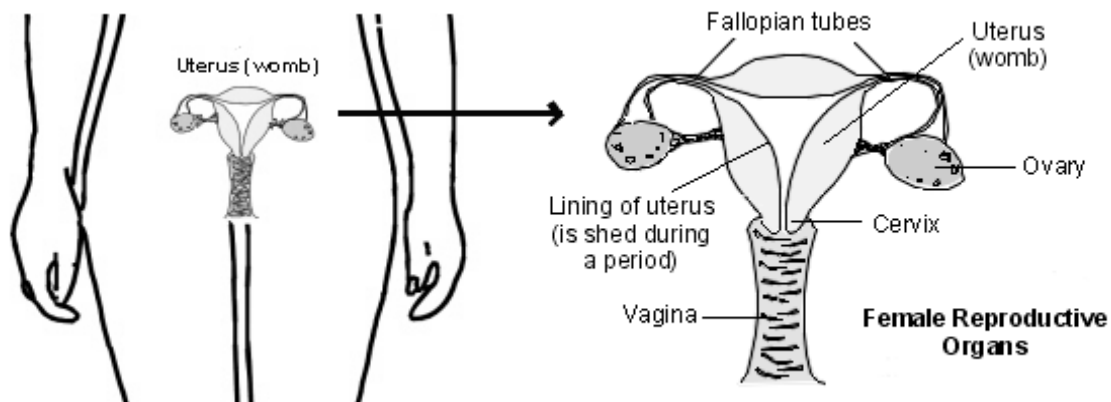


Heavy Periods (Menorrhagia)

Heavy periods are common. In most cases no cause can be found. In some cases a cause is found such as endometriosis, fibroids, and other conditions (listed below). In many cases treatment is effective by using medication to reduce bleeding, or by surgery.

What are normal and heavy periods?

About 1 in 3 women describe their periods as 'heavy'. However, it is often difficult to know if your periods are normal or heavy compared to other women. Some women who feel they have heavy periods actually have an average blood loss. Some women who feel they have normal periods actually have a heavy blood loss. Most of the blood loss (about 90%) usually occurs in the first three days with either normal or heavy periods.



The strict medical definition of blood loss during a period is:

- A **'normal' period** is a blood loss between 20 and 60 ml (4-12 teaspoonfuls). Bleeding can last up to eight days, but bleeding for five days is average.
- A **'heavy' period** is a blood loss of 80 ml or more. This is about half a teacupful or more. Menorrhagia means recurring heavy periods.

However, it is difficult to measure the amount of blood that you lose during a period. For practical purposes, a period is heavy if it causes one or more of the following.

- Flooding through to clothes or bedding.
- You need frequent changes of sanitary towels or tampons.
- You need double sanitary protection (tampons and towels).
- You pass large blood clots.
- If it stops you doing normal activities such as going out, working, or shopping.

What causes heavy periods?

The exact cause is not known in most cases

This is called 'dysfunctional uterine bleeding'. In this condition the uterus (womb) and ovaries are normal. It is not a hormone problem. Ovulation is usually normal and the periods are regular. A chemical called prostaglandin may play a part. The amount of prostaglandin in the lining of the uterus is often higher than normal in women with heavy periods. The high level of prostaglandin may affect blood clotting within the uterus. Bleeding then takes longer than normal to stop.

Other causes

These are less common. They include the following:

- **Fibroids.** These are benign (non-cancerous) growths in the muscle of the uterus. They often cause no problems, but sometimes cause symptoms such as heavy periods. See separate leaflet called 'Fibroids' for details.
- **Other conditions of the uterus** such as endometriosis (see separate leaflet), infections, polyps, or a previous sterilisation ('tubal tie') may lead to heavy periods. Cancer of the lining of the uterus (endometrial cancer) is an uncommon cause. This occurs in a small number of women, usually over the age of 40.
- **Hormone problems.** Periods can be irregular and sometimes heavy if you do not ovulate every month. An underactive thyroid gland may possibly cause heavy periods.
- **The IUD (Intrauterine Device or 'coil')** sometimes causes heavy periods. However, a special hormone-releasing IUD can actually **treat** heavy periods (see below).
- **Warfarin** or similar medicines interfere with blood clotting. If you take one of these medicines for other conditions, it may have a side-effect of heavier periods.
- **Blood clotting disorders** are rare causes of heavy bleeding. Other symptoms are also likely to develop such as easy bruising or bleeding from other parts of the body.
- **Obese women** are more likely to have heavy periods than women of average weight.

