

Differing HRT preparations and associated VTE risk; are we counselling patients properly?

Bowles C¹
Manchester University NHS Foundation Trust

1. Objective

Literature demonstrates that Venous Thromboembolism (VTE) risk associated with Hormone Replacement Therapy (HRT) for menopausal symptoms differs between preparations (1). It suggests that oral routes demonstrate an increased VTE risk whilst transdermal preparations offer a similar risk to that of the general population. NICE NG23 2015 guidance, which outlines the diagnosis and management of menopause states that women should be informed about this difference in risk prior to commencement on HRT (2). Hence, this audit was established to assess counselling about VTE risk prior to HRT prescription.

2. Design

- A retrospective audit of clinical documentation of 43 women prescribed HRT.
- The study period spanned January 2021 to January 2022.
- Data collection was performed at Parkview Medical Centre - a suburban general practice setting in Greater Manchester

3. Method

- Electronic centralised patient records (EMIS) were used to perform a practice wide search of all clinical consults, undertaken in within the study period, coded as ‘Hormone Replacement Therapy’.
- Consults were assessed for the presence of a HRT prescription
- Clinical documentation was then evaluated for evidence of counselling about VTE risk
- An assumption was made that if documentation of counselling was not present, then counselling did not occur

4. Results

43 women were prescribed HRT within the study timeframe. 48.8% (n=21/43) were prescribed Oral HRT 55.8% (24/43) were prescribed Transdermal HRT 2 patients were prescribed both oral and transdermal preparations during the study timeframe thus resulting in a total of 45 consults
Of all 45 consults, counselling about VTE risk was documented in 20.0% (n= 9/45) of cases

