Health One User Group Audit and Research Submission

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An audit of Hormone Replacement Therapy initiation practices and subsequent development of a Health One based prescription aide in Brandon Medical Centre

Abstract

Introduction

Hormone replacement therapy (HRT) is the most effective method of treating distressing peri-menopausal symptoms. Symptomatic women if assessed on an individual basis may in the absence of contraindications be offered HRT as part of a safe holistic approach to managing the menopause. The Women's Health Initiative trial published in 2002 and Million Women study 2003, caused concern by appearing to reflect increased rates of breast cancer and coronary artery disease with long-term HRT (1) . The direct effect of these results was to significantly reduce the prescription of HRT amongst General Practitioners (GPs) in Ireland. In women aged 45-69 in the years 2001-2004 GMS prescription rates for HRT in that age group fell from 19.7% to 12.3% (2). However subsequent review of these studies has shown that they were based predominantly on older, asymptomatic women the majority of whom were in their 60s using a single strong potent equine derived product. Recent guidelines from the British Menopause Society in June 2016 have reflected this post hoc analysis and have widely supported the use of HRT in appropriately chosen individuals (3). The decreased rates of prescribing over the past decade are likely to have affected GP's knowledge base. This study was designed to investigate first consultation prescribing practices and potentially develop a tool to assist GPs and benefit patients in this area of women's health.

Methods

Audit

Health One analysis tools were used. It was decided to audit all active patients on HRT in Brandon Medical Centre, a single handed 2000 patient practice, in September 2016. All brands of HRT listed in MIMS that month were searched for in the active medication search feature of Health One. Results were exported as an excel file. A chart review was performed. First consultation date was noted from the prescription section of Health One. Each consultation was assessed for the presence symptoms, history of gynaecological surgery, contraindications, smoking and alcohol consumption and advice, blood pressure,

BMI, smear, breast advice, and patient information provided.

Mediform development

Local GPs and colleagues in GP training were consulted on what they would like from a consultation tool for HRT. This information was combined with NICE guidelines and recommendations from Dr Deirdre Lundy, women's health specialist, from the ICGP Family Planning Course to make a suggested prescription protocol for HRT. A new mediform was built using instructions from the new mediform tutorial on the user group website based on the protocol drawn up.

