Author's response to reviews

Title: Abnormal vaginal bleeding in women of reproductive age: a descriptive study of initial management by GPs

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Author's response to reviews: see over
To the Editor of BMC Women’s Health
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Dear Dr. Rikki Graham,

Attached please find the revised manuscript “Abnormal vaginal bleeding in women of reproductive age: a descriptive study of initial management by GPs” by Corlien JH de Vries, Margreet Wieringa-de Waard, Cléo-Lotte Vervoort, Willem M Ankum, and Patrick JE Bindels.

Thank you for sending us the comments by the two reviewers. Based on their suggestions and critical remarks we have revised the manuscript into this current version. In the same order as the reviewers I will reply to their comments. The main changes in the manuscript are marked in red.

We look forward to receiving your reply,

On behalf of my co-authors,
Yours sincerely,

Corlien de Vries
General Practitioner
Reviewer: A Magos

Reviewer's report:
This paper summarises the outcome of 360 GP consultations for abnormal uterine bleeding over a two year period showing that in the majority of cases, no investigations are carried out and no treatments are offered, and only a small number of cases are referred to secondary care. What happens to patients with menstrual problems when they are seen by their GPs is not a common topic for publication, so from that point of view, the results are interesting, especially to those of us working in secondary care. The results, however, may not necessarily be applicable to other developed world countries; for instance, the use of drugs such as tranexamic acid and of course the Mirena IUS is probably much more common in Scandinavia and even the UK.

The paper is generally well written, although there is much overlap between the results summarised in the main text and the tables. This could easily be corrected by reducing the text. I would also suggest that the term AVB should be replaced by AUB (Abnormal uterine bleeding) as the latter is the more commonly used terminology.

In reply to the reviewers comment that the results may not necessarily be applicable to other developed world countries we would like to respond as follows. We do not think this is a considerable problem, as, for instance, Grant et al. (2000) reported on comparable data. However, our results may not necessarily be generalisable to other countries.

In reply to the reviewers comment that there is much overlap between the results summarised in the main text and the tables we would respond as follows. We agree with this comment. Therefore we considerably reduced the text from 707 to 590 words on page 7,8,9:

In reply to the reviewers suggestion that the term AVB should be replaced by AUB (abnormal uterine bleeding) we would like to respond as follows. We agree that AUB is the more commonly used terminology. In general practice abnormal vaginal bleeding is also often used and it can be better used to describe the symptom of the consulting women. However, for us it is not a major point for discussion. If the editor prefers AUB, we are of course most willing to change it throughout the manuscript.

I have some other minor points to make:

a. The first paragraph too long and short be divided into 2 paragraphs.
In reply to reviewers comment that the first paragraph is too long and should be divided into 2 paragraphs we agree. The first paragraph is adjusted accordingly.

b. The authors should explain the format of truncated words (e.g. %fibroid%) referred to on page 4.
We agree to explain the format of truncated words as suggested by the reviewer. Therefore, we added the following text:

"After a pilot test in the same database but a different time period, successful truncated text words were found to be: %blood loss%, %spotting%, %flow%, %contact bleeding%, %menstr%, %cycle%, %dysbalance%, %gyn%, %ovary%, %fibroid%, %menor%, %metror%. All recorded consultations in which the free text containing the truncated text words were also selected."

c. The authors should define what is meant by PAP2 on page 7.
In reply to reviewers comment that we should define what is meant by PAP2 we would responds as follows. We agree and we added the following text to the paragraph Results, Diagnostic test results:
“Of all performed cervical smears, three resulted in Pap stage 2 (borderline smear) [10].”


I am surprised that no treatment was offered in 47% of women complaining of excessive bleeding who were not taking hormonal contraception. This makes me wonder about one of the other outcomes of the survey, namely the fact that patients rarely returned to see their GP with menstrual bleeding problems. Could this have been because they knew that treatment was so rarely offered that they went elsewhere? I would be interested to know the authors’ views on this.

Our view on the reviewers comment that patients rarely returned to see their GP with menstrual bleeding problems is that the limited, mainly hormonal, treatment options in primary care can be a possible explanation. Interference of heavy periods in daily life is an important factor for consulting a GP, but hormonal treatment options may especially be for the patients aged 40 years and older not a preferable alternative. The explanation of the GP and reassurance is presumably enough to except a wait and see policy. We do not think patients went elsewhere because within the Dutch health insurance system the patients are registered in only one general practice and it is not possible to consult other GPs.

