

Hormone replacement therapy prescriptions lower in the most deprived areas of England, says new study

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Prescription rates for hormone replacement therapy (HRT) are lower in more deprived areas of England compared to affluent areas, a new study from the University of Warwick has found.

Researchers at Warwick Medical School found that the overall prescribing rate of HRT was 29% lower in GP practices from the most socioeconomically deprived fifth compared to least deprived fifth.

They have published the results of an analysis of prescription rates for HRT and [socioeconomic status](#) in England in the *British Journal of General Practice* today (29 September), which highlights inequalities associated with HRT prescriptions and suggests there is a large unmet need in terms of menopause care in areas of greater [deprivation](#).

HRT is prescribed for the treatment of menopausal or perimenopausal symptoms, and according to NHS.uk can relieve many of the symptoms of menopause, such as hot flushes, night sweats, mood swings, vaginal dryness and reduced sex drive. Many women find that their work and home life are negatively affected when experiencing the menopause and consult their GP during this time.

Past research has raised concerns that women from deprived backgrounds are less likely to be receiving HRT treatment and its benefits, although recent evidence in support of this is lacking.

To investigate this, the researchers used prescribing data from GP practices in England from NHS Digital for the year 2018 and compared this with practice-level Index of Multiple Deprivation scores. The Index of Multiple Deprivation score is an overall measure of deprivation experienced by people living in a certain area, and considers seven dimensions: income deprivation; employment deprivation; health deprivation and disability; education; skills and training deprivation; barriers to housing and services; and living environment deprivation and crime.

The overall rate of HRT prescriptions per 1000 women, aged 40 years or over, was 29% lower in practices from the most deprived quintile

compared with the least deprived. After adjusting for all cardiovascular disease outcomes and risk factors, the prescribing rate in the most deprived quintile was still 18% lower than in the least deprived quintile. In addition, they found that there was a significantly higher tendency to prescribe oral HRT (administered by mouth) than transdermal preparations (administered through the skin) in more deprived practices.

Lead author Dr. Sarah Hillman from Warwick Medical School said: "Our research showed that women in deprived areas are less likely to be prescribed HRT and are prescribed relatively more oral and less transdermal HRT, even though transdermal has less risks of side effects. The data couldn't tell us why that is the case, only that there was a difference. That will be investigated in the next stage of the research. However, there is likely to be both clinician and patient factors involved. Access to menopause care is incredibly important. HRT is a medication that can significantly improve symptoms of the [menopause](#). If [women](#) want to consider HRT they should approach their GP."

More information: Sarah Hillman et al. Socioeconomic status and HRT prescribing: a study of practice-level data in England, *British Journal of General Practice* (2020). [DOI: 10.3399/bjgp20X713045](https://doi.org/10.3399/bjgp20X713045)

Provided by University of Warwick

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