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Women's Decision Making About the Use of Hormonal and Nonprescription Remedies for the Menopausal Transition

Rosemary Theroux, RNC, PhD

PURPOSE

- Background and Significance:
- 30 million women are going through menopause
- 6 million will experience menopause in the next 10 years
- By the year 2020 the number of women over age 50 will double

Practice Issues:

- Women who have initiated HT will be revisiting their initial decision
- Women evaluated the information given to them about menopause as lacking in quality
- Counseling Services provided to menopausal women in managed care are being evaluated for quality, breadth, and individualization

Healthcare Services for menopausal women need improvement

Purpose:
To review the findings of qualitative studies about how women made the decision about using either hormone therapy (HT) or nonprescription remedies for the menopausal transition

CONTEXT OF THE STUDIES:

Hormone therapy was advocated for women to prevent heart disease and osteoporosis

Results of studies on long-term use (Women's Health Initiative, WHI) were not completed

METHOD: INTEGRATIVE REVIEW

- Literature search
- Databases: Cinahl, Psych Info, 1982-2001
- Keywords: decision making for HT, attitudes to HT, herbal remedies, qualitative research
- Findings compared within and across studies
- Categories developed and merged

Sample

- 16 qualitative studies 1996-2001
- Total of 576 participants
- 12 used qualitative methods alone; 1 used both quantatative and qualitative
- 3 used qualitative methods with an instrument

Data Collection methods

- Single audiotaped interview 8
- Focus groups 4
- Combination of focus groups & individual interviews 3; written questionnaire 1

FINDINGS

Decision making is a non-linear process with stages (Woods et al., 1997)

- Precontemplation
- Contemplation
- Commitment
- Critical Evaluation
- Continuance

Women cycled through the stages and revisited prior stages. The process was the same regardless of their decision (HT, nonprescription remedy, lifestyle change)

Women's Experiences During Decision making

- Ambivalent
- Confused
- Frustrated
- Unsure
- Conflicting and incomplete information on HT

Women's Experiences with Health Care

- Lack of information available
- Poor communication with physicians
- Lack of time at visits to discuss concerns
- Concerns not taken seriously
- Experiences with NPs not described

Influences on the Process

- Internal:
  - Needs, benefits and risks
  - Attitudes and beliefs
  - Values
  - Context
- External: Interactions With
  - Family, friends, co-workers
  - Cultural group
  - Health care providers
  - Media and information sources

Desired Role in the Decision Process:

- Relied on provider to decide
- Decided together with provider
- Relied on self to make decision

Desired Health care Experience:

- Communication and open dialog with sharing of information
- Assistance with weighing of benefits and risks

CONCLUSIONS

Implications for Research

- Since the release of the WHI the context of the decision making has changed. Further studies are needed
- Interventions to enhance women's decision making need to be designed and tested

Implications for Practice

- Nurses can meet women's needs for information by designing accessible and unbiased information about menopause mana gement
- During counseling clarify the role women want totake in the decision process, and determine their stage in the decision process
- Elicit women's perceptions about their needs and goals, values and beliefs, and knowledge about menopause

Seven investigators found that during the decision making process women weighed the benefits and risks, the advantages and disadvantages, the potential gains against possible harms, or the pros and cons. One usually outweighed the other.