

Do patients seek hysterectomy ?



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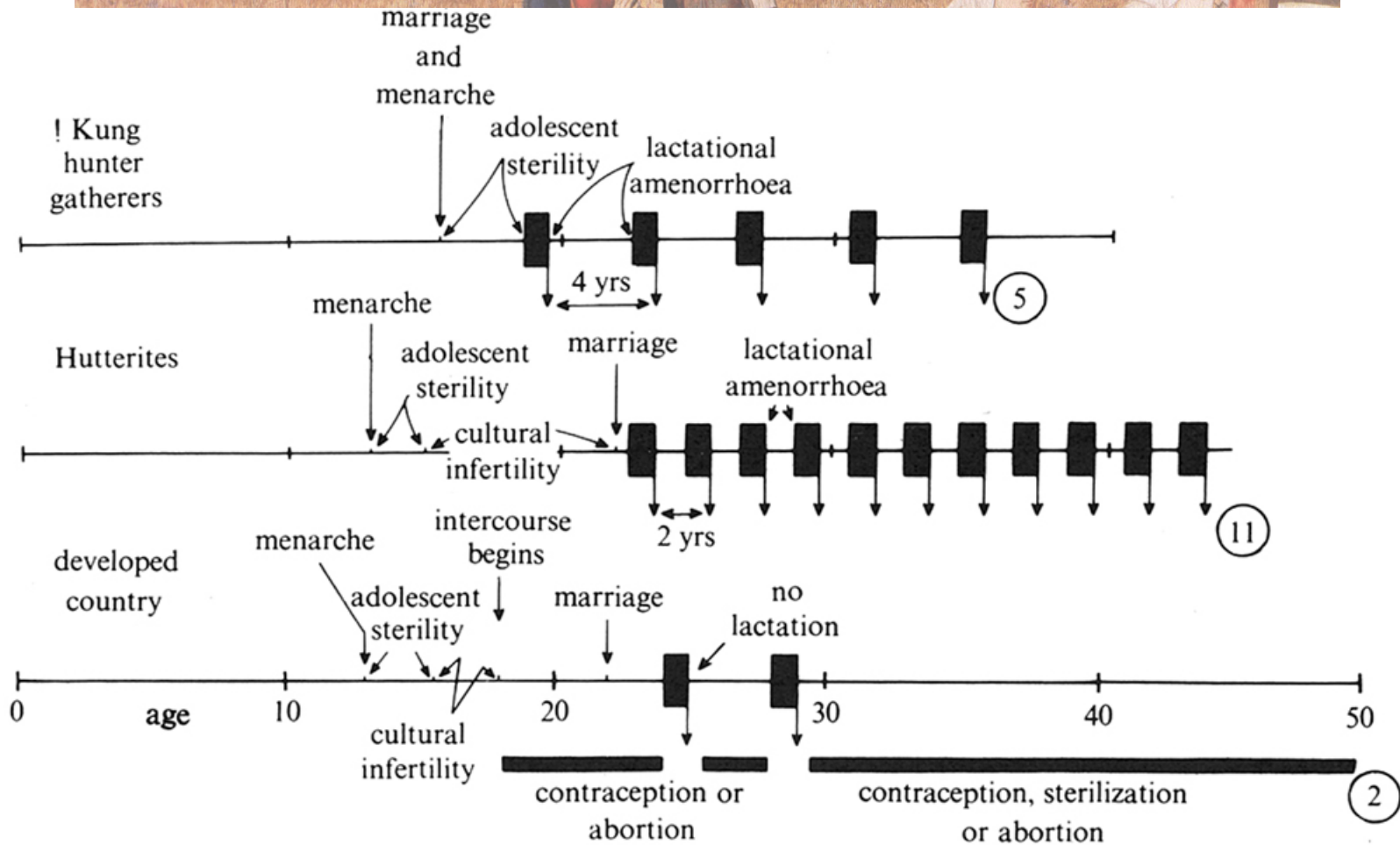


THE UNIVERSITY
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MRC

Centre for
Reproductive
Health

Times past - very few periods!



Menstrual Misery: do women seek hysterectomy

- More menstrual cycles
- We don't talk about "periods"
- We don't understand why "periods" are heavy and painful
- Sensitive nature of period problems may delay presentation
- Menstrual cycle related problems reduce quality of life
- Women suffer adverse impacts of HMB during their prime years: lifetime loss of 5-7years of "healthy life".

