Oxfordshire Clinical Commissioning Group

NHS

Heavy Menstrual Bleeding - Care Pathway and Referral Criteria

The provision of patient care outside hospital settings and as close to home as possible is an important driver in the redesign of patient services. Equally, improving access to specialist care when it is necessary is a priority for the Oxfordshire healthcare system. This can be achieved by ensuring that only those patients who do require specialist care in a secondary care environment are referred.

Most women with heavy menstrual bleeding (HMB) can be successfully managed in primary care.

The majority of GP practices in Oxfordshire have signed up to the Local Enhanced Service (LES) for the provision of long acting reversible contraceptives (LARCs) which covers the availability of levonorgestrel-releasing intrauterine systems (LNG-IUS) in the management of HMB within primary care, eg ' *Aims(iii) increase the availability of LNG-IUS in the management of menorrhagia within primary care* and *Service outline (xi) the use of LNG-IUS for the management of menorrhagia in primary care as part of a care pathway agreed and developed with OUHT Women's Centre.*

Women attending their GP with HMB will initially have their history taken, examination, and full blood count carried out. If these indicate that pharmaceutical treatment is appropriate and either hormonal or non-hormonal treatments are acceptable, treatment should be offered as shown in Table 1, page 4 below.

Key Priorities	
Impact on women	HMB is excessive menstrual blood loss which interferes with a woman's physical, emotional and social quality of life
History, examination, investigations	History taking, examination and using ultrasound as the first line diagnostic tool for identifying structural abnormalities
Pharmaceutical treatment	If history and investigations indicate that pharmaceutical treatment is appropriate and either hormonal or non-hormonal treatments are acceptable, these should be considered as in Table 1 *(page 5 below)*
Education/ Information provision	All woman referred to secondary care should be given information about their treatment options before their specialist appointment

Change Control			
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Approved by	Oxfordshire Clinical Commissioning Group Transition Board, December 2011		
Notes	Updated to align with national NICE guidelines and NHS Oxfordshire local commissioning policies		
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ADDITIONAL INFORMATION RESOURCES FOR CLINICIANS

- **NICE Clinical Guideline No. 44** Heavy menstrual bleeding (HMB) http://www.nice.org.uk/download.aspx?o=CG044NICEguideline&popup=no
- **NICE Heavy menstrual bleeding Quick reference guide** (2007) http://www.nice.org.uk/guidance/CG44/quickrefguide/pdf/English
- **NICE referral advice** A guide to appropriate referral from general to specialist services http://www.nice.org.uk/media/94D/BE/Referraladvice.pdf
- **Referral Guidelines for Suspected Cancer** http://www.nice.org.uk/CG027
- **Local funding policy** (Lavender statement) for Hysterectomy for Heavy Menstrual Bleeding: Policy Statement No. 113a available here: http://www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/lavender-statements/default.aspx

Heavy Menstrual Bleeding – Primary Care Management Guidelines

DIAGNOSIS

- **Woman presenting with heavy menstrual bleeding**: can occur at any age between menarche and menopause
- Each year it prompts one in twenty women amongst those aged 30 - 49 years to consult their GP – the majority of these should be managed in primary Care, where the **GP takes full history**
- It is the commonest cause of iron deficiency anaemia in women of reproductive age in the UK – **GP takes full blood count,** which will also exclude a haematological disorder.
- In many women, the underlying cause of menorrhagia is not known. In others, the excessive bleeding could be secondary to a gynaecological condition.
- **GP performs examination** to identify if a structural or histological abnormality is present
- If woman presents with irregular bleeding and/or examination suggests abnormality and/or the onset of menorrhagia is sudden, then **refer for GP locality USS**

TREATMENT

Pharmaceutical treatment ladder

- Tranexamic acid
- NSAIDs (esp if dysmenorrhea present)
- Consider a combination of tranexamic acid + NSAID if individually drugs did not produce an adequate reduction in menstrual bleeding (and there was treatment compliance)
- LNG-IUS *Most practices provide a fitting service. If no fitting service at the practice, refer patient to local Contraceptive and Sexual Health Clinic – see* *http://www.oxfordhealth.nhs.uk/?service_description=contraception-and-sexual-health-service-oxfordshire*
- Combined oral contraceptive pill (COCP)
- Consider a combination of COCP + NSAID if COCP alone did not produce an adequate reduction in menstrual bleeding (and there was treatment compliance)
- Oral progestogen
- Injected progestogen
-

NB Local policy (Area Prescribing Committee Oxfordshire) does not support the prescribing of Qlaira (phased combined hormonal contraceptive) but other COCs may be prescribed.

