

The Survey on Korean Menopausal Women's Behavior and Perception of Hormone Therapy

Department of Obstetrics and Gynecology, Collage of Medicine, The Catholic University, Seoul, Korea

Jeong Namkung, M.D., Youn Jee Chung, M.D., Jae Eun Ha, M.D.,
Hyun-Hee Jo, M.D., Eun Jung Kim, M.D., Dong Jin Kwon, M.D.,
Young-Ok Lew, M.D., Jang-Heub Kim, M.D., Mee-Ran Kim, M.D.

=Abstract=

Objectives: After Women's Health Initiative (WHI) study had been published, the use of hormone therapy (HT) have been decreasing even though it is the most effective therapy for menopausal symptom. The survey was conducted to investigate Korean menopausal women's perception of HT and behavior when they are treated by HT.

Methods: During 4 weeks from September 2009 to October 2009, total 600 women aged 45 ~ 64 participated in the survey by face to face interview. Out of answering women, women who have visited clinic/hospital at least 1 time to treat their menopausal symptom during last 1 year were included. One hundred fifty women for each age group, 45 ~ 49, 50 ~ 54, 55 ~ 59 and 60 ~ 64, were recruited in consecutive order.

Results: Eighty percent women who have visited clinic/hospital to treat menopausal symptom, visited obstetrics and gynecology. Only 16% of these women were current user, and other 84% of these women had no experience of HT (53%) or stopped therapy (31%). Among current user, only 9% of women have used HT more than 5 years. Eighty percent of current user had used HT less than 2 years. Most distressing menopausal symptom is 'hot flush' regardless HT experience. When doctor recommend HT, 72% of patients accept HT in overall. Among women who had no experience of HT, the most common reason of not to take HT was concern of side effects (51%). And 67% of women who had concern of side effects worried about cancer incidence.

Conclusion: Many women with menopausal symptom do not take HT even though it is the most effective therapy. Most of women who take HT stop treatment within 1 year. Most common reason of not to take HT is concern about side effect, increasing incidence of cancer related to HT. Therefore, HT should be considered to short-term relief of menopausal symptoms and at the minimal dose, if possible. (*J Korean Soc Menopause* 2011;17:142-149)

Key Words: Hormone therapy, Menopause, Perception

Hormone therapy (HT) for menopause is known as it alleviates vasomotor symptoms as well as mental, psychological symptoms that are experienced after the menopause, and as it manifests effects of preventing urogenital atrophy and protecting the bones and the cardiovascular system. It also has many benefits for the health of menopausal women as it owns beneficial effects on dementia or colorectal cancer. However, as a negative results of study on the secondary prevention of cardiovascular diseases by the Heart and Estrogen/progestin

Replacement Study (HERS) in 1998 and as the risks for coronary disease, breast cancer and stroke came to the fore by the Women's Health Initiative (WHI) in 2002, the use of hormone for 2003 was reduced by 28% in comparison to the prior year in USA.^{1,2} Moreover, with the results of Million Women Study (MWS) being reported together with aforementioned study, there had been many debates on the HT for the post-menopausal women as its risks were more magnified than its benefits.³ However, WHI study or HERS study was conducted in

접수일: 2011년 9월 5일, 심사일: 2011년 9월 22일, 게재확정일: 2011년 10월 14일

주관책임자: Jang-Heub Kim, Department of Obstetrics and Gynecology, Seoul St. Mary's Hospital, 505, Banpo-dong, Secho-gu, Seoul 137-701, Korea
Tel: (02) 2258-6175, Fax: (02) 595-1549, e-mail: Janghkim@catholic.ac.kr

Mee-Ran Kim, Department of Obstetrics and Gynecology, Seoul St. Mary's Hospital, 505, Banpo-dong, Secho-gu, Seoul 137-701, Korea
Tel: (02) 2258-6170, Fax: (02) 595-1549, e-mail: mrkim@catholic.ac.kr

the subjects whose mean ages were 63 and 67, who were more than 10 years from menopause, and in particular, HERS study had its limitation as it was conducted in the aged women with coronary diseases, those results could not be applied to all menopausal women.⁴ Therefore, in reality, HT was recommended as primary treatment for vasomotor symptoms with short-term use as possible.

