Women’s perceptions and beliefs about the use of complementary and alternative medicines during menopause

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Summary
Introduction: Studies of menopausal women are providing increasing evidence of the reasons for complementary and alternative medications (CAM) use during menopause, the types of CAM used and the prevalence of use; however, further insight into the experiences of women using CAM during menopause is required. The aim of this study was to put CAM use during menopause into context by identifying and describing the factors that influence menopausal women in their decision to use CAM.

Methods: Menopausal women participated in focus groups and telephone interviews and the following information were collected: symptoms experienced during menopause; therapies (other than hormones) used to cope with menopause, and the perceived benefits of these therapies, and how the women found out about these therapies. The data collected were analysed using thematic analysis.

Results: Fifteen women participated in the study; 13 in the focus groups and two in telephone interviews. The women reported using a diverse range of therapies, supplements and activities. Empowerment was a central theme throughout the study. The level of support from the women’s general practitioners was reported to be a major influence in their decision to take CAM. The availability of information about CAM and individual determinants, such as symptoms and perceptions of menopause, were also identified as significant influences.

Conclusion: The women in this study expressed a desire to have control over their symptoms and the way in which their menopause was treated. This study has highlighted a need for more information and education about menopause and, in particular, the range, safety and efficacy of CAM use during menopause. The study also shows there is a need for strong participatory relationships between women and their health professionals.

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Introduction

More than 300 therapies, supplements and activities are currently classified as complementary and alternative medicines (CAM). The World Health Organization (WHO) has defined CAMs as a diverse group of medications, therapies, techniques and exercises that incorporate a range of approaches and philosophies. In addition, the WHO recognises CAM as a multi-treatment approach that aims to prevent illness and maintain wellbeing rather than to cure a condition.

CAM may have the potential to provide relief from acute menopausal symptoms and may promote long-term wellbeing in menopausal women. The efficacy of specific CAMs, such as black cohosh and phytoestrogens, in reducing hot flushes has been assessed in clinical trials; however, the results are inconclusive. Despite a lack of proven efficacy, research results indicate that between 22% and 83% of menopausal women are using CAM to treat their menopausal symptoms. The current authors have previously assessed the prevalence and sociodemographic factors associated with CAM use among 886 Australian menopausal women. CAM used in this population was high, with 82% of women using at least one type of CAM. Nutrition (healthy eating) was the most commonly cited therapy (67%), followed by phytoestrogens (56%), herbal therapies (41%) and CAM (25%). The characteristics and sociodemographic profile of a CAM user were also identified.

Preliminary research has been conducted with menopausal women to identify factors that influence CAM use during menopause. A lack of health practitioner support, previous CAM use and a decrease in personal control over menopause and symptoms were identified as reasons for using CAM.

In a study involving 82 American women, CAM was used to reduce menopausal symptoms and as a preventative measure for long-term health. CAM use was considered to embrace the health of the whole body and strengthen the connection between the mind and body.

Studies of menopausal women are providing increasing evidence of the reasons for CAM use during menopause, the types of CAM used and the prevalence of use; however, further insight into the experiences of women using CAM during menopause is required.

The aim of this study was to put CAM use during menopause into context by identifying and describing the factors that influence menopausal women in their decision to use CAM.

Methods

Sample

Women aged between 47 and 67 years and fluent in English who were currently using CAM were invited to participate in this study. Participants were recruited through an advertisement placed in a newsletter distributed by a large metropolitan hospital, a flyer displayed on notice boards of Council libraries and shopping centres, and a media release. Although the use of volunteer sampling sampling limits the generalisability of the data, the qualitative research approach enabled exploration of the factors influencing the women’s decisions to seek CAM treatment for their menopausal symptoms and was designed to produce conceptually generalisable findings that will enhance understanding in this area. A total of 15 women participated in the study with 13 women in three focus groups and two women via telephone interviews. Two women who lived in rural Queensland were interested in participating in the study after hearing the media release and consequently, the telephone interviews were undertaken to capture these women’s experiences. Ethical approval for the study was granted by the Queensland University of Technology Human Research Ethics Committee.

