

A study of the knowledge, attitude and practices regarding menopause and its treatment among gynecologic oncology patients treated at the Philippine General Hospital

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ABSTRACT

Background: Menopause is a normal and natural event. It is defined as the final menstrual period and is usually confirmed when a woman has missed her periods for 12 consecutive months. Dealing with issues regarding menopause is just as important in the care of patients afflicted with cancer as it is to the general population undergoing this singular experience. By knowing the patients' knowledge, attitudes, and practices (KAP) regarding menopause and its treatment, both patients and health care providers will be given a better perspective and useful insights on the matter which, hopefully, will translate to an improved and more holistic patient care.

Objective: To determine the knowledge, attitudes, and practices regarding menopause of gynecologic oncology patients treated at the Philippine General Hospital (PGH).

Methods: This was a prospective study which employed a KAP survey on menopause using a structured questionnaire designed by the author. The questionnaire was patterned after the Menopause Health Questionnaire of the North American Menopause Society (NAMS) and the Menopause Rating Scale (MRS). Descriptive statistics were employed in the analysis of data using frequency and percentages.

Results: There was a total of 100 respondents of the KAP survey conducted at the PGH Cancer Institute Section of Gynecologic Oncology Outpatient Clinic. Majority of the respondents were aware of the more common symptoms of menopause such as irritability (61%) and hot flushes (49%) but had limited knowledge regarding the other symptoms. Majority are not aware of the different treatment modalities available to address menopausal symptoms. Only 13% of the respondents knew about hormonal replacement therapy as a treatment option for menopause. Only a small proportion of the respondents were familiar with the different forms of complementary and alternative medicine. Most of the respondents viewed menopause as a natural event in a woman's life and needs no treatment.

Conclusion: Majority of the gynecologic oncology patients included in the survey do not know about the symptoms of menopause and the treatment options available to address these symptoms. An overwhelming majority of the women included in this survey consider menopause as a normal part of a woman's life and view menopause in a positive light. Most of the respondents also do not feel that it is a condition that warrants treatment. Although they also experienced some of the symptoms of menopause, majority of the respondents did not avail of any treatment.

Keywords: knowledge, attitude, practice, menopause, gynecologic oncology

INTRODUCTION

Menopause is a natural occurrence in every woman's life. It is the cessation of menses for 12 consecutive months thus signifying the end of a woman's capability to reproduce. The average of menopause is 51 years old.¹

The onset of menopause may be influenced by genetics. However, certain factors that are harmful

to the ovaries may precipitate an earlier onset of menopause such as smoking, chemotherapy, exposure to pelvic radiation, ovarian surgery or hysterectomy.²

Although menopause is a normal part of a woman's life, its effects may be experienced and perceived differently by women. Some women consider menopause as the start of many positive changes in their lives and their health. However, in the present time when youth is highly

prized, a woman's notion of menopause can be swayed by unfavorable images coming from friends, family, peers, media, and even healthcare providers. An important way of dissipating these negative stereotypes is through patient education and counselling.³

Generally, the transition to menopause may be subtle and expected. But women who are treated for cancer and undergo menopause as a result of these treatments may be surprised by the impact of surgery, radiation, and chemotherapy on their lives. Therefore, menopause is a women's health issue that should be seriously addressed since it has a substantial effect on the quality of life of the women experiencing it. By knowing the patients' knowledge, attitudes, and practices regarding menopause and its treatment, both patients and health care providers will be given a better perspective and useful insights on the matter which, hopefully, will translate to an improved and more holistic patient care.

OBJECTIVES OF THE STUDY

General Objective

To know the knowledge, attitudes, and practices of gynecologic oncology patients treated at the Philippine General Hospital regarding menopause and its treatment.

