Women’s views of the climacteric at the time of low menopausal hormone use, Estonia 1998

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Abstract

Objectives: This study examined women’s opinions about the climacteric and hormone therapy (HT) after menopause and compared women’s and physicians’ opinions in a country of low-HT use.

Methods: In 1998, a postal questionnaire was sent to a random sample of 2000 Estonian 45–64-year-old women; 69% (n = 1312) responded. In 1999, a postal questionnaire was sent to a random sample of 500 Estonian gynaecologists and general practitioners; 68% (n = 342) responded.

Results: Mean age at menopause was 49.8 years (S.D. 4.0), and there was no difference by socioeconomic classes or by age in self-rated health. Ten percent of women reported having used HT, with 3% currently using it. Most women reported some symptoms, with vasomotor symptoms more frequently reported by 50–54 years old; women most often reported tiredness (48%). Half of the women but under a fifth of physicians considered the climacteric a normal phase of life. Women’s awareness about HT was low and about half had no opinion on its health effects. Half of the women had visited a gynaecologist, older women less so. Women with contacts with health care were more aware of HT.

Conclusions: Women reported symptoms by age-group as similarly found in high-HT use countries and it verifies that many symptoms experienced were not due to menopause. As in other low-HT use countries, women were unfamiliar with HT and their attitudes were traditional, although physicians’ attitudes were more positive. Estonian women seemed to have escaped the period of the preventive use of HT.

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1. Introduction

In the clinical literature on the climacteric,1 it has often been stated that it is a difficult period with many

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1 In this article, the climacteric is defined as the transition from premenopause to postmenopause, a conception that lay people use in Estonia and Finland. Menopause is the time of last menstruation.
symptoms [12], and many practicing physicians think similarly [3]. However, epidemiological surveys on representative samples of women have shown that most problems experienced by women are due to age rather than to the climacteric [4,5]. Hormone therapy users, compared to non-users, have reported a wider range of these symptoms [6,7]. These findings suggest that medical views about the health of middle-aged women during the climacteric are likely to be based on the experiences of those seeking a physician's consultation. Views of the climacteric as a time of considerable distress and ill-health are being perpetuated and over-generalized [4,6,8]. Women’s definition and understanding of menopause differs markedly from that of the health providers, health care industry or policy legislators [9].

Menopausal and postmenopausal hormone therapy (HT) is used to treat climacteric symptoms, but by 2000 long-term use for preventive purposes had become common. Recent results of experimental preventive trials on HT suggest that the benefits of HT use have been overestimated [10,11]. Physicians have been reported as prescribing HT more often than women requested [12] and the physicians’ recommendations especially has an impact on women’s decisions to start HT [13–15]. Based on HT sales, European countries can roughly be divided into low (2–4%)-HT use countries (Spain, Italy, Portugal, Greece and Ireland) and high (20–56%) HT use countries (Finland, Sweden, Austria, Denmark, France, Germany and the U.K.) [16]. In addition, North America is also a high-use area [17].

Most studies on women’s experiences of the climacteric are based on populations where HT use is common [5]. Our study focuses on Estonia, where HT sales are low, only 10 DDD/1000 inhabitants in the study year 1998, and the value of the prescriptions was 0.39 USD/inhabitant/year. In the neighbouring country of Finland the HT sales were 48 DDD/1000 inhabitants in the same period [18], and 3.14 USD/inhabitant/year. According to the Nordic Medico Statistical Committee, in 1999 HT sales in other Nordic countries were 56 DDD/1000 inhabitants in Sweden (3.76 USD/inhabitant/year), in Norway 46 DDD/1000 inhabitants (3.42 USD/inhabitant/year) and in Denmark 29 DDD/1000 inhabitants (2.13 USD/inhabitant/year) [19].

The purpose of this study was to examine women’s opinions about the climacteric and HT after menopause and to compare women’s opinions to physicians’ opinions in a low-HT use country.

2. Material and methods

2.1. Women’s survey

An anonymous postal questionnaire was sent in 1998 to a random sample of 2000 Estonian-speaking women aged 45–64 years drawn from the Population Registry together with an invitation to join a randomised controlled Estonian Postmenopausal Hormone Therapy-trial (EPHT) on HT and with a short description of the trial. After two reminders the response rate was 69% (n = 1312). The questionnaire included questions about the women’s experiences and views of the climacteric. Most questions had previously been used in a Finnish survey [4]. For the current survey, we used both congruent and modified questions and the questionnaire was translated from Finnish to Estonian by Estonian researchers and back to Finnish by an Estonian translator with good Finnish skills. The Estonian questionnaire was first tested by some research colleagues at TAI and then in a pilot of eight Estonian lay women between 45 and 64 years of age to make sure that the content was understandable and relevant.

