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POST-POLIO HEALTH

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Participants, Their Health Status and Data about Menopause

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This brief report from *Women with Polio: Menopause, Late Effects, Quality of Life, and Psychological Well-Being* describes its participants, post-polio health status and menopause characteristics of the women. A total of 1,283 individuals participated in this study, which is a response rate of 42%. Polio survivors completed an extensive survey that was mailed to the researchers. Incomplete or questionable data were verified by telephone. This rich dataset will allow our team to examine a variety of factors related to the menopause experience of women who had polio, providing a foundation for future studies examining the menopause transition in women with physical disabilities. The participation of men in this study will allow us to examine gender differences with respect to physical and emotional well-being.

DEMOGRAPHICS

The demographic composition of this sample (See Table 1.) is typical of other studies of polio survivors conducted in the United States with respect to age, ethnicity (over 95% are Caucasian), education, work status and marriage. Survivors from nearly all 50 states participated. One of the most potentially informative aspects of this sample is its wide age range, from the youngest at 34 years old to the oldest at 99. This age span will allow my colleagues and I to closely examine the influence of age not only on the menopause transition, but also in the incidence of co-morbid diseases and post-polio health and emotional well-being. The availability of census data also will allow us to compare certain variables, such as education, to see if large differences exist between polio survivors and the US population as a whole.

HEALTH AND PHYSICAL ACTIVITY

Despite a variety of health problems, 71% of participants rated their health as good or better. In comparing their health to a year ago, 57% rated it as about the same or better. Co-morbid, or other health problems not directly related to post-polio, were reported by the sample in 11 general areas, such as cardiovascular, metabolic and musculoskeletal. The most commonly reported health problems were cardiovascular in nature, such as high cholesterol (24%) and/or high blood pressure (38%). More than half of the sample (59%) reported engaging in much less physical activity than their peers. Performing both basic (bathing, dressing) and intermediate (running errands or housework) tasks were problematic for many individuals.

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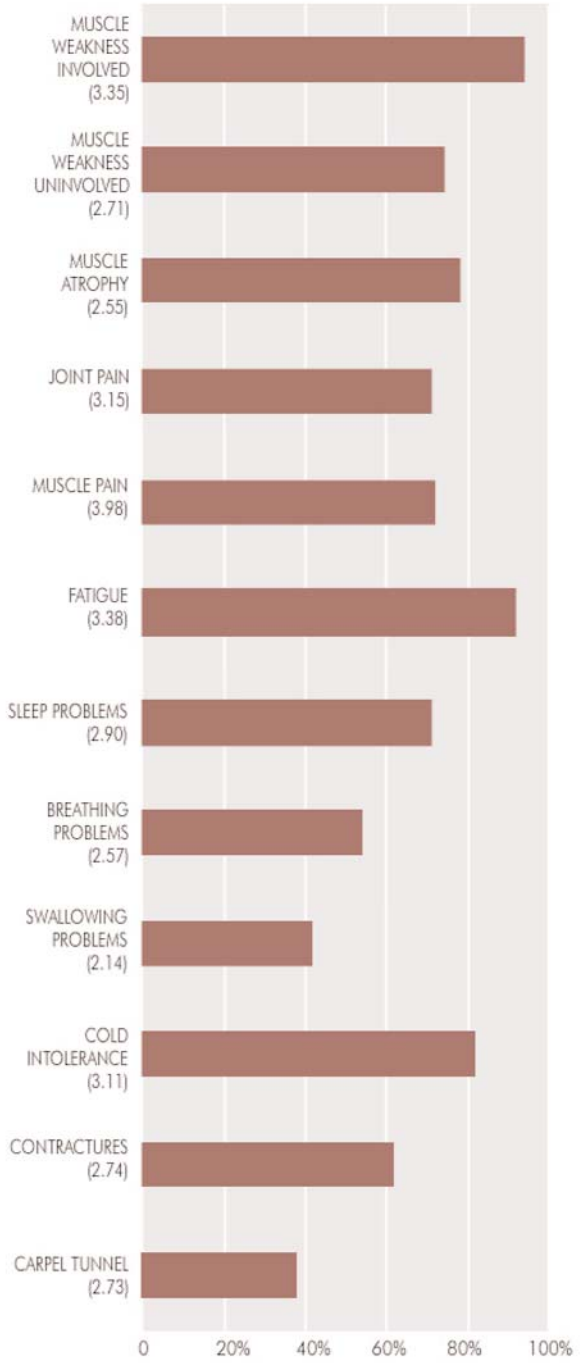
Table 1. Demographic Profile of Sample

	WOMEN	MEN	TOTAL GROUP
Sample size	71% (910)	29% (373)	1,283
Average age	63.3 ± 9 years	67 ± 10 years	64 ± 9.5 years
Average age at polio onset	8 ± 7 years	10 ± 8.5 years	8.7 ± 7.4 years
Married	61%	75%	65%
Education			
High school	17%	11%	16%
College	57%	48%	55%
Graduate	24%	37%	28%
Work status			
Retired	58%	73%	62%
Working	30%	27%	29%
Other	12%	0%	9%

Table 2. Average severity rating (1-5 [slight to extreme] scale) and percentage from the IPPS



Participants, Their Health Status and Data about Menopause

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Not surprisingly, 1952 was the peak year that participants contracted polio; years ranged from the earliest in 1912 to the latest in 1982. Our team developed a new scale, now called the Index of Post-Polio Sequelae (IPPS), for this study to measure the severity of commonly reported late effects problems. Preliminary analysis showed that this is a useful and reliable scale.