Menstrual Complaints

- AUB/ HMB imposes major medical, social and economic problems for women, their families, workplace and health services
- AUB affects **20-30% premenopausal women** (RCOG, 2011)
- Medical treatments are discontinued (lack of efficacy; side-effects) & **43% have surgery within 1 year** of hospital attendance (RCOG, NHMBA 2011).
- Women wish to avoid surgery: delaying family. In UK half of all babies born to women 30 years+
- Surgery involves risk: complications or failure
- Major health problem, involving invasive treatments and significant cost – **UK over £65m per year; USA up to \$17.2billion!** (Cardozo *et al* 2012).
- Cost-effective medical alternatives are underutilised (Wishall *et al* 2014; Sharp HT, 2015)

Menstrual complaints

- Recent RCOG HMB audit 2011: 1-year post-referral only 35% of women (including those given surgery) were “satisfied” / better at prospect of current menstrual symptoms continuing for next 5 years
- Unmet need for longer-term medical therapy, preserving fertility that is effective, affordable and devoid of unwanted side effects

Summary of common treatment recommendations for HMB^{1,2}

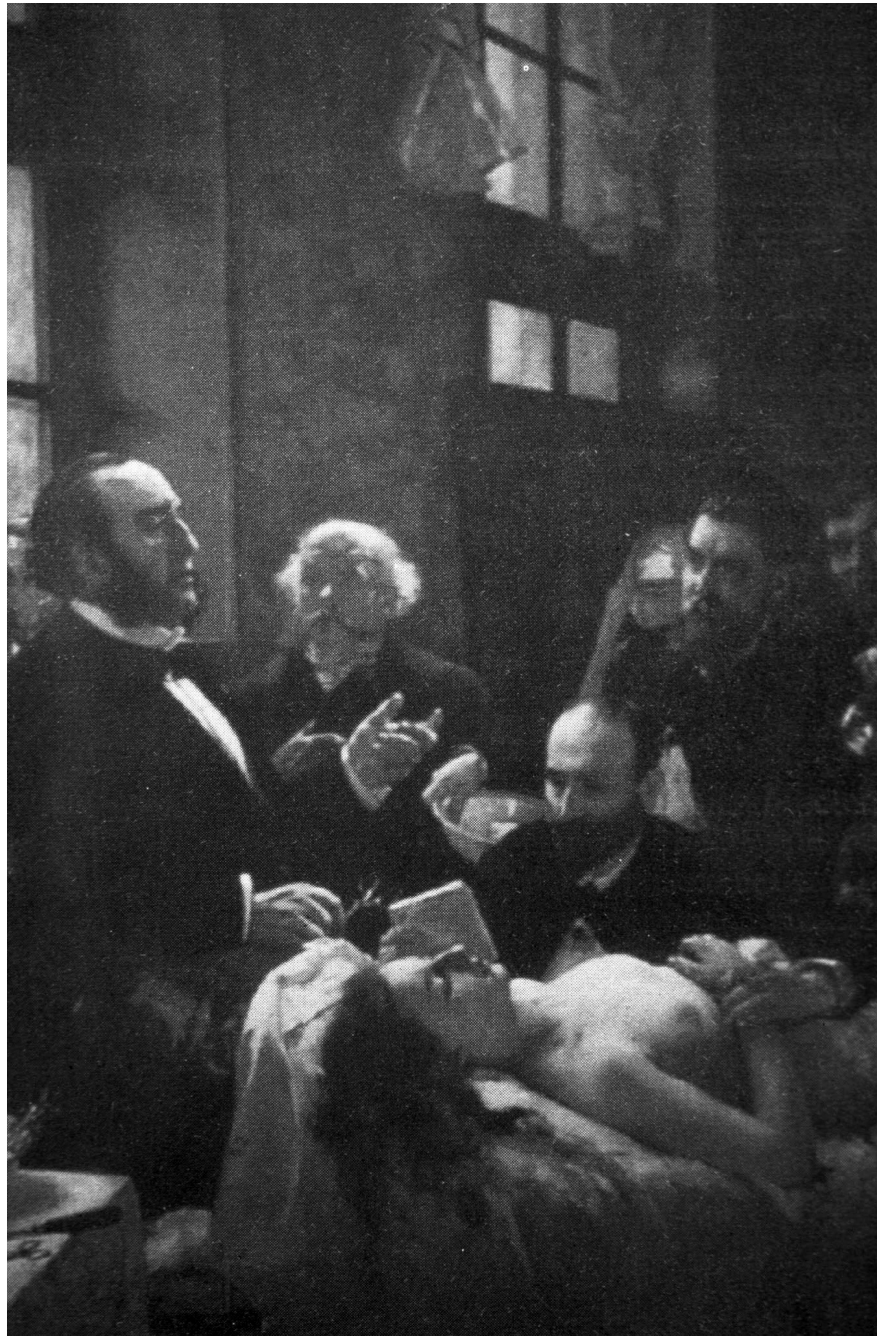
	Treatment	Effect on HMB
First line	LNG-IUS	Decrease 71-96%*
Second line	COCs	Decrease 43%
Second line	Tranexamic acid	Decrease 29–58%
Second line	NSAIDs (e.g. mefenamic acid)	Decrease 20-49%
Third line	Oral progestogen	Decrease up to 83%
First line (surgery)	Endometrial ablation	Decrease 80%
	Hysterectomy	Complete cure

