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Medicine, Nursing and Health Sciences

Low use of effective and safe therapies for moderate-severe menopausal symptoms in Australian women

The Health of Australian Women at Midlife Study

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Disclosures

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Hormone therapy in Australia

- Before WHI menopausal hormone therapy (MHT) was used by approximately 30% of postmenopausal Australian women. Travers et al, ANZJOG 2006
- Following WHI, use of MHT declined dramatically. Travers et al, ANZJOG 2006
- How are Australian women treated for menopausal symptoms today?



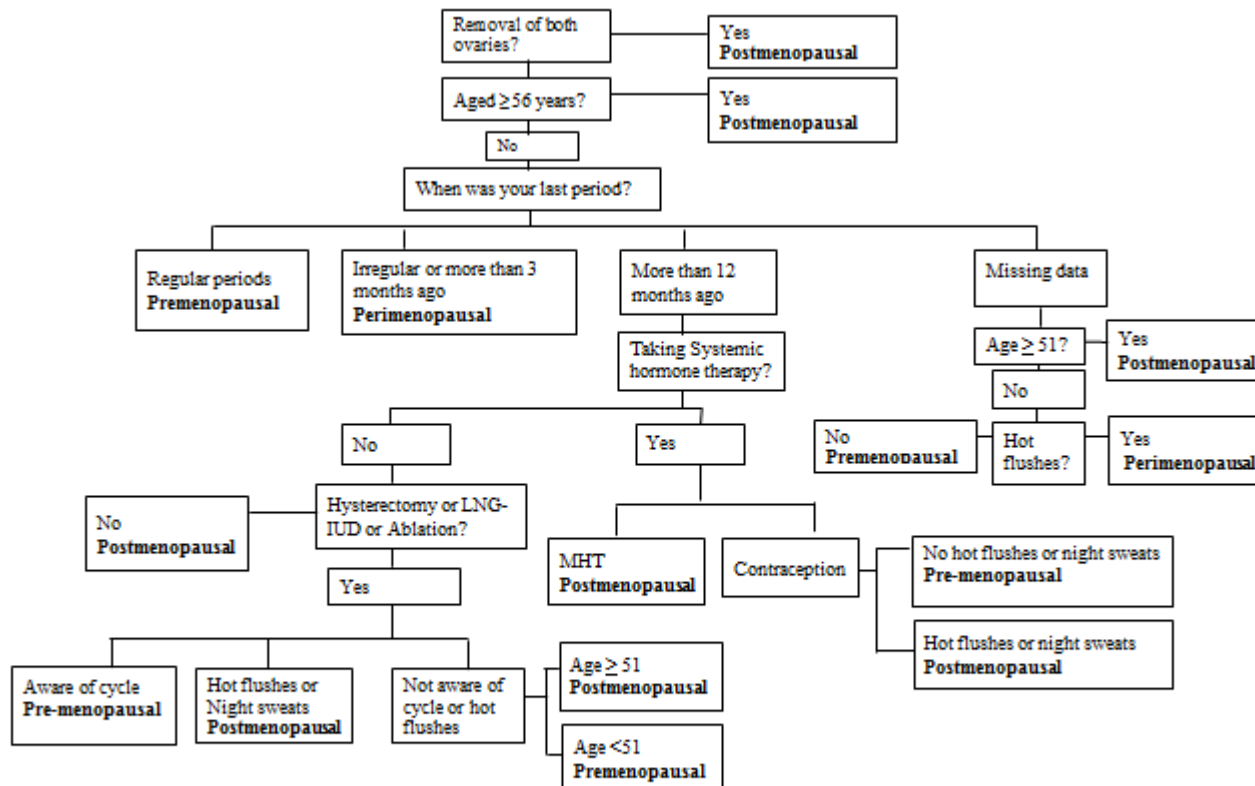
The health of women at midlife study

- A representative sample of 2020 Australian women aged 40-65
- For this analysis we included only perimenopausal and postmenopausal women (n=1491)
- Recruited by Roy Morgan Research (RMR) single source database, generated from random sampling of all metropolitan and country electoral areas in Australia
- Purposefully sampled to mimic the age distribution of the adult Australian female population in the age range 40-65 years in 2011
- Sample size calculation: 2000 women required based on a 95% CI of $\pm 2\%$ and estimate of prevalence of 30% for VMS.

