



Better Use of Menopausal Hormone Therapy (MHT)

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Disclosure



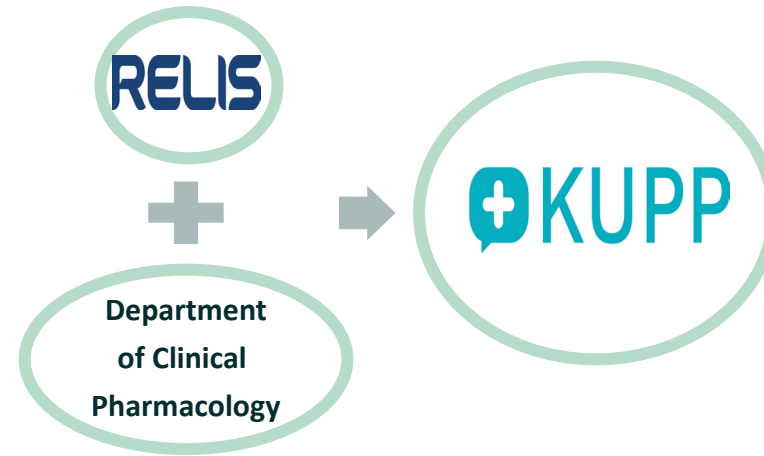
None to declare



Agenda

- KUPP Overview
- Booking Visits
- Better Use of Menopausal Hormone Therapy (MHT) Campaign
 - Purpose and background
 - Key messages
 - Results
 - Conclusions
- In the Pipeline

KUPP Timeline



RELIS
Riktigere bruk av NSAIDs

NSAID

- 2015
- 213 GP

Riktigere bruk av antibiotika

Antibiotics

- 2015-2017
- 1761 GP

Diabetes type 2 i allmennpraksis

Antidiabetic drugs

- 2018-2019
- 1195 GP

Riktigere bruk av opioider ved langvarige ikke-maligne smerter

Opioids

- 2019-2021
- 1049 GP

Riktigere bruk av menopausal hormonterapi (MHT)

MHT

- 2021-2022
- 1310 GP

Riktigere bruk av legemidler mot migrene

Migraine

- 2022-2023
- xxxx GP

KUPP in the Media

Periode: 1. september 2022–30. juni 2023

Riktigere bruk av legemidler mot migrene



Aktuelt

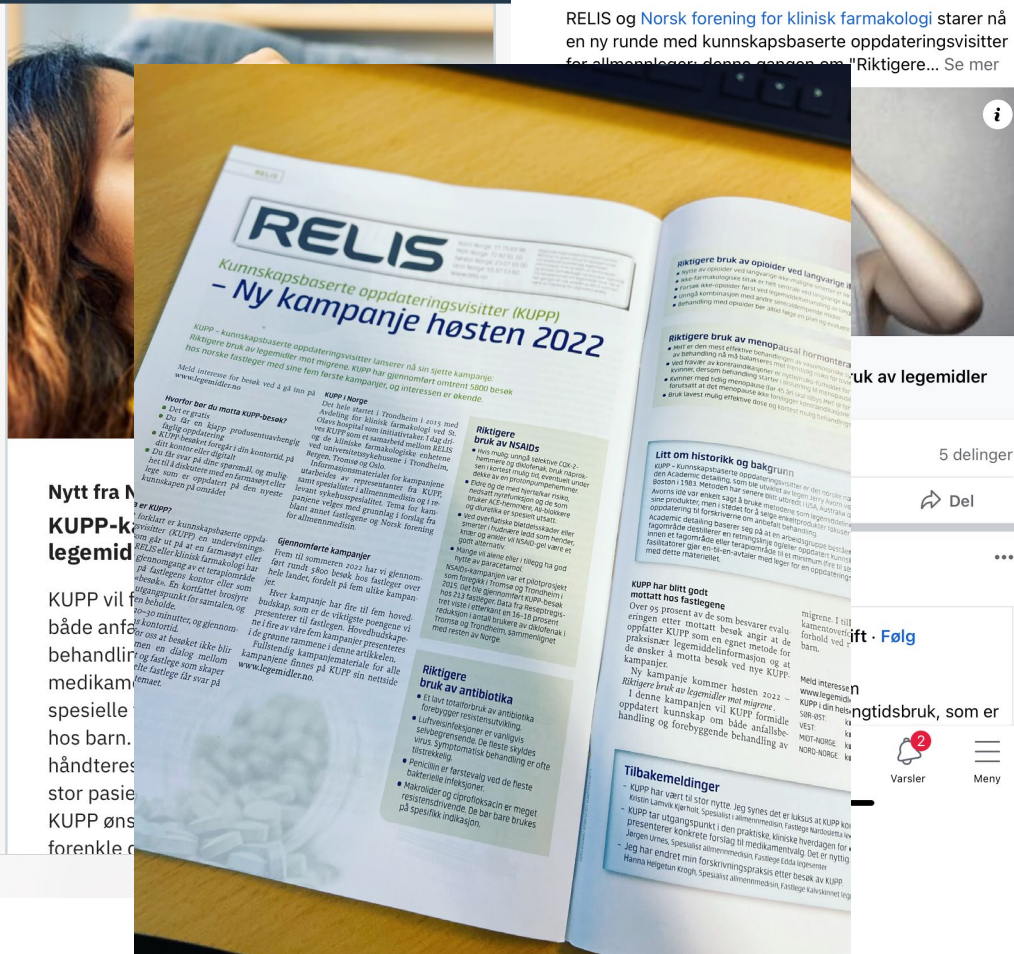
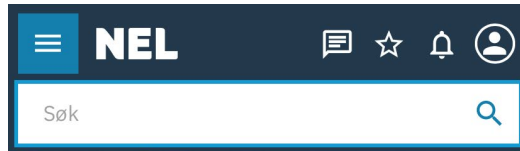
23. august 2022

