

# Promotion and Implementation of Guidelines in New Zealand

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# How NZGG started

- no clear standardised format
- dissemination guideline summaries
- web copies of full guidelines
- low rate of uptake of guidelines
- 2001 commissioned a report on guidelines implementation strategies - included a literature review and survey of primary care practitioners

# Messages from the report

- recommendations must be practical and able to be applied
- endorsed by professional groups
- clear NZGG branding
- standardised format
- funders must commit to a strategy for the promotion of guidelines

# Findings

## Consistently effective interventions

- Educational outreach programmes
- Patient reminders at time of consultation
- Interactive educational meetings

## Variable effectiveness

- Audit and feedback
- Local opinion leaders
- Local consensus processes
- Patient mediated interventions

## Little or no effect on their own

- Educational materials
- Didactic educational meetings [i]<sup>1</sup>

[i] Bero, L.; Grilli, R.; Grimshaw, J.; Harvey, E.; Oxman, A. & Thomson, M. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ* 1998;317:465-468

# NZGG's Implementation Plan

- Identify the key themes to promote when the marketing the guideline
- Identify the range of audiences- and find out how they want to learn about the messages
  - Primary care practitioners
  - Specialists
  - Allied health practitioners eg pharmacists, social workers, dietitians, psychologists, ambulance staff
  - Consumers and the media
  - Policy makers and funders
  - Software vendors
  - Other businesses eg gymnasiums, resthomes, pharmaceutical companies, publishing houses

# SWOT Analysis

- barriers to implementation;
- workforce requirements;
- cost implications;
- consider views of each audiences;
- identify any incentives that could be developed to encourage uptake of the guideline

# Awareness Campaign

- create awareness of the guideline release date
- provide information about what the guideline involves and what is new and surprising
- explain the NZGG process - independent, trusted evidence- based advice
- use at least three different media to the same target audience



# HRT Dissemination strategies

- launched at the National GP conference and delegates given copies
- press releases were picked up by national TV and radio
- sent to all GPs along with messages from the Ministry of Health's Medicines Safety agency newsletter
- reported in national medical and pharmacy magazines

**GUIDELINE UPDATE**

## HORMONE REPLACEMENT THERAPY

These new key messages are based on recent research findings on the risks associated with the use of Combined Hormone Replacement Therapy and Estrogen Replacement Therapy. They replace the advice published by the NZGG in May 2001.

**REVISED KEY MESSAGES**

**COMBINED HRT (estrogen with progestogen):**

- Combined HRT is not recommended for long-term use except in limited circumstances because the risks of breast cancer, venous thromboembolism (VTE), stroke and coronary heart disease (CHD) outweigh the benefits of fracture reduction and reduced risk of colorectal cancer.
- Combined HRT should not be used for the prevention or treatment of coronary heart disease or strokes.
- For women at high risk of osteoporosis, combined HRT may be considered only where other treatment is not tolerated and the woman is at low cardiovascular disease (CVD) risk and is fully informed of the risks of HRT.
- Combined HRT is effective for the control of troublesome menopausal symptoms of hot flushes and night sweats. However, even short-term use is associated with an increased risk of venous thromboembolism, stroke and coronary heart disease. HRT should only be used where menopausal symptoms are troublesome and women are fully informed of the risks.

**UNOPPOSED ESTROGEN THERAPY**

- Unopposed estrogen replacement therapy should only be used by women who have had a hysterectomy.
- Unopposed estrogen replacement therapy is effective for the control of menopausal symptoms of hot flushes, night sweats and vaginal dryness.
- Use of unopposed estrogen replacement therapy is associated with an increased risk of venous thromboembolism.
- Use of unopposed estrogen therapy may be associated with an increased risk of ovarian cancer.
- Use of unopposed estrogen therapy for more than 5 years is associated with an increased risk of breast cancer.
- It is not clear whether unopposed estrogen therapy increases the risk of CHD and strokes. Further definitive information is expected by 2005. In the meantime, women should be informed of the lack of evidence for CHD and stroke benefit or harm.