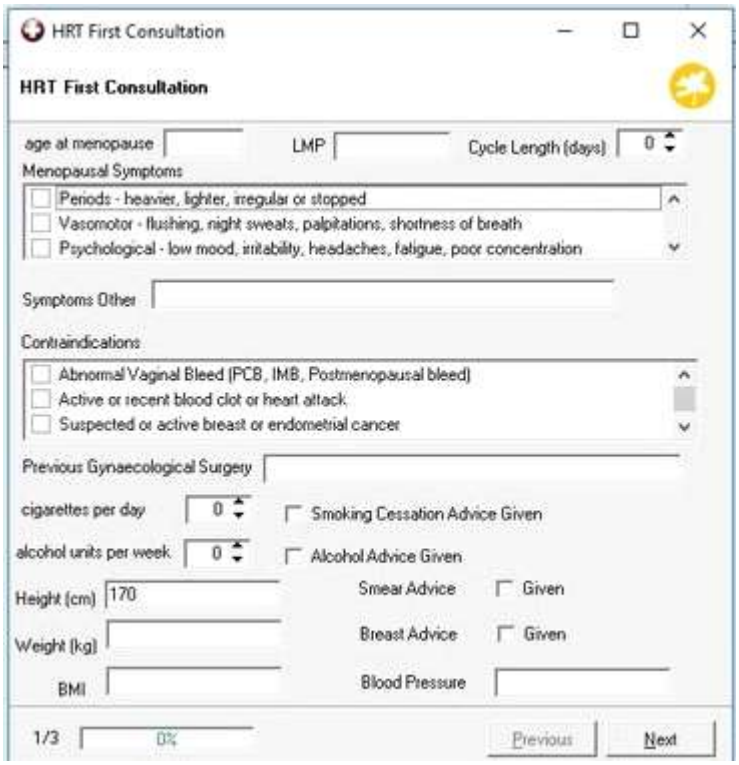
Results

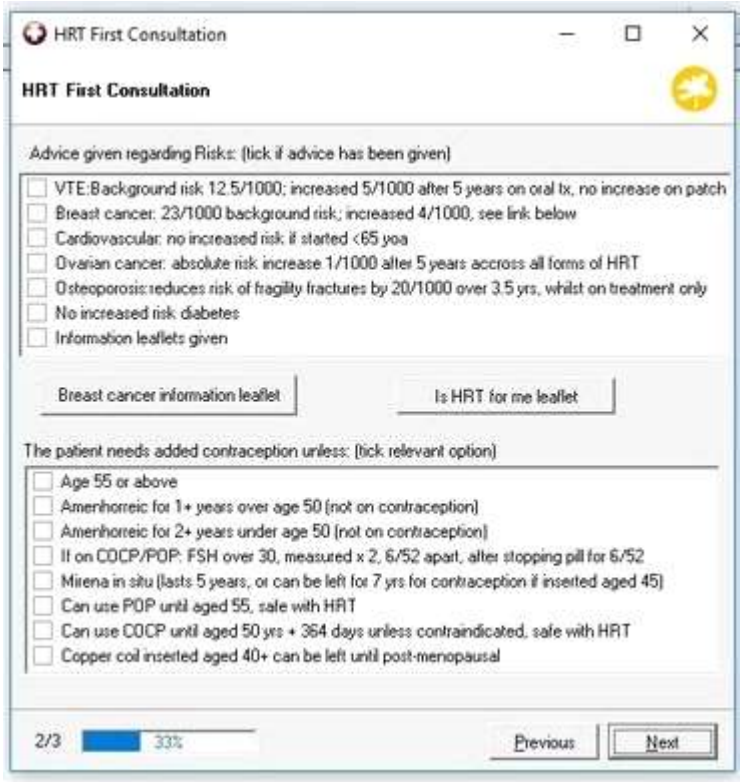
Audit

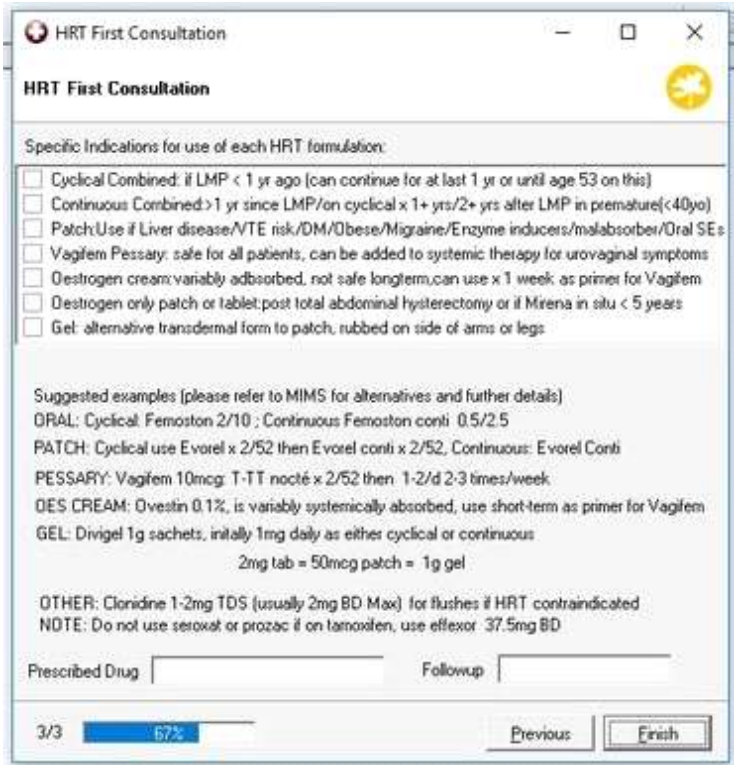
30 patients were on HRT (11 oral, 10 transdermal, 5 pessary, 5 cream) with 6 patients on multiple forms simultaneously. 14 different formulations were in use. The majority of prescriptions were started in the years 2008-2016 at an average rate of 1.66 new HRT prescriptions per year. Excluding those on pessaries and creams (n=15) first consultation features were reviewed for each patient. 46.67% were post hysterectomy. 73.33% had symptoms recorded. 40% had contraindications recorded. 26.67% had smoking status, 6.67% had alcohol, 33.33% had BP, BMI in 20%, smear advice 6.67%, breast check 13.33%, advice on risks 60%, information leaflet 6.67%, LMP 6.67% and contraception in 13.33% of the first consult notes.

