



# NICE Bites

## Retigabine for the adjunctive treatment of partial onset seizures in epilepsy

### NICE TA232

Retigabine\* is recommended as an option for the adjunctive treatment of partial onset seizures with or without secondary generalisation:

- ◆ in adults aged  $\geq 18$  years with epilepsy, **AND**
- ◆ if previous treatment with any of the following has not provided an adequate response, or has not been tolerated; carbamazepine, clobazam, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, sodium valproate and topiramate.

## Thrombocytopenic purpura – Technology appraisals

### NICE TA205; TA221

Idiopathic thrombocytopenic purpura (ITP) is an autoimmune bleeding disorder characterised by increased platelet destruction and, in some cases, inadequate platelet production. The disorder can result in low platelet counts and bleeding. Chronic ITP is defined as that which lasts longer than 12 months.

Eltrombopag and romiplostim are thrombopoietin receptor agonists licensed for the treatment of chronic ITP in splenectomised patients refractory to other treatments, such as corticosteroids or immunoglobulins, or as a second-line treatment in non-splenectomised patients when surgery is contraindicated.

#### **Romiplostim\*** (NICE TA221)

- ◆ Romiplostim is recommended for the treatment of adults with chronic ITP:
  - > whose condition is refractory to standard active treatments and rescue therapies, **OR**
  - > who have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies,**AND**
  - > if the manufacturer makes romiplostim available with the discount agreed as part of the patient access scheme.
- ◆ Only a haematologist should start and supervise treatment with romiplostim.

#### **Eltrombopag** (NICE TA205)

- ◆ Eltrombopag is **NOT** recommended for the treatment of chronic ITP.
- ◆ People currently receiving eltrombopag should have the option to continue treatment until they and their clinician consider it appropriate to stop.

\*See Summary of Product Characteristics for full prescribing information.

# Heavy menstrual bleeding

**NICE CG44; 2007**

## Definition of terms

LNG-IUS	levonorgestrel-releasing intrauterine system
COC	combined oral contraceptive
NSAID	non-steroidal anti-inflammatory drug
Gn-RH	gonadotrophin-releasing hormone
HRT	hormone replacement therapy
OTC	over the counter
DVT	deep vein thrombosis

**Care Pathway** – see full guideline

## Diagnosis and management

- ◆ Heavy menstrual bleeding (menorrhagia) is excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life. It can occur alone or in combination with other symptoms.
- ◆ Any intervention should aim to improve quality of life measures.
- ◆ Take a history and full blood count.
- ◆ Carry out appropriate investigations to determine any structural or histological abnormality – see full guideline.

**Surgical and radiological treatment** – see full guideline

**Pharmacological treatment** – see **Table 1**.

**First-line:** LNG-IUS

**Second-line:** tranexamic acid / NSAIDs / COC

**Third-line:** norethisterone / injectable progestogen

- ◆ Consider pharmacological treatment if no structural or histological abnormality is suspected or has been excluded.
- ◆ Discuss hormonal and non-hormonal treatment options with the woman so she can decide the best treatment option.
- ◆ If hormonal treatments are not acceptable then either tranexamic acid or NSAIDs can be used. If dysmenorrhoea is also present then NSAIDs are preferred.
- ◆ If a first pharmacological treatment is ineffective, try another before referral to surgery.

**Editorial note:** tranexamic acid 500mg tablets (Cyklo-f) can be purchased OTC for the treatment of heavy menstrual bleeding if certain criteria are fulfilled. The Royal Pharmaceutical Society has produced guidance at <http://www.rpharms.com/support-tools/tranexamic-acid-p-medicine.asp> (members access only).

**Do NOT** give the following treatments:

- ◆ oral progestogens in the luteal phase only,
- ◆ danazol,
- ◆ etamsylate,
- ◆ dilatation and curettage.