Specific Objectives

1. To establish the socio-demographic characteristics of the study population.
2. To know the menstrual and reproductive health histories of the study population.
3. To determine the type of gynecologic malignancy afflicting the subject population.
4. To know the cancer treatment modality received by the study participants.
5. To classify the patients as to whether they had natural or therapy-induced menopause.
6. To report what the study population know regarding symptomatology of menopause.
7. To report what the study population know regarding treatment of menopause.
8. To know the study population's perception regarding menopause.
9. To determine the menopause symptoms experienced by the study participants.
10. To know what form of treatment the study participants received for their menopausal symptoms.
11. To know the study population's sources of information regarding menopause.
12. To determine whether the study participants are interested in learning more about menopause and its treatment.

SIGNIFICANCE OF THE STUDY

In caring for patients with cancer, patients and health care providers sometimes tend to let discussions that are not directly related to cancer and its treatment, such as menopause, slide to the bottom of the priority list. Through the information gathered in this study, patients' knowledge about the menopause will be augmented so that they will be able to adequately cope with the attendant symptoms of the condition. At the same time, physicians, particularly those dealing with cancer patients, will be made aware of the importance of addressing issues regarding menopause so that they will be able to help improve the quality of life of their patients.

SCOPE AND LIMITATION

This study covered 100 patients seen at the Section of Gynecologic Oncology at the Cancer Institute of PGH on August 2010. Subjects were included regardless of the type of gynecologic malignancy they have and the nature of their menopause (whether natural or induced).

The aim of the present study is to report what the interviewed women think about menopause and all possible related therapies, how they receive information from doctors, mass media and other sources based on the questions that were included in the survey form.

It is beyond the scope of this study to compare the menopausal experience of the respondents who had natural menopause and those who underwent menopause secondary to the treatment they received for cancer. The study also does not look into the details of the treatment that were received by the respondents, such as the duration of treatment, the dose of radiation or chemotherapy received, or the kind of chemotherapeutic agent that was administered. Furthermore, there is a possibility that the respondents' responses to the questions in the survey form may be influenced by time constraints since this survey was conducted during the busy consultation hours at the Cancer Institute.

REVIEW OF RELATED LITERATURE

The Greek word *menos* means month and *pausos* means ending. Together, they simply mean the end of the menstrual cycle or what is known as menopause. 'Climacteric' is also a term used to describe the changes that take place with the onset of menopause. It is the period of time when ovarian function changes which result in declining reproductive function that eventually becomes non-existent.⁴

The climacteric commences with irregularity in the menstrual cycle that will eventually completely cease.

The time period between the onset of the climacteric and the onset of menopause is known as the menopausal transition. This typically develops over a span of 4 to 7 years. The average age of the onset of the menopausal transition is 47 years.⁵

On the average, spontaneous menopause occurs at the age of 51 years. However, 5% of women experience it late (after 55 years of age) and another 5% will have an early onset (between 40 to 45 years old). Menopause occurring before 40 years of age is considered as premature ovarian failure. Women who smoke have an earlier age of menopause, about 2 years earlier than those who do not smoke. Nulliparous women and those who had regular menstrual cycles also tend to have an earlier onset of menopause.⁶

Induced menopause is brought about by removal of the ovaries (bilateral oophorectomy), chemotherapy, radiotherapy, or other medical treatment that may have deleterious effects on ovarian function. It is different from natural or spontaneous menopause which would otherwise have occurred when the woman has reached the age of about 51 years.⁷

Gynecological cancers are a frequent group of malignancies in women, accounting for approximately 18% of all female cancers worldwide. The most common are endometrial, ovarian and cervical cancer. The improvement in screening programs and advances in treatment of these malignancies have vastly contributed to increased survival for those afflicted with these diseases. These cancer survivors return to their normal functioning and live years after the initial diagnosis without symptoms of their disease. However, they may experience various effects related to their cancer treatment that may persist for a long-term period including the effects of induced menopause.⁸

Menopause occurs immediately when both ovaries are surgically removed. This is referred to as surgical menopause. Hysterectomy alone does not cause menopause even if there is no longer any menstrual flow nor capability to reproduce. However, hysterectomy may disturb the blood supply of the ovaries and predispose to the end of ovarian estrogen production an average of 2-3 years earlier than usual. Women with surgical menopause do not experience perimenopause but they often have some of the typical symptoms of perimenopause like hot flashes and vaginal dryness. On the other hand, women who had a hysterectomy but kept their ovaries still experience perimenopause as their ovaries secrete less and less estrogen.⁹