REFER

REFERRAL TO SECONDARY CARE (see algorithm below)

- USS/examination shows abnormalities (*use locality-based USS where available*)
- Patient falls into 2ww cancer referral pathway criteria

- In women under 45 yrs:
  - Persistent **irregular bleeding** not responding to pharmacological treatment
  - Persistent **heavy bleeding** not responding to pharmacological treatment
  - Recent onset of menorrhagia

- In women over 45 yrs:
  - Irregular bleeding
  - Recent onset of menorrhagia
  - If the patient cannot tolerate or does not wish to use the pharmaceutical method of treatment, and wishes to explore possible surgical intervention

PRIOR TO SECONDARY CARE REFERRAL

Provide the patient with NHS Oxfordshire's decision aid for HMB - see http://www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/lavender-statements/documents/PatientDecisionAid-HeavyMenstrualBleeding.pdf

Oxfordshire Clinical Commissioning Group
Heavy Menstrual Bleeding Care Pathway

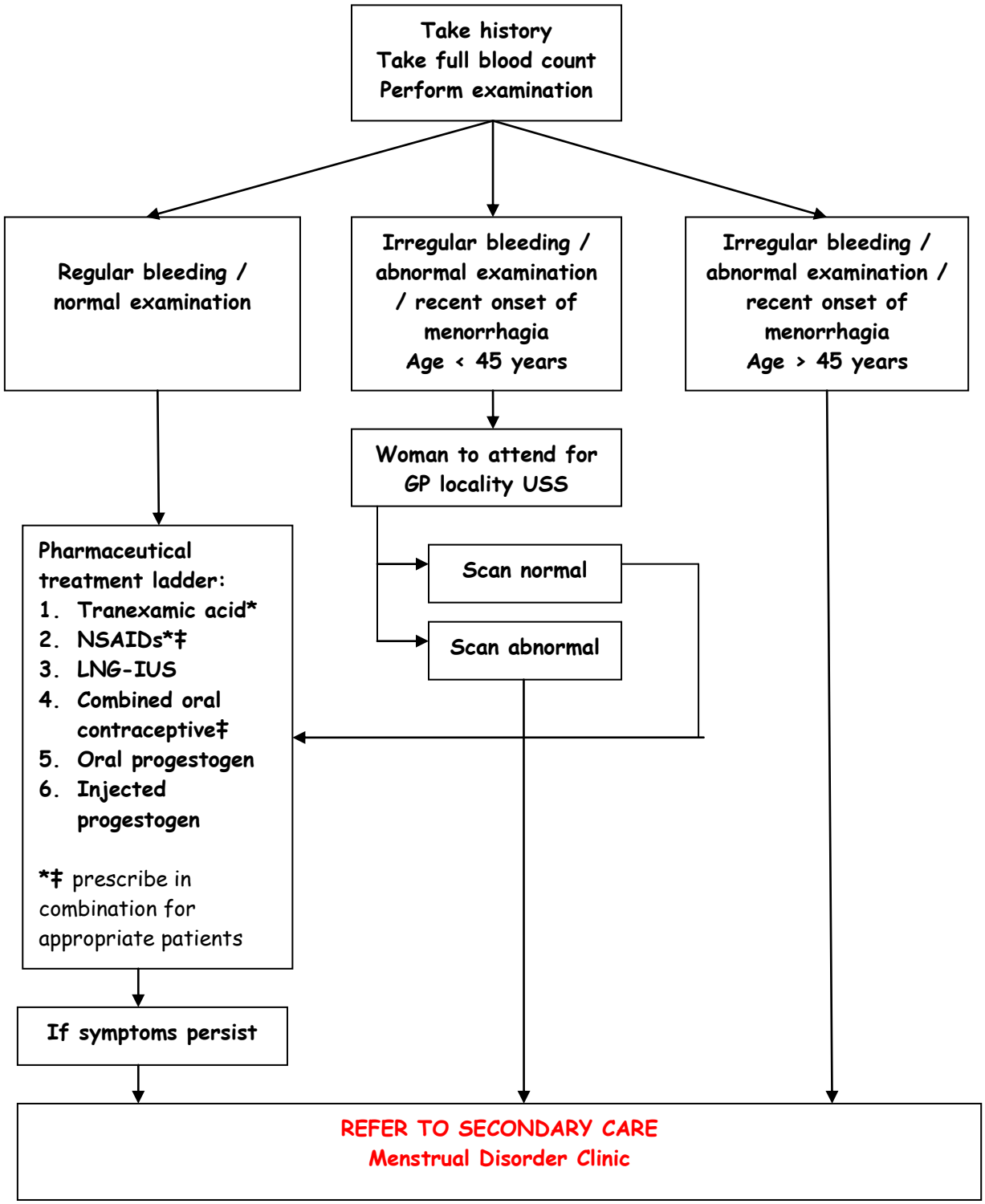

Table 1 Pharmaceutical treatments proven to reduce heavy menstrual bleeding[1]

	Pharmaceutical Treatment	How it works	Is it a contraceptive?	Will it impact on future fertility?	Potential unwanted outcomes experienced by some women[4]
First line	Tranexamic acid (non-hormonal) Can be used in parallel with investigations. If no improvement, stop treatment after 3 cycles	Oral antifibrinolytic tablets	No	No	Less common; indigestion; diarrhoea; headache
	Non- steroidal anti-inflammatory drugs (NSAIDs) (non-hormonal) If no improvement, stop treatment after 3 cycles. Can be used in parallel with investigations Preferred over tranexamic acid in dysmenorrhoea	Oral tablets that reduce production of prostaglandin	No	No	Common; Indigestion; diarrhoea Rare; worsening of asthma in sensitive individuals; peptic ulcer with possible bleeding and peritonitis