**Table 1: Pharmacological treatment options**

Treatment	Dosage, mechanism of action and effect on bleeding	Is it a contraceptive?	Adverse effects	Other considerations
<b>First-line</b>				
LNG-IUS	<ul style="list-style-type: none"> <li>◆ Intrauterine device. Slowly releases progestogen and prevents proliferation of endometrium.</li> <li>◆ Bleeding is reduced by up to 95% (full benefit may not be seen for 6 months)</li> </ul>	Yes	<b>Common:</b> irregular bleeding that may last for over 6 months, breast tenderness, acne, headaches <b>Less common:</b> amenorrhoea <b>Rare:</b> uterine perforation at time of insertion	Choose only if long-term use is anticipated (at least 12 months)
<b>Second-line</b>				
Tranexamic acid (oral)	<ul style="list-style-type: none"> <li>◆ Give 1g, 3 to 4 times daily from day 1 of cycle for up to 4 days</li> <li>◆ Antifibrinolytic</li> <li>◆ Bleeding is reduced by up to 58%</li> </ul>	No	<b>Less common:</b> indigestion, diarrhoea, headache	If no improvement stop after 3 cycles
NSAIDs <sup>a</sup> (oral)	<ul style="list-style-type: none"> <li>◆ Give from day 1 of cycle or just before, until heavy blood loss has stopped</li> <li>◆ Inhibits production of prostaglandin</li> <li>◆ Bleeding is reduced by up to 49%</li> </ul>	No	<b>Common:</b> indigestion, diarrhoea <b>Rare:</b> worsening of asthma in sensitive individuals, peptic ulcer, peritonitis	If no improvement stop after 3 cycles
COC <sup>a,b</sup> (oral)	<ul style="list-style-type: none"> <li>◆ Prevents proliferation of endometrium</li> <li>◆ Bleeding is reduced by 43%</li> </ul>	Yes	<b>Common:</b> mood change, headache, nausea, fluid retention, breast tenderness <b>Very rare:</b> DVT, stroke, heart attack	
<b>Third-line</b>				
Norethisterone (oral)	<ul style="list-style-type: none"> <li>◆ Give 15mg on days 5 to 26 of cycle</li> <li>◆ Prevents proliferation of endometrium</li> <li>◆ Bleeding is reduced by up to 83% in long term</li> </ul>	Yes <sup>c</sup>	<b>Common:</b> weight gain, bloating, breast tenderness, headaches, acne <b>Rare:</b> depression	
Injectable progestogen <sup>a</sup>	<ul style="list-style-type: none"> <li>◆ Prevents proliferation of endometrium</li> <li>◆ Bleeding is likely to stop completely</li> </ul>	Yes	<b>Common:</b> weight gain, irregular bleeding, amenorrhoea, premenstrual-like syndrome <b>Less common:</b> bone density loss	
<b>Other</b>				
Injectable Gn-RH analogue <sup>a</sup>	<ul style="list-style-type: none"> <li>◆ Stops production of oestrogen and progestogen</li> <li>◆ Bleeding stopped completely in 89% of women</li> </ul>	No	<b>Common:</b> menopausal-like symptoms <b>Less common:</b> osteoporosis, particularly trabecular bone with use > 6 months	If used for > 6 months give add-back HRT

**None of the above treatments have any impact on future fertility.**

Adverse effects: **common:** 1 in 100 chance; **less common:** 1 in 1,000 chance; **rare:** 1 in 10,000 chance; **very rare:** 1 in 100,000 chance

<sup>a</sup> See Summary of Product Characteristics for current licensed indications. Unlicensed indication: obtain and document informed consent.

<sup>b</sup> See World Health Organisation 'Pharmaceutical eligibility criteria for contraceptive use' (WHOMECE) at [www.fsrh.org/pdfs/UKMECE2009.pdf](http://www.fsrh.org/pdfs/UKMECE2009.pdf)

<sup>c</sup> Norethisterone dosing regimen is **NOT** licensed as a contraceptive, but may affect a woman's ability to become pregnant while it is being taken.

This bulletin summarises key prescribing points from NICE guidance. Please refer to the full guidance at [www.nice.org.uk](http://www.nice.org.uk) for further detail. This is an NHS document not to be used for commercial purposes.