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Women and Menopause : a better outlook for the 1990s

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**WOMEN AND MENOPAUSE:
A BETTER OUTLOOK FOR THE 1990s**

**A Thesis
presented to
The Faculty of the Department of Health Science
San Jose State University**

**In partial fulfillment
of the Requirements for the Degree
Master of Public Health**

**By
Maureen G. Forrester
December, 1994**

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ABSTRACT

WOMEN AND MENOPAUSE: A BETTER OUTLOOK FOR THE 1990S

by Maureen G. Forrester

This study was designed to assess the attitudes, concerns, and sources of information of a sample of women in San Jose. It also compared their attitudes and concerns about menopause to their concerns about other women's health issues.

Results of this research indicated that respondents preferred their doctor as the primary source of information about menopause and other health issues. Exercise and fitness were important health issues, and for the majority of women in this study, menopause was viewed within a broader context of healthy aging, and as a much lower priority in their lives.

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CHAPTER 1

INTRODUCTION

Paula Weidiger has said, "If menopause is to become an integrated part of life rather than the separate crisis it now is, women must define and share their own experiences" (1976, p. 218).

Purpose of the Study

The purpose of this study was to explore selected dimensions of the experiences of women as they approach and experience menopause. Specifically, this research was designed to assess women's attitudes, concerns, and sources of information regarding menopause. A secondary purpose was to compare women's attitudes and concerns about menopause with their attitudes and concerns about other health issues.

Statement of the Problem

An American woman's life expectancy is currently 78 years. The average age of the beginning of menopause is 51 (American College of Obstetrics and Gynecology, 1992). This means that women can expect to spend one third of their lives past their child-bearing years. In 1990, more than

27% of all women in the United States were above age 50 (U.S. Bureau of the Census, 1993).

Menopause is a gradual biological process during which production of the hormones estrogen and progesterone decreases, culminating in the cessation of ovulation and monthly menstrual periods.

As with any important life adjustment, menopause has implications for many aspects of women's health and development. Each woman's experience of the physiological and psychological "change of life" is different. One-third of American women go into menopause suddenly as the result of a hysterectomy (Greenwood, 1988). One in five women go through menopause naturally, without discomfort and with relative ease, reporting the cessation of menstruation as the only physical "symptom" they experience (Reichenberg, 1992). However, for the many women, hot flashes (or flushes), night sweats, and significant variance in menstrual cycles are common.

Women's bodies undergo physiological changes with the onset of menopause, despite variations in how these changes are manifested. For example, reduced production and eventual loss of estrogen are associated with other physiological changes, including decreased bone density and strength, changes in the vaginal/urinary tract, and increased risk of heart disease. It appears that the

heightened risks of osteoporosis and cardiovascular disease may be reduced by taking hormone replacement therapy (HRT), but this medication regimen is not without some risk and is still being studied (National Institute on Aging, December 1992).

Whether and when to begin hormone replacement therapy are among the most important decisions a woman in menopause must make. Although 15-20% of older women take hormone replacements, the decision is a highly individualized one. The difficulty of the decision-making may be exacerbated by reports linking hormone therapy with breast and uterine cancer and other health consequences that extend far beyond the realm of hot flashes or physical discomfort.

Since the 1950s, menopause has been viewed as a medical problem with surgery and drugs as the standard form of treatment. Numerous studies and anecdotal accounts report that women have dealt with menopause feeling very much alone, often perceiving menopause as an embarrassment. Menopause is an important life stage that all women can expect, yet many women know little about it. What is "normal"? What is "safe"? According to Mansfield, Yorgensen & Yu (1986), "More than one researcher has found that middle-aged women cite their own ignorance of pre-menopausal body changes as the worst aspect of their menopausal experience" (p. 44).

Accurate information and the availability of accessible, appropriate resources can provide women with tools to increase their knowledge, explore alternatives, and make informed decisions about the wide range of issues they may confront during menopause. When women have problems or concerns related to menopause, they often turn to their doctors. Physicians can play an important role by caring for the needs of their patients with sensitivity and offering support and guidance, as well as medical intervention when appropriate (Coope, 1983). However, many women have sought counsel from their doctors only to be dismissed or discouraged. Anecdotal accounts suggest that a woman who does not have a "working relationship" with her doctor, for whatever reason, may be at a distinct disadvantage in dealing with the physical, psychological, and medical aspects of menopause.

Physicians may be the primary source of menopause information for many, yet their information base may be biased. Indeed, Feeley and Pyne (1975) suggested that "Doctors, who have done the most writing about the menopause, may not see the normal woman who goes through menopause without significant pathologic reaction" (p. 76). Moreover, according to Taylor and Sumrall (1991), " . . . the practice of medicine is largely a male-dominated one, and menopausal women are not taken seriously" (p. vi).

But this is a time of sweeping changes, especially in women's health care. In recent years, alternatives to the medical model have emerged. The new women's health advocacy model, pioneered by female activists, and pursued by the generation of women now approaching their middle years, has reframed many aspects of women's health and led to new practices and policies in women's health care. As a result of their work, newly defined health issues are slowly being acknowledged and addressed. Menopause is one of these issues.

Speaking of these activists and the powerful changes they have influenced, Janine O'Leary Cobb (1991) reminds us that:

These were women who had agitated for the introduction of birthing rooms and rooming in, who asked difficult questions about the inflated number of caesarean births and hysterectomies, who foresaw problems with aspects of the new reproductive technologies, who warned about the side- and after-effects of drugs prescribed for women - D.E.S., thalidomide, tranquilizers (p. 29).

These women also questioned the medicalization of menopause.

The health of middle-aged women, including their experiences of menopause, can be enhanced by increased knowledge and factual information. In "The Silent Passage" (1992), Gail Sheehy encourages others to share their knowledge and experiences:

Like so many women who have always enjoyed good health and who prided myself, upon reaching my mid-forties, on having achieved a fair degree of control over my life, I was sure I would just "sail right through it" [menopause]. Instead, I veered off course, lost some of the wind in my sails, and almost capsized (p. vii).

It was Sheehey's interest in understanding her own passage that led her to study women's menopausal experiences and "render normalcy to a normal physical process" (p. ii).

Today, more women are reaching out to others for education, information, and support. "Talking with others, sharing our experiences and feelings, acquiring knowledge about how our bodies are changing, and giving each other support eases our 'change of life'" (Doress & Siegal, 1987, p. 125).

A woman's experience of menopause may be greatly influenced by whether she perceives it as a pathological and dreaded disease or as a normal passage of life. The emerging women's health framework offers the opportunity for women to view menopause as an important time of personal transition and growth. Health education can play an important role in facilitating this change. But what are women's attitudes and concerns related to menopause? How do they compare with other health concerns? Where do women get their information? And where do women find support during this important time in their lives?

Objectives

The overall objective of this thesis was to explore women's experience of menopause. Specifically, this research was designed to meet the following objectives:

1. To explore menopause-related attitudes, concerns, and experiences of pre- and menopausal women.
2. To compare women's attitudes and concerns associated with menopause to their attitudes and concerns associated with other health issues.
3. To identify actual and preferred sources of health information for pre- and menopausal women.
4. To contribute to the emerging body of contemporary information on women's experiences of menopause.
5. To generate data which can be used to improve health education for women in the middle and later years of their lives.

Research Questions

1. What are menopause-related attitudes, concerns and experiences of pre-, peri-, and menopausal women?
2. How do women's attitudes and concerns about menopause compare with their attitudes and concerns about other women's health issues?
3. What are women's sources of information about menopause and other health issues?

Definitions

The following conceptual definitions were used in this research:

Attitudes about menopause: Feelings, perceptions, and pre-conceived ideas that women may have about menopause.

Completion of Menopause: Twelve or more consecutive months without menstruation.

Hot flash/hot flush: Sudden and intense episodes of heat and perspiration frequently occurring without any apparent environmental stimulus.

Menopausal: A term describing a period of time during which women experience certain identifiable physical events connected with menopause, i.e. hot flashes, night sweats, changes in menstrual patterns.

Menopause: The cessation of menstruation.

Night sweats: Hot flashes that occur at night.

Perimenopausal: A term describing the interval between regular ovulatory menstrual cycles and complete cessation of ovarian function; a period of time during which women experience certain identifiable physical events connected with menopause, i.e. hot flashes and night sweats.

Pre-menopausal: A term describing the time period before the cessation of menstruation when menstrual periods may become irregular.

Women's health issues: Matters of particular concern to women regarding their health and well-being, e.g. breast cancer, osteoporosis, heart disease.

The following operational definitions were used in this research:

Attitudes about menopause: Feelings, perceptions, and pre-conceived ideas that women may have about menopause, as indicated by responses to both the closed and open-ended questions in Parts Two and Three of the questionnaire.

Events: Synonymous with "symptoms" to describe certain physical phenomena experienced by menopausal women. This was the term used in Part 4 of the questionnaire since "symptoms" may connote some connection with a disease process.

Experiences of menopause: Personal and practical knowledge of menopause and related issues, as reported by participants in response to questions posed in Part 4 of the questionnaire.

Menopausal Status: Stage of menopause as self-reported by respondents, e.g., pre-menopausal, perimenopausal, or post-menopausal, in Part Two of the questionnaire.

Menopausal Symptoms: Physical manifestation of certain characteristics associated with menopause, e.g. hot

flashes, night sweats, as listed in Part Four of the questionnaire.

Sources of Information: A list of resources, presented in Part Two of the questionnaire, from which women may acquire knowledge about menopause (p. 3) and other women's health issues (p. 4).

Women's Concerns: Questions or feelings of uncertainty that women may have about menopause or other health issues, as expressed in responses to questions in Part 4 of the questionnaire.

Women's health issues: Matters of particular concern to participants regarding their health and well-being. Specific issues were identified by each respondent from a list of health topics presented in Part Two of the questionnaire.

Procedures

This research used an exploratory survey designed to assess women's attitudes and experiences regarding menopause.

An original questionnaire was developed that covered the areas of menopause and aging, experiences and concerns regarding menopause, preferred and actual information sources, and other women's health issues. The questionnaire elicited both quantitative and qualitative data.

The questionnaire was administered to four groups of women in San Jose, California (Appendix A). The four groups were (1) a women's support group, (2) an exercise class, (3) a quilting group, and (4) patients of an obstetrics and gynecology practice. A total of 88 women participated in the study.

A post card was distributed with the questionnaire (Appendix C). Participants were invited to return the postcard if they were interested in sharing their experiences with others in either a subsequent focus group or support group.

Data from the questionnaire were coded and entered into a personal computer, using EPI Info software for descriptive statistical analysis. Descriptive and qualitative analysis was performed on data from the open-ended questions.

Assumptions

The research design was based on several assumptions.

Given the ethnic diversity of San Jose, it was assumed that some diversity would be reflected in the final sample. It was further assumed that the responses of even a homogeneous group would be very useful in understanding contemporary women's experiences.

It was further assumed that an original questionnaire would be more flexible and relevant than older, previously

validated instruments from the 1960s. Framing menopause in the context of other health issues was assumed to be appropriate and important given recent trends in women's health.

It was also assumed that women care enough about this issue that they would take the time to fill out a lengthy questionnaire and would report their experiences honestly and accurately. It was further assumed that participants in this study would perceive menopause as important in their lives and would be interested in helping others through relating their menopausal experiences.

Implicit in this study was the assumption that dissemination of information and education will positively impact women's transition into their menopausal years.

Limitations

The research design presented several limitations.

The population of San Jose is comprised of very diverse cultures. Although it was not intentional, the sampling strategy employed in this study yielded a final sample from a particular cultural group and economic strata. Generalizations cannot be made to a more diverse population of pre-, peri-, and menopausal women.

Even though the questionnaire was carefully formulated, there may have been some aspects of the menopausal

experience that were overlooked. Some women may have been discouraged by the length or scope of the questionnaire, thereby limiting the size and possible diversity of the sample. Furthermore, the study protocol allowed women to complete the questionnaire on their own, without the opportunity for interactive feedback or encouragement to continue.

Some women may perceive menopause as a particularly sensitive issue. As a result, their responses may not reflect their true experience. In addition, although the sample was divided into pre- and menopausal women for analysis, the questionnaire itself may not have been sensitive to changes in an individual woman's menopause-related experience over time.

The use of an original questionnaire introduced another set of potential limitations to data collection and interpretation in that most aspects of the instrument have not been tested for validity or reliability. However, some sections were derived from a previous survey instrument validated in the 1960s (Neugarten et al, 1963). This may help diminish the impact of this limitation.

Significance of the Study

Despite its limitations, this study has significance for the participants, women's health educators, and research

in the growing areas of women's mid- and later life experiences.

As part of the new exploration of women's health, this study offered the opportunity for women to speak for themselves through their responses to the questionnaire.

Anecdotal data indicate that participation in the research had a very positive impact on respondents. For example, 50% of participants were interested in sharing experiences with others by participating in either a focus or support group. This indicates that women were interested in the topic and wanted to learn more.

Menopause is still viewed by some women as an experience to be dreaded as they approach mid-life. Lack of knowledge and resources contribute to the perpetuation of the many myths about this stage in a woman's life. This study is part of the new efforts to reframe menopause as a life experience instead of a pathological disease/disorder. Designed within the new women's health framework, this study offered the opportunity for women to speak for themselves through their responses to the questionnaire.

This research also identified women's current and preferred sources of information and support about the menopausal experience, and compared women's attitudes regarding menopause with their attitudes towards other health issues. These findings will be of immediate use to

health educators, clinicians, and others working to enhance women's health and health care.

Above all, it is hoped that the results of this research will encourage more women to become informed consumers of health information and informed participants in their personal health care.

CHAPTER 2

LITERATURE REVIEW

According to Voda and Eliason (1983):

A changing perspective on menopause is also apparent in a growing body of literature, written by feminist researchers, which discusses menopause objectively and positively and raises important questions regarding the propagation of myths and fallacies about menopause, the preponderance of research against women, and makes the explicit need for interdisciplinary collaborative research using a women-centered perspective in order to understand and redefine menopause for women (p.139).

Attitudes Towards Menopause

Neugarten et al. (1963) were among the first to seek information directly from women in order to measure their attitudes towards menopause, and their study has provided much of the groundwork for continuing research. Neugarten found that young women's attitudes towards menopause were different from those of older women. Middle-aged women took a more positive view with regard to perceived control of symptoms, and a higher proportion reported no major discontinuity in their lives caused by menopause.

Neugarten (1963) concluded that younger women believed menopause to be a more significant event because they may desire to have more children and are still in their

reproductive years. This was not a factor with most middle-aged women in the study. Younger women may view menopause in a more negative light because it is associated with the process of growing old, and seems to be far removed from their current view of reality. "Perhaps it is only the middle-aged or older woman who can take a differentiated view of the menopause; and who, on the basis of experience, can, as one woman said 'separate the old wives' tales from that which is true of old wives'" (p. 150).

In 1981, Frey adapted Neugarten's "Attitudes Towards Menopause" questionnaire to study 80 women in the Midwest between the ages of 40 to 60. Findings were translated into an illness/wellness continuum. Overall, the women surveyed did not have an "illness orientation in their attitudes towards menopause" (p. 31). Further, the study indicated that menopausal women "did not report significantly greater frequency of physical symptoms or concern about these symptoms than did pre- or post-menopausal women."

Frey (1981) has suggested that "Support techniques and assisting women to cope with problems encountered during menopause, and health-oriented information dissemination may be much more appropriate for some women than 'treatment' programs such as drug therapy and surgery so frequently used" (p. 35).

The Massachusetts Women's Health Study (MWHS) was conducted in 1981. More than 2500 women aged 45-55 were randomly sampled through Massachusetts over a five-year period. According to McKinlay et al. (1991), it was " . . . perhaps the largest and most comprehensive prospective cohort study of middle-aged women . . . with numbers sufficient to provide, for the first time, stable estimates of parameters in the menopause transition" (p. 103). Data from this study, analyzed by McKinlay et al. (1991), revealed that irregular and frequently heavier menstrual bleeding in this transition appeared to be more worrisome to women than hot flashes. The study also said that nearly 10% of women did not experience perimenopause, but abruptly cease menstruation and reported lower rates of hot flashes. McKinlay pointed out that low rates of hormone replacement therapy (HRT) in this Massachusetts study enabled observation of the natural transitions without HRT effects. "If HRT (especially cyclically administered combined estrogen-progestin therapy) is increasingly prescribed in perimenopause, then the MWHS cannot be replicated in most western societies, as both transitions will be obscured by the appearance of regular cycling." Surely this will have significant impact on future research.

Hormone Replacement Therapy

The decision to begin hormone treatment is one of the major issues of a women's menopausal experience. Robert A. Wilson led the 1960s crusade for women to be "feminine forever" by the use of estrogen, but this was halted little more than a decade later by a growing fear of the risk of breast and uterine cancer. In the 1980s, it was discovered that the addition of progestin to estrogen greatly diminished the risks of hormone therapy.

The primary reason for the prescription of hormone replacement therapy has been the short-term alleviation of the effects of estrogen deficiency, primarily hot flashes. Now in the 1990s, in addition to prescribing hormone replacement therapy for relief of menopausal "symptoms," estrogen is also considered to have a role in disease prevention and is being prescribed as a long-term preventive measure against the threat of osteoporosis and heart disease (Ettinger, 1987). Yet there is still great disagreement among physicians about prescribing HRT. "Medical management of menopause is variable and undergoing a constant flux as new information becomes available" (Archer, 1982).

Experts are still exploring the use and effects of hormone replacement therapy. Two large clinical trials of hormone therapy are currently in progress. A three-year study launched in 1989 by the National Institutes of Health

(NIH) called PEPI (Postmenopausal Estrogen/Progestin Interventions) followed 875 women in seven medical centers to assess the short-term safety and efficacy of various methods of hormone replacement therapy. The Women's Health Initiative is another NIH multicenter trial, begun in 1993 involving 70,000 postmenopausal women ages 50 to 79. It will assess the long-term risks and benefits of hormone replacement therapy as it relates to the incidence of cardiovascular disease, osteoporosis and breast and uterine cancer (National Institute on Aging, 1992).

However, according to the NIH, the majority of larger studies have not been able to report on the changes that women experience as they go through menopause, and that as a consequence of this lack of data, the value of HRT has been difficult to assess. "Without knowing what 'normal' is, scientists have difficulty judging the effect of a particular treatment" (p. 31).

A woman's choice to begin hormone replacement therapy can be fraught with uncertainty, and without the support of positive results from long-term studies the decision is even more complex (Romans, 1992). "But no 50-year-old woman can wait ten years for better advice. In the meantime, before all the answers are in, she must choose" (Spake, 1994, p. 48).