NY KUPP-kampanje om riktigere bruk av legemidler mot migrene

3. februar 2022

KUPP – viktig og riktig for

legemidler.no



13:41 4G

Innlegg Om Bilder Omtaler

Liker Kommenter Del

RELIS 25. aug. ·

RELIS og Norsk forening for klinisk farmakologi starter nå en ny runde med kunnskapsbaserte oppdateringsvisitter for allmennleger, denne gangen om "Riktigere... Se mer

kuppkampanje



14 Innlegg

113 Følgere

227 Følger

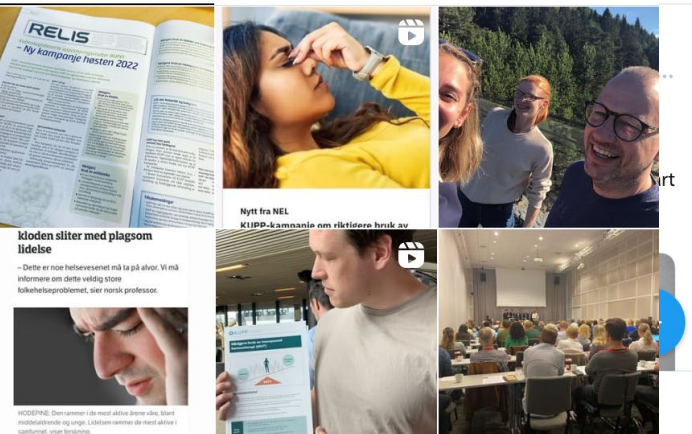
KUPP

Et gratis, produsentuavhengig og praksisnært undervisningstilbud om riktigere legemiddelbruk til fastleger. Statlig finansiert av HOD. [legemidler.no/2022/08/23/ny-kupp-kampanje-om-riktige...](https://legemidler.no/2022/08/23/ny-kupp-kampanje-om-riktige-...) Se oversettelse

Rediger profil Annonseverktøy

Innsikt Kontakt Legg til butikk

Kampanjer Høydepunk... Nytt



Online Visit Booking Form

Bestill besøk

Du som er lege i allmennpraksis kan selv bestille møte med KUPP. Samtalen tar ca. 30 minutter og gjennomføres en-til-en på ditt kontor. Vi tilbyr både besøk ved fysisk oppmøte og digitale besøk. Fyll ut skjemaet, så tar vi kontakt for å bekrefte tidspunkt.

Påkrevde felter er merket med *

Fullt navn *

Epostadresse *

Telefonnummer *

Fylke *

Legesenter *

Antall leger *

Ønsker du fysisk eller digitalt KUPP-besøk? *

Foretrukne ukedager *

- Mandag
- Tirsdag
- Onsdag
- Torsdag
- Fredag

Melding/kommentar



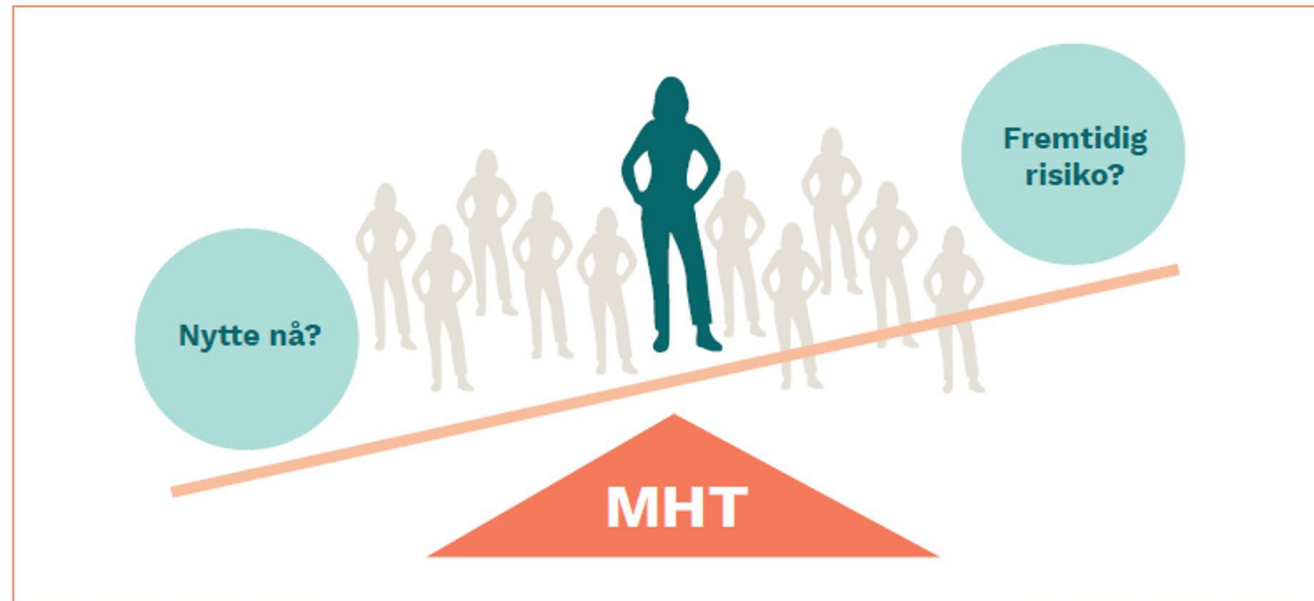
How do you schedule visits (online form, email, phone call, etc.)?