- Pharmaceutical Treatment
- Surgical Treatment

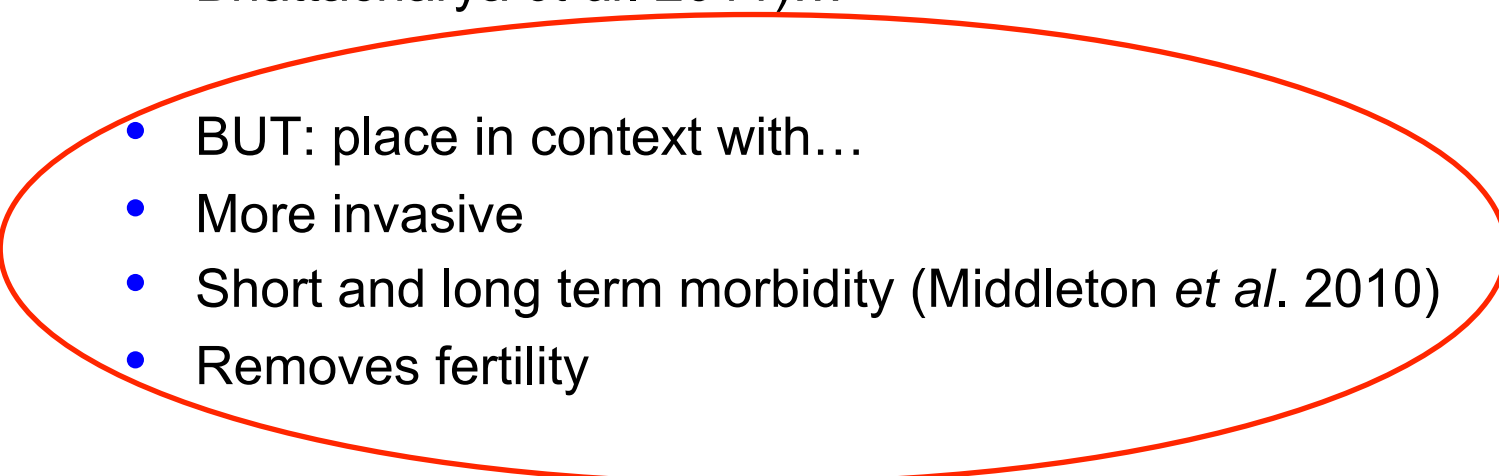
*May also treat endometriosis and adenomyosis

1. NICE Clinical guideline CG44. January 2007.

2. Varma R *et al Gyn Forum* 2011;16:10-16.



Do patients seek hysterectomy?

- If medical options fail surgery options offered (59% oral drugs/ 13.5% LNG-IUS; NHS ref costs 2012; Pattison *et al.* 2011)
 - NICE HMB guideline recommends EA and hysterectomy if women fail with medical treatment (Bhattacharya *et al.* 2011)
 - Conservative surgery (EA) may also fail to resolve symptoms (19%; Middleton *et al.* 2010)
 - Conventional hysterectomy may be more cost-effective (“to date”; Bhattacharya *et al.* 2011)...
- 
- BUT: place in context with...
 - More invasive
 - Short and long term morbidity (Middleton *et al.* 2010)
 - Removes fertility

To bleed or not to bleed: Menstrual Cycles

Menstruating species

- Only occur in primates (mainly Old World) and a few others such as elephant shrew and bat.



