

- Diagnosing Heavy Menstrual Bleeding
- Treating Menorrhagia
- Questions to Ask

Heavy Menstrual Bleeding

Each woman's menstrual period is unique. For some it lasts just three to four days, for others an entire week. Bleeding can be light or heavy and still be considered "normal." But if you experience periods that routinely last more than a week or are so heavy they require you to change your tampon or pad every hour or you have to double your protection, you could have a condition known as menorrhagia—the medical term for excessively heavy menstrual bleeding.

Heavy Menstrual Bleeding Basics

Excessively heavy menstrual bleeding is most common in women over 45, although it can affect girls who are just beginning to menstruate. Cramping, pelvic pain, significant fatigue and anemia (low blood iron) caused by excessive blood loss are symptoms you also may experience. Your heavy periods may significantly affect your quality of life, forcing you to scale back on your usual activities or even stay home.

Questions to Ask Your Health Care Professional

1. My menstrual periods put my life on hold. Is this normal?
2. What could be causing my periods to be really heavy or long?
3. What tests do you recommend to identify what's causing my heavy periods?
4. What treatments are available for excessive menstrual bleeding?
5. Will my insurance cover these treatments?
6. What side effects are associated with the treatments you've presented?
7. Will my heavy periods get better over time if I don't do anything?
8. What type of pain relief medication will work best for me during my periods?

Diagnosing Heavy Menstrual Bleeding

There are many conditions that can cause excessive bleeding. If your periods are very heavy, make an appointment with your health care professional. He or she will investigate a range of possibilities before making a diagnosis and recommending treatment options. Conditions that cause heavy bleeding include:

- **Miscarriage** or tubal pregnancy
- **Infection, tumors or polyps** in the pelvic cavity
- **Bleeding or platelet disorders**
- **Certain medications**, such as blood thinners
- **Liver, kidney or thyroid disease**
- **Uterine, ovarian or cervical cancer**
- **Intrauterine device (IUD)** contraceptives
- **Pelvic inflammatory disease:** a bacterial infection of the pelvic organs that is usually sexually transmitted
- **Uterine fibroids:** growths in the uterus
- **Endometriosis:** a condition in which tissue from the uterine lining grows outside the uterus.

Your health care professional may recommend one or more of the following diagnostic tests:

- **Pap test** to identify abnormal cells in the cervix
- **Complete blood count** to test for anemia
- **Imaging tests** including ultrasound, which uses sound waves to create images, or hysterosalpingography, which uses radio-opaque dye and x-rays, to reveal abnormalities

- **Thyroid function tests** to check for abnormal levels of thyroid hormones
- **Blood clotting tests** to screen for various clotting disorders
- **Endometrial biopsy** of uterine tissue to look for abnormalities
- **Hysteroscopy** of the canal of the cervix and the interior of the uterus using a viewing instrument (hysteroscope) inserted through the vagina
- **Dilation and curettage (D&C)** to obtain uterine tissue for examination. This procedure is no longer recommended to treat heavy bleeding.

Based on the results of these tests and your medical history, your health care professional should be able to determine whether your bleeding has some specific underlying cause, such as fibroids or endometriosis. If no structural problem is identified, your health care professional will consider hormone-related causes that may be causing your excessive menstrual bleeding.

Causes of Heavy Menstrual Bleeding

Heavy menstrual bleeding is most often caused by hormonal imbalances of estrogen and progesterone, which control menstruation. These hormones are more likely to be "off-balance" in younger girls who have just started menstruating and in middle-aged women who are approaching menopause.

Most cases of hormone-related heavy bleeding are caused when a woman doesn't ovulate. (Normally, a woman's ovary releases an egg each month.) When ovulation doesn't happen, progesterone levels drop, while the hormone estrogen continues to build up the lining of the uterus with blood and tissue. The lining becomes thicker than usual and abnormally heavy bleeding results. Heavy menstrual bleeding is also associated

with polycystic ovary syndrome (the accumulation of many incompletely developed follicles in the ovaries).

Treating Heavy Menstrual Periods

If you are diagnosed with menorrhagia with no specific underlying cause, your choice of treatment likely will depend on how severe your symptoms are, your age and your desire to preserve your fertility. Medication, a medication-releasing IUD and surgery are current treatment options.