If you stop taking the contraceptive pill it may appear to cause heavy periods. Some women become used to the **light** monthly bleeds that occur whilst on 'the pill'. Normal periods return if you stop the pill. These may appear heavier, but are usually normal.

Do I need any tests if I have heavy periods?

- A doctor is likely to do an internal (vaginal) examination to check on the size and feel of the uterus.
- A blood test to check for anaemia is usually advised. Some women bleed so heavily that the body cannot replace the blood loss quickly enough. This can lead to anaemia which can cause tiredness.

If the vaginal examination is normal (as it is in most cases), and you are under the age of 40, no further tests are usually needed. The diagnosis is usually 'dysfunctional uterine bleeding' and treatment may be started if required.

Further tests may be advised for some women, especially:

- Women over the age of 40 who develop heavy periods.
- Any woman who has an increased risk of developing cancer of the uterus (for example, women who have never had children, women with a family history of cancer of the uterus or colon, women with polycystic ovary syndrome, women taking the drug tamoxifen. See separate leaflet called 'Cancer of the Uterus' for details.)
- Any woman where a doctor detects a large or abnormal uterus, or who has other symptoms which may indicate an underlying problem. For example, if you
 - bleed between periods, or have irregular bleeding.
 - have bleeding or pain during, or just after, sex.
 - have pain apart from normal period pain.
 - have any change in your usual pattern of bleeding, particularly if you are over 40.
 - have symptoms suggesting a hormone problem or blood disorder.

If tests are advised they usually include one or more of the following:

- **An ultrasound scan of the uterus.** This scan is a safe and painless test which uses sound waves to create images of organs and structures inside your body. The probe of the scanner may be placed on your abdomen to scan the uterus. A small probe is also commonly placed inside the vagina to scan the uterus from this angle. An ultrasound scan can usually detect fibroids, polyps or other changes in the structure of the uterus.

- **Endometrial sampling.** This is where a thin tube is passed into the uterus. Gentle suction is used to obtain small samples (biopsies) of the uterine lining (endometrium). This can often be done without an anaesthetic. The samples are looked at under the microscope for abnormalities.
- **Hysteroscopy.** This is where a doctor can look inside the uterus. This is done by passing a thin 'telescope' into the uterus through the cervix via the vagina. This too can often be done without an anaesthetic. Small samples can also be taken during this test.
- **D and C (dilation and curettage).** This test is done much less commonly these days as the above tests are usually sufficient. It involves the cervix being dilated (widened), and then an instrument called a curette is inserted into the uterus to scrape samples of tissue from the endometrium. You need a general anaesthetic for a D and C.

Keeping a menstrual diary

It may be worth keeping a diary for a few periods (before and after any treatment). It means making a daily record during each period. Your doctor may give you a chart which you can fill in. Basically you record the number of sanitary towels or tampons that you need each day, and the number of days of bleeding. Also, note if you have any flooding or interruption of normal activities. An example of a chart is in another leaflet called 'Period Blood Loss Chart.'

A diary is useful for both patient and doctor to see:

- How bad symptoms are, and whether treatment is needed.
- If treatment is started, to assess if it is helping. Some treatments take a few menstrual cycles to work fully. If you keep a diary it helps you to remember exactly how things are going.

What are the treatment options for heavy periods?

Treatment aims to reduce the amount of blood loss. The rest of this leaflet discusses treatment options for women who have regular but heavy periods with no clear cause (dysfunctional uterine bleeding). This is the majority of cases. If there is an underlying cause, such as a fibroid or endometriosis, treatment options may be different.