According to the Philippine Society of Climacteric Medicine in their 2009 Clinical Guidelines for the Care of the Menopausal Women, bilateral oophorectomy performed before menopause is associated with adverse

effects on the long-term health of postmenopausal women. The increased relative risk for cardiovascular disease is more pronounced for women with an induced menopause than for women with natural menopause. Oophorectomy before 45 years of age is also a well-established risk factor for osteoporosis. In fact, even those women who underwent bilateral oophorectomy after natural menopause have an increased risk of developing osteoporotic fracture compared with women with intact ovaries. Oophorectomy, whether unilateral or bilateral, that is done before the onset of menopause is associated with increased risk of cognitive impairment or dementia, with those younger at the time of surgery having the greater risk. Overall, mortality was not increased in women who underwent bilateral oophorectomy compared with referent women. However, mortality was significantly higher in women who had received prophylactic bilateral oophorectomy before the age of 45 years than in referent women.¹⁰

Abdominopelvic radiotherapy has been proven to have harmful effects on ovarian function. However, advances in technology has permitted individualization of radiation doses to conform to the tumor and limit exposure of normal tissues. There is now more precise localization of these regions of interest with the use of imaging and adaptive radiotherapy. When the ovary receives doses beyond 24 Gy, which is usually what an adult cancer patient receives when the pelvis is irradiated, this will invariably produce permanent ovarian ablation.¹¹

Chemotherapy administered alone or in combination with irradiation can also have deleterious effects on ovarian function. This has been substantiated by several studies. Just like radiation therapy, the adverse effects of chemotherapy on the ovaries are greatly dependent on the age of the patient.¹¹

Vasomotor symptoms that are experienced during the menopause may be severe enough to affect quality of life. These afflict 75% of women and as a result, around 25% of them will require medical consultation. There are several treatment modalities geared toward the management of hot flashes and other vasomotor symptoms but hormone therapy is currently the only FDA-approved treatment for hot flashes and remains the gold standard for treatment. However, not all postmenopausal women with menopausal symptoms are candidates for hormonal therapy.¹²

Complementary and alternative medicine (CAM) is defined by the National Center for Complementary and Alternative Medicine, as "a group of diverse medical and healthcare systems, practices, and products that are presently not considered to be part of conventional medicine." When compared to alternative medicine which

is used alone by itself, complementary medicine is used in addition to conventional medicine. There are several types of CAM but the most common form of CAM at present is herbal therapy which includes the administration of vitamins, minerals, other nutritional supplements along with specific diet and lifestyle changes. Treatment of menopausal symptoms are among the indications for using CAM.¹³

When treating patients with cancer, the 2 goals of treatment are: 1) to cure and 2) to prolong and maintain the quality of patients' lives as much as possible when there is little or no chance of cure. Over the last 2 decades, there has been an increasing trend to incorporate health-related quality of life (HRQoL) assessment into routine clinical management and clinical trials.¹⁴ Going through and coping with spontaneous or induced menopause along with its attendant symptomatology is an important facet that would predict patients' quality of life. Thus, attitude and expectations about the menopause are very important.¹⁵ In a study done by Berg and Taylor which looked into the symptom experience of Filipino American midlife women, they found that Filipino American midlife women appear to consider the perimenopausal transition in a positive light and have little distress associated with the estrogen-related menopause symptoms experienced. Findings from this study suggest that Filipina Americans view perimenopausal symptoms as part of a normal life stage that does not warrant concern.¹⁶

As women experience the changes that come with menopause - be it physical, mental, emotional, or social - they have the distinct opportunity to plan for their midlife wellness. Whether natural or induced, menopause is an ideal time to begin or reinforce a health promotion program that will provide benefits throughout the rest of a woman's life.³

