



Effective Health Care

Treatment for Dysfunctional Uterine Bleeding Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Treatment for dysfunctional uterine bleeding (DUB) will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator: Individual

Nomination Summary: The nominator is interested in the comparative effectiveness of a variety of treatments for dysfunctional uterine bleeding (DUB) not due to a structural abnormality such as uterine fibroids, pregnancy, illness, or contraceptive use.

Staff-Generated PICO:

Population(s): Premenopausal women (e.g., 28-54 years) with symptomatic uterine bleeding not due to structural abnormalities and subgroups based on patient characteristics including age, parity, and weight

Intervention(s): Hormonal treatment (e.g., L-IUS intrauterine device, oral contraceptives, injectable and oral progestin), ablation (first generation techniques requiring visualization of the endometrial cavity via hysteroscopy such as with rollerball and second generation techniques not requiring visualization such as thermal balloon or microwave endometrial ablation), and hysterectomy (e.g., total vaginal, total laproscopic, supracervical laproscopic, total abdominal, supracervical abdominal, and laproscopic-assisted vaginal total and supracervical)

Comparator(s): See above interventions

Outcome(s): Benefits (e.g., symptom improvement, increased function, decrease in days lost from work, quality of life, patient satisfaction), harms (e.g., operative complications, thromboembolic events, emotional side effects, weight gain, cramping, long-term effects), cost, variation in patient preference based on individual characteristics (e.g., obese, surgical high risk, or women closer to menopause), and recovery time

Key Questions from Nominator: 1. For women with dysfunctional uterine bleeding not due to fibroids, what are the comparative benefits and harms of hormonal treatments, ablative approaches, and hysterectomy?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Dysfunctional and abnormal uterine bleeding is common and has a significant impact on quality of life. Abnormal bleeding may persist with medical management. Women who are unresponsive to medical management may undergo surgical procedures. Management is complex and treatment options are not without risk, are heterogeneous, and have proliferated in recent years. There are very limited evidence-based guidelines available for management of patients with uterine bleeding that is excessive or occurs outside of normal cyclic menstruation. Therefore, this topic will move forward as a new systematic review by the EHC program.