**SUPPLEMENTARY TABLE 1.** *Prevalence of moderate-to-severe VMS amongst women aged 40-65 years in European countries*a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | France | Germany | Italy | Spain | UK |
| Estimated prevalence of moderate-to-severe VMS in country/region, % | 31*b* | 36 | 52*b* | 41 | 40 |
| Prevalence by HT group,%*c* |  |  |  |  |  |
| HT-willing*d* | 26 | 20 | 18b | 35b | 22 |
| HT-averse*e* | 53 | 61 | 64b | 50b | 53 |
| HT-contraindicated*f* | 11 | 15b | 13 | 11 | 11 |
| HT-stoppers*g* | 9 | 9 | 7 | 9 | 12 |
| HT-caution*h* | 64b | 72 | 74 | 75b | 66 |

HT, hormone therapy; VMS, vasomotor symptoms.

*a*Percentages estimated based on respondents’ self-assessment and perceptions.

*b*Difference statistically significant vs both other regions at 95% CI level.

*c*Groups are not mutually exclusive. Self-reported comorbidities do not indicate severity levels, associated treatments etc.

*d*HT-willing: women currently prescribed HT or bioidentical HT or who are willing to take HT.

*e*HT-averse: women who are NOT currently treated with hormonal prescription therapies or prescribed bioidentical hormones and who are NOT willing to take HT.

*f*HT-contraindicated:women who have been assessed by a physician and HT was deemed not appropriate due to certain conditions/circumstances: bleeding from the genital tract without a determined cause, acute liver failure/active liver disease, deep vein thrombosis, uterine cancer, ovarian cancer, heart attack/stroke/ angina/myocardial infarction (adapted from NAMS Position Statement, 201721).

*g*HT-stoppers: women who previously received hormonal prescription therapies or prescribed bioidentical “natural” hormones, but are NOT currently on treatment.

*h*HT-caution: women with underlying medical conditions (eg, smoking, 1st degree relative with breast cancer, high cholesterol or triglycerides, migraine, diabetes) that warrant a cardiovascular or breast cancer risk assessment before prescribing HT (adapted from 22).