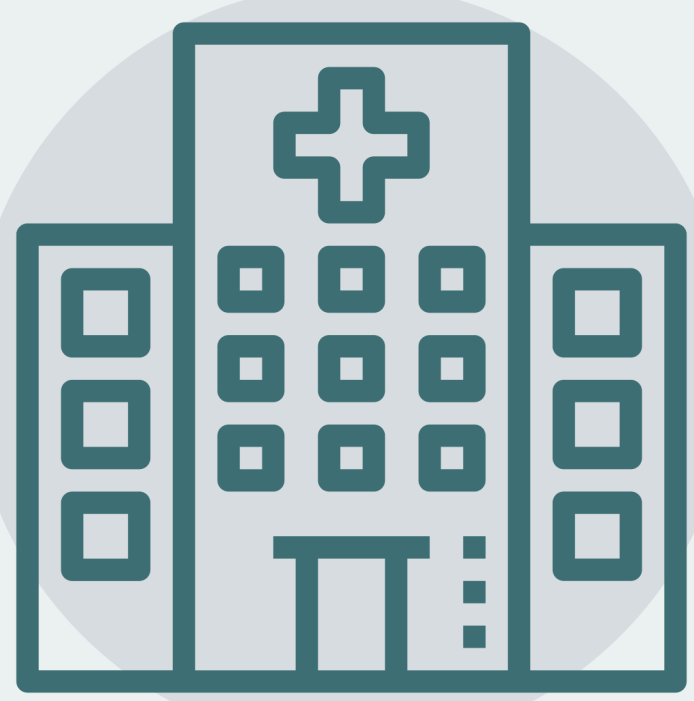


Low levels of HRT prescribing for premenopausal women following bilateral salpingo-oophorectomy

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Background

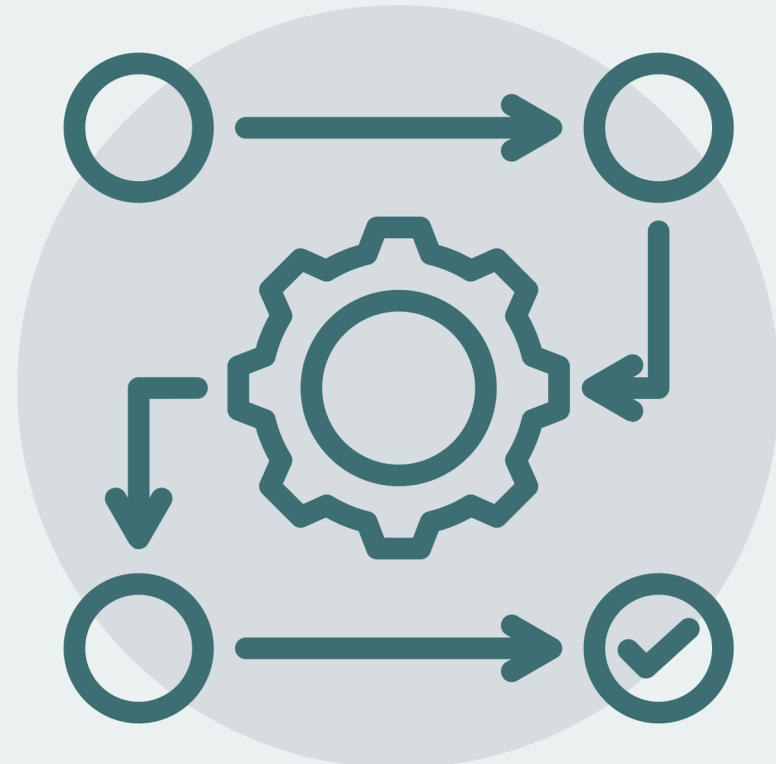
For premenopausal women the abrupt loss of ovarian hormones due to bilateral salpingo-oophorectomy (BSO) can lead to significant short-term and long-term health risks if HRT is not administered. Short-term risks include vasomotor, cognitive and mood disturbances, which can significantly impact quality of life. Long-term risks include osteoporosis, cardiovascular disease, early cognitive decline, and increased all-cause mortality. UK, North American and Australasian guidelines all recommend provision of systemic HRT for premenopausal women undergoing BSO.

Without appropriate HRT, women undergoing BSO are left vulnerable to the short-term and long-term risks associated with hormone deficiency. Currently, provision of HRT is thought to be lacking for many post-menopausal women undergoing BSO. However, there are no national data on the proportion of women receiving the recommended care, and the lack of comprehensive data further complicates efforts to identify and address disparities in care.



Aim

To evaluate the proportion (%) of premenopausal women undergoing BSO who either had a documented discussion regarding HRT provision in their discharge notes or were prescribed HRT at discharge.