The women were asked, among other things, about their background characteristics, health status, menstruation, weight and height, health habits, health services utilisation, conceptions of the climacteric, and related symptoms and their management (Appendix A). The questionnaire was divided into two parts: the first was meant for all, the second only for women whose menstrual periods had ceased or who used or had used HT. Most questions had been used in an earlier Finnish population-based survey in 1989 [4]. For the purpose of the analyses, women were classified into four age-groups: 45–49, 50–54, 55–59 and 60–64 years. When comparing age-groups, 50–54 years was used as the reference group.

2.2. Estonian physician’s survey

Combining physician lists from the Ministry of Social Affairs, the Estonian Gynaecologists Society and the Family Practice Society from 1999, we obtained a list of 726 gynaecologists and family practitioners
A random sample of 500 physicians (212 gynaecologists and 288 GPs) was taken. After two reminders, 342 (68%) had responded. Following the exclusion of 21 questionnaires that had not been filled in, 321 (155 gynaecologists and 166 GPs) remained. Physicians were asked who should be prescribed menopausal and postmenopausal hormone treatment and for how long[18].

The statistical significance between the groups was determined using $\chi^2$-tests and the two-tailed $t$-test of the proportions. Odds ratios adjusting by marital status, obesity, physical exercise, smoking and alcohol consumption were calculated using logistic regression analysis.

3. Results

The mean age of the respondents was 53.9 years (S.D. 5.5), mean age at the cessation of menstrual periods was 49.8 years (S.D. 4.0), and there were no differences in the socioeconomic classes between the age-groups. Women lived mainly in urban or suburban areas, and most of them had a long education (Table 1).

Women in the older age-groups were less often employed outside the home and they were more often living alone than other women.

Only 5% of the women reported current HT use (Table 1), and 10% reported having used HT at some time. In the age-group 50–54 (24% of women) HT use was somewhat more common. Compared to the 50–54-year-old women, fewer of the younger women were obese (body mass index (BMI) $\geq 30$ kg/m$^2$); more than a quarter of women reported doing a lot of exercise during free time, whilst in the older age-groups women smoked less and drank less alcohol (Table 1). Less than a tenth of women daily used calcium products.

A quarter of the women rated their health as very good or good, younger women more often than older women (Table 1). Only 6% of the women reported no

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Table 1
Background information of the study women and self-rated health (% of women)$^a$

<table>
<thead>
<tr>
<th>Age-groups (a)</th>
<th>Living area, urban/suburban (%)</th>
<th>45–49 (350)</th>
<th>50–54 (315)</th>
<th>55–59 (379)</th>
<th>60–64 (268)</th>
<th>All (1312)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic (compulsory) 8 years</td>
<td>91</td>
<td>91</td>
<td>92</td>
<td>90</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Secondary 9–12 years</td>
<td>30</td>
<td>29</td>
<td>33</td>
<td>34</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>University &gt;12 years</td>
<td>33</td>
<td>30</td>
<td>33</td>
<td>27</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Employed outside home (%)</td>
<td>87</td>
<td>84</td>
<td>69$^{***}$</td>
<td>40$^{***}$</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>Married or cohabiting (%)</td>
<td>68</td>
<td>66</td>
<td>59</td>
<td>48$^{***}$</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Current use of HT (%)</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Obese (BMI $\geq 30$ kg/m$^2$)</td>
<td>19$^{**}$</td>
<td>27</td>
<td>27</td>
<td>29</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Exercise during free time a lot$^b$</td>
<td>24</td>
<td>26</td>
<td>30</td>
<td>30</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Smoking daily</td>
<td>22</td>
<td>19</td>
<td>12$^{**}$</td>
<td>9$^{**}$</td>
<td>16$^{**}$</td>
<td></td>
</tr>
<tr>
<td>No alcohol use</td>
<td>14</td>
<td>10</td>
<td>21$^{***}$</td>
<td>27$^{***}$</td>
<td>18$^{**}$</td>
<td></td>
</tr>
<tr>
<td>Daily use of calcium products in previous 2 weeks</td>
<td>10</td>
<td>7</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Self-rated health$^c$

<table>
<thead>
<tr>
<th>Very good or good</th>
<th>p &lt; 0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Average</td>
<td>60</td>
</tr>
<tr>
<td>Poor or very poor</td>
<td>8</td>
</tr>
<tr>
<td>No information</td>
<td>0</td>
</tr>
</tbody>
</table>

$^a$ Reference 50–54 age-group.