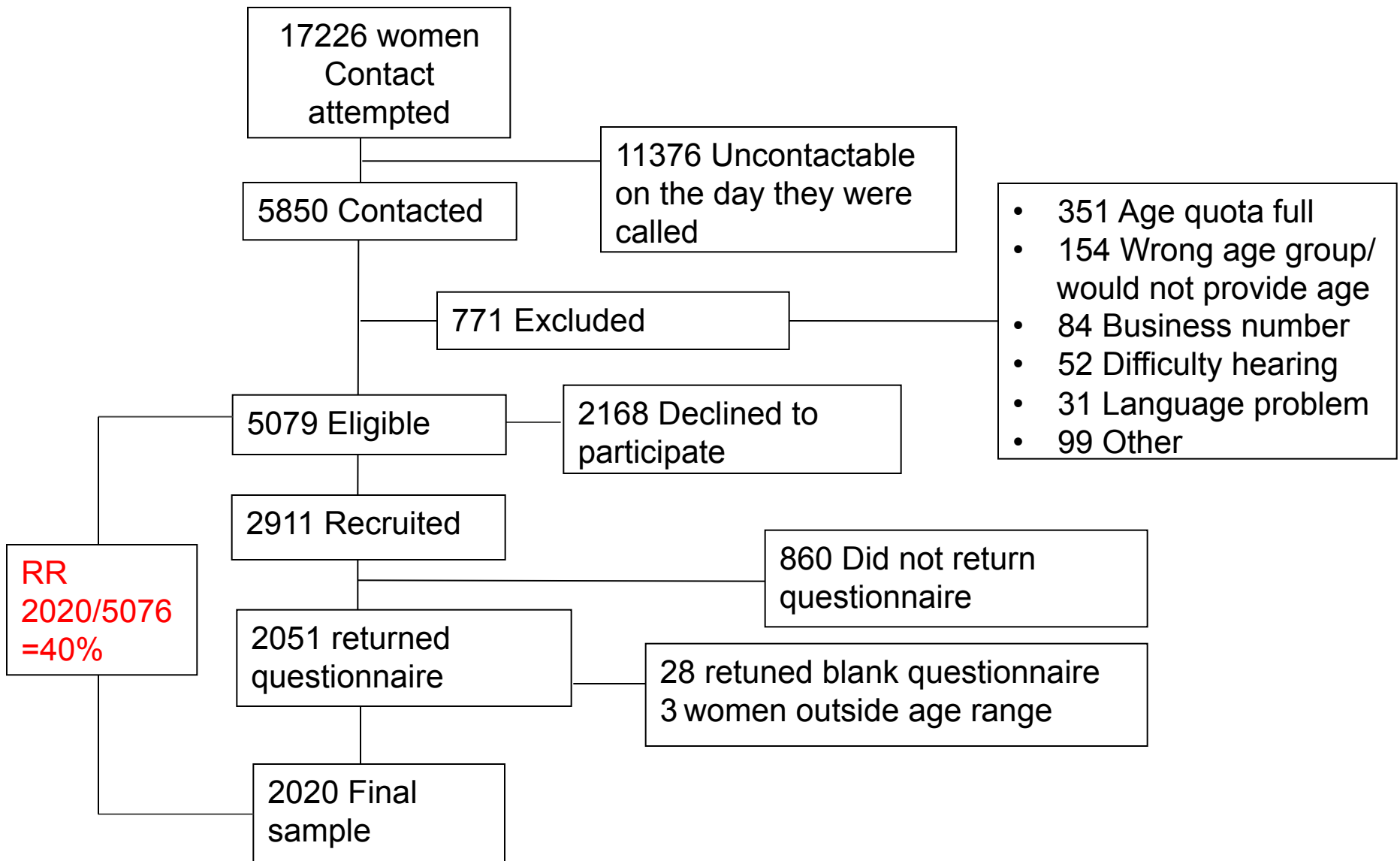
Outcomes measures

- bothersomeness of menopausal symptoms measured by the Menopause Quality of Life Questionnaire (MENQOL)
 - Vasomotor symptoms (hot flushes, night sweats)
 - Sexual symptoms (vaginal dryness)
- Complete list of all prescription hormonal and non-hormonal (sertraline, venlafaxine, gabapentin, clonidine) therapy for menopausal symptoms available in Australia as of October 2013.