Better Use of MHT

Project Background

- Suggestions from general practitioners (GPs), and on dialogue with the Norwegian Association of General Practitioners (NFA)
- Uncertainty among the GPs regarding what is the best practice for MHT





Better Use of MHT

Purpose of the Campaign

- Give the GPs **updated knowledge** about the pros and cons of hormone treatment during menopause
- Increase the **quality of information** women get from their GPs during menopause
- Give the individual woman and GPs a better **foundation to make decisions** about treatment



Better Use of MHT

Intervention and details of implementation

- Started booking in **August/September 2021**
- Both **digital** and **in-person** visits
- **No quantitative measures** planned
- **Evaluation forms** were sent to all the GPs after a visit
 - Within 1 week after the visit

Brochure

legemidler.no



Riktigere bruk av menopausal hormonterapi (MHT)



HOVEDBUDSKAP

1. MHT er den mest effektive behandlingen av vasomotoriske symptomer (VMS), men nytten av behandling nå må balanseres mot fremtidig risiko for bivirkninger.
2. Ved fravær av kontraindikasjoner er nytte/risiko-forholdet fordelaktig ved MHT for de fleste kvinner, dersom behandling starter i tilslutning til menopause.
3. Kvinner med tidlig menopause (før 45 år) skal tilbys MHT til forventet menopause-alder forutsatt at det ikke foreligger kontraindikasjoner.
4. Bruk lavest mulig effektive dose og kortest mulig behandlingstid.

Visste du at?

- MHT anbefales ikke som primær eller sekundær forebygging av hjertesykdom eller demens.
- Gestagener er behandling for blødningsforstyrrelser. Østrogen/kombinasjon er behandling for VMS.
- Ved kun urogenitale symptomer anbefales lokalbehandling med hormoner.

STADIER OVERGANGSALDER:





Key Messages

1. MHT is the most effective treatment for vasomotor symptoms (VMS), however, the treatment benefit must be balanced against the future risk of adverse events

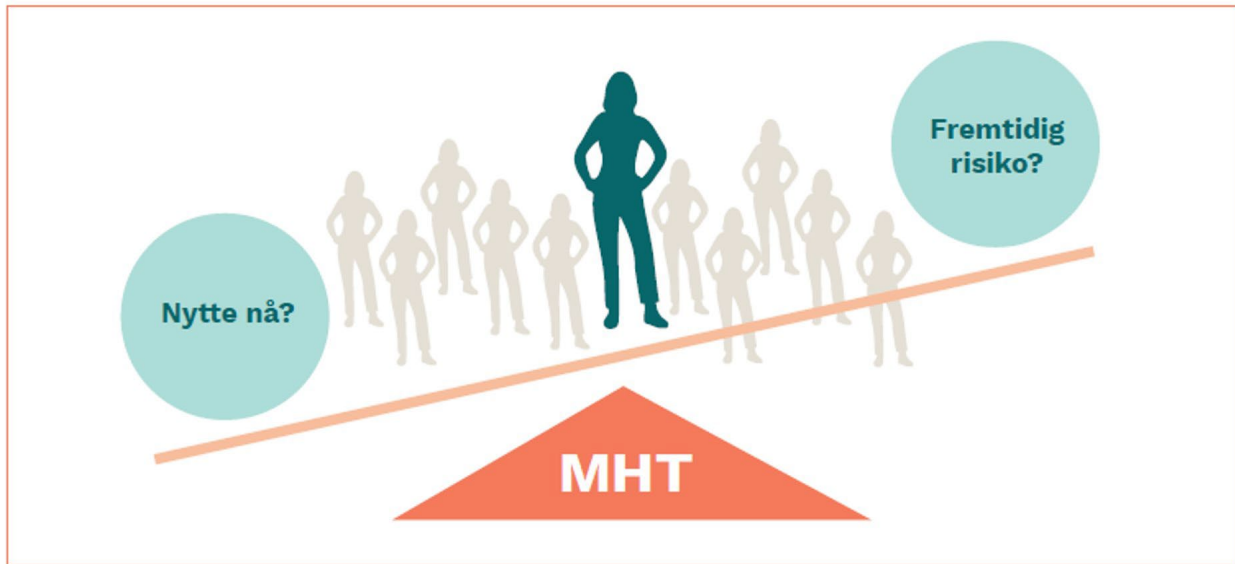
2. In the absence of contraindications, the risk/benefit ratio favors MHT for most women, if treatment starts in conjunction with menopause

3. Women with early menopause should be offered MHT until the expected age of menopause

4. Treat with minimum effective dose for the shortest possible time



1. MHT is the most effective treatment for vasomotor symptoms (VMS), however, the treatment benefit must be balanced against the future risk of adverse events



- **1/3** of Norwegian women report daily troublesome hot flashes during menopause
- MHT ↓ **75% frequency** of hot flashes and ↓ **87% intensity**
- MHT ↑ the **risk of breast cancer**, depending on duration of treatment and regimen used

Shifren JL, Crandall CJ et al. Menopausal hormone therapy. JAMA 2019; 321(24): 2458-9.

