

Estimating the incidence and prevalence of menorrhagia in the UK using THIN electronic health records: a retrospective cohort study

An Electronic Health Record Cohort and Cross-Section Study of UK primary care data from 2006-2021

Prevalence (per 100,000 persons) trend by Date



Fig1. Prevalence per 100,000 people in the female population 2006-2021

Incidence (per 100,000 py) trend by Date

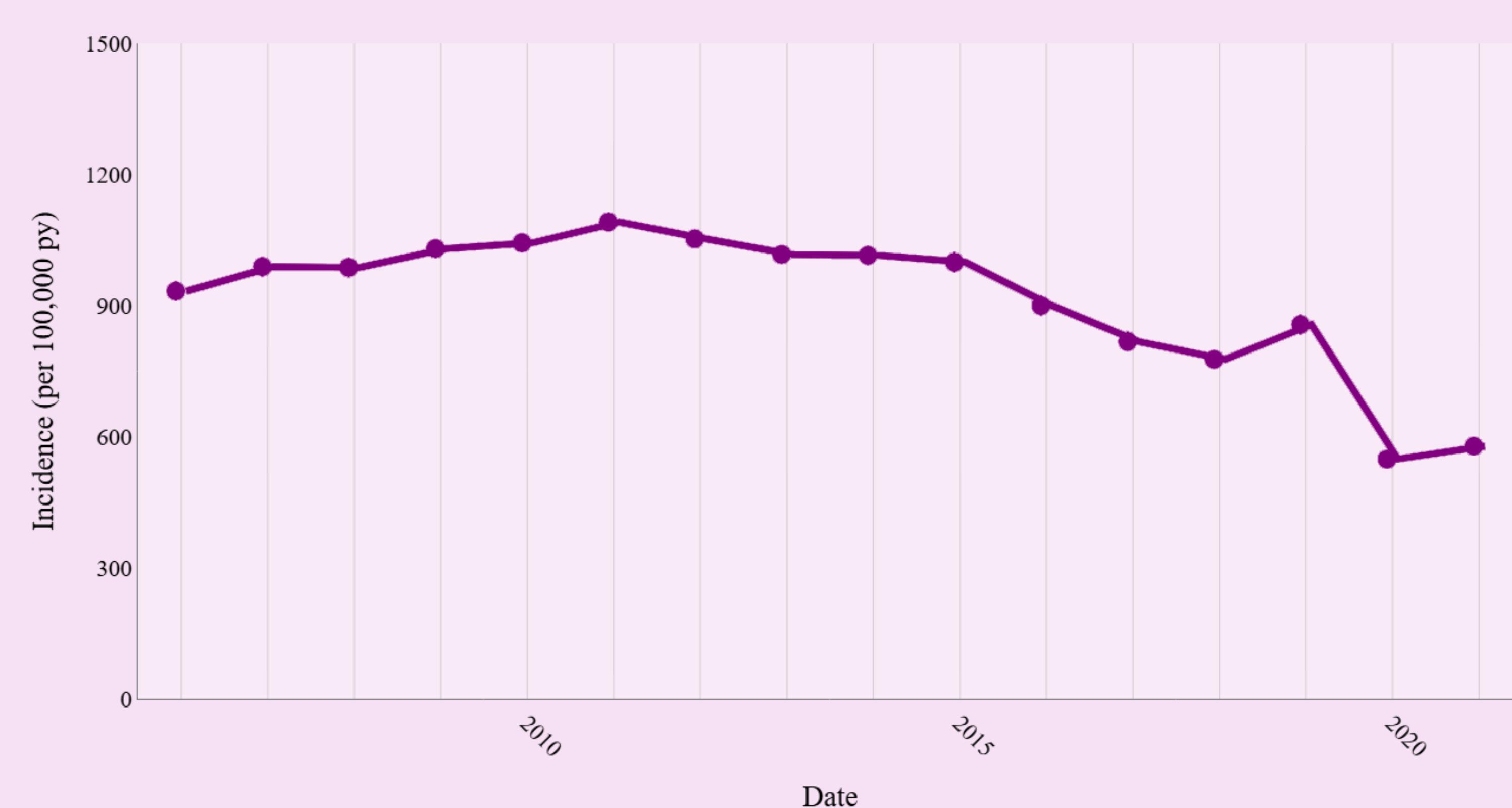


Fig2. Incidence rate per 100,000 person-years in the female population 2006-2021

BACKGROUND: Menorrhagia affects around 20-30% of women and **has a profound clinical and societal impact**, affecting sexual activity, relationships, confidence, mood, employment, physical health and overall wellbeing.

AIM: To provide an accurate and representative estimate of menorrhagia incidence and prevalence in the UK to inform targeted interventions.

RESULTS: Incidence rate declined from 933.14 [CI 914.78-951.77] per 100,000 person-years in 2006 to 856.61 [838.09-875.44] in 2019. Following the Covid-19 pandemic, the incidence markedly declined reaching 578.19 [561.88-594.85] per 100,000 person-years in 2021.

