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CALAF-ALSINA J

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J. Calaf Alsina

HRT USE IN EUROPE

INTRODUCTION

The option of replacing ovarian secretion after menopause is considered by only a small number of women. There are several reasons to explain this situation and they can be analysed through following the different steps between the perception of the need and the long-term compliance of a prescription. In figure 1 this steps are represented together with the different sources of information available to evaluate them. The size of the target population and its significance within a given health system will be relevant in terms of resources allocation. There is no doubt about the increase in medical sensitivity concerning menopause and its short- and long-term consequences in a framework of an ageing population. Demographic studies help to establish the size of the group of women eligible for hormone replacement therapy.

FACTORS AFFECTING THE VARYING USE OF HRT

The expression of a demand for menopausal counselling is tightly bound to the perception of the need, based mainly on the presence of symptoms. However other social and individual variables are also relevant. The socio-economical level, the degree of information, the potential user's values and perceptions and the health system of each country play also an important role in the decision of seeking medical advice at the moment of menopause.

Figure 1: The steps of HRT (readapted from Oddens BJ, Boulet MJ. Obstet Gynecol 1997; 90: 269–77)

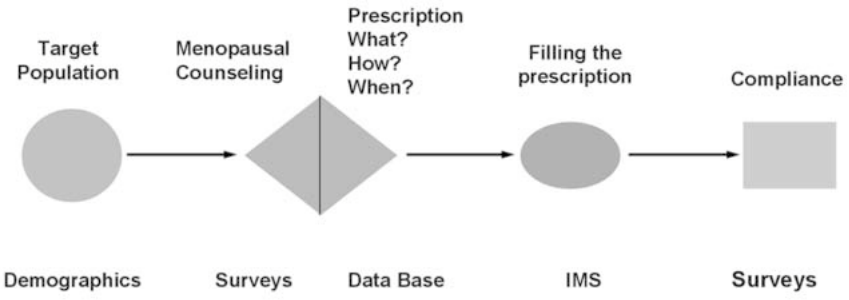
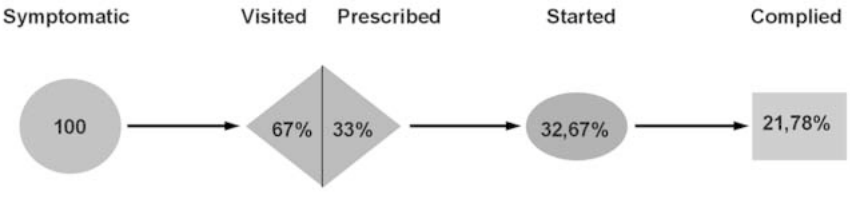


Figure 2: Diminishing amount of women on HRT (readapted from Oddens BJ, Boulet MJ. Obstet Gynecol 1997; 90: 269–77)



At the other side of the mirror the attitude of the health agent is also determinant. Variability in clinical practices, as in indications for hysterectomy, depicts different population profiles. Where early surgical menopause is frequent (like in USA) the number of indications increases and avoids the need for progestogen (making ERT more acceptable than HRT).

In what concerns the type of product prescribed there are several circumstances as the order of arrival to the market of the different presentations, its availability through the health system, the previous use of oral hormone treatments or cultural believes playing a role in both prescriber and user's choices.

COMPLIANCE

Once the convenience for a treatment is identified and a prescription written the possibilities of this to be filled at the pharmacy and taken are also difficult to predict. They depend on the degree of motivation of the patient, the insurance system and also the price.

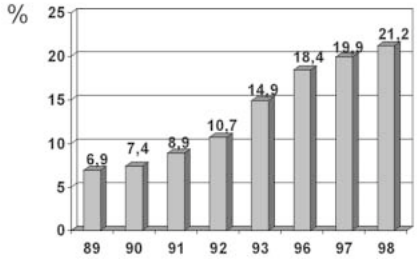
When the treatment has been started the compliance and consequently the duration of use is related to the appearance of side effects, the complexity of use and the efficacy in relieving the symptoms which induced to start it. Overall from 100 potential candidates identified only about 20 % will finally remain on HRT with good compliance. Figure 2 represents how, along the process, the amount of women on the track diminishes.

Increase of HRT users

Information on the number of users, its distribution during the postmenopausal period, the route of administration and the type of products remain scanty. However indirect evidence suggest that patterns of these factors vary widely across European countries.