METHODOLOGY

This is a prospective study which employed a KAP survey on menopause using a structured questionnaire designed by the author. The questionnaire patterned after the Menopause Health Questionnaire of the North American Menopause Society and the Menopause Rating Scale (MRS). This was translated to the local dialect (Tagalog) and pretested on the field on a total of 10 patients. The questionnaire consisted of eight sections which looked into the personal, social, medical, menstrual, reproductive and menopausal histories of the study participants. Included in the questionnaire were information regarding the type of gynecologic malignancy that each study subject was afflicted with and the treatment they received for it. The last sections of the questionnaire dealt with the participants' knowledge, attitudes, and

practices regarding menopause, the menopausal symptoms they are experiencing and the treatment/s they are receiving, if any. Participants were informed that the questionnaire was confidential and anonymous. A signed informed consent was obtained from each participant. The survey was carried out on gynecologic oncology patients seen at the Cancer Institute of the Philippine General Hospital on August 2010. Patients who were included were those who already had spontaneous or induced menopause. Patients were excluded if they are still having regular menstrual periods.

Descriptive statistics was employed in the analysis of data using frequency and percentages.

DEFINITION OF TERMS

1. Perimenopause – the transitional time of 6 years or more immediately prior to natural menopause when changes begin and includes 1 year after menopause
2. Menopause – the final menstrual period, confirmed after 12 consecutive months without a period or when both the ovaries are removed or permanently damaged.
3. Induced menopause – menopause caused by medical or surgical intervention that removes or seriously damages both ovaries
4. Gynecologic oncology patients – patients afflicted with any of the 6 gynecologic malignancies (cervical, uterine, ovarian, vulvar, vaginal and fallopian tube cancers) seen at the Cancer Institute of the Philippine General Hospital
5. Hormone replacement therapy (HRT) – the administration of estrogen often along with a synthetic progestin especially to ameliorate the effects of menopause
6. Complementary and alternative medicine - a group of diverse medical and healthcare systems, practices, and products that are presently not considered to be part of conventional medicine and includes herbal remedies, acupuncture, and yoga.
7. Knowledge – the fact or condition of knowing something with familiarity gained through experience or association; the fact or condition of having information or being learned
8. Attitude – a mental position with regard to or a feeling or emotion toward a fact or state

9. Practices – what is customarily done to address a particular condition or situation

RESULTS AND DISCUSSION

Profile of the Respondents

There were a total of 100 women respondents who completely answered the study questionnaire. These women were patients seen at the outpatient clinic of the Section of Gynecologic Oncology at the Cancer Institute of the Philippine General Hospital.

Socio-demographic characteristics, menstrual and reproductive histories

When the survey was conducted, the mean age of those who had natural or spontaneous menopause was 61 years while those who had induced menopause were in a much younger age bracket, with a mean age of 48 years old. For both groups, the mean age is 56 years old. More than half of the respondents were married (53%). The greater majority were unemployed (76%). Most of the respondents were able to complete their high school education (65%). There was only 1 respondent who did not receive any form of formal education. Only a small proportion of the respondents engaged in smoking or alcoholic beverage drinking (7% for both). When asked regarding the presence of other medical comorbidities, twenty percent of the respondents were found to have hypertension, 15% had diabetes mellitus, while 5% had bronchial asthma. The greater majority (55%) had no medical comorbidities. Regarding sexual activity, majority of the respondents were sexually inactive (83%). (Table 1)

When asked about the reasons for sexual inactivity, multiple responses were gathered. The main reason for sexual inactivity was the lack of a partner (43%). This was followed closely by both the respondents and their partners' loss of motivation to engage in sexual activity (42.2%). Thirty-three point seven percent of the respondents claimed that it was because they themselves lost interest in sex while 16.9% responded that their partners were the ones who were not motivated. A small percentage (13.3%) of the respondents had been sexually inactive for fear that the cancer may return. (Table 2)

Majority (67%) of the respondents had their menarche between the ages 11-14 years and 92% had regular menstrual cycles. Sixty one percent experienced menopause between the ages 41-50 years. When asked about their reproductive histories, majority of the respondents had a parity of 1-4 (44%). Twelve of the respondents were nulliparous. The computed average age at first pregnancy is 19.54 years old. (Table 3)

