

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Heavy menstrual bleeding: assessment and management

Topic

This guideline will update the NICE guideline on heavy menstrual bleeding: assessment and management (CG44) as set out in the [surveillance review decision](#).

This guideline will also be used to develop the NICE quality standard for heavy menstrual bleeding.

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the [context](#) section.

Who the guideline is for

- Women using services, families and carers and the public
- Healthcare professionals in gynaecology services
- Healthcare professionals in primary care
- Commissioners of gynaecology services

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried an equality impact assessment during scoping. The assessment:

- 27 • lists equality issues identified, and how they have been addressed
- 28 • explains why any groups are excluded from the scope.

29 The guideline will look at inequalities relating to women who are socially
30 disadvantaged, women with learning disabilities and women who have
31 difficulties with reading, understanding or speaking English.

32 **1 What the guideline is about**

33 **1.1 *Who is the focus?***

34 **Groups that will be covered**

- 35 • Women with heavy menstrual bleeding, including:
 - 36 - women with suspected or confirmed fibroids
 - 37 - women with suspected or confirmed adenomyosis.

38 **Groups that will not be covered**

39 Women with gynaecological bleeding other than heavy menstrual bleeding,
40 that is:

- 41 - intermenstrual bleeding
- 42 - post-coital bleeding.
- 43 • Women with gynaecological conditions in which heavy menstrual bleeding
44 is not the main problem, such as endometriosis.

45 **1.2 *Settings***

46 **Settings that will be covered**

- 47 • All NHS-funded healthcare settings

48 **1.3 *Activities, services or aspects of care***

49 We will look at evidence on the areas listed below when developing the
50 guideline, but it may not be possible to make recommendations on all the
51 areas.

52 **Key areas that will be covered**

53 ***Areas from the published guideline that will be updated***

- 54 1 Diagnosis of heavy menstrual bleeding
- 55 2 Management of heavy menstrual bleeding, including:
- 56 – pharmacological management [note that guideline recommendations
- 57 will normally fall within licensed indications; exceptionally, and only if
- 58 clearly supported by evidence, use outside a licensed indication may
- 59 be recommended. The guideline will assume that prescribers will use
- 60 a medicine's summary of product characteristics to inform decisions
- 61 made with individual patients]
- 62 – surgical management.

63 ***Areas not in the published guideline that will be included in the update***

- 64 1 Diagnosis and management of adenomyosis [this will include looking at
- 65 uterine artery embolisation for treating adenomyosis, subject to
- 66 discussion with NICE's Interventional Procedures Programme about the
- 67 link with NICE interventional procedures guidance 473 ([uterine artery](#)
- 68 [embolisation for treating adenomyosis](#))].

69 **Areas that will not be covered**

70 ***Areas from the published guideline that will not be updated***

- 71 1 Definition of heavy menstrual bleeding
- 72 2 Education and information provision
- 73 3 Competencies:
- 74 – training
- 75 – maintenance
- 76 – governance
- 77 4 The clinical and cost effectiveness of treatment with progesterone
- 78 receptor modulators for fibroids of 3 cm or more in diameter (this topic is
- 79 currently being reviewed by the NICE standing committee, with
- 80 publication expected on 24 August 2016; that update will be incorporated
- 81 into CG44)

82 Recommendations in areas that are not being updated may be edited to
83 ensure that they meet current editorial standards, and reflect the current policy
84 and practice context.

85 ***Areas not covered by the published guideline or the update***

86 1 Management of endometriosis associated with heavy menstrual bleeding
87 [this will be covered in [NICE's guideline on endometriosis](#) that is
88 currently in development (publication expected September 2017)]

89 **1.4 Economic aspects**

90 We will take economic aspects into account when making recommendations.
91 We will develop an economic plan that states for each review question (or key
92 area in the scope) whether economic considerations are relevant, and if so
93 whether this is an area that should be prioritised for economic modelling and
94 analysis. We will review the economic evidence and carry out economic
95 analyses, using an NHS perspective, as appropriate.

96 **1.5 Key issues and questions**

97 While writing this scope, we have identified the following key issues, and key
98 questions related to them. The answers will be tailored to the groups covered
99 by the guideline (see section 1.1).

- 100 1 Diagnosis of heavy menstrual bleeding
- 101 1.1 What is the most clinically and cost-effective strategy for diagnosing
102 heavy menstrual bleeding?
- 103 2 Management of heavy menstrual bleeding
- 104 2.1 What is the most clinically and cost-effective pharmacological
105 treatment for heavy menstrual bleeding? [Note the clinical and cost
106 effectiveness of treatment with progesterone receptor modulators for
107 fibroids of 3 cm or more in diameter is currently being reviewed by the
108 NICE standing committee, with publication expected on 24 August 2016;
109 that topic will not be covered by this review]

110 2.2 What is the most clinically and cost-effective surgical treatment for
111 heavy menstrual bleeding?

