What Can We Do?

How do you "undo" the damage of the WHI?





Faculty/Presenter Disclosure

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- Speakers Bureau/Honoraria: Merck, Bayer, Pfizer, Actavis/Allergan, Abbvie, Amgen
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- Other: na







I think we can agree...

- Education is the only way to undo the WHI damage
- Education needs to be directed first to care providers—they have to be askable and feel knowledgeable before there can be much movement on this front
- Educating consumers (women) is important too but without knowledgeable care providers all we will be doing is fueling the BHT folks





- Physicians, nurses, NPs, PAs, pharmacists
- Young care providers/trainees—blank slates
- Mid-career group difficult—time constraints, burden of multitherapeutic CME areas, feeling MHT is "complicated" and "controversial"
- Mature group—heroes and zeroes





- Challenge: What is being taught about menopause and MHT in curricula of medical schools, nursing, NP or PA, and pharmacy education? Has this been updated in the last 15 years? Is it evidence based, guideline based, and reflecting the latest knowledge?
- Story #1--Sergei





- The "blank slates" are an easier group—we need to make sure they are receiving correct, guideline based education from the ground floor up
- Action item: survey or research study examining the curricula in these university education program—what and how much is being taught.
- Action item: advocating for appropriate revisions/updates in these curricula





- Mid-career group has many challenges:
 - Some will be very responsive to focused education and want to learn more to be more effective in managing their patients' concerns—how do we identify, target, and support this group
 - Some will choose to not participate in any education around this as they feel they already have the "knowledge" to confidently treat menopausal symptoms with non-hormonal options





- Other challenges:
 - Time. This group often have busy practices, families, and multiple competing therapeutic areas for their CME time
 - What is the optimal CME platform in which to engage this group?
 This group is the least likely to attend an evening CME activity.
 WebEx, accredited archived presentations, TED talks, Youtube videos...
 - Story #2—do you feel comfortable/confident





- This group "knows" the WHI results but education about the real results is possible
- Many would like to be able to provide best evidence based care but perhaps don't know what that is, or where to start
- Action item: survey of this group, with attention to knowledge of guidelines, desire to have more knowledge around guideline based care recommendations





- Action item: survey of this group regarding how they'd like to receive CME—importance of accredited vs not, Web based live, Web based archived, large multitherapeutic live CME events, small group formats
- Action item: designing CME to fit their needs





- "Rapid Response Teams"—in response to the unbearable lightness of medical literature, and the "tail wagging the dog" phenomenon of medical reporting, some therapeutic areas have established rapid response teams to deal with newspaper articles, questionable articles in medical journals, and the like
- These rapid response teams will review a "situation", and provide a critical review and evaluation of the data presented and place it in perspective (Story #3—vaccination, NAMS)



- The heroes—experienced care providers who bucked the trend after the WHI because they understood the limitations of the study
- These care providers have continued to provide quality, evidence based care to their patients
- They tend to be enthusiastic attenders of CME events to make sure that they are continuing to provide the best quality care





- Action Item: Can we identify this group, and provide them with continuing support—updates, blogs, thought leader commentaries, on-line communities of support?
- Can we encourage this group to act as mentors and resources to their colleagues?





- The zeroes (Story #4—lan T)
- They already know that hormones are dangerous and nothing is ever going to change their minds
- Not interested at all in attending any sort of menopause CME because they know it all already
- Action item: don't even bother here





- Jan 2018 survey by Choosing Wisely (US) <u>www.choosingwisely.org</u>
- 1020 respondents
- 93% of patients do online research about a condition before visiting their care provider
- 73% trust the opinion and recommendations of their HCP more than what they find in their own research





- Hence, the most important aspect in educating consumers is making sure their HCP is well educated!!!
- The next most important aspect might be examining what's on the internet





- My personal internet research
- Entering search terms "menopause information" and "menopause hormone therapy" on Google, for both searches the top hit was the North American Menopause Society Website
- This must have cost a lot of money





- Menopause.org for consumers is a very fun website
- Easy to use
- Access to all kinds of information—and I mean all kinds
- Written in easy to understand language
- Many of the blogs are human and humourous



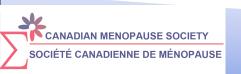


- What about Canadian content?
- Menopauseandu.ca is the SOGC website
- BTW, no mention of IMS meeting on SOGC website
- www.sigmamenopause.com





- Youtube
- 2nd most watched video (220 k hits) on management of menopause symptoms was a naturopath telling you to detox your colon with his special diet
- CBD oil and menopause video very popular
- Menopause the Musical (Story #5)
- NAMS video on individualizing therapy 76 hits
- Ed Sheeran's video for Perfect 1.2 billion hits





- Action items: make Canadian websites more pertinent, engaging, up to date
- Action items: collaboration between Canadian groups
- Forget about Youtube





Summary

- Educating HCP about menopause, menopause management, guidelines etc should be priority number 1. This will cost a lot of money, and will take a lot of work. We will need to examine the needs, be flexible with platforms, and have a real commitment to this process.
- Accepting that most women will consult Dr. Google first, we must do our best to make the internet based content as fact based as possible.
 This too will cost a lot of money.





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