$^b$ Includes “rather a lot” and “a lot”.

$^c$ Chi-square test (tested without missing information).

$^*$ p < 0.05.

$^{**}$ p < 0.01.

$^{***}$ p < 0.001.
Table 2
Symptoms in past 2 weeks by age-groups (%), proportion (%) of women reporting symptoms, and odds ratios (95% confidence intervals, CI), adjusting for marital status, obesity, physical exercise, smoking and alcohol consumption.

<table>
<thead>
<tr>
<th>Age-groups (x)</th>
<th>45–49 (350)</th>
<th>50–54 (315)</th>
<th>55–59 (379)</th>
<th>60–64 (268)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% OR (95% CI)</td>
<td>% OR (95% CI)</td>
<td>% OR (95% CI)</td>
<td>% OR (95% CI)</td>
</tr>
<tr>
<td>Tiredness</td>
<td>51 1.03 (0.76–1.40)</td>
<td>50 0.87 (0.65–1.18)</td>
<td>46 0.84 (0.61–1.17)</td>
<td>46 0.84 (0.61–1.17)</td>
</tr>
<tr>
<td>Joint/muscle ache</td>
<td>30 0.64 (0.47–0.89)</td>
<td>40 0.95 (0.70–1.29)</td>
<td>32 0.71 (0.52–0.97)</td>
<td>29 0.62 (0.44–0.87)</td>
</tr>
<tr>
<td>Headache</td>
<td>43 1.14 (0.84–1.55)</td>
<td>40 0.85 (0.61–1.18)</td>
<td>31 0.85 (0.61–1.18)</td>
<td>31 0.85 (0.61–1.18)</td>
</tr>
<tr>
<td>Backache</td>
<td>32 1.06 (0.76–1.47)</td>
<td>31 0.85 (0.61–1.18)</td>
<td>31 0.85 (0.61–1.18)</td>
<td>31 0.85 (0.61–1.18)</td>
</tr>
<tr>
<td>Sweating</td>
<td>24 0.65 (0.46–0.91)</td>
<td>33 0.95 (0.70–1.29)</td>
<td>25 0.70 (0.49–1.01)</td>
<td>25 0.70 (0.49–1.01)</td>
</tr>
<tr>
<td>Hot flashes</td>
<td>16 0.41 (0.28–0.59)</td>
<td>23 0.85 (0.61–1.18)</td>
<td>16 0.40 (0.27–0.60)</td>
<td>16 0.40 (0.27–0.60)</td>
</tr>
<tr>
<td>Irritability</td>
<td>22 0.82 (0.57–1.17)</td>
<td>26 0.87 (0.62–1.24)</td>
<td>20 0.71 (0.48–1.06)</td>
<td>20 0.71 (0.48–1.06)</td>
</tr>
<tr>
<td>Sleeplessness</td>
<td>18 0.77 (0.53–1.12)</td>
<td>23 1.06 (0.74–1.51)</td>
<td>22 0.99 (0.67–1.47)</td>
<td>22 0.99 (0.67–1.47)</td>
</tr>
<tr>
<td>Depression</td>
<td>20 0.80 (0.55–1.16)</td>
<td>24 0.86 (0.60–1.23)</td>
<td>21 0.86 (0.59–1.28)</td>
<td>21 0.86 (0.59–1.28)</td>
</tr>
<tr>
<td>Diarrhoea or constipation</td>
<td>17 0.70 (0.47–1.02)</td>
<td>23 0.77 (0.53–1.11)</td>
<td>22 0.99 (0.67–1.47)</td>
<td>22 0.99 (0.67–1.47)</td>
</tr>
<tr>
<td>Vaginism</td>
<td>21 1.00 (0.74–1.58)</td>
<td>19 0.89 (0.61–1.31)</td>
<td>21 1.13 (0.75–1.69)</td>
<td>21 1.13 (0.75–1.69)</td>
</tr>
<tr>
<td>No symptoms</td>
<td>7 1.73 (0.86–3.42)</td>
<td>4 1.93 (0.96–3.77)</td>
<td>7 1.77 (0.86–3.66)</td>
<td>7 1.77 (0.86–3.66)</td>
</tr>
</tbody>
</table>

* The 11 most common symptoms out of 17 listed and no symptoms.
* Reference 50–54 age-group.
* Statistically significant differences are shown in bold.