**PREMATURE MENOPAUSE**

- The new studies have not provided any data on the risk or benefits for women with premature or surgical menopause.

**TOPICAL ESTROGEN THERAPY**

- Topical vaginal estrogen (cream or ring) is effective for the control of vaginal dryness and is safe to use long-term in doses that do not cause systemic absorption.

SEPTEMBER 2002



# Education Programmes

- work with academic and professional organisations to develop resources to encourage small group training + CME points
- focus educational initiatives on interactive learning
- work with multi-disciplinary teams
- provide education for community and consumer organizations

# Consumer resources

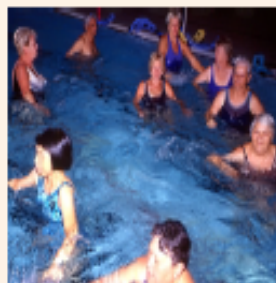
## NEW MESSAGES ABOUT HRT FROM THE NEW ZEALAND GUIDELINES GROUP

The new messages emphasise that there should be a clear medical reason for using HRT, such as hot flashes and night sweats that are making life difficult. HRT should not be routinely given to women at menopause. These key messages have been sent to all GPs and other doctors in New Zealand.

If you are on HRT, you need to review your use with your doctor if you have not already done so. Things to discuss with your doctor:

- Why you are using HRT
- How long you have been on it
- Risks and benefits of HRT
- Other options

If you are on HRT for diagnosed osteoporosis, talk to your doctor about other safer treatments.



## COMBINED HORMONE REPLACEMENT THERAPY (FOR WOMEN WITH A UTERUS)

- Should not be used long-term because the risks outweigh the benefits.
- Increases the risk of breast cancer – the increased risk may appear within the first two years of using HRT.
- Should not be used to prevent or treat heart disease, dementia or stroke.
- May be considered by women at high risk of osteoporosis, but only if they cannot use other treatments and they are at risk of heart disease. They must be fully informed of the risks of using HRT.
- Is effective for controlling hot flashes and night sweats. However, as even short-term use has risks, women should only consider HRT where menopausal symptoms are making life difficult. They must be fully informed of the risks of using HRT.
- Does not improve mental ability or memory.

## ESTROGEN-ONLY REPLACEMENT THERAPY (WOMEN WITHOUT A UTERUS)

- Should not be used by women who have a uterus because oestrogen on its own increases the risk of cancer of the endometrium.
- Is effective for controlling hot flashes, night sweats and vaginal dryness, but even short-term use increases the risk of blood clots.
- Increases the risk of breast cancer.
- May increase the risk of ovarian cancer, particularly after 10 years.
- It is not clear whether oestrogen-only replacement therapy increases the risk of heart disease and stroke. This information is expected by 2005. In the meantime women should be informed of the lack of evidence for heart disease and stroke benefit or harm.

## Other information about HRT

- HRT increases the risk of gall bladder disease.

There is no clear evidence that HRT:

- Prevents skin ageing or wrinkles
- Improves sex drive

## Alternatives for hot flashes

The remedies below are often suggested for hot flashes and night sweats. There is little information about the safety of these alternatives, especially when used long-term.

**Black cohosh** (*Cimicifuga racemosa*) is a herb that is available from herbalists, health food shops and some pharmacies. Some small studies have shown that black cohosh is effective at reducing hot flashes and night sweats, but other studies have shown no effect.

**Phytoestrogens are plant hormones** that are found in some foods and in supplements. Phytoestrogens are oestrogens and they are not necessarily safe just because they come from plants. There is some evidence that foods containing phytoestrogens or phytoestrogen supplements may help with hot flashes, though not all studies show this effect.

**'Natural' progesterone cream** is widely advertised for menopausal symptoms. There is only one study showing that it helps with hot flashes. It can only be obtained on a doctor's prescription.

