

**Case 200502820: General Practitioner in the Lothian NHS Board Region**

**Summary of Investigation**

***Category***

Health: General practitioner, diagnosis

***Overview***

The complainant was concerned that a general practitioner had refused to repeat her prescription for HRT and had misunderstood the cause of a high blood pressure reading.

***Specific complaint and conclusion***

The decision of the GP to withdraw a prescription of hormone replacement therapy (HRT) (*not upheld*)

***Redress and recommendation***

The Ombudsman has no recommendation to make.

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**Introduction**

1. On 17 January 2006 the Ombudsman received a complaint from a woman referred to in this report as Mrs C. Mrs C complained about the treatment she had received from her general practitioner (the GP).

2. The complaint from Mrs C which I have investigated concerned the decision of the GP to withdraw a prescription of hormone replacement therapy (HRT) and, in particular, that the GP failed to take into account the impact of a delay in another prescription when interpreting a blood pressure reading.

**Investigation**

3. The investigation of this complaint involved obtaining all the relevant documentation, medical records and complaint files. I have obtained advice from a medical adviser (the adviser) to the Ombudsman. I have set out my findings of fact

and conclusion. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the GP have been given an opportunity to comment on a draft of this report.

#### **The decision of the GP to withdraw a prescription of hormone replacement therapy (HRT)**

4. Mrs C first complained in writing to the practice manager at the health centre (the practice manager) on 30 November 2005. In her letter, she said that she had an appointment with the GP on 17 October 2005. On 22 November 2005, when she went to collect her prescription, she was told by a pharmacist that this would be her last prescription of HRT. She said that she had discussed ending this medication at the consultation on 17 October 2005 as the GP was concerned about her high blood pressure, but she thought that they had agreed not to do so. She explained that there had been a gap in her use of other medication (lansoprazole) and that this had caused her blood pressure to be raised. She also said that she had taken HRT for 14 years and that six previous doctors had had no problems prescribing this for her.

5. In response to Mrs C's letter, the practice manager said that on 17 October 2005 the GP had discussed discontinuing this medication because of concerns over Mrs C's raised blood pressure. The GP had also discussed the possible health risks of HRT with Mrs C and understood that Mrs C had agreed to consider reducing the medication and to return to the health centre to repeat the blood pressure reading. A letter was sent on 18 November 2005 requesting that Mrs C return for a blood pressure review. On 21 November 2005 Mrs C requested a further supply of HRT. The GP prescribed this but requested it be taken on alternative days and then stopped. Mrs C attended on 24 November 2005 and was again told that the risks of being on HRT outweighed any benefits. The GP's clinical assessment was that continuing with this medication could potentially be detrimental to her health, in view of her raised blood pressure and, therefore, was not agreeable to continue prescribing this medication.

6. From examination of the clinical records, it was clear that the note of the prescription repeats the details of the discussion Mrs C had with the GP on 21 November 2005 that she should take medication on alternate days and then stop. This was the second time the GP has raised the issue of stopping HRT with

Mrs C and, this had also been raised with other doctors over a number of years.

7. The adviser has noted that there has been a change in the advice given by British National Formulary about HRT in recent years. Previously, this was felt to be relatively safe for long term prescribing and may have had health benefits concerning stroke, heart attacks and osteoporosis. In 2001, this advice was corrected and it was indicated that as this was now not clear, a further paragraph indicted risk factors for arterial disease which included hypertension. This was defined as blood pressure above systolic 140 and diastolic 90. HRT was to be avoided if systolic was above 160 and diastolic 100. In 2004, the advice was further updated and it was stated that HRT increased the incidence of venous thrombo-embolism and stroke. Further, the Committee of Safety in Medicines now advised that HRT should be taken at 'the minimum effective dose for the shortest duration'.

8. On examination of the written clinical records, the adviser pointed out that this was not the first doctor to suggest to Mrs C that she should reduce or stop HRT and that this had been discussed at consultations with other doctors at the health centre on 11 November 1998, 25 March 2002, 15 October 2002 and 2 March 2005. A letter had been sent to Mrs C by one of these doctors with further information about the possible risks of HRT on 30 March 2004 in light of the new advice. The adviser also noted that Mrs C's blood pressure had been recorded at 206/80 on 17 October 2005 and that on previous occasions it had been 200/86 (2 May 2005) and 220/110 (25 March 2004). The adviser said that current medical advice is that oestrogens and similar medication should not be prescribed at these levels of high blood pressure. The adviser further described the GP's decision to write a letter asking Mrs C to return for a repeat taking of a blood pressure reading on 18 November 2005 as exemplary.

9. The adviser did not believe that there was any relationship between prescribing or ceasing to prescribe lansoprazole and alteration of blood pressure. This is not one of the side effects listed in the British National Formulary.

10. When Mrs C raised her complaint with the practice manager on 30 November 2005, she complained that she was told by the pharmacist that this would be her last prescription of HRT. The adviser did not consider the method of

communicating that her prescription was being stopped unreasonable given previous discussions. Based on the evidence I have received, the pharmacist was restating what the doctor had said at the consultation.

### *Conclusions*

11. It is the adviser's view that the doctor made an appropriate clinical decision in not continuing Mrs C's HRT prescription. Based on the advice I have received I am, therefore, satisfied that this decision was correct. There is no evidence that the withdrawal of the prescription of lansoprazole could have caused a short term rise in blood pressure. Taking all the evidence into account, I do not uphold the complaint.

12. The Ombudsman has no recommendation to make.

### **Summary**

#### **Specific complaint and conclusion**

The decision of the GP to withdraw a prescription of hormone replacement therapy (HRT) (*not upheld*)

#### **Redress and recommendation**

The Ombudsman has no recommendation to make.

25 July 2005

**Explanation of abbreviations used**

Mrs C	The complainant
The adviser	Medical adviser to the ombudsman
The GP	General medical practitioner responsible for Mrs C's treatment
The practice manager	The practice manager at the health centre who responded to Mrs C's initial complaint

### Glossary of terms

Arterial disease	Disease of the arteries: an artery is a blood vessel carrying blood away from the heart.
Blood pressure	Pressure of blood against the walls of the main arteries.
British National Formulary	Joint publication of the British Medical Association and the Royal Pharmaceutical Society of Great Britain. It provides information on the selection, prescribing, dispensing and administration of medicines.
Committee for Safety in Medicines	One of the independent advisory committees established under the Medicines Act of 1968. The CSM advises the UK Licensing Authority on the quality, efficacy and safety of medicines.
Diastolic	Blood pressure reading during diastole, when the ventricles are relaxing and refilling: this is when pressure is at its lowest, and the figure is the lower of the two readings commonly referred to as 'the blood pressure'.
Hormone Replacement Therapy	Medication containing one or more female hormones, commonly estrogen plus progestogen. HRT is most often used to treat symptoms of menopause.

Hypertension	High blood pressure.
Oestrogens	One of a group of steroid hormones that control female sexual development.
Osteoporosis	A decrease in the bone density (strength) occurring in many women after the menopause.
Lansoprazole	Medication which reduces the release of acid in the stomach and intestine.
Systolic	Blood pressure reading during systole, when the ventricles are contracting: this is when pressure is at its highest and is the higher of the two readings commonly referred to as 'the blood pressure'.
Stroke	An interruption to the flow of blood to the brain.
Thromboembolism	Condition in which a blood clot forms in one point of the circulation, becomes detached and lodges in another.
Venous	Relating to the veins: the veins are blood vessels that take blood to the heart.