

**00221      Hormone Replacement Therapy (HRT): Utilisation Rates, Determinants and Impact on Health-related Quality of Life in a Multi-ethnic Asian Population**

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**Aims:** Data on HRT utilisation, associated determinants and perceived health benefits are mainly derived from Western populations. In this study, we examined its utilisation rate, determinants and impact on health-related quality of life (HRQoL) in a multi-ethnic Asian population.

**Methodology:** We examined 3408 women (mean age [SD]: 62.5 [8.6] years) as part of the Singapore Epidemiology of Eye Diseases study, a cross-sectional population-based study of Chinese, Malay and Indian individuals aged 40-80 years. HRT usage was based on participant self-report and HRQoL was assessed using the EuroQoL-5 Dimensions (EQ-5D) questionnaire, with utilities generated using established tariffs. Multivariable logistic regression was used to elucidate the clinical and socio-demographic determinants of HRT usage. Multiple linear regression models examined the association between HRT utilisation and EQ-5D utilities.

**Result:** The HRT utilisation rate was 8.7% (n=296) in the overall study population, with Chinese women being the highest users (Chinese [4%]; Malays [1.9%]; Indians [2.8%] [ $p < 0.001$ ]). Multivariable models demonstrated that reading literacy, being Christian and having a history of hysterectomy and/or oophorectomy were independent determinants of HRT utilisation (all  $p < 0.05$ ). Ethnicity-stratified analyses additionally found that body mass index and monthly income ( $\geq$ SG\$1,000) in Indians, and age of menstruation cessation in Chinese, were independently associated with HRT utilisation. In multivariable adjusted models, women on HRT had an estimated 4.9% lower EQ-5D score compared to non-users ( $p < 0.05$ ), although only Chinese women on HRT demonstrated a significantly lower EQ-5D score compared to non-users in ethnicity-stratified analyses.

**Conclusion:** Compared to Western populations, the overall HRT utilisation rate in our multi-ethnic Asian population was lower and most of our independent determinants of HRT utilisation were different. The limited utilisation of HRT amongst Malays and Indians may explain its lack of impact on HRQoL in these two ethnicities. Longitudinal data on HRT in Singapore are warranted to confirm these cross-sectional observations.