Menopause: diagnosis and management

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on 05/01/2024

email: Menopause@nice.org.uk

Checklist for submitting comments.

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation**.
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **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.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions. **Please include your answers to these questions with your comments in the table below.** 1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives. 2. Would implementation of any of the draft recommendations have significant cost implications? See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	Royal College of Podiatry
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	N/A
Confidential comments (Do any of your comments contain confidential information?)	No
Name of person completing form	Dr Veronica Newton Lawrence Ambrose

Comment number	**Document** [e.g. guideline, evidence review A, B, C etc., methods, EIA]	**Page number** **'General'** for comments on whole document	**Line number** **'General'** for comments on whole document	**Comments** • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1	Draft guideline	13	10,11,12	*Rec 1.4.13* To implement this may require podiatrists to re-evaluate existing local cardiovascular and cardiac rehabilitation services with the potential for service redesign focusing on early detection, prevention, and management. In addition, Healthcare professionals would need further training and development to have meaningful discussions on menopause and HRT to facilitate local shared care referral pathways. The podiatry profession is ideally placed and has experience in implementing service redesigns to improve health outcomes for people with a history of peripheral arterial disease. *Matthews, S., Smith, P., Chadwick, P., Smyth V., (2016). Implementing a community-based structured exercise programme for patients with peripheral arterial disease in conjunction with an existing cardiac rehabilitation service results in better outcomes. The British Journal of Diabetes*.
2	Draft guideline	10	8,9,10	*Rec 1.4.1* This recommendation will be a challenging change in healthcare practice with the need to update understanding of evidence in key areas, such as cardiovascular disease, breast cancer, venous thromboembolism, and stroke risk. Podiatrists take an active role in delivering public health messages, for example, they specialise in early detection and management of limb and life-threatening chronic conditions through early detection of vascular and neurological disease in the foot and lower limb. They also promote healthy active lifestyles, protecting, and improving health through having healthy conversations with service users. Therefore, we would welcome national signposting of all healthcare staff, to organisations such as the *British Menopause Society and the International Menopause Society* for further development and or training.
3	Draft Guideline	General	General	The guideline recommends consideration of referral to CBT, as a low-risk intervention, as an alternative to HRT, for those who do not wish to take HRT, for whom HRT is contraindicated, for those with troublesome vasomotor symptoms, sleep difficulties, and symptoms associated with the menopause in trans men and non-binary people registered female at birth. The evidence around the

				effectiveness of CBT in managing menopausal symptoms is low to moderate, but the potential impact in the event of a surge in service demand could make implementation challenging. However, a preference for CBT over HRT may generate an unrealistic demand for psychological services. We would welcome examples of good practice for healthcare professionals, including podiatrists, for appropriate referral pathways to psychology therapy services. We would also welcome increased training in CBT for all healthcare professionals.
4	Draft guideline	21	16-20	*Rec 1.6.2* For healthcare professionals already working with people at risk of cardiovascular disease, this will require some change in healthcare practice with the need to update understanding of evidence in this area. Therefore, we would welcome signposting of healthcare professionals, including podiatrists, to organisations such as the *British Menopause Society and the International Menopause Society* for further development and or training.
5	Draft Guideline & EVIDENCE REVIEW g	21 6	21-23 10-11	*Rec 1.6.3* To clarify the use of HRT in dementia prevention and overcome limited evidence in this area, we suggest the development of an algorithm for NG23, or to offer existing resources/examples of good practice. This would support healthcare professionals, including podiatrists, in navigating discussions with people and their families. We would welcome a clear set of key messages from the guideline, for the public, to reduce current confusion about the associated risks and benefits of HRT.
6	Draft guideline	general	General	The guideline identifies low levels of evidence for the needs of people from Black and ethnic minority groups, who may be susceptible to early menopause. As a professional group podiatrists take an active role in delivering public health messages, they are therefore, well placed for shared involvement in the provision of educational support in the community, to mitigate inconsistencies in equality of opportunity for access to advice for HRT and associated service provision**.** Targeted education support in the community will be needed to mitigate inconsistencies in the equality of opportunity for access to advice and service provision.
7	Draft guideline	7 26 Table 1	1	The draft guideline has not updated research on the role of HRT and relief from musculoskeletal symptoms, such as joint or muscle pain. The incidence of musculoskeletal pain is particularly high in menopausal aged women raising the possibility these symptoms relate to changes in hormone levels. Podiatrists are well placed to identify, protect, and facilitate shared care aimed at improving women's

				lower limb musculoskeletal health caused by life-course factors, such as hormone changes. We would therefore welcome the inclusion of two reviews from 2018 and 2023 in the draft guidelines, which indicate (limited) evidence that HRT may help musculoskeletal symptoms at population level. *Watt F. E. (2018). Musculoskeletal pain and menopause. Post reproductive health, 24(1), 34–43.* *Gulati, M., Dursun, E., Vincent, K., & Watt, F. E. (2023). The influence of sex hormones on musculoskeletal pain and osteoarthritis. Lancet Rheumatology, 5(4), e225–e238.* In addition, Table 1 shows no updated research on the role of HRT on muscle mass, strength, or osteoporosis. The Royal Osteoporosis Society advocates the provision of HRT to prevent osteoporosis in the years around the menopause, particularly in the case of early menopause. We would also welcome signposting in the draft guidelines to organisations such as *the Royal Osteoporosis Society*.

Insert extra rows as needed

Data protection
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