Broadly, prevalence has increased, however, not linearly, going from 7280.99 [7231.62-7330.62] in 2006 to 10127.83 [10063.27-10192.70] per 100,000 people in 2021.

Between 2010 and 2013, the Black population showed the highest incidence rates, peaking at 1963.04 [1779.34-2160.56] per 100,000 person-years in 2012. Following this, incidence among this group has declined, **with the gap between subgroups narrowing over time**. For example, in 2021, there is not a statistically significant difference in incidence rate.

Across the study period, **the highest prevalence occurred in those aged 41–50 and 51–60 years**, reaching 15385.60 [15200.74-15572.15] and 15758.44 [15480.17-16040.45] per 100,000 people in 2021, respectively.

CONCLUSION: Incidence of menorrhagia recorded in GP records has declined and prevalence has been slow to rise in recent years. It is unlikely that less women are living with this condition and therefore these findings suggest **more need to be done to diagnose and treat the symptoms of menorrhagia**, especially after the effects of the Covid-19 pandemic on access to care. The high prevalence in the 41-60 years old subgroup is also clinically relevant and may suggest that this age group would benefit from **targeted interventions**.

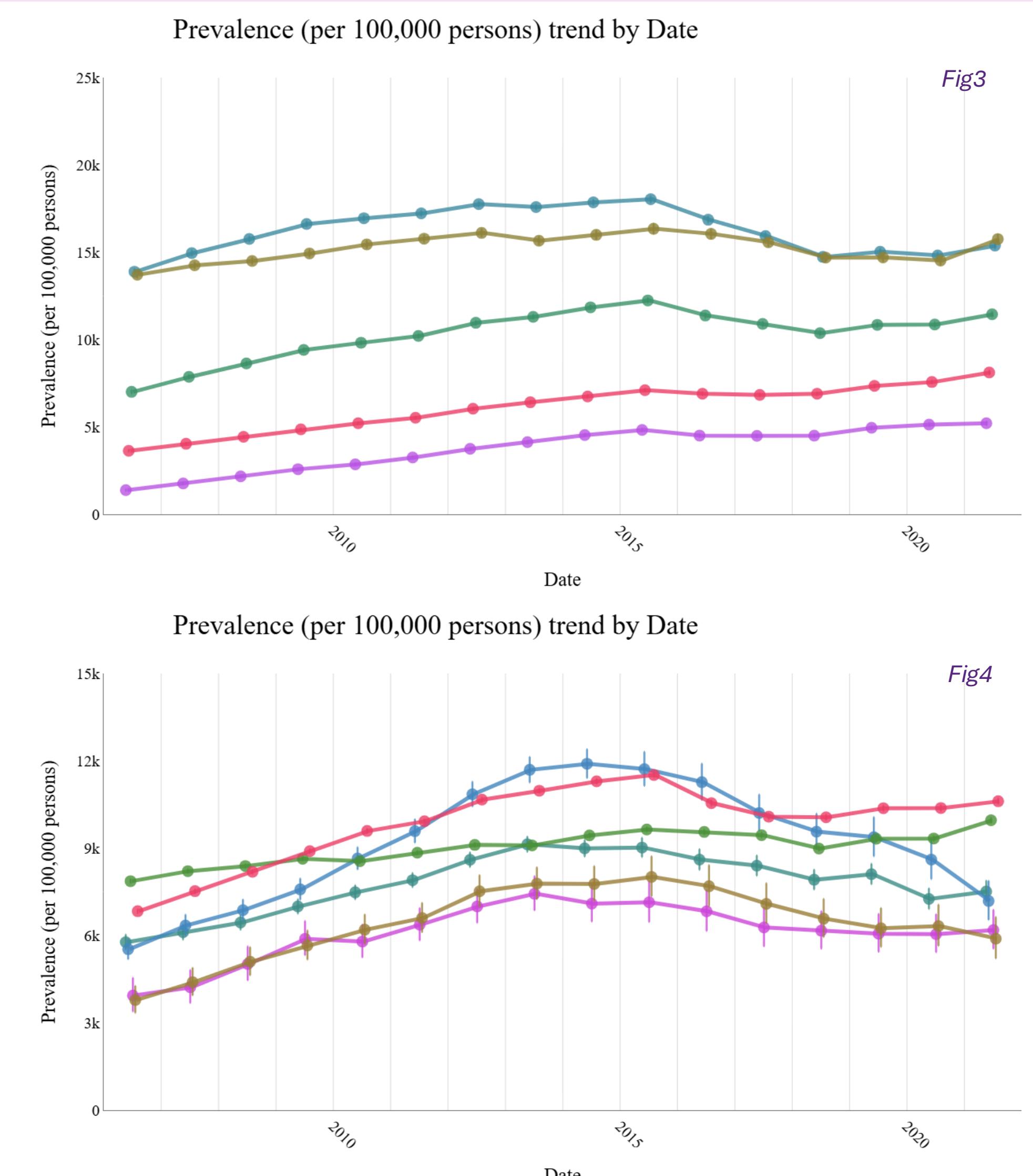


Fig3-4. Prevalence of menorrhagia per 100,000 people stratified by age (Fig.3) and ethnic (Fig.4) subgroups between 2006-2021