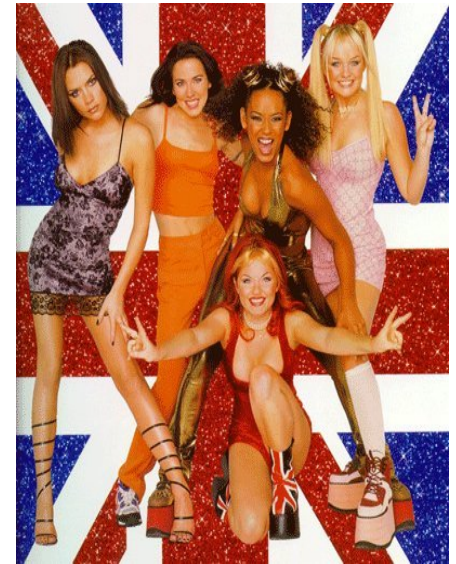
Fruit Bat



Elephant Shrew



Old World Primates

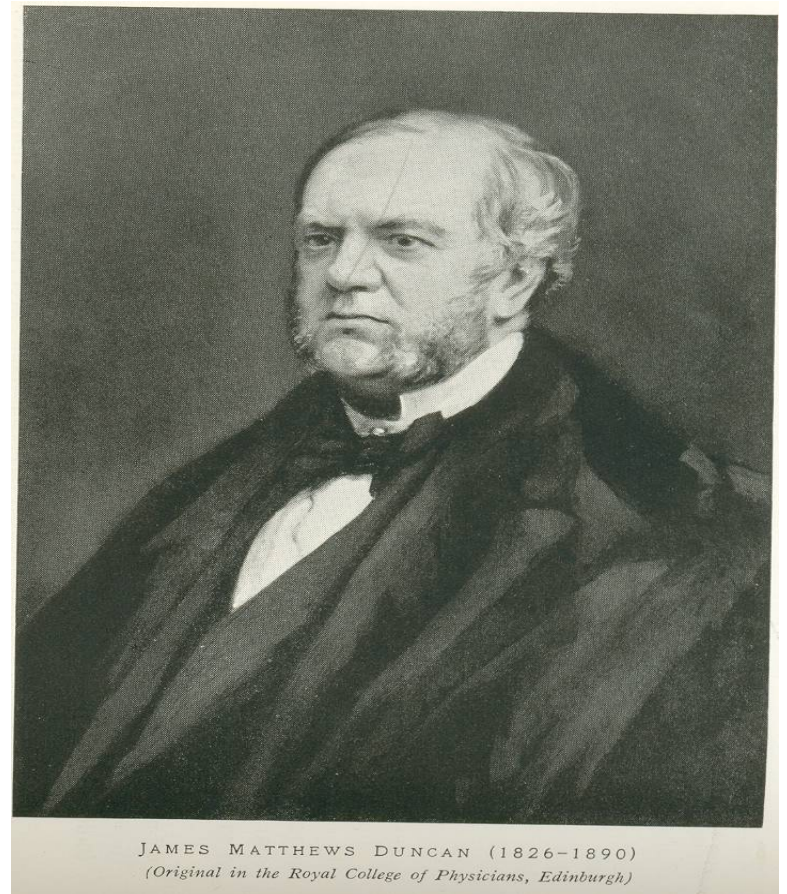


Humans

- Social and biological significance

**Matthews Duncan
once observed that:**

***“menstruation is like
the red flag outside an
auction sale. It shows
that something is
going on inside”***



*From H. Beckwith Whitehouse “Hunterian Lecture on the Physiology
and Pathology of Uterine Haemorrhage”
(Lancet 1914, March 28)*

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“Periodical uterine haemorrhage is, in fact, one of the sacrifices which women must offer at the alter of evolution and civilisation”

Beckwith Whitehouse 1914 Lancet Hunterian lecture

By H. BECKWITH WHITEHOUSE, M.B.,

M.S. LOND., F.R.C.S. ENG.,

HUNTERIAN PROFESSOR, ROYAL COLLEGE OF SURGEONS, ENGLAND;
HONORARY ASSISTANT GYNÆCOLOGIST AND ASSISTANT CLINICAL
LECTURER ON DISEASES OF WOMEN, GENERAL HOSPITAL,
BIRMINGHAM, ETC.

(With Illustrative Plates.*)

(Concluded from p. 885.)

"Should periods be optional and convenient?"

ESSAY

Essay

Nuisance or natural and healthy: should monthly menstruation be optional for women?

Sarah L Thomas, Charlotte Ellertson

It is simplicity itself to eliminate menstruation with safe, inexpensive, and widely available oral contraceptive tablets. Yet monthly menses continue to be the standard for women. Why? Any woman can tell you that menstruating is a pain, literally and metaphorically. At a minimum, it is a nuisance that requires planning and expensive sanitary supplies and paracetamol to avoid messy discomfort for about 1 week each month. In many cases, however, menstruation has a far greater impact on the female half of the population. It can debilitate, and it constitutes a significant and largely unacknowledged cost to society, according to a lively and provocative new book

with monthly bleeding in women have not to date afforded the same investment and scrutiny as conditions that are considered "unnatural".

