THE GYNAECOLOGY GROUP

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# PATIENT LEAFLET - HEAVY PERIODS

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## WHAT ARE PERIODS?

A period is part of a woman's menstrual cycle. The menstrual cycle is the time from the first day of a woman's period to the day before her next period. A period is a bleed from the womb (uterus) which is released through the vagina. It happens approximately every 28 days, although anywhere between 24 and 35 days is common.

**Heavy periods, also called menorrhagia, is when a woman loses an excessive amount of blood during consecutive periods.**

Menorrhagia can occur by itself or in combination with other symptoms, such as menstrual pain (dysmenorrhoea). Heavy bleeding does not necessarily mean there is anything seriously wrong, but it can affect a woman physically, emotionally, sexually and socially, and can cause disruption to everyday life. Menorrhagia is very common, with about 25% of women being affected by them.

## HOW MUCH IS HEAVY BLEEDING?

It is difficult to define exactly what a heavy period is because the amount of blood lost during a period can vary considerably between women. A good indication that your blood loss is excessive is if:

- you feel you are using an unusually high number of tampons or pads
- you experience flooding (heavy bleeding) through to your clothes or bedding
- you need to use tampons and towels together
- if your period stops you from doing your normal activities

## WHY DO HEAVY PERIODS HAPPEN?

In most cases, no underlying cause of heavy periods is identified. However, some conditions and treatments have been linked to menorrhagia, including:

- unknown (40-60%), called dysfunctional uterine bleeding ('DUB')
- uterine fibroids
- cervical or endometrial polyps
- endometriosis
- polycystic ovary syndrome (PCOS)
- intrauterine contraceptive devices (IUDs)
- Cancer of the womb(Rare in women before the menopause)

## TREATING HEAVY PERIODS

Generally periods only need treating if they are having negative effects on a woman's quality of life or women are becoming anaemic because of them. If treatment is necessary, medication is most commonly used first. However, it may take a while to find the medication most suitable for you, as their effectiveness is different for everyone and some also act as contraceptives.

If medication doesn't work or isn't acceptable to a woman, surgery is also an option.

## TREATING HEAVY PERIODS - MEDICATION

Medication is recommended as the first line of treatment for women who:

- have no symptoms or signs that suggest a serious underlying cause
- are waiting for the results of further investigations

If a particular medication is not suitable for you, or a medication is not effective, another type may be recommended. Some medications make your periods lighter and others may stop bleeding completely. Some medications are also contraceptives. Your gynaecologist will explain how each type of medication works and any possible side effects. This will help you and your gynaecologist decide which is the most suitable treatment.

The different types of medication used to treat menorrhagia are outlined below.

**Levonorgestrel-releasing intrauterine system (IUS or Mirena™)**
The Mirena coil™ is a small plastic device inserted into your womb which slowly releases a hormone called progestogen. It prevents the lining of your womb from growing quickly and is also a form of contraceptive. LNG-IUS does not affect your chances of getting pregnant after you stop using it.
Possible side effects of using the Mirena coil™ include:

- irregular bleeding that may last more than six months
- breast tenderness
- acne
- no periods at all (amenorrhoea)

The Mirena coil™ has been shown to reduce blood loss by 71-96% and is the preferred first choice treatment for women with menorrhagia, provided that long-term contraception using an intrauterine device is appropriate (it is usually used for a minimum of 12 months).

**Tranexamic acid**
If the Mirena coil™ is unsuitable (for example, if contraception is not desired), tranexamic acid tablets may be considered. The tablets work by helping the blood in your womb to clot. They have been shown to reduce blood loss by 29-58%.
Two or three tranexamic acid tablets are taken after heavy bleeding has started. They are taken three or four times a day, for a maximum of three to four days. The lower end of this dosing range will usually be recommended. For example, two tablets, three times a day for four days. Treatment should be stopped if your symptoms have not improved within three months.
Tranexamic acid tablets are not a form of contraception and will not affect your chances of becoming pregnant. If necessary, tranexamic acid can be combined with a non-steroidal anti-inflammatory drug (NSAID) (see below).
Possible side effects include indigestion and diarrhoea.

