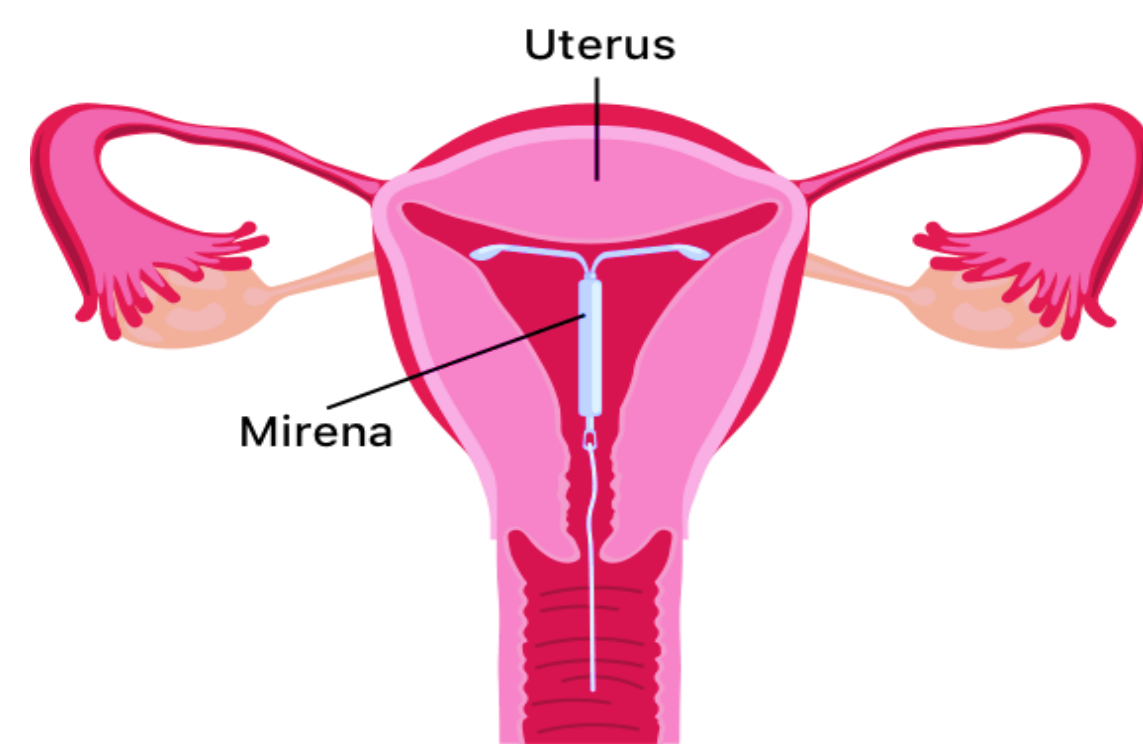




Improving the Safety of Hormone Replacement Therapy (HRT) Prescribing in Primary Care

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Objectives

HRT is a core component of treating menopausal symptoms, but it must be prescribed safely. Crucially, patients with a uterus on oestrogenic HRT must also have a concomitant progesterone component to provide protection against endometrial hyperplasia, a major risk factor for endometrial cancer. Therefore, HRT prescription and documentation was evaluated, and steps taken to try and improve practice.

Design

A closed loop quality improvement project (QIP) was performed. This was based on a cogent Plan-Do-Study-Act structure, which extracted data from electronic patient records at a large Northwest London GP practice.

Methods

All the registered patients with oestrogen prescribed within the past six months were identified. Their digital records were then checked for the safe co-prescription of progesterone, or a Mirena intrauterine system (IUS) inserted within the past five years, or a preventative factor against endometrial cancer such as previous total hysterectomy. Additionally, clinicians' notes were assessed for how HRT reviews had been undertaken and documented.