Mediform

A mediform was successfully created which could guide a doctor irrespective of knowledge level through a comprehensive consultation taking in all the elements which were frequently missing in many of the initial consultations without a template.


HRT First Consultation
HRT First Consultation
age at menopause
LMP
Cycle Length (days)
0
Menopausal Symptoms
Periods - heavier, lighter, irregular or stopped
Vasomotor - flushing, night sweats, palpitations, shortness of breath
Psychological - low mood, irritability, headaches, fatigue, poor concentration
Symptoms Other
Contraindications
Abnormal Vaginal Bleed (PCB, IMB, Postmenopausal bleed)
Active or recent blood clot or heart attack
Suspected or active breast or endometrial cancer
Previous Gynaecological Surgery
cigarettes per day
0
Smoking Cessation Advice Given
alcohol units per week
0
Alcohol Advice Given
Height (cm)
170
Smear Advice
Given
Weight (kg)
Breast Advice
Given
BMI
Blood Pressure
1/3
0%
Previous
Next


HRT First Consultation
HRT First Consultation
Advice given regarding Risks: (tick if advice has been given)
VTE:Background risk 12.5/1000; increased 5/1000 after 5 years on oral tx, no increase on patch
Breast cancer: 23/1000 background risk; increased 4/1000, see link below
Cardiovascular: no increased risk if started <65 yoa
Ovarian cancer: absolute risk increase 1/1000 after 5 years accross all forms of HRT
Osteoporosis:reduces risk of fragility fractures by 20/1000 over 3.5 yrs, whilst on treatment only
No increased risk diabetes
Information leaflets given
Breast cancer information leaflet
Is HRT for me leaflet
The patient needs added contraception unless: (tick relevant option)
Age 55 or above
Amenhorreic for 1+ years over age 50 (not on contraception)
Amenhorreic for 2+ years under age 50 (not on contraception)
If on COCP/POP: FSH over 30, measured x 2, 6/52 apart, after stopping pill for 6/52
Mirena in situ (lasts 5 years, or can be left for 7 yrs for contraception if inserted aged 45)
Can use POP until aged 55, safe with HRT
Can use COCP until aged 50 yrs + 364 days unless contraindicated, safe with HRT
Copper coil inserted aged 40+ can be left until post-menopausal
2/3
33%
Previous
Next



Conclusions and Suggested Future Research

HRT having been out of favour in recent years is likely to become a more widely used treatment in suitable patients given recent guidelines. It is difficult for GPs, particularly those seeing lower volumes of women's' health, to maintain a knowledge base in the area of HRT and this can lead to a deterioration in consultation quality delivered to the patent. A Health One based mediform app is likely to overcome this issue as it guides the prescriber through the consultation covering all relevant areas. A second cycle of this audit will be carried out in the practice in two years time to complete the audit process and assess uptake of the new mediform.

References

1 Lundy, Deirdre (2011): In defence of hormone replacement therapy. In *ICGP Forum* 28 (6), pp. 55-57 [accessed 27/10/16 http://www.icgp.ie/go/library/forum?spid=6983F5EC-19B9-E185-835C164688CB5612]

2. Usher, C.; Teeling, M.; Bennett, K.; Feely, J. (2006): Effect of clinical trial publicity on HRT prescribing in Ireland. In *European journal of clinical pharmacology* 62 (4), pp. 307–310. DOI: 10.1007/s00228-005-0083-x.

3. Hillard, Tim (2016): Diagnosis of perimenopause and menopause (Section 5). In *Post reproductive health* 22 (2), pp. 56–58. DOI: 10.1177/2053369116648270.