Preliminary results in HMB characterisation show fluctuations in diagnosis and management across Europe and US

Characterisation of Heavy Menstrual Bleeding (HMB) in 11 data sources from 9 countries using OMOP-CDM: a European Health Data & Evidence Network study

Background

Heavy menstrual bleeding:
- Excessive menstrual blood loss that severely impacts your daily live
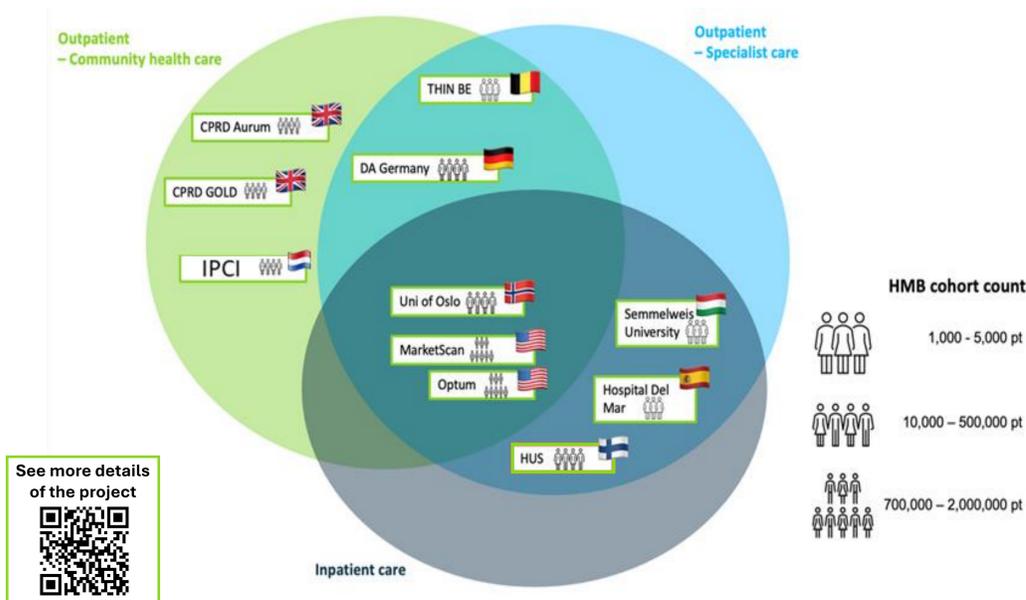- Accompanied by severe pain

- 30% of women will seek for medical assistance due to HMB.
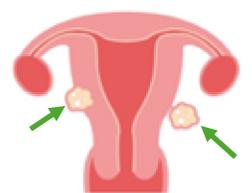- delays or a lack of diagnosis/treatment, ≈54% not receiving the necessary care.

Methods

- Design: Retrospective cohort study
- Study period: 2000-2022
- Population: Women aged 11-55 with a first ever diagnosis of HMB
  - Exclusion criteria: hysterectomy, bilateral oophorectomy, menopause, uterine or ovarian cancer any time prior index date; postcoital bleeding record in the prior year, and/or pregnancy record 183 days prior.

We included 11 observational healthcare databases converted to the OMOP-CDM:

Results

- 3.5 million women were diagnosed with HMB.

- Incidence rate (1,000 person years) of HMB ranged from 1.51-25.6.

- HMB diagnosis peaks at age 35-49, followed by another peak between the ages 15 and 19.

- 62-98% of women with HMB did not have a record of documented underlying causes.

  - Leiomyoma (aka. fibroids) was the most prevalent underlying condition recorded (up to 9.08%)

- Hysterectomy was recorded more (22-26%) in US-based claims data compared to Europe (8-12%).

Use of OMOP CDM and engaging with EHDEN enabled the production of standardised evidence across diverse populations, healthcare settings, and data sources.

See the project on EHDEN

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