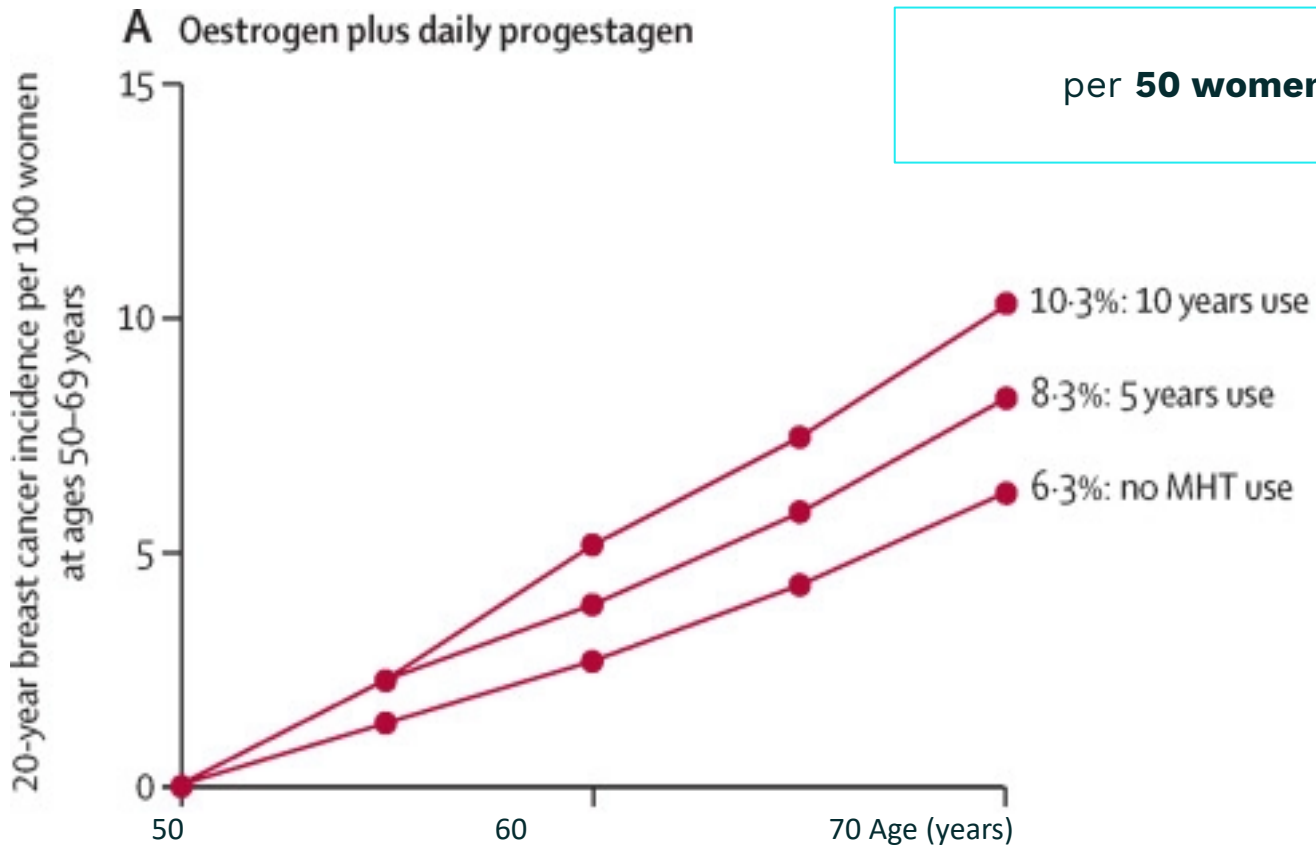
Pinkerton JV. Hormone therapy for postmenopausal women. N Engl J Med 2020; 382(5): 446-55.

Gjelsvik B. Hormonbehandling etter menopausen – ny kunnskap om langtidsrisikoen. Tidsskr Nor Legeforen 2018 doi: 10.4045/tidsskr.17.0922.

Stuenkel CA, Davis SR et al. Treatment of symptoms of the menopause: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2015; 100(11): 3975-4011.