For more information about alternative approaches to HRT, contact Women's Health Action Trust, who to back panel.

## KEY POINTS

- New studies have shown that women who use combined HRT (progestogen & oestrogen) have increased risks of heart attacks, strokes, blood clots, dementia, and invasive breast cancer.
- HRT is no longer recommended for the prevention of health problems later in life.
- HRT should only be used for control of hot flashes and night sweats if these are making a woman's life difficult.
- HRT should be used for the shortest possible time.



## To keep healthy at mid-life:

- Exercise regularly
- Adopt a varied, low-fat diet
- Stop smoking
- Use alcohol only in moderation
- Have regular cervical smears from age 20 and mammograms after 50.

These strategies will help reduce the risk of heart disease, fractures and some other illnesses.

## For more information about menopause and HRT

- TALK to your doctor or health care provider
- CONTACT Women's Health Action, a women's community group, for the pamphlets *Help with Hot Flashes*, *Menstrual Health for Women at Mid-Life and After* and *Men & Post-Men: A Guide to Gender for Women at Mid-Life and After*. Phone 09 520 5295 or write to PO BOX 1947, Sowermarket, Auckland or email [info@womens-health.org.nz](mailto:info@womens-health.org.nz)
- LOOK at the following web sites: [www.womens-health.org.nz](http://www.womens-health.org.nz) for links to the WHG web site, good sites on menopause, Ministry of Health advice on HRT [www.whl.org.nz](http://www.whl.org.nz) – the WHI study web site

[www.mgg.org.nz](http://www.mgg.org.nz) the New Zealand Guidelines Group website. Has 'Key messages' on HRT and full details of the evidence as well as general information about the NZGG. Look for a special section with more information about the WHI study, how to come off HRT, when do risks return to normal after stopping HRT, premature menopause, information for women who have had a hysterectomy, and references for main studies used in writing this pamphlet.

[www.sthills.co.nz/gov/health/women/index.htm](http://www.sthills.co.nz/gov/health/women/index.htm) for facts about HRT, FAQ and additional resources.

This pamphlet was written by Women's Health Action Trust for the New Zealand Guidelines Group

More copies are available free from...



## Hormone Replacement Therapy or HRT.

## NEW Information for Women

Prepared by Women's Health Action Trust for the New Zealand Guidelines Group. Endorsed by

October 2002



# Dissemination Programme

- information from the guideline should be recognisable, readily accessible and easy to use
- distribute guideline information using methods other than posting out

# Endorsements

BEST PRACTICE  
EVIDENCE-BASED  
GUIDELINE  
SUMMARY

## ASSESSMENT PROCESSES FOR OLDER PEOPLE

The New Zealand Guidelines Group has developed a best practice, evidence-based guideline providing recommendations for appropriate and effective processes for assessment of personal, social, functional and clinical needs in older people. This general summary provides an overview of the recommendations.

### KEY MESSAGES

- Standardisation of assessment process
- Assessment of older people should be a
- Screening of the asymptomatic general
- Following assessment, the assessor should
- Assessing and supporting carers' needs
- Older Māori, Pacific people and so
- Assessment must be followed by timely
- A standardised assessment tool and its
- Tools for screening and assessment should
- To be effective assessors must receive specific
- Assessors of older Māori should be fluent in te reo Māori and
- Assessors of older Pacific people should be from the same ethnic

The Assessment Processes For Older People Guideline and summaries have been endorsed by:



Mental  
Health  
COMMISSION



The Royal Australian  
College of Physicians  
New Zealand



The Royal Australian  
and New Zealand  
College of Psychiatrists  
- New Zealand Branch

Grey Power  
NEW ZEALAND PIONEER ORGANISATION



carersnetnz

Complete endorsement list available in full guideline.