Data collection

Focus groups were used as the primary source of data collection as they encourage discussion and enable participants to react and build on the responses of others. The focus groups and telephone interviews covered the following issues: (1) symptoms experienced during menopause, (2) therapies (other than hormones) used to cope with menopause (3) benefits of using these therapies, and (4) how women found out about these therapies.

The women were asked to report ‘anything you use other than hormone therapy to treat symptoms’. This wording was used to avoid preconceptions about the terms ‘complementary’ and ‘alternative’ and to enable women to disclose anything they were currently using for symptom treatment. Focus groups were tape recorded and moderated by the main investigator. Theoretical saturation, where no new or relevant data had been produced, was used to determine the number of focus groups.

Data analysis

Data from the focus groups and interviews were transcribed and analysed using thematic analysis utilising open, axial and selective coding. Researcher triangulation was employed to collect and analyse the data to capture the complexity of the area studied and enhance the validity of the findings. An assistant was present to provide supplementary notes on the focus groups and to aid in the validation of themes and conclusions drawn.

The moderator was female, which helped to create an open and relaxed atmosphere with the women in the study; therefore there was no issue with rigorous reflexivity (the impact of the researcher on the data collection and analysis).

Results

The majority of women in the study was aged less than 55 years, married or de facto and employed. Four themes were identified from the transcripts: (1) self-management of symptoms; (2) menopausal CAM use: types, individual needs and costs; (3) informed choices: the need for validation and control; and (4) health practitioners and their influence on CAM use. The concept of empowerment was the central theme to emerge from the data.
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Table 1 Demographics of the focus group and telephone interview sample

<table>
<thead>
<tr>
<th>Variables</th>
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<td>Over 55 years</td>
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<td>Retired</td>
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Self-management of symptoms

The women in the study expressed a desire to have ownership and control over their menopausal experience and treatments used. Self-management was intrinsic to this control: women wanted to be aware of their body’s individual needs and the menopausal symptoms experienced, and to be able to manage these symptoms effectively. Hot flushes, a loss of vitality and tiredness were the most commonly reported symptoms. Stress, mood swings, sweating, memory loss and sleep disturbances were also reported. The effects of hot flushes were discussed extensively in the focus groups and women were eager to share their negative experiences in the work environment, commonly describing a loss of control.

“It’s embarrassing and overwhelming, especially if you’re the one who is supposed to be talking at the time [in a meeting], they look at you and you can feel the red face coming, it can be quite difficult” (Person 4).

The source of symptoms was questioned, with most women believing the symptoms they were experiencing related to ageing and life stresses. For example, women felt symptoms such as hot flushes were exacerbated by increased external stressors, such as a change in work environment or family life. Most women believed a positive frame of mind would overcome any symptoms and described menopause as just another phase of life.

“I always think for every negative, there’s a positive, so okay I’m going through menopause. Okay that’s fine but... face it... address it so when you go through it you can still carry on” (Person 2).

Menopausal CAM use: types, individual needs and costs

The women reported using several CAMs, including non-prescription menopausal supplements, herbs, physical activity, healthy eating, massage, oil burning, and aromatherapy, and utilised practitioners including a naturopath and Chinese herbalist.

By exercising, eating healthily and taking vitamins, the women believed they had control over their symptoms, were improving their current health status and were ensuring long-term health.

“We are living a lot longer and therefore we are going to have a lot more women who are going to have a lot more years ahead of them and want to live really healthy independent lives” (Person 1).

The women expressed a desire to be aware of their body’s individual needs and, more importantly, to be able to find appropriate treatments and therapies to suit them.

“Friends of mine have had the cream and haven’t had the success with it, but everyone is different...you’ve got to find something to suit the individual” (Person 5).

The use of hormones to treat symptoms was evident in the study. Two women indicated that CAM was not effectively managing their symptoms; however, both women expressed discomfort about taking hormone therapy and were actively seeking an alternative that would suit their needs. The high cost of CAM and costs of alternative practitioners were cited as barriers to CAM use. The women expressed concern that the high cost of CAM was compromising their beliefs and control about their body and the treatments used during menopause.

“I spent hundreds of dollars on it [naturopath] and I was a student and not working and I got to the stage where I really cannot afford to keep going” (Person 6).

