

## ORIGINAL ARTICLE

# Questionnaire survey of women aged 56–59 years: Consultations in general practice, use of hormone replacement therapy (HRT) and participation in screening programmes

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## Abstract

**Objectives.** To ascertain attitudes to consultations in general practice and the gender of the doctor. To determine whether women participate in the National Health Service (NHS) screening programmes available to them and their use of hormone replacement therapy (HRT).

**Design.** Postal questionnaire survey to women aged 56–59 years.

**Setting.** The Honiton Group Practice, East Devon, UK.

**Participants.** Two hundred and ninety-four of the 334 eligible women returned the questionnaire (response rate 88%).

**Main outcome measures.** Women's embarrassment on consulting general practitioners (GPs) and preference for a female doctor. Up-to-date cervical smears and mammography screening in eligible women and use of HRT.

**Results.** A large majority of women (248/294; 84.4%) were not embarrassed when consulting a GP and did not express a preference to see a woman GP for any problem (240/294; 81.6%). However 123/294 (41.8%) did express a preference to see a woman doctor for 'women's problems'. Sixty-five women had had a hysterectomy, and 218 of the remaining 229 (95.2%) had had a smear in the past 5 years. For breast screening, 267/294 (90.8%) had undergone mammography in the previous 3 years. Ninety-three women (32%) were currently on HRT, and on record searching a total of 146 (49.7%) had at some time been HRT users.

**Conclusions.** Embarrassment does not appear to be a major problem for consultations related to female health. A well-organised general practice with motivated patients can achieve very high uptakes of both cervical and breast screening programmes. Interest in HRT has also risen, with half the women aged 56–59 years having used systemic HRT.

## Introduction

There have been many changes and advances in screening programmes for women and in the understanding and availability of hormone replacement therapy (HRT) over the last 20 years. It is important to be aware that both the cervical and breast screening programmes are not perfect and they may have adverse effects on the women taking part.<sup>1,2</sup> However, if these screening programmes are to make any impact on mortality from breast and cervical cancer as it seems possible they may be beginning to do,<sup>3–6</sup> it is important to achieve high uptake amongst eligible women.<sup>4,6,7</sup> The breast screening programme aims for an uptake of 70%. The higher target for general practitioners (GPs) to attain for cervical screening is an 80% uptake in their practice. In the Honiton Group Practice there has been a consistently high uptake of screening with over 90% of eligible women (20–65 years) having regular smear tests and over 80% (50–65 years) undergoing mammography. A previous study in the practice had also examined some of the reasons why women do not have cervical smears.<sup>8</sup>

The use of HRT by postmenopausal women is also of great interest. Earlier studies have suggested that under 10% of women aged 40–69 years in the UK will be current users of HRT,<sup>9</sup> although there has been a rise in the last few years with 20% of women aged 45–65 years reporting HRT use in the mid-1990s.<sup>10</sup> Use rises dramatically amongst postmenopausal women doctors, with 41% being current users and 47% having at some time been a user.<sup>11</sup>

The present study sought to discover the level of embarrassment in consulting a GP and whether women prefer a male or female doctor. It also asked about uptake of the NHS screening programmes, and women's use of and views on HRT.

## Methods

The study was set in a semi-rural market town serving a population of 15 000. There are six full-time male partners and five part-time partners of whom four are female. The practice has been a research practice since 1995. The practice records are extensively computerised using the Exeter System. Women aged 56–59 years on 1 December 1999 were identified as the study group. This study was part of a larger study on women's health. The study received approval from the local Medical Research Ethics Committee.

This age group was chosen since most of the participants would be postmenopausal (average age in the UK of 51 years). They would be in the middle of the breast screening

## Key message points

- Most women in their late fifties are not embarrassed when consulting their GP.
- Most women in their late fifties do not express a preference for a woman doctor for general consultations. However 41.8% did express a preference for a woman doctor for 'women's problems' and for these women the choice should be available.
- High rates of cervical and breast screening can be achieved in general practice.
- Women in the age group 56–59 years are very interested in HRT, with about half having used systemic HRT.

range and would all have been offered at least one screening appointment. They would also still be part of the cervical screening group.

Postal questionnaires were sent to all 334 women in the selected age range in December 1999, together with a reply-paid envelope for the return of the questionnaire. (NB. A copy of the questionnaire is available from the authors on request.) Non-responders were sent a second questionnaire in February 2000.

The questionnaire asked about recent attendance at the practice, about embarrassment when consulting for certain conditions and whether a female doctor was preferred. Further questions were asked about past and current use of HRT, and attendance for cervical and breast screening. The returned questionnaires were then analysed. The practice records were used to complement the questionnaire results.

## Results

Questionnaires were returned by 294/334 women, giving a response rate of 88%. Of these women, 173 (58.8%) reported having seen their GP in the last 3 months. Of the 258 who answered the question on how many times they had seen a GP in the last year the range was 0–12 visits, with a mean of three and median of two visits. Most women were not embarrassed when going to their GP, with only 46 (16%) reporting general embarrassment. When asked about specific conditions that might cause embarrassment, vaginal discharge was thought to be most embarrassing with over one-quarter of respondents reporting embarrassment, and attendance for HRT least embarrassing with only six women (2%) feeling embarrassed. The full results are presented in the Table 1.

**Table 1** *The conditions that are most embarrassing when seeing a GP*

Condition	Women embarrassed (n)	Women embarrassed (%)
Vaginal discharge	78	26.5
Relationship difficulties	66	22.5
Cervical smear	53	18
Breast lump	28	9.5
Sore throat	10	3.4
Travel advice	10	3.4
HRT	6	2

When asked about the gender of the doctor they were consulting, 54/294 (18.4%) women preferred to see a woman doctor for any problem and this rose to 123/294 (41.8%) if the consultation was for a 'woman's problem'.