Resources

American Society for Reproductive Medicine

205-978-5000

www.asrm.org

Offers reproductive health information for consumers and health professionals.

The Hormone Foundation

The education affiliate of the Endocrine Society

1-800-467-6663

www.hormone.org

Provides information and resources on hormone-related conditions and treatment options such as hormone therapies.

National Women's Health Resource Center

"Your Guide to Uterine Health"

1-877-986-9472

www.healthywomen.org

An online overview of uterine health, including heavy menstrual bleeding.

Also available in print.

National Women's Health Information Center

1-800-994-9662

www.4woman.org

Web site is the federal government source for women's health information and includes resources on uterine-health topics.

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References

"Dysfunctional Uterine Bleeding," in *The Merck Manual of Diagnosis and Therapy*, eds. Mark H. Beers, M.D. and Scott Berkow, M.D., Whitehouse Station, NJ: Merck and Co., 1999. pp: 1941-2.

"Heavy Flow: Menorrhagia," in M. Sara Rosenthal, Ph.D., *The Gynecological Sourcebook*, 4th edition, McGraw-Hill, 2003, pp: 33-36.

Medication

Oral contraceptives or progesterone therapy often are prescribed to help reduce heavy bleeding. Progestins block the effects of estrogen on your uterus. Over-the-counter or prescription nonsteroidal anti-inflammatory medications (NSAIDs)—naproxen (Aleve), ibuprofen (Motrin) and other brands—and the prescription NSAIDs diclofenac (Cataflam) or mefenamic acid (Ponstel) can also help make your periods lighter. They reduce hormone-like chemicals called prostaglandins that cause blood vessels to open, triggering uterine contractions, and they can reduce pain from cramping.

You may also need to take an iron supplement if you are anemic—a common condition for women who have very heavy periods.

Intrauterine Devices

An IUD that contains the progestin hormone levonorgestrel may also be recommended to treat heavy bleeding. It is inserted into and remains in the uterus for five years or longer where it slowly releases levonorgestrel to decrease menstrual flow.

Surgery

If other treatment options do not reduce your bleeding, one of several surgical procedures might be recommended.

Surgical treatment options for excessive menstrual bleeding either destroy or remove the uterine lining or remove the uterus entirely. Therefore, each surgical option affects your fertility, so you should consider them only if you do not want to become pregnant in the future.

Surgical options include:

- **Endometrial ablation.** This minimally invasive procedure uses one of several

available methods to destroy the lining of the uterus. Using a hand-held probe, a physician may apply an energy source such as radiowaves, electricity or microwaves, or freezing gas to the uterine lining. Or, heat may be used—by either injecting heated fluid directly into the uterus, or into a balloon that expands within the uterus and then is removed. Endometrial ablation significantly reduces or stops heavy menstrual bleeding for a majority of the women who have the procedure and risks are relatively low; they vary depending on the type of procedure used.

- **Endometrial resection.** This procedure uses an electro-surgical wire loop to remove the lining of the uterus. It's an earlier form of endometrial ablation techniques used today. Side effects from this procedure include blood in the uterine cavity, among others. It is considered higher risk.

- **Hysterectomy.** This surgery, which involves removing the uterus, once was the treatment of choice for excessive uterine bleeding. It's considered major surgery and several surgical techniques are available, with recovery times of between two and six weeks, depending on the type of surgery used. Although hysterectomy remains a treatment option for heavy bleeding—and will stop bleeding permanently once your uterus is removed—less invasive treatments are usually recommended first.

Be sure to discuss the risks and benefits of each treatment option recommended. Your age, health history and your interest in becoming pregnant will be part of your decision about which treatment option might work best for you.

"Menorrhagia." MedlinePlus Health information, <http://www.nlm.nih.gov/medlineplusency/article/003263.htm>.

"Menorrhagia." New York-Presbyterian, The University Hospitals of Columbia and Cornell, <http://www.nyp.org>

Shaw, Julia A. MD. "Menorrhagia." <http://www.emedicine.com>. June 20, 2005.

"Your Guide to Uterine Health." 2003. National Women's Health Resource Center, Washington, DC.