We adjusted the text in the discussion section as follows:

“We found that most women consulted their GP only once for the complaints of AVB, it is questionable whether expectant policy with regard to medication prescription is wise as studies have established that interference of heavy periods in daily life is an important factor for consulting a GP and women prefer treatment which improve their ability to manage menstruations. However, as patients rarely returned to see their GP, the limited mainly hormonal treatment options in primary care may especially be for the patients aged 40 years and older not a preferable alternative. The explanation of the GP and reassurance is presumably enough to accept an expectant policy. We do not think patients went elsewhere because within the Dutch health insurance system the patients are registered in only one general practice and it is not possible to consult other GPs.”
Reviewer: Mark Shapley

Reviewer's report:
I enjoyed reading the paper and discovering commonalities and differences between Dutch and UK practice but there are a number of issues that need clarifying.

Major compulsory revisions
1. Objectives
The title suggests that this is a descriptive study and that the objective is to describe the actions Dutch GP’s take when women First present with abnormal vaginal bleeding. For this objective the study works reasonably well. However the authors appear to have a second objective, which is to determine the proportion of these women who have detectable pathology. This fails because not all women underwent investigations and there was an inadequate follow-up period. As an example of conclusions unsupported by their data they state “uterine fibroids were found in 44% of 48 examined women” and that ”uterine fibroids are frequently found”. Whilst this is true of women who underwent the investigation their study concerns a population of women who presented with abnormal vaginal bleeding. Only 48 of the 306 study population underwent ultrasound and only 7% of the study population were found to have fibroids. This contradicts their conclusion. Fibroids were infrequently found in the study population (women with abnormal vaginal bleeding).

In reply to the reviewers comment that not all women underwent investigations and there was an inadequate follow up period we would like to respond as follows. We agree that we can only determine the proportion of detectable pathology in women who underwent investigations. This subgroup is for some reason selected by the GP to undergo ultrasound investigation. Indeed only 7% of the study population were found to have fibroids. Therefore we adjusted the text in the abstract, the methods and results paragraph:

“GPs performed diagnostic procedures in 54% of all consultations. Overall in 11% of women, abnormalities as a consequence of additional diagnostics procedures were found.”

”As we retrospectively assessed the management of GPs, data on underlying pathology were limited to the women who underwent further investigations.”

“Overall in 11% of women, abnormalities as a consequence of additional diagnostic procedures were found.”

In reply to reviewers second comment that there was an inadequate follow up period. We would like to respond as follows. To determine the initial management of GPs we defined an arbitrary period of six weeks for a first and second consultation. These six weeks were not meant as follow up period but as ‘inclusion’ period for initial management. However, the use of seconds contacts may wrongly suggest of a follow-up period of six weeks. As the objective of our study was restricted to describe initial management, we decided to use only new consultations and we excluded second contacts. See also our reply on comment 2. and 4.

2. Definition of a ”new consultation”.
The authors define a new consultation ”as a consultation for abnormal vaginal bleeding after a consultation-free period of three months for this particular reason”. The National Institute of Health and Clinical Excellence in the UK in their heavy menstrual bleeding guidelines recommends prescribing a treatment for at least 3 cycles to Judge effectiveness and thus a woman presenting after this trial of therapy
would be regarded as a new episode in this study when in reality it is a continuation. This "new episode" would not reflect "initial management". There does not appear to be a "run in" period. How do the authors know that women who had consultations in the first 3 months of the study were "new consultations" and had not consulted in the previous 3 months?

In reply to the reviewers comment that the definition used in our study is not in agreement with the recommendations of the NICE guideline Heavy menstrual bleeding we would like to answer as follows.

We partly agree. In our study population in 70% of consultations patients did not use hormonal contraceptives. These consultations can in our opinion be regarded as new consultations in agreement with the NICE guideline Heavy menstrual bleeding. In 107 consultations patients used hormonal contraceptives during more than 3 months, as one of our exclusion criteria was a consultation by patients who started hormonal contraception three months before consultation. Indeed as consequence of the retrospective study design we cannot completely rule out that some patients used hormonal contraceptives as therapy for AVB and GPs did not noted this as reason for the hormonal contraceptive use in the medical record.

