

Patients' Concerns about Hormone Replacement

Connelly MT, Ferrari N, Hagen N, Inui TS. Patient-identified needs for hormone replacement therapy counseling: a qualitative study. *Ann Intern Med* 1999;131:265-8.

Study Overview

Objective. To use patient self-reports to identify issues of concern regarding the risks and benefits of hormone replacement therapy (HRT) in order to align HRT counseling with patients' needs.

Design. Patient interviews.

Setting and participants. Staff-model managed care organization. 26 postmenopausal women who had received an initial prescription for HRT.

Main outcome measures. Patient responses to an interview question asking them to identify the factors regarding HRT that were of greatest concern to them. The responses were interpreted through a qualitative, consensus review of the content of interview transcripts.

Main results. Women identified an average of 15 factors (range, 6 to 24) as critical to their decision making about HRT. Thirteen factors were reported by at least 50% of the women. No more than 6 of these 13 factors were included in the HRT counseling guidelines published by the American College of Physicians (ACP) [1], the American College of Obstetricians and Gynecologists (ACOG) [2], and the U.S. Preventive Services Task Force (USPSTF) [3].

More than half of the patients reported the risk of breast cancer, prevention of osteoporosis, prevention of heart disease, menstrual-type bleeding, and having to take a medication as important to their decision making regarding HRT therapy. Each of these factors was included in at least 2 of the 3 HRT counseling guidelines. Almost all women identified their physician's opinion (96%) and most cited reports in the media (81%) and the experiences and opinions of friends (77%) as critical to their decisions about HRT; however, the ACP, ACOG, and the USPSTF counseling guidelines did not advise physicians to address these topics with their patients. Hot flashes, experiences and opinions of family, insomnia,

living with medical uncertainty, and genitourinary symptoms were identified by between 50% and 65% of patients but were not included in the guidelines.

Conclusion

Many women who are prescribed HRT have counseling needs that are not recognized by widely used HRT practice guidelines.

Commentary

The guidelines from the ACP, ACOG, and the USPSTF satisfactorily covered many of the patient self-reported factors for which scientific evidence exists but few factors for which evidence is lacking. This preference for evidence is not surprising, since physicians are taught to focus on objectively defined and measured issues of clinical or scientific importance rather than to explore patient concerns. However, given the complexity of the HRT decision, physicians should be prepared to address concerns beyond the scientific evidence when providing HRT counseling.

Applications for Clinical Practice

The specific concerns identified by this cohort of women in a regionally based managed care organization may or may not be generalizable to other women. Therefore, it is important for physicians to take the time to identify individual patients' concerns. By doing so, they can better address each patient's specific informational needs.

References

1. Guidelines for counseling postmenopausal women about preventive hormone therapy. American College of Physicians. *Ann Intern Med* 1992;117:1038-41.
2. American College of Obstetricians and Gynecologists. ACOG educational bulletin: hormone replacement therapy. Washington (DC): The College; 1998:1-10. No. 247.
3. Postmenopausal hormone prophylaxis. In: Clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore: Williams & Wilkins; 1996:829-43.

Copyright 1999 by Turner White Communications Inc., Wayne, PA. All rights reserved.