A crude estimation can be made indirectly by using information supplied from IMS data and local studies. Information detailing the number of units of a given product sold every year and the number of women in the target population (aged between 46 and 64) allows us to calculate a "unit of use" and the estimated treatments per year (ETY). Thus the number of women undergoing treatment can only be deduced. The most important drawback of this estimation method is the inability to evaluate the mean duration of treatment which is closely related to compliance and the differences between treatment schedules or routes of administration. With all these reserves in mind we can estimate that the number of women receiving estrogens in Europe has increased progressively (Figure 3).

Figure 3: Women age 45–64 receiving estrogens in Europe (Source: IMS 1998)

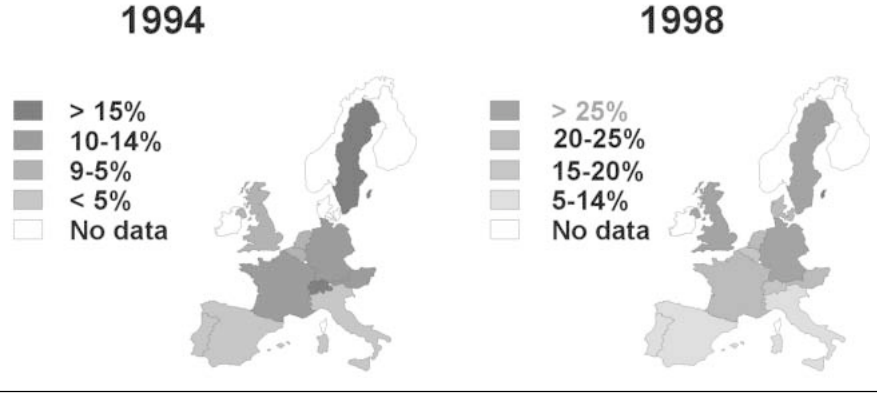


North-South differences

Analysis of the data obtained from IMS and local studies suggest that northern countries such as Sweden or Denmark show percentages of use similar to those from EEUU or Canada. However there is a progressive decrease in the number of users further down in the mediterranean countries where the figure may be lower than 5 % of the target population. In this context the pattern of increase between 1994 and 1998 is also maintained. This differences in attitude correlate very well with available family income and power of purchase in each country (Figure 4).

The difference in the number of uses is also associated with the route of administration and the type of product. Curiously enough, the transdermal approach (both patch and gel) is used more in countries such as Spain, Portugal and Italy which have low income and low overall level of HRT use, whereas oral preparations are prevalent among women from northern Europe. This is probably related to the pre-existent tradition in this countries in the use of oral hormones coming from oral contraception. Another important factor is the first products arriving to the market of menopausal treatment. In the mediterranean countries HRT is rather new. At the end of the eighties there were only a few products aimed specifically to its use after menopause. The launching of the transdermal products coincided practically with the awareness about the convenience of HRT. In fact it was induced by the marketing campaigns directed to both clinicians and users. In contrast, in the North of Europe there was already a tradition of HRT with specific oral products and thus the shift to dermal patches has progressed smoothly as the advantages of this route have been identified.

Figure 4: Percentage of women receiving estrogens in (ages between 45–64) (Source: IMS)



Prof. Joaquin Calaf Alsina, MD

Joaquin Calaf Alsina is the Chairman of the Department of Obstetrics and Gynecology at Hospital de la Santa Creu i Santa Pau, Spain. He originally obtained his degree in medicine and surgery from the University of Barcelona in 1969. Three years later he took the position of Specialist in Obstetrics and Gynecology at the University Clinic and Perinatal Medicine Unit. He was then given a Ford Foundation Fellowship in reproductive endocrinology at the Human Reproduction Research Unit in Brussels. Professor Calaf Alsina has collaborated on programs for population and policy studies for the World Health Organization (WHO). In 1980, he became Assistant Professor in Obstetrics and Gynecology at the University of Barcelona. He then moved to Hospital de la Santa Creu i Sant Pau as Consultant and Head of the Reproductive Endocrinology Clinic, where he remained until he took his current position in 1997.

A member of several societies, Professor Calaf Alsina is on the Editorial Boards for two journals: Clinica e Investigación en Ginecologia y Obstetricia and Revista Iberoamericana de Fertilidad. He is also the author of numerous articles and several books on reproductive endocrinology.

Correspondence to:
Prof. J. Calaf Alsina, MD
Gynecology Department
Hospital de la Santa Creu i Sant Pau
Avda. Sant Antoni M Claret 167
E-08025 Barcelona

Conclusions

From our observations we can conclude that the use of HRT varies widely across Europe. The socio-cultural level is the most determinant factor for acceptance. Prescriber's attitudes are determined by availability and marketing actions. It is difficult to make accurate estimations based on prescription data bases because it does not inform on compliance and can be considered only as an indicative.

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