Learning what normal, healthy changes to expect and how to adjust to them can make a big difference between just surviving menopause and preparing for it (Mansfield et al., 1989; Reichenberg-Ullman, 1992). Trien (1986) suggested that, "Menopause may not be an easy transition for everyone. But it is not so fearful when you understand the events leading up to it, and how to deal with possible discomforts" (p. 24).

Knowledge and Information Sources

In a study by Koff, Rierdan and Stubbs (1990), 80 college women were questioned regarding their knowledge of three aspects of the menstrual cycle: menstruation, ovulation and menopause. The study postulated that while women may know little about the menstrual cycle, they are more informed about menstruation than about ovulation or menopause, and that they tend to describe the negative changes more frequently than the positive. The researchers believed that it was important to test these particular hypotheses because if women lacked accurate and comprehensive information about their menstrual cycle, then it could adversely affect their ability to make decisions about birth control, menstrual problems, and strategies for adjusting to the changes associated with menopause.

Subjects responded to a questionnaire that covered both the biological aspects of the menstrual cycle and beliefs about the menstrual experience. Results indicated that "basic knowledge of the menstrual cycle, even among well-educated women, is at times incorrect, generally incomplete, and negatively biased" (p. 119). The researchers were surprised to learn that participants did not fully understand the roles of estrogen and progesterone, and that phases of the menstrual cycle were often confused. The young women in this study also had viewed menopause as "physically and emotionally unpleasant."

According to Koff, et al. "The results of this study suggest the need to address the topic of menstrual education for adult women with respect to both basic knowledge of the menstrual cycle and expectations for associated physical and behavioral changes."

Feeley and Pyne (1975) asked women where they would go to seek answers to questions about menopause. They discovered that "An overwhelming number of the women (49 of the 65) replied that they would ask their doctor" (p. 84). Yet a number of them were confused and still had many questions.

According to a 1993 Gallup telephone survey sponsored by the North American Menopause Society (NAMS) (Journal of the American Medical Association, October 1993), women

received most of their menopause-related information from non-physician sources. Women cited osteoporosis, emotional well-being and heart disease as their greatest concerns, yet only half of these women said their physicians addressed these issues. Physicians were most likely to discuss short-term physical symptoms such as hot flashes and night sweats, and to recommend hormone replacement therapy as the treatment. The survey also found that "other nonhormonal treatments such as exercise, smoking cessation, diet and stress reduction techniques" were recommended by only two percent of physicians, which suggests that many women are not aware of all the treatment options that are available to them (p. 1664).

Doctor/Patient Relationships

Accurate information and the availability of a wide range of resources can help to provide women with the tools to increase their knowledge, explore alternatives, and make informed decisions about the wide range of issues they may confront during menopause. Physicians can play an important role in this process by caring for the needs of their patients with sensitivity, and offering support and guidance as well as medical intervention when it is necessary.

At the third meeting of the North American Menopause Society (NAMS) in 1993, Dr. Robert W. Rebar, Department of

Obstetrics and Gynecology at the University of Cincinnati, said "It is no longer acceptable to dictate to women exactly what form of therapy they must take. Rather the patient must be an informed partner in making decisions regarding hormonal, behavioral, or any other therapy" (Skolnick, 1992, p. 2485).

Dr. Wulf Utian, founding president and director of NAMS, believes that "Women are not getting adequate treatment because prescribing physicians fail to identify the individual needs and concerns of their patients, they do not adequately discuss treatment options, and they do not provide them with enough information so they can make the best choice" (p. 2485). Participants at the conference agreed that clinicians and patients are hampered in their decision making by the lack of conclusive data.

A change in the doctor/patient relationship is needed so that knowledge and decision-making is shared. Physicians " . . . need to listen to women's voices about their own experiences and explore with each individual patient her own values and preferences" (Ladd, 1993, p. 201). Similarly, "Women must be willing to assert their right to participate in the decision making, do the hard work of recognizing and voicing their own values and goals, and, perhaps most difficult of all, be willing to accept responsibility for making their own choices" (p. 201).

Feeley and Pyne (1975) demonstrated that much of the literature on menopause tends to focus on abnormal rather than normal experiences of menopause. They also suggest that "doctors, who have done the most writing about the menopause, may not see the normal woman who goes through menopause without significant pathologic reaction" (p. 76). Their study also concluded that the women questioned did not find great difficulty going through the menopause.

Dr. JoAnn Pinkerton, an assistant professor of gynecology and medical director of University of Virginia's menopause clinic, has found that some women may wish to avoid HRT at any cost, while others are so relieved from the effects of menopause that they would never relinquish their estrogen. "That's why it's so important for the physician and the patient to talk to each other, and communicate clearly" (Aukofer, 1993, p. 23).

Menopause as a Disease

The notion that menopause is a "disease" that requires medical intervention, rather than a natural aging process that should run its course without treatment, has been by supported by the majority of the medical profession (MacPherson, 1981; Voda, 1992).

Voda and Eliasson (1983) questioned the concept of menopause as a disease, finding "a discrepancy between what

the physician observes and how many women actually experience an event" (p. 143). This "medical approach" does not encourage women to discuss their problems, and most women find it difficult to talk about menopause with their physician.

In the past, hormone replacement therapy was prescribed primarily to relieve the temporary discomforts of menopause Now, doctors have come to view hormone therapy as a promising shortcut to reducing chronic disease and extending life (Spake, 1994, p. 47).

Analogy has been made between diabetes, a disease of insulin insufficiency, and menopause, a disease of estrogen deficiency. According to Goodman (1982), "This pronouncement and the kind of thinking it represents influenced and still may be said to influence to some extent medical attitudes toward menopause and the role of estrogen replacement therapy" (p. 278).

Women are living longer, and to many physicians this has only meant more postmenopausal problems that must be 'managed', in most cases by the prescription of hormone replacements (Sloane, 1980). According to Sloane, perpetuation of the myth that menopause is a physically and psychologically traumatic event causes women entering this transition to have a negative approach.

Physicians who have the opportunity to allay the fears and anxieties of women concerning the horrors of menopause frequently do not because they themselves believe menopause to be far more traumatic than do most women. Doctors, after all, see only the women with the most complaints (p. 492).

Zola (1993) noted that "The medical field has taken jurisdiction over the label of illness regardless of its ability to deal with it. Now we find non-medical problems defined in medical terms (such as menopause). The result is that medical interventions are used to treat these problems and a medical framework is adopted to understand them" (p. 8).

Towards a More Positive Future

Dr. Sadja Greenwood (1988), assistant clinical professor at UC Medical Center, San Francisco, and women's health speaker, encourages older women to be motivated to pursue (and enjoy) ways to stay fit and to participate in activities in a social setting. She ascribes to the strong relationship between physical strength and mental health, and that activity, mood and self-image are all interconnected.

Physicians may anticipate a very different form of gynecology practice in the coming years as a larger proportion of menopausal and postmenopausal women replace the childbearing women of the recent past. "These population numbers are projected to extend beyond the lifetime of existing practices. Whereas the predominant

issues in earlier practices were obstetrics, family practice, and contraception, the issues of concern with an older patient population will be preventive medicine, and the increasing tax burden of caring for these older patients" (Utian, 1990, p. 25).

"The perception of women's health issues must be broadened to include not only diseases that affect women exclusively (e.g., diseases of the reproductive tract), but also other health conditions that cause significant morbidity and mortality among women. Care should be extended beyond the years when women require contraceptive services" (Romans, 1992, p. 62).

It is hoped that women will develop a more positive outlook for their menopausal years in the 1990s. Perhaps, with a little help from their physicians and peers, women will be able to explore alternatives to the established medical model and dispel the myths it has created.

Summary

A review of the literature found that although some younger women were more negative than their older counterparts, attitudes toward menopause were generally positive. The need for more information was emphasized.

For more than 30 years, hormone replacement therapy has been one of the major issues affecting women's experiences

of menopause. Discussions still continue among experts regarding the role of hormone replacement therapy, not only for the short-term relief for menopausal "symptoms" but also for its long-term use in disease prevention.

According to the literature, the majority of women obtain information about menopause from their doctor. However, more women are looking for information from other non-physician sources, particularly with regard to hormone replacement therapy and alternative treatment options.

The need for a positive doctor/patient relationship was emphasized, as well as the importance of open communication and shared decision-making. As reflected in the recent literature, the menopause should be perceived in the broader context of health aging, and not as a set of "symptoms" to be managed by a physician.

CHAPTER 3

METHODS

This research used survey methodology to determine women's preferred and actual sources of information regarding menopause and other women's health issues; to compare their concerns about menopause with concerns about other women's health issues; and to explore current attitudes and concerns of pre- and menopausal women regarding menopause.

Research Questions

The questions to be answered in this study were:

1. What are the current menopause-related attitudes concerns, and experiences of pre-, peri-, and menopausal women?
2. How do women's attitudes and concerns about menopause compare with their attitudes and concerns about other women's health issues?
3. What are women's sources of information about menopause and other health issues?

Instrument

The data collection instrument was a researcher-designed questionnaire developed specifically for this study

(Appendix A). Three of the four parts were original, and one was adapted from a survey by Neugarten et al. (1963).

Part One asked sociodemographic questions, i.e. age, marital status, race, level of education, employment, income, number of children, health insurance, and source of medical care. Response options followed standard format (Appendix A), with the exception of income. Rather than request respondents to check specific income amounts or ranges, it was decided to formulate the question to elicit the respondent's perception of her financial status. Hence, the question and choice options were phrased "Regarding your family income, do you feel that: (1) Money is not a problem; (2) I have enough, with a little extra; (3) I just about manage; (4) I barely make ends meet".

Part Two explored women's attitudes towards menopause in context. The questionnaire began with the respondent's current and preferred sources of health information by means of rank ordering choices. Five open-ended questions were then asked of respondents. Three of these questions concerned telling others about menopause (i.e., other women, men, health care providers), and two asked about the health issue of the most concern to each respondent. The women were asked to write directly on the questionnaire in the space provided.

Part Three of the questionnaire was adapted from the "Attitudes Towards Menopause" (ATM) Checklist developed by Neugarten et al. (1963). Original statements were added including communication with physicians, hormone replacement therapy, and sources of information regarding menopause. Respondents were asked to agree or disagree with each statement.

Part Four listed 17 physical and emotional occurrences most frequently recognized as being symptomatic of menopause. It should be noted that the word "symptom" was omitted in order to reduce the negative connotations of the 17 occurrences. Rather, subjects were requested to indicate how often these 17 "events" were "experienced." If the respondent believed that any of the events applied to menopause, she was instructed to place a check in a column next to that event.

Questionnaire were distributed in packets containing a cover letter (Appendix B), the questionnaire, a post-card, and a stamped and addressed return envelope. The cover letter provided potential subjects with information necessary to make an informed decision regarding participation in the study. It also explained that because the questionnaires were distributed to the women's groups in bulk and returned to the researcher anonymously, names could not be identified with any of the responses. The researcher

would not know the names of the women in the invited population or the identities of those who returned questionnaires.

A stamped, addressed postcard was attached to each questionnaire (Appendix C). Subjects interested in receiving feedback from the study, or sharing their experiences with others in either a support or focus group, were instructed to return the postcard by separate mail to the researcher giving their name, address and telephone number. Those subjects who completed the questionnaire but did not wish to participate further had the option not to return the postcard.

Questionnaires and postcards were returned to the researcher separately in order to protect the anonymity of responses.

Human Subjects - Institutional Review Board

A protocol outlining the basic elements of the study was prepared and submitted for approval by the Human Subjects - Institutional Review Board on June 11, 1993. Participation would be completely voluntary, and the questionnaire would be returned anonymously. Since the subject would not be placed at physical risk as a result of participation in the study, the researcher requested

exemption from an informed consent review. Approval was granted on July 19, 1993 (Appendix D).

Pre-test

Upon approval by San Jose State University's Human Subjects - Institutional Review Board, a pre-test was conducted using a convenience sample of five subjects, associates of the researcher. Feedback from the pre-test regarding length and wording were incorporated into the final version of the questionnaire.

Research Design

The primary purpose of this thesis was to explore selected dimensions of the experience of pre-, peri-, and menopausal women. Specifically, this research was designed to assess women's attitudes, concerns, and sources of information regarding menopause. A secondary purpose was to compare these attitudes and concerns to women's attitudes and concerns about other health issues.

Sample Selection

The overall sampling goal was to construct as large and as varied a sample as possible. A secondary goal was to sample women between the ages of 35 and 65 in the hopes of

achieving a final study sample that would include pre-, peri-, and menopausal women.

Respondents were recruited from four specific sources: The South Valley Women's Exchange; The Santa Clara County Quilt Association; exercise classes at the South Valley YMCA; and patients of two physicians at the San Jose Medical Group who specialize in obstetrics and gynecology. In addition, general recruitment was achieved by posting of flyers, and "word of mouth". It was hoped that this method would increase the ethnic and income diversity of the final sample. Letters of agreement were obtained from the leadership of all participating groups (Appendix E).

The first 50 respondents were sought from the South Valley Women's Exchange. Initial contact was made with the president of the group in January, 1993 to determine whether members would be interested in participating in the study. The researcher was subsequently invited to give a short presentation to the group to explain the study and elicit their participation. The group indicated that they would give their full support to the research, and it was decided that questionnaires should be sent to the group's president for distribution at one of their monthly meetings (Appendix E). During the course of the following month, the researcher continued to identify sampling sites and

prospective subjects, and contact was made to secure their agreement to participate.

As the researcher's first presentation in January of 1993 was well received, it was decided that the same approach should be used in seeking subjects from the Santa Clara Valley Quilt Association (SCVQA). The researcher contacted an SCVQA board member to determine if this group would be also interested in participating in the study. As was hoped, the researcher was invited to make a short presentation at the next SCVQA meeting. Fifty questionnaire packets were taken to the meeting. Those members interested in participating were able to pick up questionnaire packets from the researcher at the conclusion of the meeting.

A sample questionnaire was delivered to the South Valley YMCA's Health and Fitness Director for review and approval at the end of July 1993. A set of 45 questionnaires was then delivered to the YMCA for distribution by the class facilitator during two exercise classes.

The physicians were also approached at the beginning of August, 1993 and approval was obtained to display a flyer (Appendix F) in their waiting rooms and to have their nurses give questionnaire packets to those patients who wanted to participate.

Flyers publicizing the study were also left at the Santa Teresa Public Library and the Planetree Health Library (Appendix F). Questionnaire packets were also handed to friends and colleagues for distribution and completion. When calls were received at the researcher's home in response to the flyers, the researcher explained the study, names and addresses were recorded, and a packet was mailed to the participant the next day.

Because the researcher did not know the identity of potential respondents, individual follow up was not possible. However, each of the group leaders was contacted and encouraged to remind their group members to complete the questionnaire and return it to the researcher.

Analysis

A code book was developed to facilitate data entry and analysis (see Appendix H). Response categories from each question were assigned code numbers. The code numbers were then written on each questionnaire to prepare the data for entry into a microcomputer. The statistical software package, Epi Info, was used for the quantitative analysis.

Quantitative data were entered first and sample frequency and other descriptive statistics were calculated. Qualitative data were transcribed verbatim, organized by question number and theme, and analyzed for recurring

patterns of response (Appendix I). Results of the quantitative and qualitative analyses were then combined to describe women's attitudes and experiences regarding menopause.

CHAPTER 4

RESULTS

Sample

Participants for this study were recruited from four specific sources - the South Valley Women's Exchange, the Santa Clara County Quilt Association, women's exercise classes at the South Valley YMCA, and two physicians at the San Jose Medical Group who specialize in obstetrics and gynecology. In addition, general recruitment was achieved by posting flyers at the Santa Teresa Library and Planetree Health Library, both in San Jose, and by word of mouth. A total of 214 questionnaires were distributed (see Table 1).

The first questionnaires were disseminated on August 16, 1993, with an initial closing date of October 30. However, due to continued requests for information about participating in the study and the researcher's interest in obtaining as large and varied a sample as possible, the closing date was extended one month. The last questionnaire was received on November 18, 1993.

Sample Profile

A total of 88 questionnaires were returned by the November closing date (see Table 2). All questionnaires

Table 1

Questionnaire Distribution

<u>Source</u>	<u>Number</u>
Quilt Association	54
YMCA	50
Women's Exchange	45
Medical Group	33
General recruitment	<u>32</u>
Total	214

Note. Values are in rounded percentages.

Table 2

Sources of Completed Questionnaires

<u>Source</u>	<u>Number</u>	<u>Percent</u>
Quilt Association	31	35
General Recruitment	27	31
YMCA	15	17
Women's Exchange	14	16
Medical Group	<u>1</u>	<u>1</u>
Total	88	100

Note. Values are in rounded percentages.

were complete; no respondent was excluded from analysis.

The majority of women in the final sample were white, married, between 46 and 55 years of age, and had at least some college education (see Table 3). Respondents reported a wide range of work experiences. Everyone was covered by health insurance. Almost all (93%) had a regular physician. Thirty-three percent said that they obtained medical care from a Health Maintenance Organization (HMO), 30% from a private physician, and 26% from a clinic.

A more detailed summary of the sample's characteristics is as follows:

Of the 88 respondents, 82 (93%) were white. The remaining six women were Asian American ($n = 4$), Hispanic and "other" (1 each).

Results showed that 64% ($n = 56$) were between the ages of 46 and 55, and 19% ($n = 17$) were over 60 years. Almost 90% of respondents had at least some college education. Fifty-eight percent ($n = 51$) were employed either full-time or part-time, 22% ($n = 19$) were retired, and 18% ($n = 16$) were homemakers.

Almost half of the respondents ($n = 43$) noted that they had enough income with a little to spare, 28% ($n = 25$) said that money was not a problem, and 19% ($n = 17$) said that they barely managed.

The mean number of children was 2.01. Five percent

Table 3

Demographics of Sample

	<u>n</u>	<u>%</u>
Age		
35-40	1	1
41-45	5	6
46-50	28	32
51-55	28	32
56-60	9	10
60 +	17	19
Ethnic origin		
White	82	93
Asian	4	5
Hispanic	1	1
Other	1	1
Marital status		
Single	5	6
Married	68	77
Widowed	5	6
Divorced	7	8
Separated	2	2
Other	1	1
Employment status		
Full-time	30	34
Part-time	21	24
Looking for work	1	1
Retired	19	22
Never worked	1	1
Home maker	16	18
Number of Children		
0	19	22
1	4	5
2	33	38
3	22	25
4	9	10
5	1	1
Income		
Money is not a problem	25	28
Have enough, with a little extra	43	49
Just barely manage	17	19
Barely make ends meet	3	3

(Table continues)

Table 3

Demographics of Sample (continued)

	<u>n</u>	<u>%</u>
Education		
Some high school	1	1
High school graduate	9	10
Some college	28	32
Bachelors degree	23	26
Graduate school	27	31

Note. Values are in rounded percentages.

