5 (1.36)
Both OB and Gyne	363 (98.64)
Area of Practice	
Region 1	20 (5.42)
Region 2	9 (2.44)
Region 3	27 (7.32)
Region 4A	57 (15.45)
Region 4B	0
Region 5	2 (0.54)
Region 6	77 (20.87)
Region 7	18 (4.88)
Region 8	5 (1.36)
Region 9	0
Region 10	17 (4.61)
Region 11	17 (4.61)
Region 12	11 (2.98)
Region 13	0
NCR	107 (29.00)
CAR	2 (0.54)
ARMM	0

## DISCUSSION

A larger portion of the world's population is comprised of individuals aged 50 years old and above. As life expectancy rises, more and more women are experiencing the potential long-term consequences of menopause. As such, many researches are made to give optimal care for women in pre-menopausal and menopausal years. These studies show that MHT can have significant benefits in women experiencing menopausal symptoms, yet the use of MHT are not common in menopausal patients including Filipinos. A multicenter study done in Latin America shows that only 12.5% of women aged 45-59 used MHT.<sup>13</sup>

Our findings showed that the most common indication for giving MHT was for relief of vasomotor symptoms (95%) such as hot flushes, night sweats and diaphoresis, vaginal dryness (92%) and its associated discomfort and pain during intercourse. This is in congruent with the study presented by Dr. Gonzaga during the First Consensus Meeting on Menopause in the East Asian Region, which showed that hot flushes was the most common (56.7%) complain of menopausal Filipino women.<sup>14</sup>

Other indications for giving MHT included prevention and treatment of osteoporosis (86%), improvement of mood changes and emotional lability (84%), enhancement of libido (80%) and as per patient's request (80%). These high percentages indicate that majority of the participant were familiar with the indications and benefits of HRT described in medical literatures and practice guidelines.

Almost all respondents were aware that MHT will improve vasomotor (99%) and urogenital (98%)

symptoms, mood (93%) and sexual dysfunction (94%). However, despite the overwhelming percentage of Filipino gynecologists believing that MHT relieves menopausal symptoms (97%) and improves quality of life (93%), only 76% of them screen their patients and only 88% believed that MHT is an integral part in the care of menopausal women. In fact, majority (65%) of Filipino gynecologists do not routinely recommend/offer the use of MHT to every postmenopausal woman.

Majority of the participants agreed that MHT decreases the risk of osteoporosis (93%), cognitive dysfunction (87%) and coronary artery disease (77%). This is in agreement with the 2016 IMS Recommendations, which stated that MHT is the most appropriate management for fracture prevention in the early menopause and that MHT (combined therapy regimen) is cardioprotective. However, the use of MHT, solely for primary prevention of coronary heart disease for women more than 60 years old is no longer recommended.<sup>15</sup>

Data on the risk of breast cancer development for patients on MHT are varied and the use of MHT in women more than 50 years old is a complex issue. Recent studies have shown that there is only a small risk of breast cancer attributable to MHT and the risk progressively declines after the discontinuation of the medications. The increased risk of breast cancer is primarily associated with synthetic progesterone added to estrogen (MPA + CEE). However, the risk may be lowered if micronized progesterone or dydrogesterone is used.<sup>15</sup> In this study, 30% believed that MHT decreases the risk of breast cancer, 28% said that MHT has no effect on breast cancer development and the remaining 40% believed that MHT increases risk for breast cancer.

Administration of oral estrogen therapy is contraindicated for women with history of venous thromboembolism. Still, half of the respondents believed that MHT decreases the risk for vascular thrombosis while forty two percent (42%) of the respondents were correct that the risk for thromboembolism increases with MHT, especially if given to women more than 60 years old.

Based on the 13-year follow-up data from the WHI, MHT administration in women less than 60 years old and/or less than 10 years since menopause has no effect on the risk of stroke. This trend was similarly observed with MHT on the risk for Parkinson's disease.<sup>15</sup> In this study, 70% and 65% of respondents believed that MHT can decrease the risk for cerebrovascular and Parkinson's disease, respectively screening, treatment and surveillance for surgically menopause patients should be similar to those who underwent natural menopause. Of the participants, only 67% offered MHT to women who already had surgical menopause.

