

# MANAGEMENT OF WOMEN WITH PREMATURE OVARIAN INSUFFICIENCY: A MULTI-DISCIPLINARY REVIEW OF PRACTICE

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**Introduction:** Women with POI may complain of various symptoms and may therefore be seen in a range of different clinical settings. Management of POI is multi-factorial and may potentially vary depending on the awareness and expertise of clinicians within each specialty. In 2015, ESHRE published guidelines on the management of women with POI.

**Aims:** To assess compliance with the ESHRE guidelines at LTHT and determine whether this varies according to clinical setting of presentation

**Table 1: Target and actual results for each standard**

Category	Standard	Target (%)	Actual (%)
Investigation	Karyotype	100	40.6
	Fragile-X	100	7.4
	21-OH-Abs	100	11.1
	TPO-Abs	100	13.6
	DEXA	100	35.9
Treatment	Lifestyle Advice	100	30.1
	HRT	100	76.0
	Contraception	100	38.4
	Fertility	100	59.0
	Bone Protection	100	75.0
	Psychological Support	100	25.2

**Figure 1: Clinical setting of initial presentation**



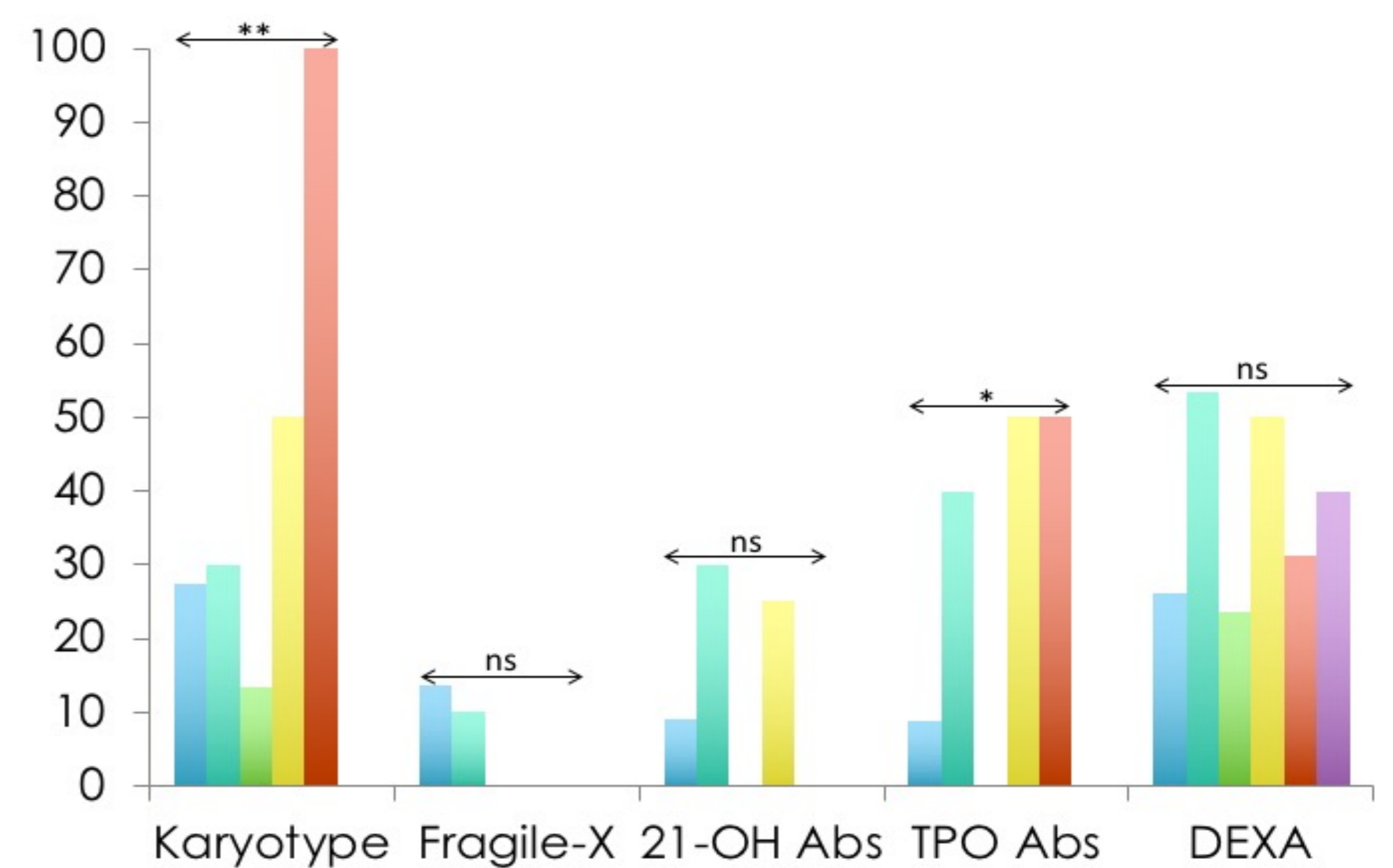
**Results:** 103 women were identified, who were distributed fairly evenly between the different clinical settings (Figure 1). Only 9 women were seen in more than one clinical setting. The median age was 31.7 years (IQR 21.0-37.4 years). Overall, the results were well below the target for each standard (Table 1). With regards to the investigations performed, there was significant variation in the performance of a karyotype and TPO Abs between the different clinical settings (Figure 2). With regards to treatment options discussed, there was significant variation between the different clinical settings for all apart from contraception (Figure 3).

