

## MULTI-DISCIPLINARY SURVEY OF CLINICIAN CONFIDENCE AND KNOWLEDGE REGARDING VAGINAL OESTROGEN THERAPY IN POST MENOPAUSAL WOMEN.

### Hypothesis / aims of study

Vaginal oestrogen is a safe and effective therapy for genito-urinary symptoms of menopause. After the first two weeks of vaginal use there is very minimal systemic absorption from vaginal oestrogen use <sup>(1)</sup> and adverse effects are very rare.<sup>(2)</sup> However, with regular media concerns surrounding systemic hormone replacement therapy, it can be very difficult for patients to feel confident in using oestrogen in any form. A good understanding of vaginal oestrogen therapy by the prescriber is vital, enabling appropriate use and improving patient compliance through effective counselling. We surveyed local clinicians who might reasonably be expected to prescribe vaginal oestrogen, to assess physician confidence and prescribing practice.

### Study design, materials and methods

We surveyed prescribers within our local area, working for general practice, urology, gynaecology, dermatology and medicine for older people (elderly care). They completed a 10 question survey either on paper or via an electronic survey system. This survey included both self-rating and knowledge based questions on the use of vaginal oestrogen. The results were collated and analysed using Microsoft Excel.

### Results

43 clinicians responded to the survey; 17 from general practice; 11 from gynaecology; 10 from elderly care; 4 from urology and 1 from dermatology. 19% of respondents described themselves as "very confident" counselling patients on using vaginal oestrogen, with over 52% of respondents having either "some confidence" or "not confident". Respondents from elderly care had the lowest self-rated confidence levels; gynaecology had the highest. The confidence levels of those from general practice were mixed, with the majority self-rating as having "some confidence".

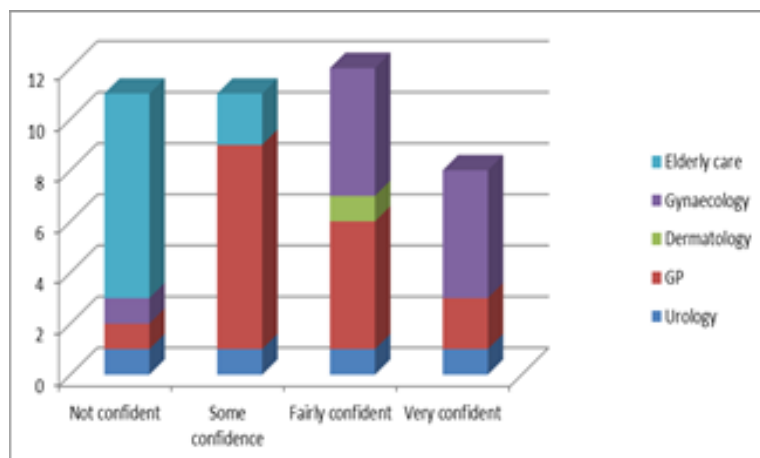


Figure 1: Self-rated confidence in counselling women on vaginal oestrogen therapy by specialty

Gynaecology or urology respondents were most likely to prescribe vaginal oestrogen reasonably often or regularly, at 82% and 75% respectively. This dropped to less than half of those from general practice (47%). No-one from elderly care prescribed it any more than occasionally, with the majority (70%) never prescribing it. When confidence levels were compared to frequency of prescription, those who self-rated as more confident had a higher prescribing frequency than those with low confidence levels. Figure 2 demonstrates which indications vaginal oestrogen were prescribed for, the most common being vaginal atrophy.

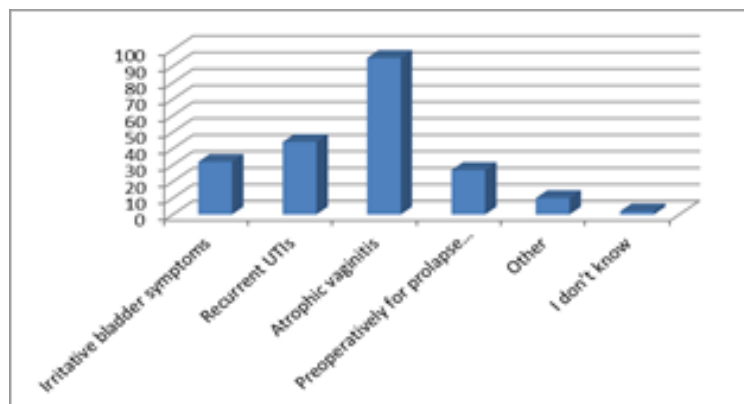


Figure 2: Percentage of respondents that prescribe vaginal oestrogen for different indications.