Classification of menopausal status



Participant flow



Representativeness of sample

Characteristic	Collected Sample	Australian women aged 40-65, ABS, 2011
Age		
40-49 y	41.3 %	43.7%
50-59 y	40.9%	39.1%
60-64 y	17.7%	17.2%
Married/defacto	67.4%	70%
Literate in English	100%	>96% ^β
Educated beyond high school	58%	56.8%
Lives in metropolitan area	62.7%	69% (whole population)*
White	94%	92%
Smoker	14%	16.6%
Drinks Alcohol	73.4%	75.5%
Obese (BMI ≥ 30)	36.9%	31.1%

Use of MHT by peri and postmenopausal women

	n	Estrogen ± progestin	Compounded MHT	OCP	Tibolone	Vaginal estrogen
Uterus insitu	1156	62 (5.3)	11 (1.0)	28 (2.4)	11 (1.0)	44 (3.8)
Hysterectomy only	225	25 (11.1)	2 (0.9)	0	3 (1.3)	15 (6.6)
Surgical menopause	110	21 (19.0)	3 (2.7)	2 (1.8)	0	8 (7.2)
Total n (%)	1491 (100)	108 (7.2)	16 (1.1)	30 (2.0)	14 (0.9)	67 (4.5)

OCP oral contraceptive pill

Type of systemic estrogen used by perimenopausal and postmenopausal women

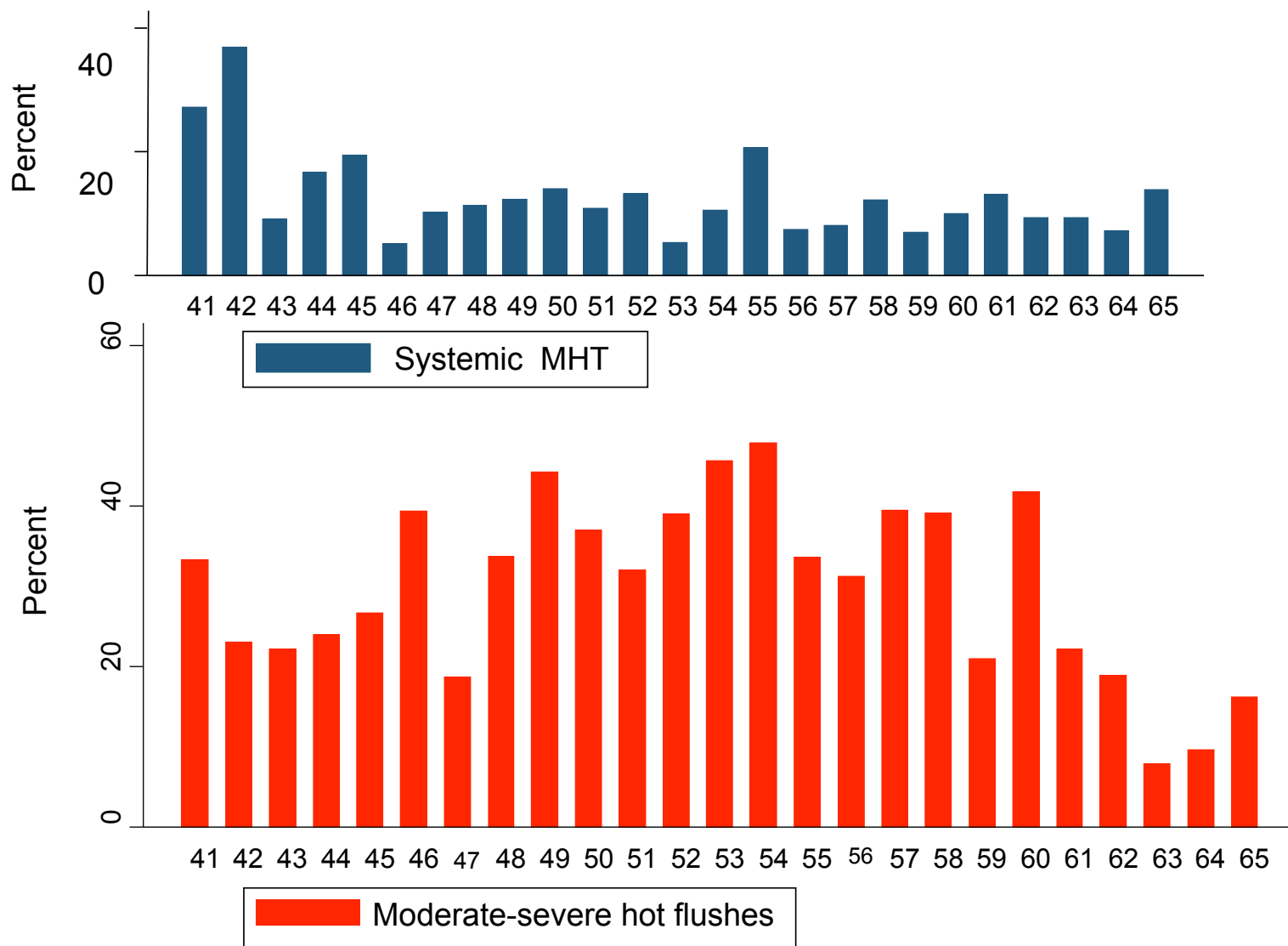
	Oral	Transdermal	Implant	Compounded	Total
Perimenopausal	32	5	0	1	38
Postmenopausal	68	29	4	7	108
Total n(%)	100 (68.5)	34 (23.3)	4 (2.7)	8 (5.5)	146 (100)

Androgen therapy in perimenopausal and postmenopausal women

	Testosterone Formulations				
	DHEA	Intramuscular	Implant	Transdermal cream	Compounded
Perimenopausal n=382	1	1		1	
Postmenopausal n=1109	2		3	1	5
Total	3	1	3	2	5

DHEA Dehydroepiandrosterone

Prevalence of use of systemic MHT and hot flushes in all perimenopausal and postmenopausal women



Amongst peri and postmenopausal women