Majority (40%) of the respondents never tried using any form of contraception. Among the respondents who

Table 1. Socio-demographic characteristics of the study population

Socio Cultural Characteristics	Total (N=100)
Mean Age	56 yrs old
Civil Status	
Single	12.0
Married	53.0
Separated	6.0
Widowed	25.0
In a relationship	4.0
Occupation	
No work	76.0
With work	16.0
Retired	8.0
Disabled	0
Level of Education	
Elementary	33.0
High School	45.0
College	18.0
Postgraduate	3.0
No education	1.0
Smoking	
Yes	7.0
No	93.0
Drinking	
Yes	7.0
No	93.0
Medical History	
Hypertension	20.0
Diabetes mellitus	15.0
Bronchial asthma	5.0
Sexual Activity	
Sexually active	17.0
Not sexually active	83.0
Total	100.0

Table 2. Percentage distribution of sexually inactive respondents by their reason for sexual inactivity

Reasons Sexual Inactivity (Multiple Response)	Total (%) N=83
Respondent lack motivation in engaging in sexual activity	33.7
Partner's lack of motivation in engaging in sexual activity	16.9
Both respondent and partner lacked motivation in engaging in sexual activity	42.2
Fear that cancer may recur	13.3
Pain during sexual intercourse	20.5
Without sexual partner	43.0

Table 3. Percentage distribution of respondents by age of menarche and menopause

Menstrual History	Total (N=100)
Age at Menarche	
≤10	1.0
11-14	67.0
≥15	32.0
Had regular menstrual cycles	
Yes	92.0
No	8.0
Age of last menstruation (menopause)	
<40	12.0
41-50	60.0
51-55	26.0
>55	2.0
Total	100

previously used contraception, the most commonly employed was tubal ligation in 26%, followed by oral contraceptive pills and natural family planning methods at 20% each. None of the respondents' partners subjected themselves to vasectomy. (Table 5)

History of Gynecologic Malignancies

More than half (53%) of the survey respondents had cervical cancer, 29% had endometrial cancer while 18% had ovarian cancer. Only a small number (3%) were afflicted with vulvar and vaginal cancers.

Majority of the respondents were treated with a combination of treatment modalities: 27% underwent radiotherapy and chemotherapy, 17% had surgery and chemotherapy, while 8% had surgery and radiotherapy. Eleven percent of the respondents underwent all 3 modalities. For those who underwent a single form of treatment, 24% underwent surgery, 6% had radiotherapy, while 5% had chemotherapy as the only form of treatment received. (Table 6)

Nature of Menopause

Of the 100 respondents, more than half (60%) underwent spontaneous menopause while the remainder attributed it to cancer treatment. (Figure 1). When the latter group was asked regarding the treatment modality that most likely caused the onset of their menopause, most of them (24%) attributed it to surgery (wherein their ovaries were removed as part of treatment) while the remainder said they experienced menopause after receiving radiotherapy and chemotherapy (12% and 10%, respectively). (Table 7)

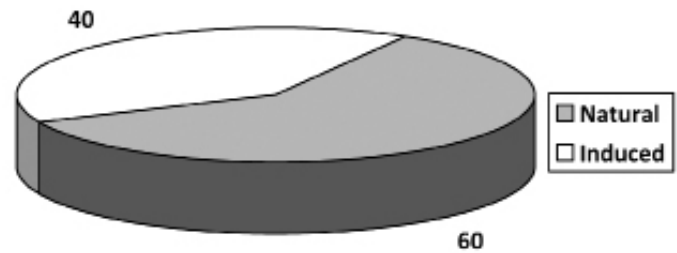


Figure 1. Distribution of respondents based on nature of menopause

Table 4. Percentage distribution of respondents by parity and age of first pregnancy

Obstetric History	Total (N=100)
Parity	
0	12.0
1-4	44.0
5-8	38.0
9-12	6.0
Age at First Pregnancy	
Not applicable	12.0
≤19 years old	30.0
20-24 years old	33.0
25-29 years old	17.0
≥30 years old	8.0
Total	100