112 2.3 In the absence of pathology, what is the most clinically and cost-
113 effective treatment for heavy menstrual bleeding among pharmacological
114 and surgical treatments?

115 3 Diagnosis and management of adenomyosis

116 3.1 What is the most clinically and cost-effective imaging strategy for
117 diagnosing adenomyosis in women with heavy menstrual bleeding?

118 3.2 What is the clinical and cost effectiveness of uterine artery
119 embolisation for treating women with heavy menstrual bleeding and
120 adenomyosis?

121 The key questions may be used to develop more detailed review questions,
122 which guide the systematic review of the literature.

123 **1.6 Main outcomes**

124 The main outcomes that will be considered when searching for and assessing
125 the evidence are:

- 126 1 clinical outcomes and effectiveness
- 127 – reduction in menstrual blood loss
- 128 – adverse events
- 129 – patient satisfaction
- 130 2 health-related quality of life.

131 **2 Links with other NICE guidance, NICE quality** 132 **standards, and NICE Pathways**

133 **2.1 NICE guidance**

134 **NICE guidance that will be updated by this guideline**

- 135 • [Heavy menstrual bleeding: assessment and management](#) (NICE guideline
136 CG44)

137 **NICE guidance about the experience of people using NHS services**

138 NICE has produced the following guidance on the experience of people using
139 the NHS. This guideline will not include additional recommendations on these
140 topics unless there are specific issues related to heavy menstrual bleeding:

- 141 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 142 • [Medicines adherence](#) (2009) NICE guideline CG76

143 **NICE guidance that is closely related to this guideline**

144 ***Published***

145 NICE has published the following guidance that is closely related to this
146 guideline:

- 147 • [Uterine artery embolisation for treating adenomyosis](#) (2013) NICE
148 interventional procedure guidance 473
- 149 • [Hysteroscopic morcellation of uterine leiomyomas \(fibroids\)](#) (2015) NICE
150 interventional procedure guidance 522
- 151 • [Magnetic resonance image-guided transcutaneous focused ultrasound for
152 uterine fibroids](#) (2011) NICE interventional procedure guidance 413
- 153 • [Uterine artery embolisation for fibroids](#) (2010) NICE interventional
154 procedure guidance 367
- 155 • [Laparoscopic techniques for hysterectomy](#) (2007) NICE interventional
156 procedure guidance 239
- 157 • [Endometrial cryotherapy for menorrhagia](#) (2006) NICE interventional
158 procedure guidance 157
- 159 • [Fluid-filled thermal balloon and microwave endometrial ablation techniques
160 for heavy menstrual bleeding](#) (2004) NICE technology appraisal guidance
161 78
- 162 • [Photodynamic endometrial ablation](#) (2004) NICE interventional procedure
163 guidance 47
- 164 • [Magnetic resonance \(MR\) image-guided percutaneous laser ablation of
165 uterine fibroids](#) (2003) NICE interventional procedure guidance 30

- 166 • [Laparoscopic laser myomectomy](#) (2003) NICE interventional procedure
167 guidance 23

168 ***In development***

169 NICE is currently developing the following guidance that is closely related to
170 this guideline:

171 [Endometriosis: diagnosis and management](#). NICE guideline. Publication
172 expected July 2017.

173 [Heavy menstrual bleeding \(standing committee update\)](#). Publication expected
174 24 August 2016.

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176 **2.2 NICE quality standards**

