

SAND abstract No. 84 from the BEACH program 2005–06

Subject: Menopausal status, symptoms and treatment of women aged 18 and over

Organisation supporting this study: Pfizer Australia Pty Ltd

Issues: The proportion of female general practice patients aged 18+ years who are pre-, peri- or postmenopausal; the proportion of these patients who have a history of hysterectomy and/or menopausal symptoms; patients experiencing specific menopausal symptoms or having an associated risk factor; pharmacotherapy associated with menopausal symptoms.

Sample: 1,590 female respondents aged 18 and over from 106 GPs; data collection period: 29/03/2005 – 02/05/2005.

Method: Detailed in the paper entitled 'SAND Method 2005–06 on this website: <http://www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The majority of female patients aged 18 years or more at encounters with the GP were postmenopausal (59.8%, 95% CI: 55.2–64.3), with another third being premenopausal (33.3%). Only 110 of the 1,590 women (6.9%) were perimenopausal. Of 1,365 respondents to the question about hysterectomy status, 19.5% had had a hysterectomy.

There were 27.8% of patients who had a history of menopausal symptoms. From a list of eight menopausal symptoms (hot flushes, sleep disturbance, excessive sweating, dyspareunia, urinary incontinence, osteoporosis, decreased sexual interest and vaginal atrophy), 68.2% of perimenopausal patients were experiencing symptoms (8.0% had one symptom and 60.2% two or more symptoms). Of postmenopausal women, 63.3% were experiencing symptoms (26.4% had one symptom and 36.9% two or more symptoms). The symptoms most frequently experienced were hot flushes (28.3% of all peri/postmenopausal patients), followed by sleep disturbance (26.2%), vaginal atrophy (26.0%), decreased sexual interest (20.8%) and osteoporosis (18.5%). Excessive sweating (13.9% of all peri/postmenopausal patients), urinary incontinence (10.4%) and dyspareunia (6.7%) were less common.

From a list of 3 risk factors associated with menopause (osteoporosis, cardiovascular and breast cancer risk), just over one third (35.2%) of perimenopausal patients were currently at risk of one condition, 8.0% at risk of two conditions, and 2.3% at risk of all three conditions. For postmenopausal patients the figures were 31.4% at risk of one condition, 14.3% at risk of two, and 2.75 at risk of all three conditions. For 30.6% of peri/postmenopausal patients, cardiovascular risk was indicated. For 27.3%, a risk of osteoporosis was indicated, and for 9.2%, a risk of breast cancer was recorded.

The most frequently prescribed medication for these patients was alendronate, which accounted for 10% of all medications recorded at these encounters. Calcium carbonate, oestrogen, oestriol topical vaginal, oestradiol pessaries, and oestradiol/norethisterone were also among the most common medications.

Correspondence to: Janice Charles, AGPSCC

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **MANAGEMENT OF MENOPAUSAL SYMPTOMS & RELATED HEALTH RISKS**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS
 Ask the **next 30 PATIENTS** the following questions, where appropriate, **in the order in which the patients are seen**.
 Please **DO NOT** select patients to suit the topic being investigated i.e. if the patient is **NOT** female and 18+ years, you may leave this section BLANK.

This form has been filled in as an example

For all female patients aged 18 years and over
Menopausal status: please indicate the patient's menopausal status.
Past history:

- has the patient had a hysterectomy?
- does the patient have a past history of **any** menopausal symptoms (such as those listed in Box 2 below)? **That is, have they had symptoms in the past, but do not have them anymore.**

Symptoms and health risks associated with menopause
 Please advise whether the patient **is experiencing or at risk** of any of the listed symptoms or health risks associated with menopause. Tick as many as apply.

Medication for menopausal symptom or health risk management
Medication: Is the patient taking, either **prescribed** or **purchased over-the-counter**, any medication or product for management of symptoms or health risks associated with menopause. Please write the **name & form** of the medication, its **strength, dose** and **frequency**.
Initiated by: please circle an option to indicate whether the medication was **initially prescribed / recommended** by a GP (yourself or another); an obstetrician/gynaecologist; an orthopaedic specialist; an endocrinologist; or some other specialist (please specify type of specialist in the space)
Reason for medication use: beside each medication, please advise the menopause symptoms or associated health risks **for which the medication is being taken**. To do this, please read the numbered options on the key list and circle the number which corresponds to the reason/s for use of each medication. The key list (at right) is also printed on the laminated card in your research kit.
Key list for 'reason for medication use'
(this list is also on the laminated card in your research kit)
 1. menopausal symptom management;
 2. prevention of osteoporosis
 3. treatment of osteoporosis
 4. cardiovascular protection
 5. breast cancer prevention
 6. vaginal atrophy
 7. decreased sexual interest
 8. other reason - please **specify** this in the space provided.
NB. If more than one reason per medication, **circle as many as apply**.

