Menopause: diagnosis and management

Consultation on draft scope – deadline for comments by 5pm on Tuesday 8th March 2022

Email: Menopause@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. In addition to your comments below, we would like to hear your views on the below question: 1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**Institute and Faculty of Actuaries**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**None**
Name of person completing form:	**Caroline Winchester**
Type	[for office use only]

| Comment No. | Page number or 'general' for comments on the whole document | Line number or 'general' for comments on the whole document | Comments

Insert each comment in a new row.

Do not paste other tables into this table, as your comments could get lost – type directly into this table. |
|---|---|---|---|
| Example | 003 | 055 | The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because…. |
| | | | |
| 1 | 8 | 24-27 | In 2016, the Institute and Faculty of Actuaries (IFoA) commissioned a five-year research programme to develop methodology to use big data to better understand the impact of certain conditions and interventions on life expectancy. The research team at the University of East Anglia included Aviva which oversaw the robustness of the research methodology, along with a Steering Group of actuaries, who are experts in analyzing risk.

The research into HRT was the first of its kind to look at the impact of HRT on overall life expectancy using UK primary care data. It followed 105,199 healthy women aged 46 to 65 years at first HRT prescription over up to 32 years with an average follow-up of 13 years, and compared their outcomes with 224,643 non-users of the same age and GP practice. The research adjusted for type 2 diabetes, hypertension and its treatments, coronary heart disease and oophorectomy/hysterectomy status, as well as body mass index, smoking and deprivation status. The research found that oestrogen-only therapy does not impact the risk of death from all causes, while taking combined HRT is associated with an average 9% reduction in death from all causes.

The main limitation of using observational data is that there may be some differences between women using HRT and non-users that were not accounted for. Randomised trials are better at accounting for all differences between groups, and interestingly the data from aggregated trials found a reduced risk of breast cancer in HRT users. The main strengths of this study are the long period of follow-up over up to 32 years with all-cause mortality as the key outcome, and the use of a large primary healthcare database that enabled HRT users to be matched with controls with information on co-existing illnesses and sociodemographic factors.

"The effect of hormone replacement therapy on the survival of UK women: a retrospective cohort study 1984−2017" was published in the BJOG https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.17008 |

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- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
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- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
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consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

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