After WHI study had been published, the use of HT have been decreased even though it has many advantages effective therapy for menopausal symptoms due to the conversion of perception on the HT. Also the use of HT has been decreased with reasons like worries on breast cancer and abnormal vaginal bleeding, many women had rejected the HT itself or stopped its use. To this end, this survey was conducted to investigate Korean menopausal women's response to perception of HT and their behaviors in women who had visited the hospital because of menopausal symptom.

Materials and Methods

This study was conducted in women whose ages were ranged being 45~64 who had visited the hospital to treat menopausal symptoms during 4 weeks from September 2009 to October 2009 through inquiries. The regions subjected to this study were Seoul, Gyeonggi-do, Incheon, Busan, Daejeon, Daegu and Gwangju and the inquiries were made by face to face interview within 30 minutes performed in total 600 women aged 45~64 participated in the survey. The contents of inquiries were categorized largely into the menopausal symptoms and perception on them, treatment of menopausal symptoms and whether to visit the hospital, and HT for women and perception on it. Among the women who had visited the hospital, women younger than 45 as well as older than 65 years were excluded from the study subjects. And such inquiries were performed to the women experienced menopausal symptoms among those who were diagnosed as menopause from the hospital. The study was performed in total 600 women who were categorized into 4 groups by the age ranges into 45~49 group, 50~54 group, 55~59 group, and 60~64 group with 150 women for each group respectively. Out of answering women, residents of Seoul, Gyeonggi-do and Incheon was 71% while residents in Busan was 13% and 8% was from Taegu, and the residents in Daejeon and Gwangju were 4% respectively. Sixty four percent

of responders were full time housewives, 23% was self-business owner, 9% was employees of service business, 2% as office worker and 2% was skilled workers. As the academic background, 64% was high school graduate, 19% with junior high school graduate, 13% with university graduates and 5% with elementary graduates.

Results

The mean age of subjects in this study for investigation was 54 years old and the mean menopausal age was 60 years old.

Forty-six percent of subject women had visited the hospital after experiencing menopausal symptoms within 1~3 months. Among the types of hospital for initial visits, 62% of them had visited private obstetrics and gynecology clinics as the most followed by 18% who visited to department of obstetrics and gynecology of the general hospitals, 12% visited the private internal medicine clinics and 4% to the private family medicine clinics. The private obstetrics and gynecology clinics had the most frequent visits of patients followed by the obstetrics and gynecology department in the general hospital, but such sequence had no association with ages or to the HT. As the main reason to visit the hospital, worries on any presence of abnormality in their health was the biggest one with 39%, and the symptoms severe enough to impair routine daily living was 20%, intolerable symptoms causing discomforts was 17% and 12% had visited the hospital by the recommendation from associates, and 6% was the cases who had visited the hospital for health examination.

All women experienced menopausal symptoms and the most frequently experienced symptom was 'hot flush' with responses from 91% patients. Subsequent to the hot flush, the patients complained cold sweat, palpitation, depression, fatigue, myalgia/arthritis pain, insomnia, sensory abnormality, frequent urination, memory impairments and sexual dysfunction in sequential order. In particular, 68% of patients complained severe hot flush with painfulness as the most frequently complained distressing menopausal symptom than any other symptoms, and there were many patients who felt this symptoms required treatment as 72%. The older patients had shown many profiles of experiencing hot flush, cold sweat, palpitation, fatigue, and memory impairments. And there were many patients showing profiles in the age group ranged being 60~64 more

experiencing the most of menopausal symptoms in comparison to other age groups. In the group with age ranged being 55~59, the percentage of patients complaining more severe symptoms was higher than any other groups in regard to hot flush, cold sweat, palpitation, fatigue, and myalgia/arthritis pain. The symptom of frequent urination did not show large differences by age groups in the percentage to complain its severity in comparison to other symptoms. On the other hand, higher the age gets, more cases had felt severe symptoms in connections with insomnia or memory impairments while two age groups of 45~49 and 60~64 had shown high percentage of patients experiencing severe symptoms of sexual dysfunction (Table 1).

In the survey on perception of menopausal symptoms, 89% of subjects had felt the hot flush was the menopausal symptom and in addition 78% perceived the cold sweat as menopausal symptom while 74% perceived the sexual dysfunction as menopausal symptoms. Sixty-three percent of women were aware that osteoporosis develops after menopause, and the HT users had higher interest in the post-menopausal symptoms in comparison to the non-users, while most of thoughts on menopausal symptoms has shown similar pattern in each age groups. However, the percentage of responders answering that the menopausal symptoms disappears by time was 36% in the HT users and 52% in the non-users which was higher than the HT users (Table 2).