Not treating

This is an option if your periods do not interfere too much with normal life. You may be reassured that there is no serious cause for your heavy periods, and you may be able to 'live with them'. A blood test may be advised every so often to check for anaemia. Iron tablets can correct anaemia.

Tranexamic acid tablets

This reduces bleeding by almost half (40-50%) in most cases. You need to take a tablet 3-4 times a day, for 3-4 days during each period. It works by reducing the breakdown of blood clots in the uterus. In effect it 'strengthens' the blood clots in the uterus lining which leads to less bleeding. It does not ease period pain. Side-effects are usually minor, but may include an upset stomach. The heaviness of the bleeding is eased, but the number of days of bleeding is not reduced.

Anti-inflammatory medicines

These are popular as they also ease period pain. Most are available only on prescription but you can buy ibuprofen from pharmacies. These medicines reduce the blood loss by about a third (20-50%) in most cases. You need to take the tablets for a few days each period. They work by reducing the high level of prostaglandin in the uterus lining which seems to contribute to heavy periods. The heaviness of the bleeding and pain are eased, but the number of days the period lasts is not reduced. Side-effects may include an upset stomach. If you have a history of a duodenal or stomach ulcer, or asthma, you should only take these medicines on a doctor's advice.

The contraceptive pill

This reduces bleeding by about a third in most women - sometimes more. It often helps with period pain too. It is a popular treatment with women who also want contraception. If required, you can take this in addition to either of the above two treatments.

Levonorgestrel intrauterine system (LNG-IUS)

This is similar to an intrauterine device (IUD or 'coil'). It is inserted into the uterus and slowly releases a small amount of a progestogen hormone called levonorgestrel. Each device lasts five years. The amount of hormone released each day is tiny but sufficient to work inside the uterus. In most women, bleeding becomes either very light or stops altogether within 3-6 months. However, the light periods may become irregular. It is also an effective contraceptive. It works mainly by making the lining of the uterus very thin.

Long acting progestogen contraceptives

The contraceptive injection and the contraceptive implant tend to reduce heavy periods. For example, up to half of women on the contraceptive injection have no periods after a year. They are not given as a treatment just for heavy periods. However, if you require contraception then one of these may be a good choice for you.

Surgical treatment

This is an option if the above treatments do not help or are unsuitable.

- **Hysterectomy** is the traditional operation. This totally removes the uterus. It is 100% effective at curing heavy periods. Some advantages are that you no longer need contraception, and the risk of cancer of the uterus is removed. However, as with any operation, there is a small risk involved with hysterectomy. Also, you need to stay in hospital for several days, and it may take several weeks to recover fully.
- **Removing or 'stripping' the lining of the uterus** is an option. This is called endometrial ablation or resection. An instrument is passed into the uterus via the vagina. The aim is to remove as much of the uterus lining as possible. This can be done by various ways such as by a hot wire (diathermy), by a laser, by a special microwave treatment, etc.

Some advantages over hysterectomy include:

- no scar.
- a short hospital stay.
- a quicker recovery time.

Some disadvantages compared to hysterectomy are:

- you still need contraception.
- it does not always work. Symptoms do not improve in about 1 in 10 women who have this procedure.
- if it works initially, symptoms may return in the future. (Studies have shown that within four years about 4 in 10 women required further treatment for symptoms that had returned, and had a hysterectomy.) However, this technique is being refined and may become more effective.

Further help and information

Women's Health

52 Featherstone Street, London, EC1Y 8RT

Helpline: 0845 125 5254 Web: www.womenshealthlondon.org.uk

Operates a UK-wide enquiry service providing information on a wide range of women's health issues including periods.

Women's Health Concern

PO Box 2126, Marlow, Bucks, SL7 2RY

Helpline: 01628 483 612 Web: www.womens-health-concern.org

Provides help and advice to women on a wide variety of women's health issues including periods.