

Letter

NICE guidelines on the menopause

NICE guideline committee's comments on editorial about menopause guideline

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We read with interest editorial on the National Institute for Health and Care Excellence (NICE) menopause guideline,¹ and their comments on the presentation of evidence underpinning the guideline's recommendations.²

We dispute their allegation that "methodological deficiencies undermine its conclusions." The development of this guideline was based on a rigorous methodological approach involving a complex meta-analysis, known as a network meta-analysis. This method was used to assess the relative effectiveness of different treatments (pharmacological and non-pharmacological) to reduce the occurrence of vasomotor symptoms. This complex meta-analysis is methodologically superior to conventional meta-analyses because it allows the simultaneous comparison of different treatments to achieve an outcome for the population of interest (in this case, women in menopause). All the relevant peer reviewed publications looking at pharmacological (such as hormone replacement therapy; HRT) and non-pharmacological interventions (such as relaxation) that met the review protocol set by the guideline committee were considered for inclusion. However, some references mentioned in Hickey and Banks's editorial did not meet these requirements, considered different outcomes (sleep, quality of life) that were not prioritised for review during guideline development, or were published too late for inclusion. The guideline committee also considered evidence in a conventional meta-analysis for other

outcomes that commonly affect women in menopause—mood and depression (not clinical depression), sexual difficulties, and musculoskeletal symptoms—which are all domains of women’s quality of life. Although there were constraints of time and resources on the number of outcomes selected for review, the committee considered that the selected outcomes were adequate for their decision making.

We strongly refute the authors’ argument that “the guideline lacks appropriate and complex quantitative summary estimates of the risks and benefits from taking menopausal hormone therapy.” The evidence was synthesised separately for the different long term outcomes (including risks) that may be associated with HRT (cardiovascular disease, stroke, breast cancer, osteoporosis, fractures) for two main reasons. Firstly, because the baseline estimation of risk is different across these disorders, and secondly to communicate clearly the independent risks that may be associated with HRT for women who might place different degrees of importance on these diseases. This evidence was presented separately for randomised controlled trials (RCTs) and observational studies owing to inherent methodological differences that affect the confidence of risk estimates, as indicated by the Cochrane handbook³ and GRADE methodology.⁴ The duration of HRT use was assessed separately during the guideline development, and disease risk associated with different durations of HRT use has been presented. The guideline committee recognised that the communication needs of women who were current or past users, or who had used HRT for different time intervals, might differ. We therefore decided that this would be the most appropriate method of presenting risks. In addition, the authors misread the presentation of evidence; the recommendations are based on the best available evidence (both RCT and observational data) and it is the RCT evidence that specifically includes women aged 50-59 at the time of enrolment in the RCT. The data describing the papers included in the meta-analyses and the forest plots are described fully in appendices H-K (<https://www.nice.org.uk/guidance/ng23/evidence/appendices-ik-559549264>). The evidence statements synthesising the results are described in the full guideline (<https://www.nice.org.uk/guidance/ng23/evidence/full-guideline-559549261>).

However, we agree with the authors that “the clinical challenge of HRT is balancing the benefits of symptomatic relief against the risks of disease” as the new NICE menopause guideline presents the risks and benefits for HRT and recommends adopting an individualised approach when discussing different treatment options with women. The aim of the NICE guidance is to inform healthcare professionals and their patients about the menopause and to improve and standardise care across the UK; we hope to achieve this in the future.

Competing interests: None declared.

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