Table 5. Percentage distribution of respondents by family planning method used

Family Planning Method Used (Multiple Response)	Total (N=100)
None	40.0
Ligation	26.0
Vasectomy	0
Pills	20.0
Condoms	9.0
Foam/Gels	2.0
IUD	11.0
Injectable hormone	4.0
Implanted hormone	0
Diaphragm	1.0
Natural Method	20.0
Other Methods	2.0

Table 6. Percentage distribution of respondents who underwent induced menopause by treatment modality received

Treatment-induced menopause (Multiple Response)	Total (N=100)
Treatment received	
Surgery with removal of both ovaries	24
Chemotherapy	10
Radiotherapy	12

Table 7. Percentage distribution of respondents based on type of gynecologic malignancy afflicted with and treatment received

Gynecologic Malignancy	Total (N=100)
Organ	
Cervix	53.0
Uterus	29.0
Ovary	18.0
Vulva	1.0
Vagina	2.0
Fallopian Tube	0
Treatment Received	
Surgery	24.0
Radiotherapy (RT)	6.0
Chemotherapy (CT)	5.0
Surgery+RT	8.0
Surgery+CT	17.0
Surgery+CT+RT	11.0
RT+CT	27.0

Respondents' knowledge regarding menopause

When the respondents were asked about what they considered to be symptoms of menopause, irritability ranked the highest (61%), followed by hot flashes (49%), exhaustion (47%), sleeping problems (44%), vaginal dryness (43%), anxiety (35%), depression (24%), and sexual problems (23%). Only 10% of the respondents considered bladder problems as a symptom that is experienced during menopause. (Table 8). It can be gathered from this data that the respondents were aware of some of the more commonly encountered vasomotor symptoms of menopause such mood swings and hot flushes, perhaps from what they know from personal experience or from what they saw other women go through, or what they frequently encounter in media. However, most of them did not consider loss of libido and bladder problems as part of the symptomatology of menopause, perhaps attributing it as effects of their cancer treatment or simply because they don't know about it at all.

Treatment options for menopause were largely unknown to the respondents. Only 13% responded that they knew about hormonal replacement therapy as a treatment option for menopause. Only a small proportion of the respondents were familiar with the different forms

Table 8. Percentage distribution of respondents by their knowledge regarding the symptoms of menopause

Symptoms of menopause (Multiple responses)	Total (N=100)
Hot flashes	
Yes	49.0
No	17.0
Don't Know	34.0
Sleeping problems	
Yes	44.0
No	26.0
Don't Know	30.0
Irritability	
Yes	61.0
No	16.0
Don't Know	23.0
Exhaustion	
Yes	47.0
No	25.0
Don't Know	28.0
Bladder problems	
Yes	10.0
No	48.0
Don't Know	42.0
Depression	
Yes	24.0
No	43.0
Don't Know	33.0
Anxiety	
Yes	35.0
No	29.0
Don't Know	36.0
Sexual problems	
Yes	23.0
No	39.0
Don't Know	38.0
Dryness of vagina	
Yes	43.0
No	23.0
Don't Know	34.0

of complementary and alternative medicine. Among those listed, exercise and acupuncture were known to an equal number of respondents (29% each). Other herbal medicines aside from black cohosh and soy were known to 14% of the respondents as treatment for the symptoms of menopause. The least known treatment for menopause was back cohosh; only 2 respondents were aware of this form of treatment. Majority of the respondents had no knowledge regarding HRT or the different forms of CAM listed. (Table 9)

From the responses gathered it is apparent that a great majority of them are not aware of the various

Table 9. Percentage distribution of respondents by their knowledge regarding treatment for menopause

Treatment options for Menopause (Multiple response)	Total (N=100)
HRT	
Yes	13.0
No	7.0
Don't Know	80.0
Black cohosh tablets	
Yes	2.0
No	5.0
Don't Know	93.0
Soy and soy products	
Yes	8.0
No	9.0
Don't Know	83.0
Other herbal medicines	
Yes	14.0
No	6.0
Don't Know	80.0
Excercise	
Yes	29.0
No	8.0
Don't Know	63.0
Acupuncture	
Yes	29.0
No	7.0
Don't Know	64.0

forms of treatment available to address the symptoms of menopause. This may stem from the fact that most of them do not think that menopause is a condition that requires treatment (Table 13). However, it is also possible that most of the respondents do not know about treatment options for menopausal symptoms.

