

Citizen Participation and Public Petitions Committee

9th Meeting, 2023 (Session 6), Wednesday
31 May 2023

PE2012: Remove need for follicle-stimulating hormone (FSH) blood tests before prescribing Hormone Replacement Therapy (HRT)

Petitioner	Angela Hamilton
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to remove the need for follicle-stimulating hormone blood tests in women aged 40-45, who are experiencing menopause symptoms, before Hormone Replacement Therapy (HRT) can be prescribed to relieve their symptoms and replenish hormone levels.
Webpage	https://petitions.parliament.scot/petitions/PE2012

Introduction

1. This is a new petition that was lodged on 3 April 2023.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition can collect signatures while it remains under consideration. At the time of writing, 85 signatures have been received on this petition.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Minister for Public Health and Women's Health and is included at **Annexe C** of this paper.
6. A submission has been provided by the petitioner. This is included at **Annexe D**.

Action

The Committee is invited to consider what action it wishes to take on this petition.

Clerk to the Committee

Annexe A

PE2012: Remove need for follicle-stimulating hormone (FSH) blood tests before prescribing Hormone Replacement Therapy (HRT)

Petitioner

Angela Hamilton

Date lodged

3 April 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to remove the need for follicle-stimulating hormone blood tests in women aged 40-45, who are experiencing menopause symptoms, before Hormone Replacement Therapy (HRT) can be prescribed to relieve their symptoms and replenish hormone levels.

Previous action

I have discussed this issue with doctors, and with Jamie Hepburn MSP. I have also done research based on the menopause groups I am part of, and I'm now a voice for these women. I am now taking this issue to a national level.

Background information

As a 42 year-old perimenopausal woman, I joined online support groups, read about menopause and noticed a recurring theme. Many women aged 40-45 have been told they have all the symptoms of perimenopause, but as blood tests do not back this up, they are dismissed by doctors and left to suffer debilitating symptoms.

FSH tests are based on hormone levels at a precise moment, and do not give a clear indication of the fluctuating levels that occur during perimenopause. Why is this unreliable FSH test still being used, wasting valuable NHS funds?

The symptoms lead women to leave jobs and education, and miss out on precious time with family and friends. Their lives are taken over by

what is a natural transition but one which is debilitating. Failed by doctors over and over again, some women take their lives because they cannot cope with the symptoms. GPs are not adequately trained to deal with menopause.

Change needs to happen to help more women lead a normal life.

Annexe B

The logo for SPICe, featuring the text 'SPICe' in a white, sans-serif font on a dark purple background.The logo for The Information Centre, featuring the text 'The Information Centre' and 'An t-Ionad Fiosrachaidh' in a white, sans-serif font on a dark blue background.

Briefing for the Citizen Participation and Public Petitions Committee on petition PE2012: Remove need for follicle-stimulating hormone (FSH) blood tests before prescribing Hormone Replacement Therapy (HRT), lodged by Angela Hamilton

Brief overview of issues raised by the petition

The petitioner wants to see a change in how a woman¹ experiencing perimenopausal (pre menopause) symptoms is treated. She argues that currently women are tested for levels of a particular hormone, follicle stimulating hormone (FSH) to ascertain approaching menopause. FSH is the hormone that is active in ovulation.

She argues that the levels of FSH fluctuate during the years leading up to menopause as women continue to ovulate, if more irregularly, and levels of FSH do not necessarily provide an accurate assessment or confirmation/denial of symptoms experienced. She feels that there could be an over-reliance on the test in women aged 40-45 and that they are more likely to be dismissed if levels come back as 'normal'.

She argues that a FSH test is not necessarily relevant when debilitating symptoms associated with menopause and perimenopause are present.

¹ menopause will also occur in some transgender men, some intersex individuals and some people with variation in some sex characteristics. Because menopause primarily affects those born as female, the terms 'woman/women' is used in this briefing.

Menopause, perimenopause and postmenopause

These are not two distinct stages, but a woman is regarded to be menopausal when her periods have ceased completely. Periods become less regular and less frequent over the years leading up to menopause. Symptoms can be experienced from the start of these changes to beyond the last period, when postmenopausal and include:

- 'brain fog' and memory issues
- difficulty sleeping
- fatigue
- hot flushes
- joint aches
- loss of sex drive (libido)
- low mood or anxiety
- migraine
- night sweats
- vaginal dryness or pain.

