

6 APPENDIX

6.1 Suitability screen for guidelines in heavy menstrual bleeding

A suitability screen was performed at the beginning of the Guideline process to ensure that the topic was worthwhile for investing time in producing a guideline. The screening process followed these steps and involved the convenor of the project - Dr Cindy Farquhar with assistance from other group members.

- 1 Can the proposed change be measured? The answer to this question is Yes. There are outcomes that can be measured which are as follows;
 - hysterectomy rate in women under the age of 50 years
 - prescribing rates of Tranexamic acid
 - GP databases for number of consultations and referrals
- 2 A brief literature search was carried out. There are approximately 50 RCTs of medical and surgical therapy of heavy menstrual bleeding and at least 20 studies of diagnostic tests.
- 3 Is the best treatment supported by the evidence? The prescribing rate of Tranexamic acid amongst gynaecologists in this country is low with only 10% using it as a third line measure while the prescribing rate for luteal phase progestogen is 50%.

There is no use of the levonorgestrel IUCD currently.

- 4 Would the proposed change result in sufficient change in outcomes and justify the effort? How big is the gap between current practice and optimum care? New Zealand has the fifth highest hysterectomy rate in OECD countries. Currently 21% of New Zealand women have a hysterectomy before menopause. In a population of premenopausal women in the United Kingdom this is 17%, whereas in Denmark the lifetime prevalence is 10%.
- 5 How much effort will it take to close the gap? There will have to be an educational programme for primary and secondary care doctors as well as changes in access to certain diagnostics and medications.
- 6 Is there a reasonable likelihood that changes could be implemented? Yes, with appropriate funding.