IPPS assesses the degree of severity among 12 commonly reported problems, ranging from slight (1) to extreme (5). Table 2 shows the percentage of participants reporting at least slight severity on each of the 12 problems along with the average severity rating for each.

MENOPAUSE

Contrary to speculation that women with disabilities may experience menopause, or the cessation of menstruation, at an earlier age than non-disabled women, women in this sample who had a natural menopause experienced their final menstrual period at age 50. As expected, the vast majority of women in this sample were post-menopausal. Far fewer were peri-menopausal, and a very small percentage had experienced no changes in their menstrual cycle.

USE OF HORMONE REPLACEMENT THERAPY (HRT)

The new findings from the Women's Health Initiative have raised serious questions regarding the efficacy and safety of HRT. Almost three-quarters of the women in the study had used HRT at one time and 39% of women were using HRT at the time of the study, which is higher than most national estimates. (National estimates of HRT use among women are difficult to establish because a variety of factors, such as ethnicity, socio-economic status and/or physician's recommendation, can influence HRT use.) More than half reported no side effects. For women who discontinued HRT use, the most common (60%) reason cited was concerns over safety. Future data analysis will examine the relationship of HRT use to physical and emotional well-being and intensity of menopause symptoms.

COMMUNICATION WITH HEALTH CARE PROVIDERS AND EXPERIENCE OF MENOPAUSE

Communication with health care providers about menopause was mixed. Overall, 73% of women had discussed menopause with their health care providers, and, of these, 31% initiated the discussion. Only 50% were satisfied with the information they received. The majority of women (78%) did not feel their

Current Treatment Advice for HRT

Prior to the WHI (Women's Health Initiative) study findings, the FDA had approved three indications for the use of estrogen and estrogen-progestin products in post-menopausal women. *Two of the three indications have now changed* to include consideration of alternative treatments:

- Treatment of moderate to severe symptoms of vulvar and vaginal atrophy (such as dryness, itching and burning) associated with menopause. When these products (estrogen and estrogen-progestin) are being prescribed solely for the treatment of symptoms of vulvar and vaginal atrophy, topical vaginal products should be considered.
- Prevention of post-menopausal osteoporosis (weak bones). When these products are being prescribed solely for the prevention of post-menopausal osteoporosis, approved non-estrogen treatments should be carefully considered. Estrogens and combined estrogen-progestin products should only be considered for women with significant risk of osteoporosis that outweighs the risks of the drug.
- Treatment of moderate to severe vasomotor symptoms (such as hot flashes and night sweats) associated with menopause. *This indication has not changed.* Estrogen-containing products are the most effective approved therapies for these symptoms.

Excerpted from: *FDA Consumer* (March-April 2003, Vol. 37, No. 2) "The Estrogen and Progestin Dilemma: New Advice, Labeling Guidelines" www.fda.gov/cder/drug/infopage/estrogen_progestins.

access to information about menopause was limited because of their disability. In general, women had a positive or neutral experience of menopause.

MENOPAUSE SYMPTOMS Table 3 shows the percentage of women in the sample reporting some degree of menopause symptom severity. The specificity of menopause symptoms remains at the center of much debate, and this is especially true of emotional symptoms such as depression. Research has not unquestionably shown that there is a significant relationship between menopause and mood, and many suggest that other factors present in mid-life, such as high stress family and job demands, make a larger contribution to mood disturbance than menopause itself. Perhaps most importantly for women with physical disabilities, virtually nothing is known about their experience of symptoms and the interaction of physical disability and menopause.

This research project that examines menopause in women who are post-polio is one of the first of its kind in menopause research. It provides an important foundation for launching future studies to more closely examine the various physical and emotional aspects of this important biological transition in women with physical disabilities.

Several manuscripts are already in the works, and one currently under review is in a leading menopause professional journal. Our team plans to submit a manuscript examin-ing the psychometric properties of the Index of Post-Polio Sequelae (IPPS), again, one of the first of its kind in the published literature. In addition to professional dissemination, a final report to Post-Polio Health International will be available by the end of February 2004 along with a new website dedicated to this project and its findings.

Table 3. Percentage of women reporting symptom severity on selected menopause symptoms