

Accessing Mirena IUS for endometrial protection - are current policies affecting our patients?

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Doctors menopause cafe (DMC) is a Facebook group of 5200 female doctors

Introduction

- Utrogestan (UG) is the primary progesterone for endometrial protection (EP)
- + Safe profile for breast
- Bleeding is common
- Currently in short supply nationally.
- Alternatives are higher breast risk and often less well tolerated by progesterone sensitive women than the IUS.
- The BMS suggests the Mirena IUS as an option to help women who are suffering from bleeding on HRT, obesity and progesterone sensitivity. It is the only IUS licensed for EP.
- Mirena availability is a common theme in the DMC group with many members struggling to access this for their patients.

Methods

A survey was disseminated in November 2022-January 2023 to DMC members. The survey was trialled prior to use. Responses were anonymised and consent was gained for survey responses to be used for research purposes.

Current practices in the use of the Mirena IUS for menopausal women in GP practices throughout the UK.

Results

192 members responded covering all regions of the United Kingdom. The most common source of accessing the Mirena for endometrial protection are GP practices and then Gynaecology clinics.

Responses

■ < 12.8 ■ 12.8-18.6 ■ 18.6-24.4 ■ 24.4-30.2 ■ ≥ 30.2

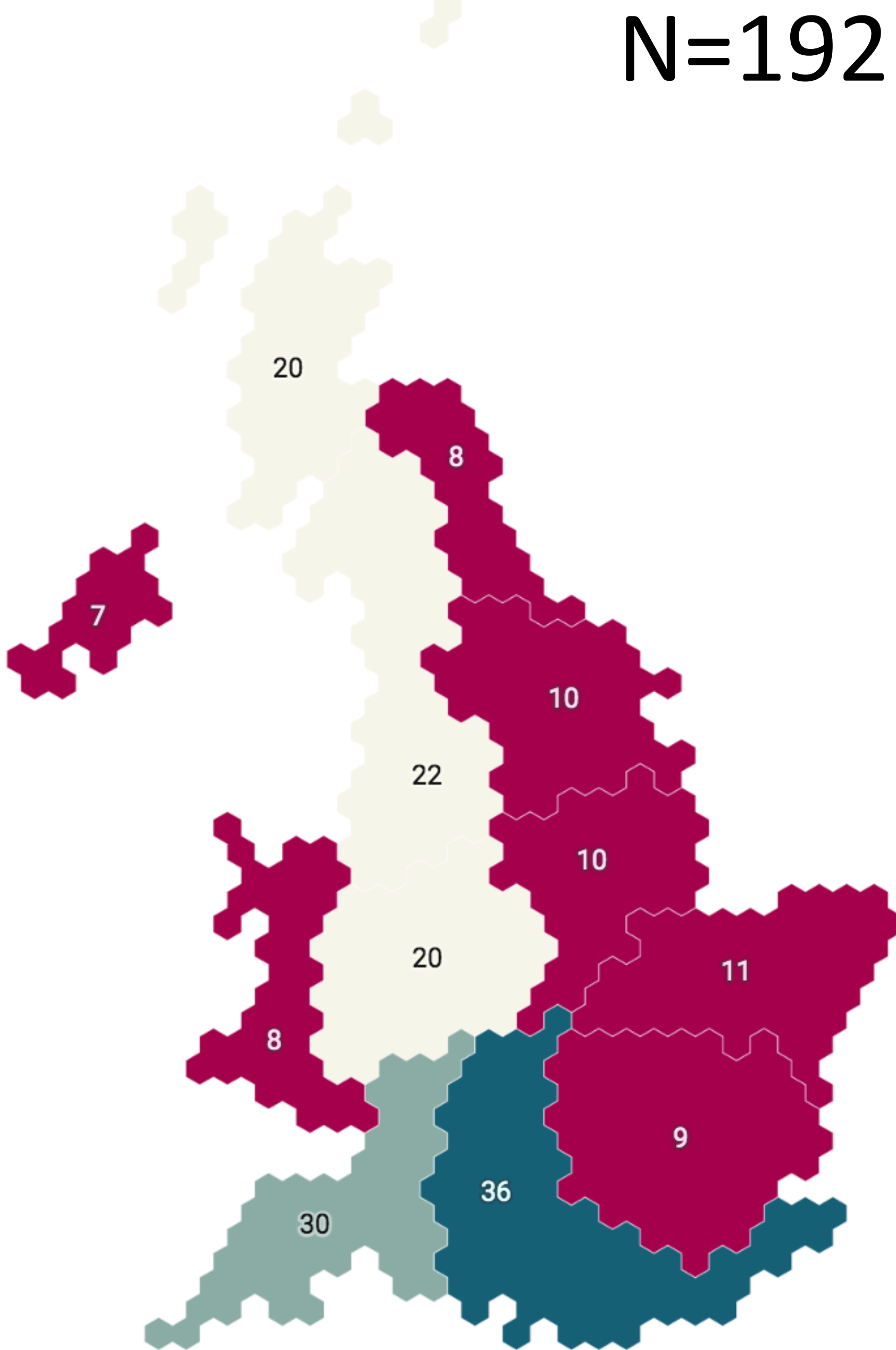


Figure 1: Survey respondents from across the UK Sub-group analysis between regions did not show any statistically Significant difference in waiting times or challenges in specific regions.

Barriers to accessing Mirena

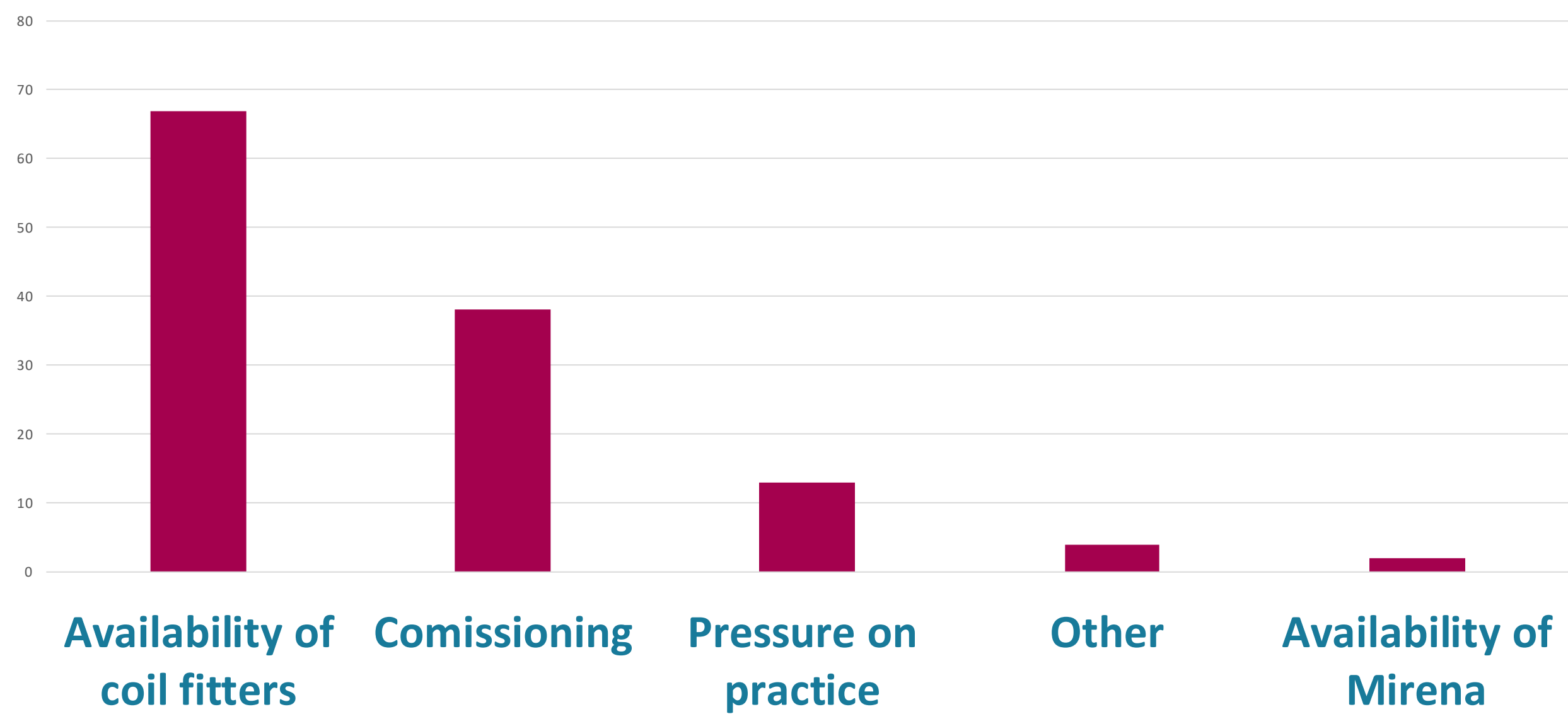


Figure 2: Reported barriers to accessing Mirena at GP practices

"Sexual health clinic won't fit [the Mirena] for endometrial protection so have to refer to gynae. Ideally I would do the training and fit in practice myself."