Symptoms, and almost half reported tiredness. Vaso-motor symptoms (hot flashes and sweating) were most frequently reported at the age-group 50–54, and declined after that (Table 2). For other symptoms, there was no statistically significant peak among 50–54 years old. The proportions of women reporting headaches declined steadily by age, whereas the proportion of women reporting joint or muscle ache increased. Adjusting by marital status, obesity, physical exercise, smoking and alcohol consumption did not make any difference.

The women were asked for their opinions about the climacteric through a list of statements. About 70% of the women gave their responses on the statements concerning the climacteric, about 13% could not choose and about 18% did not answer. About half of the women were of the opinion that the climacteric is a normal phase in a woman’s life and does not need treatment by a physician, and that a woman does not lose her femininity during the climacteric (Table 3). The youngest women held this opinion somewhat less often. Women who had reported hot flashes and sweating or who had wanted HT or used it, more often disagreed with the statement that a woman does not lose her femininity during the climacteric. Examining women’s opinions by education showed that educated women were more certain in their opinions about the climacteric and HT preventing osteoporosis. Of less often chose options “cannot say” or left unanswered. Furthermore, the more education a woman had, the more negative her opinion was on prescribing HT to all symptomatic women or to all postmenopausal women.

In open-ended questions women were asked to say what positive or negative features they connected with the climacteric. Positive features of the climacteric were reported by 17% of the women. Two-thirds of them said that cessation of the menstrual periods was the most positive thing because they do not have to wait for irregular bleeding, use sanitary equipment, and their intimate hygiene was easier to take care of. A quarter of the responding women were also relieved because they did not have to fear becoming pregnant any more. In addition, some women stated that they can start a new period in their lives, and they feel themselves calm, independent and matured.

Negative features in the climacteric were reported by 28% of the women. Of them, 27% mentioned the start of ageing, 20% hot flashes and sweating, 16% worsening health and diseases, 13% weight gain, and 11% irritability, mood changes and psychic instability. Some women experienced low self-esteem. Often women who reported negative features connected the climacteric with all kinds of health problems, such as tiredness and deteriorated vision.
Table 3
Women's opinion on climacteric and hormone therapy by age-group (%)

<table>
<thead>
<tr>
<th>Age-groups (n)</th>
<th>45–49 (350)</th>
<th>50–54 (315)</th>
<th>55–59 (379)</th>
<th>60–64 (268)</th>
<th>All (1312)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climacteric is a normal phase of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>46</td>
<td>55</td>
<td>57</td>
<td>55</td>
<td>53</td>
</tr>
<tr>
<td>Disagree</td>
<td>23</td>
<td>19</td>
<td>13</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Femininity is not lost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>49</td>
<td>57</td>
<td>52</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>Disagree</td>
<td>12</td>
<td>16</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>HT prevents osteoporosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Disagree</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Cannot say</td>
<td>60</td>
<td>62</td>
<td>55</td>
<td>53</td>
<td>58</td>
</tr>
<tr>
<td>HT to all symptomatic women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>20</td>
<td>20</td>
<td>17</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Disagree</td>
<td>22</td>
<td>20</td>
<td>18</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Cannot say</td>
<td>39</td>
<td>42</td>
<td>42</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>HT to all postmenopausal women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Disagree</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Cannot say</td>
<td>46</td>
<td>46</td>
<td>43</td>
<td>44</td>
<td>46</td>
</tr>
</tbody>
</table>

\(a\) Reference 50–54 age group.
\(b\) In the first two questions the rest chose either cannot say or the question was not answered; in the last three the question was not answered.
\(c\) Includes “agree” and “nearly agree”.
\(d\) Includes “disagree” and “nearly disagree”.
\(* p < 0.005.