[Further information about the symptoms of menopause](#)

According to NHS Inform:

“Perimenopause and menopause are a natural part of a woman’s life course and usually occur between the ages 45 and 55 years of age, as a woman's oestrogen levels drop ([although it can start earlier](#)). In the UK, the average age for a woman to reach menopause is 51 ... [Postmenopause](#) is the time after a woman experiences her last period. A woman is said to be postmenopausal when she has not had a period for 12 months.

Menopause happens when the ovaries stop producing as much of the hormone oestrogen and no longer release an egg each month. Menopause can also occur when a woman’s ovaries are affected by certain treatments such as chemotherapy or radiotherapy, or when the ovaries are removed, often at the time of a hysterectomy.”

Follicle Stimulating Hormone and FSH testing

Confirmation of perimenopause is most often based on the range of symptoms a woman is experiencing, but can be confirmed and potential illness ruled out by a blood test.

[Follicle stimulating hormone \(or FSH\)](#) is one of the [gonadotrophic](#) hormones; the other being luteinising hormone (or LH). Both are released by the pituitary gland into the bloodstream. Follicle stimulating hormone is one of the hormones essential to pubertal development and the function of women's ovaries and men's testes.

As a woman approaches menopause, levels of FSH rise.

FSH testing is carried out in the diagnosis of a number of conditions such as pituitary gland disorders, ovarian failure and fertility issues. It can also be used when someone is experiencing symptoms associated with menopause.

It is a simple blood test, with blood taken from a vein in the arm. More information about the test is available from [Lab tests online](#).

There is a range of guidance used in Scotland for FSH testing in primary care.

[NHS Fife, Area Drug and Therapeutic Committee guidance](#) states:

“Do not routinely measure FSH or LH in perimenopausal women, as levels fluctuate. Test result may be normal in women with vasomotor symptoms and raised levels do not indicate that contraception is no longer required in this group.

- FSH levels may be useful in diagnosing the menopause in patients under 45 years with atypical symptoms, amenorrhoea on progestogen-only contraception or history of hysterectomy with conservation of the ovaries.
- If FSH, LH or oestradiol levels are measured blood should be taken on two occasions 6 to 8 weeks apart. If the woman is not amenorrhoeic the first sample should ideally be taken in the first 5 days of the cycle.”

Similarly, University Hospital of Wishaw, Lanarkshire guidance states:

- “Symptomatic women with cycle irregularity can be clinically diagnosed as entering the menopausal transition. Hypothyroidism or depression may occur in concert during the menopausal transition and should be excluded.

- Testing for a raised serum FSH/LH is not recommended above 45 years of age as the levels are fluctuating and not diagnostic.
- For women <45, two levels of serum FSH are obtained 6-8 weeks apart. If the woman is still menstruating, then the first FSH value should be obtained day 1-5 of the menstrual cycle.”

[NICE \(National Institute for Health and Care Excellence\) guidance provides different advice for women aged 40 – 45 and women over 45](#), with FSH testing suggested for women between 40 and 45, but not for women over 45.

While the ages might appear arbitrary, [NICE publishes its consideration of available evidence for all of its recommendations, including in relation to age, in the full guideline](#).

The guidance suggests that clinical assessment and treatment is based on symptoms experienced, which can be made more complex if hormone contraception is being taken.

Anne Jepson
Senior Researcher
19 April 2023

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Published by the Scottish Parliament Information Centre (SPICe), an office of the Scottish Parliamentary Corporate Body, The Scottish Parliament, Edinburgh, EH99 1SP

Annexe C

Minister for Public Health and Women's Health submission of 1 May 2023

PE2012/A: Remove need for follicle-stimulating hormone (FSH) blood tests before prescribing Hormone Replacement Therapy (HRT)

Thank you for your email of 4 April 2023 inviting me to respond to the above petition.

Firstly, it is important to be clear that any decision about the best treatment for an individual patient is a clinical one, determined by a range of factors and is rightly for the professional judgement of clinicians to make, taking into account the patient's condition, medical history and personal preference. It is not appropriate for the Scottish Government to comment on or seek to influence clinical practice.

