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Medicine, Nursing and Health Sciences

Use of Complementary and Alternative Medicines (CAMS) for vasomotor and other menopausal symptoms in Australian women at midlife

Health of Australian women at midlife study

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Disclosures

- PG, RW and RJB have nothing to declare.
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Introduction – CAMs



- Women at midlife are likely to be taking CAMs, for the management of vasomotor (VMS) and other menopausal symptoms
- Efficacies of treatments remains controversial
- No evidence from prior studies about the extent of use of CAMs for VMS and other menopausal symptoms in general population



Methodology

Recruitment:

- Sample designed to mimic the age distribution of adult Australian female population aged 40-65 years in ABS 2011
- Used Roy Morgan Research single source database, generated from random sampling of all metropolitan and country electoral areas in Australia
- Sample size estimation was based on a 95% CI of $\pm 2\%$ margin of error and estimate of prevalence of 30% for moderate-severe VMS
- Around 2000 women were needed



Assessment of menopausal symptoms

Menopause-Specific Quality of Life Questionnaire (MENQOL): 29-item validated instrument.

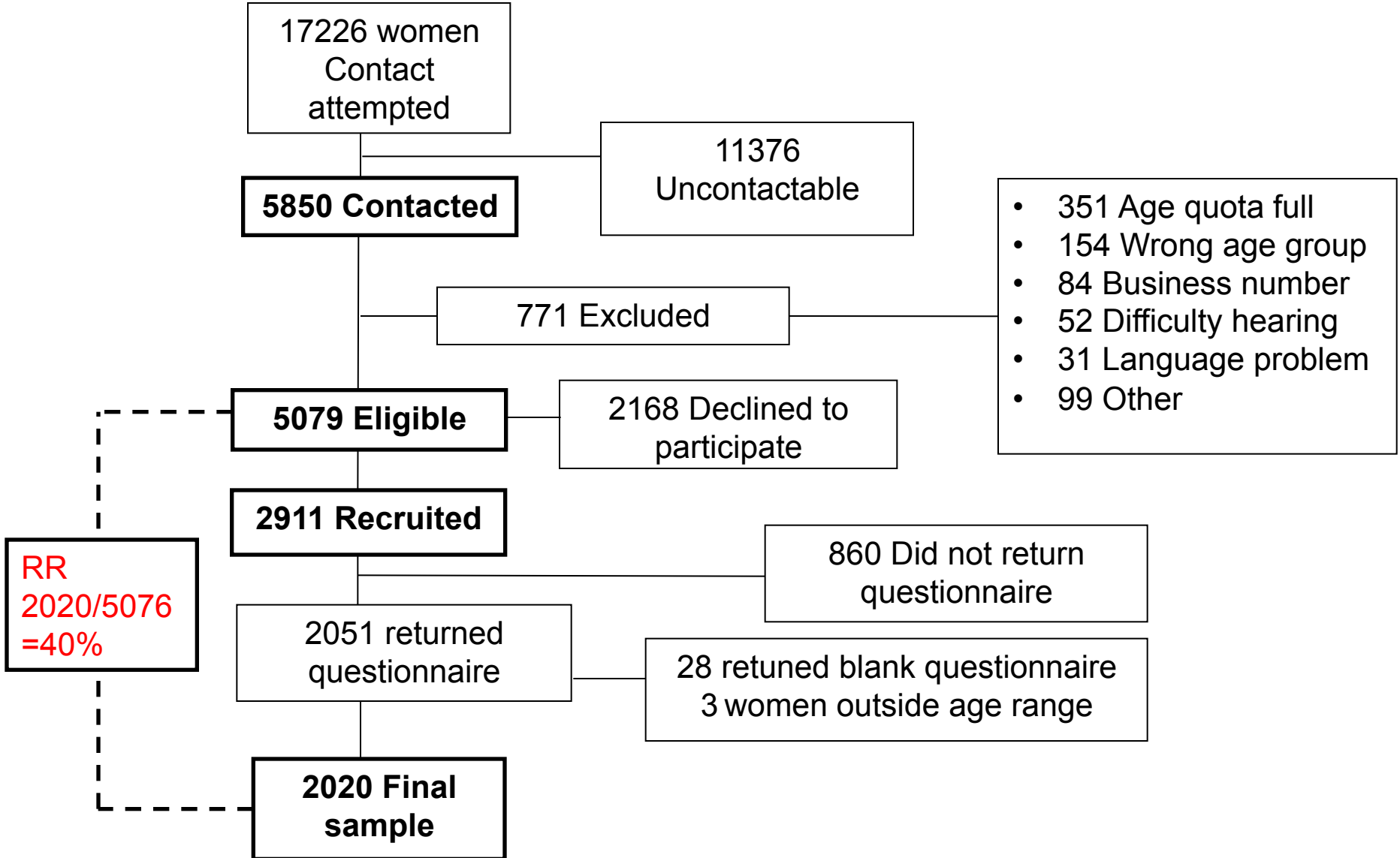
4 Domains:

