

FROM OUR CONSUMER CORRESPONDENT

Hormone replacement therapy (HRT)

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Introduction

"I'm confused, anxious, wary. The press coverage on hormone replacement therapy (HRT) has left me feeling concerned and, frankly, troubled. Is HRT a good thing or isn't it? Should I be taking it or shouldn't I? I've even become doubtful about taking medical advice on all this. To be frank, I'm going to gather information for myself – and probably go the route of complementary therapy." So says Corinne Sweet, a relationship psychologist and perimenopausal patient, responding to the recent press coverage of the Million Women Study (MWS) on the link between HRT and breast cancer.¹ And Corinne isn't alone.

Granted, there aren't yet any seminal studies of the impact of this summer's coverage – which itself came disturbingly hard on the heels of coverage of the Women's Health Initiative (WHI) study of 2002. But my sense, as an agony aunt on the front line of women's emotional concerns, is that there is a growing sense of unease among patients. Like Corinne, they may not share their feelings with their medical practitioners. But the press coverage has wobbled them.

I'm not just going on my gut reaction here. Two months after the MWS results, health information charity Women's Health Concern (WHC) issued a strongly worded press release criticising the media approach as making potential users "terrified" of taking HRT. Their research of 79 general practitioners (GPs) attending the WHC Annual Symposium had suggested that "the publicity surrounding the Women's Health Initiative and Million Women Studies has meant that over the past 12 months ... 63% of women starting their menopause refuse to use HRT ... 52% of women on HRT are not coming back for repeat prescriptions ... 92% of women want to discuss alternative options to HRT."

Given that the vast majority of women are not reading the original research, it could well be the press coverage of that research which is creating the ripples of emotion.

So what emotions are the coverage creating? And how exactly? To find out, I took a 'snapshot' of press coverage of the MWS, and analysed – in emotional terms – exactly what was going on.

Our worst fears have been confirmed

Facts

The MWS HRT story broke in the print press overnight on Thursday 7 August 2003. And for the next 5 days, until after the weekend, it was main feature news – though by around 13 August it had been knocked off the front page by new revelations from the Hutton enquiry.

In those few days there were 34 print national press

items: news, case studies, features, personal opinion pieces; by the following week, readers' letters had joined the fray. I looked at all 34 of these pieces, spread across 14 national publications. The coverage ranged from five extended features in *The Times* to a 12-line bottom-of-the-page snippet in the *Daily Star*. [NB. The author studied articles from the *Daily Mail* (4), *Daily Mirror* (2), *Daily Star* (1), *The Daily Telegraph* (6), *Daily Express* (3), *Financial Times* (2), *The Guardian* (2), *The Independent* (3), *Independent on Sunday* (1), *News of the World* (1), *The Sun* (2), *The Sunday Telegraph* (1), *The Sunday Times* (1) and *The Times* (5).]

Most articles led with the facts, taken from the original *Lancet* paper.¹ The messages were often reported accurately, or were at least an accurate reflection of the *Lancet* piece and its highly cautionary accompanying commentary.²

Yes, some statistics were used unwisely. The statement "Half of all women taking hormone replacement therapy are twice as likely to get breast cancer" (*Daily Star*) was unfortunate. And some recommendations from the *Lancet* articles were misunderstood; the original sentence "Women who are already, often for a long time, taking HRT ... should discontinue HRT use as soon as possible" was variously quoted as meaning that all women, long-term users only, or women at risk only should stop taking HRT. But largely, the press honoured its sources.

While unfortunate, such misunderstandings are not what make women worry. What creates strong feeling among readers are not the raw facts but the emotional messages interwoven with those facts. However intelligent, educated and informed readers are, what influences them most is not the information they are given but the feelings they are encouraged to have about that information.

So, what I looked for were not inaccuracies but emotional subtext. In what ways did the press coverage give a reassuring message? Alternatively, how did it stir up a flurry of negative emotion that would lead to the sort of 'terror' of which WHC is wary?

Reassurance

Most press coverage did attempt to reassure readers. Many features stressed the benefits of HRT for symptom management and osteoporosis; others pointed out that in the short term, HRT benefits outweigh the risks; yet others highlighted the finding that once HRT had been stopped, the risk of breast cancer disappeared.

Perhaps surprisingly – given the tabloids' reputation for scare mongering – the most helpful and positive coverage was a full page article by Dr Hilary Jones in the *News of the World*, with the encouraging headline "98% of women will not get cancer" and a supportive account of just why his readers should react calmly. "Don't panic ... don't be frightened ... calm down and read what I have to say ... you'll realise those HRT scare stories are not so scary after all."

Reassurance in the other papers was often given in expert quotes. Many used Dr John Toy's comment that events did not constitute a 'medical emergency', while several mentioned Professor David Purdie's comments that HRT saves lives by protecting against osteoporosis.