When asked to rate their level of knowledge about menopause, half (51%) of the respondents admitted that they were only slightly knowledgeable about it while almost a quarter (24%) of those surveyed claimed to have no knowledge at all about the matter. (Table 10)

The respondents' sources of information regarding menopause were mostly their friends (65%) and family (47%). Thirty-six percent learned about it through their own personal experience while some (32%) said that they learned about menopause through their doctors. Among media, television (32%) appears to be a popular source of information followed by magazines (20%). (Table 11)

Fifty seven percent of the respondents expressed their interest to learn more about menopause The rest no longer desire to know more about the condition. (Table 12)

Table 13. Percentage distribution of respondents based on their perceptions about and attitude toward menopause

Statement regarding menopause and respondents' answers	Total (N=100)
Menopause is a normal part of a woman's life	
Yes	98.0
No	2.0
Menopause is a condition that requires treatment	
Yes	36.0
No	64.0
Personal View on Menopause	
Positive	80.0
Negative	20.0
Personal view on hormone replacement therapy for menopause	
Positive	12.0
Negative	1.0
Don't Know	87.0
Personal view on complementary and alternative medicine for menopause	
Positive	12.0
Negative	2.0
Don't Know	86.0

Table 10. Percentage distribution of respondents by their self-perceived level of knowledge regarding menopause

Respondents' perceived level of personal knowledge regarding menopause	Total (N=100)
Very knowledgeable	2.0
Moderately knowledgeable	23.0
Slightly knowledgeable	51.0
No knowledge at all	24.0

Respondents' attitude toward menopause

Nearly the entire sample (98%) agreed with the statement that menopause is a natural part of a woman's life. Most of them (80%) perceived menopause in a positive light. When asked whether menopause was a condition that required treatment, 64% believed that menopause requires no treatment. Regarding treatment, only 12% of the respondents positively viewed HRT and CAM as treatment for menopause symptoms. The great majority of the respondents do not know about either of the 2 forms of treatment. (87% for HRT and 86% for CAM) (Table 13).

Respondent's personal experiences and practices regarding menopause

When the respondents' answers to all the symptoms

Table 11. Percentage distribution of respondents by source of Information on Menopause

Source of information on menopause (Multiple Response)	Total (N=100)
Books	
Yes	16.0
No	84.0
Internet	
Yes	2.0
No	98.0
Magazines	
Yes	20.0
No	80.0
TV	
Yes	32.0
No	68.0
Doctor	
Yes	39.0
No	61.0
Other health providers	
Yes	9.0
No	91.0
Family members	
Yes	47.0
No	53.0
Friends	
Yes	65.0
No	35.0
Own Experience	
Yes	36.0
No	64.0
No source	
Yes	13.0
No	87.0

Table 12. Percentage distribution of respondents by their desire to know more about menopause

Respondents' choice when asked if interested to learn more about menopause	Total (N=100)
Yes	57.0
No	43.0

of menopause were taken altogether, majority of the respondents did not experience most of the symptoms of menopause (63%). For those who did experience symptoms related to menopause, hot flashes were on top of the list and were reported to be mild by 27% and moderate in intensity by 22% of the respondents. Exhaustion ranked second, with 25% of the respondents saying that it was of mild intensity while 22% said it was of moderate intensity. Sleeping problems was the third

top answer, with 24% of the respondents saying that it was mild in intensity while 21% said that it was moderate in intensity. Only 2% of the respondents said they had very severe hot flashes or irritability during menopause. (Table 14)

Table 14. Percentage distribution of respondents by menopausal symptoms experienced: PGH, 2010