The most widely agreed upon contra-indication for use of vaginal oestrogen was active breast cancer, at 76%. Unscheduled vaginal bleeding was the second most common choice at 68%. Common misconceptions that VTE history, family breast cancer history and previous breast cancer history are contra-indications for use of vaginal oestrogen clearly persist, with 29%, 5% and 46% classing these as contra-indications respectively.

The survey ended with a short true/false quiz relating to systemic absorption of vaginal oestrogen. 65% of respondents scored 100%. 70% of the gynaecology team and 63% of the elderly care team scored 100%. Only 56% of general practice responders scored 100%. Looking at respondents self-rating of confidence in counselling patients compared to their quiz score, those who rated themselves as “fairly confident” had a higher percentage of perfect scores, with 91% of them scoring 100% compared to 71% of those who were “very confident”.

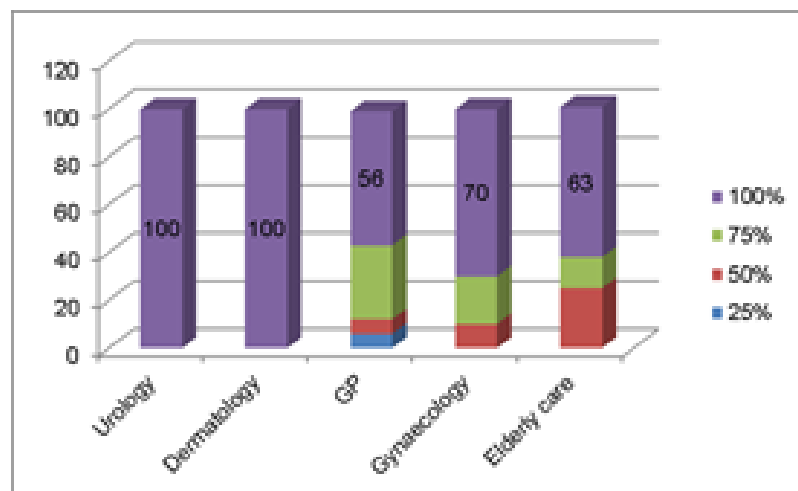


Figure 3: Quiz scores by specialty

#### Interpretation of results

The survey demonstrates a need for improved confidence using vaginal oestrogen therapy, particularly amongst elderly care and general practice teams. These clinicians are key in treating women for genito-urinary symptoms of menopause who might never present to gynaecology or urology. Improvement is needed for all clinical groups as results for gynaecology respondents were not as good as one might expect. Self-rating of confidence seemed to correspond to the rate of prescribing and, for the most part, the likelihood of a high quiz score. Having said that, those who felt “fairly confident” had higher perfect score rates than those who were “very confident”, perhaps indicating a degree of false confidence amongst some clinicians. The relatively high proportion of misconceptions regarding contra-indications suggests women who could benefit from therapy may be unnecessarily denied it. For example, whilst vaginal oestrogen therapy may need to be discussed with a patient’s surgeon or oncologist, previous breast cancer history is not an automatic contra-indication for all, due to the very low levels of systemic absorption.

#### Concluding message

Clinicians need to be confident and knowledgeable to use vaginal oestrogen appropriately and safely, and effectively counsel patients. There is a need for education regarding the use of vaginal oestrogen to improve prescribers’ knowledge and confidence. We aim to fill that education gap by development of a patient information leaflet on vaginal oestrogen and local physician teaching. Improved prescribing practices by gynaecology, general practice, elderly care and urology teams could enable a wider group of women to be reached and appropriately treated.

#### References

1. Panay N et al. Treatment of postmenopausal vaginal oestrogen with 10 mcg estradiol vaginal tablets. *Menopause International* 2012; 18:15-19
2. NICE guideline 23. Menopause: diagnosis and management. November 2015

#### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Survey of clinicians; no patients involved **Helsinki:** Yes **Informed Consent:** No