In reply to reviewers comment that there does not appear to be a 'run in' period we answer as follows. Consultations in the period from January 2000 to March 2000 were not used in our analysis, as were all other consultations without a three months follow-up before inclusion. Therefore we added in the methods paragraph the following text:

"To assess initial management we selected only new consultations. A new consultation was defined as a consultation-free period of three months for AVB. As only new consultations were assessed, consultations from January 2000 to April 2000 were not included, as were all other consultations without a three months follow-up before inclusion."

3. Generalisability
The study reports data from a single primary healthcare centre. Little information is provided to help to decide whether or not the practice is different from other Dutch practices (e.g. urban or rural, age-sex distribution, socio-economic class). It is difficult to decide the degree to which the data is generalisable.

In reply to the reviewers comment that little information is provided to help to decide whether or not the practice is different from other Dutch practices we added the following text in the methods paragraph:

"The study was performed in an urban primary health care centre, which provided care for 11,500 patients, including 3,435 women at risk (20-55 years). The age and sex distribution of the practice population is comparable to the general Dutch population [8]."


Although we did not study this aspect, there is no reason to believe that the GPs in the participating centre have another policy regarding women with abnormal vaginal bleeding than other GPs in the Netherlands.

4. Purpose of some of the reported data.
I did not understand the purpose of reporting separately data concerning "second consultation" or the data concerning the number of patients with one consultation during the study period. The latter data suffers from not knowing what occurred during the 3 months before and after the study period. If this information were
important it would be better to report it on a sub-group who first consulted 3 months after the start of the study and 3 months before the end of the study period.

In reply to the reviewers comment on purpose of some of the reported data we would like to answer as follows. We agree with this comment. Therefore we decided to describe only new consultations in women in our article. Data on second consultations and recurrent episodes were excluded. Consequentially data on 36 (12%) women and on 90 (25%) consultations were omitted. We adjusted the text in methods paragraph and the results paragraph. The percentages and numbers in all tables are slightly altered. However the key message remained unchanged.

“As only new consultations were assessed, consultations from January 2000 to April 2000 were not included, as were all other consultations without a three months follow-up before inclusion. The number of consultations for the same type of bleeding was registered. A consultation after three months for a different type of bleeding was considered to be a new episode. These recurrent episodes were not analysed.”

5. Causality and association.
In the discussion section there appears to be an assumption that the presence of fibroids implies causality in the menstrual disturbance. This is not so as many asymptomatic women have fibroids. As a consequence of this I cannot agree with their implications for clinical practice.

In reply to the reviewers comment on our suggestion of causality between the presence of fibroids and menstrual disturbance we would like to reply as follows. We agree with the reviewer. A causal relation between AVB and the presence of uterine fibroids is discussed, as many asymptomatic women have fibroids as well. However, our study population did have AVB. In patients with AVB fibroids are more prevalent than in asymptomatic women (1,2). We adjusted the text in the discussion paragraph as follows.

“The causal relation between AVB and uterine fibroids is still under discussion. We raise the question whether uterine fibroids are being under-diagnosed by GPs in women with symptoms of abnormal vaginal bleeding, because of the limited use of ultrasonography [17,18]. To answer this question the use of ultrasonography should be studied in a larger primary care population.”

“This study shows that GPs appear seem to regard AVB as a symptom that needs initially limited further evaluation. However, depending on the type of AVB, there may be good reasons for implementing a more active policy. Ultrasonography may be of use to allow for GPs to establish whether uterine abnormalities are actually responsible for AVB.”


Discretionary revisions
Whilst the use of English is excellent certain phrases suggests that this is written by someone in whom English is not their first language. The ease of reading the manuscript would probably be improved from it being read and edited by someone in whom English is his or her first language.
The manuscript has been extensively edited by a translator.

**Minor essential revisions**
I have not proof read the document but there is a mistake in one of the references (National Institute of Health and Clinical Excellence and not science).

We adjusted this reference.

**Based on your assessment of the validity of the manuscript, what do you advise should be the next step?**
Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions Level of interest An article whose findings are important to those with closely related research interests.

**Quality of written English**
Needs some language corrections before being published.
Statistical review : No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests**
I declare that I have no competing interests

Overall there are a number of problems with the study many of which could be overcome.
The study updates the earlier work of Grant /et al/(2000) using a study population that differs mainly in geographical location, age group and follow-up. It is interesting to see Dutch practice and I am grateful for being allowed to read the study but there are major concerns regarding methodology, conclusions, implications and originality