($\underline{n}$ = 4) had one child, 38% ($\underline{n}$ = 33) had two children, 25% ($\underline{n}$ = 22) had three, and 22% ($\underline{n}$ = 19) did not have children.

Menopausal Status

The respondents were evenly distributed across the range of menopausal categories (see Table 4). Fully one third had completed menopause, with almost half (45%) either showing early symptoms or "definitely going through menopause". Only 10% ($\underline{n}$ = 9) of the sample reported that they had not yet had any symptoms of menopause.

The relationship between menopausal status and age group was examined (see Table 5). Of the 39 women who were in menopause or showing early signs, slightly more than half (56%) were in the 46-50 age group. Thirty-three percent of the women between the ages of 51 and 55 were in menopause or had completed menopause, and five had hysterectomies. Half of the women who had completed menopause were over 60 years of age.

Health Issues of Most Concern

Data on health issues of concern to participants came from two places in the questionnaire, each requiring different forms of responses.

Table 4

Menopausal Status

Menopausal Status	<u>n</u>	%
No symptoms of menopause	9	10.2
Some early symptoms	20	22.7
Definitely going through menopause	19	21.6
Menopause completed	30	34.1
Hysterectomy reported	10	11.4
	88	100%

Table 5

Menopausal Status by Age Group

Menopausal Status					
Age	No signs	Early signs	In menopause	Menopause completed	Hysterectomy reported
35-40	0	1	0	0	0
41-45	1	4	0	0	0
46-50	4	12	10	1	1
51-55	3	3	9	8	5
56-60	1	0	0	6	2
60 +	0	0	0	15	2
<u>n</u> =	9	20	19	30	10

Respondents were first asked to indicate which health issues "are of most concern at this point in your life" by selecting and ranking five priorities (1 = highest, 5 = least) from a list of 12 health topics. Table 6 shows the percentage of respondents who ranked each health topic as their top priority, and the percentage who ranked each health topic among their top five concerns. Nearly one quarter of the women (24%) said that the combined topic "exercise and fitness" their number one concern. Seventy-three percent identified this as a major issue in their lives by ranking it in the top five (see Table 6). Interestingly, menopause did not place among the top five health concerns of 66% of the respondents.

In addition to rank ordering a fixed set of health topics, participants were given the opportunity to suggest their own top issues in another section of the questionnaire. This open-ended question asked "What would you tell other women about your experience of ... (their top priority health issue)"? Responses were grouped by themes and the top five issues are shown in Table 7. Of the experiences that respondents considered important enough to share with other women, exercise and fitness received the greatest attention at 17% ($n = 15$).

Table 6

Top Five Current Health Issues of Most Concern by Rank Order

Health Issue	% Ranked # 1	% Ranked in Top 5
Exercise and fitness	24	73
Aging	17	61
Cancer	9	42
Stress	7	38
Breast Cancer	7	34

Note. n = 75. Ranked from a list of 12 topics presented on the questionnaire.

Table 7

Top Five Current Health Issues of Most Concern by Theme

Theme	<u>n</u>	%
Exercise and Fitness	15	17
Hypertension/stress/ depression/emotions	11	13
Menopause	6	7
Breast cancer	5	6
Aging	5	6

Note. n = 75. Ordered by frequency of mentions in response to open-ended question.

Other Health Issues of Concern

In a third area of the questionnaire, attitudes regarding other health issues of concern were examined by asking respondents to agree or disagree with three statements (see Table 8). The majority of women agreed that other health issues besides menopause are important and need addressing. Only 22% were more concerned about menopause than other women's health issues.

Almost two-thirds of the respondents expressed concern regarding the possible effects of hormones. As shown in Table 9, responses were markedly different between age groups. Twenty-one of the 28 women in the younger group (aged 46-50) agreed with the statement "I am concerned that hormones may cause unpleasant or dangerous side effects." Women in the older group (aged 51-55) were fairly evenly divided in their responses.

Sources of Information

Data on sources of information came from three places in the questionnaire requiring different forms of response, i.e., top five ranking, open-ended questions, and agreement or disagreement with statements.

Table 8

Other Health Issues of Concern

	Percentage Response	
	Agree ^a	Disagree ^b
I am concerned that hormones may cause unpleasant or dangerous side effects.	60	38
I have other concerns besides menopause that need to be addressed.	66	27
I am more concerned about menopause than other women's health issues.	22	76

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Agree" and "Strongly Disagree." Values are in rounded percentages.

Table 9

Concern Regarding Side Effects of Hormones

Age	Agree	Disagree	No Response
35 - 40	0	1	
41 - 45	4	1	
46 - 50	21	6	1
51 - 55	15	13	
56 - 60	3	6	
60 +	10	6	1
	53	33	2

Note. $n = 88$.

Information Regarding Questions About Health Issues

Respondents were asked to review a list of preferred sources of information about the priority health issues they had identified, and then rank order their preferences (1 = most, 5 = least) (see Table 10). Fifty-eight percent preferred to obtain answers to questions about their top health concerns from close friends. Fifty-three percent ($n = 47$) said that their first preference for obtaining information was their doctor. Almost 57% ranked other health professionals and books and magazines among their top five preferred choices of information. Family/relatives were ranked among the top five sources by 35% of respondents.

Further analysis revealed that almost half of the respondents (47%) who selected their doctor as their preferred source of information about health issues had completed menopause. Thirty-four percent were in the 51-66 age group (see Table 11).

Information Regarding Questions About Menopause

When asked to rank order (1 = most, 5 = least) their preferred sources of answers to questions specific to menopause, fully half of the respondents chose their doctor as their primary preferred source of information (see Table 12). Nearly 80% ranked their doctor in the top five.

Table 10

Preferred Sources of Information Regarding Health Issues

Sources	% Ranked #1	% Ranked in Top 5
My doctor	53	81
Close friends	10	58
Health professionals	5	57
Books/popular magazines	5	57
Workshops and classes	5	41
Professional journals	3	33
TV and radio	3	28
Public library	3	26
Family/relatives	2	35
Co-workers	2	18
Health library	2	12

Note. Values are in rounded percentages.

Table 11

Doctor as Preferred Information Source by Menopausal Status
and Age

Menopausal Status	Ranking				
	1	2	3	4	5
No symptoms	3	0	0	1	1
Some early symptoms	5	1	4	1	2
Definitely menopausal	9	3	2	1	2
Menopause completed	22	2	2	0	0
Hysterectomy reported	8	1	0	1	0
	47	7	8	4	5
<u>Age</u>					
35 - 40	0	0	0	0	1
41 - 45	1	0	0	0	0
46 - 50	11	2	4	2	3
51 - 55	16	3	2	1	1
56 - 60	6	1	1	1	0
60 +	13	1	1	0	0
	47	7	8	4	5

Note. $n = 71$.

Table 12

Preferred Sources of Information Regarding Menopause

Preferred Sources	% Ranked #1	% Ranked in Top 5
My doctor	50	80
Close friends	10	57
Public library	8	25
Books/popular magazines	6	66
Health professionals	4	51
Workshop/classes	4	25
Professional journals	4	22
Co-workers	2	22
Health library	2	16
Family/relatives	1	35
TV and radio programs	1	20

Note. Values are in rounded percentages.

Health professionals were ranked as second choice by 23%, and 51% ranked health professionals in the top five. Books and magazines were next in popularity, with 66% ranking this source in the top five. Close friends were placed in the top five by 57%. The remaining sources (co-workers, family or relatives, TV/radio, workshop/classes, professional journals, and libraries), were excluded as preferred choices more than 75% of the time.

Of the 44 women who ranked their doctor as their primary preferred source of information, almost one third were in the 51-55 age group, and 43% had completed menopause (see Table 13).

Statements listed in Part Three of the questionnaire that address sources of information regarding menopause are grouped together in Table 14. Over half (59%) of respondents agreed that they look for information themselves rather than ask their doctors. Over three-quarters (78%) had information from books and magazines; and 71% agreed that the information they had read "helped me get through menopause." In addition to written sources of information, talking with friends helped 76% of all respondents feel better about their own experience of menopause.

Table 13

Doctor as Preferred Information Source on Menopause by
Menopausal Status and Age

	Ranking				
	1	2	3	4	5
Menopausal Status					
No symptoms	2	1	1	2	1
Some early symptoms	7	3	0	0	4
Definitely menopausal	10	2	3	0	1
Menopause completed	19	4	0	1	0
Hysterectomy reported	6	1	0	1	1
	44	11	4	4	7
Age					
35 - 40	0	1	0	0	0
41 - 45	1	1	1	0	0
46 - 50	12	2	0	1	6
51 - 55	14	2	3	1	1
56 - 60	5	3	0	1	0
60 +	12	1	0	1	0
	44	11	4	4	7

Note. $n = 70$

Table 14

Information Regarding Menopause

	Percentage Response	
	Agree ^a	Disagree ^b
I look for information about menopause myself, rather than ask my doctor.	59	33
I believe I would benefit by attending a support group for menopausal women.	44	49
Other female family members have told me about their own experiences with menopause.	56	35
Talking with my friends helps me feel better about my own experience with menopause.	76	14
I knew nothing about menopause except that I was in it.	18	74
The information I have gathered about menopause has come from books and magazines.	78	18
The materials that I have read about menopause have helped me get through the experience.	71	18

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Agree" and "Strongly Disagree." Values are in rounded percentages.

Responses to the statement "I look for information about menopause myself, rather than ask my doctor" varied widely according to age group (see Table 15). Nearly all ($n = 22$) of the women in the 46-50 age group agreed that they sought information themselves, and only two disagreed. Women in the 46-50 age group were evenly divided in their responses, with 13 agreeing and 14 disagreeing with the statement. There were no differences across menopausal status.

Sources of Most Information About Menopause

The analysis revealed that respondents learned most about menopause from their doctors (27%) and from books and magazines (25%) (see Table 16). For 74% ($n = 65$) of respondents, their doctor was ranked in the top five. Fifteen percent chose their doctor as their number two source of most information about menopause. Over 70% of respondents ($n = 65$) ranked books and magazines in the top five. Television and radio programs were ranked in the top five by 41% of respondents.

Half of the 24 respondents who learned most about menopause from their doctor were between the ages of 46 and 55, and one third were in the 60+ age group. More than 50% of this group had completed menopause.

Table 15

"I Look for Information Myself" by Age Group

Age group	Agree ^a	Disagree ^b	No Experience
35 - 40	1	2	
41 - 45	4	1	
46 - 50	22	2	1
51 - 55	13	14	
56 - 60	5	4	
60 +	7	8	
	52	29	1

Note. n = 82. ^aIncludes "Agree" and "Strongly Agree."

^bIncludes "Agree" and "Strongly Disagree."

Table 16

Sources of Most Information About Menopause

Source	% Ranked #1	% Ranked in Top 5
My doctor	27	74
Books and magazines	25	70
Close friends	19	68
Health professionals	5	47
Workshop/classes	4	20
Family/relatives	2	39
Co-workers	2	25
TV and radio programs	1	41
Professional journals	1	18
Public library	1	15
Health library	1	8

Note. Values are in rounded percentages.

Knowledge of Health Issues Associated With Menopause

In order to explore the extent of women's knowledge about menopause, respondents were asked to review a list of eight health issues associated with menopause and then rank order the top five according to their knowledge of the issue (1 = highest, 5 = lowest). As shown in Table 17, the three topics that respondents knew the most about were osteoporosis (23%); knowledge of hormone deficiencies (23%); and risks/benefits of hormone replacement therapy (22%). On average, 25-30% of the respondents felt that they knew the least about heart disease, breast cancer, and sexual changes associated with menopause.

Of the 20 respondents who knew the most about osteoporosis, 35% ($n = 7$) had some signs of menopause and 40% ($n = 8$) had completed menopause. Forty-two percent of the women who knew the most about the risks and benefits of hormone replacement therapy were in the 46-50 age group.

Support During Menopause

Respondents were asked to rank order a list of eight possible sources of support during menopause. Table 18 shows the sources that ranked the highest, and those sources which ranked in the top three. Responses indicated that women received the most support from friends (36%). Almost 30% ($n = 26$) of the total sample said that their husbands

Table 17

Knowledge of Health Issues Associated With Menopause

Most knowledge of	% Ranked #1	% Ranked in Top 5
Osteoporosis	23	85
Hormone deficiency	23	74
Risk/benefit of HRT	22	75
Emotional health	14	74
Breast cancer	6	67
Sexual changes	2	73
Heart disease	2	69
Other (hot flashes)	1	1

Note. Values are in rounded percentages.

Table 18

Source of Greatest Support During Menopause

	% Ranked #1	% Ranked in Top 3
My friends	36	67
My husband	30	59
My family	3	49
Co workers	2	32
Joining a group	1	8

Note. Values are in rounded percentages.

offered the greatest support during menopause. Of the 49 married women who responded to this question almost 50% ($n = 23$) ranked their husband as their greatest source of support. Thirty-two percent ($n = 28$) placed their co-workers in their top three ranking.

Sharing Menopausal Experiences With Others

The questionnaire contained three open ended questions that offered participants an opportunity to say anything they wished regarding menopause. The women's qualitative comments were transcribed verbatim, organized by question number and theme, and analyzed for recurring patterns of response (Appendix I).

Telling Other Women About Experiences of Menopause

The first open-ended question asked women what they would tell other women about their experience of menopause. Responses covered a wide range of topics, which were later categorized around 10 central themes (see Table 19). Fully 89% of the sample ($n = 78$) responded to this question. Seventeen percent ($n = 15$) said that they would tell other women that menopause was "normal," "part of life." More than two thirds of those women had completed menopause. Fourteen percent ($n = 12$) declared they would tell other women about their symptoms, while 11% ($n = 10$) said they

Table 19

What Respondents Would Tell Other Women About Menopause

Themes	<u>n</u>	%
Part of life/no problems/normal	15	17
"Symptoms" experienced	12	14
Increase knowledge	10	11
Use of hormone replacements	10	11
See doctor	7	8
Prepare/healthy lifestyle	5	6
Changes-emotional/physical/ stress/depression	5	6
Share (what I've been through)	5	6
Lack of knowledge	5	6
Get help/read/talk (to friends)	3	3

Note. n = 78. Values are in rounded percentages.

would encourage others to "increase [their] knowledge" about menopause, and that they would also "talk about HRT [hormone replacement therapy]."

Of the 10 who did not respond to this question, four women had no symptoms of menopause, three had some early signs, and three had completed menopause.

Telling Men About Experiences of Menopause

Women were also asked what they would tell men about their experience of menopause. Of the 73 women (83%) who responded to this question, more than 21% ($n = 19$) stated that they would tell men to "listen," "be supportive," "be understanding," "be patient." All but one of the women in this group were married. Over eighteen percent ($n = 16$) reported they would tell men "nothing" (see Table 20).

Ten women indicated that men should "increase their knowledge." Twelve respondents wanted to tell men about symptoms. Six of these said they would explain the symptoms they were experiencing, and six indicated they would ask men to understand how women were affected by those symptoms.

Table 20

What Respondents Would Tell Men About Menopause

Themes	<u>n</u>	%
Listen/be patient/ understanding/supportive	19	22
Nothing/I wouldn't	18	20
Increase your knowledge	10	11
It's real/natural	8	9
Understand symptoms	6	7
Symptoms experienced	6	7
Negatives	4	5
It's an individual experience	2	2

Note. n = 73. Values are in rounded percentages.

Telling Health Care Providers About Menopause

The third open-ended question asked respondents what they would tell their health care providers about their experience of menopause. More than one fifth ($n = 18$) of the 73 women answering this question said that they wanted to discuss their symptoms with their health care providers (see Table 21). Almost thirteen percent ($n = 11$) needed information, and 13% ($n = 11$) wanted to discuss hormone replacement therapy.

Responses were fairly evenly distributed as far as menopausal status. However, almost 50% of those respondents who wanted to discuss symptoms were between the ages of 50 and 55. Seventeen percent did not respond to this question.

Physician-Related Attitudes

Four statements related specifically to women's attitudes and experiences regarding their physicians. As shown in Table 22, responses to questions regarding physicians were positive, and over 90% agreed that a woman should see her doctor at the time of menopause. Responses were fairly evenly divided regarding women's ability to talk freely with their doctors. However, 24 women (27%) said that they had asked for help but not received a supportive response.

Table 21

Telling Health Care Providers About Menopause

Themes	<u>n</u>	%
About symptoms	18	21
Need information	11	13
About HRT	11	13
Give assurance/support/ understand	7	8
Answer my questions/listen	6	7
Nothing/never discussed	4	5

Note. n = 73. Values are in rounded percentages.

Table 22

Physician Related Attitudes

	Percentage Response	
	Agree ^a	Disagree ^b
A woman should see her doctor at the time of menopause.	91	9
I am able to talk freely with my doctor regarding menopause.	57	42
My doctor has prescribed hormone replacement therapy and I am satisfied with this treatment.	49	27
I have asked my doctor for help, but the response I received was not very supportive.	27	60

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Agree" and "Strongly Disagree." Values are in rounded percentages.

Attitudes Towards Menopause

Part Three of the questionnaire explored women's attitudes towards menopause in greater detail. The specific items in this section were adapted from the "Attitudes Towards Menopause" (ATM) Checklist developed by Neugarten et al. (1963). In addition to the original ATM items, new statements were added concerning communication with physicians, hormone replacement therapy, sources of information regarding menopause, and the like. Respondents were asked to read the 50 statements. For each statement they were to indicate if they "strongly disagree"; "disagree somewhat"; "agree somewhat"; or "strongly agree". During the analysis, responses were dichotomized as "Agree" or "Disagree" and questions were grouped by themes. Each of the following tables presents data from one of the grouped themes (see Tables 23 through 27).

Negative Attitudes

Strong differences were found in responses to some of the original ATM statements alluding to the negative effects of menopause (see Table 23). For example, 80% disagreed with the statement that "women who have nothing to do with their time usually have trouble with menopause." Only 16% agreed with this statement. Two thirds of the respondents disagreed with the statement " . . . just about every woman

Table 23

The Negatives of Menopause

Negative statements	Percentage Response	
	Agree ^a	Disagree ^b
It's no wonder women feel "down in the dumps" at the time of menopause.	52	46
Menopause is an unpleasant experience for a woman.	44	53
Menopause is a disturbing thing which most women naturally dread.	55	42
It's not surprising that most women get disagreeable during the menopause.	61	36
Women who have trouble with menopause are usually those who have nothing to do with their time.	16	80
Women who have trouble with menopause are those who are expecting it.	36	60
The thing that causes women all their trouble at menopause is something they can't control - changes inside their bodies.	63	33
In truth, just about every woman is depressed about the change of life.	31	66
Women should expect some trouble during the menopause.	57	41

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Disagree" and "Strongly Disagree." Difference between total of above values and 100% represents the percentage of those who did not respond to the question or considered it not applicable. Values are in rounded percentages.