Methods

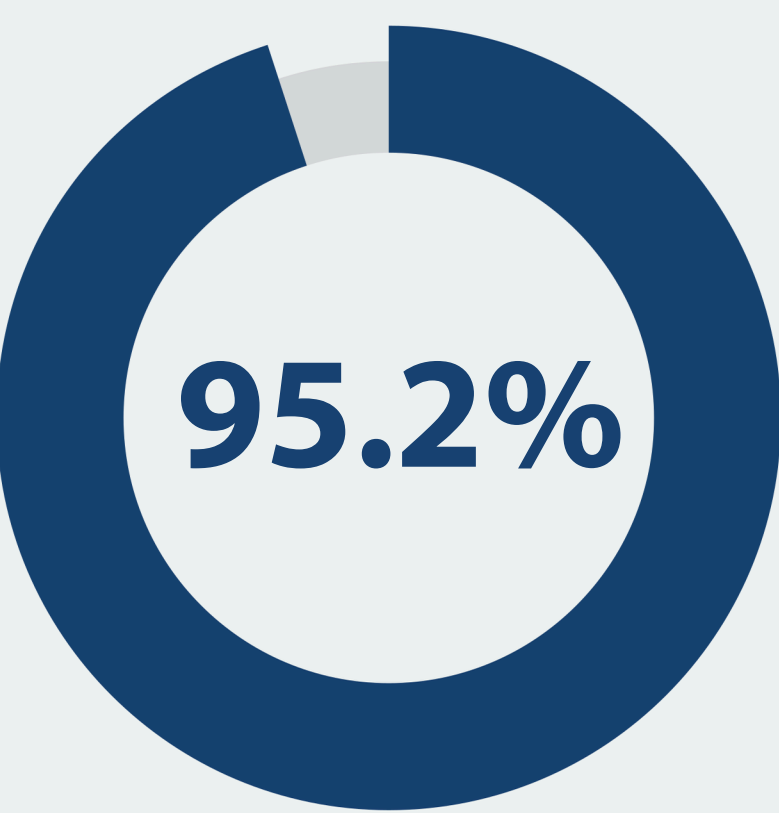
A retrospective analysis of clinical data from three NHS hospitals in London, UK (Homerton, Royal Free and Barnet Hospitals) between 1 January 2018 to 31 December 2023 (5 years). Premenopausal patients were identified as having undergone BSO by searching electronic hospital records and discharge letters and prescriptions were reviewed. Summary statistics were used to analyse and describe the data.

Results

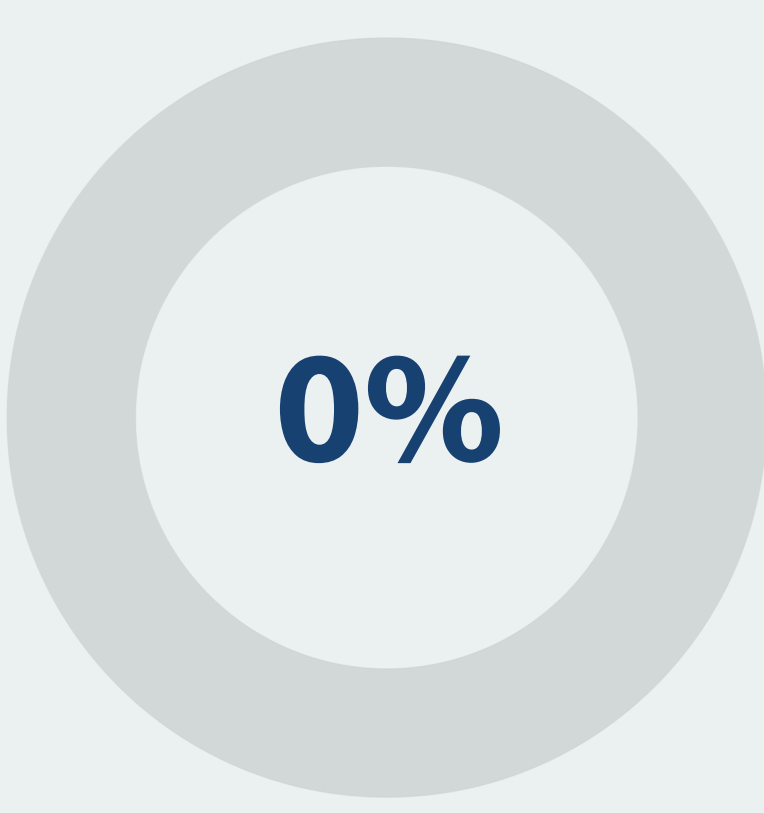
Across the three hospitals, 126 premenopausal women underwent BSO +/- hysterectomy in the study period and were included in the study.

Patient ages ranged from 36 to 51 years, (average age 46.6 years, SD 3.9 years). 120 women (95.2%) did not receive HRT following their surgery; 6 women (4.8%) received HRT at discharge or had a documented discussion in the notes about the need for HRT.

None of the patients received testosterone or had a documented discussion about the benefits of testosterone following BSO. There was no trend toward increased prescribing of HRT in later years compared to earlier in the study period, and no significant differences in HRT prescribing levels between hospitals.



95.2 % of women did not receive HRT following their surgery



None of the women received testosterone or had a documented discussion about the need for testosterone replacement



Conclusion

The study revealed a significant gap in the prescribing of standard HRT and testosterone for premenopausal women after BSO. Despite the well-established short- and long-term health risks associated with early surgical menopause, only 4.8% of women received HRT after BSO across 3 NHS hospitals over a 5-year period. These findings highlight the need for further professional training for health professionals to increase awareness and improve adherence to national guidelines, ensuring that the benefits of HRT are effectively communicated and offered to all eligible patients. Alongside this, there is an urgent need to improve patient education and empowerment, to enable patients to more effectively self-advocate.

