



As the way forward in women-centred healthcare: Role of Heavy Menstrual Bleeding Patient Decision

Aids

Dr. Mamta Bhat, Dr. Wael Agur, Dr. Ruth Holman
University Hospital Crosshouse, NHS Ayrshire and Arran,
Scotland

Heavy
Menstrual
Bleeding



INTRODUCTION

- Heavy Menstrual Bleeding (HMB) is a common problem affecting women in the reproductive period and there are various conservative and surgical treatment options.
- Currently, there are no validated decision aids to support women with their treatment choice of this condition.
- This study aims to develop and validate two patient decision aids (PtDAs) for conservative and surgical treatment HMB, based on the broad lines of the ‘What Matters to You’ Initiative of NHS Scotland.

DESIGN

- Two PtDAs were developed- medical methods and surgical methods.
- The usefulness of the two PtDA was further evaluated using a validated toolkit- 16-item Decision conflict scale.
- The first version was drafted and face-validated by 3 Gynaecology Consultants, a Sexual Health Consultant and 2 General Practitioners.
- Subsequently, face validation continued with service users, the treatment-naïve patients, considering medical or surgical options.
- A second round of clinician and service users reviews was required before the final version was developed

METHODS

- From Aug –Dec 2021, the final versions of the PtDAs were objectively evaluated by the core group members using the Decisional Conflict Scale (DCS) to obtain patients’ feedback.
- Scores from the total as well as each of the 5 subgroups of the DCS score were calculated for both PtDAs.

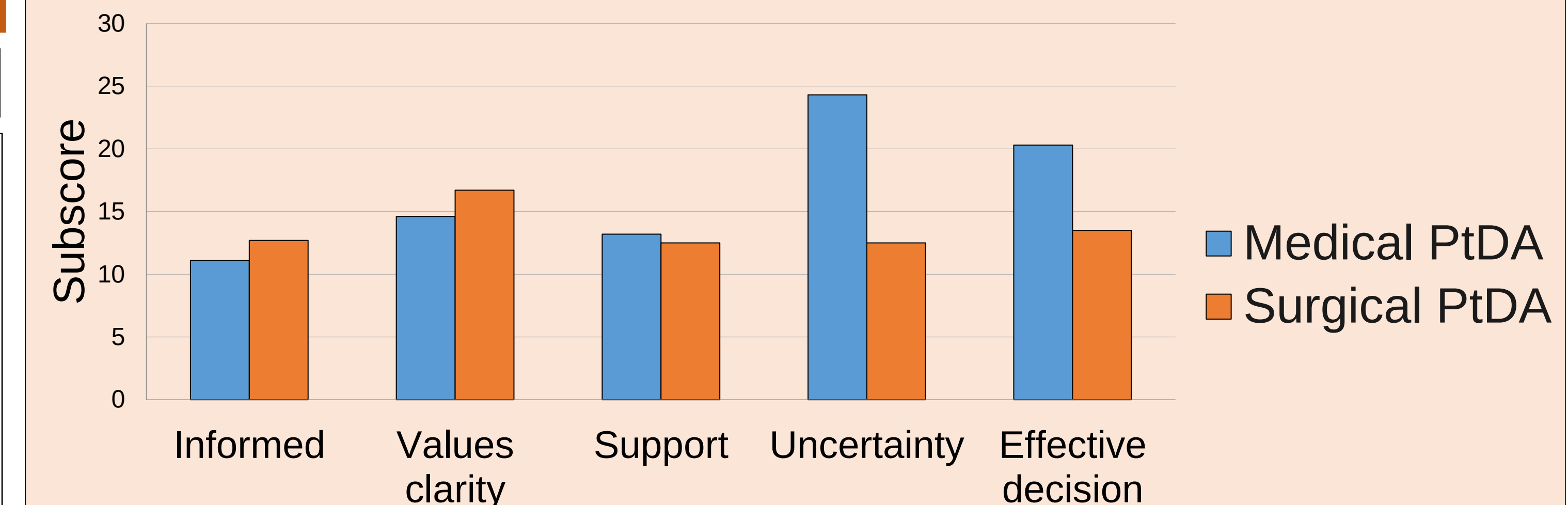
RESULTS

- 12 patients completed Medical PtDA while 6 patients completed the Surgical PtDA.
- Total DCS scores were 16.92 and 15.62 respectively, denoting usefulness in decision support.
- The “Informed” subscore was the best (lowest conflict) in both PtDAs, 11.1 vs 12.5.
- The “Uncertainty” subscore in Medical PDA (24.3) and the “Values clarity” subscore in Surgical PDA (16.67) scored the least favourable (highest conflict) score.
- The “Effective decision” subscore had acceptable scores in both (24.3 vs 13.4).
- Main “values” for patients was to have lighter period, with preference to avoid hormonal methods.
- When opting for a surgical option, the most common value was to avoid repeat surgery in the future.
- Total conflict scores lower than 25 are associated with pursuing decisions; while scores exceeding 37.5 are associated with decision delay or feeling unsure about implementation.

CONCLUSION

- Women with HMB found the two PtDAs useful. Encouraging the use of HMB PtDAs in primary and secondary care would empower women to choose value-based treatment options and support a woman-centred approach.
- The sample size is small hence further work is required prior to regular implementation in routine care.

Subscores



REFERENCES

- 1.NICE (National Institute for Health and Care Excellence) guideline (NG88) on Heavy Menstrual bleeding, updated November 2018
2. Ong HL, Sokolova I, Bekarma H, Curtis C, Macdonald A, Agur W. Development, validation and initial evaluation of patient-decision aid (SUI-PDA©) for women considering stress urinary incontinence surgery: International Urogynecology Journal 2019; 30, 2013–2022.
3. Heinemann K, Reed S, Moehner S, DoMinh T. Risk of uterine perforation with levonorgestrel-releasing and copper intrauterine devices in the European Active Surveillance Study on Intrauterine Devices: Contraception 91 (2015) 274-2792.
4. Gallinat A. An impedance-controlled system for endometrial ablation: five-year follow-up of 107 patients. JReprodMed 2007;Jun;52(6):467-723
5. Sharp HT. An overview of endometrial ablation. UpToDate; Jan2018.4
6. Clark TJ, Samuel N, Malick S, Middleton LJ, Daniels J, Gupta JK. Bipolar radiofrequency compared with the thermal balloon endometrial ablation in the office: a randomised controlled trial. Obstet Gynecol 2011;117(1):109-1185