Health professionals and women ought to view menstruation as they would any other naturally occurring but frequently undesirable condition. This means providing those women who want it with safe and effective means to eliminate their menstrual cycles, contributing to happier, less encumbered lives and helping women individually and society as a whole. The required technology is simple: ordinary oral contraceptives that we have had for 40 years, which have been studied extensively

The Lancet Vol. 355: p 922 (March 2000)

WITH SHELDON J. SEGAL

Extended use of combined oral contraceptive pills – not new!

- Fewer periods but more spotting
- Many women preferred continuous regimen

Loudon *et al* 1997, BMJ 2: 487-470
Cachvimanidou *et al* 1993,
Contraception 48: 205-216
Miller & Notter 2001,
Obstetrics & Gynecology 98: 771-778

Acceptability of an oral contraceptive that reduces the frequency of menstruation: the tri-cycle pill regimen

N B LOUDON, M FOXWELL, D M POTTS, A L GUILD, R V SHORT

British Medical Journal, 1977, 2, 487-490

Summary

The frequency of menstruation was reduced to once every three months in 196 women by the continuous administration of the oral contraceptive pill, Minilyn, for 84 days (tri-cycle regimen). No pregnancies occurred. One hundred and sixty-one women (82%) welcomed the reduction in the number of periods with the as-

sociated freedom from menstrual and premenstrual symptoms, and many found the tri-cycle regimen easier to follow. Weight gain of more than 2 kg, irregular cycle control, especially in the first three months, breast tenderness, and headaches were the main side effects. Menstrual loss was unchanged or reduced in all but seven women. The doctors and nurses on the clinic staff were less enthusiastic about this regimen than the volunteers themselves.

Introduction

When Dr Gregory Pincus first developed the oral contraceptive pill in the late 1950s he proposed a dosage regimen that would last for 28 days. Although the length of the cycle was arbitrary, Pincus tried to control ovulation by the length of the normal menstrual cycle when oral contraception was used. The use of ovarian hormones to control ovulation has been widely exploited, and it is now estimated that over 50 million women use the pill¹; probably as many again have used it at some time. The pill has proved

Family Planning Services, Lothian Health Board, Edinburgh
N B LOUDON, *MB, ChB, medical co-ordinator*
M FOXWELL, *MB, ChB, medical co-ordinator*

International
Carol
D M POTTS, *MB, ChB, medical co-ordinator*

Medical
EH1 2

A L GUILD, *MA, research technician*
R V SHORT, *SCD, FRS, director*

The doctors and nurses on the clinic staff were less enthusiastic about this regimen than the volunteers themselves.

	Age category (years)			
	15-19	25-34	45-49	52-57
Number responding	323	326	325	327
Percentage menstruating	99.1	95.1	64.6	13.5
Number menstruating	320	310	210	44
Less painful	54.7	38.7	44.3	45.5
Shorter	50.3	37.4	41.4	38.6
Less heavy flow	45.9	40.0	48.1	56.8
Amenorrhea	35.6	31.9	53.8	63.6

Preferred changes in current menstrual bleeding characteristics (as a percentage of women still menstruating).

Important data for health care providers and future contraception development

den Tonkelaar and Oddens (1999) *Contraception* 59:357–362

Benefits to health of “no bleed” approach (**reversible** amenorrhoea) for heavy and / or painful periods

- No problem bleeding
- Decreased inconvenience and social isolation
- Decrease in endometriosis
- No anaemia
- Avoid surgery and retain fertility
- Cost saving
- Choice!

Do patients seek hysterectomy?

- Challenge is to be able to offer women **the choice of an alternative to hysterectomy**
- *Hysterectomy, the most common surgical treatment of AUB, has significant morbidity, low mortality, long recovery, and high associated health care costs (Miller et al 2015)*
- A non-surgical therapy is needed **allowing women to keep their uterus**
- Enjoy **relief from the burden** of menstrual misery
- **Unmet need** to offer absent or predictable light menstruation

So: Do patients seek hysterectomy?

“It is the occurrence of menstruation, I say, which first renders the female an object of interest to an Obstetrical Society. Perhaps some would add, that were there no menstruation, our occupation would be gone”.

Professor Alexander Russell Simpson, President, from his inaugural address to the Edinburgh Obstetrical Society on 8th December 1875