Table 24

Life After Menopause

	Percentage Response	
	Agree ^a	Disagree ^b
Women generally feel better after the menopause than they have for years.	58	38
A woman has a broader outlook on life after the change of life.	63	31
A woman gets more confidence in herself after the change of life.	52	38
Women are generally calmer and happier after the change of life than before.	72	22
Life is more interesting for a woman after the menopause.	52	44
After the change of life, a woman feels freer to do things for herself.	58	35
After the change of life, a woman has a better relationship with her husband.	42	47
Many women think menopause is the best thing that ever happened to them.	49	44

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Disagree" and "Strongly Disagree." Values are in rounded percentages.

Table 25

Effects of Menopause

	Percentage Response	
	Agree ^a	Disagree ^b
Women often get self-centered at the time of the menopause.	43	53
After the change of life, women often don't consider themselves "real women" any more.	16	80
Women often use the change of life as an excuse for getting attention.	28	69
Women worry about losing their minds during menopause.	32	66
A woman is concerned about how her husband will feel toward her after the menopause.	70	27

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Disagree" and "Strongly Disagree." Values are in rounded percentages.

Table 26

Life Changes with Menopause

	Percentage Response	
	Agree ^a	Disagree ^b
I feel in control over what is happening to my body.	50	44
I feel better compared with one year ago.	50	38
Menopause is one of the biggest changes that happens in a woman's life.	69	27
Women think of menopause as the beginning of the end.	40	58
Regular exercise, a balanced diet, and a positive attitude is all I need to get through menopause.	59	38
I was prepared for menopause when I began to experience the changes in my body.	57	34
A woman's body may change in menopause, but otherwise she doesn't change much.	58	40
Going through the menopause really does not change a woman in any important way.	57	42
Cessation of menstruation is the only symptom of menopause that I have experienced.	21	68

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Disagree" and "Strongly Disagree." Values are in rounded percentages.

Table 27

Other Attitudes Regarding Menopause

	Percentage Response	
	Agree ^a	Disagree ^b
A woman in menopause is apt to do crazy things she herself does not understand.	53	42
Menopause is a mysterious thing which most women don't understand.	51	43
After the menopause, a woman is more interested in sex than she was before.	52	44
Unmarried women have a harder time than married women do at the time of the menopause.	19	6
My experience of menopause is different because I had a hysterectomy.	27	35

Note. ^aIncludes "Agree" and "Strongly Agree." ^bIncludes "Disagree" and "Strongly Disagree." Values are in rounded percentages.

is depressed about the change of life." A similar percentage (63%) agreed that the trouble women experience at menopause is caused by the fact that they can not control the changes happening inside their bodies.

There was a difference in the responses of women in different age groups regarding their expectation of having "trouble during the menopause." Two thirds of the women between the ages of 46 and 50 ($n = 18$) agreed that "women should expect some trouble during the menopause." However, responses of women between 51 and 55 years of age were fairly evenly divided, with 15 agreeing and 12 disagreeing with this statement.

Completion of Menopause

Attitudes towards life after the completion of menopause were generally positive (see Table 24). Most women (71.6%) agreed that they were calmer and happier after menopause, and 63% agreed that "A woman has a broader outlook on life after the change of life."

Effects of Menopause

As shown in Table 25, 80% of respondents disagreed with the statement that women do not consider themselves "real women" any more after the change of life. Of the 28 women in the 46-50 age group, 23 agreed that they were concerned about how their husbands would feel towards them after menopause. However, in the 51-55 age group, responses were

evenly divided (14 agreed, 14 disagreed). Two-thirds of respondents disagreed with the original ATM statement that "women worry about losing their minds during menopause." A similar number disagreed that "women often use the change of life as an excuse for getting attention."

Life Changes with Menopause

Almost 70% of the respondents agreed that menopause is one of the biggest changes in a woman's life (see Table 26). Of the many transitions experienced at menopause, stronger differences between respondents were found with regard to physical changes. Fifty-seven percent agreed that they were prepared for menopause when they began to experience changes in their bodies. Fifty-eight percent of respondents agreed that "A woman's body may change in menopause, but otherwise she doesn't change much," and a similar number agreed that "Going through the menopause really doesn't change a woman in any important way". The statement "Regular exercise, a balanced diet, and a positive attitude is all I need to get through menopause" received agreement from two-thirds of the women ($n = 28$) in the 51-50 age group. However, responses were more evenly divided among the 46-50 age group (14 agreed, 13 disagreed). Only 21% percent agreed with the statement that cessation of menstruation was the only symptom experienced.

Other Attitudes Regarding Menopause

Two thirds of the respondents between the ages of 46 and 50 agreed that "Menopause is a mysterious thing that most women don't understand". Responses to that statement were evenly divided for those respondents between the ages of 51 and 55 (see Table 27). Fifty-three percent agreed that "A women in menopause is apt to do crazy things she herself does not understand." Over half of the women agreed that a women shows more interest in sex after the menopause than before.

Events Frequently Experienced

Part Four, the last section of the questionnaire, listed 17 physical "events" which respondents may have experienced. The questionnaire did not state that these events are commonly associated with menopause. Respondents were asked to indicate how often they experienced the events (see Table 28). Almost 30% indicated that they experienced hot flashes sometimes or often. Night sweats were experienced often by 31%. Well over one-third of the respondents stated that they often experienced tiredness and loss of sex drive. Irritability/nervousness and depression were experienced often by 38.6% and 36.4% respectively.

Table 28

Events Experienced During Menopause

Events	% of Responses		
	Sometimes	Often	Always
Hot flushes	30	27	5
Night sweats	25	31	3
Weight gain	27	22	16
Irregular periods	24	21	7
Lighter or heavier periods	18	25	14
Periods stopping	13	11	18
Loss of sex drive	32	15	9
Tiredness	38	30	7
Headaches	27	17	2
Heart pounding	27	7	2
Irritability/nervousness	39	17	7
Depression	36	13	6
Loss of concentration	33	11	7
Dry vagina	26	18	10
Period stopping	11	8	22
Worry about body	24	16	10
Feeling of fright/panic	19	6	8

Note. Values are in rounded percentages.

Events Associated With Menopause

Respondents were then asked to revisit the list of 17 events and mark those which they believed apply to menopause. Those events believed to be associated with menopause by over 50% of respondents are shown in Table 29. These items include hot flushes, night sweats, periods stopping, irregular periods, and dry vagina. Emotional events, such as irritability and nervousness and depression, were related to menopause by 41% and 46% respectively. Over half of the respondents did not believe tiredness, headaches and heart pounding were associated with menopause.

Results

Results of this study indicate that, overall, women had positive attitudes regarding menopause. The menopause-related concern expressed most often by participants was the possible negative effects of hormone replacement therapy. Many women in this study felt that their experience of menopause was a normal part of life.

Exercise and fitness were the health issues of greatest concern to the women participating in this study. Aging and cancer were also considered to be important. However, menopause did not appear to be as high a priority in their lives.

Table 29

Events Associated With Menopause

Events	% of Responses
Hot flushes	73
Night sweats	61
Periods stopping	61
Irregular periods	55
Period stopping	52
Dry vagina	50

Note. Values are in rounded percentages.

The data indicate that respondents preferred their doctor as the primary source of information about menopause and other health issues, even though many felt that they did not always receive the information or support they were looking for from their physicians. Many women sought information from books and magazines and from close friends. Women also reported that their close friends, husbands, families, and co-workers were the greatest sources of support during menopause.

CHAPTER 5
DISCUSSION AND IMPLICATIONS

Limitations

During the course of this study certain limitations came to light that should be noted for future research.

Recruitment and Response Rate

Of the 214 questionnaires distributed, a total of 88 questionnaires were returned, yielding an overall response rate of 41%. Response rates from the four distribution sources were varied. The variation may be attributed to timing of distribution, and differences in distribution methods. Forty-five questionnaires were sent to the South Valley Woman's Exchange to coincide with a group meeting date, but failed to reach the Director in time due to late delivery by the courier service. In addition, many members were out of town on summer vacations. The response from this group was 31%.

A better response was gleaned from the Quilting Association (57.4%) since the researcher was able to give a presentation at their meeting and then distribute 54 questionnaires in person directly after the meeting to those who were willing to participate.

It was surprising to note that only one response came from the patients of the two physicians, since both had expressed interest in the study, and their nurses seemed willing to distribute the questionnaires. In fact, the returned questionnaire was one not actually issued from the physician's office but sent as a result of the participant seeing the flyer in the surgery suite, calling the researcher for further information, and receiving a questionnaire in the mail from the researcher.

The South Valley YMCA distribution of 45 yielded a response of 30%. The questionnaires were given to participants of two daytime exercise classes.

After the data collection period had closed, the researcher received a call from a participant who suggested that the American Organization of University Women (AAUW) might be a good source of subjects for this research. She was a member of this organization, and knew that women's health issues were a topic of great interest. Unfortunately, it was too late to pursue her suggestion, but it could be an excellent data source for future studies.

Sample

Another limitation of the study concerns the lack of diversity within the final sample. Respondents appeared to be an affluent group. Half declared they had enough money plus a little extra, and 29% said that money was no problem.

Everyone was covered by insurance, 93% had a regular physician, and most women obtained medical care from an HMO, clinic, or private physician. It is interesting to note that nearly one-quarter (22%) of the respondents had no children.

Almost two thirds of the women in this study were between the ages of 46 and 55. Of those women, nearly all were in menopause or showing early signs of menopause.

Although it was anticipated that a sample recruited from four sources would yield responses from a variety of ethnic groups, the majority of respondents were white (92%). Four groups were deliberately selected from different communities hoping to obtain as diverse a sample as possible. The quilters (the largest group) met in Saratoga, the physicians' practices were located close to downtown San Jose, and the Women's Exchange and YMCA were in the Santa Teresa area of San Jose. However, the final sample did not reflect as large a socioeconomic spread as had been anticipated.

Since the questionnaire was written in English, respondents who did not read or write English may not have fully understood some of the questions. This may have been especially true with the open ended questions, since a more complete written response was encouraged. Non-English

readers may also have been discouraged from participating due to the length and depth of the questionnaire.

Questionnaire

First and second choices may have been sufficient for some questions instead of requiring respondents to rank order five choices. As one respondent remarked, "I don't have 1-5 choices, i.e. after 1 and 2, in most cases. Others are not interesting, except question 7." Another woman indicated that the category "newspaper" was not included as a resource of information about menopause and other health issues. She said, "Mercury News does an excellent job of covering health issues . . . My co-workers and I always discuss these articles at lunch." This category should be included in future questionnaires.

At least three interesting areas were revealed in the open ended questions that should be included in future surveys. The questionnaire did not ask whether the respondent's physician was male or female. Also, questions asking if respondents were taking hormones or if they had a hysterectomy were not included. In the present study, both of these situations were self-reported as they affected responses to other questions. However, more specific questioning about these two areas would have enhanced the validity of the subsequent data.

In Part Four of the Questionnaire, the category "periods stopping" appeared twice in the list of events. Although this was included in error initially, it was decided to let it stand to verify the consistency of the responses in this section.

And finally, even though the questionnaire was edited for length, at 12 pages it may have proven to be too long for some prospective respondents and may have discouraged them from participating in the study.

Despite the limitations, key findings of this study revealed important information about contemporary women's attitudes, concerns and sources of information regarding menopause and other women's health issues. Several of these findings are discussed below.

Attitudes, Concerns, and Interests Regarding Menopause

Many respondents said that they were not prepared for the different emotional and physical experiences of menopause. As one woman summarized, "It feels scary not knowing what is going on. It 'feels' crazy to have such emotional shifts and physical changes." Others encouraged women to become more knowledgeable, noting that "menopause doesn't mean stopping periods, it means a host of other changes that are very subtle." "If you are aware to some

extent what changes can occur - physically and mentally - you can deal with them a bit more easily."

Strong differences were found in some responses to questions alluding to the negative effects of menopause. Women in the 46-50 year age group agreed that "women should expect some trouble during the menopause," whereas responses of women between 51 and 56 years of age were evenly divided. Overall, 70% of respondents agreed that they were concerned about how their husbands would feel toward them after menopause. All but three of the women in the 46-50 age group were concerned. In the 51-55 age group, however, responses were evenly divided.

Two thirds of respondents agreed that women have trouble at menopause because they cannot control the changes inside their bodies. On the more positive side, most women agreed that they were calmer and happier, and that women have a broader outlook on life after menopause.

Again, these results indicated that the older group displayed a more mellow attitude toward menopause than did their younger counterparts. It was surprising to find that a difference of only five years between groups yielded such a considerable change in attitudes. It is possible that since menopause has been connected with more negative experiences than positive in the past, fear, ignorance, and perhaps lack of education can influence the perspectives of

the younger women who have not yet experienced menopause for themselves. Clearly, this is a strong indication that women in their early 40s should begin to prepare themselves by understanding as much about this transition as possible in order to make it a positive time in their lives.

One respondent gave the following summary of her thoughts:

"Menopause is an individual experience. There are many different experiences one may go through, so it is important to educate yourself so you are prepared and ready to make important decisions about your own heart. Menopause is another stage in life - one to be embraced rather than feared. Education is the key in this transitional time."

Sources of Information

More than half of all respondents in this study indicated that they preferred their doctor to be the primary source of information for questions regarding important health issues. Some women might still be accustomed to obtaining their health information from their physicians, and may tend to give greater credence to a "professional" source. Respondents ranked close friends, health professionals and books and popular magazines among their sources of information.

One respondent encouraged women to pursue all sources of information available about the health issues that concern them, and advised that " . . . knowledge is a

defense against fear of the unknown." She also said she would tell her physician to "Keep up on the newest research & not dismiss everything until it's proven; research means hope to us all."

When they had specific questions about menopause, half of the women in this study reported that they preferred to obtain answers from their doctor. Statistics revealed that of these women, over one-third were in the 51-55 age group, and half had completed menopause. This supports the findings of Feeley and Pyne's (1975) research that women asked their doctors when they sought answers to questions about menopause.

Only six women chose books and magazines as their number one source of answers regarding menopause; however, two-thirds ranked them among the top five resources. It would appear that recent "media hype" has been more successful in raising menopausal consciousness than physicians. Many recent best selling books and popular magazines have also been devoted to discussions of menopause, and so it is not surprising that 70% of respondents ranked these sources among their top five.

Responses varied when respondents were asked to agree or disagree with statements regarding sources of information about menopause. Materials they have read (books and magazines), and talking with their friends have made most

respondents feel better about their own experiences with menopause. Overall, almost two-thirds of women agreed that they looked for information themselves rather than asked their doctors. When compared by age groups, however, interesting differences were observed.

The majority of women in the younger group (aged 46-50 years) agreed they looked for information themselves, whereas responses from the 51-55 age group were evenly divided. There were no differences across menopausal status. It is probably safe to conclude that these baby boomers are using as many resources as possible in order to make decisions that might well affect their future health and well being.

Health Issues of Most Concern

Respondents were asked in three different ways in different parts of the questionnaire to identify health issues that concerned them the most at this time of their lives. Exercise and fitness were ranked as the primary health issues, signifying a very high priority in women's lives. Almost two thirds of respondents ranked aging among the top five.

Women responded to the open-ended question with a variety of topics when asked what they would tell others about their experience of a particular health issue that was

important to them. Many were concerned with menopause, breast cancer, and aging; some mentioned arthritis, stroke, heart disease, and obesity. Experiences emphasizing the positive benefits of exercise and fitness were shared by several women. They believed that remaining physically fit has helped them through menopause, but became more difficult as they grew older. It was also noted that "more doctors should encourage patients and work with them to develop a workable exercise plan." Nutrition was also mentioned by some to be an issue that needs to be addressed, but that it is given little attention by doctors. Only a small number of women reported their experiences of menopause as among the priority health concerns at this time in their lives.

Only two respondents ranked menopause as their number one health issue. Receiving a top five ranking from barely one third, it appears that menopause is a lower priority for most, or seen in a bigger context. Most respondents agreed that they had other concerns besides menopause that need to be addressed.

While questions were presented in varying formats for different parts of the questionnaire, they elicited similar responses. It would appear that the majority of women in this study viewed menopause within a broader context of healthy aging, giving it a relatively lower priority in their lives.

Hormone Replacement Therapy

A significant issue of menopause is hormone replacement therapy. Most women will be faced with the choice of taking hormones or proceeding through menopause without medication. Even though the women in this study were not asked for specific details about their personal use of hormone replacement therapy (HRT), many shared their experiences, both positive and negative. A question was included to determine if they were "concerned that hormones may cause unpleasant or dangerous side effects." Almost two-thirds agreed that they were concerned.

When compared by age groups, however, a significant difference in responses became apparent. Women between the ages of 46 and 50 years showed far greater concern than the older group aged 51 to 55 years. It is possible that the younger women are in the process of weighing the risks and benefits of taking hormones, and their concerns reflect the complexity of that decision. The older group, having made their choices, may be now able to continue with other aspects of their lives.

Responses revealed that for many women in this study hormone replacement made their transition through menopause more "manageable." Other respondents, however, stated they would prefer not to take hormones, even though they feel better, because they were still not sure of adverse effects

in the future. This is the essence of the menopause. Every woman's experience is different. Thus, it is not easy to define what constitutes "normal" menopause.

McKinlay's (1992) report on the Massachusetts Women's Health Study (MWHS) regarding "normal menopause transition" raises an interesting point. It was noted that the low rates of hormone therapy in the study enabled natural transitions without HRT. However, if the prescription of HRT continues to increase, " . . . then the MWHS cannot be replicated in most western societies, as both transitions will be obscured by the appearance of regular cycling" (p. 114).

Role of Physicians

Respondents were asked what they would tell their health care provider about their experiences of menopause. The majority of women expressed a desire to have their physicians take a more supportive role during their transition into menopause, "someone giving other than a cookie cutter approach." Most respondents agreed that a woman should see her doctor at the time of menopause. They expected physicians to be able to listen, answer their questions, and not diminish the symptoms. One woman stated that she would tell her doctor "nothing - but if I had my life again I would point out that a patient is also a

person. We do not abandon our brain at the doorstep of the clinic and become just a body." Several respondents indicated that changing to a female doctor had helped them feel more at ease. However, a large proportion of physicians with busy clinical practices have only a short time to explain what "normal" menopause might be, or to provide guidance during a woman's decision making process. A little more time taken for consultation at an office visit could result in a better understanding of what to expect and how to deal with the challenges they may face.

By the turn of the century, physicians will begin to experience a change in the makeup of their practices as the large population of menopause boomers reach maturity, and issues of healthy aging should be addressed. Few physicians have a strong background or training in nutrition or exercise physiology, yet they are important components of a healthy lifestyle for women (and men) in later years.

