



A Qualitative Analysis Of How Fear, Particular Influences And Societal Interactions Promote Symptomatic Postmenopausal Women's Unwillingness To Use Vaginal Estrogen



Dune TJ¹, Ferguson AC¹, Asfaw, T², Robbins L³

¹Department of Urology, Weill Cornell Medicine, New York, New York, USA

²Department of Obstetrics and Gynecology, Weill Cornell Medicine, New York, New York, USA

³Graduate Medical Education, Research Division, Hospital For Special Surgery, New York, New York, USA

Background

Unfortunately, despite vaginal estrogen being consistently proven to be safe to use and successful for the treatment of a multitude of pelvic floor symptoms, continued speculation exists regarding women's reluctance to use this therapy. Thus, it is imperative to go beyond surveys and/or qualitative studies focusing solely on vaginal atrophy or menopause in general and actually delve into the direct issues women experience with the estrogen treatment itself.

Objectives

To demonstrate the fear, external and internal influences and societal reasons and attitudes contributing to post-menopausal women's unwillingness to use vaginal estrogen despite the presence of bothersome pelvic floor/vulvovaginal complaints.

Methods

19 eligible women presenting to the urogynecologic offices underwent one-on-one semi-structured voice-recorded interviews that were transcribed verbatim. Women completed a simple demographic/ clinical questionnaire and a health literacy assessment (REALM-SF). A grounded theory approach was used for analysis. The iterative process of codebook formation and consensus surrounding codes was performed by 3 investigators.

Conclusion

Prioritizing interventions that:

- 1) directly address and correct the incomplete and fear-inducing portrayal of published evidence,
- 2) promote positive influences encouraging women to use treatment and,
- 3) alter how women and society regard women's health topics will serve to encourage the use of vaginal estrogen and likely continue to stimulate equity in women's health care.

Results

MAJOR THEME	SUB-THEME		ILLUSTRATIVE EXAMPLE
FEAR	Fear of Breast Cancer	Historical Controversy Surrounding Estrogen	Interviewee: No, I don't think so. I think it was when those studies came out, whenever it was 20 years ago, that in fact they could be promoting cancer rather than preventing, which was what we were being told, I think the feeling betrayal was intense and among my friends, anyway. (V005)
		Research & articles about 20 years ago	Interviewer: Um hmm, right. And we know that other women believe that estrogen can lead to breast cancer. What do you believe? Interviewee: Yeah. I -- I -- I believe that. -- You know probably you know an article here, an article there. You know in a health, one of those health publications like Harvard Women's Health or you know those publications that come out. (V021)
		Media	Interviewee: The same. I just felt I don't wanna go there [using vaginal estrogen] because when the study came out that everything they were telling us about the hormones -- I think it was very much in the news in journalism and radio. -- That must have been 20 years ago. (V005)
		News	Interviewee: Well, I just know that once a pill, and one's a cream that you put in, and that oral estrogen, I think, from news and whatever, had been sort of more of the one that had been linked with cancer. (V002)
		Healthcare Providers	Interviewer: Right. And where did that information come from? Interviewee: Well, it probably came right from the first gynecologist who said, "No, even if increases your chance by this much." [in regards to vaginal estrogen use] -- "I don't want you to use -- I don't want you to go on the pill." (V021)
	Fear Of Making Current Health Condition Worse Or Prior Exposure		Interviewer: Uh-huh, yeah. And what are your reasons to not use it? Interviewee: I don't want to use it because I have that little thing on my kidneys. Interviewee: I have a - now a little mass on my pancreas ... So I'm scared if I take it'll make it grow more.(V011)

