

25 ***Equality considerations***

26 NICE has carried an [equality impact assessment](#) during scoping. The
27 assessment:

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

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

33 **1 What the guideline is about**

34 ***1.1 Who is the focus?***

35 **Groups that will be covered**

- 36 • Women with heavy menstrual bleeding, including:
 - 37 – women with suspected or confirmed fibroids
 - 38 – women with suspected or confirmed adenomyosis
 - 39 – women with no identifiable pathology.

40 The committee will give special consideration to women who wish to
41 preserve their fertility.

42 **Groups that will not be covered**

- 43 • Women without heavy menstrual bleeding who have other gynaecological
44 bleeding, for example,
 - 45 – intermenstrual bleeding
 - 46 – post-coital bleeding.
- 47 • Women with gynaecological conditions in which heavy menstrual bleeding
48 is not the main problem, such as endometriosis.

49 **1.2 Settings**

50 **Settings that will be covered**

- 51 • All NHS-funded healthcare settings

52 **1.3 Activities, services or aspects of care**

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

56 **Key areas that will be covered**

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

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

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

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

73 **Areas that will not be covered**

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

- 75 1 Definition of heavy menstrual bleeding
76 2 Education and information provision

- 77 3 Competencies:
- 78 – training
- 79 – maintenance
- 80 – governance
- 81 4 The clinical and cost effectiveness of treatment with progesterone
- 82 receptor modulators for fibroids of 3 cm or more in diameter (this topic
- 83 was reviewed by the NICE standing committee, and an [addendum to](#)
- 84 [CG44](#) was published in August 2016)

85 Recommendations in areas that are not being updated may be edited to

86 ensure that they meet current editorial standards, and reflect the current policy

87 and practice context.

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

- 89 1 Management of endometriosis associated with heavy menstrual bleeding
- 90 [this will be covered in [NICE's guideline on endometriosis](#) that is
- 91 currently in development (publication expected September 2017)]

92 **1.4 Economic aspects**

93 We will take economic aspects into account when making recommendations.

94 We will develop an economic plan that states for each review question (or key

95 area in the scope) whether economic considerations are relevant, and if so

96 whether this is an area that should be prioritised for economic modelling and

97 analysis. We will review the economic evidence and carry out economic

98 analyses, using an NHS perspective, as appropriate.

99 **1.5 Key issues and questions**

100 While writing this scope, we have identified the following key issues, and key

101 questions related to them. The recommendations will be tailored to the groups

102 covered by the guideline (see section 1.1).

- 103 1 Diagnosis of cause of heavy menstrual bleeding
- 104 1.1 What is the most clinically and cost-effective diagnostic strategy for
- 105 investigations in women presenting with heavy menstrual bleeding?

106 1.2 What is the most clinically and cost effective imaging strategy for
107 diagnosing adenomyosis in women with heavy menstrual bleeding?

108

109 2 Management of heavy menstrual bleeding

110 2.1 What is the most clinically and cost-effective pharmacological
111 treatment for heavy menstrual bleeding in women with:

112 – suspected or confirmed fibroids

113 – suspected or confirmed adenomyosis

114 – no identifiable pathology?

115 2.2 What is the most clinically and cost-effective surgical treatment for
116 heavy menstrual bleeding in women with:

117 – Suspected or confirmed fibroids

118 – Suspected or confirmed adenomyosis

119 – no identifiable pathology?

120 NB The surgical options for treating women with heavy menstrual
121 bleeding and adenomyosis will include uterine artery embolisation.

122 2.3 What is the most clinically and cost-effective treatment for heavy
123 menstrual bleeding among pharmacological and surgical treatments?

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

126 **1.6 Main outcomes**

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

129 1 clinical outcomes and effectiveness:

130 – diagnostic accuracy of investigations

131 – reduction in menstrual blood loss

132 – adverse events

133 – patient satisfaction

134 2 health-related quality of life.

135 **2 Links with other NICE guidance, NICE quality** 136 **standards, and NICE Pathways**

137 **2.1 NICE guidance**

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

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

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

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

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

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

148 ***Published***

149 NICE has published the following guidance that is closely related to this
150 guideline:

- 151 • [Uterine artery embolisation for treating adenomyosis](#) (2013) NICE
152 interventional procedure guidance 473
- 153 • [Hysteroscopic morcellation of uterine leiomyomas \(fibroids\)](#) (2015) NICE
154 interventional procedure guidance 522
- 155 • [Magnetic resonance image-guided transcutaneous focused ultrasound for
156 uterine fibroids](#) (2011) NICE interventional procedure guidance 413
- 157 • [Uterine artery embolisation for fibroids](#) (2010) NICE interventional
158 procedure guidance 367
- 159 • [Laparoscopic techniques for hysterectomy](#) (2007) NICE interventional
160 procedure guidance 239

- 161 • [Endometrial cryotherapy for menorrhagia](#) (2006) NICE interventional
162 procedure guidance 157
- 163 • [Fluid-filled thermal balloon and microwave endometrial ablation techniques](#)
164 [for heavy menstrual bleeding](#) (2004) NICE technology appraisal guidance
165 78
- 166 • [Photodynamic endometrial ablation](#) (2004) NICE interventional procedure
167 guidance 47
- 168 • [Magnetic resonance \(MR\) image-guided percutaneous laser ablation of](#)
169 [uterine fibroids](#) (2003) NICE interventional procedure guidance 30
- 170 • [Laparoscopic laser myomectomy](#) (2003) NICE interventional procedure
171 guidance 23

172 ***In development***

173 NICE is currently developing the following guidance that is closely related to
174 this guideline:

- 175 • [Endometriosis: diagnosis and management](#). NICE guideline. Publication
176 expected September 2017.