4. Results - Continued

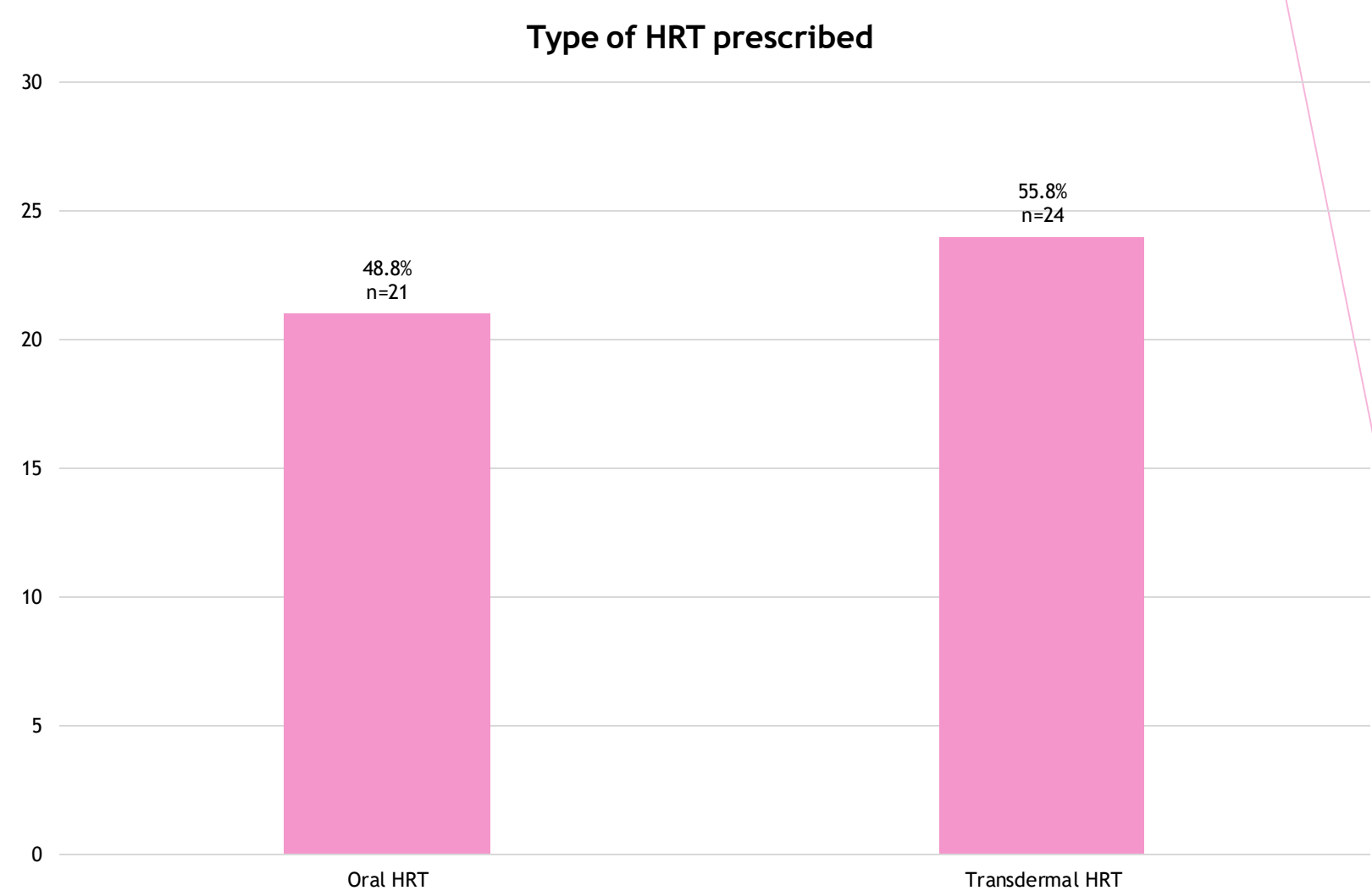


Figure 1 - Numbers of patients receiving prescriptions for each type of HRT preparation

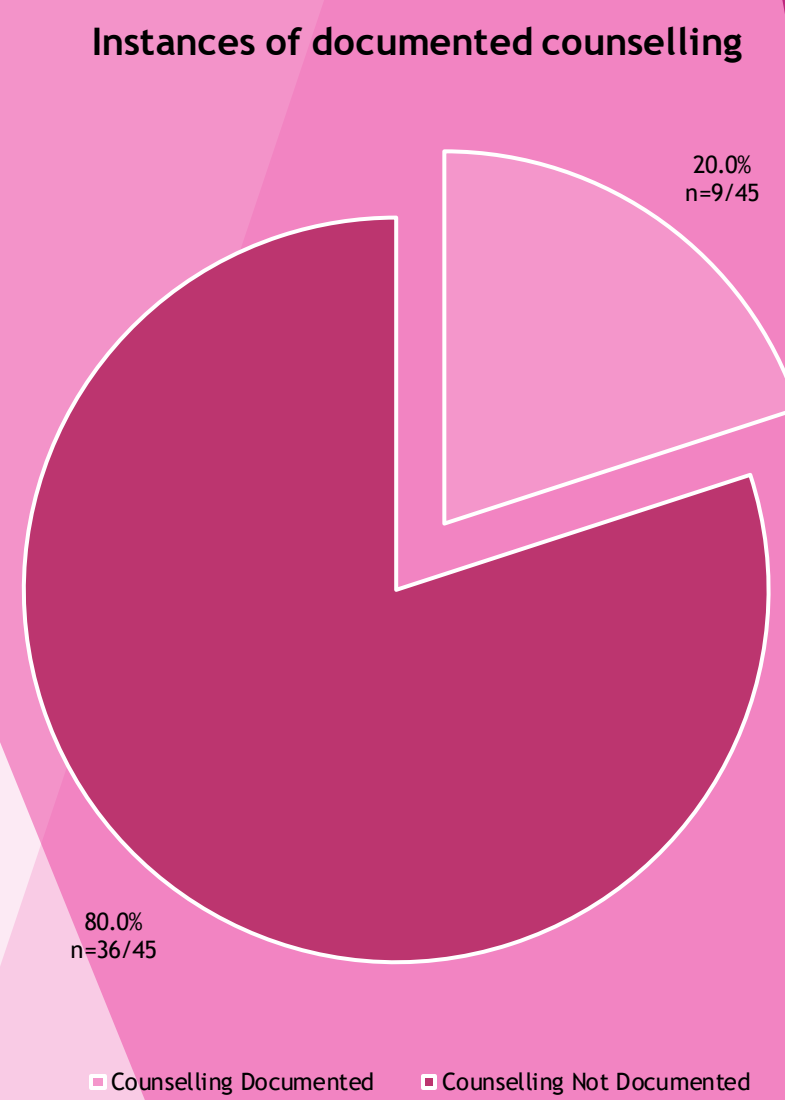


Figure 2 - Instances of documented counselling regarding HRT preparation type and VTE risk

5. Conclusion

This audit has demonstrated that the number of patients being properly counselled regarding VTE risk and HRT prescription upon commencement of HRT is well below standards outlined by NICE guidelines. Statistics published by the NHS indicate HRT usage is increasing, with a 35% rise in HRT prescriptions in 2021/22 compared with 2020/21. With this increase in HRT usage it is important that women are properly informed about VTE risk and thus further action is required to improve counselling rates.

6. References

(1) Vinogradova, Y., 2019. Use of hormone replacement therapy and risk of venous thromboembolism: nested case-control studies using the QResearch and CPRD databases. *The British Medical Journal (BMJ)*, 364(1). (2) NICE, 2015. *Menopause: Diagnosis and Management (NG23)*, s.l.: National Institute for Health and Care Excellence. (3) NHS-Business-Services-Authority, 2022. *NHSBSA Statistics and Data Science - Hormone Replacement Therapy England*. [Online] Available at: <https://www.nhsbsa.nhs.uk/statistical-collections/hormone-replacement-therapy-england>