<p>FEMALES 18yrs+: menopausal status?</p> <p><input type="checkbox"/> Premenopausal</p> <p><input checked="" type="checkbox"/> Perimenopausal</p> <p><input type="checkbox"/> Postmenopausal</p> <p>The patient has a past history of:</p> <p>Hysterectomy Yes/No <input checked="" type="checkbox"/> No</p> <p>Menopausal symptoms ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BL71C</p>	<p>Is the patient experiencing / at risk of any of the following? <i>(tick as many as apply)</i></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> hot flushes</td> <td><input checked="" type="checkbox"/> decreased sexual interest</td> </tr> <tr> <td><input checked="" type="checkbox"/> sleep disturbances</td> <td><input type="checkbox"/> vaginal atrophy</td> </tr> <tr> <td><input type="checkbox"/> excessive sweating</td> <td><input type="checkbox"/> osteoporosis risk</td> </tr> <tr> <td><input type="checkbox"/> dyspareunia</td> <td><input type="checkbox"/> cardiovascular risk</td> </tr> <tr> <td><input type="checkbox"/> urinary incontinence</td> <td><input type="checkbox"/> breast cancer risk</td> </tr> <tr> <td><input type="checkbox"/> osteoporosis</td> <td><input type="checkbox"/> no symptoms / risk factors</td> </tr> </table>	<input checked="" type="checkbox"/> hot flushes	<input checked="" type="checkbox"/> decreased sexual interest	<input checked="" type="checkbox"/> sleep disturbances	<input type="checkbox"/> vaginal atrophy	<input type="checkbox"/> excessive sweating	<input type="checkbox"/> osteoporosis risk	<input type="checkbox"/> dyspareunia	<input type="checkbox"/> cardiovascular risk	<input type="checkbox"/> urinary incontinence	<input type="checkbox"/> breast cancer risk	<input type="checkbox"/> osteoporosis	<input type="checkbox"/> no symptoms / risk factors	<p>Medication/s for menopausal symptom or health risk management is/are:</p> <table border="1"> <thead> <tr> <th><i>Name & Form</i></th> <th><i>Strength</i></th> <th><i>Dose</i></th> <th><i>Freq</i></th> <th><i>Initiated by</i> (please circle)</th> <th><i>Reason for use</i> (please circle)</th> </tr> </thead> <tbody> <tr> <td>Livial Tab</td> <td>2.5mg</td> <td>1 tab</td> <td>od</td> <td><input checked="" type="radio"/> GP/ObsGyn/Orth.Spec/Endo/ other (specify)</td> <td><input checked="" type="radio"/> 1 2 3 4 5 6 7 8* (*specify)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP/ObsGyn/Orth.Spec/Endo/ other (specify)</td> <td>1 2 3 4 5 6 7 8* (*specify)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP/ObsGyn/Orth.Spec/Endo/ other (specify)</td> <td>1 2 3 4 5 6 7 8* (*specify)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP/ObsGyn/Orth.Spec/Endo/ other (specify)</td> <td>1 2 3 4 5 6 7 8* (*specify)</td> </tr> </tbody> </table> <p><i>(see key list on card - circle as many as apply)</i></p>	<i>Name & Form</i>	<i>Strength</i>	<i>Dose</i>	<i>Freq</i>	<i>Initiated by</i> (please circle)	<i>Reason for use</i> (please circle)	Livial Tab	2.5mg	1 tab	od	<input checked="" type="radio"/> GP/ObsGyn/Orth.Spec/Endo/ other (specify)	<input checked="" type="radio"/> 1 2 3 4 5 6 7 8* (*specify)	_____	_____	_____	_____	GP/ObsGyn/Orth.Spec/Endo/ other (specify)	1 2 3 4 5 6 7 8* (*specify)	_____	_____	_____	_____	GP/ObsGyn/Orth.Spec/Endo/ other (specify)	1 2 3 4 5 6 7 8* (*specify)	_____	_____	_____	_____	GP/ObsGyn/Orth.Spec/Endo/ other (specify)	1 2 3 4 5 6 7 8* (*specify)
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Management of menopausal symptoms & related health risks -

Reasons for medication use

Please circle as many as apply.

1. menopausal symptom management;
2. prevention of osteoporosis
3. treatment of osteoporosis
4. cardiovascular protection
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8. other reason - please **specify** this in the space provided.

Severity of Chronic Pain -

Chronic Pain Grades

- I. low disability - low intensity
- II. low disability - high intensity
- III. high disability - moderately limiting
- IV. high disability - severely limiting