Risks - Benefits



20 year breast cancer incidence
per **50 women who have used oestrogen + daily progestagen for 5 years**
vs. **50 treatment-naive women**

Cases of breast cancer expected in women
without MHT: 3/50

Additional cases of breast cancer expected in women
with MHT for 5 years: 1/50

Additional cases of breast cancer expected in women
with oestrogen + intermittent progestagen: 1/70

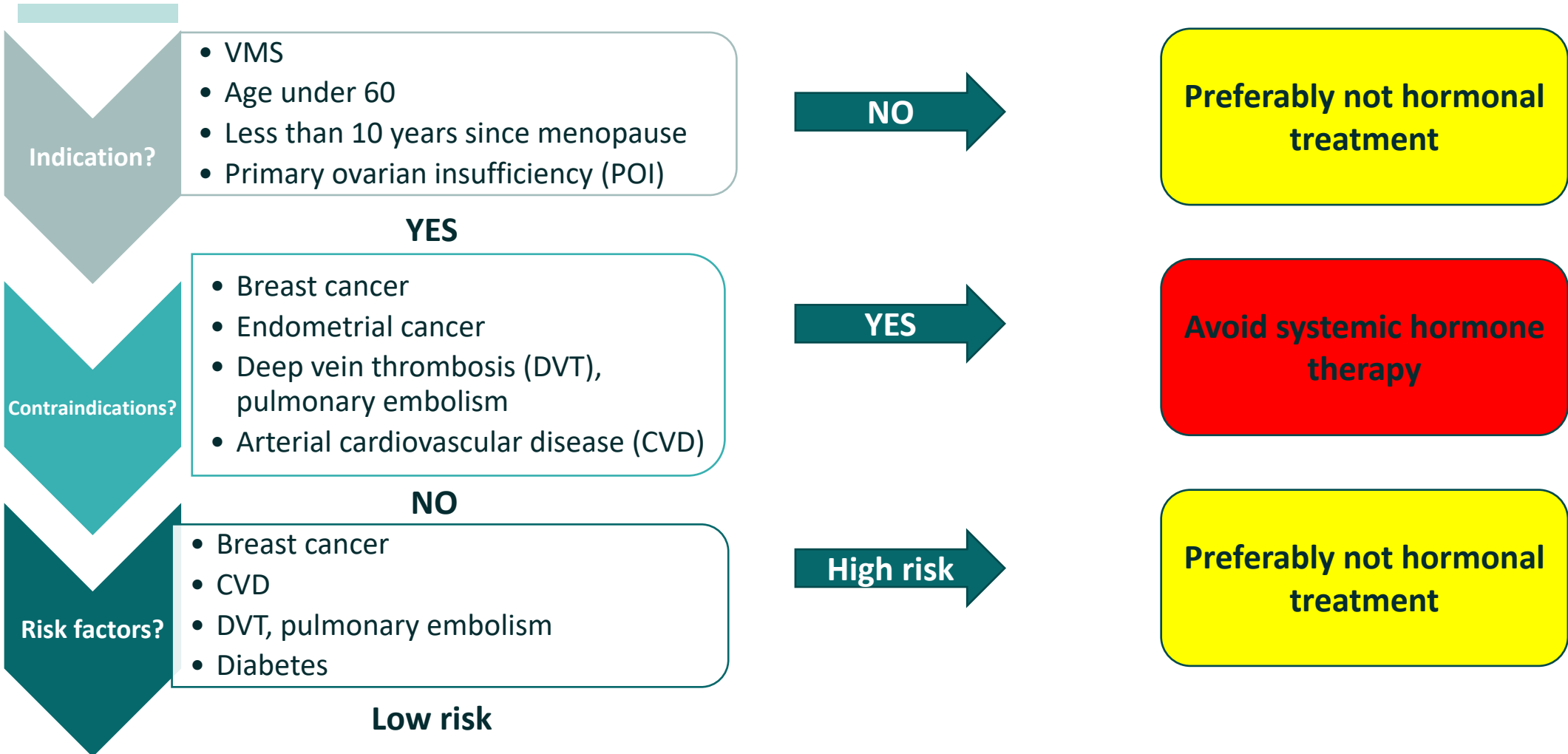
Additional cases of breast cancer expected in women
with oestrogen only: 1/200

Collaborative Group on Hormonal Factors in Breast Cancer. Type and timing of menopausal hormone therapy and breast cancer risk: individual participant meta-analysis of the worldwide epidemiological evidence. *Lancet* 2019; 394(10204): 1159-68.

Clim nt-Palmer M, Spiegelhalter D. Hormone replacement therapy and the risk of breast cancer: How much should women worry about it? *Post Reprod Health* 2019; 25(4): 175-8.



2. In the absence of contraindications, the risk/benefit favors MHT for most women, if treatment starts in conjunction with menopause





2. In the absence of contraindications, the risk/benefit ratio favors MHT for most women, if treatment starts in conjunction with menopause

