

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Heavy menstrual bleeding (update)

2 List of modelling questions

Review questions by scope area	What is the diagnostic accuracy of ultrasound and hysteroscopy for investigation of women presenting with heavy menstrual bleeding?
Population	Women aged 42 years at entry presenting in primary care with HMB and with a very low risk of endometrial hyperplasia.
Interventions and comparators considered for inclusion	<ol style="list-style-type: none"> 1. levonorgestrel-releasing intrauterine system (LNG-IUS) alone 2. hysterectomy alone 3. outpatient hysteroscopy 4. transvaginal ultrasound scan 5. endometrial biopsy.
Perspective	NHS and Personal Social Services (PSS)
Outcomes	Quality adjusted life years (QALYs)
Type of analysis	Cost-utility analysis
Issues to note	A single model was used to address diagnosis and treatment
Review questions by scope area	What is the most clinically and cost-effective treatment (pharmacological/surgical) for heavy menstrual bleeding (HMB) in women with suspected or diagnosed fibroids; women with suspected or diagnosed adenomyosis; and women with no identifiable pathology?
Population	Women aged 42 years at entry presenting in primary care with HMB and with a very low risk of endometrial hyperplasia.
Interventions and comparators considered for inclusion	<ol style="list-style-type: none"> 1. LNG-IUS 2. tranexamic acid 3. combined oral contraceptive 4. Hysterectomy 5. first generation ablation techniques 6. second generation ablation techniques 7. transcervical resection of fibroids 8. nonsteroidal anti-inflammatory drugs 9. medroxyprogesterone acetate 10. polypectomy

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