Fifty-three percent of women who had visited the hospital was those who never used the HT in the past, while 31% was those who had stopped HT after use and the currently users

of HT continuously was 16%. Sixty percent of women who had visited the hospital due to menopausal symptoms had been recommended the use of HT, and among them 71% had accepted the HT and received the treatment. Thirty-three percent of them had begun the treatment from the date that they had visited the hospital, with 51% of them within 1 year treatment period. The higher the age range gets, the longer the treatment period of HT was in small differences (Table 3).

When subjected the HT user, the main reason to start the HT was alleviation of menopausal symptoms in 85% of them while 57% was those women ranged being 60~64 who had started the HT for prevention and treatment of osteoporosis, showing higher proportion than another age groups (Table 3).

Among 360 subjects who were recommended to use HT. One hundred fifty-nine subjects taking up 44% had been reluctant to beginning the HT or rejected it. The main reason was worries on cancer as shown from 40%, and 33% was due to the side effects such as weight gain, vaginal bleeding, gastrointestinal disturbance, 33% as considering the HT was not helpful, 21% feeling the burden from the cost of HT, and 4% was due to concerns on the cardiovascular disease.

Among the women visited the hospital for menopausal symptoms, the cases with experience of dietary and exercise therapies previously was 63% as the most percentage, followed by the cases who have had experience of receiving HT as 47%. In addition, they answered as prescribed with osteoporosis treatment agent, placenta extraction injection and phytoestrogen and etc. As far as the satisfaction level on the treatment method, in case of those experienced HT, it was 67%, while the satis-

Table 1. Experienced menopausal symptom

	Overall	Age				HT	
		45~49	50~54	55~59	60~64	Exp.	Not exp.
Hot flush	91	87	87	92	99	94	89
Cold sweating	75	69	73	75	83	80	71
Palpitation	62	53	59	64	71	70	55
Depressed	57	59	52	55	63	66	50
Easily get tired	55	53	55	55	56	57	53
Myalgia/Arthralgia	51	43	51	49	59	62	40
Insomnia/Anxiety/Impatient	50	44	41	55	60	58	43
Numbness	43	39	48	36	49	45	41
Frequent urination	39	38	35	39	45	46	34
Forgetfulness	36	29	36	37	42	39	33
Sexual dysfunction	25	21	19	25	35	32	20

Unit: (%). Exp: experienced, HT: hormone therapy

Table 2. Perception on menopause

	Overall n = 600	Age				HT	
		45~49 n = 150	50~54 n = 150	55~59 n = 150	60~64 n = 150	Exp. n = 279	Not exp. n = 321
More likely to have osteoporosis after menopause	63	59	63	64	64	67	59
Menopausal symptoms appear after menopause	55	53	54	55	57	61	50
HT will release menopausal symptoms	47	45	50	45	49	60	36
Menopausal symptoms will disappear as time goes by	45	43	46	49	40	36	52
Risk of breast cancer incidence increases after menopause	43	47	45	31	50	48	39
HT may ease the symptoms, but there are risk of side effects	41	37	42	43	43	42	41
Prevention and treatment of menopausal symptoms are all important	36	35	39	33	37	47	27
Risk of CVD increases after menopause	34	35	33	32	35	44	25
Blood pressure increases after menopause	29	23	23	33	35	35	23
Menopausal symptoms should be actively treated	22	23	23	19	25	29	16
Risk of colon cancer incidence increases after menopause	15	15	15	9	20	23	8
Lipid level increases after menopause	11	8	15	11	9	15	7
HT user lives longer than those who didn't receive treatment	4	5	3	3	5	6	3

Unit: (%). CVD: cardiovascular disease, Exp: experienced, HT: hormone therapy

Table 3. Reason to start hormone therapy/treatment period of hormone therapy

	Overall (n = 279)	Age			
		40~49 (n = 62)	50~54 (n = 72)	55~59 (n = 68)	60~64 (n = 77)
Reason to start HT					
To improve physical symptoms	85	87	90	75	86
To prevent/treat osteoporosis	45	45	38	38	57
To treat anxiety	44	48	42	54	34
Easing disability in sex	27	27	24	28	29
To prevent cardiovascular disease	18	19	21	16	14
HT duration					
Less than 1 year	51	77	68	37	27
1.1~2.9 years	29	18	22	34	42
3.0~4.9 years	11	5	8	10	18
5.0~6.9 years	4	-	-	12	4
Over 7 years	5	-	1	7	9

Base: respondent who have HT experience, Unit: (%). HT: hormone therapy

faction level on the dietary and exercise therapy was expressed as 21%, while the satisfaction level on the dietary and exercise therapy was expressed as 64% in non-users of HT, indicating that HT was more satisfactory treatment methods among the HT users, whereas the dietary and exercise therapy were more satisfactory treatments in the non-users of HT.