Indication YES – Contraindications NO – Risk factors Low Risk

Oestrogen + progestagen

Individualized treatment

Consider different MHT options

- **Administration forms**
- **Doses**



Preparatnavn	Administrasjonsform	Substans	Dosering (vedlikeholdsdose)
Kun østrogener			
Estradot	Depotplaster	Østradiol	25/37,5/50/75/100 µg per 24 t, 2 x per uke
Lenzetto	Transdermalspray	Østradiol	1,53 mg/spraydose, 1-2 doser daglig
Estrogel	Transdermalgel	Østradiol	0,75 mg/dose, 1 dose (ett pumpetrykk) daglig
Progynova	Tabletter	Østradiol	1 – 2 mg daglig
Ovesterin (indisert kun for urogenitale plager)	Tabletter	Østriol	1 – 2 mg daglig
Duavive	Tabletter	Konjugerte østrogener og bazedoksifen (selektiv østrogenreseptor-modulator)	0,45 mg/200 mg daglig
Kombinasjonspreparater kontinuerlig behandling			
Activelle, Cliovelle	Tabletter	Østradiol og noretisteron	1 mg østradiol og 0,5 mg noretisteron daglig
Eviana	Tabletter	Østradiol og noretisteron	0,5 mg østradiol og 0,1 mg noretisteron daglig
Indivina	Tabletter	Østradiol og medroksyprogesteron	1 mg/2,5 mg, 1 mg/5 mg og 2 mg/5 mg østradiol / medroksyprogesteron daglig
Femostonconti	Tabletter	Østradiol og dydrogesteron	0,5 mg/2,5 mg og 1 mg/5 mg østradiol / dydrogesteron daglig
Livial, Tibolon Aristo	Tabletter	Tibolon	2,5 mg daglig
Estalis	Depotplaster	Østradiol og noretisteron	50 µg østradiol og 250 µg noretisteron per 24 t
Kombinasjonspreparater sekvensiell behandling			
Novofem	Tabletter	Østradiol og noretisteron	To faser: (1) 1 mg østradiol og (2) 1 mg østradiol og 1 mg noretisteron daglig (gestagen i 12 dager per måned)
Trisekvens	Tabletter	Østradiol og noretisteron	Tre faser: (1) østradiol 2mg, (2) østradiol 2 mg og noretisteron 1 mg og (3) østradiol 1 mg daglig (gestagen i 10 dager per måned)
Femoston	Tabletter	Østradiol og dydrogesteron	To faser: (1) østradiol 1 mg / 2 mg daglig og (2) østradiol 1 mg/2 mg og dydrogesteron 10 mg daglig (gestagen i 14 dager per måned)
Sequidot	Depotplaster	Østradiol og noretisteron	To faser: (1) østradiol 50 µg per 24 t og (2) østradiol 50 µg og noretisteron 250 µg per 24 t
Gestagener/progestogener			
Mirena	Intrauterint innlegg	Levonorgestrel (LNG)	20 µg /24 t i 5 år
Provera	Tabletter	Medroksyprogesteron	10 mg daglig 12 dager per syklus (sekvensielt regime)
Utrogest, Utrogestan	Tabletter/kapsler	Progesteron (mikronisert)	100 mg daglig ved kontinuerlig regime 200 mg daglig i 12 dager per mnd. ved sekvensielt regime. På registreringsfritak.
Lokalbehandling			
Vagifem, Vagidonna	Vaginaltabletter	Østradiol	10 µg 2 ganger per uke
Gelisse	Vaginalgel	Østriol	1 dose 2 ganger per uke
Ovesterin	Vaginalkrem/vagitorier	Østriol	1 dose/1 vagitorie 2 ganger per uke
Intrarosa	Vagitorier	Prasteron	1 vagitorie daglig



3. Women with early menopause should be offered MHT until the expected age of menopause

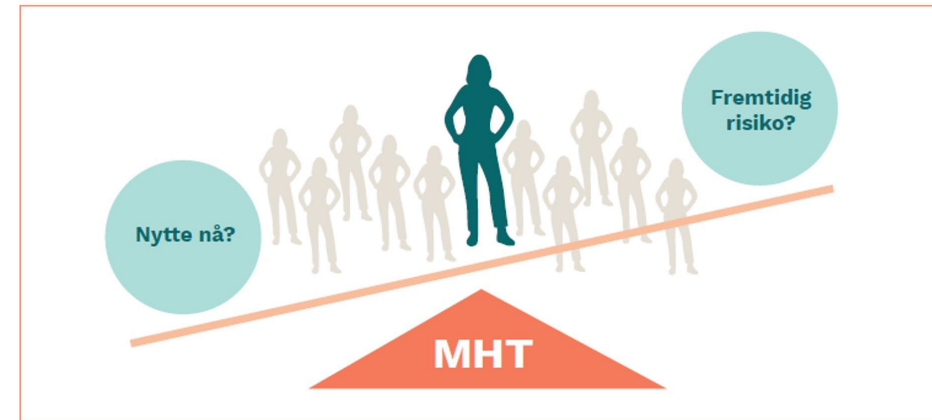
Early estrogen deficiency is associated with an increased risk of negative health effects

Causes	Consequences	Symptoms	Treatment
Early spontaneous menopause Women < 45 years	Oestrogen ↓ Fracture risk ↑ Possible increased risk of negative health effects	As with oestrogen deficiency	MHT and/or contraceptives
POI Women < 40 years	Oestrogen ↓ Fracture risk ↑ Possible ↑ risk of CVD and death	As with oestrogen deficiency, especially pronounced at surgical menopause	MHT/contraceptives POI, MHT after surgery
Cancer treatment	Tamoxifen Aromtase inhibitors	VMS as adverse event	SSRI, SNRI Interactions



4. Treat with minimum effective dose for the shortest possible time

- 3 months after MHT start, the **chosen regimen** should be assessed regarding effect and side effects
- The additional **risk of breast cancer** significantly increases when treatment lasts over 5 years
- Offer **medical check-ups** at 1-2 years intervals to assess the benefits and risks of continued treatment
- Regularly consider **changing treatment** or withdrawal
- **Relapse may occur** about 2 weeks after discontinuation. Wait at least 2-4 weeks before considering restart of treatment