In a multinational study done in Latin America by

Dankers and colleagues (2016), they observed that most gynecologists were supportive of personal use of MHT.<sup>16</sup> This was similar to our findings. Eighty percent of Filipino gynecologists participating in this study will use MHT for themselves or for their partners/mother/sister for the male gynecologists. Only 2% disagreed on personal MHT use. A higher percentage of personal use was recorded in Germany (97%) and in the US and Europe (92%) but lower in Scandinavia (68% - 74%).<sup>2,12,17</sup> These differences on the rate of personal use of MHT may suggest that not all physicians accept the reliability of the results of the WHI. This study showed that despite the high percentage of personal use for MHT, this does not translate to clinical practice.

Of the 24% of Filipino gynecologists who have more than 12 menopausal patients, only half (12%) was able to advise MHT. And among these, only 8% was able to prescribe MHT to their patients. This indicates that not all menopausal patients were advised on MHT and that not all menopausal patients advised on MHT were given prescription for MHT. In a study done in Latin America, they identified the lack of medical prescription as the main reason for the low rate of MHT use.<sup>13</sup> The use of MHT by menopausal women are strongly influenced by how their **physicians counsel them**. In the recent study done by Drs. Igualada and Manalo (*unpublished*), they noted that 78% of women will take MHT if prescribed by their doctors. In the same way, the attitude of gynecologists (or any physician) towards MHT is greatly influenced by their knowledge and the social, cultural and economic settings in which they live.

There were no strict and mandatory rule on the use of MHT but data from recent studies, including the WHI study, suggest that MHT can be safely given up to 5 years in a healthy woman less than 60 years old. The dosage of MHT should be the lowest effective dose so as to minimize the unwanted side effects and maximize its benefits. This study showed that aside from the symptomatology, the primary factors that were considered in giving MHT were age and years of menopause. Half of the respondents will offer MHT only if within 10 years of menopause and 33% of the respondents will only offer MHT to postmenopausal women below 60 years old. A third of the respondents were agreement with the recommendation of a 5-year duration of MHT while 29% of them will give MHT as long as the drug is tolerated by the patient. Lastly, patients should be well-informed and be an active participant in the decision making of MHT use.

## CONCLUSION AND RECOMMENDATIONS

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The knowledge and attitude of gynecologists on hormonal therapy play an important role in the decision making of a woman in her climacteric period. Only 68% of Filipino gynecologists agreed that they had adequate knowledge about the treatment options for postmenopausal symptoms (12% strongly agreed and 56% agreed), and as much as 32% of them were still not confident about their knowledge on menopausal treatment. Although 86% of the participants discussed menopausal symptoms with their patients, not all of them advised or prescribed MHT. Only 76% of the respondents screened their patients for menopausal symptoms and 72% of the respondents will refer their patients to subspecialty clinic to address menopausal complaints. If these menopausal symptoms were not asked during a consult, fewer women will be screened for the long-term consequences of menopause and fewer women will receive the benefits of MHT. Lastly, only a third of the respondents routinely counseled their patients on risk and side effects of MHT.

Basic knowledge on menopausal symptoms and indications for hormonal therapy were known to the respondents but this knowledge did not translate to practice. If these menopausal symptoms were not asked during a consult, fewer women will be screened for the long-term consequences of menopause and fewer women will receive the benefits of MHT.

This study recommends that further study be made to explore the level of understanding of Filipino gynecologist on menopause and MHT. Care for a menopausal woman should be taught to physicians as early as their residency training program. Physicians in training, especially Gynecologists, should be knowledgeable in managing women with menopausal symptoms. In this regard, it may also be necessary to know the knowledge, attitude and practices of physicians in training. Since administration of MHT is not limited to practicing gynecologists, data on KAP of all physicians can also be gathered. ■

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