When compared the experiences, the perception, and their thoughts on the needs treatment between current HT user up

to now as well as those who had been received the HT in the past but had stopped the use of hormone currently (n = 279) and those non users who had never experienced the HT (n = 321), the more number of HT user showed tendency of experiencing the most of menopausal symptoms more severely and of thinking that the treatment is required in comparison to the non-users of hormone. In case of hot flush, it was presented as 94% of the HT user and 89% of non HT users experience

Table 4. Improvement of symptoms after hormone therapy

	Overall	Age			
		45~49	50~54	55~59	60~64
Hot flush	96	100	97	94	95
Cold sweating	91	100	91	89	88
Palpitation	95	98	90	96	96
Depressed	84	90	91	74	82
Easily get tired	66	79	68	72	49
Myalgia/Arthralgia	78	83	81	78	73
Insomnia/Anxiety/ Impatient	83	97	79	90	69
Numbness	70	73	69	62	73
Frequent urination	74	90	74	63	70
Forgetfulness	51	71	63	48	38
Sexual dysfunction	74	76	77	61	78

Overall n = 279. Base: respondent who have HT experience, Unit: (%). HT: hormone therapy

it with severe degree of symptoms felt by 77, 59% respectively. In addition, 93% of the HT user and 86% of non HT users had perceived hot flush as a menopausal symptom whereas 76% of the HT user and 69% of non HT users had felt that the treatment is required.

In the symptomatic improvement among the HT, the patients who had improvement in hot flush was the largest percentage as 96%, whereas the cases who had experienced improvement in fatigue or memory impairment were 66% and 51% that were smaller than percentages to feel improvements in other symptoms. Especially, as far as the myalgia/arthralgia pain, the improvement cases were small as the age range was increased (Table 4). For the satisfaction level on the symptomatic alleviation after having HT, it was also presented as having the highest satisfaction level for alleviation of hot flush as 95%, while the satisfaction level for memory impairment was the lowest as 54% (Table 5).

In case of experiencing the improvement in quality of life after having HT was 89% while the cases who were satisfied with the HT took up 90%. From the age groups, for the cases experienced the improvement in the quality of life, each age group of ranged being 45~49, 50~54, 55~59 and 60~64 had shown 97, 93, 85% and 84% respectively, while for the HT satisfaction level, the age groups of 45~49, 50~54, 55~59 and 60~64 had shown 98, 93, 87% and 83% respectively, presenting the pattern that higher the age range increased, the lower percentage of being satisfied with improvement in the

Table 5. Satisfaction of symptom improvement after hormone therapy

	Overall	Age			
		45~49	50~54	55~59	60~64
Hot flush	95	98	94	92	95
Cold sweating	90	100	91	83	86
Palpitation	90	95	90	94	84
Depressed	84	93	93	77	76
Easily get tired	68	71	76	74	53
Myalgia/Arthralgia	77	83	84	75	69
Insomnia/Anxiety/ Impatient	82	88	85	88	72
Numbness	77	77	83	69	76
Frequent urination	76	87	74	70	75
Forgetfulness	54	76	58	52	43
Sexual dysfunction	74	81	77	61	75

Overall n = 279. Base: respondent who have HT experience, Unit: (%). HT: hormone therapy

quality of life or the HT gets.

Most of women who had never experienced the HT, answered that they had not used the hormone due to negative perception on the side effects of HT, and among them the negative perception on the development of cancer took up the highest proportion as 67%. This result was similar to the results that the worries on cancer when using HT was presented as the highest perception among 59.6% from a study in 307 women.⁵ In case of women who had stopped HT currently, most of them as 44% did not require the treatment any more as the symptoms were improved, while 26% of them had stopped after hearing on the side effects from friends and associates, 19% had stopped due to gain of body weight and 17% of them had stopped the HT due to such as gastrointestinal disturbances. Nonetheless, 78% of women who are actually using the HT was presented as not to experience any side effects except 14% of them experienced gain of body weight and 13% experienced the gastrointestinal disturbances.