Convincing in terms of reassurance were the celebrity endorsements: Marcelle D'Argy Smith's "I'm so grateful that HRT came along in my lifetime" (*Daily Mail*); Jill Palmer's "Why breast cancer won't deter me from taking HRT" (*Daily Mirror*); and Tory MP Teresa Gorman, quoted as saying that she had been taking HRT for 25 years and had no plans to quit (*The Sun*). These are women whom readers will listen to – so the reassurance message was strong.

The message of reassurance was, if anything, even stronger in the non-celebrity case studies. Most papers headlined on the same woman, Barbara Sims, whose moving story, provided by Cancer Research UK, appeared across the board, in *The Times*, *The Guardian*, *Daily Express* and *The Sun*. Despite having developed breast cancer, Ms Sims was unequivocal in her praise of HRT, even declaring "I would still have taken HRT even knowing what I do now ... I would tell my daughters to go on it." Many of the other case histories echoed her trust.

**MILLIONS HIT BY BREAST
CANCER ALARM**

Fear

Having dealt with the good, let's move to the bad news. Seven out of 34 articles had no reassuring messages in them at all – and those features that did also often de-emphasised the reassurance by placing it way down from the start of the item, in one case in paragraph 21 of 24.

By far the most overwhelming was fear of HRT itself. Almost every headline was dramatic, from "This is not just another health scare, it is for real" (*The Daily Telegraph*) though to "Millions hit by breast cancer alarm" (*Daily Express*). The expression 'doubles the risk' was the most usual headline wording; only *The Guardian* balanced it out with "HRT found to give early benefits, but risks persist".

The language used in the body copy hammered home the message. The phrases "Devastating toll ... stark warning ... concern ... threat ... urgent ... danger ... adverse affects" were used repeatedly, together with such worrying phrases as "therapy claims two thousand victims" (*The Sun*) and "the wonder drug is showing its darker side" (*The Daily Telegraph*). The word 'risk' in the headline was reflected again in the body copy, together with such qualifiers as "greatly increases ... elevated ... significantly ... larger ... longer".

Most newspapers drew in expert comment – but here again, some of the 'experts' were, however cautiously, quoted as confirming the fear message. In particular, Delyth Morgan of Breakthrough for Cancer Care's comment: "This is a very disappointing day for all women. There has been a strong suspicion for many years that HRT is implicated in breast cancer. The results confirm our worst fears." was used by several papers, with the *Daily Mail* headlining that final worrying sentence.

The pharmaceutical companies too were asked for comment. But though all of them called for calm "... these findings ... do not necessitate urgent changes in women's treatment" (*The Daily Telegraph*), the credibility of their reassurances was often undermined by reminders that these were the manufacturers, the money makers, the ones who would lose out if faith in HRT dropped.

Many of the features also added an extra thread of fear – not of taking HRT but of not taking it – by listing menopausal symptoms. Hot flushes, mood swings, loss of libido, exhaustion, sweats, pain during intercourse, dull skin, memory loss, leg cramps: the "difficulties, discomfort and embarrassment" (*Daily Mail*, *Daily Mirror*) of the menopause were fully chronicled.

Personal case studies grab attention by their horror stories of short-term problems. "Perspiration dropped suddenly from her head and landed in the soup" (*Daily Express*) ... "I felt as if spiders were running down my body" (*Daily Express*) and "It was as if my body was going into shock" (*The Sun*).

Outlined too were the long-term effects of the menopause. "25 out of every 100 women who suffer hip fractures die within 6 months. Of the survivors, 50% will not regain their independence" (*The Sunday Telegraph*). The message was clear, but not designed to reassure: taking HRT can give you breast cancer; not taking it ruins your life.

These comments may have meant to support the HRT lobby, but the effect was almost certainly to increase the confusion – and hence the anxiety level – of the reader. The problem with this type of coverage is that it not only makes premenopausal and perimenopausal women scared of what is to come, it also puts women in a double bind, a 'damned if I do, damned if I don't' situation – as Corinne Sweet said, "Should I be taking it or shouldn't I?" When hammered home by quotes such as that from Malcolm Whitehead of the Amarant Trust who said "The choice for women seems to be learn to live with the symptoms of the menopause or take the risk", women are likely left feeling confused and powerless.

Is it all over for the menopause wonder cure?

Blame

The press coverage didn't just stir up fear in readers; it also stirred up blame, anger and accusation of fault. Blame makes readers less able to view the accompanying information impartially and so make clear distinctions and decisions. In addition, of course, a climate of blame makes readers less able to trust those whom they see as responsible for the current problem – and that includes health professionals.

By far the largest amount of blame was aimed directly at the scientific establishment. The coverage contained phrases such as "damning research"; "women have been used as guinea pigs ... this research should have been done before HRT was unleashed on the population at large" (*Daily Mail*) and "our confidence in scientific miracles is not what it was" (*The Daily Telegraph*). Columnist opinion pieces in particular aimed fairly and squarely at the pharmaceutical companies, condemning their 'exploitation' of the menopause. They were accused of medicalising ordinary life events (Michael Van Straten, *Daily Express*); of selling women a 'wonder drug' (Joan Smith, *Independent on Sunday*), and of offering the world a 'mirage' (James Le Fanu, *The Daily Telegraph*).