- VMS
- Sexual
- Psychological and
- Physical

Classification of CAMs

Products/ therapy	Condition
Black cohosh, ginseng, evening primrose oil (EPO), sage and a range of phytoestrogen products.	VMS
Horny goat weed and macafem/maca.	Sexual symptoms
Grape seed extract, St. John's Wort, valerian, fish/krill oil, glucosamine, St. Mary's Thistle, turmeric, saw palmetto, chlorophyll, selenium.	Joint pain, sleep and mood
Chiropractor, naturopath, acupuncturist, herbalist, Chinese medicine practitioner, homeopath, osteopath, kinesiologist, aromatherapist, iridologist and/or Ayurveda therapist.	CAM consultations

Participant flow



Participant characteristics: age distribution

Age Group	Recruited sample (n=2020)	Women aged 40-64 y, ABS, 2011
40-49	835 (41.3 %)	43.7%
50-59	827 (40.9%)	39.1%
60-64	358 (17.7%)	17.2%

Representativeness of sample

Characteristics	Recruited Sample	40-64 y, ABS, 2011
Married/defacto	67.4%	70%
Literate in English	100%	>96%*
Educated beyond high school	58%	56.8%
Lives in metropolitan area	62.7%	69%**
White	94%	92%
Smoker	14%	16.6%
Drinks Alcohol	73.4%	75.5%
Obese (BMI \geq 30)	36.9%	31.1%

*Programme for the International Assessment of Adult Competencies, Australia, 2011-12. Australia: Australian Bureau of Statistics; 2013.

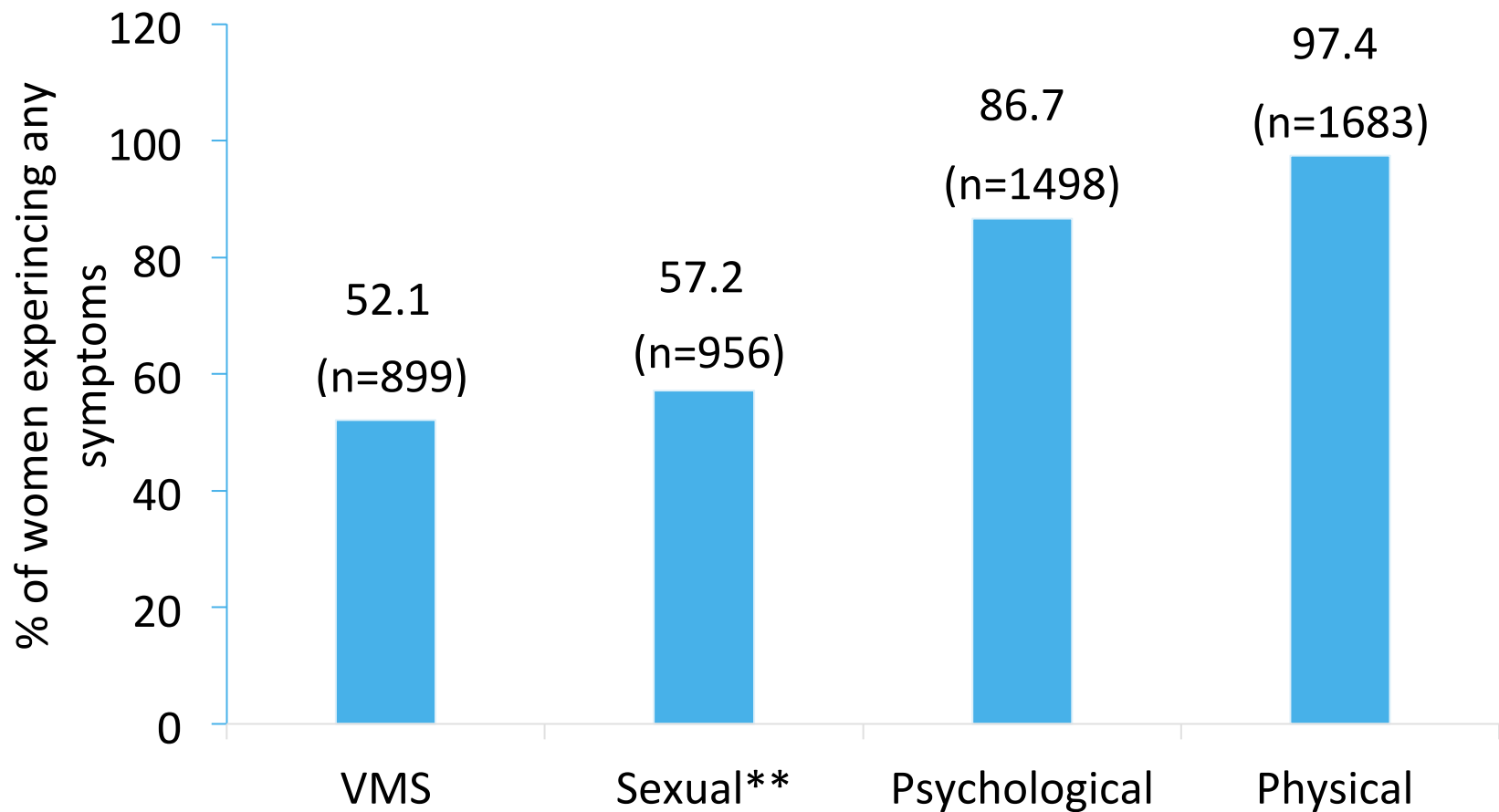
** Comprise both men and women, ABS, 2009

