



The use of herbal medicines for the treatment of menopausal symptoms



A pilot study of women attending general practice

Mulavana Parvathy, FRACGP, is Senior Lecturer, Discipline of General Practice, University of Newcastle, New South Wales.

David W Sibbritt, PhD, is Senior Lecturer in Biostatistics, Centre for Clinical Epidemiology and Biostatistics, Faculty of Health, The University of Newcastle, New South Wales.

Jon Adams, PhD, is Senior Lecturer in Health Social Science, University of Newcastle, New South Wales.

Hormone therapy (HT) is the most effective treatment for some symptoms (eg. hot flushes, dry vagina) associated with menopause.¹ However, its popularity has recently been challenged following adverse publicity related to side effects.² Use of complementary and alternative medicines (CAM) including herbal medicines (HM) has grown exponentially.^{3,4} In the USA and Canada, up to 70% of menopausal women use CAM.⁵⁻⁷ But we do not understand the demographics, health status, health service utilisation and perceptions of CAM users which might help inform general practitioners, particularly in Australia. Although we have data on the prevalence of HM use in the community, it is combined with other CAM such as vitamins, minerals and homeopathic medicines.³ Nor is there research data on the use of HM for menopausal symptoms. This may be especially important because of potential drug-herb interactions⁸ and the fact that the majority of patients do not inform their GPs of CAM use.⁴ We set out to address these gaps.

Method

We surveyed women aged 45–65 years visiting three general practices in Newcastle, New South Wales, purposely selected to provide patients from a range of socioeconomic status (SES) areas. Socioeconomic status was determined from the Australian Bureau of Statistics' 'Index of relative socioeconomic disadvantage'.⁹ Patients were surveyed with a questionnaire consisting of

15 questions placed at the reception counter in each clinic for 4 months. Women in this age group were invited by reception staff to complete the questionnaire. We stopped collecting questionnaires after 100 were completed.

Approval was granted by the University of Newcastle Human Research Ethics Committee.

Results

Herbal medicines were used by 21 women for menopausal symptoms including: irregular periods (14%), hot flushes (43%), dry vagina (19%), and other conditions (tiredness, mood swings, thrush, sore breasts [57%]). More than half (57%) had been taking HM for more than 6 months.

Table 1. Use of herbal medicines by health status, health service utilisation and demographic variables

		Herbal medicine use		p value
		No (n=79) %	Yes (n=21) %	
General practice	1	40	43	0.297
	2	30	43	
	3	30	14	
Age group (years)	45–50	33	43	0.530
	51–55	28	33	
	56–60	24	19	
	61–65	15	5	
Going through menopause?	Yes	48	57	0.528
	No	32	19	
	Not sure	20	24	
Taking medication prescribed by a doctor?	Yes	56	52	0.742
	No	43	48	
Hormone therapy	Current use	19	10	<0.001
	Previously taken, now ceased	27	33	
	Never taken	35	43	
Socioeconomic status	Mean	918.1	952.1	0.337
	Standard deviation	149.6	117.8	

The most popular types of HM were black cohosh (35%), soya products (24%), red clover, vitex and dong quai (each 12%). The main reasons for their use were: taking HM are natural products (59%), fear of breast cancer associated with the use of HT (35%), no side effects (12%), and HM was recommended by their GP (12%).

There was a significant association between HM user status and HT ($p < 0.001$) (Table 1). Herbal medicine use was lower among women currently using HT (12%) than those who had ceased HT (25%) or had never taken HT (24%).

Discussion

The interpretation of our findings is limited by two design issues. First, sampling women from the three selected general practices may not have been representative of those in the general population (or even representative of general practices). Ideally, a random sample of the population would have been preferable had funds been available. Second, we had no measure of response rate. Because patients were invited by reception staff to participate, we had no way of estimating the refusals. Therefore, we have no indication of any potential response bias.

Nevertheless, our findings help inform the use of HM for menopausal symptoms as high as 21%. That women using HM are significantly less likely to be using HT suggests they use it as a safer substitute. Further studies improving these shortcomings in methods might help explore this further.

Implications of this study for general practice

What is already known

- complementary medicines are used by many Australians
- they often do not disclose this to their GPs

What this study shows

- many women may use HM for menopausal symptoms
- this may be greater among those not currently using HT.

Conflict of interest: none declared.

Acknowledgment

The authors would like to thank the Hunter Medical Research Institute for financial support.

References

1. Kang HJ, Ansbacher R, Hammoud MM. Use of alternative and complementary medicine in menopause. *Int J Gynaecol Obstet* 2002;79:195-207.
2. Burkman RT. Hormone replacement therapy. Current controversies. *Minerva Ginecol* 2003;55:107-116.
3. MacLennan AH, Wilson DH, Taylor A. The escalating cost and prevalence of alternative medicine. *Prev Med* 2002;35:166-173.
4. Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M. Trends in alternative medicine use in the United States, 1990-1997: results of a follow up national survey. *JAMA* 1998;280:1569-1579.
5. Ewies AA. A comprehensive approach to the menopause: so far, one size should fit all. *Obstet Gynecol Surv* 2001;56:642-649.
6. Newton KM, Buist DS, Keenan NL, Anderson LA, LaCroix AZ. Use of alternative therapies for menopause symptoms: results of a population based survey. *Obstet Gynecol* 2002;100:18-25.
7. Kronenberg F, O'Leary Cobb J, McMahon D. Alternative medicine for menopausal problems: results of a survey. *Menopause* 1994;1:171-172.
8. Fugh-Berman A. Herb-drug interactions. *Lancet* 2000;355:134-138.
9. Australian Bureau of Statistics. 2039.0 Information paper: census of population and housing socioeconomic indexes for areas, Australia. Canberra: Australian Bureau of Statistics, 1996.

AFP

Correspondence

Email: usha.parvathy@newcastle.edu.au