ASSESSMENT PROCESSES FOR OLDER PEOPLE



# Implementation Programme

- create tools
- encourage reference to the guideline at time of consultation
- CME training packages
- academic detailing
- audit tools
- development of electronic decisions support systems and computer assisted decision aids
- development of recall systems
- development of e-learning tools.





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CME QUIZ ON BEST PRACTICE  
FOR APPROPRIATE  
PRESCRIBING OF HORMONE  
REPLACEMENT THERAPY

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For more information on  
**NZ Guidelines Group**  
&  
Further Guidelines  
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Development & publication of this Quiz was only possible due to the generous financial support of the New Zealand Guidelines Group. The content of the Quiz was developed independently in the Goodfellow Unit and is based on the guideline "Best Practice Evidence-Based Guideline for the Appropriate Prescribing of Hormone Replacement Therapy".

## HRT Guidelines

When you have completed the quiz you may claim 2 RNZCGP Advanced Vocational Education (AVE) / Maintenance of Professional Standards (MOPS) credits (1 educational hour) by clicking the button ("Completed") at the bottom of this quiz. This will produce a page, in a new browser window on your screen, which is your certificate for your AVE / MOPS credits. You will need to print out this page and keep it in a safe place to later submit to the College as evidence you have earned the credit.

This quiz is based on the guideline **Best Practice Evidence-Based Guideline for the Appropriate Prescribing of Hormone Replacement Therapy**

The guideline can be downloaded from the New Zealand Guideline group web site at:

[http://www.nzgg.org.nz/library/gl\\_complete/gynae\\_hrt/HRT.pdf](http://www.nzgg.org.nz/library/gl_complete/gynae_hrt/HRT.pdf)

A summary of the guideline is also available from the New Zealand Guideline group web site at:

[http://www.nzgg.org.nz/library/gl\\_complete/gynae\\_hrt/summary.pdf](http://www.nzgg.org.nz/library/gl_complete/gynae_hrt/summary.pdf),

Consumer Institute have published material in *Consumer on-line* about HRT which summarises the guidelines in a form that is user-friendly to patients. To view their article [click here](#)

This quiz was developed by Dr Felicity Goodyear-Smith (on behalf of the Goodfellow Unit) and Dr Helen Roberts (on





# Evaluation Programme

- set out audit, evaluation and patient satisfaction criteria in the guideline to assess change in practice over time
- seek funding to conduct a formal evaluation of practice
- set a date review of the guideline content and state in all documentation.

# HRT GP Education

- GPs invited to take part in surveys of their practice based on case study vignettes
- CME meetings held in the main centres

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# Medicines Information Bulletin

