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Women's decision-making about the use of hormonal and non-hormonal remedies for the menopausal transition

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Introduction

- **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
 - Studies about women's decision-making were done prior to the release of the Women's Health Initiative Study results. Thus, it is unclear if the process is the same.
- **Purpose**
To describe women's experiences when making decisions about the use of hormonal or non-hormonal remedies during or after the menopausal transition.
- **Method: Qualitative Descriptive**
 - Inclusion criteria: perimenopausal or postmenopausal, currently making a decision about menopausal management (either initial or revised)
 - Women were recruited from a midlife women's health nurse practitioner practice via flyers
- **Data Collection**
 - Semi-structured interviews with open-ended questions conducted via telephone & face to face
 - Audio taped & transcribed; content analysis
 - Follow-up interviews at 6 & 12 months (total of 3 interviews)
- **Sample**
 - 7 women, European-American
 - Ages ranged from 48-58, mean 53 years
 - LMP ranged from 4 months -10 years
 - 2 women less than 1 year; 2 women 1-2 years; 2 women 3 years; 1 woman 10 years

Findings

Over the course of a year, 3 women made 2 decisions, 1 women made 3 decisions, 1 woman made 5 decisions, and 1 women did not make any decisions.

■ **Women's basic problem was the need for relief of symptoms in the safest manner possible, and return to their prior level of functioning.**

In order to accomplish these goals they used a process, "Navigating the Waves of Menopausal Changes." This was a non-linear process with five stages.

- Noticing changes
- Charting an initial course
- Changing course
- Consulting the nurse practitioner
- Taking it as we go

■ **Strategies Used During the Process**
Noticing Changes

Information-seeking
Comparing to other women

Charting an Initial Course

"Holding out" from using HT
"Trying it" – using non-hormonal remedies
Judging efficacy

Changing Course

Weighing benefits and risks
Reconciling risks
"Keeping things natural" -bioidenticals

"It was sort of weighing out the risk and benefit. . . I may just have to absorb some of the risk in order to feel better."

Consulting the NP

"I was just torn, so I needed help with the decision."

Taking it As We Go

Fine-tuning regime
Weighing benefits and risks
Changing course again

Findings (cont)

■ **Influences on the Process**

- **Internal:**
 - Presence of symptoms, degree of disruption in function
 - Attitudes and beliefs about menopausal management
 - Perception of quality of life
 - Values and goals
 - Knowledge of menopause & research findings
 - Perception of risk
 - Personal & family health history
 - Context
- **External:** Interactions with
 - Family, friends, co-workers
 - Cultural group
 - Health care providers
 - Media and information sources

Conclusions

- **Implications for Research**
 - Obtain a larger sample and develop a grounded theory about decision-making, which would guide development of interventions to enhance women's decision making. These could be tested.
- **Implications for Practice**
 - Health care providers can meet women's needs for decision support by designing easily accessible and unbiased information about menopause management. Some women prefer one on one counseling, some prefer to use the internet, and others prefer a group model. *This should be individualized.*
 - During counseling clarify the role women want to take 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 perception of risk, beliefs about menopause management, and knowledge about menopause.

Navigating the Waves of Menopausal Changes

