Pennine GP Learning Group

Minutes of meeting

Date: Wednesday 21st November 2018

Time: 7.30 - 9.30pm (2 hours)

Topics: HRT Tips from NICE guidelines (2015), Benefits and Risks, HRT Prescribing and Referral Criteria by Dr Rukhsana Hussain

Continuous Pill Taking and Contraceptive Choices when breast feeding by Dr Claire Stansfield

Late onset hypogonadism - "Male Menopause" by Dr Farrukh Javid

Members present: Rukhsana Hussain, Susan Creegan, Ainie Chaudhry, Claire Greasley, Kirti Chaudhari, Judy Davis, Farrukh Javid, Claire Stansfield, Don Munyaneza, Mark Wilshere, Ibrar Ali

1. Dr Hussain presented key messages from the updated NICE guidelines regarding **HRT benefits and risks, prescribing ; specifically when to consider transdermal HRT and referral criteria.**

We revised the data regarding risks and benefits and Dr Hussain shared some useful tools for clinicians from The British Menopause Society website.

We learned that women with BMI of > 30 have a much higher risk of developing breast cancer than women with a normal BMI who take HRT.

We also learned that the breast cancer risk returns to normal after HRT is stopped suggesting it is likely a promoter of breast cancer than an initiator.

For the majority of women under the age of 60 the benefits of HRT will outweigh the risks so the key message was that we should not shy away from prescribing /offering the treatment due to worries about the risks. HRT is the most effective treatment for vasomotor symptoms associated with the menopause and is also recommended for low mood associated with it. Dr Stansfield shared her experience of women with low mood who benefited from HRT.

We also discussed how the risks of COCP of breast cancer and VTE are not too different to those taking HRT and yet as clinicians we tend to be more comfortable with prescribing COCP.

Dr Hussain signposted the group to resources such as the BNF for a risk of HRT table and MIMs online for a list of brand names of HRT.

We mentioned how women with premature ovarian insufficiency tend to be prescribed much higher doses of oestrogen.

Dr Creegan mentioned that HRT gels may be a better form of transdermal HRT which could be offered to women who may dislike the idea of applying patches which may fall off.

We discussed that oestrogen only HRT has a much lower risk profile than combined HRT.

Dr Hussain shared the advice from NICE guidance that women using systemic HRT with vaginal dryness can be prescribed topical HRT alongside their systemic HRT.

2. Dr Hussain updated the group regarding the outcome of the most recent LMC meeting she had attended and raised awareness of alternative models of working being proposed in the area.

3. Dr Stansfield updated the group on guidelines regarding continuous combined pill taking. She shared that tricycling is an option but experts advise that women can continue taking the combined pill till they have any spotting/bleeding at which time they can take a 4 day break and resume pill taking thereafter. Experts stated that there was no clinical benefit of having a withdrawal bleed and continuous pill taking would reduce the need for emergency contraception as women would not need to remember to restart the pill after the 7th day pill free interval. The strength of oestrogen for this method of pill taking was recommended as 20mcg.

Dr Stansfield also shared guidelines regarding postpartum contraceptive options and when they can be used. She mentioned that although the lactation amenorrhoea method was 98% effective it required that the baby was being fully breastfed and even the use of a "dummy" could make it less effective and put women at risk of pregnancy!

4. Dr Javid presented on the topic of **Late Onset Hypogonadism - "Male Menopause".**

The key message was to think about testing for testosterone deficiency which can present with vague non-specific symptoms. The diagnosis is made by a combination of clinical and biochemical abnormalities.

Dr Javid shared several resources and a summary of a guideline regarding diagnosing and managing testosterone deficiency.

Dr Javid informed us that patients with "borderline" levels of testosterone can benefit from replacement and so we should consider treatment in these cases.

Blood samples need to be taken between 7-11am and should be on a fasting sample as food ingestion can affect the laboratory levels leading to potentially inaccurate results.

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High risk patients included those with a history of previous testicular infection, prior treatment for testicular cancer, medications with gonadotoxic effects e.g. chemotherapy, finasteride, beta blockers, statins), genetic conditions e.g. Klinefelter's syndrome, anatomic abnormalities e.g. varicocele.

Action Plan

1. Dr Hussain will upload the presentation and minutes to the website and share the link with the WhatsApp group.

2. Dr Hussain will create a WhatsApp group to share information regarding future models of working being proposed in the local area.

3. The next meeting has been booked for **Tuesday 5th February 2019**.

4. Dr Hussain also informed the group that she has arranged a **BLS/CPR update** for **Tuesday 5th March 2019.** The training will be offered by SPtraining Solutions as per March 2018. Up to 15 members can attend.