Number 109  
December 2002

## Risks and Benefits of Hormone Replacement Therapy (HRT) New Information

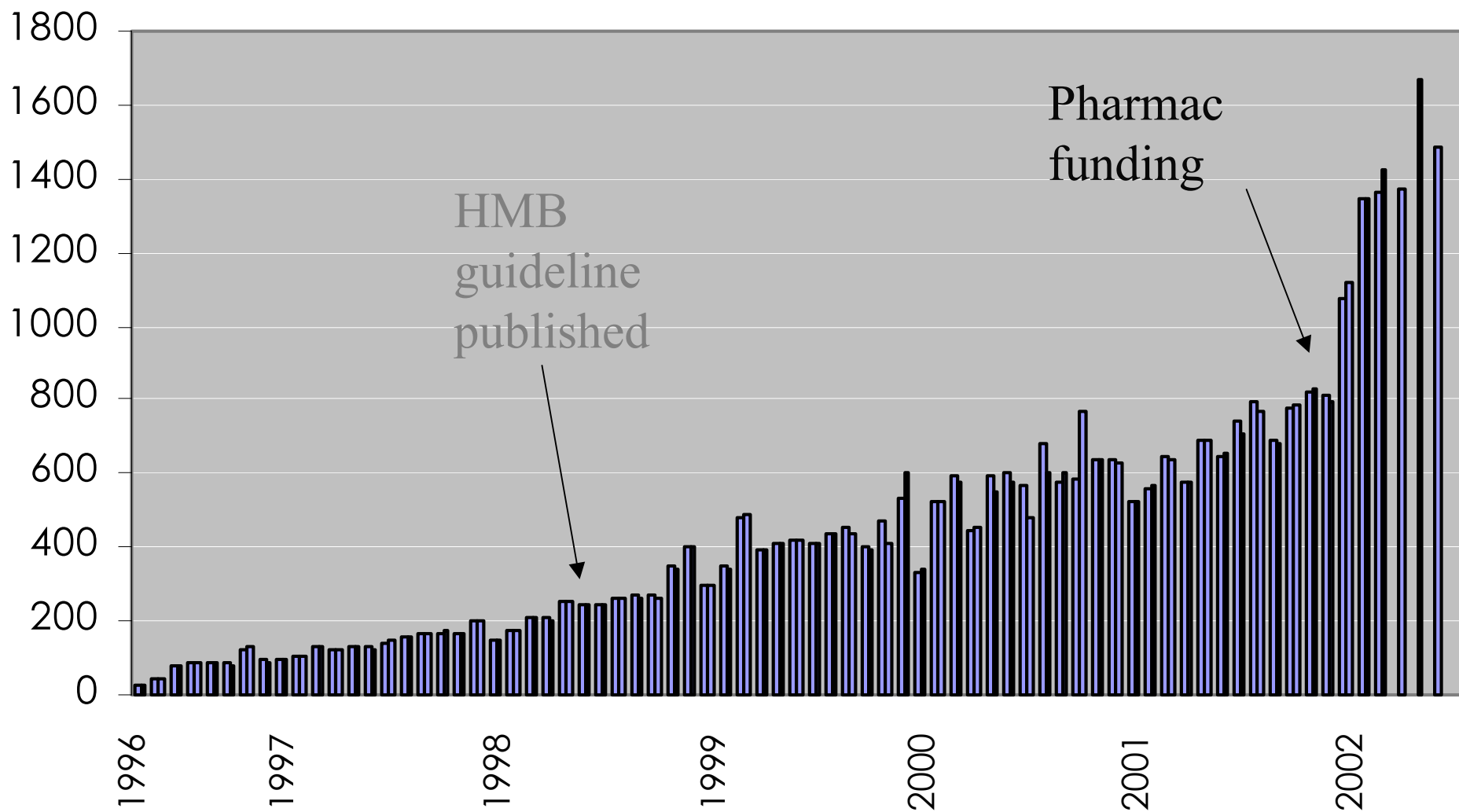
- Combined HRT should only be prescribed when there is a specific indication and not usually for long-term use
- Combined HRT should not be used for the prevention or treatment of coronary heart disease or stroke
- Combined HRT increases the risk of coronary heart disease, strokes, venous thromboembolic events, and breast cancer diagnosis, but reduces the risk of colorectal cancer and fractures (hip, vertebral and total)
- The effects of other oestrogen-progesterone combinations, oestrogen alone, or transdermal preparations on most of these endpoints are unclear
- The bisphosphonates are the drugs of choice in the prevention and treatment of osteoporosis
- Combined HRT is effective for the control of troublesome menopausal symptoms, but should only be used if women are fully informed of the risks

### INTRODUCTION

# Policy and funding issues

- Get them involved early
- Give them opportunities to comment
- Actively discuss the implications of the recommendations and advise them of issues that may need their action
- Assess the costs and implications of the recommendations (eg screening issues, recommendations for new drugs)

# Prescriptions of tranexamic acid





# Summary

- NZGG's message is getting slicker
- multi-faceted strategies seem most effective - with multiple organisations supporting the guidelines
- Government agencies now see the benefit of promoting evidence-based guidelines
- need further funding to analyse campaign effectiveness