Women’s opinions on HT were also studied with the use of statements (Table 3). About half of the women could not decide their opinion and a quarter gave no answer. The statement that HT prevents osteoporosis was most difficult, and only 17% of the women expressed an opinion; 12% agreed that HT prevents osteoporosis. On the statement about prescribing HT to all women showing climacteric symptoms, 37% of women gave an opinion: one half of them agreed and the other half disagreed. When stating that HT should be prescribed to all postmenopausal women, only 6% of the women agreed and a quarter disagreed. Women who had used any drugs, who had visited health care several times within the past 12 months, or who had wanted to use or had used HT agreed more often than other women with the statements that HT prevents osteoporosis, that HT should be prescribed to all women with menopausal symptoms and that HT should be prescribed to all postmenopausal women.

When the women were asked from where they had obtained information on the climacteric, the media was often mentioned 55% of women, friends or relatives were mentioned by 35% of the respondents, and 25% from a gynaecologist. When women were asked with whom they had discussed the climacteric, 39% had not discussed it with anybody, 18% had discussed it with their husband or partner, 36% with friends and 21% with relatives.

Most of the women (69%) had visited a physician within the previous 12 months, and three or more visits were reported by 30% of respondents. There were no differences between the age-groups. About 40% of the women had visited a gynaecologist in the previous 12 months, and the proportions visiting were lower in the older age-groups: half of 45–49 and 50–54 years had visited, but 29% of 60–64 years old. Likewise, the proportion of women with three or more decreased, from 10% among 45–49 years old to 2% among 60–64 years old.

When asked about visits to a physician due to climacteric symptoms, 389 women (30% of the visitors) gave specific reasons. Irregular menstruation (33% of the responders), and hot flashes and sweating (30%) were mentioned most often. Other reasons given were
Table 4
Comparison of women’s and Estonian physicians’ opinions on climacteric and HT (%a)

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Gynaecologists</th>
<th>General practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1312)</td>
<td>(155)</td>
<td>(166)</td>
</tr>
<tr>
<td>Normal phase of life,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>needs no HT</td>
<td>53</td>
<td>6***</td>
<td>15</td>
</tr>
<tr>
<td>HT for all symptomatic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>women</td>
<td>18</td>
<td>48***</td>
<td>36***</td>
</tr>
<tr>
<td>HT for all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>postmenopausal</td>
<td>6</td>
<td>37***</td>
<td>17***</td>
</tr>
</tbody>
</table>

a Reference: women.

b Without contraindication.

∗∗∗ p < 0.001.

different gynaecological problems like fibroids (10%) and psychological reasons like depression, tiredness, irritability (11%). When asked what climacteric symptoms women had, 285 women (22%) responded: most common symptoms were hot flashes (55%), irregular periods (16%) and psychological reasons such as irritability, depression and sleeplessness (24%).

Some 10% of women had used HT; the most common reasons for using HT were hot flashes and sweating, irregular periods, and climacteric symptoms. Some women expected better self-esteem with HT.

Women’s opinions on the climacteric and HT were very different from Estonian physicians’ opinions (Table 4). More than half of the women agreed with the statement that the climacteric is a normal phase of life and it needs no HT, but less than a sixth of physicians were of the opinion that HT use was not necessary during the climacteric. On the statement about prescribing HT for all symptomatic women, less than a fifth of the women agreed, but almost a half of the gynaecologists and over a third of the GPs agreed with the need to prescribe HT for all symptomatic women. Every fifth GP and every fourth gynaecologist but only every sixteenth woman favoured prescribing HT for all postmenopausal women.

4. Discussion

As anticipated from sales figures, HT use in Estonia was low, 3% reported current use of HT and only 10% in total had ever used HT. Accordingly, women were not familiar with HT and most of them could not take a stand on its health benefits. This was in contrast with the favourable opinions of Estonian physicians. Women who had contacts with health care (e.g., used drugs, several visits to physician) shared physicians’ opinions about HT more often than other women.

The response rate of 69% in our study is fairly good. It is possible that the invitation to join a trial reduced women’s willingness to return the questionnaire.