Oestrogen medication issued within past 6 months (213)

Non-HRT (7)

HRT (206)

Transgender (6)

Uterine agenesis (1)

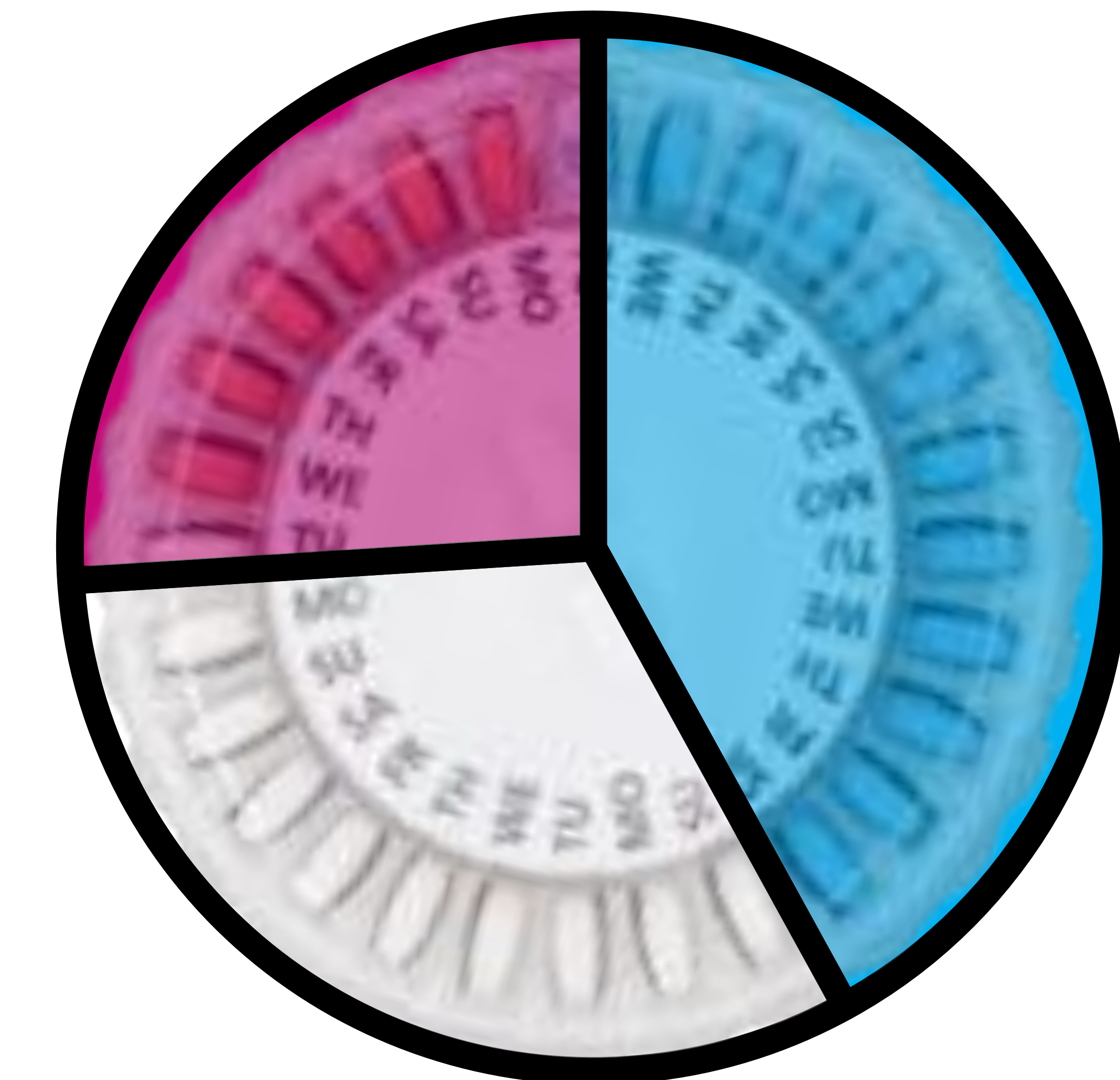
Progesterone prescribed (90)

Total hysterectomy (48)

Mirena IUS (55)

No progesterone OR hysterectomy OR IUS coded (13)

Results



■ Progesterone prescribed

□ Mirena IUS within 5 years

■ No progesterone required

Conclusions

All patients prescribed oestrogen had appropriate endometrial protection at this GP surgery. However, in order to facilitate thorough reviews and efficient prescription of HRT by primary care clinicians in the future, there needs to be consistent documentation. Introduction of the aforementioned template aims to enhance HRT practice in the community healthcare setting, and should be paired with patient education, including awareness regarding IUS lifespan.



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