Even though most women have this awareness, only a small number of respondents received guidance from their physician. According to one respondent, "For arthritis, my doctor suggested a rocking chair. Instead I started walking. The aches disappeared along with the depression and 20 pounds."

Women, Men, and Menopause

It would appear from the results of this study that many women are not communicating openly about their menopausal experiences with the men in their lives, since nearly 20% stated that they would tell them "nothing." One respondent declared she had nothing to tell men about her experience "because they couldn't conceive the problems that arise because of menopause."

It might also be true that women feel that their menfolk are not particularly "sympathetic," as the majority of respondents urged them to "listen," "be supportive and understanding." Many respondents wanted their men to understand their symptoms. "I'd like to tell them we sweat and cry a lot. Be patient." Almost 70% of respondents agreed with the statement that "A woman is concerned about how her husband will feel toward her after the menopause."

It was also noted by many respondents that the majority of men were not well enough informed to be able to understand menopause and how women can be affected by it. They wanted men to increase their knowledge.

Results of this study have shown that women still have concerns and need more information. Innovative education programs, designed to include menopause in the broader context of healthy aging, might provide the answers.

Implications

This research explored women's attitudes, concerns and sources of information regarding menopause and other important health issues. The findings have important implications for further research and health education (or health care) practice.

Implications for Health Education and Health Care

The data suggest that women feel their physicians give neither the support nor the information they need as they approach menopause. One area in which this is particularly important is the decision about hormone replacement therapy (HRT). Many women choose HRT without the benefit of long-term research studies to validate their decision, or guidance from their doctor. Hormone replacement therapy is often prescribed without much discussion of other available options or indication that a follow-up visit might be appropriate, and the educational component is missing. In addition, some events that are associated with menopause are not recognized or acknowledged by physicians. For example, a participant in this study complained that her primary care physician thought she was having heart problems and underwent many expensive tests before her female gynecologist correctly diagnosed her palpitations as a sign of early menopause.

The findings also suggest that menopause be should be presented by health care providers in the broader context of healthy aging, rather than isolating it as a medical problem with a set of symptoms to be treated. It is important that more attention be given to exercise and nutrition as an integral component of women's health as they grow older. Physicians should receive more training in these areas, as women over 50 years of age will represent an ever increasing proportion of their practices. A forum for answering questions and individual counseling might save many hours of fear and frustration, not to mention a reduction in visits to the doctor's office.

Physicians and health educators must work together to redesign menopause information and educational programs within the scope of overall wellness for women in their later years. It has become apparent from this research that many women want to take a proactive role in their health and are taking the self-help approach. Women are active learners; they are aware of the importance of researching information by reading books and magazines and attending seminars; they are forming peer support groups.

Teaching girls about the range of body changes they will experience will better prepare them to acknowledge menopause as a natural symbol of their transition through womanhood. If they knew from the time they are young that

those changes are coming, they might be better able to advocate for themselves and engage their health care providers in more productive relationships.

The women in this study indicated they would like men to learn more about the physiological and psychological aspects of menopause. It may be appropriate to develop a curriculum about healthy aging and menopause that includes a segment for men and families. Mass media could be used very effectively for this purpose. Television programs, radio spots, even popular programs that educate while entertaining could give men, children, and women more appropriate information about menopause.

Implications for Further Research

Further research should explore cultural views of menopause. A first step might be a small study to examine the attitudes, concerns, and sources of information of a specific ethnic group in San Jose, using a survey instrument written in the native language of the participants. The subsequent data could be compared to the results of this study. A larger survey that draws a multi-ethnic sample would help identify the similarities and differences between groups.

Future surveys should include questions about the use of hormone replacement therapy, such as treatment schedules, dosage, and side effects. A question to determine if the

participants have begun menopause due to a hysterectomy should also be included. This would help to establish whether their experience of menopause as a result of surgery is different than that of women who undergo menopause "naturally", and if so, in what ways?

Future questionnaires should also ask if the respondent's physician is male or female, and how long she has been going to that physician. Also, questions may be asked regarding satisfaction with their health care in general, to create a comparison point for their menopause-related care.

Future research might also pursue questions regarding age and menopause. For example, why do younger women have a more negative view about menopause? Also, if young women learned more about menopause long before it occurs, would it mean a smoother transition for them?

More than ever before, attention is being focused on menopause and the myths and mysteries surrounding it. This study is part of the new efforts to educate, inform, and accept menopause as a natural part of healthy aging; and to enlighten those who still believe that menopause is the "beginning of the end" for women.

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APPENDIX A
QUESTIONNAIRE

MENOPAUSE QUESTIONNAIRE

First, I would like to ask you some general questions:

P A R T 1

Please check one box for each question:

1. How old are you : ☐ 35-40 ☐ 41-45 ☐ 46-50
 ☐ 51-55 ☐ 56-60 ☐ over 60

2. Are you : ☐ Single ☐ Married
 ☐ Widowed ☐ Divorced
 ☐ Separated ☐ Other

3. Which best ☐ Dating
 describes your ☐ Significant other/spouse
 current ☐ Not currently involved in
 relationship : a relationship

3. Are you : ☐ Hispanic ☐ African American
 ☐ White ☐ Asian American
 ☐ Other

4. What was the ☐ Some high school
 highest year of ☐ High school graduate
 school completed: ☐ Some college
 ☐ Bachelors degree
 ☐ Graduate school

5. Which best describes ☐ Employed, full time
 your current ☐ Employed, part-time
 employment status: ☐ Seeking work
 ☐ Retired
 ☐ Never worked
 ☐ Homemaker

6. Regarding your ☐ Money is not a problem
 family income, do ☐ I have enough, with a little
 you feel that: extra
 ☐ I just about manage
 ☐ I barely make ends meet

7. Number of children: ☐ 0 ☐ 1 ☐ 2 ☐ 3
 ☐ 4 ☐ more than 4

8. Do you have health ☐ Yes ☐ No
insurance?
9. Do you have a ☐ Yes ☐ No
regular doctor?
10. Where do you usually receive your medical care?

P A R T 2

Would you please be kind enough to answer the following questions regarding your general health :

1. Overall, how would you rate your physical health:
(Please check one)
 - ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor

2. Overall, how would you rate your emotional health:
(Please check one)
 - ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor

3. The health issues that concern me most at this stage of my life are:
(Please rank order top 5 - 1=most, 5=least)
 - ☐ Aging
 - ☐ Alcohol/drug use
 - ☐ Arthritis
 - ☐ Breast cancer
 - ☐ Cancer in general
 - ☐ Exercise/fitness
 - ☐ Heart disease
 - ☐ Hypertension
 - ☐ Menopause
 - ☐ Nutrition
 - ☐ Smoking
 - ☐ Stress
 - ☐ Stroke
 - ☐ Other _____

4. When I have questions about these issues, I prefer to obtain the answers from:
(Please rank order top 5 - 1=most, 5=least)
 - ☐ Close friends
 - ☐ Co-workers
 - ☐ Family/relatives
 - ☐ My doctor
 - ☐ Health professionals (other than my doctor)
 - ☐ TV and radio programs
 - ☐ Attending workshops/classes
 - ☐ Reading books/popular magazines
 - ☐ Professional journals
 - ☐ Public library
 - ☐ Health library (e.g. Planetree)
 - ☐ Other _____

5. I have learned the most about menopause from:
 {Please rank order top 5 - 1=most, 5=least}
 ___ Close friends
 ___ Co-workers
 ___ Relatives
 ___ My doctor
 ___ Health professionals (other than my doctor)
 ___ TV and radio programs
 ___ Attending workshops/classes
 ___ Reading books/popular magazines
 ___ Professional journals
 ___ Public library
 ___ Health library (e.g. Planetree)
 ___ Other_____
6. When I have questions about menopause, I prefer to obtain the answers from:
 {Please rank order top 5 - 1=most, 5=least}
 ___ Close friends
 ___ Co-workers
 ___ Relatives
 ___ My doctor
 ___ Health professionals (other than my doctor)
 ___ TV and radio programs
 ___ Attending workshops/classes
 ___ Reading books/popular magazines
 ___ Professional journals
 ___ Public library
 ___ Health library (e.g. Planetree)
 ___ Other_____
7. Of all the health issues associated with menopause, I know the most about:
 {Please rank order - 1=most, 7=least}
 ___ Hormone deficiency
 ___ Heart disease
 ___ Osteoporosis
 ___ Emotional health
 ___ Breast cancer
 ___ Sexual changes
 ___ Risk/benefit of hormone replacement therapy
 ___ Other_____
8. During my experience with menopause, I have received the most support from:
 {Please rank order - 1=most, 6=least}
 ___ My husband
 ___ My family
 ___ My friends
 ___ Co-workers
 ___ Joining a group
 ___ Other_____

9. What would you tell other women about your experience of menopause?

10. What would you tell men about your experience of menopause?

11. What would you tell your health care provider about your experience of menopause?

Please answer the following questions as they apply to the health issue that is of the most concern to you :

12. What would you tell other women about your experience of _____?

13. What would you tell your health care provider about your experience?

Please check the answer that best describes you during the past year:

- ☐ No symptoms of menopause
- ☐ Some early symptoms (pre-menopausal)
- ☐ Definitely going through menopause
(no menstruation for 12 months or more)
- ☐ Menopause completed

Please read the following statements, and circle ONE number from the four columns that most closely reflects your opinion or experience:

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Strongly</u> <u>Agree</u>
1. Women often use the change of life as an excuse for getting attention.	1	2	3	4
2. Unmarried women have a harder time than married women at the time of menopause.	1	2	3	4
3. Women who have trouble with menopause are usually those who have nothing to do with their time.	1	2	3	4
4. A woman should see her doctor during the menopause	1	2	3	4
5. A woman in menopause is apt to do crazy things she herself does not understand.	1	2	3	4
6. Women who have trouble in the menopause are those who are expecting it.	1	2	3	4
7. The thing that causes women all their trouble at menopause is something they can't control - changes inside their bodies.	1	2	3	4
8. Menopause is a mysterious thing which most women don't understand.	1	2	3	4
9. A woman is concerned about how her husband will feel towards her after the menopause.	1	2	3	4
10. Going through the menopause really does not change a woman in any important way.	1	2	3	4
11. Menopause is one of the biggest changes that happens in a woman's life.	1	2	3	4

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Strongly</u> <u>Agree</u>
12. A woman's body may change but otherwise she doesn't change much.	1	2	3	4
13. Women are generally calmer and happier after the change of life than before.	1	2	3	4
14. After the change of life, a woman feels freer to do things for herself.	1	2	3	4
15. Women worry about losing their minds during the menopause.	1	2	3	4
16. After the menopause, a woman is more interested in sex than she was before.	1	2	3	4
17. It's no wonder women feel "down in the dumps" at the time of menopause.	1	2	3	4
18. Women think of menopause as the beginning of the end.	1	2	3	4
19. Life is more interesting for a woman after the menopause.	1	2	3	4
20. Women generally feel better after menopause than they have for years.	1	2	3	4
21. After the change of life, women often don't consider themselves real women anymore.	1	2	3	4
22. A woman has a broader outlook on life after the change of life.	1	2	3	4
23. A woman gets more confidence in herself after the change of life.	1	2	3	4
24. Menopause is an unpleasant experience for a woman.	1	2	3	4
25. Women often get self-centered at the time of the menopause.	1	2	3	4

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Strongly</u> <u>Agree</u>
26. Menopause is a disturbing thing which most women naturally dread.	1	2	3	4
27. After the change of life a woman has a better relationship with her husband.	1	2	3	4
28. It is not surprising that most women get disagreeable during the menopause.	1	2	3	4
29. In truth, just about every woman is depressed about the change of life.	1	2	3	4
30. Women should expect some trouble during the menopause.	1	2	3	4
31. Many women think menopause is the best thing that ever happened to them.	1	2	3	4
32. Talking with my friends helps me feel better about my own experience with menopause.	1	2	3	4
33. My experience of menopause is different because I had a hysterectomy.	1	2	3	4
34. I feel better compared with one year ago.	1	2	3	4
35. I look for information about menopause myself, rather than ask my doctor.	1	2	3	4
36. I feel in control over what is happening to my body.	1	2	3	4
37. I was prepared for menopause when I began to experience the changes in my body.	1	2	3	4
38. I am able to talk freely with my doctor regarding menopause.	1	2	3	4
39. My doctor has prescribed hormone replacement therapy and I am satisfied with this treatment.	1	2	3	4

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Strongly</u> <u>Agree</u>
40. I believe I would benefit by attending a support group for menopausal women.	1	2	3	4
41. I am concerned that hormones may cause unpleasant or dangerous side effects.	1	2	3	4
42. Other female family members have told me about their own experiences with menopause.	1	2	3	4
43. I have other health concerns besides menopause that need to be addressed.	1	2	3	4
44. The information I have gathered about menopause has come from books and magazines.	1	2	3	4
45. I knew nothing about menopause except that I was in it.	1	2	3	4
46. I am more concerned about menopause than other women's health issues.	1	2	3	4
47. Regular exercise, a balanced diet, and a positive attitude is I all need to get through menopause.	1	2	3	4
48. Cessation of menstruation is the only symptom of menopause that I have experienced.	1	2	3	4
49. The materials that I have read about menopause have helped me get through the experience.	1	2	3	4
50. I have asked my doctor for help, but the response I received was not very supportive.	1	2	3	4

P A R T 4

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Please circle ONE number from the four columns to indicate how often you have experienced the following:

	<u>Never</u>	<u>Seldom</u>	<u>Some- times</u>	<u>Often</u>	<u>Always</u>
___ Hot flushes	1	2	3	4	5
___ Night sweats	1	2	3	4	5
___ Weight gain	1	2	3	4	5
___ Irregular periods	1	2	3	4	5
___ Lighter or heavier periods	1	2	3	4	5
___ Periods stopping	1	2	3	4	5
___ Loss of sex drive	1	2	3	4	5
___ Tiredness	1	2	3	4	5
___ Headaches	1	2	3	4	5
___ Heart pounding	1	2	3	4	5
___ Irritability and nervousness	1	2	3	4	5
___ Depression	1	2	3	4	5
___ Loss of concentration	1	2	3	4	5
___ Dry vagina	1	2	3	4	5
___ Periods stopping	1	2	3	4	5
___ Worry about body	1	2	3	4	5
___ Feeling of fright or panic	1	2	3	4	5

Now would you review the above list again, and for those events that you believe apply to menopause, please make a check on the left.

Please list any other events that you did not check but believe are important:

Is there anybody else you would like to tell about your experience of menopause, or any other issue related to women and health?

Thank you very much for your participation in this study!!

APPENDIX B

INTRODUCTORY LETTER

TO

POTENTIAL PARTICIPANTS

A campus of The California State University

College of Applied Sciences and Arts • Department of Health Science
One Washington Square • San Jose, California 95192-0052 • 408/924-2970

August 11, 1993

Dear Madam:

This letter is written to offer you the opportunity to be a participant in a study that I am conducting in fulfillment of a requirement of the Master's Degree in Public Health at San Jose State University. The focus of the study is **"Women and Menopause: A better outlook for the 1990's"**. The information gathered from this questionnaire will help to assess your needs with regards to women's health issues in which improved health education and support can make a difference in quality of life.

Let me assure you that this study is conducted with the full knowledge and approval of the Department of Health Science at the University. You should understand that your participation is voluntary and that choosing not to participate in this study will not affect your relationship with the Quilting Association or San Jose State University. No risks and/or benefits should be anticipated by your participation.

All you need to do is complete the enclosed questionnaire, and return it to me in the envelope provided for your convenience. You are not required to reveal your name. In order for this study to be meaningful, however, I would ask that you respond to the questions as accurately as possible.

If you would like to know the results of the study, I hope you will feel free to contact me at the end of September, when results of the study should be available. Should you have any questions, please don't hesitate to give me a call at (408)-229-0846, or Dr. Kathy Roe, my thesis advisor, at (408)-924-2976. If you have any questions or complaints about research subject's rights, please contact Serena Stanford, Ph.D., Associate Academic Vice-President for Graduate Studies and Research at (408)-924-2480.

Thank you very much for your participation. I look forward to hearing from you.

Sincerely yours,

Maureen G. Forrester

APPENDIX C

POSTCARD

- ☐ I am interested in receiving feedback from the study
and/or
- ☐ I am interested in sharing my experience with others
in either a support group or focus group.

Please send me further information.

Name:

Address:

Telephone Number:

Please return this postcard separately from the questionnaire.

Maureen Forrester
5609 Makati Circle
San Jose, California 95123

APPENDIX D

LETTER OF APPROVAL

FROM

THE HUMAN SUBJECTS - INSTITUTIONAL REVIEW BOARD

SAN JOSE STATE UNIVERSITY

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Maureen Forrester
5609 Makati Circle
San Jose, CA 95123

From: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies and Research

Date: July 19, 1993

The Human Subjects-Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Women and Menopause: A better outlook for the
1990's"

Provided that there are no changes in the procedure proposed, you may proceed with this study without further review by the Human Subjects-Institutional Review Board. You must notify the Human Subjects-Institutional Review Board of any changes in the subject population or procedure for this study

I do caution you, however, that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

If you have questions, please contact me at 408-924-2480.

APPENDIX E

LETTERS OF APPROVAL

FROM

YMCA OF SANTA CLARA VALLEY

SOUTH VALLEY WOMEN'S EXCHANGE

SANTA CLARA VALLEY QUILT ASSOCIATION

SAN JOSE MEDICAL GROUP

South Valley Family Branch
YMCA of Santa Clara Valley
5632 Santa Teresa Blvd.
San Jose, California 95123
408 • 226 • 9622

August 16, 1993

To Whom It May Concern,

This is to confirm that the South Valley Family YMCA is willing to distribute Maureen Forrester's surveys for her San Jose State project to those who are interested.

Sincerely,

A handwritten signature in cursive script that reads "Patrice Williams".

Patrice Williams
Health & Fitness Director

SOUTH VALLEY

WOMEN'S EXCHANGE

Meeting up stairs at Normandin's

Flora Horne, President

Linda Westfall, Treasurer

Dolores Fagalde, Secretary

Maureen Forrester
5609 Makati Circle
San Jose, Ca. 95123

Dear Maureen;

Thank you for coming and sharing your interest with our group . I think we all agree there is much to learn about Women's health and menopause most of all. Best of luck in your project and hope you'll share more with us as you go along with it.

Yours truly,

Dolores Fagalde

Dolores Fagalde, Secretary

24 Via Mesa

San Jose, Ca. 95139

Jan. 20, 1993

Santa Clara Valley Quilt Assn.
P. O. Box 792
Campbell, CA 95009

Maureen G. Forrester
5609 Makati Circle
San Jose, CA 95123

September 22, 1993

Maureen,

I am pleased that the membership of the Santa Clara Valley Quilt Association can provide data for your thesis. After reading your questionnaire it was apparent that the majority of us quilters fit into your needed cross-section of the menopausal population.