Diagnosis of Menopause and Perimenopause

Diagnosis of perimenopause or menopause in women over the age of 45 can be done without any form of testing based on presentation of symptoms alone and a blood test is not recommended in this age group.

For women aged 40-45, the [NICE menopause guidance](#) states that HRT can be offered without the need for a blood test when other menopausal symptoms are present, such as a change in menstrual cycle and vasomotor symptoms (hot flushes). **The use of FSH blood tests is not therefore a requirement for diagnosis in this age group** but can be considered in conjunction with other factors and can be helpful to confirm a suspected diagnosis of perimenopause or menopause. This view is supported by the [British Menopause Society](#).

Women under 45 can sometimes present with symptoms which may not necessarily be menopause related or, they have some symptoms usually associated with menopause but a completely normal menstrual cycle. In these circumstances a blood test may be taken in order to rule out other conditions before prescribing HRT.

However, the results of a blood test are not taken in isolation because levels of FSH can fluctuate significantly throughout a person's cycle. In addition, if a woman is taking the contraceptive pill then an FSH blood test is not valid. A clinician will therefore look at a combination of factors such as medical history and presenting symptoms along with the results of a blood test before making a diagnosis.

Premature Ovarian Insufficiency (POI), is defined as menopause before the age of 40. A blood test in this situation is recommended to confirm the diagnosis and to rule out possible correctable causes such as high prolactin or thyroid problems.

Training for GPs

We are aware that women do not always feel that they get the support they need when seeking help for menopause symptoms. Through the delivery of the [Women's Health Plan](#) we want to ensure that all women have timely access to menopause support and services when required, be that through primary or specialist care.

We are taking action to build understanding of menopause among all healthcare professionals. This includes access to training on menopause, including awareness of the symptoms of perimenopause and menopause, the intermediate and long-term consequences of menopause, and knowing where to signpost women for consistent advice and support. We have commissioned NHS Education for Scotland (NES) to create a bespoke training package and framework focussed on menopause, including perimenopause, and menstrual health for GPs and healthcare providers across Primary Care.

Access to Specialist Menopause Support

Most women will be able to manage their menopause symptoms with support when they need it from their GP and primary care team. However, it is important that women who do need it have improved access to specialist services for advice and support on the diagnosis and management of menopause. This is why one of the key aims of the Women's Health Plan is to 'Ensure women who need it have access to

specialist menopause services for advice and support on the diagnosis and management of menopause.’

There is now a specialist menopause service in every mainland NHS Health Board, with a ‘buddy system’ in place for Island Health Boards. We have also established a Menopause Specialists Network which meets regularly and supports primary care teams by providing access to a menopause specialist for consistent advice, support, onward referral, leadership and training.

Access to Information – NHS Inform

It is important that women have access to clear and accurate information about the menopause. Improving the information available to them can help them feel more confident about what to expect, what’s ‘normal’, the options available to them and, importantly, to know that they are not alone.

There is a comprehensive resource on the menopause as part of the Women’s Health Platform on [NHS inform](#). The platform is a comprehensive resource including ‘myth busting’ films to help address some of the myths around menopause, information on symptoms, premature menopause, options for care, treatment and support and much more. It also includes a film about talking to your GP which can help facilitate better conversations when women seek support from their GP. The platform aims to help women find the information they need on a range of different health issues.

I hope you find the information contained in this response helpful in your consideration of the petition.

Yours sincerely,

Jenni Minto MSP

Minister for Public Health and Women’s Health

Annexe D

Petitioner submission of 4 May 2023

PE2012/B: Remove need for follicle-stimulating hormone (FSH) blood tests before prescribing Hormone Replacement Therapy (HRT)

In Scotland, roughly 400,000 women are currently of menopausal age. It is stated this happens between 45-55, the average being 51. What does that word menopause actually mean? It actually refers to one day in time. That day is 365 days after a woman's last period. What isn't taken into consideration by GPs across Scotland is the time leading up to that one day – Perimenopause.

Perimenopause can last anywhere from a few months to 10 years. During that time, many of the symptoms begin and sadly for many, these symptoms are debilitating. So why is this period of time being ignored and dismissed by doctors? Why are women being left to suffer?

I bring my petition to your attention in order to make change. To help the women who need the correct care and support during this natural transition. To ensure doctors are getting the right training and following the proper guidelines.