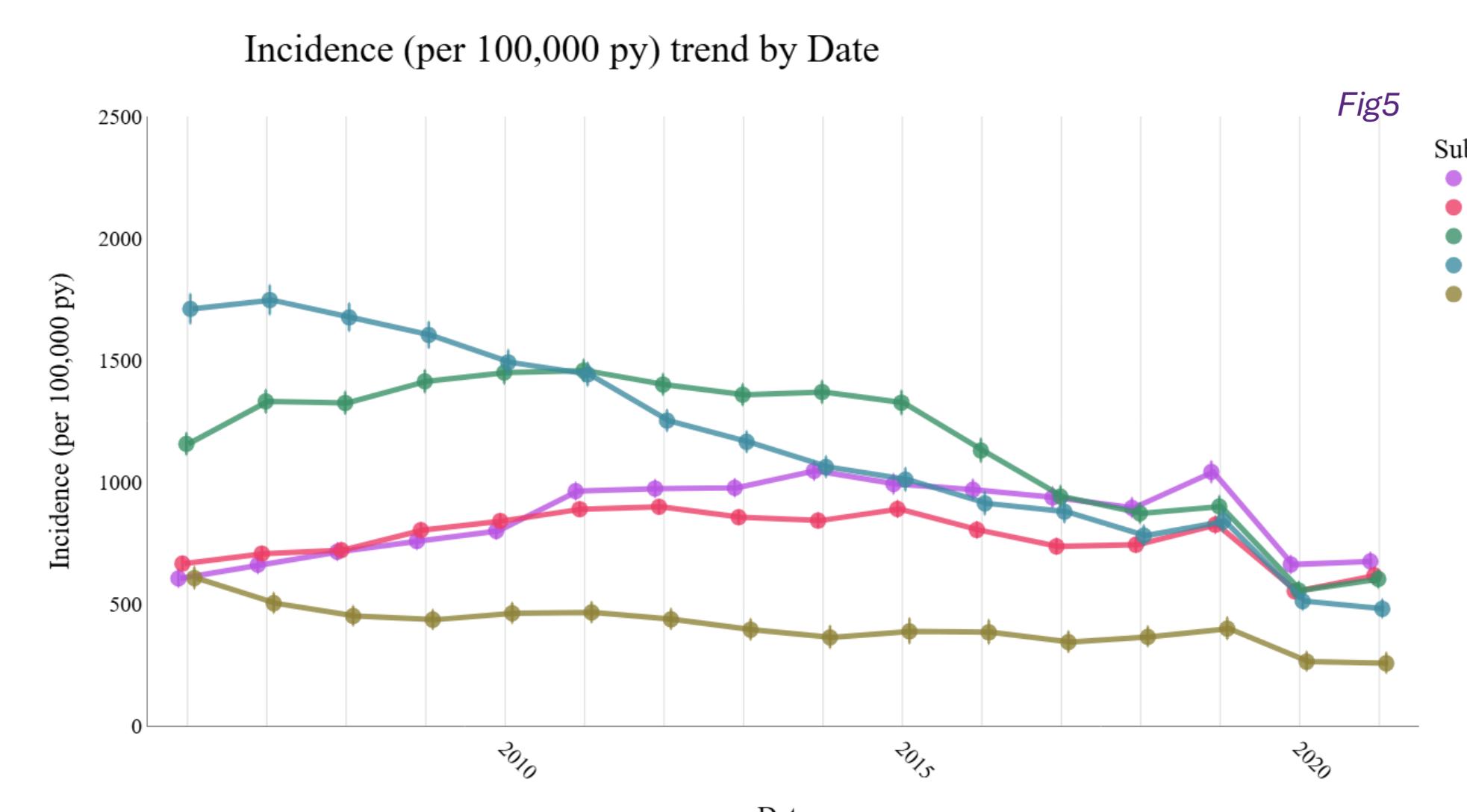
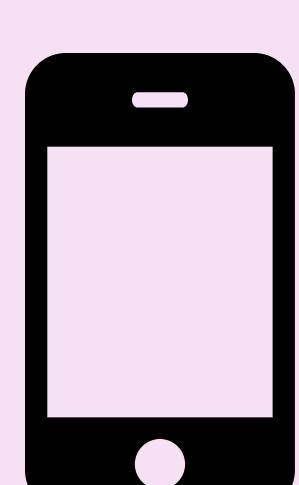


Fig5-6. Incidence rate of menorrhagia per 100,000 people stratified by age (Fig.5) and ethnicity (Fig.6) subgroups between 2006-2021



Read the Methods



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