Evidence Sources: Heavy Menstrual Bleeding
Clinical Care Standard
October 2017
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The Australian Commission on Safety and Quality in Health Care has produced this Evidence Sources document to support the Heavy Menstrual Bleeding Clinical Care Standard. The clinical care standard supports the delivery of appropriate care for a defined condition and is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

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Evidence Sources: Heavy Menstrual Bleeding Clinical Care Standard

The quality statements for the Heavy Menstrual Bleeding Clinical Care Standard were developed in collaboration with the Heavy Menstrual Bleeding Clinical Care Standard Topic Working Group and are based on best available evidence.

Literature searches were conducted by Commission staff at different stages in the development of the clinical care standard. The initial search took place between May and November 2015. A draft evidence summary was prepared which was reviewed for completeness by the Heavy Menstrual Bleeding Clinical Care Standard Topic Working Group. A further search took place between November 2016 and February 2017 to identify any new evidence that might affect the relevance or validity of the final quality statements.

The initial search was aimed at reviewing the evidence-base for each potential quality statement. As set out below, several steps were involved. The first step was to identify national clinical practice guidelines; these would be the key sources of evidence if they were current, based on available evidence, developed using systematic methods and endorsed by key clinical organisations. The second step was to locate other Australian guidelines, standards, policies, protocols, and international guidelines and standards. The third step was to identify high-level evidence published after the release of clinical practice guidelines.

Australian clinical practice guidelines, standards and policies were identified by searching:

- The clinical practice guideline portal of the National Health and Medical Research Council
- Websites of professional colleges and organisations
- Websites of state and territory health departments and agencies
- The internet.

International clinical practice guidelines were identified by searching:

- Guideline clearing houses such as the Agency for Healthcare Research and Quality, and Guidelines International Network
- Websites of guideline developers, such as the UK’s National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guideline Network (SIGN).

Other high-level evidence was identified by searching:

- The Cochrane Collaboration for systematic reviews
- Medical literature databases (PubMed) for systematic reviews and meta-analyses.

A summary of evidence sources for each quality statement is provided in this document.
Guidelines and evidence supporting the Heavy Menstrual Bleeding Clinical Care Standard

Australian guidelines


Note: No Australian clinical practice guideline was identified.

International guidelines


Quality standards: international


Position statements


Systematic reviews


Quality statement 1

Assessment and diagnosis

The initial assessment of a woman presenting with heavy menstrual bleeding includes a detailed medical history, assessment of impact on quality of life, a physical examination, and exclusion of pregnancy, iron deficiency and anaemia. Further investigations are based on the initial assessment.

Evidence sources

Australian guidelines

International guidelines


Additional sources
Quality statement 2

Informed choice and shared decision making

A woman with heavy menstrual bleeding is provided with consumer-focused information about her treatment options and their potential benefits and risks. She is asked about her preferences in order to support shared decision making for her clinical situation.

Evidence sources

International guidelines
Full guideline (2007):
https://www.nice.org.uk/guidance/cg44/evidence/full-guideline-195071293
Partial update (2016):
https://www.nice.org.uk/guidance/CG44/chapter/recommendations

Additional sources


Quality statement 3

Initial treatment is pharmaceutical

A woman with heavy menstrual bleeding is offered pharmaceutical treatment, taking into account evidence-based guidelines, her individual needs and any associated symptoms. Initial treatment is provided to a woman undergoing further investigations to exclude malignancy and significant pathology.

Evidence sources

Australian guidelines

International guidelines
Full guideline (2007):
https://www.nice.org.uk/guidance/cg44/evidence/full-guideline-195071293
Partial update (2016):
https://www.nice.org.uk/guidance/CG44/chapter/recommendations


Additional sources

Quality statement 4

Quality ultrasound

A woman having an ultrasound to investigate the cause of her heavy menstrual bleeding has a pelvic (preferably transvaginal) ultrasound, which assesses endometrial thickness and uterine morphology in days 5–10 of her menstrual cycle.

Evidence sources

International guidelines
Partial update (2016):
https://www.nice.org.uk/guidance/CG44/chapter/recommendations


Additional sources


Quality statement 5

Intra-uterine hormonal devices

When pharmaceutical treatment is being considered, a woman is offered the levonorgestrel intra-uterine system if clinically appropriate, as it is the most effective medical option for managing heavy menstrual bleeding.

Evidence sources

Australian guidelines

International guidelines


Additional sources


Quality statement 6

Specialist referral

A woman with heavy menstrual bleeding is referred for early specialist review when there is a suspicion of malignancy or other significant pathology based on clinical assessment or ultrasound. Referral is also arranged for a woman who has not responded after six months of medical treatment.

Evidence sources

Australian guidelines

International guidelines


Additional sources


Quality statement 7

Uterine-preserving alternatives to hysterectomy

A woman who has heavy menstrual bleeding of benign causes and who is considering surgical management is offered a uterine-preserving procedure, if clinically appropriate. The woman receives information about procedures that may be suitable (such as endometrial ablation or removal of local pathology) and is referred appropriately.

Evidence sources

Australian guidelines

International guidelines


Additional sources


Quality statement 8

Hysterectomy

Hysterectomy for management of heavy menstrual bleeding is discussed when other treatment options are ineffective or are unsuitable, or at the woman’s request. A woman considering a hysterectomy is given balanced information about the risks and benefits of the procedure before making a decision.

Evidence sources

International guidelines


Additional sources