Symptoms

Perimenopause/menopause symptoms vary. Some women don't get any, but many women get a wide variety of symptoms. Irregular periods, palpitations, hot flushes, night sweats, low mood, anxiety, joint and muscle pain, headaches and mood swings. These are just a few. There are at least 35 recognised symptoms. They affect every aspect of a woman's life – relationships and work are the two main areas.

I spoke to two women who are experiencing Perimenopause symptoms. This is what they have to say.

Person A (42) – I have been experiencing symptoms for a few years now. My periods stopped four months ago. Every day I battle against physical and psychological symptoms. I have had suicidal thoughts. I have been bedridden from the joint pain. I approached my doctor after yet another visit to A&E, worried I was having a

heart attack as my heart was racing and I felt weak. The consultant told me to discuss menopause with my GP as he believes that's what is causing all the symptoms. Other things such as deficiencies, electrolyte imbalances and other common causes have been ruled out. My GP told me I was too young. Instead, he prescribed sertraline and referred me to psychiatry and occupational therapy Community Mental Health Team (CMHT). They can't help me as it's hormone related and referred me back to my GP. My husband and children are seeing me fall apart every single day. My doctor is telling me to take the sertraline. CMHT told me that won't help. I feel let down.

Person B (41) – I have been to my doctor many times for perimenopause. At first, they told me there is no possible way that I can be menopausal. They handed me antidepressants. It took months of fighting to get them to listen. They promised me a referral to the menopause clinic. I was happy with that until I found out the referral wasn't made. I've been left to it.

There are many similar stories across the country. Social media support groups are filled with women desperate for help because their doctors won't listen. Why is this allowed to happen?

NICE guidelines V Local Guidelines.

During my research, it has come to my attention that many health boards have different guidelines when it comes to diagnosing and treating menopause. Those seem to differ from the NICE guidelines that are there to ensure safe practice and to also ensure patient care. So why the differing approaches?

[NICE guidance](#) states in women between 40-45, doctors should consider using the FSH test. Consider. It does not state this is mandatory. It also states symptoms should be discussed and the GP should give all the relevant information regarding menopause and treatments. This is where Scots are being failed.

NHS Lanarkshire, for example, state in [their guidelines](#) the FSH blood test must be carried out in women aged between 40-45. If the levels are over 30, menopause is diagnosed. The issue arises when levels are under 30. NHS Lanarkshire state if a woman's hormone levels are under 30, which is classed as normal, then it is not menopause. This is

incorrect. The test is being used as the sole diagnostic tool. The doctor should also look at the symptoms a woman is experiencing.

Yes, it is important to rule out other possible causes, however, the FSH test is not reliable as during perimenopause, hormone levels fluctuate constantly. They could be normal at the moment the test is carried out, but they could be higher or lower an hour later. The blood test is snapshot of a very small moment of time. The use of this test in diagnosing must be changed and rules fully adhered to.

Another guideline not being followed is that antidepressants should not be given as a first line treatment in women presenting with menopause symptoms. Yet doctors continue to use these before anything else.

Psychological Symptoms

Anxiety and Depression are two of the symptoms caused by a change in oestrogen and progesterone levels. They are two common symptoms, yet doctors are handing out antidepressants and are not looking at the whole picture.

It is stated in NICE guidelines that antidepressants should not be given as a first line treatment in women presenting with menopause symptoms. The reason for this is simple, they do not work. Psychological symptoms caused by menopause are not due to changes in serotonin, for example. They are caused by the drop in reproductive hormones. Why are doctors not wise to this?

Their lack of knowledge has a massive impact on women's mental health and adds to the psychological distress. It is such attitudes that lead women to take their own lives because they can no longer cope without the relevant treatment and support.

Better Training Needed

GPs are not required to carry out training on menopause. The doctors who do agree to take it on, are only getting between 20-60 minutes. How is this acceptable? That is not much at all and with so much new information out there, they are hardly touching the surface.

Menopause training should start in medical school and then yearly mandatory training throughout their career.

I ask the Parliament to take on board everything written in this document. Menopause will affect your loved ones. Women are

constantly being failed, dismissed, and made to feel their health does not matter. Something needs to change as women's lives are on the line.

Thank you for considering the petition and the evidence provided.