Informed choices: the need for validation and control

A perceived loss of control over their body and symptoms experienced was a common occurrence reported by the women in the study, and gathering information on potential therapies was seen as a positive way to overcome this. Information on CAM was primarily sourced from friends, but also from the Internet, magazines, books, work colleagues and general practitioners. The women in the study were keen to swap information and shared stories about CAM and exchanged contact details of supportive general practitioners.

“I’ve got a very good solid group of girlfriends and we go to lunch once a month and there’s always someone at a different stage” (Person 4).

The women explained that they searched for information from multiple sources until they were satisfied that they had
found answers to their questions; however, reliable information was not easy to find. Up-to-date scientific information was considered essential as the women equated knowledge to have control over their own choices.

“People want a lot of information too, to work out what’s best for them” (Person 7).

The women were sceptical about research that did not support the use of CAM in menopause as their individual experiences were positive. If more research on CAM was undertaken, the women felt that CAM use would be validated. In a discussion of the controversial Women’s Health Initiative study, which questioned the safety of hormone use, 22 most women questioned the outcome of the research. Several women felt the study validated their concerns about the use of hormones, and outcomes of the study supported their use of alternative therapies.

“I wasn’t going there anyway, so I wasn’t influenced anyway, but I was like, aha!, I was right about the hormone replacement” (Person 7).

Health practitioners and their influence on CAM use

Personal experiences with doctors were mostly negative, with women saying ‘you don’t get the option of natural’ or doctors are ‘only interested in hormone therapy’.

The relationship between a woman and her health practitioner was perceived to be imbalanced, with many of the women citing that it was difficult to find a doctor they felt happy and comfortable with. If women perceived their health practitioner was not open to CAM or accepting of their beliefs, they searched for a practitioner who accepted their decision to use CAM during the menopause. The women who perceived a negative relationship were less likely to disclose their current use of CAM and were more likely to self-medicate CAM. The women were adamant about playing an active part in defining their treatment and care during menopause, in particular, they highlighted the importance of questioning medical results, asking the reasons for taking a particular medication, for example hormones, and finding out about ingredients and the side effects of medication. There was a perceived need for women’s clinics where women could easily obtain information on menopause and CAM, and for general practitioners who were open to alternative therapies.

As one woman described:

“...a lot of the doctors are not receptive to the combination of general practitioner work and natural therapy because that’s been their upbringing, that’s been their teaching...I think people in society today are looking for alternatives because we’ve been a little bit sick of going to the doctor and saying here’s your script see you next time and off you go” (Person 2).

Discussion

The qualitative methodology used in this study enabled an in-depth exploration of women’s perceptions of menopause and, in particular, their experiences of CAM use during menopause. The women in the study were using a variety of CAMs during menopause for two purposes: firstly, to address their current symptoms (in particular hot flushes); and secondly, to promote long-term health and wellbeing. The women believed that a combination of regular exercise, a balanced lifestyle, healthy eating and the use of vitamins and supplements was an effective way to control symptoms and to protect the body. The use of CAM for both treatment and prevention is also evident in the literature.15

Empowerment was an important issue throughout the four main themes identified in the data. Funnel et al. (1991, p. 38), in their description of empowerment in patients with diabetes, stated that “patients are empowered when they have the knowledge, skills, attitudes and self-awareness necessary to influence their own behaviour...to improve the quality of their lives”.23 Our study highlights the importance of empowerment in adjusting to the physiological and psychological changes accompanying menopause, and extends the findings of two previous studies.

In focus groups with 13 women, personal control over health and the treatments used during menopause was a priority.14 Another study conducted with general practitioners explored the concept of women’s autonomy during menopause and its impact upon health care.24

Central to the women’s need for empowerment was the need to be informed. Murtagh and Hepworth describes being informed during menopause as not just receiving information, but rather actively seeking and using a variety of information sources to make active decisions about health care during and after menopause.25 Participants in the current study admitted they were information seekers and actively gathered information on CAM from a variety of sources; with the Internet and friends cited as primary sources. Through access to information, women perceived they were able to gain a better understanding of the changing needs of their bodies, the symptoms they were experiencing, and the therapies available to them. The increase in knowledge gained through wider access to a variety of information sources empowers and enables women to become more active in making their health care decisions.25 The women in the current study linked information to personal control over menopause and symptoms experienced; however, a lack of scientific validation and information on CAM was not a deterrent for uptake or continuation of use. Furthermore, women believed that the reduction in the symptoms they experienced outweighed a lack of scientific validation, and if more research was undertaken, results for CAM would be positive.