I will announce the extension of your return dead-line date at our next general meeting.

Thankyou for including us in your data collection. It will be most interesting to hear what you have discovered.

Sincerely,

Lee Mernaugh, President SCVQA
55 Christopher Ave
Campbell, CA 95008

San Jose Medical Group

An Independent Physician Group Affiliated With
STANFORD UNIVERSITY MEDICAL CENTER

BRANCH LOCATIONS

Berryessa Office
408/923-1215

Los Gatos
Medical Group
and AcuteCare
408/358-2721

Milpitas
AcuteCare and
General Medicine
AcuteCare
408/945-4654
General Medicine
408/263-8263

Morgan Hill
Family Practice
and AcuteCare
408/776-8160

Oakridge
AcuteCare and
General Medicine
408/224-0262
Pediatrics
408/224-0658

Valley Fair
Neighborhood
OB/GYN Office
408/292-6744

HMO
AFFILIATES
Almaden Family
Physicians
408/997-9155

Cupertino
Medical Center
408/996-8656

Evergreen
Family Practice
408/270-2100

Good Health
Medical Center
408/723-8033

Las Colinas
Medical Center
408/729-2910

Los Olivos
Women's
Medical Group
408/356-0431

Ramblé Pediatric
Samaritan Dr.
408/371-7777

Santa Teresa
408/578-3911

August 2, 1993

Ms. Maureen Forrester
San Jose Medical Group, Inc.
45 So. 17th Street
San Jose, CA 95112

Dear Maureen:

Thank you for talking with us regarding your thesis work. We would be happy to hand out your questionnaire in our clinic to those patients that are interested in the research that you are doing.

Best wishes in your endeavors.

Sincerely,

Carol Saltzman, M.D.
Obstetrics and Gynecology Department

San Jose Medical Group

An Independent Physician Group Affiliated With
STANFORD UNIVERSITY MEDICAL CENTER

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Pediatrics
408/224-0658

Valley Fair
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408/292-6744

HMO AFFILIATES

Almaden Family
Physicians
408/997-9155

Cupertino
Medical Center
408/996-8656

Evergreen
Family Practice
408/270-2100

Good Health
Medical Center
408/723-8033

Las Colinas
Medical Center
408/729-2910

Los Olivos
Women's
Medical Group
408/356-0431

Rancho Pediatric
Samaritan Dr.
408/371-7777
Santa Teresa
408/578-3911

August 5, 1993

Ms. Maureen Forrester
San Jose, California

Dear Maureen:

It was nice seeing you today and learning of your work that you are doing on your thesis. We would be glad to hand out your questionnaire to our patients that are interested.

Best of luck.

Sincerely,

William J. Majors, M.D.
Obstetrics and Gynecology Department

APPENDIX F

FLYER

RESEARCH SUBJECTS NEEDED
for a study on

**“WOMEN AND MENOPAUSE:
A BETTER OUTLOOK
FOR THE 1990’S”**

*If you are * 40-65 years old
 * at any stage of menopause
you are invited to participate in this study.*

You will need to devote only 30 minutes of your time to fill out a questionnaire. This may be done at home at your convenience. If you would like to participate, please call:

Maureen Forrester
at
(408)-229-0846

I will send you a questionnaire to be completed at your convenience and returned within one month. You will have an opportunity to participate in a support group or focus group upon completion of the study.

APPENDIX G**CODEBOOK**

**WOMEN AND MENOPAUSE:
A BETTER OUTLOOK FOR THE
1990'S**

C O D E B O O K

(Rev. 1/10/94)

Maureen G. Forrester

(408)-229-0846

QUESTIONNAIRE # : Q

SOURCE:

South Valley Women's Exchange (Pink)1
 South Valley YMCA (Blue)2
 Santa Clara Valley Quilt Assoc. (Ivory)3
 San Jose Medical Group (Yellow)4
 Flyers/Handouts (Green)5

PART 1

1. How old are you?

AGE 35-40.....1
 41-45.....2
 46-50.....3
 51-55.....4
 56-60.....5
 Over 60.....6

2. Are you (marital status):

MARITAL Single.....1
 Married.....2
 Widowed.....3
 Divorced.....4
 Separated.....5
 Other.....6

3. Which best describes your current relationship?

RELATE No response.....0
 Dating.....1
 Sig.other/spouse.....2
 Not currently involved.....3

3. Are you (ethnic background):

ETHNIC Hispanic.....1
 African American.....2
 White.....3
 Asian American.....4
 Other.....5

4. What was the highest year of school completed?

	Some high school.....1
<u>SCHOOL</u>	High school graduate.....2
	Some college.....3
	Bachelors degree.....4
	Graduate school.....5

5. Which best describes your current employment status?

	Employed, full time.....1
<u>JOB</u>	Employed, part time.....2
	Seeking work.....3
	Retired.....4
	Never worked.....5
	Homemaker.....6

6. Regarding you family income, do you feel that:

	Money is not a problem.....4
<u>INCOME</u>	Enough + little extra.....3
	Just about manage.....2
	Barely make ends meet.....1

7. Number of children:

	0.....0
<u>KIDS</u>	1.....1
	2.....2
	3.....3
	4.....4
	More than 4.....5

8. Do you have health insurance?

	No response.....0
<u>INS</u>	Yes.....1
	No.....2

9. Do you have a regular doctor?

	No response.....0
<u>DOC</u>	Yes.....1
	No.....2

10. Where do you usually receive your medical care?

	No response.....	0
	HMO (e.g. Kaiser).....	1
<u>CARE</u>	Clinic/medical group (e.g. Sunnyvale, Palo Alto.).....	2
	Private physician.....	3
	Medicare/Medicaid.....	4
	Hospital.....	5
	Rarely get care (religious)....	6
	Other.....	7

PART 2

1. Overall, how would you rate your physical health:

<u>PHYSH</u>	Excellent.....	4
	Good.....	3
	Fair.....	2
	Poor.....	1

2. Overall, how would you rate your emotional health:

<u>EMOH</u>	Excellent.....	4
	Good.....	3
	Fair.....	2
	Poor.....	1

3. The health issues that concern me most at this stage of my life are:

<u>Issue:</u>	<u>Code:</u>
Aging.....	01
Alcohol/drug use.....	02
Arthritis.....	03
Breast cancer.....	04
Cancer in general.....	05
Exercise/fitness.....	06
Heart disease.....	07
Hypertension.....	08
Menopause.....	09
Nutrition.....	10
Smoking.....	11
Stress.....	12
Stroke.....	13
Other.....	14

TOPHIS#

Rank order top 5 - 1=most, 5=least)

e.g. TOPHIS06 = 1 (exercise/fitness is top)
 TOPHIS04 = 2 (breast cancer #2)
 TOPHIS12 = 3 (stress #3)
 TOPHIS05 = 4 (cancer in general #4)
 TOPHIS09 = 5 (menopause)

4. When I have questions about these issues, I prefer to obtain answers

<u>From:</u>	<u>Code:</u>
Close friends.....	01
Co-workers.....	02
Family/relatives.....	03
My doctor.....	04
Health professionals.....	05
TV/radio programs.....	06
Workshops/classes.....	07
Books/popular magazines.....	08
Professional journals.....	09
Public library.....	10
Health library.....	11
Other.....	12

TOPQIS# Rank order top 5 - 1=most, 5=least

e.g. TOPQIS09 = 1 (professional journals = most)
 TOPQIS05 = 2 (health professionals = #2)
 TOPQIS02 = 3 (co-workers = #3)
 TOPQIS01 = 4 (close friends = #4)
 TOPQIS04 = 5 (my doctor = least)

5. I have learned the most about menopause

<u>From:</u>	<u>Code:</u>
Close friends.....	01
Co-workers.....	02
Family/relatives.....	03
My doctor.....	04
Health professionals.....	05
TV/radio programs.....	06
Workshops/classes.....	07
Books/popular magazines.....	08
Professional journals.....	09
Public library.....	10
Health library.....	11
Other.....	12

TOPLRM# Rank order top 5 - 1=most, 5=least

e.g. TOPLRM9 = 1 (professional journals = most)
 TOPLRM5 = 2 (health professionals = #2)
 TOPLRM2 = 3 (co-workers = #3)
 TOPLRM1 = 4 (close friends = #4)
 TOPLRM4 = 5 (my doctor = least)

6. When I have questions about menopause, I prefer to obtain answers

<u>From:</u>	<u>Code:</u>
Not applicable.....	00
Close friends.....	01
Co-workers.....	02
Family/relatives.....	03
My doctor.....	04
Health professionals.....	05
TV/radio programs.....	06
Workshops/classes.....	07
Books/popular magazines.....	08
Professional journals.....	09
Public library.....	10
Health library.....	11
Other.....	12
No questions.....	13

TOPAQM# Rank order top 5 - 1=most, 5=least

e.g. TOPAQM07= 1 (workshops/classes = most)
 TOPAQM05= 2 (health professionals = #2)
 TOPAQM09= 3 (professional journals= #3)
 TOPAQM01= 4 (close friends = #4)
 TOPAQM08= 5 (books/popular magazines = least)

7. Of all the health issues associated with menopause, I know

<u>Most about:</u>	<u>Code:</u>
No response.....	0
Hormone deficiency.....	1
Heart disease.....	2
Osteoporosis.....	3
Emotional health.....	4
Breast cancer.....	5
Sexual changes.....	6
Risk/benefit of HRT.....	7
Other.....	8
Hot flashes.....	9

TOPKIM# Rank order - 1=most, 7=least

e.g. TOPKIM3 = 1 (osteoporosis = most)
 TOPKIM1 = 2 (hormone deficiency = #2)
 TOPKIM5 = 3 (breast cancer = #3)
 TOPKIM2 = 4 (heart disease = #4)
 TOPKIM7 = 5 (risk/benefit of HRT = #5)
 TOPKIM4 = 6 (emotional health = #6)
 TOPKIM8 = 7 (other - night sweats = #7)

8. During my experience with menopause, I have received the most

<u>Support from:</u>	<u>Code:</u>
No response.....	0
My husband.....	1
My family.....	2
My friends.....	3
Coworkers.....	4
Joining a group.....	5
Other.....	6
No-One.....	7
Doctor.....	8
Not applicable.....	9

TOPSPM# Rank order - 1 = most, 6 = least

e.g. TOPSPM3 = 1 (my friends = most)
 TOPSPM2 = 2 (my family = #2)
 TOPSPM1 = 3 (my husband = #3) etc.

9. What would you tell other women about your experience of menopause?

<u>OTHWOXM</u>	No response.....	00
	Increase knowledge.....	01
	Share (what I've been through).....	02
	Use of HRT +	03
	Part of Life/No Problems/Normal+.....	04
	Changes-Emotional/Physical/Stress	
	/Depression.....	05
	"Symptoms" experienced.....	06
	Get help/read/talk (to friends).....	07
	Prepare/Healthy Lifestyle.....	08
	See doctor.....	09
	Lack of knowledge.....	10
	Very little.....	11

10. What would you tell men about your experience of menopause?

	No response.....	00
<u>MENEXM</u>	Listen/Be Patient/Understanding	
	/Supportive.....	01
	Understand symptoms.....	02
	Symptoms experienced.....	03
	It's an individual experience.....	04
	Increase your knowledge.....	05
	It's Real/Natural.....	06
	Nothing.....	07
	Negatives.....	08
	I wouldn't.....	09

11. What would you tell your health care provider about your experience of menopause?

	No response.....	00
	Anything/Everything.....	01
<u>HCPEXM</u>	Nothing/Never discussed.....	02
	Answer my Questions/Listen.....	03
	We are individuals.....	04
	Give assurance/support.....	05
	Lack of support.....	06
	Advise when I ask for help.....	07
	No difficulties/Feel fine.....	08
	About symptoms.....	09
	Need information.....	10
	About HRT.....	11
	General.....	12
	Thanks.....	13
	Cannot categorize.....	14
	Positives re health care provider.....	15
	Alternative therapy.....	16

Please answer the following questions as they apply to the health issue that is of the most concern to you:

12. What would you tell other women about your experience of(health issue)?

	No response.....	00
	Health issue needs a number :	
	Heart.....	01
	Stroke.....	02
	Hormone Replacement.....	03
	Menopause.....	04
	Exercise/Fitness/Nutrition.....	05
	Arthritis.....	06
	Osteoporosis.....	07
	Hot Flashes/Night Sweats.....	08
	Breast Cancer.....	09
	Other Cancers.....	10
	Aging.....	11
	Obesity.....	12
	Hypertension/Stress/Depression/ Emotional.....	13
	Hysterectomy.....	14
	Other:	
	Bladder Infections.....	15
	Ulcerative Colitis.....	16
	Diabetes.....	17
	Pregnancy.....	18
	Lack of Knowledge.....	19
	M.S.....	20
	General Comments.....	21
	Nothing/Never discussed.....	22

13. What would you tell your health care provider about your experience? (of the health issue of most concern)

HCPHISS

(as this is tied in with Question 12)

Use prefix "3" to code number

Then - Use Q#11 coding for what is told health care provider about the issue

14. Please check the answer that best describes you during the past year:

INMEN

No response.....	0
No symptoms of menopause.....	1
Some early symptoms.....	2
Definitely menopause.....	3
Menopause completed.....	4
Hysterectomy noted.....	5

PART 3

There are 50 (attitude) questions in Part 3. There are 6 choices for each question, which should be coded as follows:

	No response.....0
<u>ATT1</u>	Agree (+somewhat).....1
<u>ATT2</u>	Disagree(+somewhat).....2
etc.	Had Hysterectomy.....3
	Does Not Apply.....4
	No experience yet.....5
	Makes no difference.....6
	Don't know.....7

STEP 1:	Code:	"Symptoms"	Code:
		Hot flushes.....	SYMP01
		Night sweats.....	SYMP02
		Weight gain.....	SYMP03
		Irregular periods.....	SYMP04
		Lighter or heavier periods....	SYMP05
		Periods stopping.....	SYMP06
		Loss of sex drive.....	SYMP07
		Tiredness.....	SYMP08
		Headaches.....	SYMP09
		Heart pounding.....	SYMP10
		Irritability/nervousness.....	SYMP11
		Depression.....	SYMP12
		Loss of concentration.....	SYMP13
		Dry vagina.....	SYMP14
		Periods stopping.....	SYMP15
		Worry about body.....	SYMP16
		Feeling of fright/panic.....	SYMP17

etc.

<u>SYMP#</u>	No response.....	0
	Never.....	1
	Seldom.....	2
	Sometimes.....	3
	Often.....	4
	Always.....	5
	Does not apply.....	6

e.g. Tiredness experienced sometimes - code as SYMP08= 3

Subjects are asked to review the list again, and for those events subject believed apply to menopause, a check mark should be made against it.

STEP 2: To code for those events believed to apply to menopause (i.e. those checked in left column):

SYMPM#

- Use coded "symptoms" in Step 1
e.g. Tiredness = SYMPM8
- If believed to apply to menopause
code: SYMPM8 = 1 (yes, checked)
If believed DOES NOT apply to menopause
code: SYMPM8 = 2 (no, not checked)
If blank, code: SYMP.. = 3 (no response)
(e.g. SYMPM1 = 1; SYMPM2 = 1; SYMPM3 = 2, etc.)

List any other events that you did not check but believe are important:

OTHIMPEV

No response.....	00
Symptoms.....	01
Mental health/Stress.....	02
Lifestyle changes.....	03
HRT/Medications.....	04
Surgery/Treatment.....	05
Advice.....	07
General Comments.....	08
None.....	09

Is there anybody else you would like to tell about your experience of menopause,

ELSEM

No response.....	00
Family/physician.....	01
No.....	02
Female relatives.....	03
Daughter.....	04

or any other issue related to women and health?

OTHWHI

No response.....	0
HRT/Surgery/Treatment.....	1
General Advice.....	2
Other Women's Health Issues.....	3
More research.....	4
Education/Knowledge/Preparation.....	5

APPENDIX H

QUALITATIVE COMMENTS FROM PARTICIPANTS

PART 2 - Open-ended questions:**9. What would you tell other women about your experience of menopause?****01 Increase knowledge**

- * Become more knowledgeable - menopause doesn't mean stopping periods, it means a host of other changes that are very subtle.
- * Educate yourself, be assertive, take responsibility for your health - you are the only one who can make the many decisions you will be facing.
- * Read as much as you can & from TV, radio, in addition to your doctor.
- * There is a lot more information available today. Everyone has very different experiences. Having information helps remove the fear and stress related to fear. Hot flashes sometimes seem funny.
- * Speak up; network; do your own research; don't depend on your physician alone; look for female practitioners; look for non-medical alternatives.
- * Get tested, educated by doctor & books on the subject, & talk to friends.
- * Not to believe all you hear. - Rely more on your doctor and health journals, magazine articles about condition. Make the best of it - it, too, will pass.

02 Share (What I've been through)

- * Like to tell what I been thru & how I felt
- * It's no fun, but one can manage.

03 Use of HRT +

- * Use hormone therapy if possible.
- * My menopause was relatively easy. The hot flashes were eliminated with hormone replacement.
- * Premarin really helps relieve hot flushes, eyedriness, atrophic vaginitis. Natural period in a woman's life.
- * Take ERT - watch your nutrition and exercise.
- * I would be most likely to respond to their questions - the pro's and cons of hormone replacement - my family history of osteoporosis.
- * Take estrogen as soon as symptoms start and stay on them if you can. It is very good for your sex life.
- * Recommend hormone replacement - I was unable to take because of breast cancer.
- * That a ERT regimen has made it manageable.
- * HRT is available to help control undesirable symptoms.

04 Part of Life, No Problems, Normal +

- * It's part of life.
- * No problems.

- * Not easy, not a breeze, part of life - don't get hung up on thinking about it to the point of watching for problems.
- * It's no big deal. Great not to worry about conception or the monthly "mess".
- * It's a process with many symptoms that come & go (like a short circuit) and the course is not as predictable as we'd like.
- * Relax, it is normal. During hot flashes; dress in layers & when warm remove a layer & relax.
- * That parts of it (the experience) are frustrating. That I don't know my body & what to expect of it sometimes. But, hey! It's another stage of life. Keep moving, eat right, & it won't be so bad.
- * It's inconvenient - it's part of life.
- * Natural phase of growing. Need not dominate your life.
- * Another of life's experiences - somewhat unpleasant.
- * Keep busy. Think positively. This too shall pass!
- * I didn't worry too much about it, therefore for me it was easy. I know it is not so for others.

