

Drop in hormone therapy use linked with drop in mammogram rates

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A new analysis has found that a decline in hormone therapy (HT) use among women aged 50 to 64 years is linked with lower mammogram rates among these women. Published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, the study suggests that when women stop seeing their doctor for HT prescriptions, physicians do not have the opportunity to remind them that their mammograms are due.

Since rates were first measured in 1987, more women got a mammogram each year than in the year before -- that is, until 2005. That year saw the first-ever drop in mammography rates. What caused the about-turn? Could a sudden drop in HT use at about that time have played a role? A widely publicized report that linked HT use with breast cancer led to a dramatic decline in the use of HT between 2000 and 2005. Because current users of HT also tend to have higher mammography rates, Nancy Breen, PhD, of the National Cancer Institute in Rockville, Md, and her colleagues speculated that women who stopped taking HT might also have stopped getting mammograms. The reasoning was that if women typically need to see a doctor to renew their HT prescription and physicians typically take that opportunity to discuss and order mammograms, then stopping the HT prescription visits would result in a lost opportunity for doctors to remind women about mammograms.

To test their hypothesis, the researchers analyzed the leading national source of <u>health data</u> for the US population, the National <u>Health</u>



Interview Survey, which is also the largest population-based national sample on mammography use. The study examined 7,125 women who were interviewed in 2000 and 7,387 women who were interviewed in 2005, all of whom were aged 50 years or older. The investigators found that the dramatic drop in use of HT helps explain the slight drop in mammography observed between 2000 and 2005 for women 50 to 64 years but not for women aged 65 years and older. Other factors that were associated with whether a woman got a mammogram included her education level, the type of health insurance coverage she had, and how recently she had last visited her doctor.

"Our research corroborates that a doctor's recommendation is an important step in getting a mammogram and it shows that when circumstances change -- such as evidence about HT -- it can upset the balance and lead to unanticipated and undesirable changes in mammography use," said Dr. Breen. "In short, we need to continue to ensure that women know about mammography and where they can get it. Mammography also needs to be affordable and convenient for women." Dr. Breen added that mammography is the best way to detect breast cancer early, when treatment is most effective.

Provided by Wiley

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