Primary Care Women's Health Forum

e-update

Issue 29: June 2015

News

Primary Care Women's Health Forum

Osteoporosis is defined as a 'syndrome associated with low bone mass and microarchitectural deterioration of bone tissue, which lead to an increased risk of fractures'. The prevalence of the condition is increasing as the population ages, with an estimated 70% of those aged over 80 being affected. It is more common in women than men.

Fragility fractures are those resulting from mechanical forces that would not ordinarily result in fracture, known as low-level trauma (i.e. low impact fall from a standing height). Osteoporotic fractures usually affect; thoracic vertebrae, wrist, neck of femur or neck of humerus. Hip fractures are devastating injuries, resulting in disability, increased mortality, and high treatment costs.

We know that lifestyle advice is important to improve bone health; smoking cessation, alcohol reduction, weight bearing exercise and maintaining a high calcium diet with additional vitamin D. Ideally this advice is lifelong, enabling young people to attain their optimal peak bone density in their 20's.

Bone health is also an important part of assessment of the annual review of patients with other long-term conditions; diabetes in patients aged > 50, epilepsy, inflammatory arthritis, inflammatory bowel disease or malabsorption and others. And those with longterm use of medication including glucocorticoids, antidepressants and PPIs.

Fall prevention is also an important part of fracture prevention especially for our elderly women who develop postural hypotension with their antihypertensive medications.

However, there are problems with the medications currently available to us, with concerns about long-term effects of bisphosphonates, recommendations about restricted use of strontium ranelate, and access to denusomab.

The recently published clinical guideline SIGN 142 - *Management of osteoporosis and the prevention of fragility fractures* is helpful with recommendations on screening and management. Ref: http://www.sign.ac.uk/pdf/SIGN142.pdf

A Quick reference guide: http://www.sign.ac.uk/pdf/QRG142.pdf

The National Osteoporosis Society continue to raise awareness of this under-recognised and poorly managed condition and have many clinician and patient resources available at: https://www.nos.org.uk

And for those involved in commissioning the NOS have produced a guide for developing a Fracture Liaison
Service: https://www.nos.org.uk/document.doc?id=1941

Anne Connolly

Chair of the Primary Care Women's Health Forum

Meetings & Events

Primary Care Women's Health Forum Conference 2015

Primary Care
Women's Health Forum
Conference
What's New in 2015

The Primary Care Women's Health Forum's 7th annual conference will be held on**Thursday 5th November 2015** at the **Royal York Hotel**. Once again we will make sure that the sessions are relevant for the work done in primary care and our presenters will challenge us to provide care fit for purpose for our female patients. Last year's conference was a great success with over 120 primary care delegates.

Since launching this year's conference we are pleased to say we have received an overwhelming response. The conference provides an exceptional networking and learning opportunity for those with an interest in female health so please book now to avoid disappointment.



The conference consists of an impressive line-up of key note speakers and a powerful agenda, which should prove both thought-provoking and beneficial for all those attending. To view the full agenda **Click Here**.

There is also a further opportunity for you to enter the **Best Practice Award** and share your work.

In addition, delegates will be eligible to gain up to **6 hours of reflective learning**.

To book now please **Click Here**.

More Information	Book Now

Healthcare Hot Topics - Women's Health - 11th September 2015

This is a one day workshop, delivered by Dr Anne Connolly and Dr Julie Oliver, that will update all attendees on the latest developments in Women's Health for both GPs and Nurses. The agenda covers topics including: contraception, menopause and case studies on abnormal bleeding and fertility.

Our last event had over 30 attendees and had outstanding feedback with 100% of people saying they would recommend the day to colleagues.

Book now to avoid disappointment and enjoy 5 hours of CPD and learning in an informal discussion based environment.

More Information	Book Now

BMS Menopause Academy

Celebrating 25 Years

BMS British Menopause Society

The British Menopause Society have announced a series of half day women's health meetings to be held across the UK. The meetings will provide education for Primary Care clinicians, including GPs, GP trainees, Specialist and Practice Nurses and others with an interest in post reproductive health. Delegates will be eligible for 3 hours of reflective learning. The meetings are supported by an unrestricted educational grant from Mylan.

To register for the meetings, please go to www.menopauseacademy.co.uk, a website developed by Mylan to support health care professionals in their understanding of the diagnosis and management of the menopause. The website will also shortly be home to a series of online training modules, developed in conjunction with Events 4 Healthcare.

More Information	Book Now

Useful Papers & Guidelines

Recent Papers

Contraception:

Use of combined oral contraceptives and risk of venous thromboembolism: nested case-control studies using the QResearch and CPRD databases

http://www.bmj.com/content/350/bmj.h2135

FSRH CEU response to BMJ paperhttp://www.fsrh.org/pdfs/CEUStatementVenousThromboembolism.pdf

Use of LARC after abortion

http://jfprhc.bmj.com/content/early/2015/04/08/jfprhc-2014-101031.abstract

We know that in the UK, one third of all terminations of pregnancy (TOP) are repeat TOPs. However, the use of long-acting reversible contraception (LARC) after TOP reduces subsequent abortion rates. This study based in New Zealand demonstrates how the use of LARC post TOP is increased and has implications for us in the UK.