Assessment of menopausal status

- Women were classified as pre, peri or postmenopausal based on age, history of surgical menopause, menstrual bleeding, VMS and hysterectomy. (Bell et.al. 2008, Davis et al. 2015)

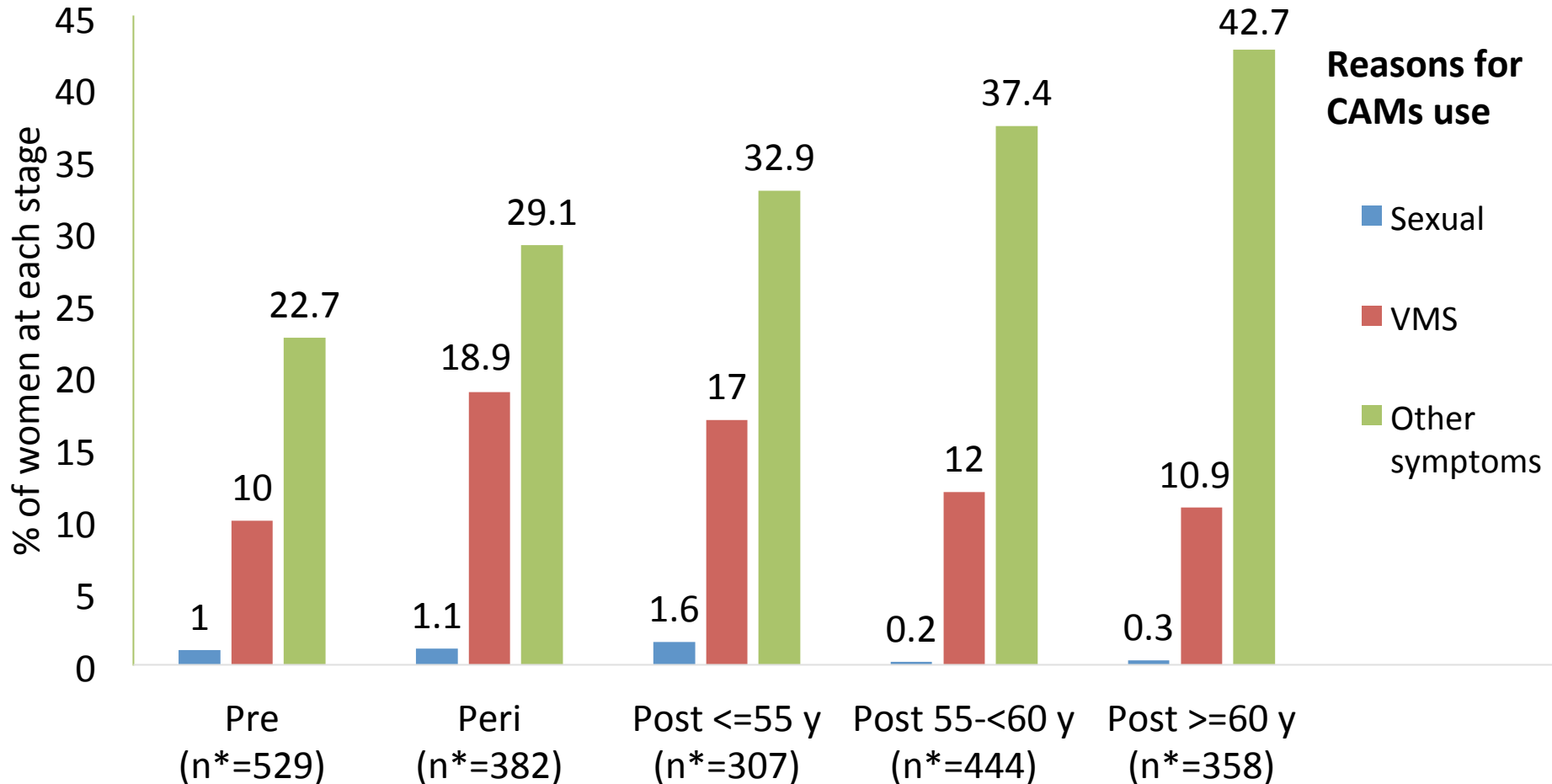
Menopausal stage	n (%)
Premenopausal	529 (26.2)
Perimenopausal	382 (18.9)
Postmenopausal	1109 (54.9)
Postmenopausal aged \leq 55 y	307 (15.2)
Postmenopausal aged 55 - < 60 y	444 (22.0)
Postmenopausal aged \geq 60 y	358 (17.7)