05 ~~Changes-Emotional/Physical/Stress/Depression~~

- * That I was not prepared for the emotional & physical problems.
- * Not to fear change.
- * I definitely experienced emotional changes. Periods of insecurity + anxiety. Talking about my feelings with friends was of great help.
- * Don't listen to the physicians that say menopause doesn't cause depression. I've experienced (and seen others) who have had dramatic uplift of mood after starting HRT.
- * It can be scary not knowing what is going on. It "feels" crazy to have such emotional shifts & physical changes.
- * They are not to be talked about - because no-one wants to hear about it. It is all in your head.
- * It's no fun and has taken much longer than anticipated.
- * It is awful. I feel like I'm going crazy. MD is not of much help. I hate weight gain. I feel overwhelmed.

06 "Symptoms" experienced

- * It was not a terrible change - the only problem was hot flashes which have lasted 20 years - of course very little now.
- * I had a very easy time of it. Gradual cessation, no "hot flashes", no emotional problems. A relief from pregnancy possibilities.
- * It is unpleasant to have "hot flashes", but pleasant being relieved about no longer having monthly periods.

- * Once I experienced constant hot flashes & sweats, recognized what it was, got medication and doing fine. I've had no bad experiences or fears.
- * Hot flashes were and are the most uncomfortable part. Realize you need to be patient with yourself and others.
- * So far lack of sexual interest, poor memory retention.
- * The short term memory lapses are the scariest.
- * Aching joints and muscles, gastric upset (constipation diarrhea, indigestion), urinary incontinence, mood fluctuations, breast tenderness.
- * To expect false menopause brought about by stress. That like menstruation "the curse" it has gotten a bad press. That I hope it is not the end of life.
- * They haven't been bad. If you are aware to some extent what changes can occur - physically and mentally - you can deal with them a bit more easily.
- * That there is no "normal". Experiences vary widely.
- * Not as bad as it has been painted.

07 Get help, read, talk (to friends)

- * I experienced little discomfort - When I did I sought medical help. Don't suffer in silence. There's help out there.
- * Talk, talk, talk, until someone really listens. Get help early.
- * I would tell other women to seek help from their MD, read more about it, and talk to friends.
- * I would recommend that they read a good book on the subject such as The Pause by Lonnie Barbach and that they be candid with those around them about what they are experiencing.
- * Ask questions from other women going thru menopause and join a support group.

08 Prepare/healthy lifestyle

- * Start reading early. For me it was easy - one month - just no more periods. Now I need to decide about drugs.
- * It happens over a long period of time. Take extra vitamins & minerals. Exercise.
- * To prepare ahead of time. Be sure to supplement calcium in your diet and exercise regularly - stay in shape.
- * Exercise or be physically active. Try to understand what's going on with your body and accept it.
- * Change the diet.

09 See doctor

- * Ask your doctor for information and change doctors if you don't feel comfortable.
- * When the hot flashes and other symptoms are a real pain - go to your doctor. Hormone replacement is great.
- * Don't just "put up with it". See your Dr. There is relief available and you deserve it.
- * Get medical help as soon as possible.
- * Have a doctor that you respect & identify with & trust. Mine is a woman. I changed from my male ob/gyn at menopause because he didn't give me the support I needed at that time.
- * It is important to get a lot of understanding & patience and help from your Dr.

10 Lack of knowledge

- * That it's not too bad but I don't know much about it.
- * I'm not sure if I'm experiencing it yet.
- * I know very little. My mom had a hysterectomy early in my life. (She wouldn't talk about sex). I may be starting, but do not know for sure.
- * Fine out all you can about menopause as early as you can. I got no information about it, esp. from doctors, and I wouldn't have felt so crazy had I know what I was going through.

Great Summaries

- * Try hormone replacement therapy for immediate relief of symptoms - helps vaginal dryness, heart disease & osteoporosis as well. Educate yourself, books, groups, articles, etc. Find an understanding phys; one that you can talk to without embarrassment or confusion. Menopause is not the end of anything but being able to have children. It can and should be the beginning of a new found freedom that can only enhance one's life. Life can be better after menopause with a good attitude and a good sense of humor. Stay active, try new things, eat well and exercise. And don't be afraid to be an informed participant in your own health care.
- * That menopause is an "individual" experience. There are many different experience one may go through, so it is important to educate yourself so you are prepared and ready to make important decisions about your own heart. Menopause is another stage in life - one to be embraced rather than feared. Education is the key in this transitional time.

PART 2 - Open-ended questions:

10. What would you tell men about your experience of menopause?

General overall Statements

- * If I experienced severe symptoms that would affect my relationship with my husband I would have had him go to a dr. appt. with me for a consult on the subject. Read articles & ask for his support & understanding. Remember men at this time of life experience similar changes & I support my husband during similar situations. Menopause is not a disease. It is simply a transition from one physical state to another as in puberty, pregnancy and menopause. But it is real and must be taken seriously by both men and women.
- * It's a very difficult period of your life. It's a new experience and it can be very confusing.

01 Listen/Be Patient/Understanding/Supportive

- * Be patient with me - I know there are mood swings and I'm doing everything I can to control them.
- * Try to be patient and understanding. A supportive male will earn the gratitude of the female in his life (or females!).
- * I would tell men that menopause is natural and to be understanding.
- * It's a very difficult time for most women - and they should be more understanding and supportive. It's hard growing old, and they should know this.
- * Be understanding and supportive.
- * Be patient with our mood changes. We still love you and need to be loved, also.
- * Don't know - But they should always be sensitive to anyone's highs and lows.
- * I'm not going crazy. I'm on an emotional roller coaster at times. Please be patient.
- * Be patient and try to be supportive since it won't last forever.
- * They must be patient and supportive.
- * The sweats & flashes were miserable but laughable. Now my life is normal with "Premarin". It's not a worry or caused any changes in my lifestyle.
- * Need their patience, support & sense of humor. No big deal.
- * This is a male concern; it's real' listen, learn, & be supportive.
- * It's natural - be understanding and patient.
- * Ask for patience, caring and understanding. It too shall pass.

02 Understand symptoms

- * I'm still me. Just understand when my body thermostat goes haywire, & I want the place cooler.
- * Understand my emotional fluctuations.
- * The hot flashes are a drag & mood swings are part of it - both highs and lows.
- * Be aware I might have mood changes most of all. Physical changes, i.e. amenorrhea - occur but don't necessarily have a direct effect on interpersonal relationships.
- * I've really only talked with my husband. Again it was concerns of hormone replacement, and sleepless nights.
- * Understand the mood swings.
- * Probably nothing. I'd like to tell them we sweat and cry a lot. Be patient, and it isn't fair.
- * It makes one emotional.
- * It can be scary not knowing what is going on. It "feels" crazy to have such emotional shifts & physical changes. Not to take it personally. To try and be sensitive to a woman's needs.
- * That this is a natural transition period. Be patient & supportive during these periods of mood changes.
- * Please don't condemn us for changes in temperatures. I get hot, cold, hot, etc.
- * In general they have not been well enough informed to fully understand the changes that a woman goes through.
- * That it causes profound physical and emotional changes. I need support & understanding as I believe most women do.

03 Symptoms Experienced

- * So far lack of sexual interest, poor memory retention.
- * Just what I hear from others about "hot flashes" and mood swing.
- * I am healthier sexually at this point in my life than ever before. I am more relaxed and mature about sex.

04 It's An Individual experience

- * That menopause is an "individual" experience. There are many different experience one may go through, so it is important to educate yourself so you are prepared and ready to make important decisions about your own heart. Menopause is another stage in life - one to be embraced rather than feared. Education is the key in this transitional time.
- * Probably not much - one has to experience it - every woman is different. I was lucky - for some it's very

difficult.

- * Recognize it for a profound physical & emotional experience - varies a great deal from one person to another.

05 Increase their own knowledge

- * They should be support to wife, lover, etc. by knowing as much as they can about the subject's effect on those they care about.
- * Learn as much as you can re experience women is going through. It is helpful to have someone to discuss the many choices the women is faced with.
- * Read "The Silent Passage".
- * I don't think that they can relate to it, but they could read the chapter in The Pause written for men to help them understand and hopefully be patient during this time.
- * It's a "big" life experience - be supportive and sensitive when the woman in your life is going through it - learn more about it yourself.
- * Women can feel so alienated during this time. They are no weird or crazy. Find out all you can about it and be supportive during this enormous change in their lives.

06 It's Real/Natural

- * It's real. * It's REAL!
- * Natural period in a woman's life.
- * Anything they wanted to know - I'm not a complainer so wouldn't make a big deal out of it.
- * No big deal.

07 Nothing

- * Nothing. (5 responses)
- * I wouldn't because they couldn't conceive the problems that arise because of menopause.
- * Very little.

08 Negatives

- * That it is hell and to mind their own business and keep their distance unless they can offer commentless assistance.
- * It's no picnic.
- * You got off lucky! It's a very difficult time of life emotionally for me.
- * I don't think I would talk to any man except my husband or Dr how I feel to me. It did not feel good to go through this.
- * Leave me alone.

PART 2 - Open-ended questions:

11. *What would you tell your health care provider about your experience of menopause?*

01 Anything/Everything

- * Any relevant detail.
- * Probably everything, - all those little changes that make me think I'm going crazy. I'd also ask what else to expect.

02 Nothing - Never discussed

- * Never discussed the subject.
- * Nothing unusual about my experience. It's depressing - because of aging.
- * Nothing.
- * Nothing - unless I really had a problem

03 Answer my Questions/Listen

- * I will be asking a lot of questions when it starts.
- * Ask for answers to my questions.
- * Be supportive and listen to each person's description of individual symptoms - mine was not too bad.
- * Listen closely as each woman reacts differently when menopause occurs.
- * Listen. Hormones may not be right for everyone. Don't diminish my symptoms.
- * Listen to me - I know what my symptoms are.
- * Listen to women.
- * I tried and he said it was all in my head.
- * Be supportive and listen to each person's description of individual symptoms - mine was not too bad.
- * I was as specific as possible, asking questions. I had to change doctors because my male doctor was distant in his responses - my female doctor is fine although very young.

04 We are individuals

- * I know more about my body than he or she does. Each of us is an individual with unique problems.
- * Each patient is different.

05 Give Assurance/Support

- * I need assurance that my symptoms are real - not just the product of a "hysterical personality". I thought I would die before it was over.
- * Be supportive and help me.
- * My first ob/gyn: he was not helpful & supportive, his demeanor & treatment made it a more difficult experience. My present ob/gyn, a woman: with your

help and support it became a much easier process. You always answered my questions about hormone replacement and helped me feel comfortable.

- * Looking for more support - someone giving other than a cookie cutter approach - no individual concern.
- * Be supportive and listen to each person's description of individual symptoms - mine was not too bad.
- * Have compassion and treat it like any era of a woman's life.

06 Lack of Support

- * My doctor is the exception - he is excellent, though I know many who really could use extensive training before they should be allowed near women - especially ones starting menopause. Why they become ob/gyns is beyond me.
- * Very little. I'm never given enough time to. Simply sent for tests and told results. In three years in California I have yet to converse with an MD for more than 5 mins and then only about symptoms. They ask, I answer.
- * They don't care.

07 Advise when I Ask for Help

- * I would tell my doctor if I needed any kind of help and or assistance.
- * Some stories I'd heard were true, some not - I wish I had more professional advice earlier in life, and was more better prepared.

08 No difficulties/feel fine

- * There was no difficulty with excess bleeding, no unusual symptoms.
- * It's a natural process, and I feel fine.

09 About Symptoms

- * I had six weeks of hot flashes & sweats but no depression of mental anxiety.
- * I feel that my strenuous exercising helps keep my bones stronger. Why haven't hot flashes gone away after nearly 25 years.
- * You don't have to "fix it", but the help with some of the effects is appreciated.
- * These feelings of insecurity & vulnerability due to mood swings can be frightening & depressing.
- * I could tolerate "hot flashes" & night sweats. I am exhausted with the excessive bleeding, and exhaustion.
- * It hasn't been all that bad. I'm on Premarin & Provera which control hot flushes, osteoporosis. I really enjoy not having menses any more.
- * Just the symptoms I'm having. My G.P. (who happens to

be a youngish man) thought I was having heart problems because of the palpitations and I had \$2,000 worth of tests, before my gynecologist (a woman) correctly diagnosed it.

- * I would share that I went through a difficult time when I chose to take hormone replacements (it cause Lupus flareup) because I had a reaction that was not typical in women with Lupus. In fact, I discovered the answer myself while reading a magazine article. My doctors were impressed.
- * Thanks for giving me options & choices in my treatment of symptoms.
- * I feel like I/m crazy. I hate myself.
- * That the symptoms both physical and emotional are very real.
- * Just the facts.
- * My symptoms - uncertainties and ask what is available/ risks of treatment.
- * My symptoms; ask if they are "normal". Ask for information. Ask for support.

10 Need Information

- * It would be nice to have a brochure about menopause.
- * Make information available before symptoms start.
- * Would like more literature from health professionals / time for explanations.
- * I wanted more information and guidelines.
- * Factual information that could be helpful in determining if drug replacement doses were correct, etc.
- * I had a hysterectomy and I wish my doctor had not been so adamant about doing it - I should have been better informed about my options.
- * I was scared & did not know what was going on with me.
- * I need more information.

11 About HRT

- * I would take hormones as a last resort only.
- * Hormone replacement has really helped.
- * Would prefer not to have to take Premarin but understand why I need this medication.
- * When I need hormones I'll take them happily.
- * Hormone replacement made me feel like a new person.
- * I told him his pills ruined the quality of my physical & mental state - so I dumped them!
- * The hormone replacement seems to be handling most of my problems. How much of the problems are from the death of my husband or menopause - I don't know.
- * I'm concerned about my early menopause at 40 - now I'm 51 and have been on hormone therapy 11 years!
- * Keep prescribing the pills!

12 General

- * It's inconvenient.
- * Haven't as yet - Concerned about hysterectomies & the number of them friends have had.
- * I'd rather be having my period.
- * To offer women non-traditional methods for coping - i.e. massage therapy, yoga, relaxation exercises, group therapy. Support the need for insurance coverage for these non-traditional approaches.
- * I was lucky - sure, there was some discomfort and I was sometimes not so pleasant to be around. I always kept busy and didn't give into feeling sorry for myself - millions have survived!

PART 2 - Open-ended questions:

QUESTIONS AS THEY APPLY TO HEALTH ISSUE THAT IS OF MOST CONCERN:

12. What would you tell other women about your experience of? AND
What would you tell your health care provider about your experience? (i.e. the health issue of most concern)

01 Heart.

Eat well - do moderate activities.
M.D. Any medical facet I need help with.

- * I developed a thrombosis in a coronary artery even though my only risk factor was stress. I learned from my Dr. after this episode that hormonal replacement therapy is recommended as prevention of heart disease.
M.D. I wish I had started on HRT sooner. I had a difficult time emotionally trying to overcome the traumatic experience of the blood clot.

02 Stroke.

It was the most terrifying experience of my life.
M.D. Same as above. the term "practicing physician" has real meaning to me now. (and I was very lucky!)
(No major physical problems.)

03 Hormone Replacement.

How awful it was. They (the hormones) didn't agree with me. A full period every 2 weeks is not a little spotting.
M.D. Same thing as above.

- * The doctor started me on the hormones, but after heavy breakthrough bleeding he took me off for awhile. I am still having some periods, but they aren't as heavy (as usual, or before).
M.D. Be understanding. I don't know where this is going.

04 Menopause.

Horror stories (like those of childbirth) are often exaggerated.

- * If you feel bad find a doctor that is also concerned!
M.D. Same as #11.
- * Heart palpitations & sleepless nights which started prior to my 39th birthday were the hardest, and mood swings.
M.D. The possibility of medication to help prevent future problems.
- * How I felt at the time & what my husband and I had to go through it.

05 Exercise/Fitness

- For arthritis, my dr. suggested a rocking chair. Instead I started walking. The aches disappeared along with the depression and 20 lbs.
M.D. I changed Drs! Now I go regularly for pap smears mamograms. Unless I have a "bug" I can't cure myself, I don't see him.
- *. (with incontinence and high blood pressure)
Keep walking, running or whatever you are used to doing, even if you are slower now. I firmly believe that strenuous exercise is good for older people.
M.D. The same as above. I wish I knew if the estrogen I take helps me as much as the blood pressure medication does.
 - * Since exercising my health has been excellent and I feel good about myself.
M.D. Encourage patients & work with them to develop a workable exercise plan.
 - * These are so important to enable us to ward off the chronic diseases. Try to make the time.
M.D. He never discusses this with me.
 - * I know it's important to get exercise for fitness & stress reduction, and it's also hard to find time to improve fitness - especially now that I'm in my 50s.
M.D. I'm finding it harder & harder to be fit - to find enough time to exercise to the extent that I need in order to keep my weight down.
 - * Physical fitness is very important to me. I believe it has helped me through menopause.
M.D. Doctors in general should talk more to women about menopause issues when the time comes - I had to ask them for answers.

- * I wish I had kept up in this area. I used to be a lot more physically active & as a result thinner & healthier. I know I should exercise more but can't work up the incentive to do so.
M.D. Probably the same.
- * Importance of consistency & the benefits to managing stress as well as improving health, staying trim, improving appetite & sexual desire/enjoyment.
M.D. Support availability of primary prevention services - education and opportunity for women to have access to exercise/fitness programs to manage stress & promote a healthier lifestyle.
- * **Fitness:**
I tell friends about a great back/strong abs class I'm taking twice a week at Stanford. Great conditioning exercises for the rest of my life.
M.D. Wouldn't bother health care provider unless it related to an illness.
- * **Diet.**
A good well rounded diet from birth through old age.
M.D. I had a very healthy normal menopause. It was trouble free.
- * **Digestion.**
It's hard to stay energized. It's hard to know what to eat. I feel discouraged a lot. I'm sometimes obsessed about getting well.
I'm discouraged sometimes because I have tried so many health care providers to find answers. I have gotten no help from the Kaiser doctors.
- * **Feeling wrung out** all the time.
Diet, exercise, sleep routine & balance of hormones finally corrects it, but it took me 1 1/2 years to get the balance right & even now stress seems to throw it off at times.
M.D. Nothing. May be promote more research. Have more flexibility of meds/dosages available.
- * Pay attention to your nutrition - it really counts.
M.D. Learn something about nutrition. It's far more important than you realize.

06 Arthritis.

You can't really do much to relieve it. Just keep on activities - don't let it make you a recluse, if

possible.

M.D. Arthritis in the knee is bad because you are not sure but what there is some other problem there, such as cartilage, sprain, etc.

- * Keep weight down and keep exercise up!
- * Osteoarthritis -
With osteoarthritis, it's never too early to talk with an orthopedist and it's always too late. Doing without pain meds can be more aggravating and harmful than taking meds.
M.D. Glad I found out about it so I can treat it.

07 Osteoporosis.

/Arthritis. I have experienced a lot of body aching and pain. Loss of sleep at night due to discomfort, and weakness in my muscles as a result of underuse.