But this direct attack on the scientists by association, tarred health professionals with the same brush. Several press pieces set the positive advice to 'see your doctor' against such condemnation as "The doctors and specialists were always telling me not to worry ... how wrong that was" (*Daily Mail*) or "It is fair to conclude that a great many doctors ... push [HRT]" (*The Times*). Wince too at the biting headlines in the *Independent on Sunday* "Trust me ... I'm not a doctor" and the *Daily Mirror's* "HRT doubles the risk of breast cancer - but don't panic ... doctors still back it". These comments were few and far between, but they can't be helping our image!

Guilt

The vast majority of press coverage was immensely supportive of women, particularly those who've suffered menopausal symptoms or had breast cancer. But there was also an unexpected thread of victim-blame, a tendency to suggest that women who use HRT are somehow at fault. Once again, this will have raised the level of negative emotion readers experienced in general – particularly, and most unfortunately, lowering their self-belief.

One strand mocked the wish to prolong youth. Thomas Stuttaford in *The Times* calls women who use HRT long term the "sisters of Dorian Gray", while Libby Purves in the same paper points out that "Rider Haggard's Ayesha ... went through the flame ... came out young; but in the end it burnt her up".

Another view seemed impatient of those women who wanted to be free of menopausal symptoms: "menopause isn't fatal" (Joan Smith, *Independent on Sunday*). And yet another strand showed annoyance at women for being 'conned' by HRT "those whom HRT suits evangelise" (Margaret Driscoll, *The Sunday Times*) and "those HRT princesses" (Libby Purves, *The Times*).

Underneath it all ran the suggestion that women who use HRT have only themselves to blame if they then suffer as a result. "If you overturn a natural process, you have to expect side effects" (Libby Purves). "As with all luxuries, [HRT] comes at a price" (Margaret Driscoll, *The Sunday Times*).

This is not just another health scare – it is for real

Lack of direction

Finally, when it came to suggesting what women should do, there was a lack of direction in many of the features. To be fair, this was often due to conflicting advice from different experts that journalists were trying to reconcile. But the way they did it was often counterproductive. So *The Sunday Telegraph*, for example, mentioned the *Lancet's* negative commentary, with its suggestion that women should stop taking HRT – and in the very next sentence moved to Professor David Purdie's plea for women to continue HRT or risk osteoporosis.

Most papers, however, opted for the 'middle ground' stance typified by Cancer Research UK's medical Director John Toy: "It would be sensible for a woman to take HRT for only as long as it is necessary to deal with her medical problems ... a woman intending to take HRT for a long time would be extremely wise first to consider carefully the findings of this large study and other relevant research" (*Daily Express*, *The Guardian*).

Worryingly, seven of the features offered no advice or

guidelines at all. The rest typically ended their coverage with a suggestion that women should discuss treatment with their GPs. That advice was, unfortunately, the subject of a further disturbing round of coverage 2 days later in which it was suggested that GPs wouldn't be able to handle the burden of so many patient appointments.

HRT 'doubles risk' of breast cancer

So?

It seems pretty clear to me that the press coverage of the MWS did contain a number of emotional messages that weren't entirely helpful to women patients - or to medical professionals. That said, I didn't set out to support one of WHC's charges – that the media consciously undermines HRT – and I have no evidence on this one way or the other. The original *Lancet* study and its accompanying commentary were patently a matter for concern – and in large part, the press coverage merely quoted from these articles, attempted to reflect them, or used comments from a variety of experts to try to make sense of them. Besides, the bottom line is that journalists are in the business of creating interest by their words, and one way they do that is often to make their words emotionally compelling – and we can't change that.

What we can do, however, is to be aware of it and guard against it. Any press coverage – even the most unbiased – will always contain overt, covert and often unconscious emotional subtexts. And the more aware of that people are, the better.

If women can be aware that media stories are 'spun', then it will be easier for them to see through the spin, weigh the risks and make their own decisions. And if health practitioners can be aware that their patients are, on a daily basis, reading and imbibing such emotional messages as fear, blame and guilt then it will be easier for them to help: to spot the distressed patient, to predict what concerns she carries into the consulting room, and to address those concerns.

Additionally, of course, health practitioners need to acknowledge that the patient herself may not allow her medical advisor to do any of these things. Because, given that many media messages may undermine self-confidence, some patients hold back from revealing their emotions during a consultation. Even more worrying, given that many media messages cast doubt on the trustworthiness of the medical establishment, some patients may hold back from coming to the surgery in the first place. As Corinne Sweet said, "I'm going to gather information for myself – and probably go the route of complementary therapy".

References

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