	Levonorgesterel – releasing intrauterine system (LNG-IUS)[2 3]	Device which slowly releases progestogen and prevents proliferation of the endometrium. A physical examination is needed before fitting.	Yes	No	Common; irregular bleeding that may last for over 6 months; hormone-related problems such as breast tenderness, acne or headaches if present, are generally minor and transient. Less common; amenorrhoea. Rare; uterine perforation at the time of insertion
	Combined oral contraceptives[3]	Oral tablets that prevent proliferation of the endometrium	Yes	No	Common; mood change; headache; nausea; fluid retention; breast tenderness Very rare; deep vein thrombosis; stroke; heart attack
Second line	Oral progestogen (norethisterone)[3] Utovlan	Oral tablets that prevent proliferation of the endometrium	Yes	No	Common; weight gain; bloating; breast tenderness; headaches; acne (but usually minor and transient) Rare; depression
	Injected progestogen[2 3]	Intramuscular injection that prevents proliferation of the endometrium	Yes	No	Common; weight gain; irregular bleeding; amenorrhoea; premenstrual-like syndrome (including bloating, fluid retention, breast tenderness) Less common; bone density loss

1 The evidence for effectiveness can be found in NICE Guideline No 44 http://www.nice.org.uk/nicemedia/pdf/CG44NICEGuideline.pdf

2 Check the summary of product Characteristics for current licensed indications. Informed consent is needed when using outside the licensed indications.

3 See World Health Organisation 'Pharmaceutical eligibility criteria for contraceptive use' (WHOMEC), www.ffprhc.org.uk/admin/uploads/298_UKMEC_200506.pdf

4 Common:1in 100 chance; less common: 1 in 1000 chance; rare 1 in 10,000 chance; very rare: 1 in 100,000 chance

5 The recommended dosing regime for norethisterone is not licensed for use as a contraceptive, but may affect a women's ability to become pregnant while it is being taken.