Symptoms of menopause experienced by respondents (Multiple Responses)	Total (N=100)
Hot flashes	
None	47.0
Mild	27.0
Moderate	22.0
Severe	2.0
Very severe	2.0
Heart Discomfort	
None	73.0
Mild	17.0
Moderate	9.0
Severe	1.0
Very severe	0
Sleeping Problems	
None	52.0
Mild	24.0
Moderate	21.0
Severe	3.0
Very severe	0
Depression	
None	71.0
Mild	14.0
Moderate	13.0
Severe	2.0
Very severe	0
Irritability	
None	53.0
Mild	24.0
Moderate	15.0
Severe	6.0
Very severe	2.0
Anxiety	
None	69.0
Mild	19.0
Moderate	10.0
Severe	2.0
Very severe	0
Exhaustion	
None	48.0
Mild	25.0
Moderate	22.0
Severe	5.0
Very severe	0

Sexual problems	
None	71.0
Mild	14.0
Moderate	8.0
Severe	6.0
Very severe	1.0
Bladder problems	
None	86.0
Mild	7.0
Moderate	6.0
Severe	1.0
Very severe	0
Dryness of vagina	
None	67.0
Mild	18.0
Moderate	12.0
Severe	3.0
Very severe	0
Joint and muscle Discomfort	
None	58.0
Mild	20.0
Moderate	17.0
Severe	5.0
Very severe	0

In terms of treatment, 92% of the respondents have not availed of any treatment for menopause. For those who received treatment, the following were used: exercise was employed by 4% while HRT, soy and soy products, and other herbal remedies were each resorted to by 3% of the respondents. None of the respondents tried black cohosh or acupuncture as a means of alleviating symptoms associated with menopause. (Table 15)

The cost of cancer treatments are high and most of the patients seen at the Cancer Institute of PGH belong to the lower socioeconomic bracket of society. In the scheme of things, most of their funds are channelled towards treatment for their disease and whatever else left is spent on their other more immediate needs and that of their families. It is not surprising, therefore, that cancer patients

Table 15. Percentage distribution of respondents by menopausal treatments availed: PGH, 2010

Treatment for the symptoms of menopause (Multiple Response)	Total (N=100)
HRT	3.0
Black cohosh tablets	0
Soy and soy products	3.0
Herbal medicines	3.0
Exercise and Yoga	4.0
Acupuncture	0
None	92.0

would opt to stoically endure the effects of menopause. The lack of awareness may also be a factor that keeps them from seeking medical attention regarding menopause.

Women's knowledge about menopause and of the benefits and risks of the different treatment modalities available to relieve its symptoms may directly affect their attitude towards this important phase in their lives. For women, to make informed decisions, they should be informed on menopause-related symptoms, on their length and management, and on available therapies and related risks as well as on appropriate life styles. Creating awareness is transformative, bringing about changes in health and improving quality of life. Clinicians have an important role to play in bringing about this awareness and improvement in their patients' lives.

CONCLUSION AND RECOMMENDATIONS

According to the results of this study, majority of the gynecologic oncology patients included in the survey do not know about the symptoms of menopause and the treatment options available to address these symptoms. Sources of information for the respondents have been mainly from friends and family. Doctors served as sources of information only to some of the respondents. An overwhelming majority of the women included in this survey consider menopause as a normal part of a woman's life and view menopause in a positive light. Most of the respondents also do not feel that it is a condition that warrants treatment. Although they also experienced some of the symptoms of menopause, majority of the respondents did not avail of any treatment.

The following are the recommendations of this study:

1. Counselling patients regarding menopause and the treatment of its symptoms should be reinforced in the outpatient setting at the Cancer Institute during consultations. More and better information should be given to the patients, particularly to those having a lower level of education, to allow them to make informed choices on their health status in menopause.
2. Reading materials about menopause (such as leaflets) should be made available whenever possible in the clinic to provide patients added information regarding menopause.
3. Further studies comparing the effects of treatment-induced menopause versus natural menopause among gynaecologic oncology patients. ■

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