In Estonia, many women had the opinion that the climacteric is a normal phase in a woman’s life which does not need medical treatment, and femininity is not lost in the climacteric. This contrasts with physicians’ opinions where only a small proportion stated that the climacteric do not need medical treatment, gynaecologists less often than GPs [18]. However, compared to the Finnish survey in 1989 [4], Estonian women had a more negative opinion on the climacteric. In Estonia half of the women agreed that femininity is not lost at the climacteric, but in Finland 78% of the women had this opinion. In Estonia the youngest age-group had the most positive opinion, whereas in Finland the youngest age-group had the most positive opinion of the climacteric with regards to femininity. Similar differences between the countries were found in regards to the statement of the climacteric as a normal phase of life.

Estonian women who had more contacts with health care and who had used HT had more negative opinions about the climacteric and more positive opinions about HT than other women. This suggests professional influence in the diffusion of HT. Awareness about the climacteric and hormone treatment seems to correlate to use of HT [20–22], and that physicians’ recommendations to use HT influence women [12–15]. However, education increased negative opinions about HT.

When compared to Finnish women, fewer Estonian women reported positive experiences of the climacteric in an open-ended question (17% versus 30%). However, the most common issues (relief at the end of menstrual periods and an end to the fear of pregnancy) were similar. Similar findings were also found in a Danish study [23]. In both Finland and Estonia just as many women reported negative aspects
of the climacteric, but the reasons varied. In Estonia, almost a third of responding women said that it is the beginning of ageing, but in Finland only 2% said this.

Even though the Finnish survey is 10 years older than the Estonian study, HT use was common and menopause and the climacteric had been widely discussed [24]. It is possible that the public discussion had influenced women to have a more positive opinion of the climacteric, regardless of drug treatment. Anyway, Søgaard and colleagues found that women with high education and the most awareness of estrogen were more unwilling to use estrogen to prevent chronic diseases because they criticised the fact that too little is known about HT [21,25].

Estonian women in the age-groups 50–54 and 55–59 years rated their health better than Finnish women [4], even though they reported more symptoms. The proportions of women reporting vasomotor symptoms were similar in the two countries and in both countries more 50–54-year-old women reported vasomotor symptoms than other women. These results support the claim that vasomotor symptoms depend on menopausal status and the other symptoms are related to age. The etiology of hot flashes is not known [26], but women using HT have been reported as receiving help for vasomotor symptoms, but not for the other symptoms [7,27].

The concept of menopausal symptoms needs to be clarified. Middle-aged women report a lot of other symptoms, but they are not specific to menopause. The different symptom lists describe the usual subjective health problems, many that become more common with age rather than due to menopause. Furthermore, a survey on middle-aged men showed that men report similar symptoms [28]. Classifying all symptoms of middle-aged women as either menopausal or climacteric creates a misleading picture of the aging of women.

Estonian women seemed to have escaped the period of preventive use of HT. Their attitudes to the climacteric in 1998 were still traditional and knowledge and use of HT was low, although physicians were already enthusiastic [18]. In the 1990s professional journals contained only a few articles about HT [29]. Many women responded that the media was a source for learning about the menopause. However, we have no systematic data on what and how menopause and HT were discussed in the media. Experimental and other research [11,30–31] have now shown that combined oral estrogen/progestin does not prevent cardiovascular diseases; long-term use may increase the risk of breast cancer; it does not prevent dementia [32–33], protect cognition [34] or increase quality of life [35]. On the contrary, HT may increase coronary heart diseases during the first year of treatment [36], and increase the risk of ischemic stroke [37]. The results from the Women’s Health Initiative (WHI) estrogen-alone trial also show negative results on prevention of cardiovascular diseases [38], dementia [33], and cognition [34]. Thus, HT use in Estonia may remain low, and be restricted to symptomatic use.
Appendix A

Questions used from the women’s questionnaire

Do you live
1. in a town centre
2. outside of the town centre/in a suburban area
3. in a village
4. in the countryside outside of a village

What is your general education

What is or was your occupation/profession? _______________________

Are you currently
1. in a paid job
2. working at home
3. a pensioner
4. unemployed
5. something else, specify ______________________

What is your current marital status
1. single
2. married
3. cohabitant
4. divorced or separated
5. a widow

Your height is ______ cm

Your weight is ______ kg

What is your current health?
1. good
2. rather good
3. moderate
4. rather poor
5. poor

During the past two weeks, have you had any of the following symptoms or problems?
1. dizziness
2. tiredness
3. diarrhea or constipation
4. irritability
5. constant cough
6. depression
7. backache
8. stomach pain
9. headache
10. joint/muscle ache
11. shortness of breath
12. hot flashes
13. sore throat
14. sleeplessness
15. loss of appetite
16. menopausal problems
17. sweating
18. no symptoms