- 11.3% were using systemic MHT (estrogen ± progestin, tibolone, oral contraceptive pill, compounded MHT)
- 0.9% used non-hormonal prescription therapies for vasomotor symptoms (sertraline, venlafaxine, gabapentin, clonidine)
- 17% of all perimenopausal and postmenopausal women had moderate-severe vasomotor symptoms (VMS)
- Of women with moderate-severe VMS, 85.7% were not treated

Vulvovaginal atrophy

- 4.5% of all perimenopausal and postmenopausal women used vaginal estrogen
- 19.4% of all perimenopausal and postmenopausal women had moderate-severe vaginal dryness
- Of the 289 women with moderate-severe vaginal dryness, 26 (9%) were using vaginal estrogen

Australian peri and postmenopausal women aged 40-65

**Untreated
moderate-
severe VMS**

385, 000

**Moderate-severe
VMS 455, 000**

Total population: 2.6 million

Conclusions

- The use of MHT by highly symptomatic Australian women is low.
- The use of safer formulations (non-oral estrogen, tibolone) and vaginal estrogen is strikingly low, especially in comparison to the use of unregulated compounded hormone therapies.
- Few women use non hormonal prescription therapy that has been shown to be effective for the treatment of VMS

Implications

- Menopause → under the radar?
- Fear of therapies by women and clinicians? Aggressive promotion of non-prescription therapies?
- Women and clinicians need access to high quality and accurate information to make informed choices



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