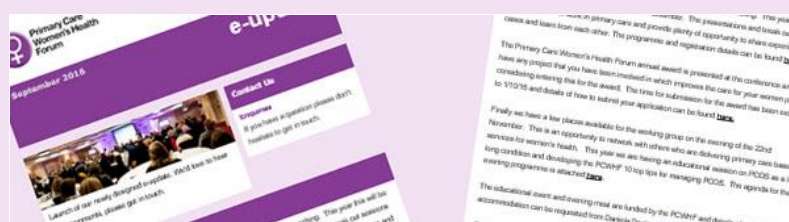




September 2016

e-update

Welcome to our newly designed e-update



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A word from the Chair

The annual Primary Care Women's Health Forum conference is approaching. This year it will be held at St. Johns Hotel, Solihull on the 23rd November. The presentations and

break out sessions are all relevant for work in primary care and provide plenty of opportunity to share experiences and cases and learn from each other.

> [Conference agenda and registration](#)

The Primary Care Women's Health Forum Best Practice Award is presented at the conference and if you have any project that you have been involved in which improves the care for your women, please consider entering this for the award. The deadline for submission of entries has been extended to Saturday 1st October.

> [Best Practice Award information and entry form](#)

Finally we have a few places available for the working group on the evening of the 22nd November. This is an opportunity to network with others who are delivering primary care based services for women's health. This year we are having an educational session on PCOS as a life-long condition and developing the PCWHF 10 top tips for managing PCOS.

The educational event and evening meal are funded by the PCWHF. Please note spaces are available on a first come first served basis.

> [Evening educational meeting agenda](#)

> [Evening educational meeting registration](#)

> [Evening educational meeting accommodation](#)

The Primary Care Women's Health Forum was established in 2007 by a small group of practitioners who had completed the Post-graduate diploma in gynaecology in Bradford.

The course information for this is linked below for anyone who is interested in further studies in primary care gynaecology. This is the ideal way to develop your own skills with an aim to establish a primary care service for local referrals.

> [Course information](#)

Anne Connolly

Chair of the Primary Care Women's Health Forum

[Visit the Conference Website](#)

NEWS

Recent study about breast cancer and HRT – No need to panic!

Dr Louise Newson

www.menopausedoctor.co.uk

West Midlands PCWHF Board member

The findings of a study published in the British Journal of Cancer in August 2016 suggested that the increased risk of breast cancer among women taking the more common combined HRT in the longer term is slightly higher than previous studies have shown; their results showed closer to a threefold increase rather than a doubling for those taking HRT for over 15 years.

This retrospective observational study has shown that there is a 2.74 times increased risk of developing breast cancer (or preinvasive DCIS) for women using combined HRT for five years and also that this risk increases to around threefold with prolonged treatment, over 15 years. As shown with other studies, there was no increased risk of breast cancer seen for users of oestrogen only therapy. This increased risk returned to normal after stopping HRT.

However, a very small number of breast cancer events occurred in this study. This means that it is important that these increased risks stated are interpreted with caution. There is no information about whether cancers were diagnosed via screening or presented symptomatically. It is well documented that women who are taking HRT are more likely to attend for breast screening.

So there is no new cause for alarm. The results of this study are similar with other studies in that women who are only taking oestrogen (so those women who have had an oophorectomy) do not have an increased risk of breast cancer.

It appears to be the type of progestogen that is important and the newer type of progestogen, micronised progesterone, was not mentioned in this study. It is so important for women to understand that there are so many other risk factors for breast cancer. These include being overweight or obese, being older, drinking alcohol and smoking.

The risk of developing breast cancer is actually greater if a woman is overweight than if she is taking HRT. Any increased risk of breast cancer with taking HRT is reversed on

stopping HRT. The British Menopause Society and the International Menopause Society have produced documents today that agree with these views.

Louise has also written the BJGP editorial Best Practice for:

> [HRT: unpicking the evidence](#)

GUIDELINES

HMB guidance updated to include recommendations for use of Ulipristal Acetate (UPA) for fibroid management.

- Offer ulipristal acetate 5mg (up to 4 courses) to women with heavy menstrual bleeding and fibroids of 3 cm or more in diameter and a haemoglobin level of 102g per litre or below.
- Consider ulipristal acetate 5mgs (up to 4 courses) to women with heavy menstrual bleeding and fibroids of 3 cm or more in diameter and a haemoglobin level above 102g per litre.

> [Updated HMB guidance](#)

Contraception quality standard has been published by NICE.

- This standard is relevant for all healthcare providers who provide any contraceptive care including primary care, pharmacists, SRH services, abortion providers, midwives and is a useful tool for a practice audit.

> [NICE quality standard for contraception](#)

USEFUL RESOURCES

> [UKMEC online](#)

> [FGM Video resources for health care professionals](#)

HIV in Primary Care: an essential guide for GPs, practice nurses and other members of the primary healthcare team. Third edition by Dr Philippa Matthews, Dr Sara Madge, Dr Surinder Singh and Dr Nick Theobald.

Revised and updated for 2016, this 128-page booklet provides essential information about HIV for GPs and the primary healthcare team, specifically: the clinical diagnosis of HIV in

primary care including photos, how to offer an HIV test and give results, primary healthcare for people with HIV including reproductive health and immunisation, how to complement HIV specialist care, and practice policies and systems. It concludes with a quick reference guide to antiretrovirals, drug interactions and side effects, managing HIV-related problems, information for patients and a list of useful HIV and sexual health organisations and websites.

Printed copies of the new edition can be obtained from MEDFASH at £12 per copy (bulk discounts available) by contacting: enquiries@medfash.bma.org.uk, or the pdf version can be downloaded for £5.

> [HIV For Primary Care \(Third Edition\)](#)

PAPERS

Further paper using data from the NATSAL 3 study. This work identifies the significant numbers of young people experiencing distressing sexual problems. Education and health care providers are in the position to improve sexual well-being in the population by supporting individuals and couples as they embark on their sexual careers, to prevent lack of knowledge, anxiety, and shame turning into lifelong sexual difficulties.

> [Journal of adolescent health – Sexual Function in 16 to 21 years olds in Britain](#)

Having a baby at very advanced maternal age is currently uncommon in the UK but developments in artificial reproductive technologies are contributing to an increasing incidence of pregnancies in women outside of the normal reproductive age. These women have a higher risk of experiencing pregnancy complications including; gestational hypertensive disorders, gestational diabetes, postpartum haemorrhage, caesarean delivery, iatrogenic and spontaneous preterm delivery and ITU admission.

These findings should be considered when counselling and managing women of very advanced maternal age.

> [BJOG: Pregnancy at very advanced maternal age: a UK population-based cohort study](#)

PATIENT INFORMATION

Primary Care Women's Health Forum board member Louise Newson has written patient information, which is published on [patient.info](#). We have listed some of these great articles below:

- > [Premature ovarian insufficiency](#)
- > [Why testosterone should be more widely available for women](#)
- > [The truth about vaginal dryness](#)
- > [HRT can be good for you](#)
- > [How I missed the classic signs of my own menopause](#)
- > [A guide for pregnant women who have a positive syphilis blood test](#)

REQUEST FOR HELP

Request for help by a researcher based at the University of Oxford.

We are looking for general practitioners with experience of managing women in pregnancy who would be interested in contributing to a study of outcomes in pre-eclampsia.

- > [Further information](#)

James Duffy



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