"I am a salaried GP and I was recently told that it wasn't financially viable to do coil fittings in the surgery. This was the view of the partners and they had recently had the accountants in to see where they could save money. I can no longer have a double appointment for them. No admin time given so I have to get in early (my own time) to make sure everything is set up."

Reasons women request a Mirena

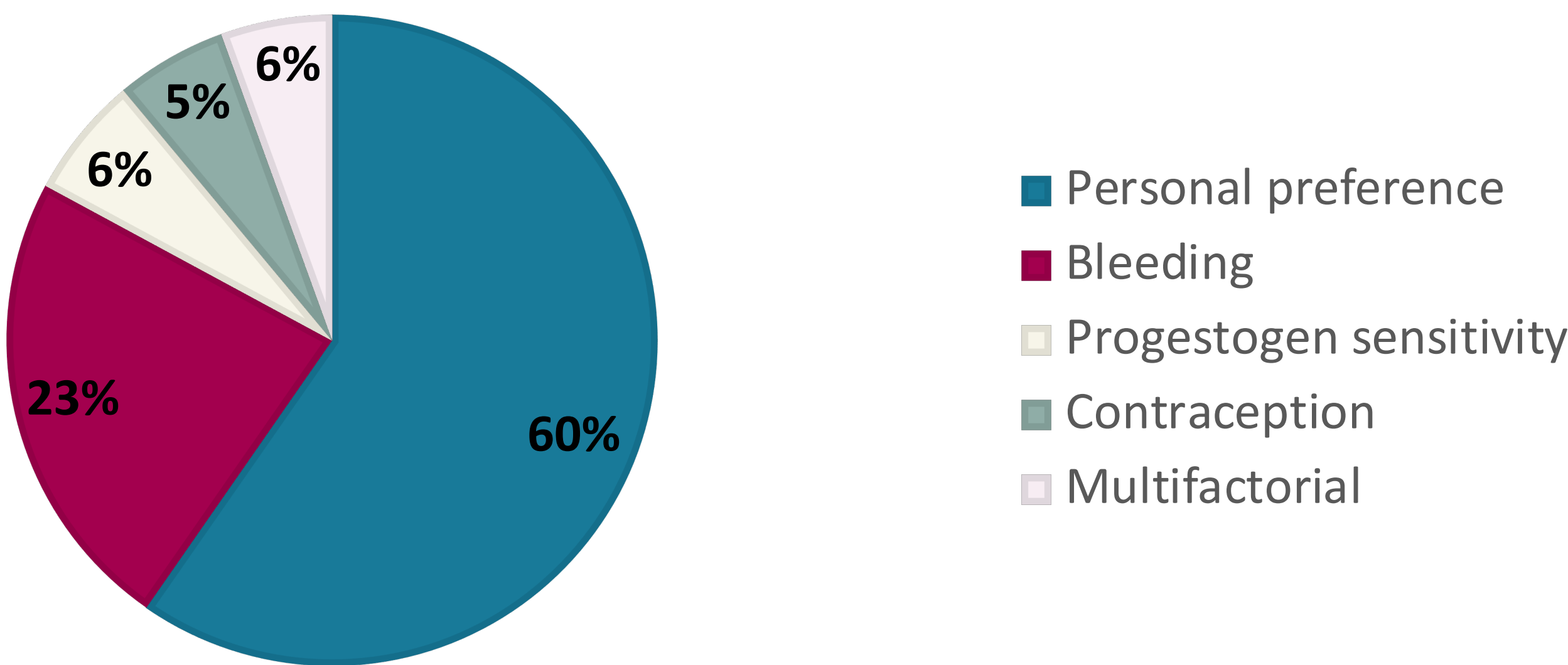


Figure 3: Most common reasons women request a Mirena

41% had waits over 12 weeks and 26% over 32 weeks for Mirena insertion

Current waiting times for accessing a Mirena for PMB

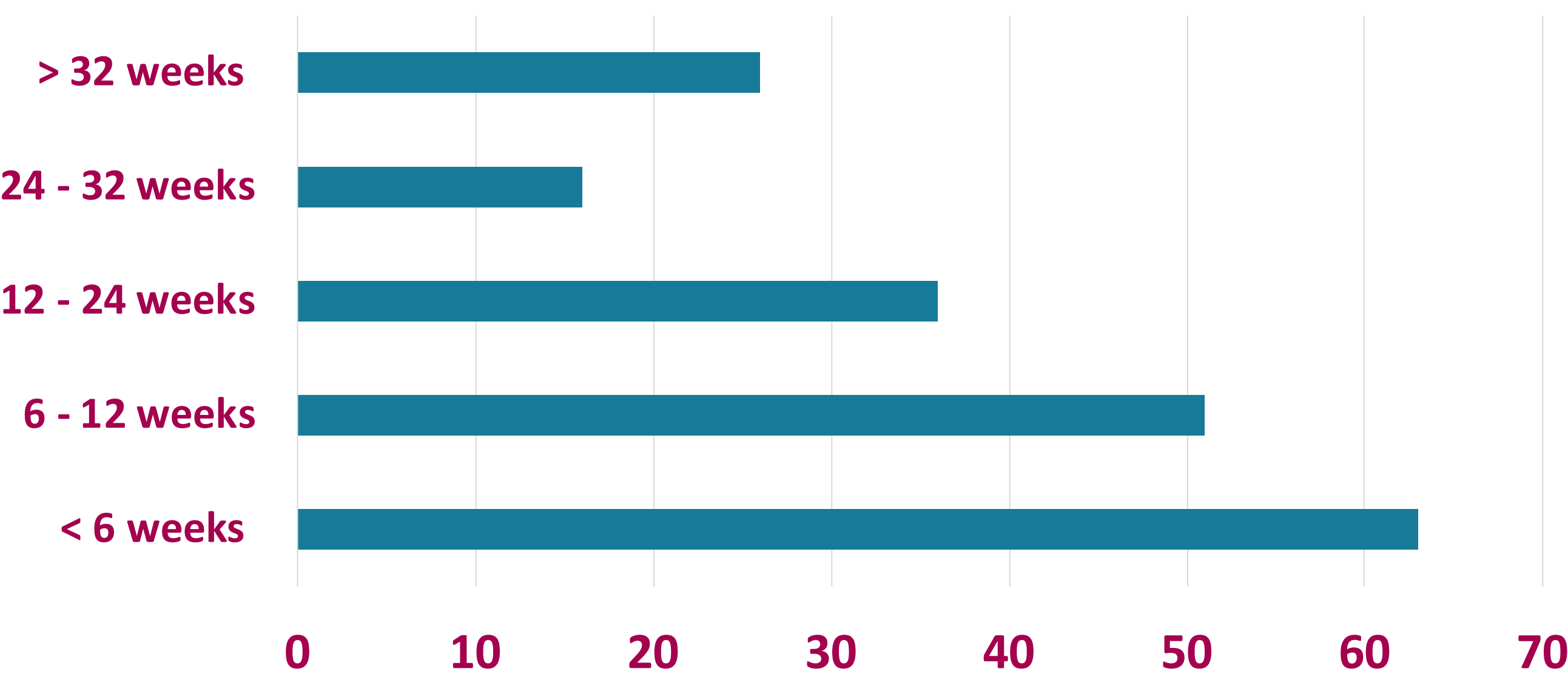


Figure 4: Current waiting times for accessing Mirena for PMB

Conclusion

There are multiple barriers for women to access the Mirena insertion for EP.

- Lack of services for Mirena insertion aimed at endometrial protection
- Primary care and Gynae waiting lists are under extreme pressure due to this
- Women face additional breast and VTE risk using oral synthetic progestogens while awaiting Mirena.
- There is lack of funding and commissioning for GPs and SRH to do this procedure.

Changes to commissioning for Mirena insertion for EP in primary care and in sexual health would reduce gynaecology clinic wait times and improve patient pathways and safety. Larger sample size would be needed to conclude if any regional differences exist.