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INFLUENCES	Healthcare providers	Discouraged patient from vaginal estrogen use	Interviewer: And what about vaginal estrogen? Interviewee: You know, truthfully, you know, it wasn't -- I mean, he discouraged -- this was Larry Morton at Memorial, had discouraged Jennifer using even the IUD that has estrogen in it, and --but then, he was not against, like, Vagifem. He didn't say, "Don't use estrogen cream," because again, it wasn't -- I didn't bring that up as an issue. It certainly wasn't something I was comfortable trying to use. (V002)
		Inconvenient Usage	Product is too messy Interviewer: Right. Did it [vaginal estrogen] help with the dryness? Interviewee: I think so but I think it did help but I didn't like the feeling, the leakiness feeling after, like the next 24 hours, I probably had to fill up the entire syringe and so it didn't get absorb then it would leak the next day. That wasn't a leaky bladder. That was just leaking medication.(V006)
		Application is too time consuming	Interviewer: Is there anything else specifically about vaginal estrogen? Interviewee: Well, my -- I guess maybe the whole kind of the physical act of having to do the step that I don't feel like doing it. I never -- it just felt like I wasn't into doing it. I guess maybe the actual part of actually doing this sort of step. You know, make sure you wash the applicator and do all this other stuff that.... It's like these extra steps. I'm like, oh, I don't want to do this. (V017)
		Interrupted use	Interviewer: Imagine you had a few moments to ask a gynecologist about vaginal estrogen. What would you say? Interviewee: Oh, like what are the newest whatever, you know, like if there's something I could try once a month or something -- Yeah. I would -- it went from daily to once a week... (V017)
		Cost/Price	Interviewer: Yeah. Do you know any alternatives to creams? Interviewee: Yeah, Vagifem was -- but then, there was a really big interference with insurance, that insurance didn't want to pay for Vagifem, they wouldn't even cover it, so you had to either buy it out of pocket, or go to a cream. (V008)
		Uncomfortable to use	Interviewee: -- and I tried it [vaginal estrogen], several different brands, and I had real burning when I used it, including she had it compounded, and that still created the same discomfort. (V002)

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SOCIAL ATTITUDES/ INTERACTIONS	Minimization/ Coping	Coping in general	Interviewee: I've probably ignored this problem way too long -- I don't know if that's possible but I know that I was training with somebody in France and there were times, I mean it was a gyno , I couldn't say, oh no pressure there. I did not discuss it with him but I was aware that doing certain activity would increase my discomfort, and it had gotten worse. (V007)
		Not tying their symptoms to postmenopausal symptoms	Interviewer: And anything I'm missing that's important for me or for you to know about menopause and vaginal estrogen? Interviewee: Well, I guess I never really think about myself as being a menopausal issue, so -- because menopause, I mean, I never really had any menopausal symptoms that concerned me, except, you know, the UTIs, and I don't really -- I guess, I didn't associate -- and I don't necessarily associate it with menopause. (V002)
		Prioritization of other diagnoses over vulvovaginal symptoms	Interviewer: Think back to when you first heard about vagina estrogen, vaginal estrogen. Tell me how did you feel about using it? Interviewee: I never even thought about it. I was more concerned with this prolapse that I've had now for maybe 10 or more years. This has been a progressive thing and that's been the annoyance of my life. (V004)
		Thinking "this is natural"	Interviewee: ...the waking up every two hours, the sweats, the drenching. And I was -- and I -- even then, I, you know, like a lot of my friends, my cohorts, were on estrogen orally and I still opted out to just tough it through. So it's my personal belief system not to really -- I feel like your body's going through all these changes, and maybe there's a reason for it, and then don't intervene with what nature has in store for you. (V017)
		Thinking their symptoms are not severe enough	Interviewer: Got you. So, think back to when you ever first heard about vaginal estrogen. How did you feel about using it? Interviewee: I thought about that. I don't think I have a problem big enough to have another medicine. (V020) Also V020: Interviewer: So, describe some of the vulvovaginal or pelvic floor symptoms that you've experienced in menopause. Interviewee: I feel that my vagina is a gaping hole. It's -- I don't even know how to describe it. It's like it's opened up a much larger area. When I wipe myself going to the bathroom, I just feel like there's this giant area there, an open area. Interviewer: When you went to go and see your gynecologist, you described also other symptoms. What are those symptoms? And we can refer back to what you've check marked: Leaking of urine, loss of bladder control, and passing gas and flatulence, incomplete bladder emptying, and recurrent urinary tract infections. Besides this, anything else? (V020)
	Menopause as Freedom	Interviewer: So, what does being in menopause, or postmenopausal mean to you? Interviewee: A little bit of freedom, you know, from a little bit of worry and, you know, those kind of concerns. - Actually, you know, like I said, I haven't really thought about it too much, you know, other than going on and doing things that I normally -- you know, that I enjoy doing. And a little bit more -- like I said, a little bit more focus on other things, rather than my monthly (V001)	
	Vaginal Estrogen Use only in the context of sex	Interviewer: Tell me what you think vaginal estrogen is used for. Interviewee: I think it's used to make you more lubricated, younger, more sexual, I guess, more able to have sex I should have. That's all I can think of. (V005) Interviewee: I would think it would allow the vagina to stay moist, which would probably lead to more comfortable sex -- (V016) Interviewee: I think people use it that it helps them with having sex maybe, maybe it softens the vagina, I'm not sure. (V013)	