**Methods:** We undertook a retrospective review of all women diagnosed with POI between 1<sup>st</sup> July 2016 and 30<sup>th</sup> June 2017 presenting to one of the following clinics:

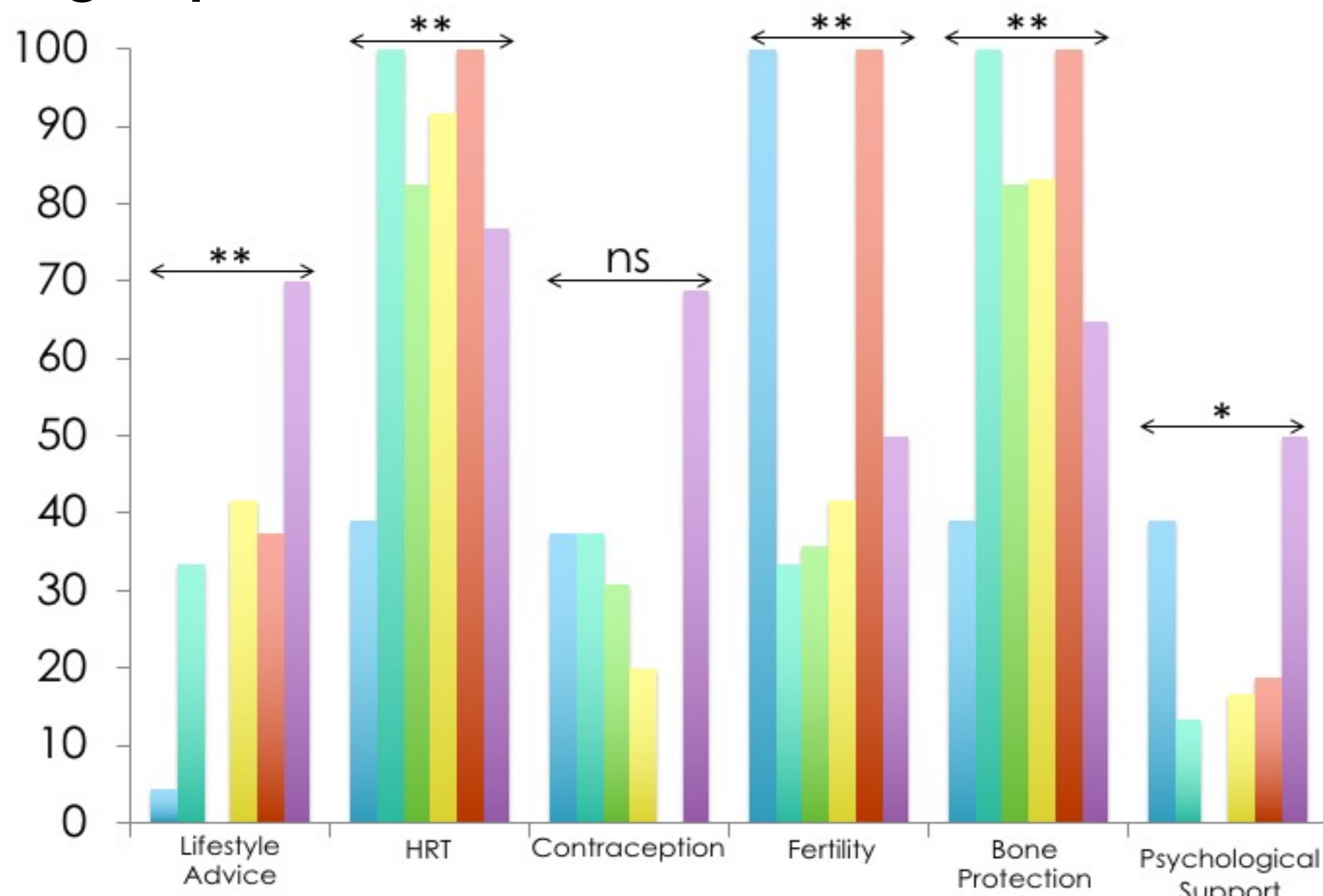
- Reproductive Medicine
- Specialist Menopause
- General Gynaecology
- General Endocrinology
- Paediatric Endocrinology
- Oncology

For each case we reviewed whether the necessary investigations had been performed and treatment options discussed (Table 1).

**Figure 2: Proportion of women who had the necessary investigations performed according to clinical setting of presentation**



**Figure 3: Proportion of women who had the relevant treatment options discussed according to clinical setting of presentation**



**Conclusion:** Management of women with POI at the LTHT is not compliant with the ESHRE guidelines and **requires improvement**. Furthermore, amongst the different specialties, there is **significant variation** in practice. We suspect similar results will occur elsewhere. We have proposed remedial action including:

- Education of all clinicians involved in the care of women with POI including production of a local guideline
- Patient information sheets to be available in all clinical settings
- Development of a standardised clerking proforma/patient checklist
- Introduction of a specialist multi-disciplinary POI clinic and will re-assess following implementation.

\*p<0.01; \*\*p<0.001