Why Do Less Than 10% of Canadian Women Take Menopausal Hormone Therapy

June 5, 2018
Nese Yuksel, BScPharm, PharmD, FCSHP, NCMP
Professor
Faculty of Pharmacy and Pharmaceutical Sciences
University of Alberta
Objectives

By the end of the presentation, participants should be able to:
• Discuss the current status of potential MHT use in Canada.
• Provide reasons for the low uptake of MHT.
• Discuss issues to MHT decision making by women.
• Review potential reasons for reluctance for MHT from health care providers.
Presenter Disclosure

Presenter’s Name: Nese Yuksel

- I have been on Advisory Boards/Speakers Bureau’s for Pfizer Canada, Aspen Pharmaceuticals, and Merck
Introduction

• MHT most effective agent for managing menopausal symptoms.
• Despite this, there is a significant care gap in prescribing MHT.
  • Women may have reservations in taking MHT.
  • Health care providers may be reluctant to prescribe.
• Impact of the WHI study initial study findings continues to this day.
MHT use declined dramatically worldwide after the WHI EPT arm initial results, from ~40% in the 1990’s (US data)¹ to reports of 12 – 16% worldwide.


¹ Hersch et al JAMA 2004;291(1):47-53
Canadian Longitudinal Study on Aging

- MHT use in women aged 45 – 85 years, n=10,141
- 9.5% of sample reported current MHT use
Hormone Therapy Use in Canada

<table>
<thead>
<tr>
<th>HT use</th>
<th>Total sample no.</th>
<th>% a</th>
<th>Past b no.</th>
<th>% c</th>
<th>Current b no.</th>
<th>% c</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at HT initiation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;45 y</td>
<td>300,560</td>
<td>4.4</td>
<td>374</td>
<td>16.8</td>
<td>106</td>
<td>11.9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>45-49 y</td>
<td>632,740</td>
<td>9.3</td>
<td>712</td>
<td>32.0</td>
<td>264</td>
<td>29.8</td>
<td></td>
</tr>
<tr>
<td>50-54 y</td>
<td>747,769</td>
<td>11.0</td>
<td>800</td>
<td>35.9</td>
<td>332</td>
<td>37.4</td>
<td></td>
</tr>
<tr>
<td>&gt;54 y</td>
<td>360,146</td>
<td>5.3</td>
<td>343</td>
<td>15.4</td>
<td>185</td>
<td>20.9</td>
<td></td>
</tr>
<tr>
<td>HT use duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1 y</td>
<td>580,172</td>
<td>24.7</td>
<td>666</td>
<td>28.1</td>
<td>204</td>
<td>21.5</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>1-4 y</td>
<td>508,942</td>
<td>21.7</td>
<td>534</td>
<td>22.4</td>
<td>226</td>
<td>24.0</td>
<td></td>
</tr>
<tr>
<td>5-9 y</td>
<td>460,231</td>
<td>19.6</td>
<td>555</td>
<td>23.3</td>
<td>174</td>
<td>18.4</td>
<td></td>
</tr>
<tr>
<td>&gt;9 y</td>
<td>796,565</td>
<td>34.0</td>
<td>624</td>
<td>26.2</td>
<td>342</td>
<td>36.2</td>
<td></td>
</tr>
<tr>
<td>HT type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estrogen and progesterone</td>
<td>725,126</td>
<td>35.5</td>
<td>762</td>
<td>37.9</td>
<td>301</td>
<td>33.4</td>
<td></td>
</tr>
<tr>
<td>Estrogen</td>
<td>932,549</td>
<td>45.6</td>
<td>967</td>
<td>48.1</td>
<td>346</td>
<td>38.4</td>
<td></td>
</tr>
<tr>
<td>Progesterone</td>
<td>163,695</td>
<td>8.0</td>
<td>131</td>
<td>6.50</td>
<td>84</td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>Estrogen cream or gel applied to skin</td>
<td>197,350</td>
<td>9.7</td>
<td>143</td>
<td>7.10</td>
<td>142</td>
<td>15.8</td>
<td></td>
</tr>
<tr>
<td>IUD with progesterone</td>
<td>24,882</td>
<td>1.2</td>
<td>8</td>
<td>0.4</td>
<td>28</td>
<td>3.1</td>
<td></td>
</tr>
</tbody>
</table>

Costanian et al. Menopause 2018;25(1):46

16th WCM
Pre-Congress Workshop
Hormone Therapy Use in Canada

Lower Likelihood of MHT use:
- Nonwhite, ethnic
- Smokers
- Obesity
- Breast cancer
- Current employed

Associated with MHT Use:
- Alcohol consumption
- Presence of mood disorders
- Exercise

Of note:
- Use in <50 to 69 year old = 13%; <50 to 59 year old = 16%
- Self-report by women
- Unclear if compounded BHT included.

Costanian et al. Menopause 2018;25(1):46
What Influences Risk Perception?

http://images.wisegeek.com/woman-tightrope-walking.jpg
Risk Perception

Complex interplay between:

- Knowledge
- Values
- Biases
- Past Experiences
- Perceptions gained in our society
• Evidence shows that people often seek out information that supports their own opinions/beliefs.
• Once a belief is made, rather than shedding beliefs, science and facts will be rejected.
• Risk perception once made, takes a long time to change.
• In strongly opposing views, new information can further polarize the views.
  • People will reinforce prior perceptions of risk.

Risk Perception

• Uncertainty or diversity in scientific information or by “experts” can lead to fear and mistrust.

• “What we hear is what we know”: Risks can be perceived to be higher if publicized more frequently.

• Public perception of risk is greatly influenced by conventional mass media, social media and popular culture (i.e. celebrities).
  • Social media can draw on the emotional and subjective opinions.

Facts alone literally have no meaning until our emotions and instincts and experiences and life circumstances give rise to how we feel about those facts.

Ropeik D, 2014, Feelings Matter more Than Facts Alone

Decision Making with Menopause

• Menopause decisions are complex and emotionally driven, especially with hormone therapy.

• Decisions are not a single event but evolve over time.

• MHT benefits often subjective (i.e. symptoms) or preventative (i.e. bone loss); while risks cause fear in most women (i.e. breast cancer).

• Changing information on safety profiles and shifting role of MHT has led to confusion and anxiety, as well as mistrust in the medical establishment.

Landmark trial overstated HRT risk for younger women

Results of a major trial of hormone therapy may have been misleading

Lauren Vogel | CMJ | April 12, 2017

• Risk numbers (and especially statistical interpretation) are difficult to understand and interpret for most people.

• Vast amount of information about MHT can make it difficult to decipher – even by experts and provides for continued debate.

• Allowing for discourse of MHT information in the media, internet and social media.

• Studies have reported primary MHT information sources include media, internet, and social network (ie friends, family, etc)

Evidence vs Perception

“Perception-wise, in the post-WHI era, risks are over-valued and generalized to the whole postmenopausal population and to all forms of hormone therapy.”

Pines A. Climacteric 2008;11(6):443-446
Media