Most of women whom were recommended with HT had informed from the doctor that HT can be beneficial to relieve hot flush, arthralgia, vaginal dryness (78%) and the proportion who answered such information had been acted as the most crucial factor in accepting and beginning HT took up the largest percentage as 41%. In addition, the answered that they were given with information that HT was important for supplementation of the lack of estrogen, that improves the quality of

life deteriorated by insomnia or arthralgia, that it has cost-effectiveness in prevention and treatment of osteoporosis, that it does not cause cancer incidence, and it does not increase the risk of breast cancer incidence when being used for the period less than 7 years.

Discussion

This study had investigated on the behavior, perception and satisfaction on the HT in women who had visited hospital due to the menopausal symptoms.

The symptoms complained from the menopausal women were hot flush, palpitation, cold sweat, arthralgia, depression, insomnia, agitation and vaginal dryness and the most frequently experienced symptom is hot flush being presented from about 75% of menopausal women.⁶ As shown in this investigation, the hot flush was a menopausal symptom that may require treatment as it causes discomforts in daily life as the most common symptom in menopausal women regardless any previous HT experiences.

But physicians who recommend HT to the women who visited the hospital due to menopausal symptoms are about 60%, showing relatively low proportion. This seems that doctors themselves are concerns on side effects or the safety of long term use rather than many advantages that HT has as there is still room for debates on the safety of HT as far as the breast cancer or the coronary diseases.⁷ In particular, the most women visits the hospital due to hot flush as the main indication of menopausal symptoms, and as the relevance of hot flush with the cardiovascular disease had risen, in fact, the HT is not being strongly recommended.^{8,9} However, as the objective evidences enough to make conclusion on the relevance between the hot flush and the cardiovascular diseases are insufficient so far, HT can be recommendable in consideration of variables such as individual patient's age, time passage after menopause, life style or body mass index (BMI).²

The key factor to begin with HT for menopausal symptoms is the recommendation from physician, as approximately 72% of menopausal women had started the HT by the recommendation of doctor. This result supports that the recommendation of physician can be the most important factor in

determination of HT in the menopausal women.¹⁰ Especially, the explanation that HT would be useful for alleviation of menopausal symptoms had been shown as the material factor in accepting HT. However, the doctor may do not have correct knowledge on the advantages of HT or its risks, or due to lack of information on the updates in the latest advancement, thereby it is possible for them unable to provide assurance to the patient on the treatment.

Even if once begun with HT, it was indicated as approximately 25% of them had stopped the HT and most of them had stopped the use of HT within 1 year. As the reasons, the most general reason was the improvement of symptoms, followed by the stories heard on the side effects from other significant persons around the patients. However, as the patients who had not experienced any side effects in actuality after using HT was 78%, proving if the prescribing doctor provides detailed explanation on the stability of HT and also provides additional information on the side effects possible during the follow-up period since the beginning of HT, that will be helpful in continuous use of HT a bit longer. Also for the women who desire to stop HT due to improvement of menopausal symptoms, it would be different depending on the specialized field or experiences of doctor for whether the HT should be stopped at the free will of patients with addition of recommending the dietary or exercise therapy, and if stopping the HT, in which method the discontinuity should be processed but there is no recommendation established.¹¹

Currently used HT's types or administration routes are diversified, therefore, many studies are in progress on the long term advantages or side effects of each respective hormone agents, and they are subjected to the instigation of arguments. Therefore, recently it has been emphasized on the needs of individualized treatment depending each patients for performing menopausal HT of menopausal women by The North American Menopause Society or the International Menopause Society.² From the result of this study, it was identified the most of menopausal women experiences hot flushes and they had chosen HT for the symptomatic alleviation, in addition that the satisfaction on the symptomatic relief and improvement in the quality of life were quite high, it is considered as desirable to use a short term HT as the individualized treatment for each patient.

Acknowledgements

This research was supported by Seoul St. Mary's Clinical Medicine Research Program year of 2009 through the Catholic University of Korea.