Intra-uterine contraception in nulliparous women

http://jfprhc.bmj.com/content/early/2015/04/08/jfprhc-2014-101046.full.pdf+html

Study on nulliparous women in a University Health Centre confirming the acceptability and high continuation rates of Intra-uterine contraception.

Menopause – series of papers with open access from Maturitas:

http://www.journals.elsevier.com/maturitas/virtual-special-issues/virtual-special-issue-emas-position-statements-and-clinical/

Collection of position statements from EMAS including:
- management of fibroids
- managing the menopause in women with a personal or family history of VTE
- managing the menopause in women with a history of endometriosis
- managing women with premature ovarian failure

EMAS position statement: The ten point guide to the integral management of menopausal health

http://www.maturitas.org/article/S0378-5122(15)00051-1/fulltext

EMAS position statement: Non-hormonal management of menopausal vasomotor symptoms
http://www.maturitas.org/article/S0378-5122(15)00649-0/fulltext

Lichen sclerosus:

Lichen sclerosus (LS) is a common unrecognized and misdiagnosed chronic progressive inflammatory vulvovaginal disease, affecting an estimated 1 in 1000 women.

The 2011 RCOG green top guideline is available athttps://www.rcog.org.uk/globalassets/documents/guidelines/gtg_58.pdf

An excellent article with interesting cases, including helpful pictures, and advice re management

Lichen sclerosus: a potpourri of misdiagnosed cases based on atypical clinical presentations

http://www.dovepress.com/lichen-sclerosus-a-potpourri-of-misdiagnosed-cases-based-on-atypical-c-peer-reviewed-article-IJWH

Patient and clinician useful overview on NHS Choices

http://www.nhs.uk/conditions/lichen-sclerosus/Pages/Introduction.aspx

Endometrial ablation:

Ten-year literature review of global endometrial ablation with the NovaSure® device

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3956630/

FGM educational Programme:

The e-FGM educational programme has been developed by HEE e-Learning for Healthcare and is provided free to all healthcare professionals, including school nurses, practice nurses, health visitors and GPs.

http://www.e-lfh.org.uk/programmes/female-genital-mutilation/

Programme Overview

Useful Factsheet on FGM

Recent Guidelines

Updated FSRH CEU guideline on Intrauterine Contraception

http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraception.pdf

Tips

Gender-based domestic violence: How can I help my patients?

Hints and tips brought together from the RCOG IWD 2015 Workshop session. International womens day

https://www.rcog.org.uk/globalassets/documents/global-network/global-health-news/iwd-2015-checklist.pdf

Patient Information

Having a baby when you have AIDs

Easy illustrated guide in several languages.

http://www.aidsmap.com/Having-a-baby/page/1320144/

Useful Resources

Interesting Case

A 47 year old lady who has a Mirena, inserted for management of heavy menstrual bleeding, for past 6 years (changed at the appropriate time). Continuing to get a light cyclical bleed, 10/28-30.

Happy with menstrual control but during menstruation suffers with a migraine-type headache, usually from days 3-6, including nausea and feeling unwell. This has started since insertion of the Mirena 6 years ago, and she is now fed up with it!!

She was prescribed additional desogestrel in an attempt to eliminate the bleeding/ovulation with no success. She had no previous history of menstrual headache.

She is keen to keep the mirena because of the benefit gained with menstrual control and has no current menopausal symptoms. She is otherwise fit and well with no other major medical issues. There are no signs of menopause clinically.

Answer from Kay Kennis – GPSI headache, Bradford.

The Mirena can be a problem and the response is unpredictable. Some women with menstrual migraine get better using it while others develop new menstrual migraine. Often the headache settles with continued use, but clearly not in this case.

Even if the additional POP is anovulatory some women can continue to get menstrual migraine, and they can develop other headaches with it too.

The only POP method thought to have high enough progesterone levels to produce sufficient response is depo-provera which could be worth a try- though no evidence from RCT's.

If she wasn't getting migraines before then alternative management of her HMB may be indicated, eg with endometrial ablation.

Other options possible:

1. Use prophylactic NSAIDs in anticipation of the migraine – eg mefenamic acid or naproxen started 2 days before the expected migraine and continued for 1 week (obviously PPI cover if high risk, and not if contraindications)

2. Prophylactic triptans (eg frovatriptan 2.5mg or zolmitriptan 2.5mg) instead of NSAIDs (not if any cardiovascular risks)

3. Use 100mcg oestrogen patch to try and maintain stable oestrogen levels through bleed (from 2 days before expected migraine for 1 week) – this sometimes works

Please visit our **website**, where new members can also **join the Forum for free.**