Prevalence of menopausal symptoms^{***}



^{***} Excluding women using systemic HT, hormonal contraception or non-hormonal therapy for menopausal symptoms, ^{**} Also excludes women using vaginal estrogen

Use of CAMs by Australian women aged 40-65 y



Distribution of CAMs use, n (%)

At least one CAM use	791 (39.2)
CAMs for VMS	
Phytoestrogens	127 (6.3)
Evening primrose oil (EPO)	79 (3.9)
Ginseng	35 (1.7)
Black cohosh	30 (1.5)
CAMs for sexual function	16 (0.8)
CAMs for other symptoms	
Fish/krill oil	492 (24.4)
Glucosamine	245 (12.1)

- 13.8% of women using Menopause hormone therapy (MHT) also used a CAM for VMS
- **Of the women 60-65 y**, 35.8% reported taking fish oil
17.0% were taking glucosamine.

Factors associated with use of CAMs

For VMS

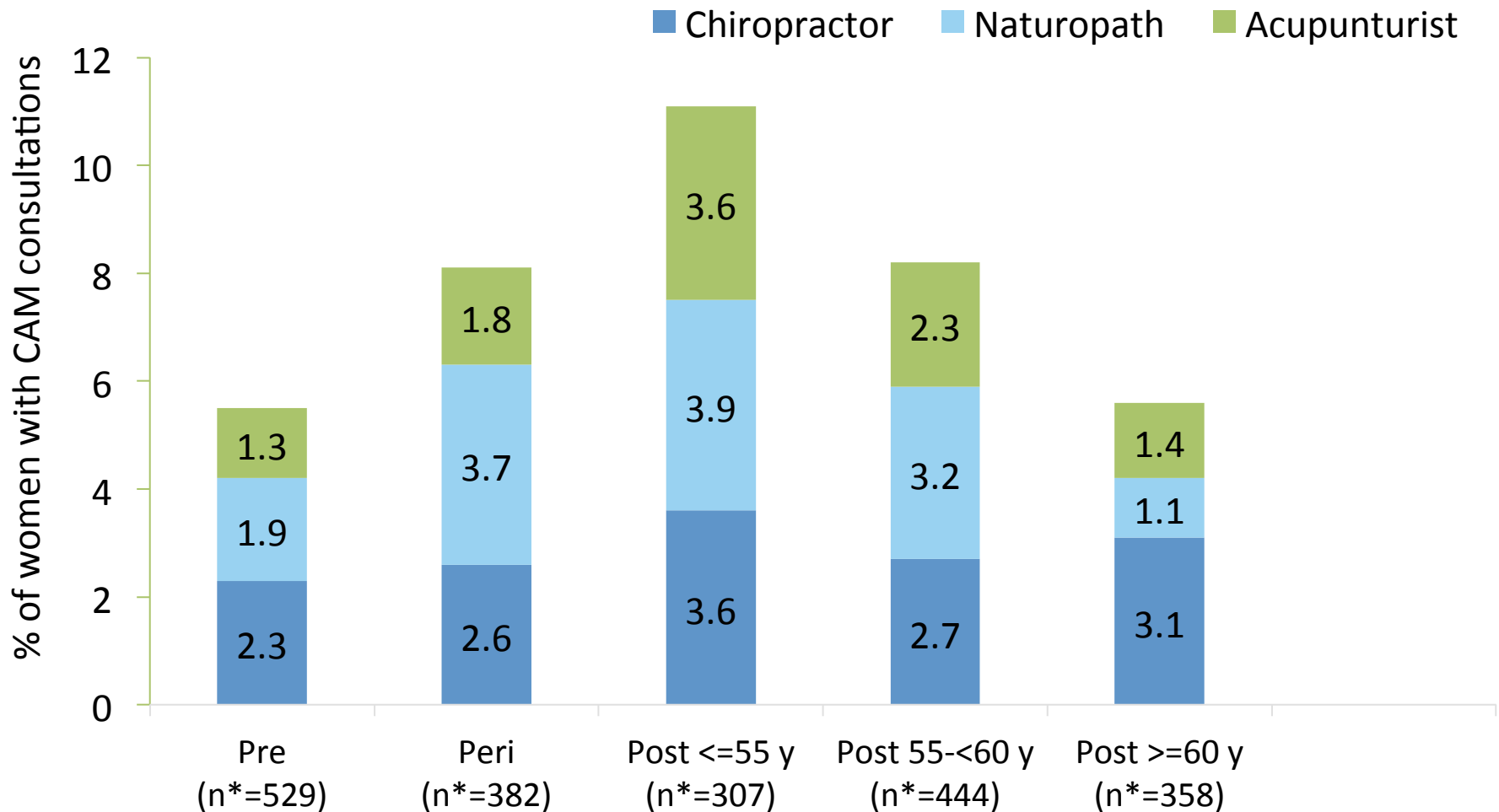
- Perimenopause* (OR, 2.09; 95% CI, 1.42-3.06) and
- Postmenopause ≤ 55 y* (OR, 1.83, 95% CI, 1.21-2.76)

For other symptoms (ORs adjusted)

- Perimenopause* (OR, 1.41; 95% CI, 1.05-1.91),
- Postmenopause ≤ 55 y* (OR, 1.67; 95% CI, 1.22-2.29),
- Postmenopause 55-<60* y (OR, 2.04; 95% CI, 1.54-2.71) and
- Postmenopause ≥ 60 y* (OR, 2.53; 95% CI, 1.88-3.40)
- Non-metropolitan residence (OR, 0.80, 95% CI, 0.65-0.97)

*vs premenopause

Most common consultations with CAM practitioners





Factors associated with CAM consultation

- The greatest likelihood of consulting at least one CAM practitioner was for women
 - experiencing any VMS (Adjusted OR, 1.80; 95% CI, 1.20-2.71),
