

Letters

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Mirena® coil for heavy menstrual bleeding

In a recent editorial, Miriam Santer¹ highlights what little we know about quality of life and patient satisfaction following treatment for heavy menstrual bleeding. She points in particular to the paucity of relevant data comparing the levonorgestrel-releasing intrauterine system (LNG-IUS or Mirena®) with other medical treatments. Therefore, we agree that the recommended ranking in recent NICE guidelines,² suggesting Mirena coil as the first option for heavy menstrual bleeding, seems premature, may fail to account for patient preferences, and indeed lead to problems with concordance and therefore efficacy of treatment.

We are currently seeking to address some of this evidence gap in ECLIPSE, a large, randomised controlled trial assessing clinical effectiveness and cost-effectiveness of the LNG-IUS versus standard medical treatments for initial management of heavy menstrual bleeding in primary care and gynaecology settings (www.eclipse.bham.ac.uk). Outcomes include menorrhagia-specific and generic quality-of-life measures, and surgical interventions, with long-term follow-up at 2 and 5 years.

Unsurprisingly, we have found recruitment particularly challenging because many women have a strong personal preference for one form of treatment or another. Within, and alongside, the trial we are seeking qualitative data in order to understand women's experiences of treatments including those of women with strong treatment preferences. This investigation seeks to build on work

examining social factors and influences on women's perceptions of heavy menstrual bleeding and perceptions of health professionals in this context.^{3,4}

Thus, we aim to provide evidence not only on the long-term effectiveness and cost-effectiveness of medical treatments for heavy menstrual bleeding, but also to enhance understanding of receiving treatments from women's perspectives. As Santer notes, much further research is needed to promote a more holistic approach to women experiencing this common and complex condition.

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Author's response

It is welcome news that Gail Prileszky and

colleagues are addressing the evidence gap for this common condition and are looking at patient preferences in their trial. The NICE guideline's ranking of levonorgestrel-releasing intrauterine system (LNG-IUS or Mirena®) above other treatments is indeed problematic in practice, where an emphasis on choice for the fully-informed patient seems more appropriate.

The NICE guideline is likely to benefit women in other ways, for instance in shifting the emphasis away from assessing volume of loss and towards assessing impact on quality of life. Unfortunately, the guideline only set out to address heavy menstrual bleeding and we know that other menstrual symptoms, mainly menstrual pain, increase the impact of heavy menstrual bleeding.^{1,2} This is relevant to the difficulties with the ranking system. For instance, many women reporting heavy menstrual bleeding actually find menstrual pain more problematic, and for these women non-steroidal anti-inflammatory drugs (NSAIDs) might be a first-line rather than second-line treatment.

Prileszky and colleagues refer to the influence of social factors on women's perceptions of heavy menstrual bleeding. Social factors may influence their views of treatment as well. We found that women view heavy menstrual bleeding as 'not real illness', leading them to attempt to self care, including seeking information widely informally, and to consult only where self care has failed.³ Women may therefore already hold strong views about different treatment options by the time they see a health professional.

Heavy menstrual bleeding is a condition which has long been in need of a stronger evidence base. Together, the randomised controlled trial and qualitative