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 ≥ 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

Pharmacological treatment – see Table 1.

First-line: LNG-IUS
Second-line: tranexamic acid / NSAIDs / COC
Third-line: norethisterone / injectable progestogen

Dosage, mechanism of action and effect on bleeding

Is it a contraceptive?

Adverse effects

Other considerations

LNG-IUS
- Intrauterine device. Slowly releases progestogen and prevents proliferation of endometrium.
- Bleeding is reduced by up to 95% (full benefit may not be seen for 6 months)
Yes
Common: irregular bleeding that may last for over 6 months, breast tenderness, acne, headaches
Less common: amenorrhoea
Rare: uterine perforation at time of insertion
Choose only if long-term use is anticipated (at least 12 months)

Tranexamic acid (oral)
- Give 1g, 3 to 4 times daily from day 1 of cycle for up to 4 days
- Antifibrinolytic
- Bleeding is reduced by up to 58%
No
Less common: indigestion, diarrhoea, headache
If no improvement stop after 3 cycles

NSAIDs (oral)
- Give from day 1 of cycle or just before, until heavy blood loss has stopped
- Inhibits production of prostaglandin
- Bleeding is reduced by up to 49%
No
Common: indigestion, diarrhoea
Rare: worsening of asthma in sensitive individuals, peptic ulcer, peritonitis
If no improvement stop after 3 cycles

COC (oral)
- Prevents proliferation of endometrium
- Bleeding is reduced by 43%
Yes
Common: mood change, headache, nausea, fluid retention, breast tenderness
Very rare: DVT, stroke, heart attack

Norethisterone (oral)
- Give 15mg on days 5 to 26 of cycle
- Prevents proliferation of endometrium
- Bleeding is reduced by up to 83% in long term
Yes
Common: weight gain, bloating, breast tenderness, headaches, acne
Rare: depression

Injectable progestogen
- Prevents proliferation of endometrium
- Bleeding is likely to stop completely
Yes
Common: weight gain, irregular bleeding, amenorrhoea, premenstrual-like syndrome
Less common: bone density loss

Injectable Gn-RH analogue
- Stops production of oestrogen and progestogen
- Bleeding stopped completely in 89% of women
No
Common: menopausal-like symptoms
Less common: 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

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

Table 1: Pharmacological treatment options

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