Have you ever discussed the climacteric with any of the following persons? Choose several, if appropriate:
1. friends
2. relatives
3. husband/companion
4. someone else, who?
5. with no one

Have you received information about the climacteric from any of the following sources? Circle after every statement the number which corresponds best your opinion

<table>
<thead>
<tr>
<th>Source</th>
<th>a lot</th>
<th>somewhat</th>
<th>not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. gynaecologist</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. other physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. midwife, nurse or doctor's assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. friends or relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. newspapers, books, radio, television</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. other source, specify</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

During the last 12 months have you visited a physician (excluding dentist)
1. no
2. 1-2 times
3. 3-4 times
4. 5-6 times
5. 7 times or more

During the last 12 months have you visited a gynaecologist
1. no
2. 1-2 times
3. 3-4 times
4. 5-6 times
5. 7 times or more

Have you wanted hormone therapy because of climacteric
1. no
2. yes, why?
3. I don’t remember

In the following we give some statements about climacteric and hormones (estrogens or estrogens combined with progestins) used during climacteric and postmenopause. In each case circle the alternative which best describes your opinion.
Hormones effectively prevent osteoporosis

<table>
<thead>
<tr>
<th>I totally agree</th>
<th>I somewhat agree</th>
<th>I don’t know</th>
<th>I somewhat disagree</th>
<th>I totally disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Chimacteric is a normal phase in a woman’s life and usually doesn’t need a doctor’s treatment

<table>
<thead>
<tr>
<th>I totally agree</th>
<th>I somewhat agree</th>
<th>I don’t know</th>
<th>I somewhat disagree</th>
<th>I totally disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Hormones should be given to all middle-aged women having (menopausal) symptoms

<table>
<thead>
<tr>
<th>I totally agree</th>
<th>I somewhat agree</th>
<th>I don’t know</th>
<th>I somewhat disagree</th>
<th>I totally disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

A woman does not lose her femininity during chimacteric

<table>
<thead>
<tr>
<th>I totally agree</th>
<th>I somewhat agree</th>
<th>I don’t know</th>
<th>I somewhat disagree</th>
<th>I totally disagree</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Hormones should be given to most postmenopausal women

<table>
<thead>
<tr>
<th>I totally agree</th>
<th>I somewhat agree</th>
<th>I don’t know</th>
<th>I somewhat disagree</th>
<th>I totally disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

What are the positive sides of chimacteric?
1. I find nothing positive in it
2. positive is
3. I cannot say

What are the negative sides of chimacteric?
1. I find nothing positive in it
2. positive is
3. I cannot say

When did you have your last menstrual periods
1. over 12 months ago
2. 3-12 months ago
3. less than 3 months ago
4. other, specify

How much do you exercise during your free-time?
1. not at all
2. a little
3. somewhat
4. quite a lot
5. a lot

During the past two weeks have you used calcium products
1. daily
2. every now and then
3. not at all

Do you currently smoke?
1. no
2. yes, occasionally
3. yes, ______ cigarettes daily

How much alcohol do you use?
1. a lot
2. quite a lot
3. a reasonable amount
4. rather little or little
5. not at all

Have you used female hormone therapy?
1. no
2. yes, when did you start? year ______ month _______
3. I am not yet in the climacteric

Have you visited a physician because of climacteric symptoms? Choose several, if appropriate.
1. yes, I have visited a gynecologist.
2. yes, I have visited another physician.
3. no, I have not visited a physician, but I have considered it.
4. no, I have not even considered visiting a physician.
5. I have no climacteric problems.

What were the climacteric problems which made you to visit a physician?
1. I have not visited a physician because of the climacteric.
2. I visited. Why?

Have you had climacteric symptoms?
1. no
2. yes. What

Why was your hormone therapy prescribed (give all the reasons)
1. I got hormone treatment in climacteric. Why
2. I got hormone treatment in postmenopause. Why

Have you stopped the hormone treatment?
1. I have never taken hormone therapy
2. I am still taking hormone treatment
3. I stopped taking hormone treatment. When

Why did you stop hormone treatment?
1. the treatment was planned only for a certain period
2. I wanted to stop by myself. Why
3. the physician told me to stop. Why
4. other reason. What
References