References

1. Hersh AL, Stefanick ML, Stafford RS. National use of postmenopausal hormone therapy: annual trends and response to recent evidence. *JAMA* 2004; 291: 47-53.
2. The North American Menopause Society. Estrogen and progestogen use in postmenopausal women: 2010 position statement of The North American Menopause Society. *Menopause* 2010; 17: 242-55.
3. Beral V. Breast cancer and hormone-replacement therapy in the Million Women Study. *Lancet* 2003; 362: 419-27.
4. Utian WH, Archer DF, Bachmann GA, Gallagher C, Grodstein F, Heiman JR, et al. Estrogen and progestogen use in postmenopausal women: July 2008 position statement of The North American Menopause Society. *Menopause* 2008; 15: 584-602.
5. Kim JG, Kim JW, Kim SH, Choi YM, Shin CJ, Moon SY, et al. A survey of menopausal women's attitudes on menopause and hormone replacement therapy. *J Korean Soc Menopause* 1995; 1: 42-50.
6. Sassarini J, Lumsden MA. Hot flushes: are there effective alternatives to estrogen? *Menopause Int* 2010; 16: 81-8.
7. Baumgartner AK, Hausler A, Seifert-Klauss V, Schuster T, Schwarz-Boeger U, Kiechle M. Breast cancer after hormone replacement therapy-does prognosis differ in perimenopausal and postmenopausal women? *Breast* 2011; 20: 448-54.
8. Rossouw JE, Prentice RL, Manson JE, Wu L, Barad D, Barnabei VM, et al. Postmenopausal hormone therapy and risk of cardiovascular disease by age and years since menopause. *JAMA* 2007; 297: 1465-77.
9. Huang AJ, Sawaya GF, Vittinghoff E, Lin F, Grady D. Hot flushes, coronary heart disease, and hormone therapy in postmenopausal women. *Menopause* 2009; 16: 639-43.
10. Newton KM, Lacroix AZ, Leveille SG, Rutter C, Keenan NL, Anderson LA. The physician's role in women's decision making about hormone replacement therapy. *Obstet Gynecol* 1998; 92: 580-4.
11. Newton KM, Reed SD, Grothaus LC, La Croix AZ, Nekhlyudov L, Ehrlich K, et al. Hormone therapy discontinuation: physician practices after the Women's Health Initiative. *Menopause* 2010; 17: 734-40.

= 국문초록 =

연구목적: 폐경 여성에서 호르몬 요법은 그 이점이 많음에도 불구하고 WHI 연구 결과 발표 이후로 호르몬 요법에 대한 인식의 전환으로 호르몬 사용이 감소되었다. 이에 본 연구는 폐경 증상으로 병원을 방문한 여성 중 폐경 여성의 호르몬 요법에 대한 반응과 인지도 및 태도에 대해 조사하였다.

연구재료 및 방법: 본 연구는 2009년 9월부터 2009년 10월까지 4주간에 걸쳐 폐경 증상으로 병원을 방문한 45~64세 여성으로 대상으로 하여 설문지를 통해 조사하였다. 설문은 일대일 직접 면담을 통해 30분 이내로 이뤄졌으며 대상군을 45~49세, 50~54세, 55~59세, 60~64세로 구분하여 각각 150명씩 총 600명의 여성을 대상으로 하였다.

결 과: 폐경 증상으로 왔던 병원의 형태는 산부인과가 80%를 차지하였다. 그 중 현재까지 호르몬을 복용하고 있는 여성은 16%, 그 외 84%는 호르몬 치료 경험이 전혀 없거나 (53%) 사용하다가 중단한 경우였다 (31%). 호르몬 사용자 중에서 단지 9%만이 5년 이상 호르몬 요법을 받았고 80%에서는 호르몬 사용기간이 2년 이내로 나타났다. 호르몬 요법 경험 여부와 관계없이 가장 불편한 증상은 안면 홍조였으며, 의사가 권유했을 때 72%의 환자에서 호르몬 요법을 받아들였다. 호르몬 비사용자의 경우 호르몬 요법을 받지 않은 가장 큰 이유가 부작용 때문이었으며 (51%), 그 중에서도 암에 대한 우려가 67%로 나타났다.

결 론: 폐경 증상 호전에 있어 호르몬 요법이 효과적임에도 불구하고 많은 여성에서 호르몬 요법을 받아들이지 않고, 호르몬 요법을 시작했더라도 반수 이상에서 호르몬 요법을 중단한다. 가장 흔한 이유는 부작용에 대한 걱정, 그 중에서도 암 발생과 관련된 우려 때문인 것으로 나타났다. 따라서 폐경기 호르몬 요법은 폐경 증상 호전과 삶의 질 향상을 위해 가능한 단기간 최소 용량으로 사용하는 것이 좋겠다.

중심단어: 호르몬 요법, 폐경, 인지