
This study presents further data from the previously reported Women’s Health Initiative (WHI), which specifically looked at the effects of hormone replacement on health-related quality of life issues. In brief, the WHI study randomly allocated over 16,000 women to a continuous combined preparation of oestrogen plus progesterin (0.625 mg Premarin plus 2.5 mg Provera) or placebo. The risk–benefit profile of the combined hormone replacement therapy (HRT) preparation was not found to be consistent with previous preparations, but disease and the trial was halted early because it exceeded the previously determined threshold for increased risk of breast cancer.

In this recent publication, data are presented on the same group of postmenopausal women aged 50–70 years of age randomised to HRT or placebo. The primary outcome was the quality of life outcome questionnaires at baseline, 1 year and, in a subgroup of 1500 women, at 3 years. The questionnaires assessed functional status, depression, sleep disturbance, sexual functioning, cognitive functioning and menopausal symptoms. Overall, HRT surprisingly had no effect on measures of depression, insomnia, cognition or sexual satisfaction. At 1 year, there were statistically significant but very small benefits in terms of sleep disturbance, ‘physical functioning’ and bodily pain. At 3 years, there were no significant benefits in terms of any quality of life outcomes. In the younger subgroup of women aged 50–54 years, HRT did improve vasomotor symptoms and sleep disturbance although there were no apparent other quality of life benefits compared with placebo.

The women recruited to the WHI study were randomly assigned to a placebo group. We know without doubt from numerous randomised trials that, in symptomatic women, HRT improves vasomotor symptoms and has a beneficial effect on well being as a whole. This study does not contradict that finding but does show that HRT has no apparent benefit on quality of life measures in asymptomatic women. Clinicians need to continuously re-examine the indications for prescribing HRT to women in the light of publication of high-quality data from studies such as the WHI.

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BOOK REVIEWS


The author explains how we all make health valuations in some way. This valuation has to be understood in the context in which it was calculated and for what purpose. Programmed budgeting and marginal analysis (PBMA), cost-effectiveness analysis (CEA), cost–benefit analysis (CBA), QALYs, and health-related quality of life (HRQoL) are all explained in language that I could understand and appreciate. Illustrations help to make this difficult subject more transparent.

One quote I particularly treasured was: ‘...while health valuation is unavoidable, it cannot be objective; the question is not how can you be more useful to the interested health professional than the man in the street. However, it is widely linked to other useful websites and an associated website (www.malehealth.co.uk) provides useful advice and information for men with personal health concerns. Financial constraints mean that users’ questions cannot be answered currently but a useful searchable database lists doctors’ answers to hundreds of questions already submitted.

For a lively, youthful look at young men’s health issues, www.youngscot.org has useful sections on sexual health and adolescence within a website tailored to the 12–26 years age group. The website is run by Young Scot Enterprises and supported by the European Commission grants with the aim of helping adolescents get more involved in the community. It will make the most of their leisure and education opportunities.


Amedeo

This website provides a valuable, free search service for the medical topics and medical journals of your choice, sending a weekly e-mail update of the abstracts of new publications in your area of interest. It also offers free access to online medical journals such as the newly-updated HIVmedicine 2003.

Source: www.amedeo.com

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