 - educated beyond high school (Adjusted OR, 1.56; 95% CI, 1.07-2.29)



Conclusions

- The first community-based study to report use of CAMs and CAM practitioners, for menopausal symptoms.
- The overall prevalence of use of CAM was 39.2% and CAM for VMS was 13.2%.
- Similar proportion (13.8%) of women using MHT also using a CAM for VMS.
- High rate of use of fish oil and glucosamine.
- Chiropractors and naturopaths were the most commonly consulted CAM practitioners.



Implications for practice

- Phytoestrogens, EPO, black cohosh, ginseng have not been shown to be effective for the treatment of VMS. (Lethaby 2013, Chenoy 1994, Wong 2009)
- Given the lack of evidence regarding benefit of CAMs for VMS, the continuing use of these CAMs cannot be supported.

Implications (Contd..)

- Fish oil is promoted for the prevention of cardiovascular disease. (MacLennan 2006)
 - controversy in the efficacy. (DiNicolantonio 2014)
- Glucosamine, taken alone or in combination with other supplements such as chondroitin, is used for arthralgia.
 - β -cell dysfunction and decreased insulin secretion. (Kang 2014)
- More judicious use of supplements, particularly by older women, is needed.





Implications (Contd..)

- The higher prevalence of CAM consultations may be
 - GP's reluctance to prescribe MHT (Worsley et. al. 2015)
- Health care providers need to know what women are taking and actively guide women in the management of VMS and other menopausal symptoms.



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