177 NICE quality standards that may need to be revised or updated when this
178 guideline is published

- 179 • [Heavy menstrual bleeding](#) (2013) NICE quality standard 47

180 **2.3 NICE Pathways**

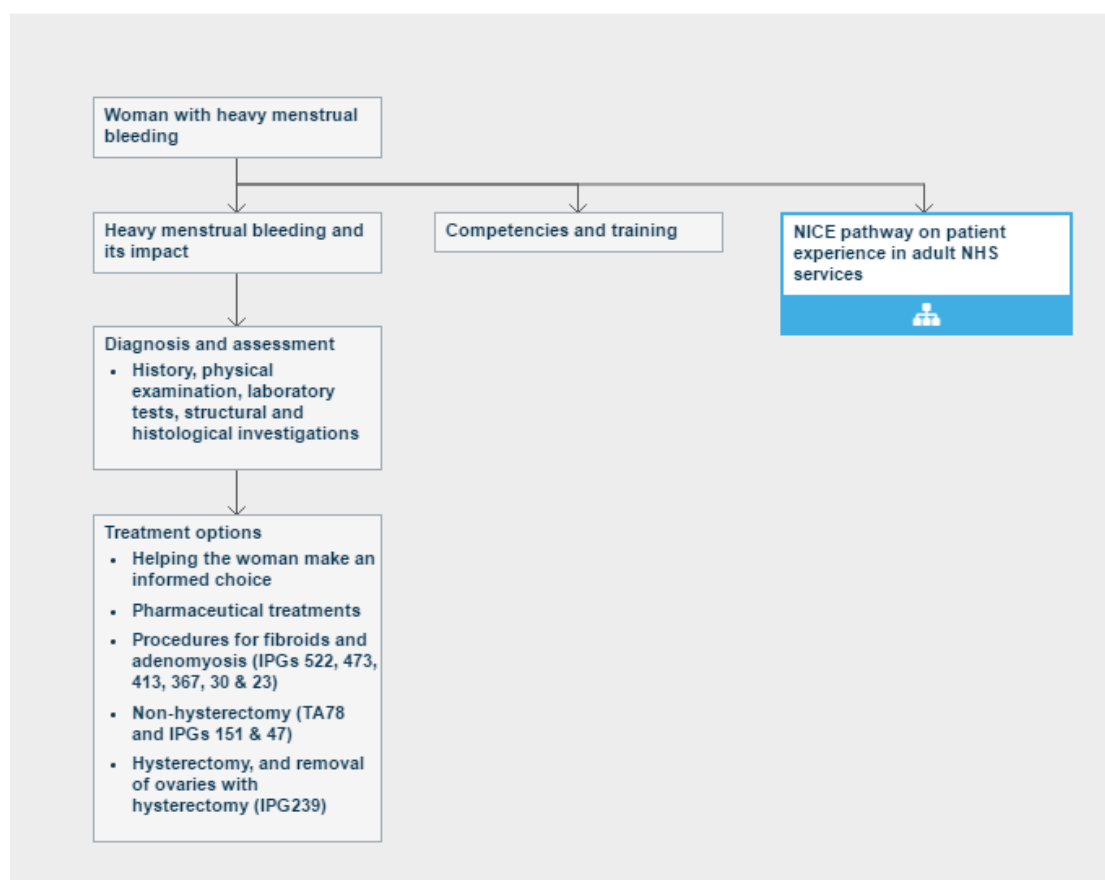
181 NICE Pathways bring together all related NICE guidance and associated
182 products on a topic in an interactive topic-based flow chart.

183 There is a live pathway for heavy menstrual bleeding:

184 <http://pathways.nice.org.uk/pathways/heavy-menstrual-bleeding>

185 When the revised guideline is published, the recommendations will be
186 incorporated into a revised pathway. An outline, based on the scope, is
187 included below. It will be adapted and more detail added as the
188 recommendations are written during guideline development

Heavy menstrual bleeding overview



189

190 **3 Context**

191 **3.1 Key facts and figures**

192 Heavy menstrual bleeding is one of the most common reasons for
 193 gynaecological consultations in both primary and secondary care. The [NICE](#)
 194 [clinical knowledge summary on menorrhagia](#) states that about 1 in 20 women
 195 aged 30–49 years consult their GP each year because of heavy periods and
 196 menstrual problems, and that menstrual disorders comprise 12% of all
 197 referrals to gynaecology services. Heavy periods affect women’s quality of life
 198 and can restrict participation in the workplace and socially. (See the
 199 [introduction to the current guideline CG44](#) for further details.)

200 **3.2 Current practice**

201 For diagnosis of heavy menstrual bleeding, the current guideline (CG44)
 202 recommends ultrasound as the first investigation, followed by hysteroscopy

203 when results are inconclusive. Since publication of CG44 in 2007,
204 transvaginal ultrasound equipment and software have improved, and
205 outpatient hysteroscopy has become more widely available. Therefore the
206 relative clinical and cost effectiveness of diagnostic strategies may have
207 changed.

208 For treating heavy menstrual bleeding, outpatient management comprising
209 insertion of a levonorgestrel-releasing intrauterine system (LNG-IUS) has
210 increased in popularity, and there has been a reduction in surgical procedures
211 The technique of microwave endometrial ablation is no longer available in the
212 UK.

213 Improvements in diagnostic imaging in recent years have resulted in an
214 increase in the reported prevalence of adenomyosis, which is commonly
215 associated with heavy menstrual bleeding. This condition was not included in
216 CG44. The technique of uterine artery embolisation, which is covered in NICE
217 interventional procedure guidance 473, will be reviewed in this context.

218 **3.3 Policy, legislation, regulation and commissioning**

219 Legislation, regulation and guidance professional bodies have produced the
220 following relevant guidance:

- 221 • [Clinical recommendations on the use of uterine artery embolisation \(UAE\)](#)
222 [in the management of fibroids](#) (2013) Report of RCOG/RCR joint working
223 party, third edition
- 224 • [Best practice in outpatient hysteroscopy](#) (2011) RCOG/BSGE GTG59

225 **Commissioning**

226 Gynaecology services for heavy menstrual bleeding are locally commissioned.
227 Since publication of CG44 in 2007 there has been a trend away from
228 secondary care towards community-based diagnostic and treatment services
229 using a variety of providers.

230 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 1 August to 22 August 2016.

The guideline is expected to be published in July 2017.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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