Results I

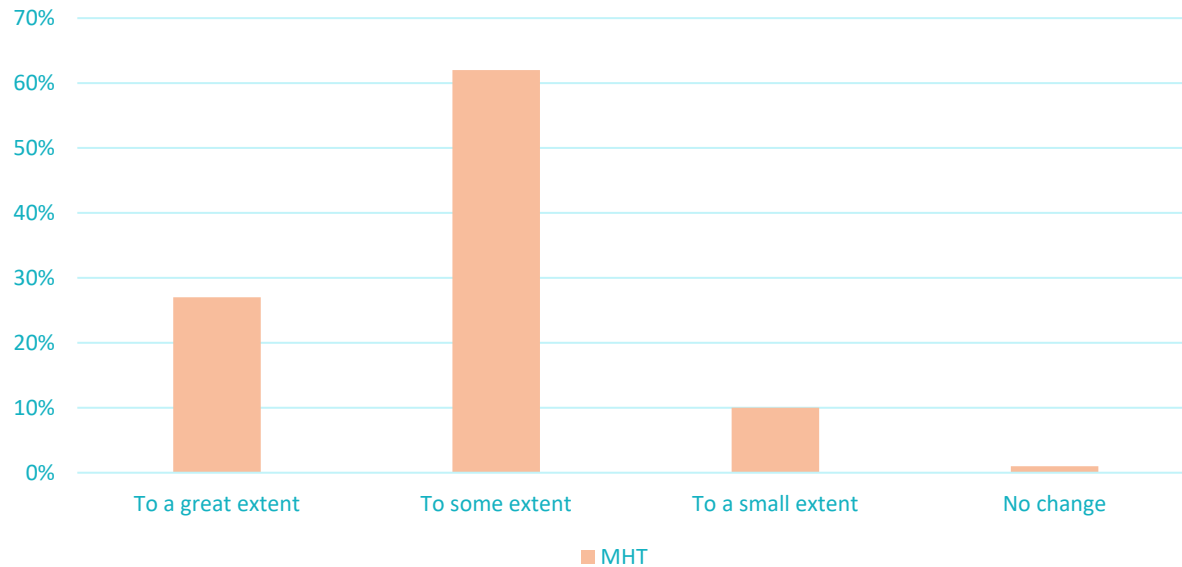
- Since September 2021 we have visited **1273 GPs** with the AD program *Better use of MHT*
- **1164 evaluation forms** were sent and the **response rate** was **>50%**
- **99% answered** KUPP is a **good way to get individualized, up to date, evidence-based drug information**, and are likely to accept new visits



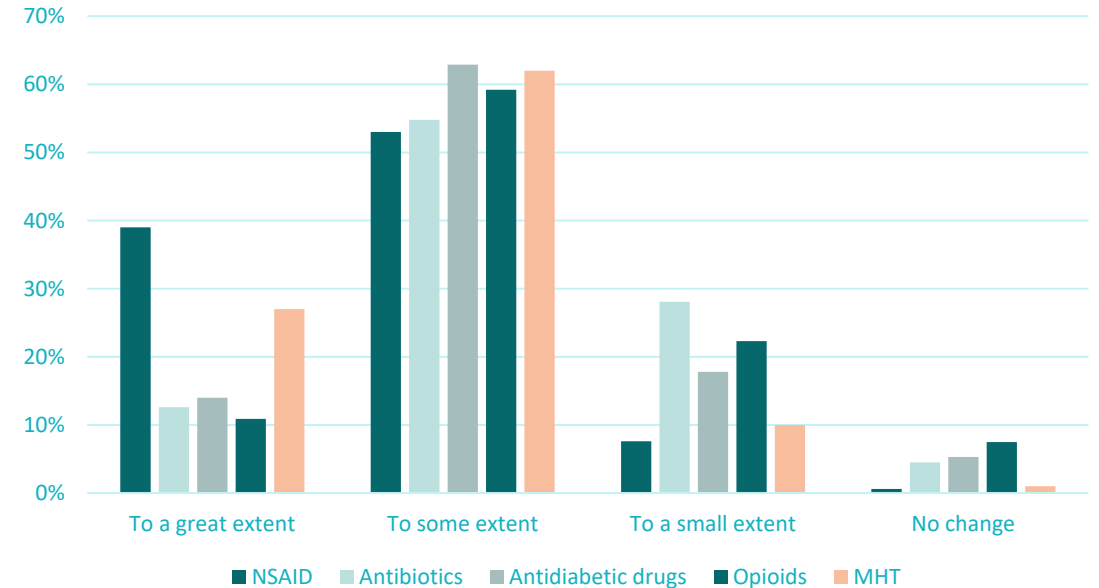
Results II



To what extent will this KUPP visit change your practice in the current therapy area?