177 **2.2 NICE quality standards**

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

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

181 **2.3 NICE Pathways**

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

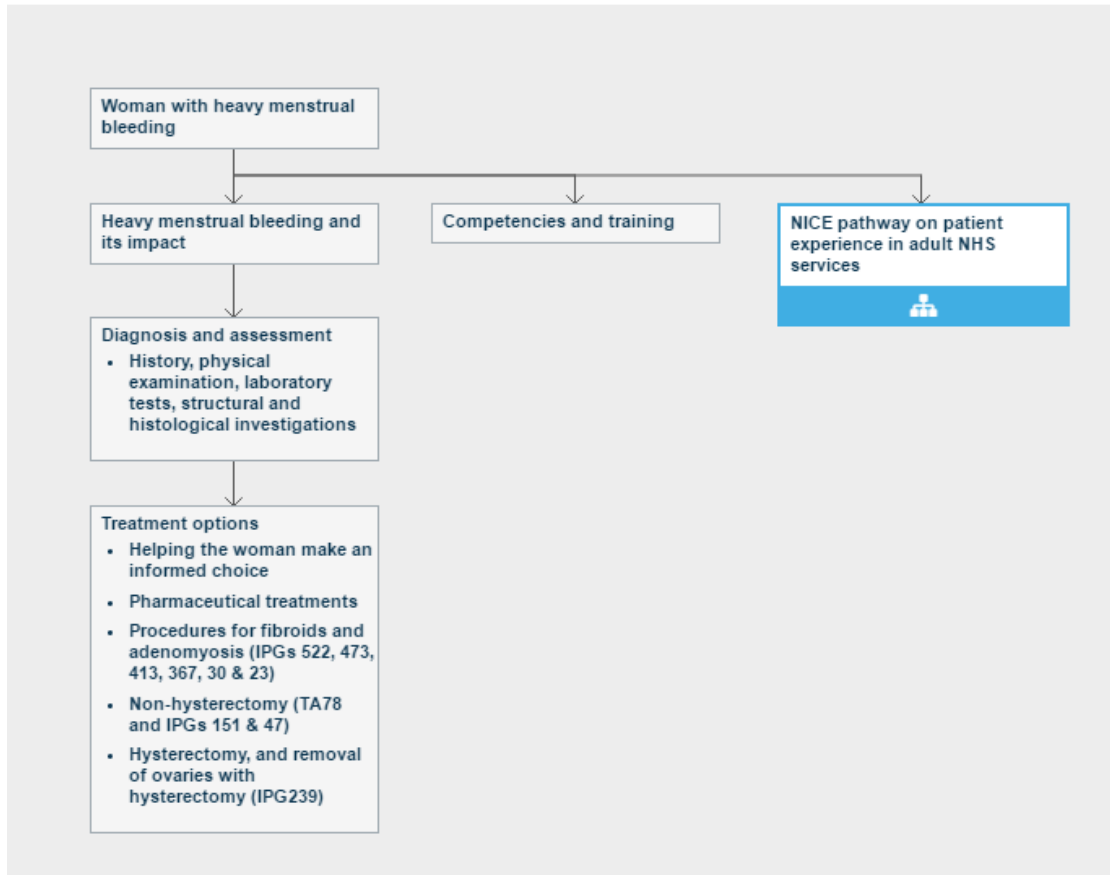
184 There is a live pathway for heavy menstrual bleeding:

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

186 When the revised guideline is published, the recommendations will be
187 incorporated into a revised pathway. An outline, based on the scope, is

188 included below. It will be adapted and more detail added as the
189 recommendations are written during guideline development

Heavy menstrual bleeding overview



190

191 **3 Context**

192 **3.1 Key facts and figures**

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

201 **3.2 Current practice**

202 For diagnosis of heavy menstrual bleeding, the current guideline (CG44)
203 recommends ultrasound as the first investigation, followed by hysteroscopy
204 when results are inconclusive. Since CG44 was first published in 2007,
205 transvaginal ultrasound equipment and software have improved, and
206 outpatient hysteroscopy has become more widely available. Therefore the
207 relative clinical and cost effectiveness of diagnostic strategies may have
208 changed.

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

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

219 **3.3 Policy, legislation, regulation and commissioning**

220 **Legislation, regulation and guidance**

221 Professional bodies have produced the following relevant guidance:

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

226 **Commissioning**

227 Gynaecology services for heavy menstrual bleeding are locally commissioned.
228 Since CG44 was first published in 2007 there has been a trend away from

229 secondary care towards community-based diagnostic and treatment services
230 using a variety of providers.

231 **4 Further information**

This is the final scope, incorporating comments from registered stakeholders during consultation

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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