Of the 294 women, 65 (22%) had had a hysterectomy and so were not eligible for the cervical screening programme. Of the 229 eligible women, 203 (88.6%) thought they had had a cervical smear in the preceding 5 years, whereas when the records were searched 218 (95.2%) had actually had a smear during that time.

When asked about breast screening, 267 (90.8%) women said they had been screened in the last 3 years. Ten women in the group were known to have breast cancer with two of the cancers having been detected by screening. Very few women reported any problems with either screening programme.

HRT was currently being used by 93 women (32%), with 91 (98%) being happy with it. Over three-quarters (68/89; 76%) were using tablets and 21/89 (24%) patches. From the records a further 55 women had been prescribed systemic HRT at some stage, bringing the total number women who had ever used HRT to 146 (49.7%). A further 11 women had

used topical preparations. Of the 201 women not currently on HRT, who answered the question about why they were not using it, 12 thought they had not reached the menopause, 101 women thought it was not for them at that stage and 22 wanted to know more about it.

## Discussion

One of the strengths of the present study is the extremely high response rate of 88% obtained from a postal questionnaire. Other studies of women in this age group have had response rates of 74%<sup>10</sup> and 80%,<sup>11</sup> respectively. The present study is complemented by comprehensive computer records. Obviously those women who answered the questionnaire may be those who are more likely to be interested in their health and partake in screening programmes and explore the possibilities of HRT, though with such a high response rate the possible introduction of bias is less important. It could also be argued that this is a study from just one general practice and may not be representative. However, the practice is large and serves a complete population. The Townsend scores for the town vary from -1 to 1. There are few women from ethnic minorities.

It is encouraging to see that less than one-sixth of women find a visit to their GP embarrassing. As might be expected, the most embarrassing conditions to go to the doctor with are vaginal discharge and relationship difficulties. Although 18% of women feel embarrassed when having a cervical smear, the vast majority of these overcame this and only three women in this group had not had a smear in the past 5 years. Reassuringly, fewer women were embarrassed about going with a breast lump, so hopefully they would present early if this occurred. The least embarrassing reason was for HRT, and this may indicate that there is much more openness and awareness of menopausal problems among women and doctors. Ten women indicated that attending with a sore throat or for travel advice was embarrassing. One woman explained this was because she knew she was not supposed to go to the doctor with a sore throat.

Fewer than one in five women prefer to see a female doctor all the time, though this figure more than doubles when they are going about a 'woman's problem'. Other studies have also shown that women were more likely to consult a female rather than a male doctor for problems such as cervical smears, vaginal discharge, breast examination, contraception, and menstrual and menopausal problems.<sup>12,13</sup> National statistics show that there has been a substantial growth in the number of female GPs from 1988 to 1998 and the number of male GPs has actually decreased. The overall percentage of female GPs in England increased from 24% in 1988 to 33% in 1998.<sup>14</sup> This would suggest that women have more opportunity of seeing a female GP than was previously the case, although over 40% of practices still do not have a female partner.<sup>15</sup> Within the Honiton practice over a quarter of appointments are offered by female doctors. Although the practice operates a personal list system, women are encouraged to attend a female partner when they would feel more comfortable and over 80% of cervical smears are undertaken by the female practice nurses.

The practice continues to have a very high uptake of screening. Just over one in five women in the study had had a hysterectomy, this figure being similar to the national rate.<sup>16</sup> Of the remaining women in the study eligible for cervical screening, 95.2% had had a smear in the preceding 5 years. This compares with the national figure for women aged 55–59 years of 82.4%.<sup>17</sup> This was actually higher than

the women remembered, with 15 women believing they had not been screened in the previous 5 years. Breast screening was undertaken in the Honiton area in 1999 just prior to the questionnaire study. In total for the practice, 987/1189 (83%) women in the target group attended the NHS breast screening. The overall acceptance of breast screening invitation in England and Wales is currently 76% of women.<sup>5</sup> Over 90% of women who answered the questionnaire had had a mammogram done in the previous 3 years. Most of these women had attended the NHS screening programme, with a few being followed up for previous breast cancer and some having had investigations of breast problems. If these investigations were only shortly prior to the breast screening programme then further mammography was not deemed appropriate. There were only seven women who had had neither breast nor cervical screening.

The current use of HRT at 32% is much higher than most other studies from general practice, as is the fact that nearly half of the group had used systemic HRT at some stage.<sup>9–11</sup> This may well reflect the input of the female partners and the ethos of the practice as a whole. There may also be more general changes as understanding and acceptance of HRT increases among women.

Screening programmes have always been seen as a priority by the Honiton practice and the cervical screening programme is co-ordinated by a dedicated practice nurse. Prior to the introduction of breast screening, open evenings with presentations were held in the surgery. Other studies have found that an accurate database is essential and that the attitude of the practice to screening, the beliefs of the individual GPs and their enthusiasm can improve the uptake of breast screening.<sup>18,19</sup>

### Conclusions

The majority of women in the present study did not feel embarrassed when visiting their GP even for what might be considered more intimate problems. Most women did not express a preference to see a female doctor even for 'women's problems', although over 40% did and their needs should be considered. In a practice with a co-

ordinated screening programme and motivated patients, very high rates of uptake of both cervical and breast screening can be obtained. Many women are interested in HRT and the rates of current and past use in the group are much higher than those previously reported.

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**Competing interests.** None declared.

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