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*Maximizing compliance: which regimen for which patient?*

*Journal für Menopause 2000; 7 (Supplementum 2) (Ausgabe für  
Deutschland), 47-48*

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R. Barentsen

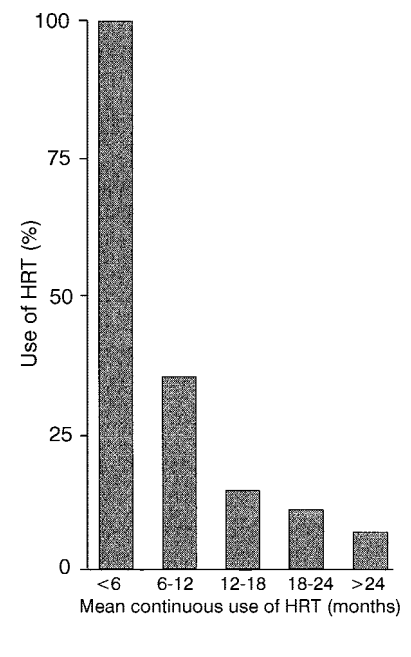
## MAXIMIZING COMPLIANCE: WHICH REGIMEN FOR WHICH PATIENT?

The role the physician plays in maintaining patient compliance with treatment is essential. Data from the Massachusetts Women's Health Study (Johannes et al. *Am J Epidemiol* 1994; 140: 439-52) identified that the proportion of women on HRT falls as treatment duration increases: data show that 50 % of women are not using HRT 9 months after initiating therapy (Figure 1).

Supporting this, even though the use of HRT to treat osteoporosis has increased markedly, many women still discontinue treatment; for example, at the age of 50, 45 % of women are taking HRT, but at age 60 years, the number of users drops to 20 %,

Encouragement and the continued provision of information is crucial. Postmenopausal women who are healthcare professionals are more likely to take HRT because they have greater access to information; in one study, 88 % of female gynecologists were taking HRT compared with 24 % of the general postmenopausal popula-

Figure 1: The duration of use of HRT in general practice in The Netherlands. Reproduced with permission from Groeneveld et al. *Maturitas* 1998; 29: 125-31.



tion (Andersson et al., *Lancet* 1996; 348: 1521). In addition, women's surveys have found that HRT users are more intimate with their health, have more mamm-

ograms, visit the physician more and are more likely to be hysterectomized.

The factor most affecting the decision to continue with HRT is the balance between the perceived benefits and drawbacks. Women may discontinue treatment for fear of breast cancer, mastopathy (mastodynia), bleeding and weight gain. These factors do not necessarily arise from HRT, but women perceive them to be related to treatment. Women need to be involved in the decision-making process, discussing why HRT is needed, the side effects, the risks for users and nonusers, and what bleeding patterns they can expect. Making sure that regimen and the route of administration is simple, convenient and inexpensive is essential.

The patients should receive follow-up care to check whether therapy meets expectations, to discuss continuance as necessary, and to provide any new information that is constantly becoming available.

**Dr. Ronald Barentsen, MD, PhD**

*Ronald Barentsen is currently Head of the Outpatient Department in the Free University, Amsterdam, The Netherlands. He graduated in medicine at the State University in Utrecht in 1971. Following this he continued his training, specializing in gynaecology and obstetrics at the Academic Hospital, Rotterdam, and Catharina Hospital, Eindhoven. After several years, Dr. Barentsen took the position of Consultant Gynaecologist at Elkerliek Hospital in Helmond in 1976. Shortly after obtaining this post, he was awarded his PhD in endocrinology. He remained as a consultant at this hospital until 1995 when he took up his present position.*

*Dr. Barentsen is an active participant of many societies. Most notably, he is the founder of the Dutch Menopause Society and the co-founder of the Dutch Osteoporosis Foundation where he is also a member of the Scientific Council. More recently, he has been acting as a correspondent for menopause and hormone replacement therapy on the website 'obgyn.net', where he also chairs the osteoporosis and menopause and sections.*

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