**Non-steroidal anti-inflammatory drugs (NSAIDs)**
Non-steroidal anti-inflammatory drugs (NSAIDs) may also be used to treat menorrhagia as a second choice treatment if LNG-IUS is not appropriate. NSAIDs have been shown to reduce blood loss by 20-49%. They are taken in tablet form from the start of your period (or just before) and until bleeding has stopped.
The NSAIDs that are recommended for treating menorrhagia are:

- mefenamic acid
- naproxen
- ibuprofen

These are usually taken three or four times a day.
NSAIDs work by reducing your body's production of a hormone-like substance called prostaglandin, which is linked to heavy periods. NSAIDs are also painkillers. They are not a form of contraceptive. However, if necessary, they can be used with the combined oral contraceptive pill (see below).

Common side effects of NSAIDs include indigestion and diarrhoea.

NSAIDs can be used for an indefinite number of menstrual cycles, as long as they are relieving symptoms of heavy blood loss and not causing significant adverse side effects. However, treatment should be stopped after three months if NSAIDs are found to be ineffective.

**Combined oral contraceptive pill ('The pill')**
Combined contraceptive pills, can be used to treat menorrhagia. They contain the hormones oestrogen and progestogen. You take one pill every day for 21 days, before stopping for seven days. During this seven-day break you get your period. This cycle is then repeated.

The benefit of using combined oral contraceptives as a treatment for menorrhagia is that they offer a more readily reversible form of contraception than the Mirena coil™. They also have the benefit of regulating your menstrual cycle and reducing painful periods(dysmenorrhoea).
The combined oral contraceptive works by preventing your ovaries from releasing an egg each month. As long as you are taking the pills correctly, they should prevent pregnancy.
Common side effects of the combined oral contraceptive pill include:
• mood changes
• nausea (feeling sick)
• fluid retention
• breast tenderness

**Oral Norethisterone**
Norethisterone is a type of man-made progestogen (one of the female sex hormones). It is another type of medication that can be used to treat menorrhagia. It is taken in tablet form, two to three times a day from days five to 26 of your menstrual cycle, counting the first day of your period as day one.
Oral norethisterone works by preventing your womb lining from growing quickly. It is not an effective form of contraception and can have unpleasant side effects, including:
• weight gain
• breast tenderness
• short-term acne
Oral progestogens, such as norethisterone, are not as effective as tranexamic acid and may not always be able to control heavy bleeding.

**Injected progestogen (i.e. Provera™)**
A type of progestogen called medroxyprogesterone acetate (Provera™) is also available as an injection and is sometimes used to treat menorrhagia. It works by preventing the lining of your womb from growing quickly, and is a form of contraception. It does not prevent you becoming pregnant after you stop using it, although there may be a delay after you take it before you are able to get pregnant.
Common side effects of injected progestogen include:
• weight gain
• irregular bleeding
• absence of periods (amenorrhoea)
• a delay in ability to become pregnant for six to twelve months after stopping the injection
• premenstrual symptoms, such as bloating, fluid retention and breast tenderness

You will need to have this form of progestogen injected once every twelve weeks, for as long as treatment is required.

**Gonadotropin releasing hormone analogues (i.e Zoladex ™or Prostap™)**
Gonadotropin releasing hormone analogues (GnRH-a) are a type of hormone sometimes given as an injection to treat fibroids (non-cancerous growths in the womb).
Studies have shown that GnRH-a is effective in reducing blood loss during periods. However, it can be expensive and may cause symptoms similar to the menopause, i.e. hot flushes, increased sweating and vaginal dryness. Therefore, GnRH-a is not a routine treatment, but may be used while you await surgery.

## TREATING HEAVY PERIODS - SURGERY

Your gynaecologist will also discuss surgical options for treating menorrhagia. These include;

• Endometrial ablation
• Laparoscopic sub-total or total hysterectomy
• Open or vaginal hysterectomy
• Myomectomy

## CONCLUSION

At any one time 25% of women have heavy periods commonly causing a major impact on a woman's quality of life. There are various treatments that can be used from simple medications and hormone treatments to simple daycase procedures all the way through to the 'definitive' hysterectomy (laparoscopic sub-total or total).