In our study, the majority of women perceived they had a negative relationship with their general practitioners; this was a factor in their decision to seek treatment outside orthodox medical services and to not disclose the full range of therapies they were currently taking. The women in the study described the asymmetrical power relationship between the patient and medical practitioner. The women wanted to be heard by their doctor, and to feel that their experiences and perceptions were important.

Once the decision to use CAM had been made, the women expected their doctor to respect their decision and work collaboratively to meet their needs. The women felt a lack of control of the situation when their doctor promoted the use of hormone therapies and ignored their decision to use
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CAM, and they expressed frustration at the lack of opportunity to explore CAM with their doctor. In previous research, a perceived lack of health practitioner support together with previous CAM use were identified as reasons for choosing CAM to manage symptoms during the menopause.13,14

Most of the women in the study had family or friends with whom they could talk openly; however, they still expressed a desire to talk about the changes in their lives. The need to be heard and to share their experiences is further evidence of these women's wish to gain control over, and feel empowered during, the menopause. Roberts suggested that in social situations with friends and family, women were vocal and expressive about their health care, but in the presence of health practitioners, they became less assertive and more cooperative.25 The focus groups supported this suggestion because the women openly discussed effective CAMs and swapped contact details of general practitioners who are open to alternative therapies. Furthermore, some women admitted that they were assertive and questioning when talking to general practitioners, whereas others felt pressured into decisions that were not relevant for their body and, instead of talking to their practitioner, sought alternative practitioners.

Based on the findings of this study, the need for empowerment in women during menopause can be conceptualised in Fig. 1. The concept was exemplified in several areas of influence: in the way they perceived their symptoms, the types of CAM used, the need to find a CAM that suited the individual body's needs, the need for information and education, and the need for supportive health professionals who respected their decision to use CAM. Although this study has identified the factors that influence CAM use in a sample of menopausal women, it is important to interpret the findings within the following limitations. The women who participated in this study were volunteers, and may not represent the general menopausal population, and the final number of participants was lower than anticipated. Seven women in the study were employed full time; the busy schedules of women in this age group may have contributed to the low number of participants. In addition, the sensitivity of the issue may have been underestimated. During the focus groups, women expressed negative feelings towards their menopausal symptoms and described how menopause was not an openly discussed issue. However, the women who participated in the focus groups showed a clear need to talk and share experiences of menopause. Although the study population was small, theoretical saturation was reached by the third focus group. The strengths of this study include the methodological rigour (research triangulation), and the conceptual generalisability of the central theme of empowerment and its effects on structuring the health-seeking behaviour of women in relation to CAM use.

Several implications can be drawn from this research. Firstly, more information and education is needed about the

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Figure 1 The central theme of empowerment and the four influencing factors in a group of menopausal women. Choice of CAM therapy—range: supplements, therapies and practitioners; suit individual needs; hormones used sparingly; prevention of symptoms and promote long-term health; high cost of CAM is a barrier to use. Informed choices—information seekers, search multiple sources; share information with others; knowledge equated to control; questioning research on CAM/hormone therapy. Self-management of symptoms—desire ownership and control over symptoms and treatments; affect on daily and work activities; socially debilitating; causes: menopause or ageing? Health practitioner relationship—negative personal experiences; perceived imbalanced relationship; equal relationship with active participation desired by women. Empowerment during menopause.
menopause and the range, safety and efficacy of CAM use during menopause. Increased education about the processes and biological changes that occur during menopause would help women to understand what is happening to their bodies and may help alleviate some of the stress that can occur during menopause. Women's groups or centres are required where women can share their menopausal and treatment experiences. Secondly, there is also a need for strong participatory relationships between women and their health professionals, particularly general practitioners. The need for this is twofold; firstly, to enable women to feel comfortable in discussions about CAM use, and secondly, to improve women's perceived control over their menopausal experience. Open discussions between menopausal women and general practitioners about the positive and negative aspects of taking particular therapies, as well as sharing scientific information, will empower women to make informed health care choices.

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