M.D. I wished that he or she knew more specifically what needs to be done to help me manage and overcome my pain.

- * My mother's osteoporosis was so severe by age 84 that her chin touched her chest. That although I have concerns about cancer - there is none in my family. I am very careful to have yearly mammograms.
M.D. I was put on hormones earlier than most not for osteoporosis but for abnormal excessive bleeding so my experience with actual symptoms are slight.
My (second) doctor was very good in giving me options. I had already read quite a bit. This may sound vain but no-one told me (nor have I read) about the thinning of hair which is part menopause and part genetic.

08 Hot Flashes/Night sweats.

- * Hormone replacement helped considerably.
- * Hot Flashes.
The minimum amount of hormone replacement helps/eliminates immediately. Don't hesitate to seek relief in the form of replacement.
M.D. Become better informed, and relay the info to patients.

09 Breast Cancer.

Have regular checkups - mammogram, self examination - sonogram - biopsy - so you are not caught unaware.
M.D. It's really scary in here!

- * Be sure to regularly perform a breast self-exam. If there is the slightest irregularity of any kind make an appointment to be seen by an oncologist immediately.
M.D. I found lumps in one breast, it was cancerous. 2 yrs later I found lumps in the other breast, it again was found to be cancerous, but a different type of cancer from the first one. I had two mastectomies, one in '82 the second in '85. I take a drug Tomoxafin (generic is Nolvadex). Feel great to be alive.
- * My mother developed breast cancer at age 43 and then again at 46. Every female in her family has died of breast cancer after double mastectomies and excruciating months of pain.
M.D. She is aware of the family history. She encourages biannual mammograms & physician exams. She understands my "fright" of breast cancer & monitors my estrogen level closely as well as my entire well being.
- * Get a yearly mammogram because doing the breast check alone will not detect everything.
M.D. I am glad I was advised to have a mammogram because a very small 1/4" tumor (malignant) was found at age 51 - before my periods ended. Mammograms should be made available to all women.
- * Sister died of breast cancer. Monthly exams & regular check-ups are important steps I can control.
M.D. About sister - I ask about research, treatments - studies - options.

10 Other Cancer

General

My mom died of meiliosarcoma - so I do think about what choice I would make re method of treatment.

M.D. My health provider is always reassuring and unflappable. She discusses alternatives when I have a medical concern.

Uterine Cancer.

I was most fortunate to have had a routine Pap Smear in time to have surgery before any chemotherapy or radiation necessary.

M.D. I appreciated their diligence in pursuing the Pap smear abnormality. I received excellent care, made a great recovery.

11 Aging.

I would tell other women to take aging in stride, not fight it.

M.D. I would seek help if I needed it.

- * That it's really scary leaving child-bearing years, they're not along. Read more about it, be better prepared and know what to expect a little better, but it's not the end of the world.

M.D. Help me get through this more comfortably.

- * Be gentle with yourself. Develop a sense of humor.
M.D. Listen. My quality of life is just as important to me at 80 as it is at 50.

- * Forgetting small details.
M.D. I have nothing of importance.

- * Difficult to control weight because of stress and decreased energy level.

M.D. Need more professional info.

- * Since I started through menopause, I find that my muscle tone is terrible and it's so easy to gain weight. I'm exercising but I know I look much older than I did last year.

M.D. I have asked her what I can do about various problems associated with aging and menopause. She gives me her medical opinion and prescriptions as needed.

12 Obesity.

I've not found the key that unlocks the gate to understanding why I choose to eat when I'm not hungry and more than my body needs for fuel.

M.D. That I understand the physical reasons of why I'm fat. If I understand the psychological reasons I'd be thin.

13 Hypertension/Stress/Depression/Emotional

Because of familial history of cardio-vascular problems my doctor and I have worked together. My blood pressure was high so we elected not to use estrogen replacement - I have opted for exercise and nutrition to maintain bone health.

M.D. I appreciate close monitoring of problems.

- * Control your blood pressure through weight loss, diet & exercise, or medication, but keep it in a safe range.
M.D. My family has several people who have hypertension. My mother and brother died of strokes, father of aneurism.
- * Stress.
 It is usually caused by other people who cannot accept things or go with the flow. I take time for myself by reading & sewing so I can cope with others.
M.D. It's not something I need medication for but a good mental attitude and a diversion.
- * You can get help but ultimately YOU must deal with it. Use distraction techniques - exercise is wonderful, in a group, gardening, sewing, anything you enjoy.
M.D. It isn't caused by "things" going on in one's life. It is internal. At times I felt as though I had a spring inside me, wound so tight it was ready to break.
- * It's important to realize the impact that stress can have on one's body. Learn to meditate (pray), learn good nutrition, work at eating more vegetarian style meals, exercise, and keep in touch with the inner self and love your "inner child".
M.D. That working on these areas in my life have made a positive difference in my overall health.
- * Exercise - best stress reducer for me.
M.D. Need more help.
- * Emotional ups and downs. Irregular periods.
 I would tell them to watch out for this & try not to stress out.
M.D. I would say that it's not out of control.
- * Mood Swings
 Try to control your mood by looking inside yourself and by meditating.
M.D. Be my friend.
- * Depression
 It's real - but temporary.
M.D. It's easier if you "listen" - as if to learn - & we are all in it together, so let's learn. It'll all pass!
- * I'm so irritable, feel like I'm going crazy. I have very little patience & I'm sick of working. I have to struggle to find the good in life.

M.D. I feel like I'm in the middle of a blast furnace I can't stand the irritability. I wish this part of my life would speed by. I want to feel better, feel normal again.

14 Hysterectomy.

Don't do it - unless it is absolutely life-threatening. Menopause is miserable.

M.D. I wish more tests had been taken and more options given to me. Give me more information re hormone replacement therapy; emotional changes; council my husband, he needs to be prepared just as I did for the changes that one faces.

- * *"Lack of" Menopause. Having a hysterectomy at age 45 was the best thing I did and I would recommend it. I have never felt better - I have more energy than ever - I adjusted to Premarin immediately - have not had to cope with mood swings, hot flashes etc. My general health improved 100%. Before "H" I suffered from anemia, headaches, cramps, bloating, mood swings, tiredness in general. In past 6 yrs I haven't even had a cold!!*
- * *Better after because I had endometriosis and suffered from uncontrolled bleeding. It's great!!*
M.D. The same.

OTHER:

14 Bladder Infections.

Several occurrences during the year. Last 5 years have begun.

M.D. Not sure why they have occurred. Wonder if preventive measures or medications can be taken?

15 Ulcerative colitis.

Hope they never develop this condition.

M.D. U.C. makes me miserable - discomforting, debilitating - wish someone would find a cure & I would not have to take med. for rest of my life & worry about increased risk of cancer.

16 Diabetes.

Again, learn as much as you can about subject including research; knowledge is a defense against fear of the unknown.

M.D. Keep up on the newest research & not dismiss everything until it's proven; research means hope to us all.

17 Pregnancy (Inability to bring child to term)

Get a female doctor!

M.D. Nothing - but if I had my life again I would point out that a patient is also a person. We do not abandon our brain at the doorstep of the clinic and become just a body.

18 Lack of knowledge.

Don't be put off by your doctor - he really should know something.

M.D. I feel betrayed. They thought I was crazy and needed a psychoanalyst. They also thought it was funny!

19 M.S.

Nothing, since it is so rare and probably any info would not be of benefit to them.

20 General Comments

- * I have no answer to this. People seem very uptight. I do have a concern for my health, my diet and exercise. People tend to not like that. So I talk very little on any subject dealing with health.
- * If this ties into Questions #3, I have not actually experienced these illnesses, but have concern for myself and others.

PART 4 - Open-ended questions:

Please list any other events that you did not check but believe are important:

01 Symptoms

- * No cramps! (smiley face) No more feeling my organs going to fall out.
- * At menopause weight gain, hypertension, medication started which may have led to lessened sex drive.
- * Can a comparison of severe menstrual cramping and PMS be made with how such person will be affected by menopause symptoms?
- * Nausea as in morning sickness before taking Premarin & if I miss a few days of Premarin.
- * Short-term memory impairment. Intolerance to alcohol. Interrupted sleep.
- * Forgetfulness. Loss of appetite.
- * Some dizziness occurs occasionally. Sometimes breasts get sore.
- * Memory loss, mood swings. Problems with birth control choices in pre-menopausal situation.
- * Out of control behaviour - unreasonable anger/agitation (more than irritability), schizophrenic-like thinking (i.e. everyone hates me!)
- * (1) Feelings of sadness - unrelated to reality (not a feeling of depression).
(2) Incontinence - especially at night. (I'm really not ready to tell my husband that I'm occasionally "wetting" the bed!)
- * Weepy, angry, dry skin (chgs in skin), memory probs, arthritic complaints, bladder changes.
- * Aching joints and muscles, gastric upset (constipation, diarrhea, indigestion), urinary incontinence, mood fluctuations, breast tenderness.
- * Menopause is a slow process - beginning so gradually that it is difficult to pinpoint when it begins - i.e. heart pounding at night occurred several years before anything else.
- * The hardest part is mood swings. There are days I just want to run away. I seem to lose interest in things easily.

02 Mental Health/Stress

- * Mental health.
It's too easy to blame menopause for mental status. I changed careers as I began menopause & I was having too much challenge (and fun) to fuss over this "change of life".
- * I was in psychiatric unit of both Stanford and El

Camino Hospital because my body was so unbalanced.

- * I think the "empty nest" and menopause coming together at the same time is disasterous - it's like life is over for you. - Now what do I do? - Very difficult.
- * People need to learn how to relax.
- * 1. Stress plays a big factor.
- * 2. Therapy - seeking help & knowing where to go for help - a must.
- * 3. PMS - a lot needs to be done in this area.
- * Would events (major surgeries - stress over events) cause premature menopause?
- * All in all menopause has been easy for me. ERT and exercise have helped - But all my life I have suffered from depression and it still is a problem.
- * Abuse as children. How to deal with stress.
- * I think attitude must be an important issue in menopause. In what I have read (mainly I refer to "Silent Passage), or from my H.C. provider this has not been mentioned. I would like to see it addressed.

03 Lifestyle changes

- * Some of the effects of menopause are also the effects of aging and the changes in lifestyle as one moves into the 50's - children leaving home, career and marriage changes.
- * At the time of menopause, one's regular task of motherhood is over as the children leave home. An empty nest takes the greatest adjustment in life. It can also be a time of great satisfaction.

04 HRT/Medications

- * As a result of anti-cancer medication I take daily Tomoxafin (Nolvadex) I was warned by my oncologist that I'd experience lots more hot flashes. I must take the medication all my life.
- * I was given a D & C approximately 7 mos. ago and started on low dose of estrogen and progesterone. Still have 9-12 day periods (but now no large clots). Have had 2 shots of Supron Dept - one more to go.
- * Had a histo. Took the hormone - Ran out of pill so I stopped. Doctor wanted me to take hormone again. Had a reaction to the pill and he laughed. I cried.

05 Surgery/Treatment

- * Breast cancer - research -
What choices of medical treatment are there.

- * At age 53 I had a hysterectomy and it was a great relief to be rid of all the unpleasant problems. I felt as though it would go on forever. I tried everything else first & in hind sight wish I had chosen surgery years sooner.
- * Had vaginal hysterectomy in summer of 1974, ovaries not removed. Husband had massive heart attack in 1980 at age 49 - my age was 44. *Sex life was affected & in 1988 no longer possible. *sexual intercourse.

06 Advice

- * Regular gyn appts for pap smear, discussion of menopause as one goes along. Hormone replacement therapy discussions, starting as one becomes pre-menopausal.

07 General Comments

- * I feel that your questions were geared heavily toward women who are uninformed about menopause - this doesn't apply to my friends (I don't think).
- * Age at onset of menopause.
- * Lack of preparation when I started menopause at an early age (43 yrs). My male doctor did not think it could be menopause and his manner was not supportive.
- * I was 20 yrs old when I started menopause. I knew beforehand what to expect. I have had a very good team of medical support, which I believe everyone should have.

PART 4 - Open-ended questions:

Is there anybody else you would like to tell about your experience of menopause, or any other issues related to women and health?

10. ANYONE ELSE TO TELL RE MENOPAUSE:

- * My daughter -
I knew nothing about what my mother went through - I think it would have helped me.
- * Not at this time - because I really do lack the experience of menopause - THANK GOD!
- * Now that I have a woman doctor, I feel freer to talk about it.
- * I would like physicians to recognize that I do have symptoms and trust the symptoms - I don't like being patronized - & don't tell me "it's nothing".
- * More of my female relatives. My step-daughter.

20 ISSUES RELATED TO WOMEN AND HEALTH:

21. HRT/Surgery/Treatment

- * Options prior to a hysterectomy.
Counseling prior to a hysterectomy.
We need more info on hormone replacement therapy.
- * Women on medication need to check out how hormone replacement therapy might impact their health.
- * Also, my menopausal symptoms and discomfort stopped soon after I started hormone replacement 6 years ago. I experienced great discomfort from hot flashes and mood swings for about 7 years prior when I was reluctant to take estrogen.
- * No more fear of pregnancy. I have felt greater stiffness in joints and muscles - early in morning.
- * Can't see any change pre-post menopausal - fact of life. Still on hormone replacement therapy in cyclic form so still having periods.
Arthritis (knee) - loss of mobility, pain, perhaps loss of job much bigger health worries than menopause.
- * There is lots of assistance available & things do get better - much. It helps to know & understand the symptoms.

22. General Advice

- * Some women have serious problems and to them I'm sympathetic. To the others? Get a hobby, meet new

people. Volunteer.

- * I feel women need a safe "get away place" with light music, excellent nutrition and someone who was prepared to talk women issues and thereby give us opportunity to regroup.
- * Only that it is not something that I let bother me. My life is too full of fun things to concentrate on negatives associated with menopause. I accepted it, got Premarin and go on.
- * Women feel they are "the only one" with certain symptoms. Talking with other women or informed health providers is so helpful.
- * Yes, do not take one doctor's word for a diagnosis, always get a second opinion as this saved my life!
- * Part 2 - Questions 10, 11, 13
 I feel it is important for women to regain a healthy and positive attitude towards menstruation and menopause before they discuss either subject with men, be they medical workers or ordinary blokes. I think many women are still intimidated by men, especially MDs, who pass opinions on bodily functions that they have no personal experience of. I also think that much of the negative attitudes toward these two female functions have been instilled, deliberately or accidentally, by men of religion and medicine as a way of controlling the boundless female energy. I, therefore, discuss those topics only with my husband in the role of a friend. I find many men are still unaware of PMS as a psychological/physiological problem that can be treated, and that menopause to these men means a "dried up old hag". I have found little evidence, either in Europe or in the USA that many male MD's have examined these (their own) attitudes, and still unconsciously retain them, whilst continuing to practice. For many women to be told that pain is normal, that panic and anxiety are natural, in the 90's is medieval and such male doctors drive me to distraction.
- * Importance of regular health care & mammograms. I know 5 women in my age group would have had breast tumors picked up on mammograms - not all were on hormone replacement - but if hormone replacement is needed you need to be extra careful. In early September I met a healthy southern lady of 84 years - she has been on replacement hormones since her menopause and thinks they're great.

23. Other Women's Health Issues

- * Osteoporosis and heart disease are issues that must be considered during menopause.
- * I would like to see women's health issues addressed by the medical profession more frequently - little research has been done on women in heart, cancer and other major diseases. Most research has been done on men and we must correct this. Women's health is as important as men's.
- * Importance of regular health care & mammograms. I know 5 women in my age group would have had breast tumors picked up on mammograms - not all were on hormone replacement - but if hormone replacement is needed you need to be extra careful. In early September I met a healthy southern lady of 84 years - she has been on replacement hormones since her menopause and thinks they're great.

24. More Research

- * The criminal lack of research, etc. requires that we be very active & yet patient getting our symptoms under control. It can easily take 1-2 years to balance hormones & other factors & who knows what we will experience when we stop replacement therapy a few years down the line - maybe more "balancing acts". Takes a lot of patience & self-monitoring for a lot of us.

25. Education/Knowledge/Preparation

- * I wish that I had been better prepared before I started menopause. I also wish that I had known about all the symptoms I could have experienced because it would have saved money on unnecessary tests and anxiety. Women should be more candid with each other.
- * Am 65 & don't know what or when menopause happened. Life is as usual - only no periods. Last period came when I was one month short of 55 years.
- * If women are educated to know about female physiology and what to expect during menopause, it can make the experience much more tolerable.

PART 4**OTHER MISCELLANEOUS COMMENTS (UNSOLICITED):****RE QUESTIONNAIRE:**

- * I found it a little difficult to answer questions "Part Three".
In general I don't know how other women feel about many of the statements as this has not been a subject often discussed with women friends/relatives - somewhat, yes, but not often - not because the subject itself was avoided but more because I haven't felt a need to discuss it at length. - It was touched on once in a while. I know I have been one of the lucky ones.
- * I don't have 1-5 choices - i.e. after 1 and 2, in most cases. Others are not interesting - except question 7.
- * Your survey does not address at all the psychological/emotional adjustment to the fact that one can positively not have any more children after menopause. For me, and I think for many others, this is a disturbing, distressing fact (though at the same time, welcome!). Some of us 40+ish women still secretly hanker for just one more baby!!
- * Mercury News does an excellent job of covering health issues. Why didn't you include "newspaper" as a category? My co-workers & I always discuss these articles at lunch.

RE SYMPTOMS:

- * Still experience some hot flash symptoms at times & sleepless periods. Caffeine aggravates & was one of the first symptoms.
- * When does menopause finish? I think I still have some symptoms but they are slight NOW.

GOOD STUFF!

- * I think your study is wonderful and I hope your research will ultimately help more women who are faced with or going through menopause. I sincerely hope that in your study you will also include those of us who were thrown into menopause as a result of hysterectomies and were totally unprepared. I am a victim of breast cancer and my surgery was done as a precaution against the cancer spreading to other female

organs. There were no symptoms & no pre-testing - my MD just thought it would be a "good idea". In retrospect, I am sorry I ever agreed to it - I should have been better informed - I cannot take hormones and my emotional health is changed drastically. I would never have agreed to the surgery had I known what I was facing.

- * Maureen, I hope your study turns out well.
- * This shows a lot of hard work on your part. I wish you the best as you work on your masters!
- * Thank you! Good luck!
- * You may call on me to address other women if you like. Call Helen at (408)-253-6261.
- * I hope this helps since I'm not in the "full flush" of the menopause yet!
Good luck on your project.
- * Think your study is helpful - though provoking - realize I know very little about menopause except word of mouth and questions I ask Dr.
- * Your welcome! It was fun!
- * Thank you for doing the study!
- * Thank you for addressing the topic!