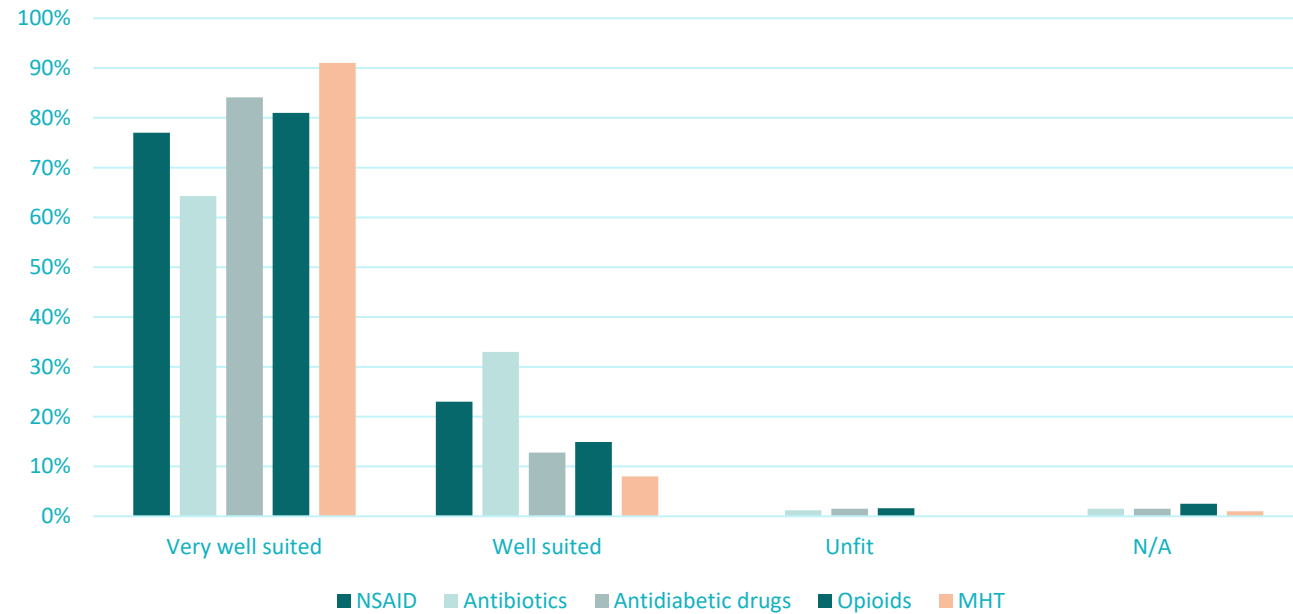
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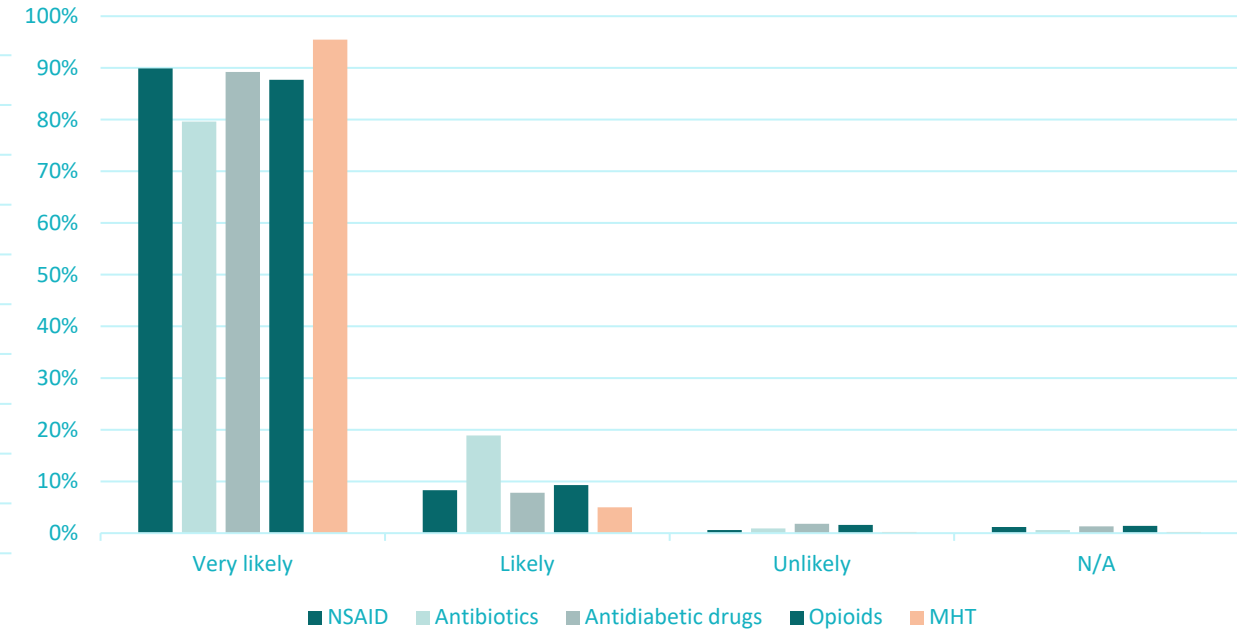


Results III

How would you assess KUPP as a suitable method for relevant evidence-based drug information?



How likely are you to accept an offer of a KUPP visit for another campaign?





Conclusions

- It is possible to create a successful intervention program that **does not have higher or lower prescribing rates as a goal**
- To **reach out** to the GPs **with up to date, evidence-based drug information is a goal itself**
- **90% of the GPs** will change their prescribing practice



In the Pipeline

- ***Better Use of Drugs Against Migraine***
 - Evaluation
 - Study change in prescribing data + referrals to specialists
- **Digital Visits**
 - Evaluation
- **Profiling**
- **Publishing**
 - Antidiabetic drugs
 - Opioids
- **Organization**



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