National Council of
Women of New Zealand
Te Kaunihera
Wahine O Aotearoa

National Office
Level 4 Central House
26 Brandon Street
PO Box 25-498
Wellington 6146
(04) 473 7623
www.ncwnz.org.nz

13 July 2004 S04.36

Submission to PHARMAC on the Proposals to Restrict Hormone Replacement Therapy (HRT)

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 41 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

Members of the Health Standing Committee, and other interested parties were asked for their input into this document. The following is a summary of their comments.

Our comments fall into three major categories.

1 Education/Information

NCWNZ feels it should be up to the woman to be able to choose whether to accept HRT and the possible risks associated with this treatment.

It should be recognised that even taking into account the risks, there are still short-term advantages in symptom control with HRT. There should not be major hurdles for GPs to prescribe HRT in these cases. The main point should be that women need to be fully informed about the issues and risks with regard to HRT. A well balanced information sheet, e.g. like the one for third generation oral contraceptive pill risks, would be really helpful for women, their GPs and specialists.

Major life events can coincide with the menopause and this can be confusing. Defining what are menopause symptoms and what are life events also needs to be done. One respondent voiced concern about what she believes is the medicalisation of normal life events such as the menopause.

Therefore, education programmes, describing what the menopause is and what can be expected as possible symptoms, should be available. These programmes should also form part of any consultation with the GP or specialist.

It is also important that exploration of other methods of managing menopausal symptoms should be carried out. HRT should then only be prescribed to relieve severe menopausal symptoms, and only after the patient has been given the full information to take home to study, prior to her acceptance of any treatment. This would allow a decision to be made from a well-informed perspective, with an awareness of risks, which can then be weighed up against the benefits.

It was acknowledged that much of the information relating to HRT has been known since the 1980's, i.e. the effects of unopposed oestrogen and its connection to thrombosis and breast cancer. These latest trials only serve to show how important that the information being given to women and their GP's and specialists is up-to-date and verifiable.

2 Restricted prescribing Rights

It was agreed that there were only limited advantages to adding a Special Authority. The major disadvantage was seen as adding another cost into the system at the wrong end.

Although one respondent felt that HRT should only be prescribed, very cautiously, by a gynaecology specialist and only after other management options had been explored, most respondents felt that restricting prescribing rights to specialists would again pose cost and access problems. Many women using HRT are working women, with limited time to visit specialists, but they are more able to contact their own GP's because they provide more flexibility with patient hours. Many women are also not working to pay specialist fees that are generally higher than those of their GP's. We understood that in most fields there is a shortage of specialists and that this would only cause delays for women seeking HRT.

It may be that it is necessary to limit HRT to the subsidised treatment period and to be rationed by the GP. On the other hand, the system needs to have enough flexibility to cater for those women whose symptoms fall outside a standardised norm. Respondents also agreed that there are times when it may be necessary to limit the period of treatment, and the restriction of treatment for certain patient groups.

One respondent pointed out that there are other groups of women who may well need some form of HRT for other reasons, e.g. those with incontinence where a urologist may prescribe small doses of oestrogen; elderly patients with problems associated with a dry vagina and where pessaries or ointment are not totally satisfactory. In this case small doses of oestrogen may be needed.

NCWNZ would favour additional guidelines for GPs and specialists, regarding HRT prescribing, rather than restrictions that include Special Authority applications or specialist only applications.

It was agreed that clarification was needed as to whether Family Planning Clinics, or other similar bodies, were regarded as specialists.

3 Guidelines

NCWNZ considers Prescribing Guidelines to be essential to the proposals. Respondents generally agreed that if there are prescribing guidelines in place that are regularly updated, and monitored through client questionnaires for appropriateness of prescribing, then there should be no need for limiting access to specialists.

NCWNZ thanks you for this opportunity to comment on a topic which is of great importance to many women, especially those who need HRT assistance. We look forward to hearing about the outcome of this consultation.

Beryl Anderson
National President

Catherine Gurnsey
Convener, Health Standing Committee